

CONFIDENTIAL

NEVADA STATE BOARD
of
DENTAL EXAMINERS



BOARD MEMBER BOOK:

Continuing Education
Committee Meeting

Wednesday, February 5, 2025

6:00 p.m.

CONFIDENTIAL

Nevada State Board of Dental Examiners



2651 N. Green Valley Pkwy, Ste. 104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax: (702) 486-7046

Continuing Education Committee Meeting

Meeting Date & Time

Wednesday, February 5, 2025
6:00 p.m.

Meeting Location

Nevada State Board of Dental Examiners
2651 N. Green Valley Pkwy, Ste. 104
Henderson, NV 89014

Video Conferencing/ Teleconferencing Available

To access by phone, +1(646) 568-7788

To access by video webinar,

<https://us06web.zoom.us/j/88932659564>

Webinar/Meeting ID#: 889 3265 9564

Webinar/Meeting Passcode: 998715

PUBLIC NOTICE:

Public Comment by pre-submitted email/written form and Live Public Comment by teleconference is available after roll call (beginning of meeting and prior to adjournment (end of meeting). Live Public Comment is limited to three (3) minutes for each individual.

Members of the public may submit public comment in written form to: **Nevada State Board of Dental Examiners, 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014; FAX number (702) 486-7046; e-mail address nsbde@dental.nv.gov.** Written submissions received by the Board on or before Tuesday, February 4, 2025, by 4:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

The Nevada State Board of Dental Examiners may: 1) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; 2) combine items for consideration by the public body; 3) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. *See* NRS 241.030. Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. *See* NRS 233B.126.

Persons/facilities who want to be on the mailing list must submit a written request every six (6) months to the Nevada State Board of Dental Examiners at the address listed in the previous paragraph. With regard to any board meeting or telephone conference, it is possible that an amended agenda will be published adding new items to the original agenda. Amended Nevada notices will be posted in compliance with the Open Meeting Law.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Board, at (702) 486-7044, no later than 48 hours prior to the meeting. Requests for special arrangements made after this time frame cannot be guaranteed.

Pursuant to NRS 241.020(2) you may contact at (702) 486-7044, to request supporting materials for the public body or you may download the supporting materials for the public body from the Board's website at <http://dental.nv.gov> In addition, the supporting materials for the public body are available at the Board's office located at 2651 N. Green Valley Pkwy, Ste. 104, Henderson, NV 89014.

Note: Asterisks (*) "**For Possible Action**" denotes items on which the Board may take action.

Note: Action by the Board on an item may be to approve, deny, amend, or table it.

1. Call to Order

a. Roll Call/Quorum

- 2. Public Comment (Live public comment by teleconference and pre-submitted email/written form):** The public comment period is limited to matters specifically noticed on the agenda. No action may be taken upon the matter raised during the public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction, but may not be limited to based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

Members of the public may submit public comment via email to nsbde@dental.nv.gov, or by mailing/faxing messages to the Board office. Written submissions received by the Board on or before Tuesday, February 4, 2025, at 4:00 p.m. may be entered into the record during the meeting. Any other written public comment submissions received prior to the adjournment of the meeting will be included in the permanent record.

In accordance with Attorney General Opinion No. 00-047, as restated in the Attorney General's Open Meeting Law Manual, the Chair may prohibit comment if the content of that comment is a topic that is not relevant to, or within the authority of, the Nevada State Board of Dental Examiners, or if the content is willfully disruptive of the meeting by being irrelevant, repetitious, slanderous, offensive, inflammatory, irrational, or amounting to personal attacks or interfering with the rights of other speakers.

3. Chairman's Report: Lance Kim, DMD (For Possible Action)

- a. Request to Remove Agenda Item(s)** (For Possible Action)
b. Approve Agenda (For Possible Action)

4. Old Business: (For Possible Action)

5. New Business: (For Possible Action)

- a. Discussion, Consideration, and Possible Approval/Rejection of the Continuing Education Provider Course Application – NRS 631.342; NRS 631.190; NAC 631.173** (For Possible Action)

- 6. Public Comment (Live public comment by teleconference):** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon the matter raised during public comment unless the matter itself has been specifically included on the agenda as an action item. Comments by the public may be limited to three (3) minutes as a reasonable time, place and manner restriction but may not be limited based upon viewpoint. The Chairperson may allow additional time at his/her discretion.

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7. Announcements:

8. Adjournment: (For Possible Action)

Agenda Item 5(a):

**Discussion, Consideration, and Possible Approval/
Rejection of the Continuing Education Provider Course
Application - NRS 631.342; NRS 631.190; NAC 631.173**

(For Possible Action)

**Screening, Brief Intervention, and Referral to Treatment
(SBIRT) for Oral Health Professionals -
(2 Units) - University of Nevada, Reno School of Medicine**

NRS 631.342 Continuing education: Required courses and training; regulations.

1. The Board shall adopt regulations concerning continuing education in dentistry, dental hygiene, dental therapy and expanded function dental assistance. The regulations must include:

(a) Except as provided in [NRS 631.3425](#), the number of hours of credit required annually;

(b) The criteria used to accredit each course, including, without limitation, specific criteria used to accredit a course in teledentistry; and

(c) The requirements for submission of proof of attendance at courses.

2. Except as otherwise provided in subsection 3, as part of continuing education, each licensee must complete a course of instruction, within 2 years after initial licensure, relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. The course must provide at least 4 hours of instruction that includes instruction in the following subjects:

(a) An overview of acts of terrorism and weapons of mass destruction;

(b) Personal protective equipment required for acts of terrorism;

(c) Common symptoms and methods of treatment associated with exposure to, or injuries caused by, chemical, biological, radioactive and nuclear agents;

(d) Syndromic surveillance and reporting procedures for acts of terrorism that involve biological agents; and

(e) An overview of the information available on, and the use of, the Health Alert Network.

3. Instead of the course described in subsection 2, a licensee may complete:

(a) A course in Basic Disaster Life Support or a course in Core Disaster Life Support if the course is offered by a provider of continuing education accredited by the National Disaster Life Support Foundation; or

(b) Any other course that the Board determines to be the equivalent of a course specified in paragraph (a).

4. Notwithstanding the provisions of subsections 2 and 3, the Board may determine whether to include in a program of continuing education additional courses of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction.

5. Each licensee must complete, as part of continuing education, at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

6. In addition to any other continuing education required pursuant to this section, a licensee who holds a special endorsement issued pursuant to [NRS 631.285](#) must biennially complete:

(a) At least 2 hours of continuing education concerning the life cycle of diseases, drugs and the administration of immunizations;

(b) A course offered by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services concerning the epidemiology and prevention of diseases that are preventable by immunization;

(c) A course of training in the administration of immunizations offered by Immunize Nevada or its successor organization or, if that organization ceases to exist, another organization prescribed by regulation of the Board; or

- (d) Another course of instruction relating to immunizations that is approved by:
 - (1) The Board;
 - (2) The American Dental Association, or its successor organization, or the societies which are a part of it;
 - (3) The American Dental Hygienists' Association, or its successor organization, or the societies which are a part of it;
 - (4) The Academy of General Dentistry, or its successor organization;
 - (5) Any nationally recognized association of dental or medical specialists;
 - (6) Any university, college or community college located inside or outside this State; or
 - (7) Any hospital accredited by The Joint Commission.
- 7. As used in this section:
 - (a) "Act of terrorism" has the meaning ascribed to it in [NRS 202.4415](#).
 - (b) "Biological agent" has the meaning ascribed to it in [NRS 202.442](#).
 - (c) "Chemical agent" has the meaning ascribed to it in [NRS 202.4425](#).
 - (d) "Radioactive agent" has the meaning ascribed to it in [NRS 202.4437](#).
 - (e) "Weapon of mass destruction" has the meaning ascribed to it in [NRS 202.4445](#).

(Added to NRS by [1985, 379](#); A [2003, 2956](#); [2009, 301](#); [2019, 3215](#); [2021, 389](#); [2023, 3329, 3418](#))

NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.
2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.
3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.
4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.
5. Collect and apply fees as provided in this chapter.
6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.
7. Have and use a common seal.
8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in [NRS 631.368](#), the records must be open to public inspection.
9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.
10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A [1953, 363](#)] — (NRS A [1963, 150](#); [1967, 865](#); [1993, 2743](#); [2009, 3002](#); [2017, 989, 2848](#); [2019, 3205](#), effective January 1, 2020)

NAC 631.173 Continuing education: Required hours; types of courses and activities; approval of provider or instructor. (NRS 631.190, 631.342)

1. Each dentist licensed to practice in this State must annually complete at least 20 hours of instruction in approved courses of continuing education or biennially complete at least 40 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dentist. Hours of instruction may not be transferred or carried over from one licensing period to another.

2. Each dental hygienist licensed to practice in this State must annually complete at least 15 hours of instruction in approved courses of continuing education or biennially complete at least 30 hours of instruction in approved courses of continuing education, as applicable, based on the renewal period set forth in [NRS 631.330](#) for the type of license held by the dental hygienist. Hours of instruction may not be transferred or carried over from one licensing period to another.

3. In addition to the hours of instruction prescribed in subsections 1 and 2, each dentist and dental hygienist must maintain current certification in administering cardiopulmonary resuscitation or another medically acceptable means of maintaining basic bodily functions which support life. Any course taken pursuant to this subsection must be taught by a certified instructor.

4. Any provider of or instructor for a course in continuing education relating to the practice of dentistry or dental hygiene which meets the requirements of this section must be approved by the Board, unless the course is for training in cardiopulmonary resuscitation or is approved by:

- (a) The American Dental Association or the societies which are a part of it;
- (b) The American Dental Hygienists' Association or the societies which are a part of it;
- (c) The Academy of General Dentistry;
- (d) Any nationally recognized association of dental or medical specialists;
- (e) Any university, college or community college, whether located in or out of Nevada; or
- (f) Any hospital accredited by The Joint Commission.

5. To be approved as a provider of a course in continuing education, the instructor of the course must complete a form provided by the Board and submit it to the Board for review by a committee appointed by the Board not later than 45 days before the beginning date of the course. Upon receipt of the form, the committee shall, within 10 days after receiving the form, approve or disapprove the application and inform the applicant of its decision.

6. Study by group may be approved for continuing education if the organizer of the group complies with the requirements of subsection 5 and furnishes the Board with a complete list of all members of the group, a synopsis of the subject to be studied, the time, place and duration of the meetings of the group, and the method by which attendance is recorded and authenticated.

7. Credit may be allowed for attendance at a meeting or a convention of a dental and dental hygiene society.

8. Credit may be allowed for courses completed via home study, on-line study, self-study or journal study which are taught through correspondence, webinar, compact disc or digital video disc.

9. Credit may be allowed for dental and dental hygiene services provided on a voluntary basis to nonprofit agencies and organizations approved by the Board.

(Added to NAC by Bd. of Dental Exam'rs, eff. 9-16-85; A 12-15-87; 9-6-96; R231-03, 5-25-2004; R063-05, 12-29-2005; R159-08, 4-23-2009; R020-14, 6-23-2014)



Nevada State Board of Dental Examiners

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APPLICATION FOR CONTINUING EDUCATION CREDIT APPROVAL REQUEST SUBMISSION GUIDELINES

Please comply with the following:

I certify that continuing education courses granted Board approval will be conducted as education programs and meet the following requirements:

- 1) Instruction shall be conducted on the same education standards of scholarship and teaching as that required of a true university discipline.
- 2) The course or topic of instruction shall conform to the purpose and method of higher education.
- 3) The provider of a course of study or topic of conversation shall be able to demonstrate to the Board that an opportunity to enroll in such courses of study is available to ALL dental and dental hygiene licensees.

Home study and/or correspondence courses **must** submit with this application all material (i.e., study manuals, worksheets, audio and video) used in the completion of the course. The Nevada State Board of Dental Examiners reserves the right to monitor any and all courses being conducted by an approved provider of continuing education.

In accordance with Nevada Administrative Code (NAC) 631.177(2), each approved continuing education provider **must** furnish a certificate of completion to all Nevada dental and dental hygiene licensees who complete the course. The records concerning Nevada dental and dental hygiene licensees must be kept on file by the provider for a period of at least three (3) years.

FEE: \$150.00 FOR THE FIRST CREDIT HOUR REQUESTED, \$50.00 FOR EACH ADDITIONAL CREDIT HOUR. THIS FEE IS FOR THE PROCESSING AND REVIEW OF YOUR REQUEST FOR PROVIDER APPROVAL AND MUST ACCOMPANY THIS FORM UPON SUBMISSION OF THE REQUEST.

ALL PROVIDER APPROVAL REQUESTS MUST BE SUBMITTED TO THE BOARD FOR REVIEW NO LATER THAN 45 DAYS PRIOR TO THE BEGINNING DATE OF THE COURSE.



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APPLICATION FOR CONTINUING EDUCATION CREDIT

Sponsor Information:

Name: University of Nevada, Reno School of Medicine - Contact: Jeanne Tremaine		
Business Address: 604 W. Moana Lane, MS 150		
City: Reno	State: NV	Zip code: 89509
Business Telephone: 775-784-4782		
Email Address: jtremaine@med.unr.edu		
Number of Attendees: estimated 50-100 over to year period		
Hours of Actual Instruction: 2		
Facility Name: Via Zoom		
Facility Address: Via Zoom		
Date(s) of Course: 1/15/2025 start date - 12/31/2027		
Date of Request: 1/3/2025		

Sponsor Signature (Digital)

Speaker(s) Information:

<p>Biographical Sketch:</p> <p>Jennifer Hetteema, PhD, Executive Clinical Director/Head of Clinical Research, LifeStance, Inc Albuquerque, New Mexico</p> <p>Please see attached CV.</p>
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Course Title: Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Oral Health Professionals
Course Description: Screening, brief intervention, and referral to treatment (SBIRT) is an evidence-based practice designed to identify problematic drug and alcohol use early, reduce unhealthy use, encourage healthy behaviors, and refer individuals to treatment with other specialized providers if they need it. It involves a process of steps that a healthcare professional including dental clinicians, both dentists and dental hygienists, can take to assess alcohol and drug use behaviors in their patients to reduce oral cancer risk as well as other risks to their health. This approach is feasible in dentistry settings and aligns well with a personalized approach <ul style="list-style-type: none"> • Reassure patients in addiction recovery that they will manage their dental-related pain • Check their state's prescription drug monitoring program (PDMP) and screen for opioid misuse risk • Use non-opioid medications as a first line of defense
Learning Objectives: <p>By the end of this session, participants will be able to:</p> <p>Describe the rationale for and evidence base supporting SBIRT in dental settings</p> <p>Deliver and interpret a screening tool that could be used to identify risky alcohol and drug use</p> <p>Demonstrate 1-2 brief intervention strategies consistent with a motivational interviewing approach</p>
Outline of Course: <p>Introductions, disclosure</p> <ol style="list-style-type: none"> 1. Precision Medicine – review. What is unhealthy alcohol and drug use? 2. Review types of unhealthy alcohol use, stats, and disorders 3. Review types of unhealthy drug use, often use/no use, stats 4. Prevalence in Dental Setting, review questions and states -slides 22-24 5. Review consequences and death, review Dental Consequences -slide 29 <p>Summary of part 1</p> <ol style="list-style-type: none"> a. There are many types of unhealthy alcohol and drug use b. Unhealthy alcohol and drug use is prevalent in the population and among patients seeking oral healthcare c. Unhealthy alcohol and drug use causes significant morbidity and mortality d. Unhealthy alcohol and drug use impacts oral health <ol style="list-style-type: none"> 6. Targeting Risky Use – The Prevention paradox 7. SBIRT- Opportunistic settings, SBIRT Benefits in Primary care setting, SBIRT in Dentistry. SBIRT Benefits reviewed, SBIRT Protocol, Persuasion Demonstration/Exercise 8. Three essential elements any definition of MI and review of other validated screening tools 9. SBIRT Demonstration – Implementing SBIRT - Action planning Review key implementation steps-

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Approved by:
Number of Hours Approved:
Effective Date or Approval:
Disapproved [Explanation]:

Jennifer Hettema, Ph.D.**Address**

7500 Mabry Court NE
Albuquerque, NM 87109

Educational History

- | | | |
|-------------|---|-----------------|
| 2000 - 2006 | University of New Mexico | Albuquerque, NM |
| | <ul style="list-style-type: none"> · Ph.D. in Clinical Psychology, Minor: Addictions · Dissertation: A Meta-Analysis of Motivational Interviewing across Behavioral Domains (published, 2800+ citations) · Advisor: William Miller, Ph.D. | |
| 2000 - 2003 | University of New Mexico | Albuquerque, NM |
| | <ul style="list-style-type: none"> · M.S. in Clinical Psychology · Master's Thesis: The Reliability of the Form 90-DWI: An Instrument for Assessing Intoxicated Driving (published) · Advisor: William Miller, Ph.D. | |
| 1996 - 2000 | University of New Mexico | Albuquerque, NM |
| | <ul style="list-style-type: none"> · B.S. in Psychology, Minor: Biology · Senior Thesis: The Role of Spirituality in Recovery from Alcohol Abuse: A Retrospective Analysis of Project MATCH · Advisors: Harold Delaney, Ph.D. and Scott Tonigan, Ph.D. | |

Employment History

2024-Present	LifeStance Health, Inc.	Scottsdale, AZ / Albuquerque, NM
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Executive Clinical Director / Head of Clinical Research

- Develop and lead LifeStance Clinical Research Department
- Support LifeStance clinicians with research consultation and administrative support
- Serve as principal investigator or site lead for internal and external research collaborations
- Develop and deliver research literacy and scholarship curricula

2021-2024	LifeStance Health, Inc.	Scottsdale, AZ / Albuquerque, NM
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Senior Clinical Director

- Work cross-functionally to develop long-range plan and clinical strategy
- Direct Clinical Quality Insights Initiative to promote measurement-based care and to support the collection, reporting, and application of clinical quality metrics
- Developed a Training Education, and Development (TED) program, secured and maintained four national CE/CME sponsorships, developed and launched an enterprise level learning management system

- Advise on internal clinical research projects, including vetting and tracking of active projects
- Support clinical integrity and clinical leadership team through management of board complaints, collaborations with legal and compliance, policy and guideline development, regional clinical and medical leader support, and the development of clinical training and communication

2013-2021 University of New Mexico Albuquerque, NM

Full Professor with Tenure

- Conducted research, teaching, and clinical work in the Department of Family and Community Medicine
- Served as Vice Chair of Research
- Served as Principal Investigator on federally-funded grants studying the development and implementation of behavioral health interventions, implementation science, and medical education
- Directed the Health Sciences Center Signature Program on Child Health
- Co-Directed the Medical Education Scholars Program and Scholarship in Education Allocation Committee
- Served as Associate Director, Community Engagement of UNM's NIDA Clinical Trials Network
- Taught faculty, residents, medical students, and other health professionals on topics including doctoring; medical education research; motivational interviewing; screening, brief intervention, and referral to treatment; and other behavioral health topics

2008 - 2013 University of Virginia Charlottesville, VA

Assistant Professor

- Conducted research, teaching, and clinical work in the Department of Psychiatry and Neurobehavioral Sciences
- Served as Co-Investigator on several federally-funded and other grants studying medical education; implementation science; brief interventions in medical settings; and motivational interviewing applied to substance misuse, HIV medication adherence, smoking cessation, and other risky health behaviors
- Taught behavioral health topics to residents and medical students
- Conducted motivational interviewing training and clinical supervision

2006 - 2008 UCSF Treatment Research Center San Francisco, CA

National Institute on Drug Abuse Postdoctoral Fellow

- Served as Co-Principal Investigator of a RWJ Substance Abuse Policy Research Program grant investigating community-based program adoption of EBPs
- Served as Principal Investigator of an intramural UCSF Treatment Research Center grant investigating the use of motivational interviewing to increase screening and brief intervention for substance use by primary care physicians
- Acted as project coordinator for a NIDA funded study of methadone maintenance within residential treatment programs
- Conducted a meta-analysis of MI for treatment engagement and medication compliance
- Served as an MI consultant on a federally funded trial of MI to increase screening and vaccination for hepatitis and an intramural research project testing the

efficacy of MI to increase substance abuse treatment engagement among a sample of depressed outpatients

- Participated in the NIDA Clinical Trials Network and Clinical and Translational Science Institute dissemination committees

2005 - 2006 UCSF Department of Psychiatry San Francisco, CA

Clinical Psychology Fellow – Predoctoral Internship

- Completed an APA-approved clinical internship program in the UCSF San Francisco General Hospital Public Service and Minority Track.
- Participated in a year-long trauma-focused rotation in a behavioral medicine clinic providing diagnostic and treatment services to patients from our hospital's general medicine clinics.
- Provided brief motivational interviews and group treatment to substance-abusing outpatients.
- Conducted diagnostic intake assessments, provided crisis intervention, and engaged in discharge planning in a psychiatric emergency room.
- Provided individual therapy and discharge planning in a locked Asian-focused inpatient setting.
- Provided group and individual therapy in an outpatient substance abuse clinic for gay, bisexual, and transgender men.

Consultantships

2023-Present Indian Health Services Shiprock, NM

- Provide training and implementation support for screening, brief intervention, and referral to treatment in primary care practices.

2023-Present Boys and Girls Club Las Vegas, NV

- Provide training and implementation support for screening, brief intervention, and referral to treatment across Nevada's Boys and Girls Clubs.

2015 – Present Change Companies Carson City, NV

- Develop and implement motivational interviewing trainings for mental health, substance abuse, medical, community corrections, and prison staff.
- Oversee telephone-based standardized patient feedback and coaching.

2013 – Present University of Nevada at Reno Reno, NV

- Serve as a consultant for the Center for the Application of Substance Abuse Technologies on a cooperative agreement from the SAMHSA Mountain West Addiction Technology Transfer Center as well as the CDC funded Frontier FASD Regional Training Center.
- Develop brief intervention and motivational interviewing dissemination and implementations tools and resources.

2015 – 2018 Development Services Group Bethesda, MD

- Served as scientific merit for SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).

2014 – 2015 The Health Trust Foundation San Jose, CA

- Developed a training for trainers curriculum for staff from various foundation programs, including HIV Case Management, Meals on Wheels, Family Resource Centers, and Chronic Disease Self-Management.
- Facilitated the implementation of site-wide staff training and evaluation.

2012 - 2014 University of California San Francisco San Francisco, CA

- Served as a consultant on a cooperative agreement from the SAMHSA to implement Screening, Brief Intervention, and Referral to Treatment resident training and education.
- Oversaw evaluation aspects of the project and provide training in motivational interviewing and other brief intervention strategies.

2011 - 2013 Manila Consulting Group McLean, VA

- Served as an expert reviewer providing evaluation of Readiness for Dissemination for interventions submitted to SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP).
- Provided consultation services for a SAMHSA contract (#283-07-4005) to compare motivational interviewing dissemination strategies.
- Developed and conducted dissemination webinars with mental health and medical care organizations.

2010 - 2012 Addiction Technology Transfer Center Richmond, VA

- Developed and taught an online course in motivational interviewing.
- Developed the Evaluation Researcher's section of the www.motivationalinterview.org website.

Professional recognition, honors, etc.

