Test User got 12 of 12 possible points on the SBIRT Core Training Activity: Screening, Brief Interventions, and Referral to Treatment Pre-Test.
Total score: 100 %

Question Results

Question #1 of 12:

Multiple choice question

**Question:** Which of the following is important to convey to your patient when discussing substance misuse in order to establish rapport?

- **✅ Show empathy**
- **❌ Tell them some easy tips on how to quit misusing substances.**
- **❌ Find out what they know about the dangers of substance use and provide education as needed.**
- **❌ Let them know that you think using drugs is wrong.**
- **❌ All of the above**

**Response:**

- **Show empathy**

**Feedback:**

Showing empathy is an important way to develop rapport; it is also important to listen carefully and show you are listening, be non-judgmental, and to be sensitive.

- **Tell them some easy tips on how to quit abusing substances.**

  Show you are knowledgeable about substance abuse.
Let them know that you think using drugs is wrong.

All of the above

**Question #2 of 12:**

*Multiple choice question*

**Patient:** Jacob Steiner, 23 years old

**Chief Complaint:** Earache and resolving head cold

**Summary thus far:** Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen. Does not smoke or drink excessively. Uses Oxycontin, but plans to quit after exams. He does not see quitting a potential problem.

**Question:** Which of the following statements made by the provider is likely to be the most effective to get a dialogue started about Jacob's substance use problem, given his resistance to seeing it as a problem?

- [X] You really should quit using oxycontin.
- [X] Can I tell you about some of the dangers of oxycontin?
- ✓ In what ways has oxycontin been beneficial in your life? In what ways has it been harmful?
- [X] Why are you doing this to yourself? Do you realize you could be throwing it all away? A smart guy like you should know better.
- [X] Here's the number for Narcotics Anonymous. You really should think about giving it a try.

**Response:**

- You really should quit using oxycontin.
- Can I tell you about some of the dangers of oxycontin?
- ✓ In what ways has oxycontin been beneficial in your life? In what ways has it been harmful?
Feedback:
Correct. This approach engages Jacob in thinking about his own behavior and acknowledges the ambivalence that is common in trying to quit an addiction.

Why are you doing this to yourself? Do you realize you could be throwing it all away? A smart guy like you should know better.

Here's the number for Narcotics Anonymous. You really should think about giving it a try.

Question #3 of 12:

Multiple choice question
Patient: Jacob Steiner, 23 years old
Chief Complaint: Earache and resolving head cold
Summary thus far: Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen. Admitted that he 'might have tried some Oxycontin".

Review Jacob’s responses to substance use screening questions (using questions from the NIDA Quick Screen):

In the past year, how many times have you used the following?

More than 5 drinks of alcohol in a day? Never
Tobacco products? Never
Misused prescription drugs? Some oxycontin
Illegal drugs? Never

Question: Which of the following best describes the number of drinks Jacob has per week?

- [x] Within safe limits for men
- [x] Beyond safe limits
- [x] Not determined

Response:

Within safe limits for men
Beyond safe limits
Not determined

Feedback:
Correct. The doctor did not determine how many drinks Jacob has per week. For men under age 65, the NIAAA recommends no more than 14 drinks in a week. Jacob said he did not ever have more than 5 drinks in a day, but if, for example, he had 3 drinks per day, he would have 21 drinks per week and exceed the recommendation for one week. So, it is important to ask about daily and weekly use. Note also, that NIAAA screens for 5 or more drinks per day.

Question #4 of 12:

*Multiple choice question*

**Patient**: Jacob Steiner, 23 years old

**Chief Complaint**: Earache and resolving head cold

**Summary thus far**: Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen.

**Jacob’s responses to the NIDA Quick Screen**

In the past year, how many times have you used the following: 5 or more drinks of alcohol in a day? [This question continues the case described in the first question, as the doctor screens Jacob for drug use.]

Never

Tobacco products?

Never. My Grandma died of lung cancer. That's a bad way to go!

I see you work as a bartender. Do you know about the health effects of second hand smoke?

Yes, I do. That's why I'm quitting as soon as I can get another job.

How about Illegal drugs; have you used them?

Never.

Misused Prescription drugs?

Um....

It's important that I know if you take them; they can be very addicting. Your responses are confidential. I just care about your health.

I might have tried some oxycontin...

