

The Center for Adolescent Substance Abuse Research (CeASAR)

is pleased to present the CRAFFT 2.0, an updated version of the

CRAFFT adolescent substance use screening protocol.

This revised version of the CRAFFT screening tool incorporates changes that enhance the sensitivity of the system in terms of identifying adolescents with substance use, and presents new recommended clinician talking points, informed by the latest science and clinician feedback, to guide a brief discussion about substance use with adolescents.

The CRAFFT 2.0 provides an updated and revised version of this well-validated and widely-utilized adolescent substance use screening protocol. Although the previous version of the CRAFFT will still be available, we recommend that you transition to using version 2.0 in your clinical practice.

How do I use Version 2.0?

Similar to the original CRAFFT, the CRAFFT 2.0 is validated for use with adolescents aged 12-18 years old. Please see our web site for publications on the CRAFFT:

<http://www.childrenshospital.org/ceasar/crafft/crafft-publications>

1. Begin by asking the questions regarding the patient's past-12-month substance use.

- a. The CRAFFT 2.0 screening tool begins with past-12-month frequency items, rather than the previous "yes/no" question for any use over the past year. A recent study examining these opening yes/no questions found that they had relatively low sensitivity in identifying youth with any past-12-month alcohol or marijuana use (62% and 72%, respectively) (Harris et al., 2015). Research also has suggested that yes/no questions may contribute to lower sensitivity on certain measures by inhibiting disclosure of less

socially desirable behaviors; i.e., they may be more prone to social desirability bias (Couper et al., 2012).

b. Alternatively, questions that ask “how many” or “how often” implicitly imply an expectation of the behavior, and may thus mitigate discomfort around disclosure. The instruction, “Say ‘0’ if none” follows each question to convey that non-use is also normative. The CRAFFT 2.0 now begins with past-12-month *frequency* items; i.e., “During the past 12 months, on how many days did you ... [drink/use substance name]?”

c. This new set of frequency questions was tested in a recent study of 708 adolescent primary care patients ages 12-18 that found a sensitivity of 96% and specificity of 81% for detecting past-12-month use of any substance, suggesting better performance in identifying substance use compared to that of the “yes/no” questions found in the prior study (Harris et al., 2015; Harris et al., 2016). These data support the rationale to change the opening questions in the CRAFFT 2.0.

2. The actual CRAFFT screening questions remain the same in version 2.0.

a. If the patient answered “0” to all the opening “frequency of use” questions, ask the CAR question only. If the patient provided an answer >”0” to any of the “frequency of use” questions, ask the full set of six CRAFFT questions. Two or more “yes” answers to any of the CRAFFT questions indicates an elevated risk for a substance use disorder (SUD), and a need for further assessment. Further assessment should include the Talking Points for brief counseling described below, and may include a follow-up appointment with you, and/or referral to treatment.

3. Communication of risk – DSM-5 Criteria for a Substance Use Disorder

a. Similar to the original CRAFFT screening tool, the first step is to tell adolescents their CRAFFT “score” and to show where that score falls on the bar chart at the top of 2nd side of the CRAFFT card or Clinician-

administered CRAFFT Interview. This chart shows data from a recent study testing the CRAFFT screener's validity in identifying adolescents meeting DSM-5 criteria for a SUD (Mitchell et al., 2014). The bar chart shows the percentage of adolescents meeting criteria for a DSM-5 SUD by CRAFFT score. Using these percentages on the bar chart, the clinician should discuss with the adolescent their likelihood of having a potential problem with substance use based on their CRAFFT score.

4. Revised clinician Talking Points – the “5 Rs” of brief counseling

a. The next step is to have a brief motivational enhancement discussion with the adolescent using the recommended Talking Points for brief counseling. These talking points incorporate the latest science on the developing brain and substance use harms, and promote the use of strategies informed by Motivational Enhancement Therapy (MET). MET is a counseling approach based on cognitive and social psychology principles that helps patients recognize and discuss discrepancies between their substance use and personal values and goals. The clinician focuses on eliciting self-motivational statements from patients and encourages them to identify factors to support behavior change (Miller et al., 1992).

b. From this foundation we developed the “5 Rs” of brief counseling:

- i. REVIEW screening results
- ii. RECOMMEND not to use
- iii. RIDING/DRIVING risk counseling
- iv. RESPONSE: elicit self-motivational statements
- v. REINFORCE self-efficacy

c. Examples are provided at each step to guide clinicians through the conversation with their patients.

d. To view brief videos of clinicians demonstrating the “5 Rs,” you can enter <http://www.childrenshospital.org/ceasar/for-clinicians/training> into your web browser.