- 2017: Medical Education Scholars Graduate, University of New Mexico, School of Medicine, Office of Medical Educator Development
- 2016: The University of New Mexico, Sarah Belle Brown Community Service Award Nominee
- 2013: Association for Medical Education and Research in Substance Abuse (AMERSA) New Investigator / Educator Award (monetary)
- 2011: NIDA, NIAAA, & APA (Divisions 28 & 50) Early Career Investigator Symposium Participant for the American Psychological Association Meeting, Washington, DC.
- 2010: NIDA, NIAAA, & APA (Divisions 28 & 50) Early Career Investigator Travel Award for the American Psychological Association Meeting, San Diego, CA (monetary)
- 2010: NIAAA Travel Award for the American Psychological Association Annual Convention, San Diego, CA (monetary)
- 2006: Benjamin Franklin Haught Memorial Research Lecture Award (monetary), University of New Mexico
- 2006: New Mexico Graduate Scholars Award (monetary), University of New Mexico
- 2000 - 2006: Exemplary Research Productivity Recognition, University of New Mexico
- 2005: New Mexico Psychological Association Outstanding Graduate Student Research Award

- 2000: Departmental Honors Program, Most Outstanding Honor Student Award (monetary), University of New Mexico
- 1998 - 2000: Departmental Honors Program, University of New Mexico
- 1998 - 2000: Psi Chi President, University of New Mexico
- 1997 - 2000: Golden Key National Honor Society
- 1996 - 2000: Dean's List, University of New Mexico
- 1996 - 2000: University Honors Program, University of New Mexico

Memberships in Professional Societies

- Motivational Interviewing Network of Trainers (MINT) – Member
- American Psychological Association (APA) – Member
- Association for Medical Education and Research in Substance Abuse (AMERSA) - Member
- Research Society on Alcoholism (RSA) - Member

Other extramural professional activities

- Ad Hoc Reviewer, NIH study section on Interventions to Prevent and Treat Addictions (IPTA), October 2015, June 2016, February 2017, June 2018, October 2018, February 2019, October 2019, June 2020
- Motivational Interviewing Network of Trainers, Scientific Advisory Committee Chair, 2016-2018
- Ad Hoc Grant Reviewer, NIH Clinical and Translational Research Infrastructure Network, University of Nevada Las Vegas, 2015-Present
- Abstract Committee Co-Chair, Association for Medical Education and Research (AMERSA), 2016 & 2017.
- Ad Hoc Reviewer, NIH special emphasis panel, scientific review group on HIV/AIDS and substance misuse (ZAA1 DD), July 2017, July 2019
- Steering Committee Member, FASD Practice and Implementation Center, Centers for Disease Control, University of Nevada, Reno, 2014-2018
- Motivational Interviewing Network of Trainers, Training for New Trainers, Co-Trainer, Montreal, Canada, 2016
- Abstract Selection Committee Member. Association for Medical Education and Research (AMERSA), 2014-2015
- Ad Hoc Reviewer, Office of the Assistant Secretary for Health, Review of Applications for Mobilization for Health: National Prevention Partnership Awards Program, 2014
- Ad Hoc Reviewer, National Institute on Drug Abuse, ZAA1 DD 05 1, Review of Applications on HIV-AIDS/Alcohol Comparative Effectiveness & Implementation Research, 2013
- Ad Hoc Reviewer: Health Psychology, American Journal of Preventive Medicine; Annals of Family Medicine, Cognitive Behaviour Therapy; Addictions; Evaluation and Program Planning; American Journal on Addictions; Journal of Adolescent Health; Journal of Substance Abuse Treatment; Drug and Alcohol Dependence; Evaluation and Program Planning
- Ad Hoc Reviewer: Research Fund for the Control of Infectious Diseases and Health and Health Services Research Fund, Food and Health Bureau, The Government of Hong Kong, 2012
- Motivational Interviewing Network of Trainers Board of Directors member, Secretary, 2007-2009

Intramural Service

- Review Committee Member, Research Allocations Committee, University of New Mexico, 2015-2021
- Scholarship in Education Allocation (SEAC) Committee Member, Research, University of New Mexico, 2017-2021
- UNM HSC Resiliency and Burnout Task Force, Participant and Chair - Survey and Data Collection Working Group, 2018
- Interim Vice Chair for Research, Family and Community Medicine, 2017-2019
- Co-Planner, Family and Community Medicine Scholar's Day, 2017-2019
- Mentor Undergraduate Pipeline Network, Summer Research Experience, 2016, 2017
- Grantsmanship Mock Study Section Reviewer, Master's in Science in Biomedical Sciences, 2017
- Behavioral Health Internship Mentor (six interns), Summer 2016-2019
- Staff Awards Selection Committee, Family and Community Medicine, 2016, 2017
- Committee Member, New Mexico Behavioral Health Workforce Committee, University of New Mexico Health Science Center, 2014
- Reviewer, Undergraduate Research Requirement Committee, University of New Mexico, 2014-2015.

Popular media featuring my commentary

- Apartment Therapy (2022): [The Simple, 5-Minute Habits That Therapists Say Will Reduce WFH Burnout](#)
- Fatherly (2022): [8 Simple Tips For Having a Better Relationship with Social Media](#)
- The Sunday Edit (2021) [How to Set New Year's Resolutions and Actually Achieve Them](#)
- Up Journey (2021) : [How to Stop Being Emotionally Attached to Someone](#)
- Martha Stewart Living (2021): [Foods and Drinks to Avoid When You're Struggling with Anxiety and Stress.](#)
- The Knot (2021): [Having Dreams About Your Wedding? Here's What They Mean](#)
- Psych Central (2021): [All About Operant Conditioning](#)
- Fatherly (2021): [This Is What Parents Should Say to Calm Kids Who Are Afraid of Shots](#)
- Verywell Mind (2021): : [Why Are People Falling Off Milk Crates? The Psychology of Risky Viral Trends.](#)

Invited lectures

- **Hettema, J.E.** (2021-Present). University of Nevada at Reno, Center on Substance Abuse Technologies, ECHO program. SBIRT for Women's Health Professionals, 6 part series.
- **Hettema, J.E.** (April, 2020). American Society of Addiction Medicine (ASAM) Fundamentals of Addiction Medicine (FAME) ECHO program. Motivational Interviewing, 2 part session.
- **Hettema, J.E.** (December, 2019). Integrating SBIRT into a Community Health Clinic. Washoe Tribal Health Center. Garderville, NV.
- Hettema, J.E. (April /May, 2019). Motivational Interviewing for Diabetes Care. Four Part Series presented for UNM's EndoECHO program.
- **Hettema, J.E.** (May, 2019). Preparing your Health Center for SBIRT Implementation. Webinar provided for the Mountain Plains Addiction Technology

- Transfer Center Enhanced Professional Learning Series on Screening Brief Intervention and Referral to Treatment.
- **Hettema, J.E.** & Woods, W. (April, 2019). Screening and brief intervention for opioid misuse discussion facilitator. Washoe County Community Coalition Accelerator.
 - **Hettema, J.E.**, Madaras, A., Phillips, C., Perez, M. (September, 2018). Motivational Interviewing for the returning citizen population of the Metropolitan Detention Center. Bernalillo County Community Health Workers Project ECHO Training.
 - **Hettema, J.E.**, et al. (April, 2018). Motivational Interviewing Workshop presented at the American Society of Addiction Medicine Annual Conference. San Diego, CA.
 - **Hettema, J.E.** (March, 2018). Strategies for Continued Client Engagement, University of Wyoming ECHO in Behavioral Health.
 - **Hettema, J.E.** (November, 2017). Screening, brief intervention, and referral to treatment in nursing settings. Nevada Nurses Association/Nevada Organization of Nurse Leaders Convention. Reno, NV.
 - **Hettema, J.E.** (June, 2017). Meta-regression to identify the impact of risky alcohol use brief intervention structure and content on outcome. 13th Annual Satellite Session on Research on Mechanisms of Behavior Change, Preference Workshop for the Research Society on Alcoholism Scientific Meeting. Denver, CO.
 - **Hettema, J.E.**, Cockrell, S.A., Ripp, C. Madaras, A., Chambers, S., Rowell, N. (March, 2017). Motivational Interviewing Workshop. 4-Hour national workshop provided as part of UNM's Addiction Psychiatry ECHO.
 - **Hettema, J.E.** (August, 2016). Early Intervention. Invited address given at the 2016 Nevada Summer Institute: The Intersection of Behavioral Health and HIV/AIDS. Las Vegas, NV.
 - **Hettema, J.H.** (2016, March). Brief behavioral health interventions in medical settings: An example from project TEMPO. Invited meeting of Epidemiology, Biostatistics, and Preventive Medicine Division, University of New Mexico. Albuquerque, NM.
 - **Hettema, J.E.** (February, 2016). Screening and Brief Intervention for Risky Alcohol Use in Primary Care. Invited address given at the New Mexico Association of Family Physicians 34th Annual Winter Refresher. Albuquerque, NM.
 - **Hettema, J.E.** (September, 2015). SBIRT Evaluation and Competency Assessment: Implications of Gaps in Knowledge of SBIRT Mechanisms of Action. Invited address given at the SBIRT Training Summit. Atlanta, GA.
 - **Hettema, J.E.** (2014). Alcohol Screening and Brief Interventions for Healthcare and Mental Health Professionals. University of Nevada School of Medicine Department of Psychiatry and Behavioral Sciences. Reno, NV.
 - **Hettema, J.E.** & Tulsy, J. (2014). Motivational Interviewing in the HIV Setting: Updates and Applications for Prevention and Treatment. Invited training given for the San Francisco Department of Public Health and the Pacific AIDS Education and Training Center. San Francisco, CA.
 - **Hettema, J.E.** (September, 2013). Brief Intervention Strategies for the Prevention of Alcohol Exposed Pregnancy. Invited Webinar given for the National Frontier and Rural Addiction Technology Transfer Center.
 - **Hettema, J.E.** (September, 2012). Motivational Interviewing for Busy Clinicians.

Invited Address given for the California Society of Addiction Medicine Annual Conference. San Francisco, CA

- **Hettema, J.E.** (July, 2012). Screening, Brief Intervention, and Referral to Treatment in Busy Clinical Settings. Invited Address given at the Virginia Summer Institute of Addiction Studies. Williamsburg, VA.
- **Hettema, J.E.** (March, 2012). Screening, Brief Intervention, and Referral to Treatment in Women's Health Settings. Invited Address given for the Virginia Department of Health Statewide Clinical Conference. Richmond, VA
- **Hettema, J.E.** (August, 2011). Screening for High Risk Behaviors in Pregnancy. Invited Address given for the University of Virginia Office of Continuing Medical Education. Glen Allen, VA.
- **Hettema, J.E.** (March, 2011). Brief Interventions for Alcohol Misuse: An Overview of the Field. Invited Address given at Mid-Atlantic Node of the NIDA Clinical Trials Network 10th Annual Symposium. Alcohol and Alcoholism: Behavioral Treatment Updates. Baltimore, MD.
- **Hettema, J.E.** (July, 2009). Talking with Patients about Renal Failure and Motivational Education Strategies. Invited Address given at the 2009 Renal Physician's Association Advanced Practitioners Meeting. Brooklyn, NY.
- **Hettema, J.E.** Dissemination of Evidence-Based Practices in Addictions Research (April, 2006). Invited Address given for the University of New Mexico Benjamin Franklin Haught Memorial Research Lecture. Albuquerque, NM.

Scholarly achievements:

Original research or scholarly articles in refereed journals:

- Pandhi, N., Crowdy, M., Perez, M., Chambers, S., **Hettema, J.** (under review). Leveraging Implementation Science and Health Experiences Research Methods to Improve the Applicability of Clinical Trials: The Youth Listening Study. *Implementation Science Communications*.
- Hutchison, V., V., Perez, M., Arnink, C., Hoff, C., Manicke, M., Cockrell, S., Phillips, C., Madaras, A., Chambers, S., Baca, M., Ceballos, V., & **Hettema, J.** (2024). A Qualitative Study Exploring Reproductive Desires and Parenting Attitudes among Ethnically Diverse Teens at Risk of Unintended Pregnancy, *Journal of Pediatric and Adolescent Gynecology*, Online Ahead of Print.
- Killough, C. M., Madaras, A., Phillips, C., **Hettema, J.**, Ceballos, V., Fuentes, J. E., Rishel Brakey, H., Wagner, K., & Page, K. (2023). Community health worker insights on promoting research engagement with diverse populations. *Frontiers in Public Health*, 10, 959504.
- Perez, M., McKinney, K., **Hettema, J.**, Myers, O., Shore, X., Romero-Leggott, V., Schmitt, C., Cardinali, G., Cockrell, S., & Helitzer, D. (2022). National Email Communication Platforms May Indicate or Contribute to Gender Disparities: Preliminary Analysis of an Academic Medicine Listserv. *Journal of Women's Health*, 31(11), 1581–1586.
- Perez, M., Chambers, S., Ceballos, V., Kelley, A., **Hettema, J.**, Sussman, A., Kosnick, S., Morales-Norris, E., Jackson, S., & Baca, M. (2022). Informed Contraceptive Decisions: A Qualitative Study of Hispanic Teens in New Mexico. *Women's Health Reports*, 3(1), 982–989.

- Wagner, K., Zhong, Y., Tshale, E., White, K., Winstanley, E.L., **Hettema, J.**, Thornton, K., Bisztray, B., Fiuty, P., Page, K. (2021). Hepatitis C virus infection and polysubstance use among young adult people who inject drugs in a rural county of New Mexico. *Drug and Alcohol Dependence*, 220: 108527.
- Chambers, S., Baca, M., Navrotskaya, E., Madaras, A., Rhyne, R., Phillips, C., **Hettema, J.** (in press). Pilot Study of an Overdose First Aid Program in Juvenile Detention. 2020. *Journal of Health Promotion Practice*.
- **Hettema, J.E.**, Cockrell, S.A., Phillips, C., Madaras, A., Perez, M., et al. (2020) Project TEMPO (Teens Exploring and Managing Prevention Options): Preliminary Impact on Unprotected Sex Among Teens at Risk for Unintended Pregnancy. *Journal of Community Medicine and Public Health Care* 7: 063.
- Ballejos, M.P., Oglesbee, S., **Hettema, J.E.**, Sapien, R. (2018). An equivalence study of interview platform: Does videoconferencing technology impact medical school acceptance rates of different groups? *Advances in Health Sciences Education*, 23: 601-610.
- **Hettema, J.E.**, Cockrell, S.A., Reeves, A., Ingersoll, K.S., Lum, P.J., Satiz, R., Murray-Krezan, C.M., Carrejo, V.A.. (2018). Development and Differentiability of Three Brief Interventions for Risky Alcohol Use that Include Varying Doses of Motivational Interviewing. *Addiction Science and Clinical Practice*, 13: <https://doi.org/10.1186/s13722-017-0102-0>
- **Hettema, J.E.**, Barbir, L.A., Viar, K.R., & Hund, L. (2017). Collaborative Information Exchange Using Elicit-Provide-Elicit to Reduce Risky Drinking Among College Students. *Journal of Communication in Healthcare*, 10: 108-115.
- Ingersoll, K.S., Dillingham, R.A., Freeman, J., **Hettema, J.E.**, Reynolds, G., Hosseinbor, S., & Conaway, M. (2015). Pilot RCT of bidirectional text messaging for adherence and retention in care among nonurban substance users with HIV. *Health Psychology*, 34 (Suppl): 1305-1315.
- Whittle, A., **Hettema, J.E.***, Manuel, J.K., Cangelosi, et al., Coffa, D., De La Cerda, S., Tierney, M., Lum, P.J. (2015). Effectiveness of continuing education in motivational interviewing for health professionals working with families and pediatric patients: Results of skills-based assessment. *Family Medicine and Medical Science Research*, 4: 1-4.
- **Hettema, J.E.**, Cockrell, S.A., Russo, J., Corder-Mabe, J., Yowell-Many, A., Chishom, C., & Ingersoll, K.S. (2015). Missed opportunities: Screening and brief intervention for risky alcohol use in women's health settings. *Journal of Women's Health*, 24: 648-654.
- **Hettema, J.E.**, Sorensen, J.L., Wenthe, A.O., & Larios, S.E. (2014). Development of an instrument to characterize methodological and collaborative factors that may influence community-based clinician post-trial adoption of clinical research interventions. *International Journal of Mental Health and Addictions*, 12: 420-431.
- **Hettema, J.E.**, Ernst, D., Roberts-Williams, J., & Miller, K.J. (2014) Parallel processes: Using motivational interviewing as an implementation coaching strategy. *Journal of Behavioral Health Services and Research*, 41: 326-336.
- Larios, S.E., Masson, C.L., Shopshire, M.S., **Hettema, J.E.**, Jordan, A.E., McKnight, C., Young, C., Khalili, M., Seewald, R.M., Min, A., Hengl, N., Sorensen, J.L., Jarlais, D.C.D. & Perlman, D.C. (2014). Education and counseling in the methadone treatment setting improves knowledge of viral hepatitis. *Journal of Substance Abuse Treatment*, 46: 528-531.
- Ingersoll, K.S., Dillingham, R., Reynolds, G., **Hettema, J.E.**, Freeman, J., Hosseinbor, S.(2014). Development of a personalized bidirectional text

- messaging tool for HIV adherence assessment and intervention among substance abusers. *Journal of Substance Abuse Treatment*, 46, 66-73.
- Penberthy, J.K., Hook, J., **Hettema, J.E.**, Farrell-Carnehan, L., & Ingersoll, K. (2013). Depressive symptoms moderate treatment response to brief intervention for prevention of alcohol exposed pregnancy. *Journal of Substance Abuse Treatment*, 45, 335-342.
 - Ratawongsa, N., Barton, J.L., Shillinger, D., Yelin, E.H., **Hettema, J.E.**, Lum, P.J. (2013). Ethnically diverse patients' perceptions of clinician computer use in a safety net clinic. *Journal of Healthcare for the Poor and Underserved*, 24, 1542-1551.
 - Farrell-Carnahan, L., **Hettema, J.E.**, Jackson, J.P., Kamalanatha, S., Ritterband, L., & Ingersoll, K.S. (2013) Feasibility and promise of a remote-delivered preconception motivational interviewing intervention to reduce risk for alcohol exposed pregnancy. *Telemedicine and e-Health*, 19:597-604.
 - Masson, C.L., Delucchi, K.L., McKinght, C., **Hettema, J.**, Khalili, M., Min, A., Jordan, A.E., Pepper, N., Hall, J., Hengl, N., Young, C., Shopshire, M., Manuel, J., Coffin, L., Hammer, H., Shapiro, B., Seewald, R.M., Bodenheimer, H., Sorensen, J.L., Des Jarlais, D.C., & Perlman, D.C. (2013). A randomized trial of a hepatitis care coordination model in methadone maintenance treatment. *American Journal of Public Health*, 103(10), 81-88.
 - Ingersoll, K.S., Ceperich, S.D., **Hettema, J.E.**, Farrell-Carnahan, L., & Penberthy, J.K. (2013). A randomized controlled trial of a brief preconceptional motivational intervention to reduce alcohol-exposed pregnancy risk in community women. *Journal of Substance Abuse Treatment*, 44, 407-416.
 - **Hettema, J.E.**, Hosseinbor, S.A., & Ingersoll, K.S. Inter-instrument reliability of two innovative antiretroviral medication adherence self-report measurement techniques: Implications for mobile phone assessment and intervention. *HIV Clinical Trials*, 27, 1-7. (2012).
 - **Hettema, J.E.**, Ratanawongsa, N., Manuel, J.K., Ciccarone, D., Coffa, D., & Lum, P.J. A SBIRT curriculum for medical residents: Development of a performance feedback tool to build learner confidence. *Substance Abuse*, 33, 421-450. (2012).
 - Ingersoll, K.S., **Hettema, J.E.**, Cropsey, K.L., Jackson, J.P. Pre-conception markers of dual risk for alcohol and smoking-exposed pregnancy: Tools for primary prevention. *Journal of Women's Health*, 20, 1627-1633. (2011).
 - Ingersoll, K.S., Farrell, L., Cohen, J., Ceperich, S., Heckman, C., **Hettema, J.E.**, & Marzani-Nissen, G. Increasing HAART adherence and reducing cocaine use. A randomized clinical trial of two adherence and drug use interventions for HIV+ cocaine users. *Journal of Drug and Alcohol Dependence*, 116, 177-187. (2011).
 - **Hettema, J.E.** & Hendricks, P. A meta-analysis of motivational interviewing for smoking cessation. *Journal of Clinical and Consulting Psychology*, 78, 868-884. (2010).
 - **Hettema, J.E.** & Sorensen, J.L. Access to care for methadone maintenance patients in the United States. *International Journal of Mental Health and Addiction*, 7, 468-474. (2009).
 - **Hettema, J.E.**, Sorensen, J.L., Uy, M., & Jain, S. Motivational enhancement therapy to increase resident physician engagement in substance abuse education. *Substance Abuse*, 30, 1-4. (2009).
 - **Hettema, J.E.**, Miller, W.R., Tonigan, J.S., & Delaney, H.D. The Form 90-DWI: An Instrument for Assessing Intoxicated Driving. *Psychology of Addictive Behaviors*, 22, 117-121. (2008).

- **Hettema, J.E.**, Steele, J.M., & Miller, W.R. Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91-111. (2005).

Review articles and articles appearing as chapters in edited volumes:

- **Hettema, J.E.** & Jackson, J.P. (in press). Evidence-based practices in psychiatry. In *Handbook of Psychiatric Practice: Principles and Applications*, B.A. Johnson (Ed.). World Scientific Publishing, Singapore.
- Ingersoll, K.S., Lynch, W., Ait-Daoud, N., Penberthy, K., Stewart, H., & **Hettema, J.E.** (in press). Addiction and substance use disorders. In *Handbook of Psychiatric Practice: Principles and Applications*, B.A. Johnson (Ed.). World Scientific Publishing, Singapore.
- **Hettema, J.E.**, Neumann, C., Samuel, B. (2017). Promoting behavior change. In *Medical Management of Vulnerable and Underserved Patients: Principles, Practice, and Populations*, D. Schillinger & M.B. Wheeler (Eds.). New York, NY: McGraw-Hill.
- **Hettema, J.E.**, Wagner, C.C., & Ingersoll, K.S. (2014). Motivational interviewing and brief interventions. In K. Sher (Ed.), *The Oxford Handbook of Substance Use Disorders*. Oxford, New York: Oxford University Press.
- **Hettema, J.E.** & Kirsch, J. (2011). Motivational interviewing: Mental health-substance use. In *Principles of Intervention in Mental Health-Substance Use*, D.B. Copper (Ed.). (88-101). Oxford: Radcliffe Publishing.
- Sorensen, J. L., **Hettema, J.E.**, Larios, S. (2009). What is evidence-based treatment? In *Evidenced-based addiction treatment*, P. Miller (Ed.). (3-18). San Diego, CA: Elsevier.
- **Hettema, J.E.** Motivational Enhancement Therapy (2008). In *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. Fisher, G. & Roget, N. (Eds.) New York, NY: SAGE Publishing.
- **Hettema, J.E.** Motivational Interviewing (2008). *Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery*. Fisher, G. & Roget, N. (Eds.) New York, NY: SAGE Publishing.
- Sorensen, J.L., **Hettema, J.E.**, Chen, T. Dissemination of evidence-based treatment into substance abuse clinical practice. In *Translation of Addictions Science into Practice: Update and Future Directions*, Miller, P. & Kavanaugh, D. (Eds.). (263-278). New York: Elsevier. (2007).
- **Hettema, J.E.** & Delaney, H.D. Can a physicist priest speak to psychologists? *PsychCritiques* 52 (19). (2007).
- **Hettema, J.E.** The pity of evil: Assumptions of responsibility and free will in psychology. *PsycCritiques*, 51 (47). (2006).
- Sorensen, J.L. & **Hettema, J.E.** Falling over the line: A review of the film Walk the Line. *PsycCritiques*, 51 (16). (2006).
- Miller, W.R., Wilbourne, P.L., **Hettema, J.E.**.. What works? A summary of alcohol treatment outcome research. In *Handbook of Alcoholism Treatment Approaches*, 3rd ed, Hester, R.K. & Miller, W.R. (Eds.). (13-63). Boston, MA: Pearson Education. (2003).