Thanks for letting me know.....[to be continued]

**Question**: Please interpret the level of risk for opioid use disorder, based on these screening results.
Jacob is at risk for opioid use disorder

Not enough information to determine risk for opioid use disorder

No risk of opioid use disorder at this point

Response:

Jacob is at risk for opioid addiction

Feedback:
Correct. Both the NIDA Quick Screen and CAGE-AID indicate Jacob is at risk for opioid addiction.

Not enough information to determine risk for opioid addiction

No risk of opioid addiction at this point

Question #5 of 12:

Multiple choice question

Patient: Jacob Steiner, 23 years old

Chief Complaint: Earache and resolving head cold

Summary thus far: Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen. Does not smoke or drink excessively. Uses Oxycontin, but plans to quit after exams.

Continuation of the patient interview:

I'd like to ask some more questions to understand how much of a problem oxycontin is for you and what can be done to help.

I don't really see it as a "problem." I can deal with it when I'm ready.

Question: Of the following, the best next statement for lowering Jacob's resistance and motivating him to look at his problem is:
Okay, that's the way you see it. Let me know when you want some help.

Let me tell you some of what you are in for if you don't lick this thing now. (Provider describes worsening withdrawal, financial, legal, and psychosocial problems.)

So you feel confident about your ability to get through withdrawal without any medical help to ease your symptoms. Is that right?

You must have a plan for how to deal with withdrawal symptoms if needed. What would you do?

Response:

Okay, if that's the way you see it, fine. Let me know when you want some help.

Let me tell you some of what you are in for if you don't lick this thing now. (Doctor describes worsening withdrawal, financial, legal, and psychosocial problems.)

So right now you feel pretty confident about your ability to be strong and get through any symptoms of withdrawal without any medical help to ease them. Is that right?

Feedback:

Correct. This helps diffuse the resistance and denial by agreeing with him. Notice, the doctor doesn't agree that this is true, but does agree that Jacob feels this way. It also provided an opportunity to introduce the information that there is a way to ease withdrawal symptoms.

Tell me what your plan is?

Question #6 of 12:

Multiple choice question

Patient: Jacob Steiner, 23 years old

Chief Complaint: Earache and resolving head cold

Summary thus far: Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen. Admitted that he 'might have tried some Oxycontin", but does not smoke or drink more than 5 drinks in a day.
Doctor-Patient Dialogue (Note: Questions are from the CAGE-AID survey, but the doctor is now focused on Jacob's prescription drug use):

Have you ever felt you ought to cut down on your oxycontin use?

Sure. The oxycontin. I plan to quit after I get through exams.

Have people annoyed you by criticizing your oxycontin use?

My girlfriend's starting to bug me about it. I'm going to quit right after finals.

Have you ever felt bad or guilty about your oxycontin use?

It's getting expensive and difficult to get it sometimes.

Have you ever used oxycontin first thing in the morning to steady your nerves or get rid of a hangover?

Not really first thing in the morning, but sometimes.

**Question:** Based on Jacob's substance abuse screening results, which of the following choices is most appropriate to do next?

- [x] Decline to treat Jacob as long as he uses prescription drugs illegally. Tell him he can come back when he has quit.
- [✓] Explain screening results are a concern and further assess the extent of Jacob's substance use problem.
- [x] Write a referral at this point for addiction treatment.
- [x] Advise Jacob to stop using opioids immediately.

**Response:**

- Decline to treat Jacob as long as he uses prescription drugs illegally. Tell him he can come back when he has quit.

  Explain screening results are a concern and further assess the extent of Jacob's substance use problem.

  **Feedback:**
  Correct. It is important to explain the significance of the screening results and then determine the extent of Jacob's addiction, if any. Also, a brief intervention is indicated to help motivate Jacob to accept appropriate treatment if you can provide it or referral for appropriate treatment.

  Write a referral at this point for addiction treatment.

  Advise Jacob to stop using opioids immediately.

**Question #7 of 12:**

*Multiple choice question*
Patient: Jacob Steiner, 23 years old

Chief Complaint: Earache and resolving head cold

History of Present Illness: Jacob complains of cold-like symptoms present for 10 days and left earache for past 3 days, which became severe last night. He thinks he may have an ear infection.

Relevant Past Medical History: Jacob has a history of childhood ear infections that responded to antibiotic treatment and no further treatment was needed; otherwise, he has an unremarkable medical history.

Relevant Past Medical, Psychosocial, Family History: He is single and a student working part-time as a bartender while he finishes college. His mother has hypertension and father has glaucoma and elevated cholesterol. No information is in his record on substance use.

Medications: Currently taking pseudoephedrine for a head cold. Takes ibuprofen and acetaminophen occasionally for headaches.