5. Provide each patient with the Contract for Life, available at <http://www.crafft.org/contract>

Please note: The CRAFFT is copyright protected by Boston Children's Hospital; however, a goal of our center is make the CRAFFT widely available to qualified clinicians.

We have attached both the CRAFFT 2.0 Self-Administered questionnaire (to be completed by the youth) and CRAFFT 2.0 Clinician Interview (to be administered by a clinician) for your convenience. We recommend that clinicians use the Self-Administered questionnaire in their practice. Our research has found that youth prefer to take this self-administered version before seeing their healthcare professional and are more likely to answer the questions honestly. For more information on the CRAFFT, including how to order new laminated CRAFFT 2.0 pocket-cards, obtain CRAFFT translations, publications, or to view CRAFFT FAQ's from clinicians, please visit <http://www.childrenshospital.org/ceasar/crafft> or contact us at ceasar@childrens.harvard.edu.

We are also working to translate the CRAFFT 2.0 into the following languages: Chinese, Creole, French, German Hebrew, Japanese, Khmer, Korean, Laotian, Portuguese (Brazil and Portugal), Russian, Spanish (Spain and Latin America), Turkish, Ukrainian, and Vietnamese. These translations will be available here: <http://www.childrenshospital.org/ceasar/crafft/screening-interview> and <http://www.childrenshospital.org/ceasar/crafft/screening-questionnaire>

If you would like to reproduce the CRAFFT into a publication, as a part of an electronic medical record, or you wish use the CRAFFT with slight alterations in style or text, we have a process to ensure that the CRAFFT stays as true to form as possible. Guidelines can be found here: <http://www.childrenshospital.org/ceasar/crafft/reproduce-the-crafft>

Thank you for your interest in utilizing the CRAFFT 2.0 screening tool in your practice. With your help we can work to improve the health and well-being of youth now and in the future!

REFERENCES

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Miller WR, Zweben A, DiClemente CC, Rychtarik RG. (1992). Motivational enhancement therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, Schwartz RP. The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Subst Abus.* 2014; 35(4):376-80.

The CRAFFT Questionnaire (version 2.0)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2" or "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.

of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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The CRAFFT Interview (version 2.0)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say "0" if none.

of days

2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Say "0" if none.

of days

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

of days

Did the patient answer "0" for all questions in Part A?

Yes



Ask CAR question only, then stop

No



Ask all six CRAFFT* questions below

Part B

No Yes

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

F Do you ever **FORGET** things you did while using alcohol or drugs?

F Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

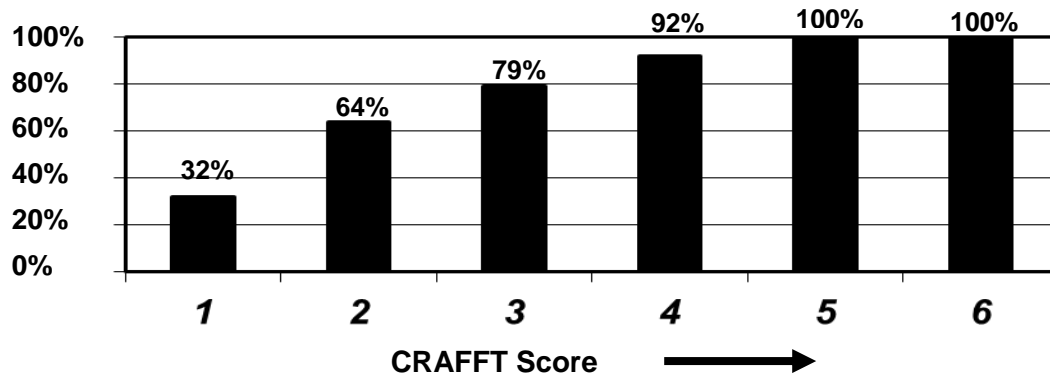
***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

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1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

2. Use these talking points for brief counseling.



1. **REVIEW** screening results
For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use
“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”



3. **RIDING/DRIVING** risk counseling
“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”



4. **RESPONSE** elicit self-motivational statements
Non-users: *“If someone asked you why you don’t drink or use drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy
“I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”

3. Give patient **Contract for Life**. Available at www.crafft.org/contract

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