Other writings and scholarly products (not abstracts)

- Phillips, C., Madaras, A., Cockrell, S., Samuel, B., **Hettema, J.** (2019). Enhanced Motivational Interviewing Rotation for First Year Family Medicine Residents. Poster presented at the 12th Annual Mentoring Conference. Albuquerque, NM.
- Azari, S., **Hettema, J.E.**, Cangelosi, C., Ratanawongsa, N., Tierney, M., Coffa, D., Shapiro, B., Hersch, D., Manuel, J., Ciccarone, D., Jain, S., & Lum, P. A skills-based curriculum for teaching MI-enhanced screening, brief intervention, and referral to treatment (SBIRT) to medical residents. *MedEdPORTAL Publications*; 2015. Available from: <https://www.mededportal.org/publication/10080>
- **Hettema, J.E.** Training and treatment fidelity in motivational interviewing. *Motivational Interviewing Network of Trainers Bulletin*, 13, 12-13. (2007).

Invited or refereed abstracts and/or presentations at professional meetings:

- **Hettema, J.H.**, Cockrell, S.A., Russo, J.M., Ingersoll, K.S. (2014). Evidence supporting implementation of screening, brief intervention, and referral to treatment in women's health settings. *Substance Abuse*, 35, 212.
- von Sternberg, K., Velasquez, M.M., Ingersoll, K., Green, C., **Hettema, J.E.**, & Wagner, C. (2011). Using latent profile analyses to examine key components of an evidence-based intervention to reduce alcohol-exposed pregnancy: Project CHOICES. *Alcoholism: Clinical and Experimental Research*.
- **Hettema, J.E.**, Ingersoll, K., Wagner, C., Fansler, A., Velasquez, M., Sobbell, M., Sobbell, L., von Sternberg, K., Agrawal, S. (2009). The inter-rater reliability of provider elicitation and response to change talk in motivational interviewing. *Alcoholism: Clinical and Experimental Research*.
- Ingersoll, K., Wagner, C., Ceperich, S., von Sternberg, K., Velasquez, M., Sobbell, M., Sobbell, L., Agrawal, S., & **Hettema, J.E.** (2009). A one-pass rating system to evaluate mechanisms of Action in Project CHOICES, a successful motivational intervention. *Alcoholism: Clinical and Experimental Research*.
- Plageman, K., **Hettema, J.E.**, Ingersoll, K., Fansler, A., Kamalanathan, S., Fabbri, S., and Johnston, R. (2009). Cigarette smoking and risky drinking: Correlations found among women at risk for alcohol-exposed pregnancy. *Alcoholism: Clinical and Experimental Research*.
- **Hettema, J.E.**, Steele, J.M., & Miller, W.R. (2004). A meta-analysis of motivational interviewing across behavioral domains [Abstract]. *Alcoholism: Clinical and Experimental Research*, 28 (Suppl. 5).
- **Hettema, J.E.** & Miller, W.R. (2002). The validity of the Form 90-DWI: An instrument for assessing intoxicated driving [Abstract]. *Alcoholism: Clinical and Experimental Research*, 26 (Suppl. 5).
- **Hettema, J.E.** & Waldorf, V.A. (2002). Results from a program evaluation trial conducted at the NMVAHCS [Abstract]. *Alcoholism: Clinical and Experimental Research*, 26 (Suppl. 5).
- **Hettema, J.E.** & Slesnick, N. (2001). The Role of gender in the relationship between adolescent substance abuse and other delinquent behaviors [Abstract]. *Alcoholism: Clinical and Experimental Research*, 25 (Suppl. 5).
- **Hettema, J.E.**, Tonigan, J.S., & Delaney, H.D. (2000). The role of spirituality in recovery from alcoholism: A retrospective analysis of Project MATCH [Abstract]. *Alcoholism: Clinical and Experimental Research*, 24 (Suppl. 5).

Contributed (unrefereed) abstracts and/or oral presentations at professional meetings:

- Phillips, C., Madaras, A., Cockrell, S., Samuel, B., **Hettema, J.** (October, 2019). Enhanced Motivational Interviewing Rotation for First Year Family Medicine Residents. Poster presented at the 12th Annual Mentoring Conference. Albuquerque, NM.
- Hoff, C., Arnink, C., Perez, M., Baca, M., Phillips, C., **Hettema, J.**, Cockrell, S., Madaras, A., Chambers, S. (April, 2019). Motivational Interviewing for Crises. 2 90-minute trainings presented to 100 participants at the meeting of the Head to Toe conference in Albuquerque, NM
- Phillips, C., Cockrell, S., Madaras, A., Perez, M., Chambers, S., Baca, M., Samuel, B., Arnink, C., **Hettema, J.** (2019). Methods and Description of a Brief, Primary Care Based Motivational. Interviewing Intervention for Unintended Teen Pregnancy Targeting Rural/Underserved. Adolescents. Poster presented at the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians conference. Albuquerque, NM.
- Madaras, A., **Phillips, C.**, Cockrell, S., Chambers, S., Perez, M., Arnink, C., Baca, M., Samuel, B., Hoff, C., **Hettema, J.** (2019). Motivational Interviewing Works as a Manualized Intervention. Poster presented at the Motivational Interviewing Network of Trainers (MINT) annual Conference and Forum. Tallinn, Estonia.
- Wagner, K. Anderson, J., Bisztray, B., Price, B., Barela, M., White, K., **Hettema, J.**, Page, K. (April, 2019). Non-opioid substance use among those at risk for Hepatitis C infection. Poster presented at the AIDS Education Training Center New Mexico HIV/HCV Update Conference.
- Arenella, P., Chambers, S., **Hettema, J.**, Madaras, A., Phillips, C., Rowell, R., Samuel, B. (November, 2018). Applying qualitative research techniques to develop and enhance motivational interviewing intervention protocols. Presented at the Motivational Interviewing Network of Trainers (MINT) Annual Forum, New Orleans, LA.
- Rowell, N., Perez, M., Baca, M., **Hettema, J.E.**, Cockrell, S., & Madaras, A. (April, 2018). Motivational Interviewing for school health professionals. Presentation given at the Head to Toe Conference. Albuquerque, New Mexico.
- Perez, M., Chambers, S., Madaras, A., Phillips, C., Cockrell, S., Hoff, C., Christopher, C., **Hettema, J.** (October, 2018). Risky Behavior in New Mexico: Youth Problems and Solutions. Poster presented at the 3rd annual University of New Mexico Department of Family and Community Medicine Annual Conference on Care for the Underserved. Albuquerque, NM.
- Perez, M. Manicke, M., & **Hettema, J.E.** (April, 2018). Reproductive health behaviors among New Mexico School-Based Health Center patients. Poster presented at the Hispanic Health Research/Service Learning Poster Session at the National Hispanic Medical Association's (NHMA) 22nd Annual Conference. Washington, DC.
- Hutchison, V., Manicke, M., & **Hettema, J.E.** (April, 2018). Differences between male and female reasoning about delaying pregnancy. Poster presented at the New Mexico Public Health Association Conference. Albuquerque, NM.
- **Hettema, J.E.**, Ripp, C., Cockrell, S., Madaras, A., Samuel, B., Waldman, D. (October, 2017). Enhancement of a behavioral health rotation for family medicine residents to promote skillfulness in motivational interviewing. Oral Presentation given at the 2017 Association of Medical Education and Research on Substance Abuse National Conference.

- Cockrell, S.A., **Hettema, J.E.**, Samuel, B., Waldman, D. (October, 2017). Evaluation of a workshop with feedback and coaching on family medicine resident motivational interviewing skillfulness and attitudes. Poster presented at the 2017 Association of Medical Education and Research on Substance Abuse National Conference.
- Madaras, A, Canyon Meyer, Ripp, C., Rowell, L.N., Cockrell, S.A., Jackson, S., **Hettema, J.E.** (June, 2017). Preventing unintended teen pregnancy: Background and Overview of Brief, Primary Care Based Motivational Interviewing Intervention. Poster Presented at the International Conference on Motivational Interviewing. Philadelphia, PA.
- Ripp, C., Rowell, L.N., Madaras, A, Canyon Meyer, Cockrell, S.A., Jackson, S., **Hettema, J.E.** (June, 2017). Preventing unintended teen pregnancy: Background and Overview of Brief, Primary Care Based Motivational Interviewing Intervention. Poster presented at the University of New Mexico Family and Community Medicine Scholar's Day. Albuquerque, NM.
- **Hettema, J.E.** & Cockrell, S.A. (2016, July). Overlaying motivational interviewing principles of engagement on teen pregnancy prevention programs and practices. Workshop presented at meeting of the Office of Adolescent Health Teen Pregnancy Prevention Grantee Conference, Connecting the Dots: Collaborating to Achieve Lasting Impacts for Youth. Baltimore, MD.
- Baca, M. Cadena, D., Peter, K., Dodge, E., Carreras, Y., Jackson, S., Cockrell, S., & **Hettema, J.E.** (April, 2016). Designing research methodology to center lesbian, bisexual, gay, queer, transgender, gender non-conforming & two-spirit youth. Poster session presented at the Conference on Adolescent Health, Adolescent Health Initiative, University of Michigan Health System. Ypsilanti, MI.
- Manuel, J., **Hettema, J.E.**, Brogan, K., & Cockrell, S.A. (October, 2015). Teaching Motivational Interviewing in Medical Training: Concept Mapping to Find a Way Forward. Oral Presentation at the 2015 Motivational Interviewing Network of Trainers International Annual Forum.
- **Hettema, J.E.** & Cockrell, S.A. (June, 2015). The feasibility of developing and implementing brief interventions for risk alcohol use with varying degrees of motivational interviewing consistency. Oral Presentation given at the International Conference on the Treatment of Addictive Behaviors. Odense, Denmark.
- **Hettema, J.E.** & Cockrell, S. (June, 2014). Meta-analysis of motivational interviewing interventions for engagement or adherence among patients in medical settings. In K.S. Ingersoll (Chair) Motivational interviewing targeting engagement and adherence: Clinical and research perspectives. Symposium conducted at the 4th International Conference on Motivational Interviewing, Amsterdam, Netherlands.
- Ingersoll, K., Dillingham, R., Reynolds, G., Freeman, J., Hosseinbor, A., **Hettema, J.**, & Conway, M. (June, 2014). Feasibility and impact of a personalized text messaging ART adherence tool for nonurban substance users. Poster presented at the 9th International Conference of HIV Prevention and Treatment Adherence. Miami, FL.
- Glassman, S., Brogan, K., Engle, B., & **Hettema, J.E.** (October, 2014). Panel Discussion: Motivational Interviewing in Medical School Education. Oral Presentation at the 2014 Motivational Interviewing Network of Trainers International Annual Forum. Atlanta, GA.
- **Hettema, J.E.** & Cockrell, S.A. (April, 2014). Missed opportunities: Screening,

- brief intervention, and referral to treatment in women's health settings. Oral presentation at the New Mexico Public Health Association Disparity to Equity Conference. Albuquerque, NM.
- **Hettema, J.E.**, Russo, J.M., & Fisher, C.B. (November, 2013). Disparities in prescribing behavior towards injection drug users living with HIV. Poster presented at the American Public Health Association 141st Annual Meeting.
 - **Hettema, J.E.**, Ratanawongsa, N., Manuel, J., Coffa, D., McCormick, E., Azari, S., & Lum, P.J. (November, 2013). A case of health equity in screening and brief intervention for risky alcohol use. Poster presented at the Association for Medical Education and Research in Substance Abuse 37th Annual Conference. Bethesda, MD.
 - **Hettema, J.E.**, Cockrell, S., Russo, J.M., & Ingersoll (November, 2013). Evidence supporting implementation of screening, brief intervention, and referral to treatment in women's health settings. Poster presented at the Association for Medical Education and Research in Substance Abuse 37th Annual Conference. Bethesda, MD.
 - Cockrell, S.A., **Hettema, J.E.**, Penberthy, J.K., Konig, A., Gioia, C., Bergeron, C., & Rodriguez, V. (November, 2013). Development, implementation, and results of a standardized feedback tool in a screening, brief intervention, and referral to treatment (SBIRT) curriculum for 1st year medical students. Poster presented at the Association for Medical Education and Research in Substance Abuse 37th Annual Conference. Bethesda, MD.
 - Ingersoll, K.S., Ceperich, S., **Hettema, J.**, Farrell-Carnahan, L., & Penberthy, J.K. (September, 2013). EARLY: An RCT of 3 Preconception Motivational Interventions to Reduce Alcohol-Exposed Pregnancy Risk. Presentation given at the 1st International Conference on Prevention of FASD. Edmonton, Alberta, Canada.
 - Ingersoll, K.S., Dillingham, R., Freeman, J, **Hettema, J.E.**, Reynold, G, & Hoseeinbor, A. (May, 2013). Feasibility and promise of a bidirectional personalized text messaging tool to promote HIV treatment adherence among non-urban substance users. Paper presented at the International Society for Research on Internet Interventions Scientific Meeting. Chicago, IL.
 - **Hettema, J.E.**, Russo, J., Fisher, C., & Cockrell, S. (April, 2013) Disparities in prescribing behavior towards injection drug users living with HIV. Poster presented at the New Mexico Public Health Association Disparity to Equity Conference. Albuquerque, NM.
 - **Hettema, J.E.** (April, 2013). Implementation and Medical Education Issues in Screening, Brief Intervention, and Referral to Treatment for Risky Alcohol Use. Symposium given at the New Mexico Public Health Association Disparity to Equity Conference. Albuquerque, NM.
 - Whittle, A., **Hettema, J.E.**, Manuel, J., McCormick, E., Cangelosi, C., De La Cerda, S., Coffa, D., & Tierney, M. (April, 2013). Impact of a workshop and individualized coaching on pediatric provider skillfulness in motivational interviewing. Poster presented at the 12th Annual University of California San Francisco Education Symposium. San Francisco, CA.
 - **Hettema, J.E.**, Wagner, C.C., & Ingersoll, K.S. (June, 2012). Mechanisms of Action in Motivational Interviewing. Discussion theme presented to the 3rd International Conference on Motivational Interviewing, Venice, Italy.
 - Ratanawongsa, N., Barton, J.L., Schillinger, D., **Hettema, J.E.**, Lum, P.J (June,

- 2012). Perceptions of Vulnerable Patients about Clinician Computer Use in a Safety Net Clinic. Poster presented at the Society of General Internal Medicine.
- **Hettema, J.E.**, Penberthy, J.K., Cockrell, S.A., Konig, A., Gioia, C., Bergeron, C., & Rodriguez, V. (October, 2012). The effectiveness of a team-based learning SBIRT curriculum for first year medical students. Poster presented at the Association for Medical Education and Research in Substance Abuse 36th Annual Conference.
 - **Hettema, J.E.** (October, 2012). Brief Medical Applications of MI: Challenges and Opportunities. Oral Presentation given at the MINT Forum. Fort Wayne, IN.
 - Azari, S., Lum, P.J., **Hettema, J.E.** (October, 2012). Suboptimal treatment of nicotine dependence in an urban academic primary care clinic. Poster presented at the Association for Medical education and Research in Substance Abuse 36th Annual Conference.
 - Grymes, K., Hettema, J.E., Turner, J., Tolan, P., Calland, J., O'Connor, R., Bruce, S., Albert, T., & Gunderson, e. (October, 2012). Screening and intervention among undergraduates with alcohol-related emergency department visits. Poster presented at the Association for Medical education and Research in Substance Abuse 36th Annual Conference.
 - Ingersoll, K.S., Dillingham, R., Reynolds, G., **Hettema, J.E.**, & Freeman, J (April, 2012). Bidirectional personalized text messaging for assessment and just-in-time adherence intervention for rural HIV+ drug users. Poster presented at the 33rd Annual Meeting of the Society of Behavioral Medicine, New Orleans, LA.
 - **Hettema, J.E.**, Ratanawongsa, N., Manuel, J.K., Ciccarone, D., Shapiro, B., Jain, S., Coffa, D., Cangelosi, C. Tuslky, J., Hersh, D., Lum, P. (October, 2011). The empirical development of feedback in a SBIRT curriculum. Poster presented at the Association for Medical Education and Research in Substance Abuse 35th Annual Conference. Washington, DC.
 - **Hettema, J.E.** (August, 2011). Pilot Study of a Video Intervention to Target Substance Use and HIV Medication Compliance. Symposium given at the American Psychological Association Annual Convention. Washington, DC.
 - Ingersoll, K., **Hettema, J.**, Cropsey, K.L., & Jackson, J. (July, 2011) Markers of risk for smoking-exposed pregnancy and alcohol-exposed pregnancy. Poster presented to the American Psychological Association Annual Convention, Washington, D.C.
 - **Hettema, J.E.** & Ingersoll, K.S. (June, 2011). Pre conception markers of dual risk for alcohol and smoking exposed pregnancy: tools for primary prevention. Paper presented to the 73rd Annual Meeting of the College on Problems of Drug Dependence, Hollywood, FL.
 - Ratanawongsa, N., Manuel, J.K., Ciccarone, D., **Hettema, J.E.**, Shapiro, B., Coffa, D., Cangelosi, C. Tuslky, J., Hersh, D., Lum, P. (May, 2011). Enhancing residents' clinical skills in screening, brief intervention, and referral to treatment for substance use disorders. Poster presented at the Western Group on Educational Affairs Annual Conference. Stanford, CA.
 - Ratanawongsa, N., Manuel, J.K., Ciccarone, D., **Hettema, J.E.**, Shapiro, B., Coffa, D., Cangelosi, C. Tuslky, J., Hersh, D., Lum, P. (May, 2011). Enhancing residents' clinical skills in screening, brief intervention, and referral to treatment for substance use disorders. Poster presented the Society of General Internal Medicine Annual Meeting. Phoenix, AZ.
 - Azari, S., **Hettema, J.E.**, Rios, L.D., Lum, P.J. (November, 2010). Suboptimal

screening, assessment, and advice about alcohol use in an urban, academic, primary care clinic. Poster presented at the Association for Medical Education and Research in Substance Abuse 34th Annual Conference. Washington, DC.

- **Hettema, J.E.**, Jackson, J.P., Cangelosi, C., & Lum, P.J. (October, 2010). Integrating motivational interviewing and screening, brief intervention, and referral to treatment: An interactive challenge. Poster presented at the international annual forum of the Motivational Interviewing Network of Trainers. San Diego, CA.
- **Hettema, J.E.** (August, 2010). Researcher-practitioner collaboration in the research process: An empirical study. Symposium given at the American Psychological Association Annual Convention. San Diego, CA.
- **Hettema, J.E.**, Sorensen, J.L., and Wenthe, A.O. (August, 2010). Researcher-practitioner collaboration in the research process: An empirical study. Poster presented at the NIDA, NIAAA, & APA (Divisions 28 & 50) Early Career Poster Session at the American Psychological Association Meeting. San Diego, CA
- Ciccarone, D., Lum, P., **Hettema, J.E.** (April, 2010). Engaging Medical Students and Residents in Multidisciplinary Substance Use Disorders Curricula. Symposium given at the American Society of Addiction Medicine 41st Annual Conference. San Francisco, CA.
- **Hettema, J.E.**, Ciccarone, D., Ratanawongsa, N., Jain, S., Shapiro, B., Hersh, D., Rios, L.D., & Lum, P.J.. (April, 2010). The role of resident confidence, perceived responsibility, and perceived barriers in the development of a clinical substance use training curriculum. Poster presented at the Western Group on Educational Affairs Annual Conference. Pacific Grove, CA.
- Brown, R., **Hettema, J.E.**, Eickelberg, S.J., Lum, P., Nyquist, J., & Saffier, K. (September, 2009). Screening, Brief Intervention, and Referral to Treatment (SBIRT): How Do You Do It and Teach It Effectively?. Preconference workshop given at the 2010 California Society of Addiction Medicine State of the Art Conference: Pathways to Addiction Medicine. San Francisco, CA.
- Hendricks, P.S., & **Hettema, J.E.** (May, 2009). Meta-analysis of motivational interviewing for tobacco use: Evidence of minimal efficacy. Poster presented at the 21st annual meeting of the Association for Psychological Science, San Francisco, California.
- Hendricks, P.S., & Hettema, J.E. (April, 2009). Motivational interviewing for smoking cessation: A meta-analytic review. Poster presented at the 15th annual meeting of the Society for Research on Nicotine and Tobacco, Dublin, Ireland.
- **Hettema, J.E.**, Ingersoll, K.S., Fansler, A., Plageman, K., Fabbri, S., Wartella, J (March, 2009). Inter-instrument reliability of HAART Medication Adherence Measurement Techniques. Poster presented at the annual meeting of the International Association of Physicians in AIDS Care on HIV Treatment Adherence, Miami, FL.
- Fansler, A., **Hettema, J.E.**, Plageman, K., Wartella, J, Johnston, R., Ingersoll, K.S., (March, 2009). The impact of treatment motivation and perceived importance on adherence and drug use outcomes in a motivational interviewing intervention. Poster presented at the annual meeting of the International Association of Physicians in AIDS Care on HIV Treatment Adherence, Miami, FL.
- Plageman, K., **Hettema, J.E.**, Ingersoll, K.S., Fansler, A., Wartella, J, Johnston, R. (2009, March). A descriptive analysis in session focus in a multiple health behavior change intervention targeting cocaine use and antiretroviral medication

- adherence. Poster presented at the annual meeting of the International Association of Physicians in AIDS Care on HIV Treatment Adherence, Miami, FL.
- **Hettema, J.E.** & Sorensen, J.L., Wentz, A.O. (2008, December). Project SPREAD: Survey of practiced research efforts to aid dissemination. Poster presented at the Robert Wood Johnson Foundation Substance Abuse Policy Research Program Annual Grantee Meeting, Addiction Health Phoenix, AZ.
 - **Hettema, J.E.** & Sorensen, J.L., Wentz, A.O. (2008, October). Project SPREAD: Survey of practiced research efforts to aid dissemination. Poster presented at the Addiction Health Services Research Conference, Boston, MA.
 - **Hettema, J.E.** & Zuckoff, A. (2008, June). A meta-analysis of motivational interviewing to assess engagement and adherence to substance use treatment. Poster presented meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico.
 - Wentz, A.O., **Hettema, J.E.** & Sorensen, J.L. (2008, June). Measuring dissemination of evidence-based practices: The creation and validation of the survey of practiced research efforts to aid in dissemination. Poster presented meeting of the College on Problems of Drug Dependence, San Juan, Puerto Rico.
 - Sorensen, J.L. & **Hettema, J.E.**. Project SPREAD: Survey of Practices Research Efforts to Aid Dissemination (October, 2007). Oral presentation given at the Addiction Health Services Research Conference. Athens, Georgia.
 - **Hettema, J.E.**. Training and Treatment Fidelity in Motivational Interviewing (December, 2006). Oral presentation given at the Motivational Interviewing Network of Trainers Forum. Miami Beach, FL.
 - Haug, N.A., Sorensen, J.L., Chen, T., **Hettema, J.E.**, & Nelson, L. (June, 2006). Mortality among opioid-dependent clients in a longitudinal study. Poster session presented at the meeting of the College on Problems of Drug Dependence, Scottsdale, AZ.
 - **Hettema, J.E.**, Steele, J.M., & Miller, W.R.(2004, October). A review of the efficacy of motivational interviewing. Poster session presented at the bi-annual meeting of the New Mexico Psychological Association, Albuquerque, NM.
 - **Hettema, J.E.** Dissemination of Motivational Interviewing to General Practice Residents (June, 2006). Oral presentation given to the University of California San Francisco Community Academic Research Training Alliance. San Francisco, CA.
 - **Hettema, J.E.** The Efficacy of Motivational Interviewing in Addictions (February, 2006). Oral presentation given at the International Conference on the Treatment of Addictive Behaviors –11. Santa Fe, New Mexico.
 - **Hettema, J.E.**.(2001, December). Accomplishing change through program evaluation. Poster session presented at the NIAAA conference for trainees: Toward an Integration of Basic and Clinical Research Training for the 21st Century, Indianapolis, IN.
 - **Hettema, J.E.**, Tonigan, J.S., & Delaney, H.D. (2000, June). Spirituality and alcoholism: Evidence from Project MATCH. Poster presented at the International Conference on the Treatment of Addictive Behaviors, Cape Town, South Africa.