Question: For which of the following substance use problems should you screen Jacob at this appointment?

- [x] Tobacco use/environmental smoke exposure only, because it could contribute to more frequent ear infections
- [x] No screening is indicated because this is an acute care appointment
- [✓] Alcohol, tobacco use/environmental smoke, and drug use
- [x] Only screen for alcohol use because he is a healthy, athletic looking college student so he is unlikely to smoke or use drugs.

Response:

- Tobacco use/environmental smoke exposure only, because it could contribute to more frequent ear infections
- No screening is indicated because this is an acute care appointment
- [✓] Alcohol, tobacco use/environmental smoke, and drug use

Feedback:
Correct! You should screen for all 3 substances and environmental smoke, even during an appointment for acute care. For drug use, be sure to include illicit drug use and non-medical use of prescription drugs.

Only screen for alcohol use because he is a healthy, athletic looking college student so he is unlikely to smoke or use drugs.

**Question #8 of 12:**

*Multiple choice question*

**Question:** When is referral to substance use disorder specialty treatment indicated?

- [x] When the patient has significant substance use related medical comorbidities
- [x] When the substance misuse problems are beyond your training level
- [x] When multiple brief interventions have not been effective
- [✓] All of the above

**Response:**

- When the patient has comorbidities
- When the substance abuse problems are beyond your training level
- When brief interventions have not been effective
- All of the above

**Feedback:**

- All of these answers are correct

**Question #9 of 12:**

*Multiple choice question*
**Question:** A primary care patient with a moderately severe problem of excessive daily alcohol use has a support system in place, has never been in treatment before, and is unsure of herself as to whether she can quit without "lots of help." To which of the follow substance use treatment levels would you refer her for treatment?

- Daily meetings with a local support 12 step program **X**
- Intensive Outpatient Treatment **✓**
- Inpatient hospitalization **X**
- Outpatient treatment **X**

**Response:**

- Daily meetings with a local support 12 step program
- Intensive Outpatient Treatment

**Feedback:**

This is usually advised for early stages of treatment or transitioning from Residential treatment. This option works best for a patient who has a support system in place, but needs some structure without full time supervision. Because of her daily use and moderately severe alcohol use, she needs a full evaluation and may need treatment for withdrawal symptoms.

**Question #10 of 12:**

*Multiple choice question*

**Question:** Which of the following patients can most likely be treated exclusively in primary care for their substance use problem?
A patient using prescription drugs non-medically, who obtains their supply from prescriptions from licensed providers

A patient who screened "at risk" for an alcohol problem, but who does not currently have alcohol use disorder.

A patient you suspect of illicit drug use who has a positive urine drug test.

All of the above

Response:

A patient with a prescription drug addiction problem, but who obtains prescriptions legally

A patient who screened "at risk" for an alcohol problem but who does not currently have an alcohol abuse problem.

Feedback:
At risk drinkers can usually be effectively treated in primary care.

A patient you suspect of illicit drug use who has a positive urine drug test.

All of the above

Question #11 of 12:

Multiple choice question

Question: If your patient relapses while trying to quit, what should be your response?

"That's okay. Maybe you just weren't ready to quit"

"I know it's hard but you can do it. Don't let this deter you"
"Maybe you should try a little harder next time"

"If you are like most people, I expect you to have at least three more relapses before you're successful, so don't worry"

Response:

"That's okay. Maybe you just weren't ready to quit"

"I know it's hard but you can do it. Don't let this deter you"

Feedback:

You want to encourage your patient to continue towards their treatment goals, regardless of relapses or slips.

"Maybe you should try a little harder next time"

"I expect you to have at least three more relapses before you're successful, so don't worry"

Question #12 of 12:

Multiple choice question

Patient: Jacob Steiner, 23 years old

Chief Complaint: Earache and resolving head cold

Summary thus far: Unremarkable medical history, taking pseudoephedrine and occasionally ibuprofen and acetaminophen. Does not smoke or drink excessively. Uses Oxycontin, but plans to quit after exams. He does not see quitting a potential problem.

Question: Is a brief intervention for substance use problems indicated for Jacob?

✔ Yes, a brief intervention is indicated for Jacob.

✖ No, a brief intervention would not be helpful for Jacob
Yes, a brief intervention is indicated for Jacob.

Feedback:

Yes, even if Jacob needs a referral, a brief intervention is needed to help motivate him to accept referral and follow through.

No, a brief intervention would not be helpful for Jacob

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