Media

- Hettema, J.E. & Resnicow, K. Motivational Interviewing. Guest interview on weekly radio program In Your Right Mind. Aired March 2nd, 2018. Access at: <https://www.prnewswire.com/news-releases/radio-program-in-your-right-mind->

[will-explore-motivational-interviewing-in-a-new-broadcast-on-790-am-kabc-300607725.html](http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=20&content=ST300607725.html)

- **Hettema, J.E.** & Edney, C Motivational Interviewing and Telehealth, Part I. National Frontier and Rural Addiction Technology Transfer Center Telehealth Tuesday Media Series. Aired June 10th, 2014. Access at: <http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=20&content=STCUSTOM1>

Expert Panel

- Substance Abuse and Mental Health Service Administration Meeting on Peripartum Women's Health. May 29th-30th, 2014. Rockville, MD.

Online Trainings

- teachSBIRT Self-Paced Online Course. Five online training modules co-developed for the Center for the Application of Substance Abuse Technologies at the University of Nevada at Reno: <https://www.mycasat.org/courses/teachsbirt/>
- FASD Prevention Communication Skills. Four online training modules developed for the Center for the Application of Substance Abuse Technologies at the University of Nevada at Reno: <https://www.mycasat.org/courses/fasd-prevention-communication-skills-training/>

Current Grant and Contract Funding:

NIH / National Institute on Drug Abuse (PI, Page) 03/01/2022-02/29/2024
\$80,000 (subaward budget)

Reducing Substance Use Disorder Stigma in Mental Health Treatment Settings

This study is a collaboration between the University of New Mexico Clinical Trials Network and LifeStance Health. We will tailor an educational and systems level intervention to mental health settings using key informant interviews and a systematic policy review and then evaluate the impact of interventions on the identification and treatment of substance use disorder.

Role: Co-Investigator, Site Principal Investigator

R01 RFA-MH-23-265 (under review) 06/30/2024-06/29/2029

NIH / National Institute of Mental Health (PI, Young)

An Outcome-Focused Measure of Mental Health Care Quality based on Standardized Patient-Reported-Symptoms

This study seeks to develop, test, and validate outcome-focused quality measures in outpatient mental health.

Role: Co Investigator, National Advisory Board Member

Past Grant and Contract Funding:

UNM RAC 2020 (MPI Hettema, Arnink) 03/01/2020-02/28/2021

UNM HSC Research Allocations Committee

\$24,787

Piloting a MI Informed Shame Resilience Intervention

This study seeks to test the feasibility and preliminary efficacy of a motivational interviewing based brief intervention to promote shame resilience among pregnant women with opioid use disorders.

Role: Co-Principal Investigator

TP2AH000028 (PI Hettema) 07/01/2015-09/30/2020
 DHHS / Office of Adolescent Health
 \$5,000,000
Screening and Brief Intervention for the Prevention of Teen Pregnancy in Primary Care
 This project is a rigorous evaluation of the effective of screening and brief intervention for teen pregnancy prevention in primary care.
 Role: Principal Investigator

1 R18 HS025345 (PI Salvador) 08/01/2017-07/31/2022
 AHRQ
 \$1,936,272
ECHO-F Model to Expand Medication Assisted Treatment in Rural Primary Care Institution
 This study is designed to assess the effectiveness of using Project ECHO in conjunction with practice facilitation to train rural primary care providers to deliver Medication Assisted Treatment.
 Role: Co-Investigator

1 UG1DA049468-01 (PI Page) 06/01/2019-05/31/2024
 NIH/ National Institute on Drug Abuse
 \$2,494,823
New Mexico Clinical Trials Node: clinical research and practice to address substance use in diverse, rural and underserved populations
 This application seeks to establish a New Mexico Node of the NIDA Clinical Trials Network.
 Role: Co-Investigator / Director of Community Engagement

K23 AA020865 (PI Hettema) 09/31/2012 - 10/01/2018
 NIH / National Institute on Alcohol and Alcoholism
 \$665,000
Mentored Research on Improving Alcohol Brief Interventions in Medical Settings
 This project will systematically evaluate the impact of brief intervention components on risky drinking behavior among primary care patients and use this information to develop and pilot test an empirically informed brief intervention.
 Role: Principal Investigator

R03 AA023652 (PI Hettema) 03/01/2015-02/28/2018
 NIH / National Institute on Alcohol and Alcoholism
 \$151,000
Meta-Regression to Identify the Impact of SBIRT Structure and Content on Outcome
 This project will measure detailed characteristics of brief intervention for risky alcohol use among published clinical trials via author interview and use meta-regression techniques to determine their impact on drinking outcome.
 Role: Principal Investigator

UNM OMED/SEAC (MPI Hettema / Samuel) 09/01/2015-08/31/2017
 UNM Scholarship in Education Committee
 \$9200
Enhancement of a Behavioral Health Rotation for Family Medicine Residents to Promote Skillfulness in Motivational Interviewing

This project will test the effectiveness of a 4-week behavioral health rotation focused on the development of motivational interviewing skill.

Role: Co-Principal Investigator

CTSC 012-5 (PI Hetteema) 04/01/2014-03/31/2015

UNM / Clinical & Translational Science Center

\$19,471

Standardized Performance Feedback and Coaching to Enhance Dissemination of Motivational Interviewing for Health Behavior Change in Primary Care Settings

This project will evaluate the impact of standardized performance feedback and coaching on resident physician motivational interviewing skillfulness and attitudes.

Role: Principal Investigator

R03 DA03162 (PI Hetteema) 04/01/2012 - 03/31/2015

NIH / National Institute on Drug Abuse

\$285,000

Drug Abuse and HIV Adherence Treatments: A Multi-Level, Comparative Meta-Analysis

This project is a meta-analysis designed to determine the efficacy of interventions targeting substance use, HIV medication adherence, or both, among HIV+ substance users. The moderating impact of specific intervention characteristics including the primary behavioral target and ordering of components will be conducted.

Role: Principal Investigator

1R25DA031608-01 (PI Fisher) 09/01/2011 - 08/31/2013

National Institute on Drug Abuse

\$18,000

Provider Attitudes toward HIV+ IDUs

This subaward was received for my participation in the Training Program in HIV Prevention Research Ethics held by Celia Fisher at Fordham University as part of a NIDA training grant. The goal of my subaward is to investigate the ethical implications of HIV provider decision-making regarding prescription of antiretroviral medications to HIV+ substance users.

Role: Principal Investigator of Subaward

U79 TI020296 (PI Lum) 08/01/2008 - 06/31/2014

Substance Abuse Mental Health Administration

\$1,875,000

A SBIRT Medical Residency Program at San Francisco General Hospital

The goal of this project is to develop and implement screening, brief intervention, referral and treatment for substance abuse curriculum into the medical residency training programs at the University of California San Francisco's San Francisco General Hospital.

Role: Co-Investigator (Evaluator & Lead Trainer)

ADE HET (MPI Hetteema/Penberthy) 06/01/2011 - 05/31/2013

UVA Academy of Distinguished Educators

\$25,000

An Evaluation of Observation and Feedback in SBIRT Education with Medical Undergraduates

This grant evaluates the impact of observation and feedback in undergraduate medical education curriculum on SBIRT knowledge, attitudes, self-reported behavior, and skillfulness.

Role: Co-Principal Investigator

R34 DA041640 (PI Ingersoll) 04/01/2011 – 03/31/2013
 NIH/National Institute on Drug Abuse
 \$630,000

Text messaging adherence assessment and intervention tool for rural HIV+ drug users

This is an intervention development, feasibility, and pilot study designed to conduct momentary ecological assessment of risk factors for substance misuse and medication non-compliance using two-way text messaging technology.

Role: Co-Investigator

R01 AA015930 (PI Ingersoll) 09/01/2006 – 08/31/2013
 NIH / National Institute on Alcoholism and Alcohol Abuse
 \$1,800,000

How does motivational interviewing work? Mechanisms of action of Project CHOICES

The primary objective of this grant is to identify the mechanisms of action of motivational interviewing including therapist behaviors, client behaviors, and interaction patterns by coding audiotapes from a completed RCT with known outcomes.

Role: Co-Investigator

3R01 AA014356-04S1 (PI Ingersoll) 08/01/2009 - 07/31/2012
 NIH / National Institute on Alcoholism and Alcohol Abuse
 \$276,000

Remote Promotion of Alcohol-Exposed Pregnancy Risk Reduction

The overall goal is to develop and test a remote delivery telephone arm of the EARLY intervention risk for alcohol exposed pregnancy.

Role: Co-Investigator

R01 AA14356 (PI Ingersoll) 02/01/2006 - 11/31/2010
 NIH / National Institute on Alcoholism and Alcohol Abuse
 \$675,000

Reducing alcohol exposed pregnancy risk

The overall goal of this Stage 1b behavioral therapy development project is to develop and test a motivational intervention, EARLY, to reduce risk drinking and increase effective contraception among high-risk community-based women applying for drug treatment or STD testing.

Role: Co-Investigator

R01 DA016554 (PI Ingersoll) 03/31/2003 - 04/01/2009
 NIH / National Institute on Drug Abuse
 \$1,000,000

Development of CART for cocaine abuse and medication adherence.

The goals of the project are to develop and test a novel motivational intervention to reduce medication non-adherence and cocaine use among patients with HIV in a behavioral therapy development Stage 1a study.

Role: Co-Investigator

SAPRP 62706 (MPI Sorensen/Hettema) 06/01/2006 - 05/31/2008
 RWJF, Substance Abuse Policy Research Foundation
 \$100,000

Survey of Practiced Research Efforts to Aid Dissemination

This is an instrument development study designed to identify factors that may influence adoption of evidence-based practices in community-based participatory research.

Role: Co-Principal Investigator

P50DA09253 Pilot Grant Award (PI Hetteema)

05/01/2006 - 04/31/2007

NIH / National Institute on Drug Abuse

\$5,000

Motivational Interviewing to Increase Screening for Substance Use among Primary Care Physicians

This was a within-group pilot trial to determine the effectiveness of motivational interviewing at increasing physician use of screening and brief intervention practices in primary care settings.

Role: Principal Investigator

Teaching / Education**Pre-baccalaureate student and honors student mentoring.**

Katya Navrotskaya	01/2019-present	Student Employee
Cade Arnink	10/2018-present	Student Employee
Matthew Manicke	10/2016-present	Student Employee
Veronica Hutchison	05/2017-08/2017	UNM Undergraduate Pipeline Network Summer Research Experience
Samantha Jackson	05/2017-08/2017 05/2018-08/2018	Summer Research Intern
Evangeline Novalez	05/2016-08/2016 05/2017-08/2017 05/2018-08/2018	Summer Research Intern
Alex Cruz	05/2016-08/2016 05/2017-08/2017	Summer Research Intern
Clara Maxam	06/2016-09/2016	Summer Research Intern
Savannah Meadors	06/2016-09/2016	Summer Research Intern
Meaghan McSorley	06/2016-09/2016	Summer Research Intern
Abbie Reeves	06/2015-09/2015 06/2015-09/2015	Summer Research Intern
Connie Ma	05/2015-08/2015	UNM Undergraduate Pipeline Network Summer Research Experience
Krystal Bradford	01/2014-06/2016	UNM Initiative for Maximizing Student Diversity (IMSD) – NIMHG R25 GM060201 (PI Werner-Washburne); Mentored student research project
Kelsey Viar	08/2010 - 05/2012	Mentored student research project; Paper published
Rachel Wright	08/2011 - 05/2012	Mentored student research project;
Lara Babir	08/2011 - 05/2012	Mentored student research project; Paper published

Avi Hosseinbor	08/2009 - 05/2010	Undergraduate research assistant; Currently paid research assistant at UVA Center for Addiction Research and Education
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Graduate mentoring.

Daniel Fischer	08/2013 – 05/2015	Dissertation Committee Member, UNM Clinical Psychology PhD Program UNM (Chair, Moyers)
Nikki Rowell	06/2016-05/2018	Research Mentor, UNM Clinical Psychology PhD Program
Maria Canyon Meyer	06/2015-present	Dissertation Committee Member, UC Denver Clinical Psychology PsyD Program (Chair, Hederson-Metzger)

Classroom, laboratory teaching, and tutoring (courses or blocks taught or team-taught):

Faculty Preceptor – Doctoring IV – 8 sessions, 3 hours – 12 medical and physician assistant students, 2019

Faculty Preceptor – Doctoring I – Health Coaching – 2 sessions, 3 hours – 12 medical and physician assistant students (2016-Present)

Curriculum Developer and Faculty – Drawing Out the Best in Your Learners: Clinical and Classroom Applications of Motivational Interviewing in Medical Education. – 3 sessions, 12 hours – 8 interprofessional faculty – March – May, 2019

Guest Presenter – Motivational Interviewing for Middle and High School Students – Presentation for Albuquerque Public School’s Crossroads Counselors – 2 sessions – 8 hours – 15 interprofessional counselors – September, 2018

Faculty Preceptor – Interprofessional Education Public Health Emergency Preparedness - 2 sessions, 8 hours – 12 interprofessional students – April, 2017

Curriculum Developer – Doctoring IV – Motivational Interviewing for Risky Alcohol Use – 1 session, 3 hours – August 2016-present

Faculty Preceptor – School of Medicine Doctoring I – Health Coaching – 2 sessions 3 hours each – 12 first year medical students – March, 2016, 2018, 2019

Faculty Preceptor – Interprofessional Education Community-Engaged Pilot Curriculum – 5 sessions – 20 hours – 15 interprofessional students – February, 2016

Faculty Preceptor – School of Medicine Phase I - Neuroscience Clinical Skills “Sharing Information” session, 2 sessions – 90 minutes each – 4 students each - February, 2015

Faculty Preceptor – School of Medicine Phase I – Cardiovascular/Pulmonary/Renal Clinical Skills “Motivational Interviewing” session, 2 sessions – 3 hours each – 5 students each – April, 2014

Guest Lecturer – Seminar on Diabetes – Nutrition 535 – Motivational Interviewing for Diabetes Prevention and Management – 2 classes – 2.5 hours each – 16 students - March, 2014

Guest Lecturer – Abnormal Psychology – Psychology 332 (Instructor – Moyers) – Screening, Brief Intervention and Referral to Treatment for Risky Alcohol Use: Special Applications for College Populations – March, 2014

Faculty Preceptor – School of Medicine Phase I - Neuroscience Clinical Skills “Sharing Information” session, 2 sessions – 90 minutes each – 4 students each - February, 2014

Guest Lecturer – Alcoholism – Psychology 430 (Instructor -Witkiewitz) – *Rock Bottom: A Necessary Prerequisite for Alcohol Change?* – 75 minutes – 120 students - October, 2013

Guest Lecturer – Abnormal Psychology – Psychology 332 (Instructor – Moyers) – *Guide to Career Paths in Psychology* – 75 minutes – 120 students – December, 2013

Resident and fellow teaching and mentoring

Faculty UNM Addiction Medicine Fellowship, 2019-Present

Faculty UNM Clinical Psychology Internship Program, 2019 – Present

Faculty UNM Medical Education Scholars Program, 2019-Present

Co-Developer and Faculty Preceptor – Family and Community Medicine Behavioral Health Rotation – 1st Year Family Medicine Residents – 4, 4-hour motivational interviewing sessions - April 2016- present

Faculty Lecturer –Family and Community Medicine 2nd Year Residents – Motivational Interviewing in Family Medicine – 3 sessions – 3 hours each – 15 second year residents - July 2016

Research Mentor – Melanie Baca, MD – Adolescent Medicine Fellow – Family and Community Medicine – 2015-2016

Faculty Lecturer – Psychiatry Department 2nd Year Residents – Motivational Interviewing Refresher – 1 session – 2 hours – 12 second year residents - August, 2015

Faculty Lecturer –Family and Community Medicine 2nd Year Residents – Motivational Interviewing in Family Medicine – 3 sessions – 3 hours each – 15 second year residents - July 2015

Faculty Lecturer – Family and Community Medicine 2nd Year Residents – Motivational Interviewing in Family Medicine – 2 sessions – 4 hours each – 13 residents each – June, 2014

Grand Rounds Presenter – Family and Community Medicine – *Screening and Brief Intervention for Risky Alcohol Use in Family Practice Settings* – 60 minutes - 40 residents - November, 2013

Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Oral Health Professionals

Jennifer Hettema, PhD

LifeStance Health



University of Nevada, Reno
School of Medicine

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Agenda

- Rationale for screening and brief intervention in dental settings
- Evidence for screening and brief intervention in dental settings
- Motivational Interviewing consistent screening and brief intervention protocol
- Demonstrations and Examples

Learning Objectives



By the end of this session, participants will be able to:

- Describe the rationale for and evidence base supporting SBIRT in dental settings
- Deliver and interpret a screening tool that could be used to identify risky alcohol and drug use
- Demonstrate 1-2 brief intervention strategies consistent with a motivational interviewing approach

River Analogy



Precision Medicine

- Focused on serving the unique needs of patients, taking into account their environment, family health history, genetic makeup, and lifestyle
- Involves making customized recommendations and providing personalized guidance on how they can be healthier
- Right person with the right treatment at the right time

Precision Medicine

- Focused on serving the unique needs of patients, taking into account their environment, family health history, genetic makeup, and lifestyle
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What is unhealthy alcohol and drug use?

Types of Unhealthy Alcohol Use

- Alcohol Use Disorder – Meets DSM criteria

THE AMERICAN JOURNAL OF PSYCHIATRY psychiatryonline

DSM-5 Criteria for Substance Use Disorders

	DSM-IV Abuse ^a		DSM-IV Dependence ^b		DSM-5 Substance Use Disorders ^c	
Hazardous use	X	} ≥1 criterion	–	} ≥3 criteria	X	} ≥2 criteria
Social/interpersonal problems related to use	X		–		X	
Neglected major roles to use	X		–		X	
Legal problems	X		–		–	
Withdrawal ^d	–		X		X	
Tolerance	–		X		X	
Used larger amounts/longer	–		X		X	
Repeated attempts to quit/control use	–		X		X	
Much time spent using	–		X		X	
Physical/psychological problems related to use	–		X		X	
Activities given up to use	–		X		X	
Craving	–		–		X	

^a One or more abuse criteria within a 12-month period and no dependence diagnosis; applicable to all substances except nicotine, for which DSM-IV abuse criteria were not given.

^b Three or more dependence criteria within a 12-month period.

^c Two or more substance use disorder criteria within a 12-month period.

^d Withdrawal not included for cannabis, inhalant, and hallucinogen disorders in DSM-IV. Cannabis withdrawal added in DSM-5.

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Social/interpersonal problems related to use	X		-		X	
Neglected major roles to use	X		-		X	
Legal problems	X		-		-	
Withdrawal ^d	-		X		X	
Tolerance	-		X		X	
Used larger amounts/longer	-		X		X	
Repeated attempts to quit/control use	-		X		X	
Much time spent using	-		X		X	
Physical/psychological problems related to use	-		X		X	
Activities given up to use	-		X		X	
Craving	-		-		X	

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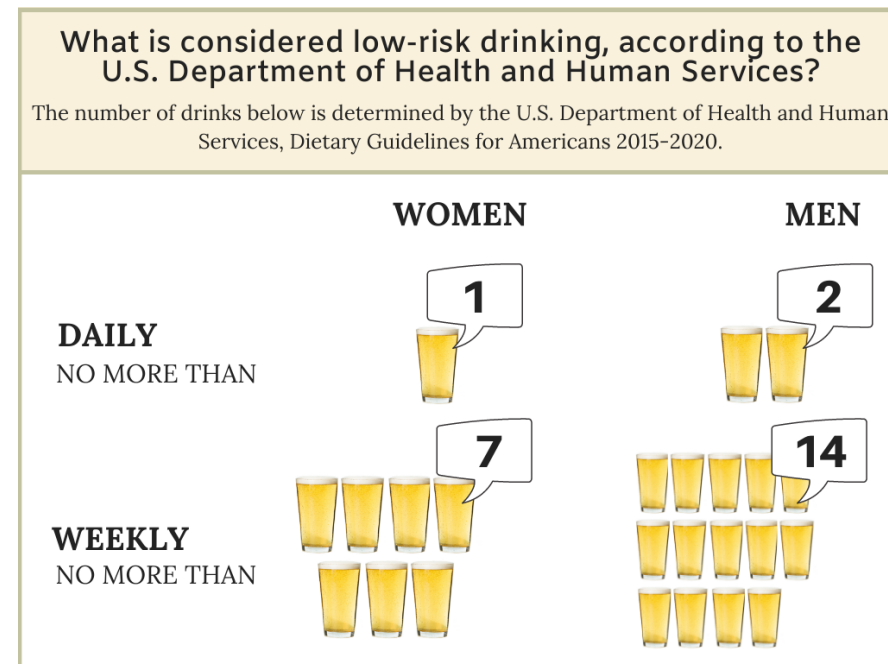
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^c Two or more substance use disorder criteria within a 12-month period.

^d Withdrawal not included for cannabis, inhalant, and hallucinogen disorders in DSM-IV. Cannabis withdrawal added in DSM-5.

Types of Unhealthy Alcohol Use

- Risky drinking - Exceeding recommended limits (≤ 1 day for women, ≤ 2 day for men).



WHAT IS A STANDARD U.S. DRINK?

Alcohol-by-volume will vary by drink, so it is always important to check labeling for exact amount. For example, a *light* beer may have 4.2% alcohol, while a *regular* beer may contain 5% alcohol.

SOURCE: NIAAA



12 oz. beer at
5% alcohol



5 oz. wine at
12% alcohol



1.5 oz. hard liquor at
40% alcohol

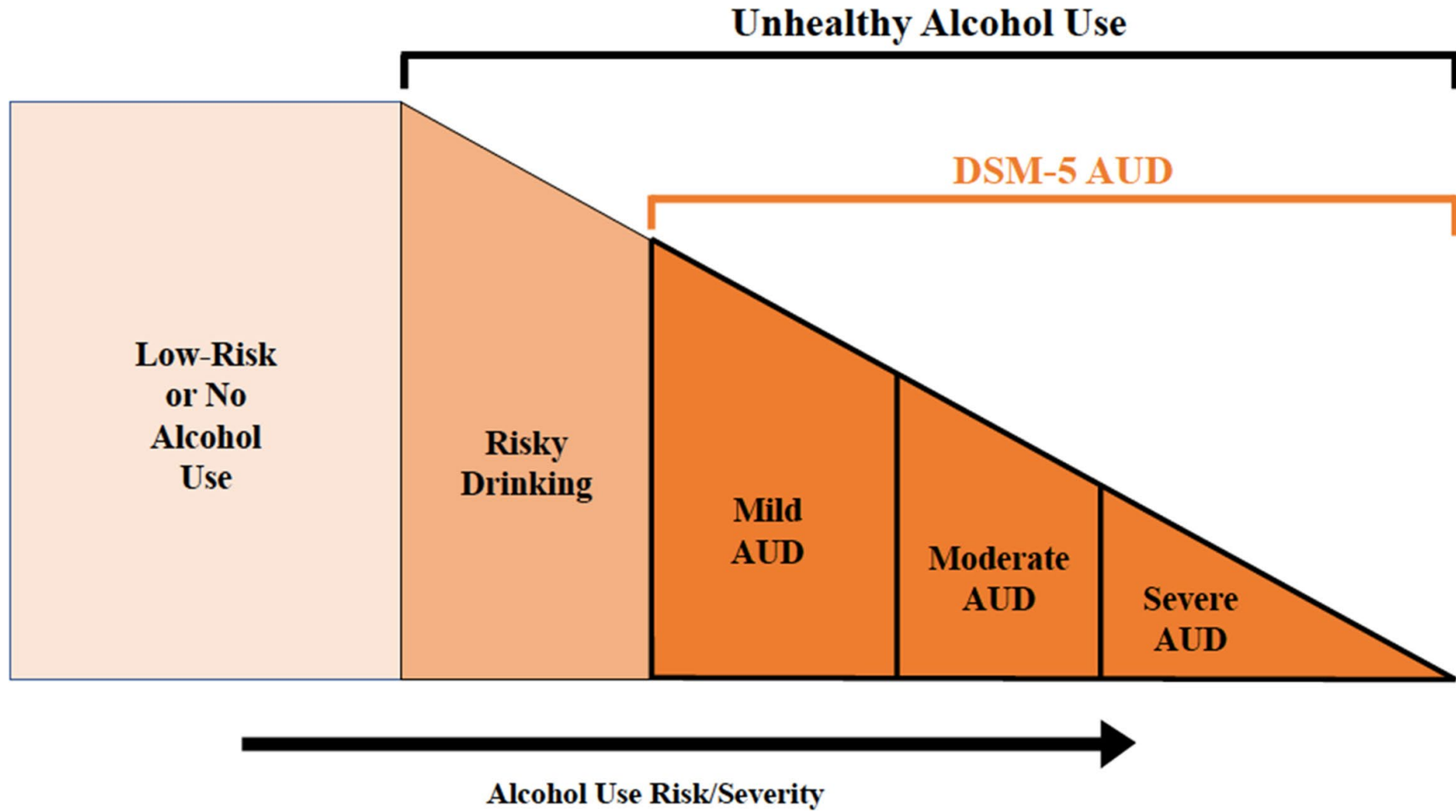
- <https://rethinkingdrinking.niaaa.nih.gov/tools/calculators/drink-size-calculator>

Types of Unhealthy Alcohol Use

- Binge drinking - Four or more drinks for women, or five or more drinks for men during an occasion.
- Heavy drinking - ≥ 8 drinks in a week for women, or ≥ 15 drinks in a week for men during a week.
- Underage drinking - any alcohol use by people younger than 21.
- Drinking while pregnant - any alcohol use during pregnancy.

Types of Unhealthy Alcohol Use

- Drinking when you have to drive or operate heavy machinery
- Drinking when taking medications that interact with alcohol
- Drinking when you have a medical or mental health condition that is negatively impacted by alcohol



Alcohol Use

- 62.5% of adults drank in the past year
- 47.5% drank in the past month
- 34% past year risky alcohol use
- 23.5% past month binge drinking
- 6.3% past month heavy alcohol use

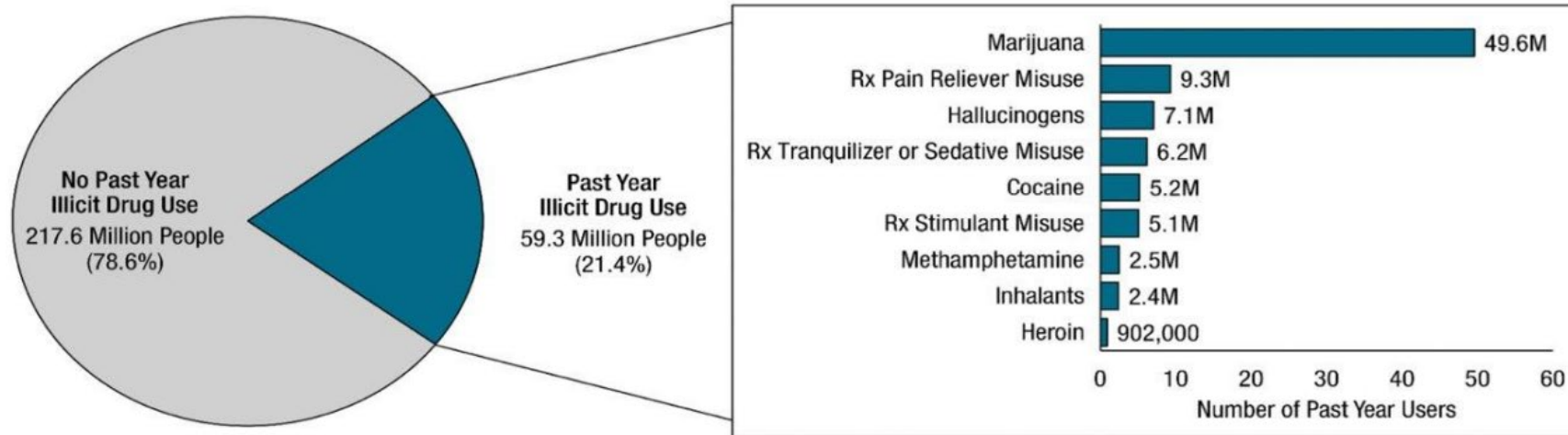
Alcohol Use Disorders

	Mild	Moderate	Severe
Alcohol	7.3	3.2	3.4

Types of Unhealthy Drug Use

- Often use / no use
- SUD: mild, moderate, severe
- Consider: quantity, frequency, route of administration

Types of Unhealthy Drug Use



Rx = prescription.

Note: The estimated numbers of past year users of different illicit drugs are not mutually exclusive because people could have used more than one type of illicit drug in the past year.

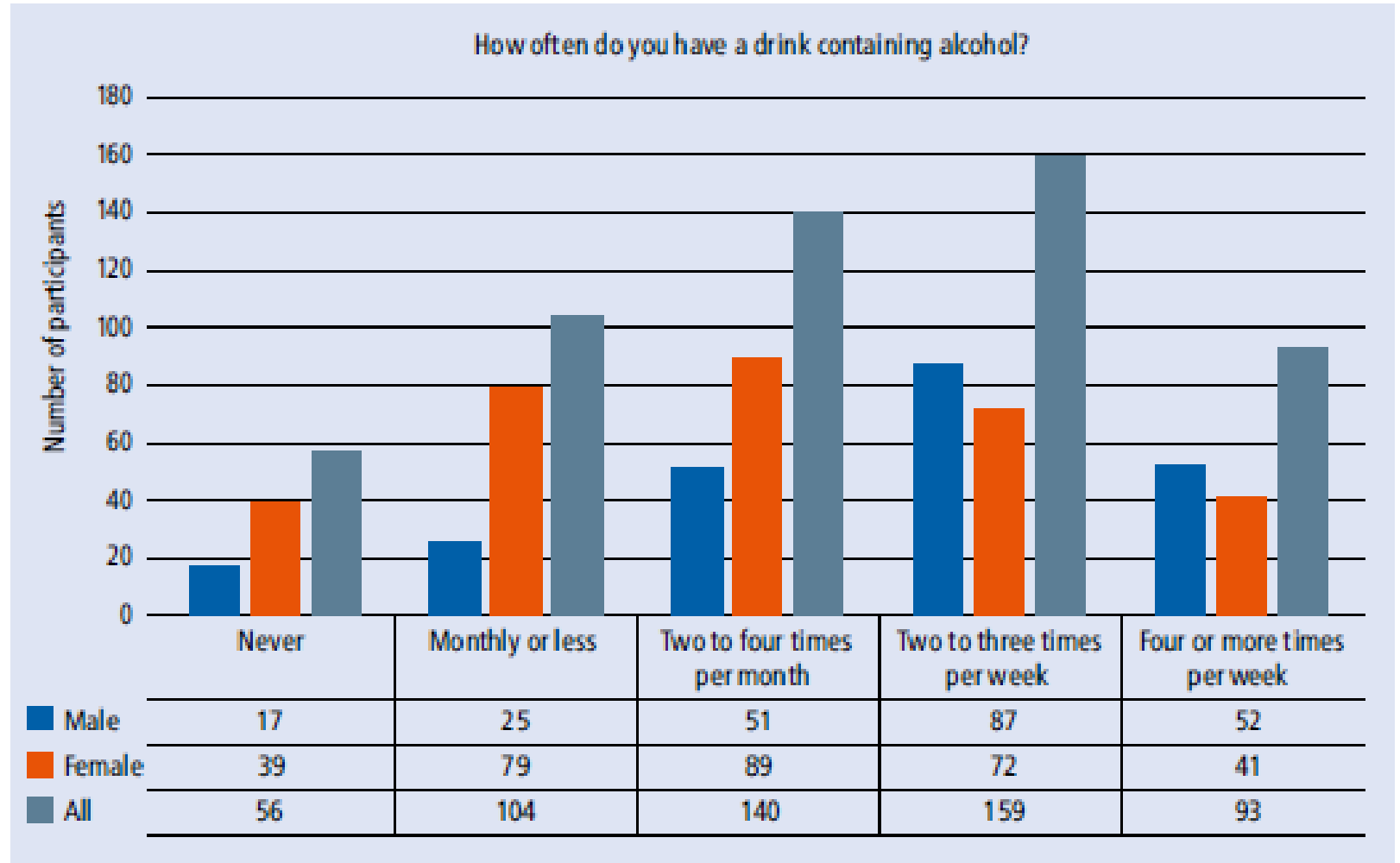
Drug Use Disorders

	Mild	Moderate	Severe
Drug	3.3	2.2	3.2

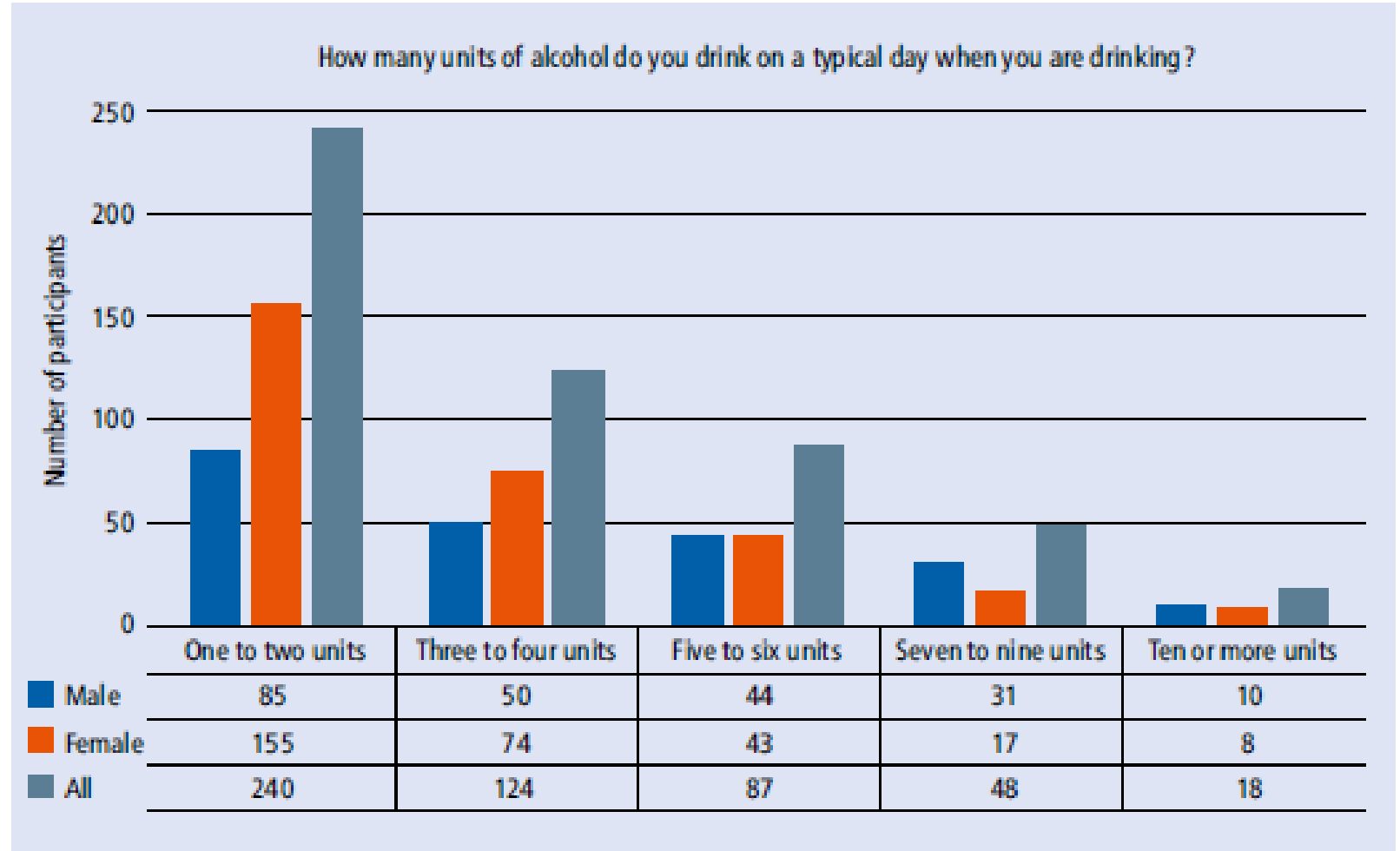
Prevalence in Dental Settings

- 552 adult dental patients from a general dental practice
- Completed AUDIT-C: three question screening tool for unhealthy alcohol use
- Nearly half (46%) were drinking at unhealthy levels

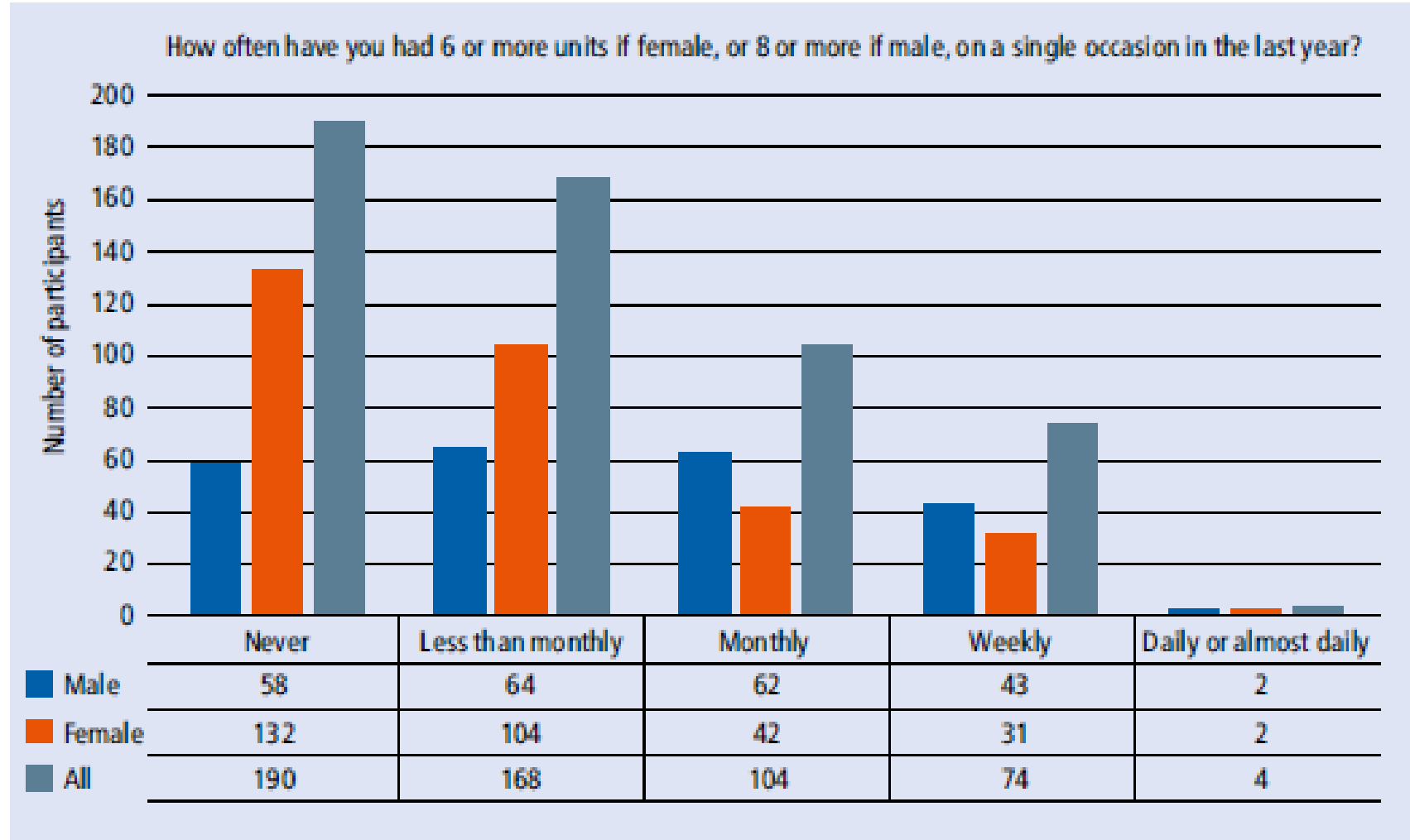
How often do you have a drink containing alcohol?



How many units of alcohol do you drink on a typical day when you are drinking?

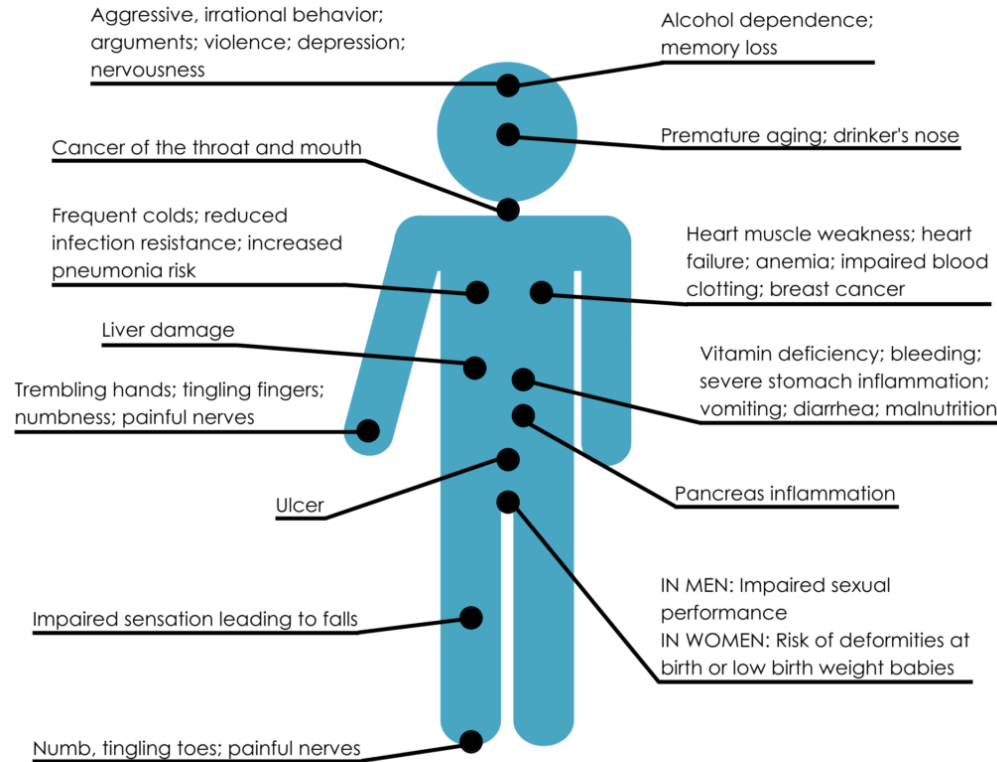


How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

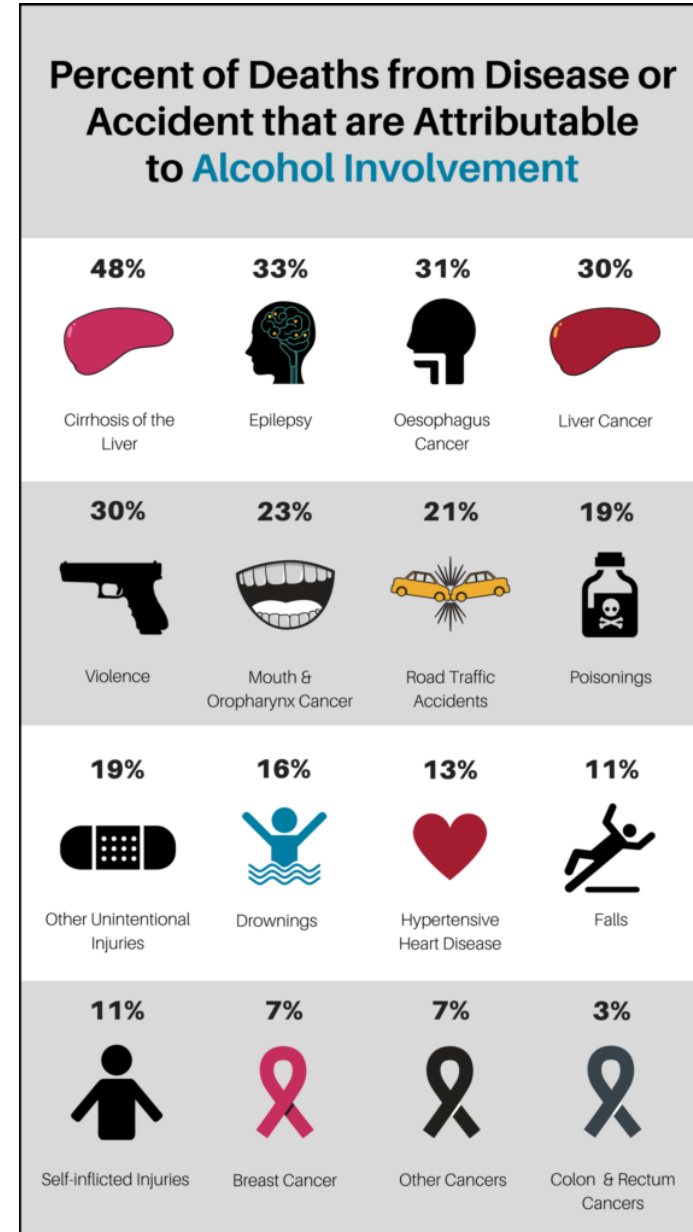


Negative Consequences of Alcohol Use

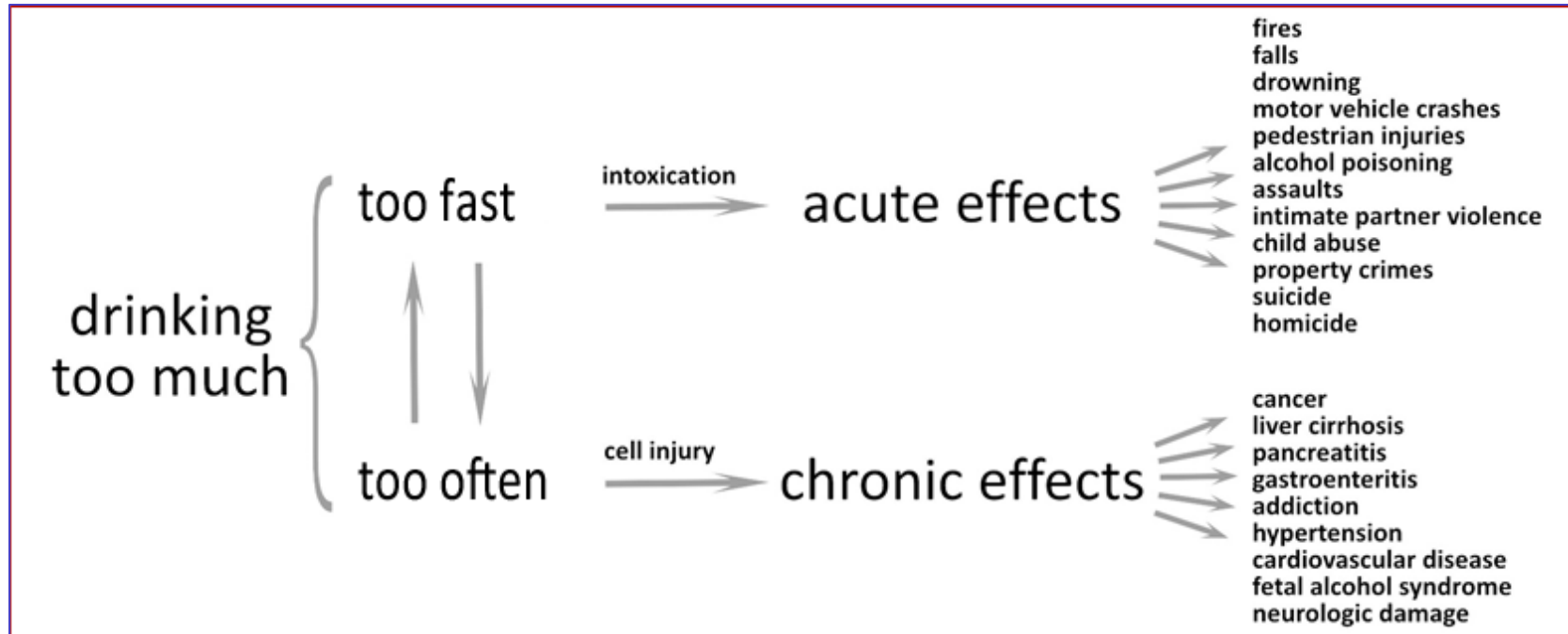
Physiological Effects of Heavy Drinking



Death and Disease



Physiological Consequences of Risky Drinking



Dental Consequences



- Dental trauma
- Facial injury

Dental Consequences

DOI: 10.7860/JCDR/2017/10686.10058

Original Article

Dentistry Section

Impact of Alcohol Dependency on Oral Health – A Cross-sectional Comparative Study

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ABSTRACT

Introduction: Alcoholism is a chronic and progressive psychiatric illness characterised by a loss of control over alcohol consumption. Consumption of alcohol inevitably affects the oral cavity, oral mucosa and teeth. Literature indicates that alcohol dependents may have increased risk of dental caries, probing pocket depth and mucosal lesions.

Aim: To assess the impact of alcohol dependency on oral health status among alcoholics in comparison with non alcoholics.

Materials and Methods: A total 76 alcoholic patients visiting Psychiatric Department were compared with matched non alcoholics. Subjects were categorised as alcohol dependents based on American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria. Non alcoholic subjects were selected by controlling for potentially confounding variables such as for cigarette, smoking and age. Data was collected by interview and clinical examination. Oral health status of subjects was assessed using a modified WHO proforma and salivary pH and plaque pH

were assessed. Chi-square test was used for assessing socio demographic details and Mann-whitney U test was used for prevalence of dental caries and periodontal diseases, Unpaired t-test was used for plaque and salivary pH.

Results: There was no statistically significant difference noted among alcoholic and nonalcoholic control group with respect to socio demographic details. Prevalence of dental caries was higher in alcohol dependent subjects with a mean DMFT of 5.92 compared to nonalcoholic subjects (4.51). Prevalence of periodontitis was higher (89.61%) in alcohol dependent subjects compared to controls (78.67%). Prevalence of mucosal lesions among alcohol dependent subjects was 31.5% which was higher than the controls (25%). Subjects who were categorised as alcoholics showed a lower plaque and salivary pH compared to non alcoholics.

Conclusion: Subjects categorised as alcohol dependent subjects had slightly lower mean plaque and salivary pH and a higher prevalence of dental caries, periodontitis and mucosal lesions compared with non alcoholic subjects

Keywords: Dental caries, Plaque pH, Probing depth, Salivary pH

INTRODUCTION

Alcoholism is a chronic and progressive psychiatric illness described as an unsanctioned, maladaptive, repeated pattern of alcohol ingestion, irrespective of its adverse physical, psychological and social consequences [1,2]. The World Health Organization (WHO) estimates that excessive alcohol consumption is the third largest life style risk factor in the developed world [2]. It is also evident that an excessive intake of alcohol can seriously damage health [3].

Alcohol is consumed by drinking. It may thus inevitably affect the oral cavity, oral mucosa, and teeth of the consumer. Oral sideeffects of alcohol depend on the nature and contents of the drink, its alcohol concentration, and the frequency and amount of consumption [4]. The psychological effects and the personality changes in the abuser may affect the patient-dentist relationship as they take a reduced interest in seeking and paying for dental care. The physiological effect of alcohol intoxication may lead to the inability to understand and accept advice given by health care workers that may result in noncompliance [5].

With respect to oral health, alcohol is among the most important risk factors for oral cancer [6,7]. Alcohol causes a change in the rate of penetration of substances from the oral environment across the mucosa and this alteration of mucosal permeability may have a role to play in carcinogenesis [1]. Evidence suggests that the increasing incidence of oral cancer, particularly in younger people, is associated with increased alcohol intake rather than tobacco use [8]. While increased alcohol consumption has also been associated with an increased risk of oral premalignant lesions, there is a paucity of data

concerning the prevalence of oral mucosal lesions in persons with a history of alcohol abuse [1].

Alcoholic dependents might experience dry mouth at night, they consume higher levels of refined carbohydrate to satisfy their "munchies" and neglect both personal and professional oral health care, all of these might increase their risk of caries [5,9]. There is very limited information about the relationship between drinking and periodontitis. Only few studies examined the relationship between drinking and Probing Depth (PD) [10,11]. Thus aim of present study was to assess the impact of alcohol dependency on oral health status among alcoholics in comparison with non alcoholics. Objective of the study was to assess and compare dental caries prevalence, periodontal status, mucosal lesions and the salivary and plaque pH difference among alcohol dependents and non alcoholic subjects.

MATERIALS AND METHODS

A cross-sectional clinical comparative study was conducted among alcohol dependents and non alcohol subjects visiting Narayana Medical College, Nellore district, Andhra Pradesh, India, during the month of May 2015. The study was approved by Institutional Ethical Committee of Narayana Dental College.

Subjects categorized as alcohol dependents by investigator based on American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria [12]. Subjects who were willing to participate in the study and who gave written consent and with minimum of 20 natural teeth were included in the study.

Dental caries	Alcoholic dependents		Non alcoholic subjects		Mann-whitney U test	
	Mean(SD)	Median (Q1-Q3)	Mean (SD)	Median (Q1-Q3)	U statistic	p-value
Decayed	3.52(2.25)	3(2-5)	3.13(1.78)	3(2-4)	2602.50	0.28(NS)
Missed	1.81(2.31)	1(0-3)	0.65(0.96)	0(0-1)	2130.50	0.003*
Filled	0.61(1.14)	0(0-1)	0.71(1.13)	0(0-1)	2717.00	0.44(NS)
DMFT	5.92(2.89)	6(4-7)	4.51(2.04)	4(3-6)	1990.00	≤0.001*

[Table/Fig-2]: Prevalence of dental caries among alcohol dependent subjects and non-alcoholic subjects. Mann-whitney U test used.

*p<0.05 statistically significant

p>0.05 non-significant, NS

Periodontitis

Periodontal status	Alcoholics (n=77)	Non alcoholics (n=75)	Total (n=152)
Subjects With periodontitis	69(89.61%)	59(78.67%)	128(84.21%)
Subjects Without periodontitis	8(10.39%)	16(21.33%)	24(15.79%)

[Table/Fig-3]: Over all prevalence of periodontitis among alcoholic dependents and non-alcoholic subjects.

Without Periodontics = those with CPI= healthy, bleeding and calculus and LOA=0-3 mm

Severity

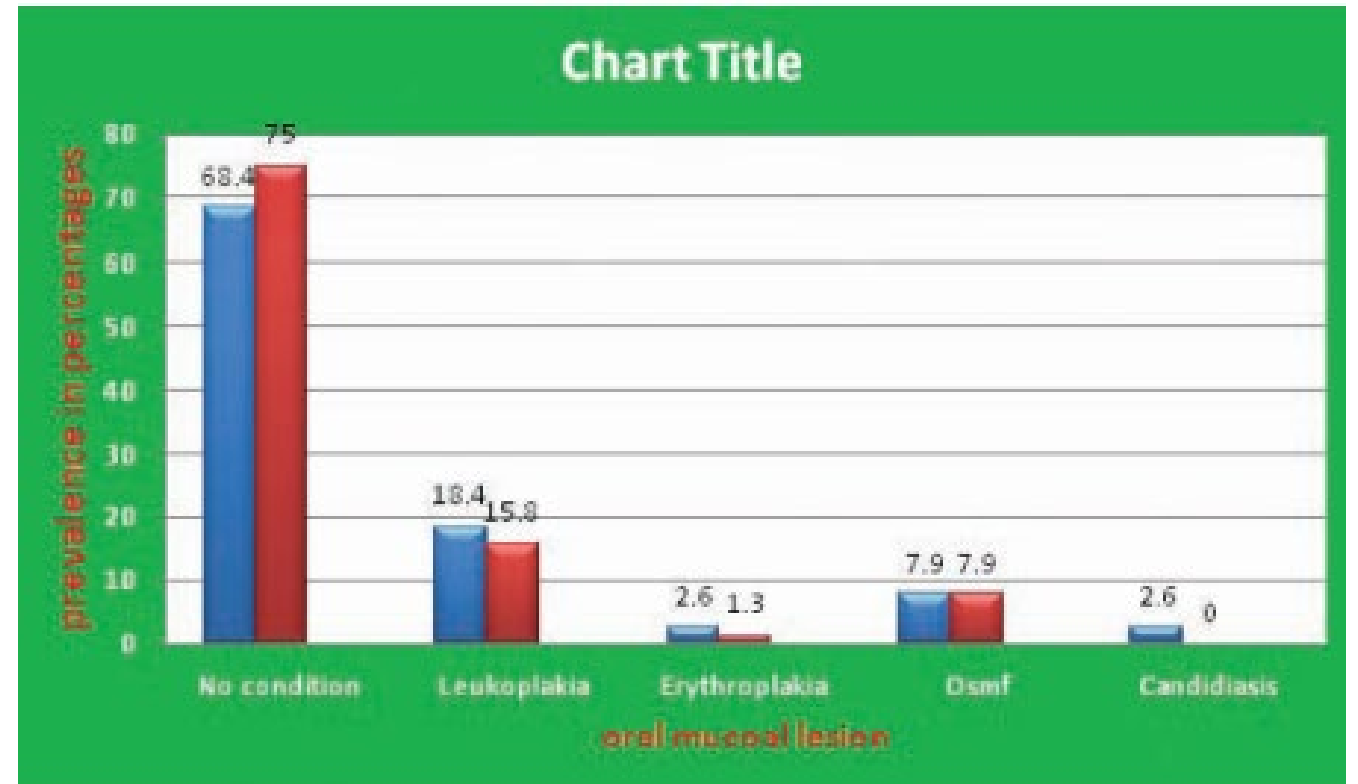
Severity of periodontitis		Alcoholic dependents		Non alcoholic subjects		Mann-whitney U test	
		Mean (SD)	Median (Q1-Q3)	Mean (SD)	Median (Q1-Q3)	U statistic	p-value
CPI	Healthy	0(0)	0(0-0)	0.03 (0.16)	0(0-0)	2810.50	0.15(NS)
	Bleeding	0.83 (0.80)	1(0-1)	1.43 (1.00)	1(1-2)	1858.00	<0.001*
	Calculus	2.81 (1.28)	3(2-4)	3.15 (1.00)	3(2-4)	2464.00	0.10(NS)
	Pocket 4-5 mm	1.99 (1.07)	2(1-3)	1.27 (0.90)	1(1-2)	1777.50	<0.001*
	Pocket 6 mm or more	0.32 (0.61)	0(0-0.5)	0.12 (0.32)	0(0-0)	2494.50	0.032*
	Not recorded	0(0)	0(0-0)	0(0)	0(0-0)	2887.50	1.00(NS)
	Excluded sextant	0.05 (0.27)	0(0-0)	0(0)	0(0-0)	2775.00	0.08(NS)
LOA	0-3 mm	4.99 (1.40)	6(4-6)	5.57 (0.91)	6(6-6)	2206.00	0.003*
	4-5 mm	0.74 (1.04)	0(0-1)	0.40 (0.83)	0(0-0)	2328.00	0.014*
	6-8 mm	0.22 (0.57)	0(0-0)	0.03 (0.16)	0(0-0)	2475.00	0.003*
	9-11 mm	0(0)	0(0-0)	0(0)	0(0-0)	2887.50	1.00(NS)
	12 mm or more	0(0)	0(0-0)	0(0)	0(0-0)	2887.50	1.00(NS)
	Not recorded	0(0)	0(0-0)	0(0)	0(0-0)	2887.50	1.00(NS)
	Excluded sextant	0.05 (0.27)	0(0-0)	0(0)	0(0-0)	2775.00	0.08(NS)

[Table/Fig-4]: Periodontal status among alcohol dependents and non alcoholic subjects. Mann-whitney U test used.

*p<0.05 statistically significant

p>0.05 non-significant

Mucosal Lesions



■ Nonalcoholic subjects
■ Alcoholic dependent subjects

[Table/Fig-5]: Prevalence of oral mucous lesions among alcohol dependents and non-alcoholic subjects.
Prevalence of mucosal lesions among alcohol dependents was 31.5%
Prevalence of mucosal lesions among non alcoholic subjects was 25%

Engagement / Compliance



- Prevention and treatment engagement
- Oral hygiene
- Liver disease affects safe dental prescribing

Oral and Oralpharyngeal Cancer

- 53,000 newly diagnosed patients annually
- Early identification (inspection, lesions, genetics) limited
- Further upstream: heavy smoking, chewing tobacco, alcohol, marijuana use

Summary

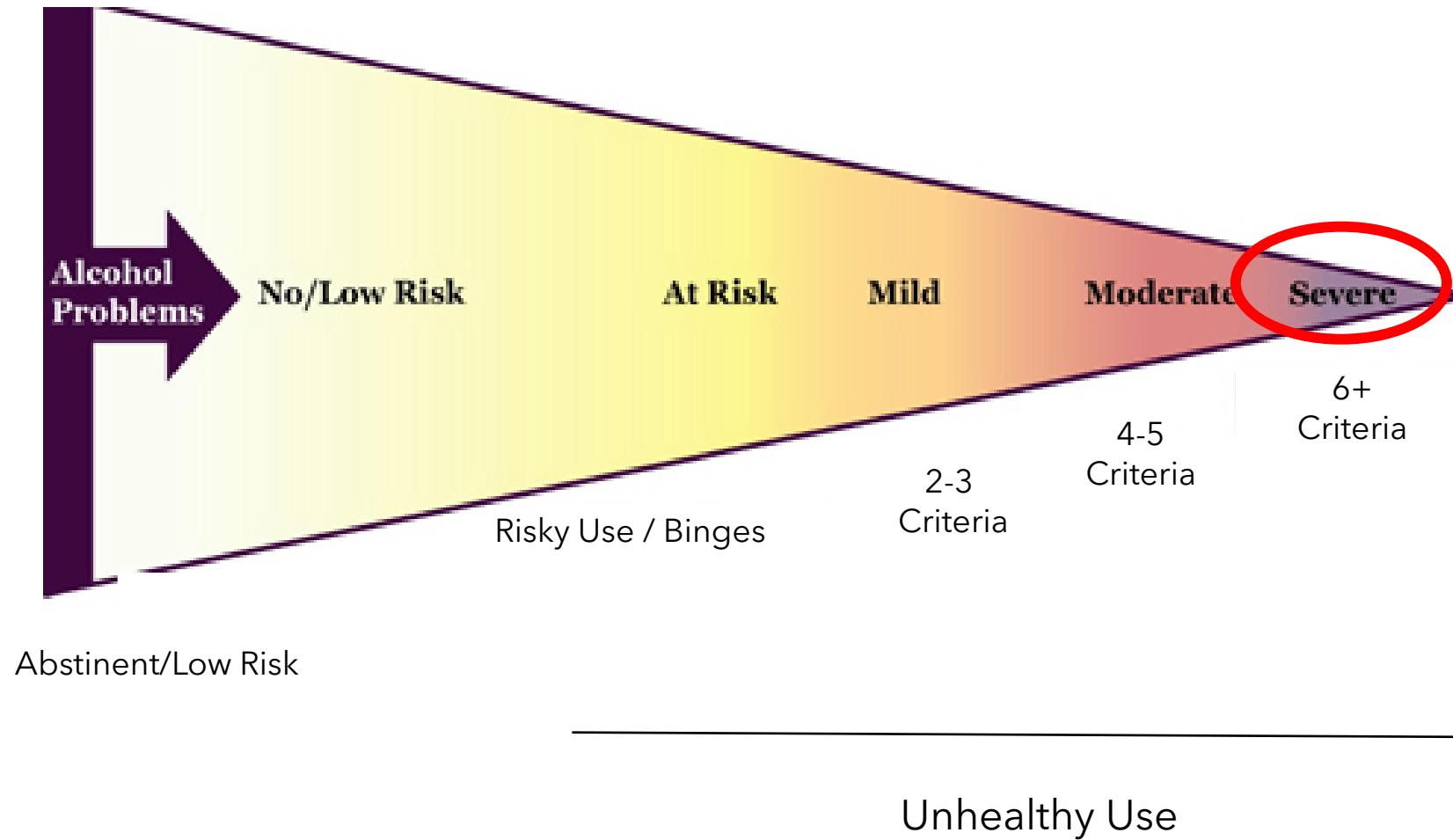
- There are many types of unhealthy alcohol and drug use
- Unhealthy alcohol and drug use is prevalent in the population and among patients seeking oral healthcare
- Unhealthy alcohol and drug use causes significant morbidity and mortality
- Unhealthy alcohol and drug use impacts oral health

Thought Exercise

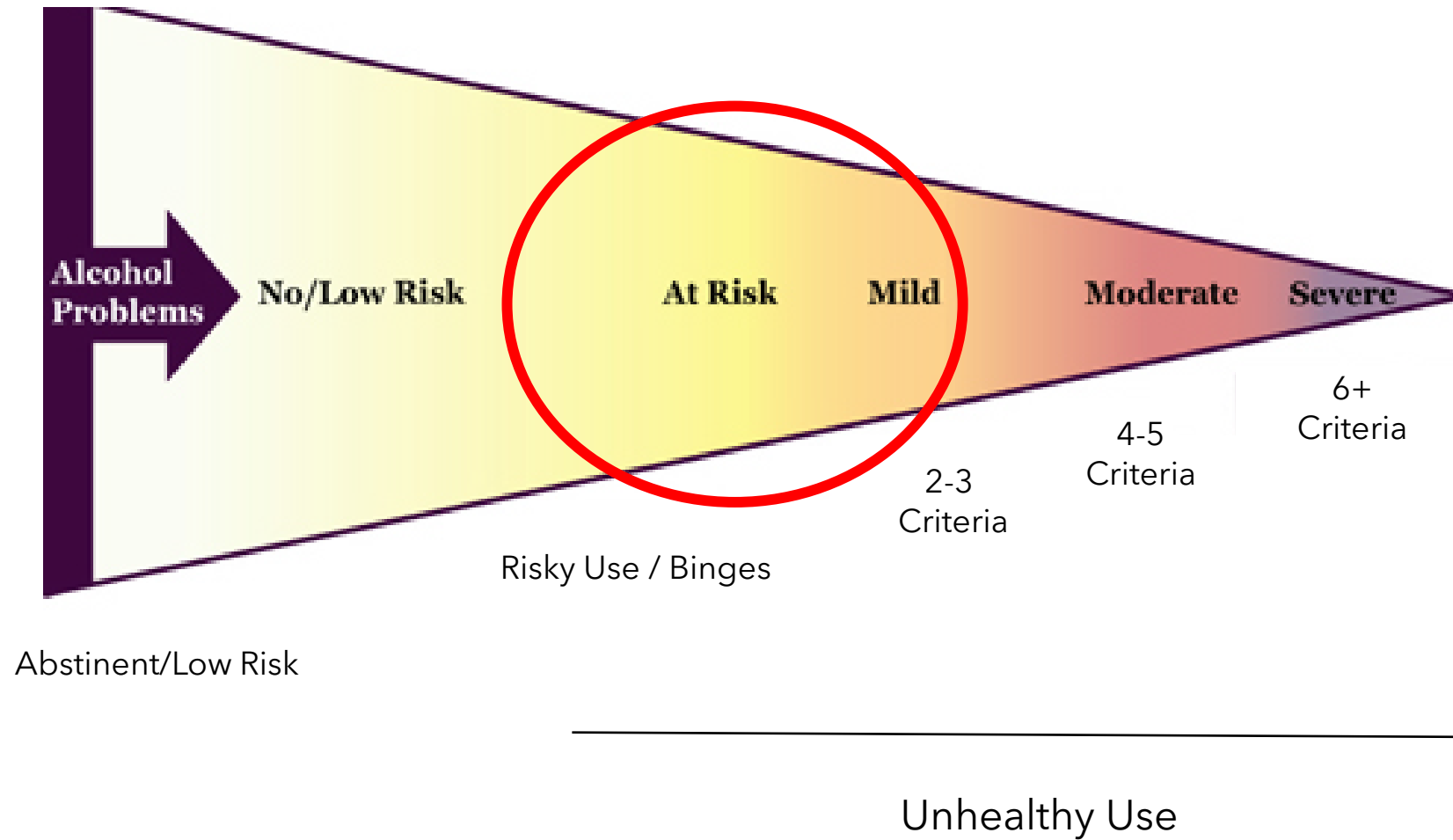
- Think of a patient that you have cared for whom alcohol or drugs were a problem.



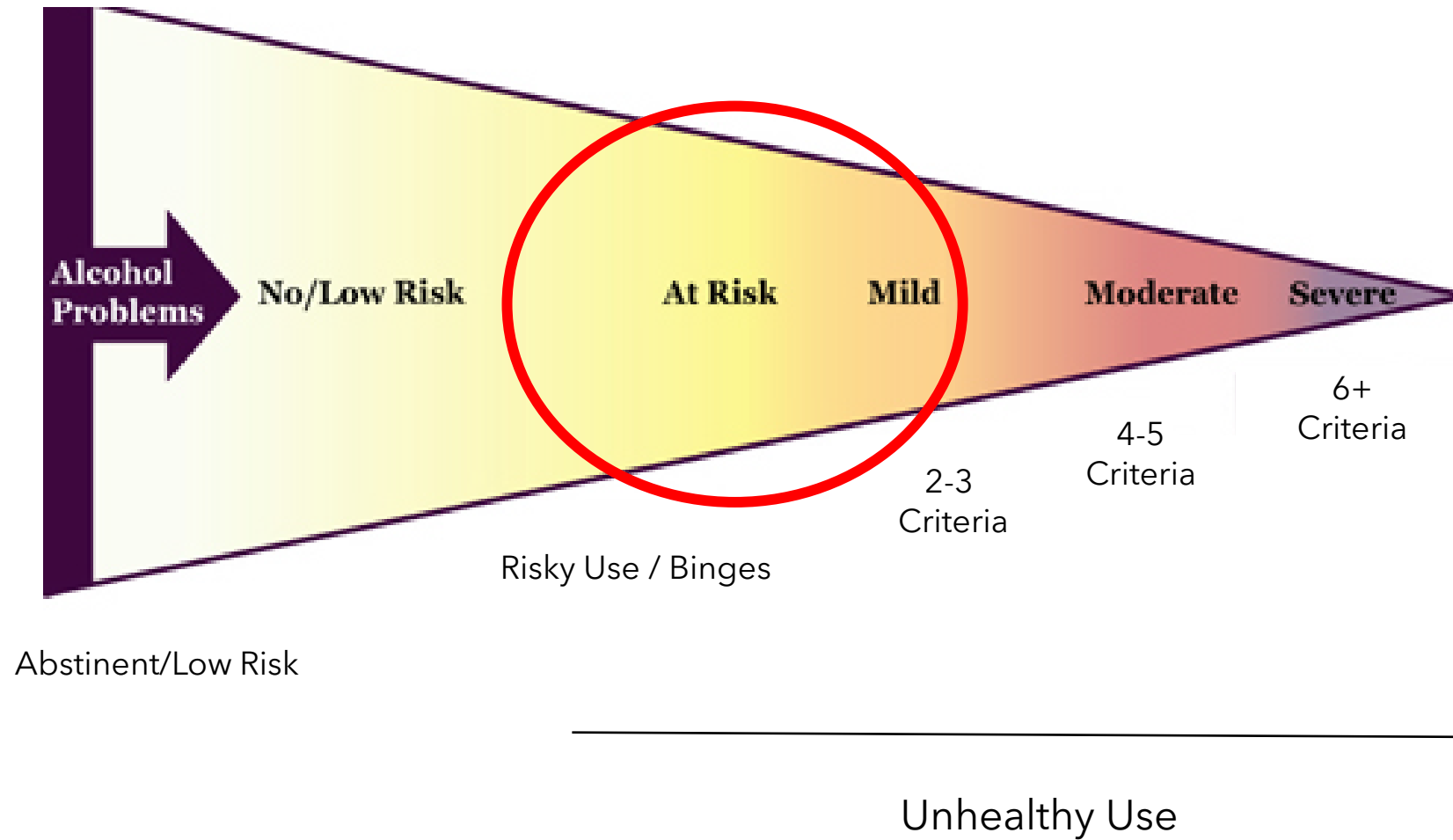
Continuum of Alcohol/Drug Problems



Continuum of Alcohol/Drug Problems



Continuum of Alcohol/Drug Problems



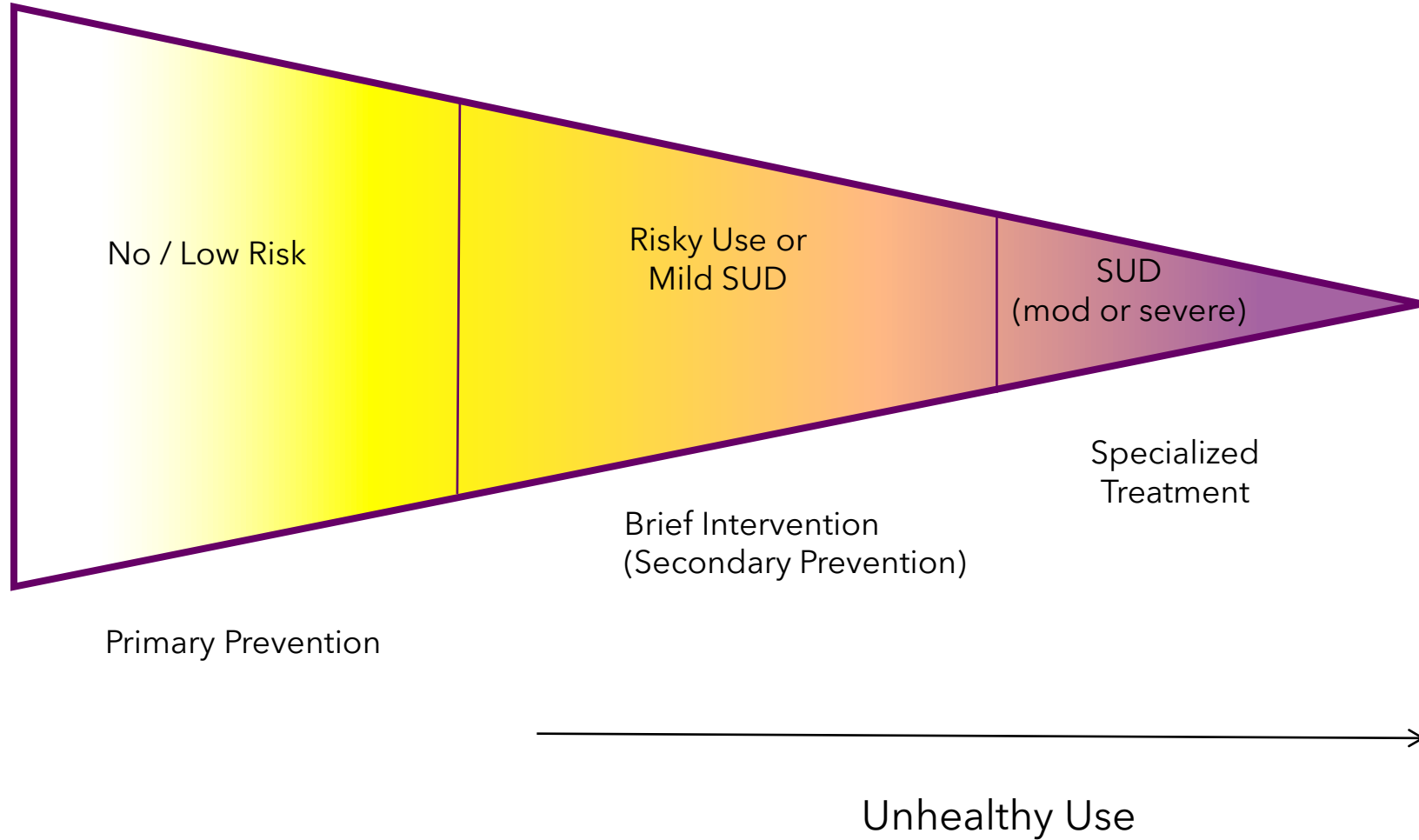
Targeting Risky Use

- On a population level, most alcohol/drug related harm is not due to youth with several use but attributable to a much larger group of risky users whose consumption exceeds recommended levels and who experience a wide range of physical, psychological or social problems (Kaner, 2009)

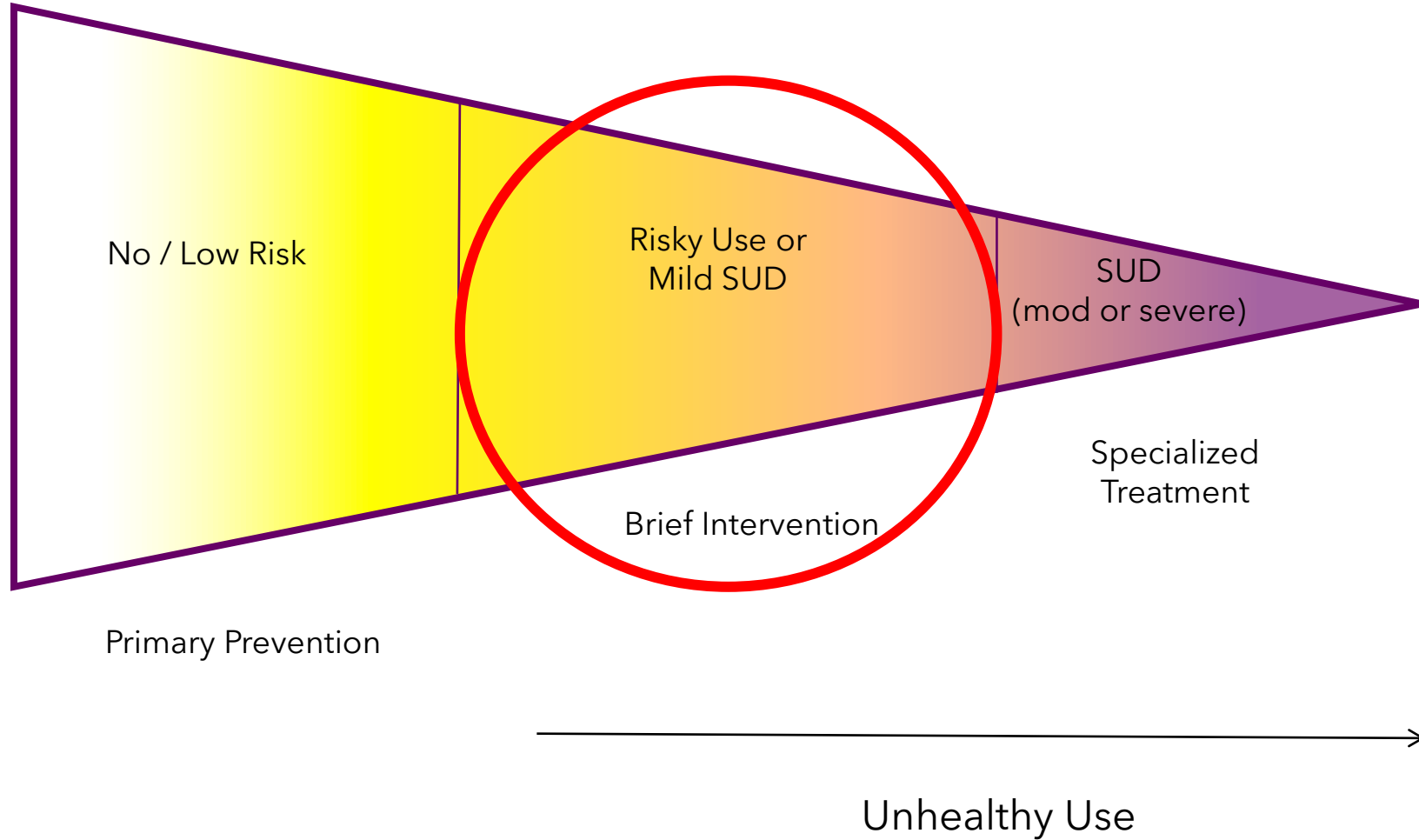
The Prevention Paradox

- >50% of health consequences of alcohol occur in risky and problem drinkers (not dependent drinkers).
- A large number of people at small risk contribute more cases than a smaller number of people who are individually at greater risk.

Continuum of Intervention



Continuum of Intervention



SBIRT

Screening

- Quickly assess the severity of use and identify the appropriate level of intervention.

Brief Intervention

- Increase insight and awareness of alcohol use; motivation toward behavioral change.

Referral to Treatment

- Provide those identified as needing more extensive treatment with access to specialty care.

SBIRT: Opportunistic Settings

- Primary care clinics
- Hospital emergency departments, trauma centers, and inpatient psychiatric units
- Mental health centers
- Criminal and juvenile justice settings;
- College/university counseling and health centers;
- School-based health clinics
- Dental clinics
- HIV clinics
- Homeless shelters
- Peer and recovery support programs
Faith-based settings
- Military healthcare and the Veterans Administration
- Addiction and mental health counseling
- Employee assistance programs and other settings.

Evidence Base

Alcohol

- >50 randomized controlled trials
- Efficacy and effectiveness in various reviews and meta-analyses
- Especially in primary care

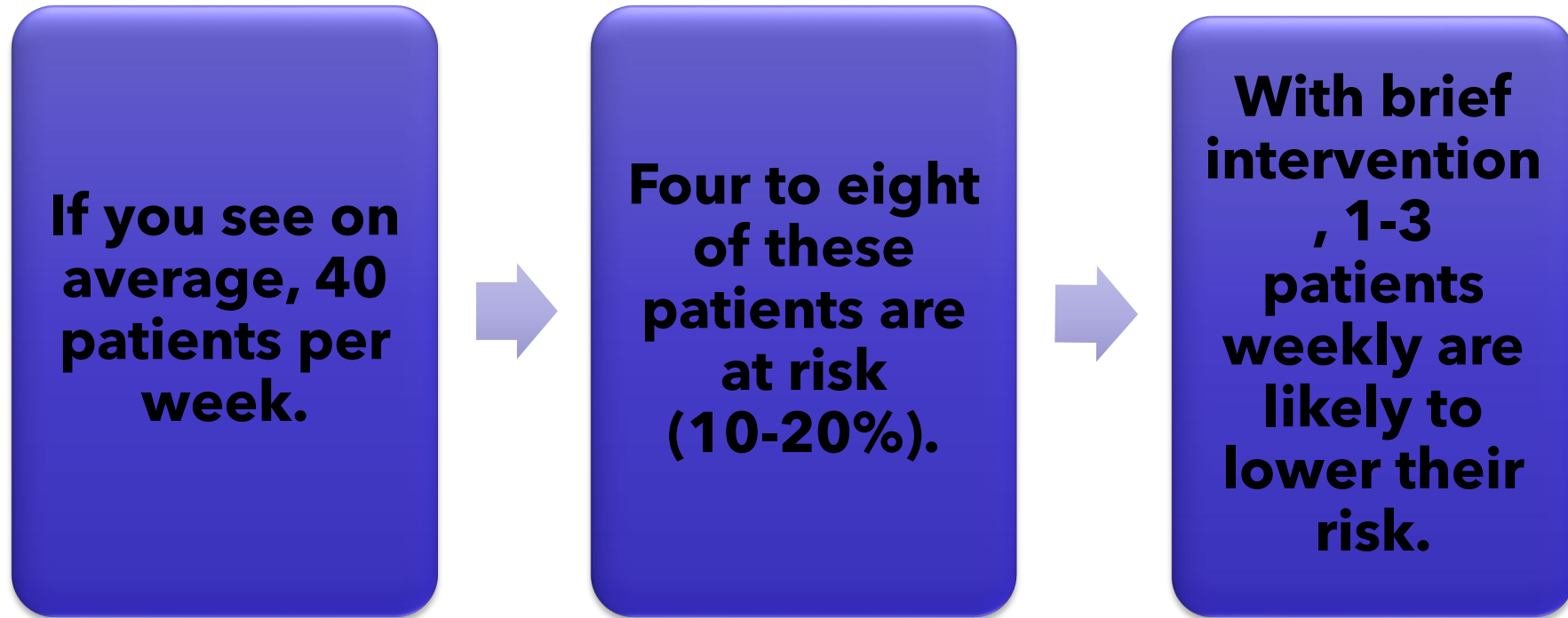
Drugs

- Mixed results

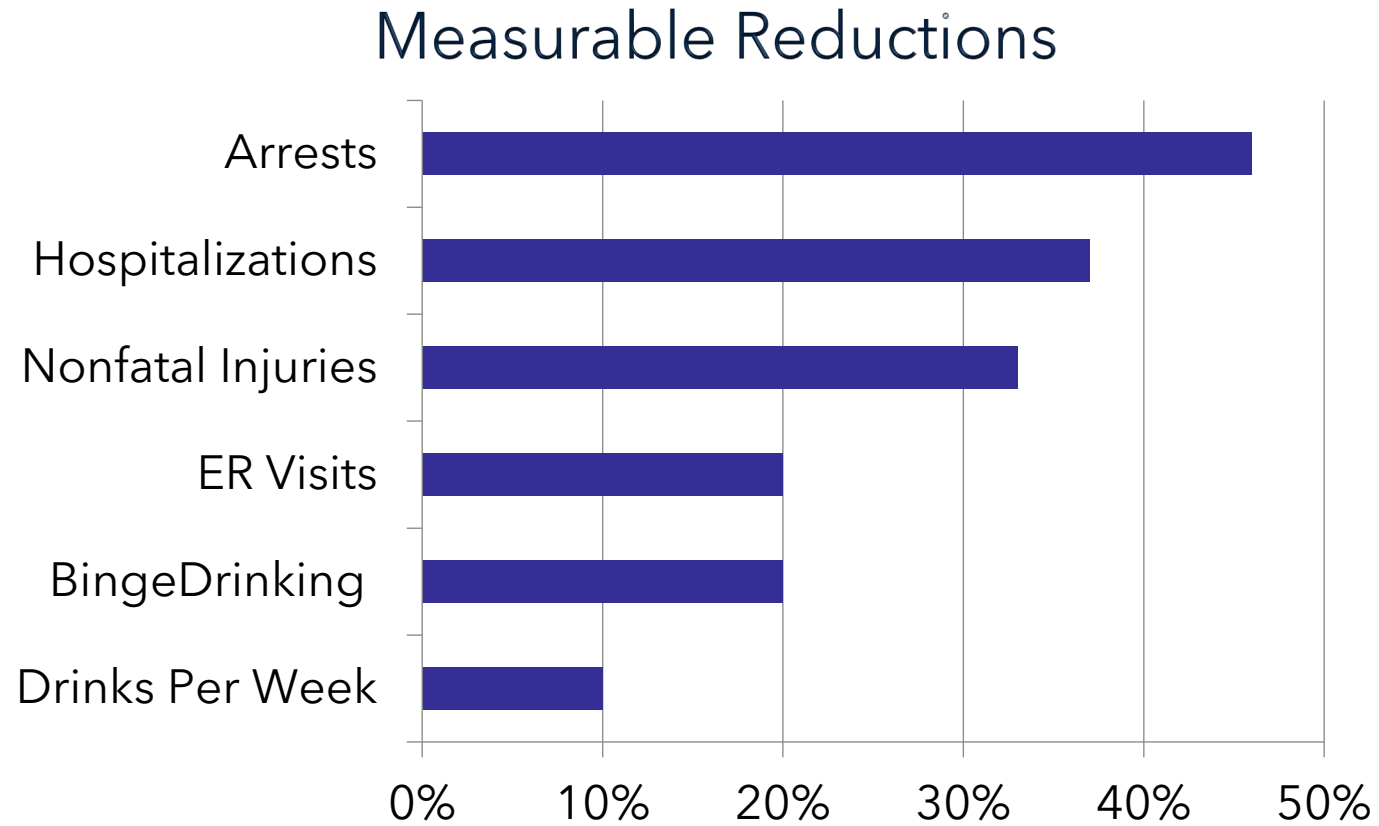
SBIRT Benefits: Primary Care Settings

- Meta-analyses & reviews
 - More than 34 randomized controlled trials
 - Focused primarily on risky drinkers in medical settings
 - Result: **10-30%** reduction in alcohol consumption at 12 months

SBIRT Benefits: Primary Care Settings



SBIRT Benefits



SBIRT in Dentistry

- Cluster-randomized trial in 13 dental practices
- 103 patients reporting heavy drinking
- Compared to participants who received usual care in control clinics, participants who received a brief intervention reported decreased quantity and frequency of alcohol consumption at 6-month follow-up.

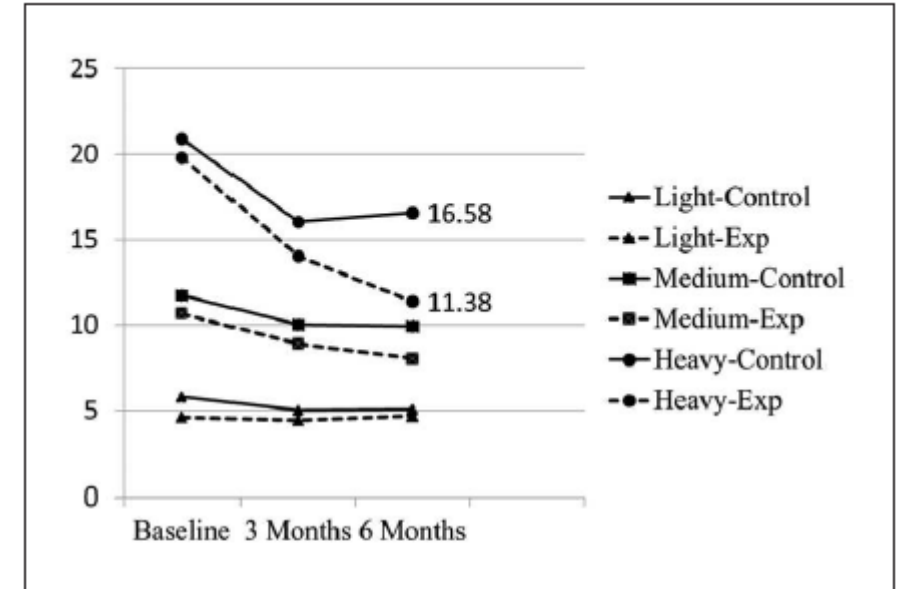


Figure 2. Adjusted mean total drinks per week by intervention, baseline weekly drinking, and wave. Note: Covariates include age, income, smoking status, number dentists, number hygienists, hygienists/dentist, number dental chairs, preventive practices, and tobacco cessation. Baseline Drinking (drinks/week) = <6 = light; 8-12 = medium; 13+ = heavy

SBIRT Benefits: Primary Care Settings

- Clinically preventable burden: total quality adjusted years of life gained if a clinical preventive service is delivered at recommended intervals

-4

- Cost effectiveness: average net cost per quality adjusted year of life gained by offering the clinical preventive service

-5

- Combined score

-9



Score	CPB range: QALYs saved, undiscounted	CE range: \$/QALY saved, discounted
5	$\geq 360,000$	Cost saving
4	$\geq 185,000 < 360,000$	$> 0 < 14,000$
3	$\geq 40,000 < 185,000$	$\geq 14,000 < 35,000$
2	$\geq 15,000 < 40,000$	$\geq 35,000 < 165,000$
1	$< 15,000$	$\geq 165,000 < 450,000$

CE, cost effectiveness; CPB, clinically preventable burden; QALY, quality-adjusted life year.

“These results make alcohol screening and counseling services one of the highest-ranking preventive services ...evaluated using standardized methods.”

 Review and Special Articles

Primary Care Intervention to Reduce Alcohol Misuse Ranking Its Health Impact and Cost Effectiveness

Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS

Background: The U.S. Preventive Services Task Force (USPSTF) has recommended screening and behavioral counseling interventions in primary care to reduce alcohol misuse. This study was designed to develop a standardized rating for the clinically preventable burden and cost effectiveness of complying with that recommendation that would allow comparisons across many recommended services.

Methods: A systematic review of the literature from 1992 through 2004 to identify relevant randomized controlled trials and cost-effectiveness studies was completed in 2005. Clinically preventable burden (CPB) was calculated as the product of effectiveness times the alcohol-attributable fraction of both mortality and morbidity (measured in quality-adjusted life years or QALYs), for all relevant conditions. Cost effectiveness from both the societal perspective and the health-system perspective was estimated. These analyses were completed in 2006.

Results: The calculated CPB was 176,000 QALYs saved over the lifetime of a birth cohort of 4,000,000, with a range in sensitivity analysis from -43% to +94% (primarily due to variation in estimates of effectiveness). Screening and brief counseling was cost-saving from the societal perspective and had a cost-effectiveness ratio of \$1755/QALY saved from the health-system perspective. Sensitivity analysis indicates that from both perspectives the service is very cost effective and may be cost saving.

Conclusions: These results make alcohol screening and counseling one of the highest-ranking preventive services among the 25 effective services evaluated using standardized methods. Since current levels of delivery are the lowest of comparably ranked services, this service deserves special attention by clinicians and care delivery systems.
(*Am J Prev Med* 2008;34(2):143-152) © 2008 American Journal of Preventive Medicine

So many preventive services are effective that it is difficult for patients, payers, providers, and purchasers to know which ones are most important to focus on with limited time or resources. In order to provide such an aid to prioritization, the National Commission on Prevention Priorities was created by Partnership for Prevention with funding from the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). The first ranking of prevention priorities was published in 2001, with an update and addition of other services added in 2006.^{1,2} As part of the 2006 update, a brief alcohol misuse screening and counseling intervention ranked in the top five, ahead of nearly 20 other effective services. This paper provides the information

on which that ranking was based, and the first cost-utility analysis of screening and brief intervention.

In 2004, the United States Preventive Services Task Force (USPSTF) released its recommendation for primary care interventions for alcohol problems. It gave a B rating for "screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women."^{3,4} The USPSTF found evidence that screening in primary care settings can accurately identify patients whose levels or patterns of alcohol consumption do not meet criteria for alcohol dependence, but do place them at risk for increased morbidity and mortality. It also found evidence that brief behavioral counseling interventions with follow-up in such patients can produce small-to-moderate reductions in alcohol consumption that are sustained over 6- to 12-month periods or longer. Finally, it identified some limited evidence that such interventions lead to positive health outcomes 4 or more years post-intervention, and that screening and behavioral counseling reduce alcohol-related morbidity. Since alcohol misuse is a serious common health problem, even indirect evidence that it can be affected by interventions in

From HealthPartners Research Foundation, Minneapolis, Minnesota
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healthpartners.com.

The full text of this article is available via AJPM Online at
www.ajpm-online.net; 1 unit of Category-1 CME credit is also avail-
able, with details on the website.

“Similar to screening for colorectal cancer, hypertension, vision (in adults over 65).”

Review and Special Articles

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Results: The calculated CPB was 176,000 QALYs saved over the lifetime of a birth cohort of 4,000,000, with a range in sensitivity analysis from -43% to +94% (primarily due to variation in estimates of effectiveness). Screening and brief counseling was cost-saving from the societal perspective and had a cost-effectiveness ratio of \$1755/QALY saved from the health-system perspective. Sensitivity analysis indicates that from both perspectives the service is very cost effective and may be cost saving.

Conclusions: These results make alcohol screening and counseling one of the highest-ranking preventive services among the 25 effective services evaluated using standardized methods. Since current levels of delivery are the lowest of comparably ranked services, this service deserves special attention by clinicians and care delivery systems.
(Am J Prev Med 2008;34(2):143-152) © 2008 American Journal of Preventive Medicine

So many preventive services are effective that it is difficult for patients, payers, providers, and purchasers to know which ones are most important to focus on with limited time or resources. In order to provide such an aid to prioritization, the National Commission on Prevention Priorities was created by Partnership for Prevention with funding from the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). The first ranking of prevention priorities was published in 2001, with an update and addition of other services added in 2006.^{1,2} As part of the 2006 update, a brief alcohol misuse screening and counseling intervention ranked in the top five, ahead of nearly 20 other effective services. This paper provides the information

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From HealthPartners Research Foundation, Minneapolis, Minnesota
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The full text of this article is available via AJPM Online at www.ajpm-online.net; 1 unit of Category-1 CME credit is also available, with details on the website.

“Similar to influenza or pneumococcal immunization.”

Review and Special Articles

Primary Care Intervention to Reduce Alcohol Misuse Ranking Its Health Impact and Cost Effectiveness

Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS

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USPSTF Recommendations



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Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse

This topic page summarizes the U.S. Preventive Services Task Force (USPSTF) recommendations on screening and behavioral counseling interventions in primary care to reduce alcohol misuse.

Current Recommendations

Release Date: May 2013

- **The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.**
 Grade: [B Recommendation](#).
- **The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and behavioral counseling interventions in primary care settings to reduce alcohol misuse in adolescents.**
 Grade: [I Statement](#).

Supporting Documents

Supporting Document	Related Items
Recommendation Statement (PDF File, 86 KB; PDF Help)	Clinical Summary (PDF File, 58 KB; PDF Help) Consumer Fact Sheet (PDF File, 80 KB; PDF Help)
Evidence Report (PDF File, 209 KB; PDF Help)	Comparative Effectiveness Review (PDF File, 3.2 MB; PDF Help)

Current as of May 2013

Internet Citation:

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USPSTF Program Office • 540 Gaither Road, Rockville, MD 20850

SBIRT PROTOCOL

SBIRT

Screening

- Quickly assess the severity of use and identify the appropriate level of intervention.

Brief Intervention

- Increase insight and awareness of alcohol use; motivation toward behavioral change.

Referral to Treatment

- Provide those identified as needing more extensive treatment with access to specialty care.

Example

- <https://www.youtube.com/watch?v=lyXnADvDCK8>

SBIRT Protocol

- Interpersonal Style + Mechanics



Example

- <https://www.youtube.com/watch?v=lyXnADvDCK8>

Interpersonal Style

Persuasive



**Patient-
Centered:
Motivational
Interviewing**



Experiential Evidence



Persuasion Demonstration

- Speaker: Identify a change that you are thinking about making
- Listener: Try as hard as you can to *convince and persuade the speaker to make the change* that he or she is considering
- Brief Intervention

Persuasion Exercise

1. Explain why the person should make this change.
2. Give at least three specific benefits that would result from making the change.
3. Tell the person how they could make the change.
4. Emphasize how important it is for them to make the change. This might include the negative consequences of not doing it.
5. Tell/persuade the person to do it. And if you encounter resistance, repeat the above, perhaps more emphatically.

Debrief

- Speaker experiences
- Listener experiences

Common Reactions

- Speaker:
 - fight or flight / argue or shut down
 - tip ambivalence in the wrong direction
 - unmotivated
 - hurts rapport
- Listener:
 - uncomfortable
 - unhelpful
 - natural
 - familiar

A different approach...

A Taste of MI

- Speaker: Repeat the change that you are thinking about making
- Listener: Don't try to persuade or fix anything. Don't offer advice. Instead ask these questions one at a time and listen carefully to what the person says.
- Brief Intervention

A Taste of MI

- Why would you want to make this change?
- What are the three best reasons for you to do it?
- What strengths and resources could you draw on in order to make this change?
- If you did decide to make this change, how might you go about it in order to succeed?
- After you have listened carefully to the answers to these questions, give back a short summary of what you heard, of the person's motivations for change and affirm one of their strengths.
- Then ask one more question: So what do you think you'll do?

Debrief

- Speaker experiences
- Listener experiences

Common Reactions

- Speaker:

- less work

- more effective

- productive

- good rapport

- Listener:

- rapport

- helped / progress made

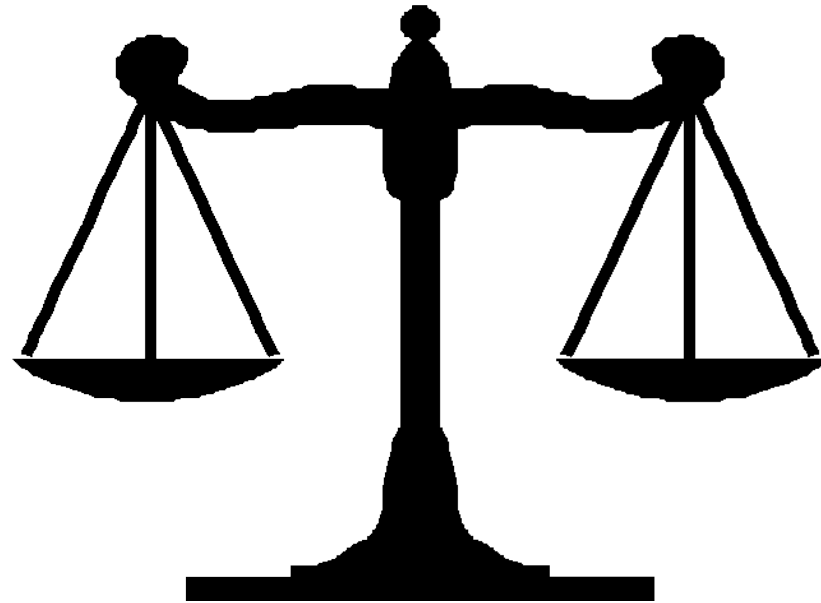
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Three Essential Elements in any Definition of MI

1. MI is a particular kind of conversation about change (counseling, therapy, consultation, method of communication)
2. MI is collaborative (person-centered, partnership, honors autonomy, not expert-recipient)
3. MI is evocative, seeks to call forth the person's own motivation and commitment

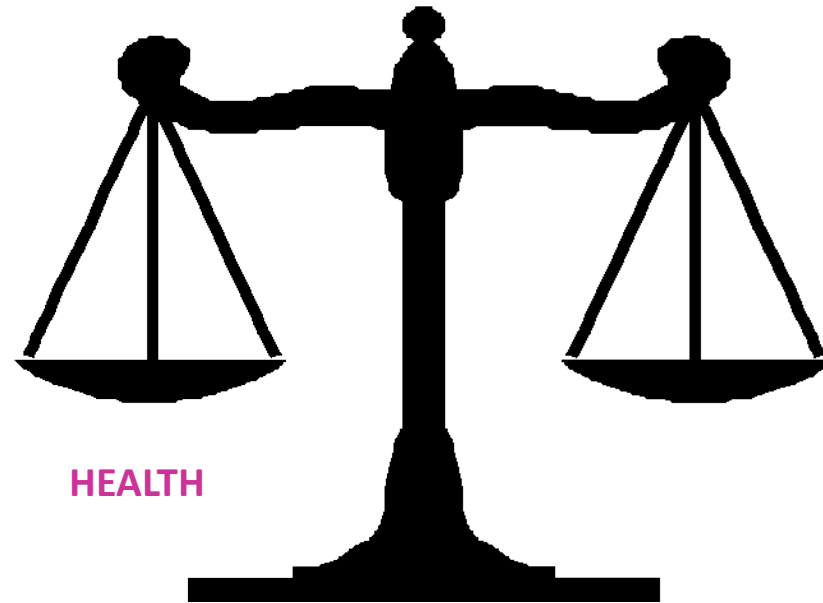
Ambivalence

- Ambivalence typically surrounds behavioral change



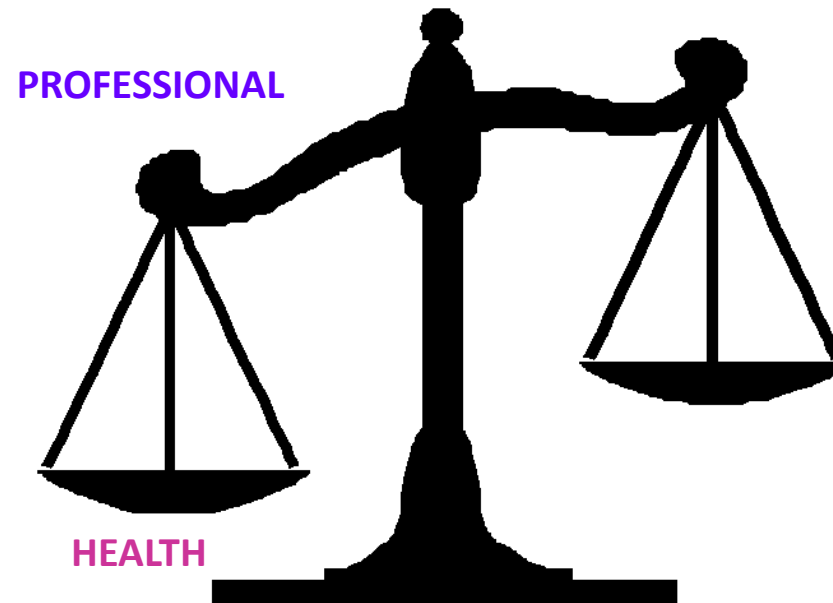
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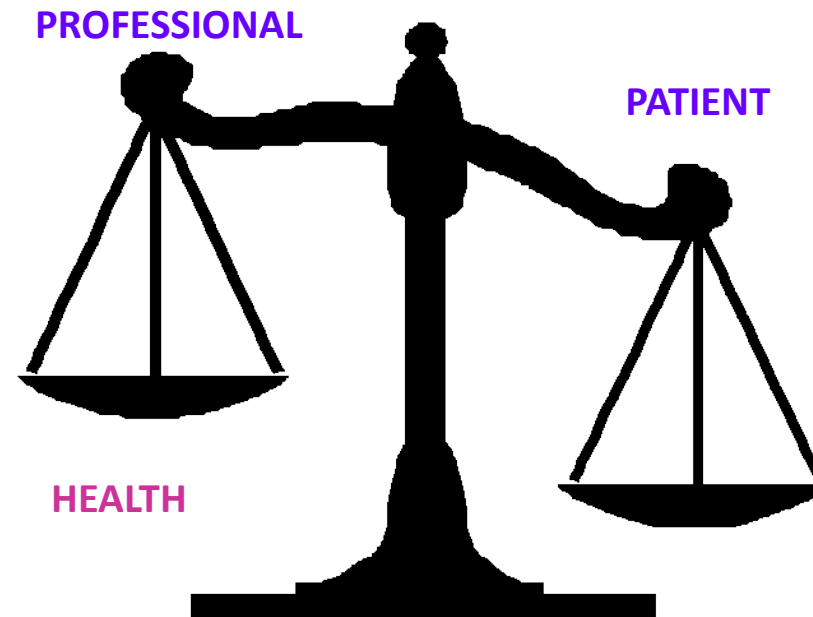
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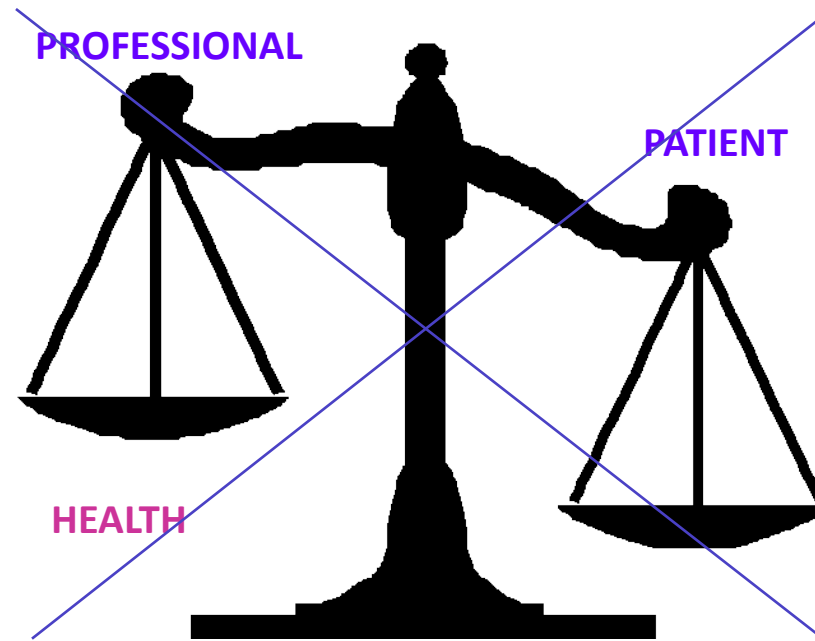
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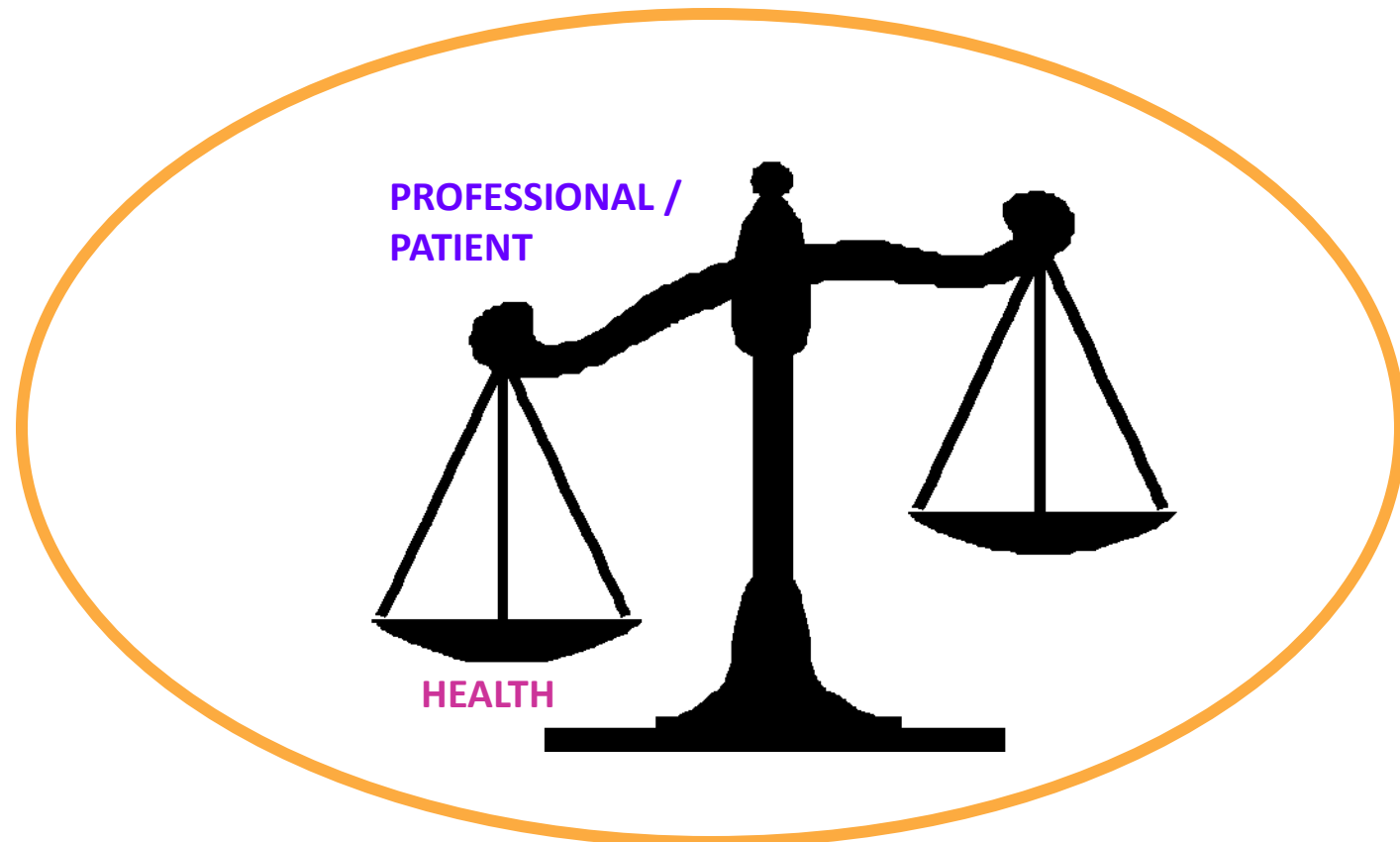
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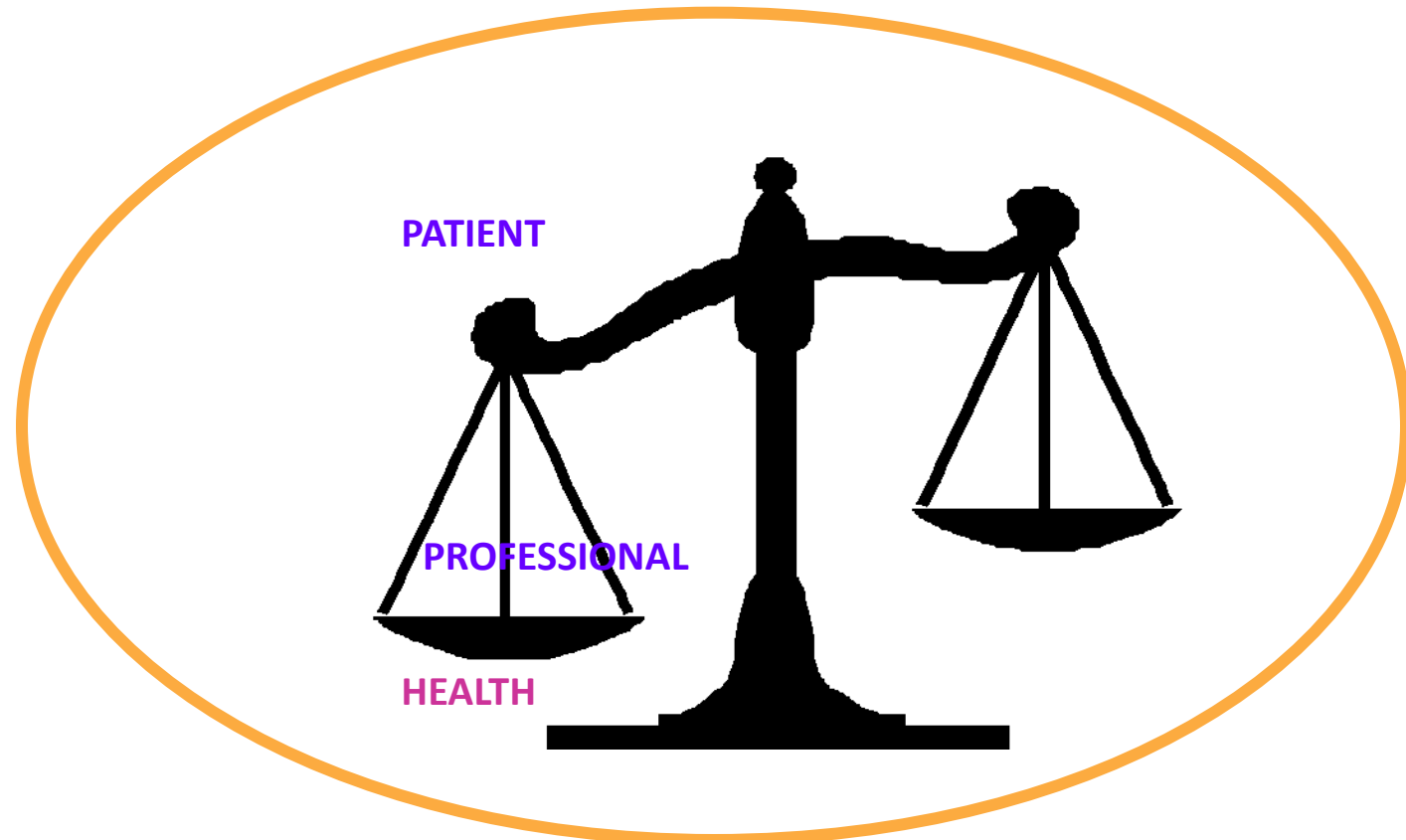
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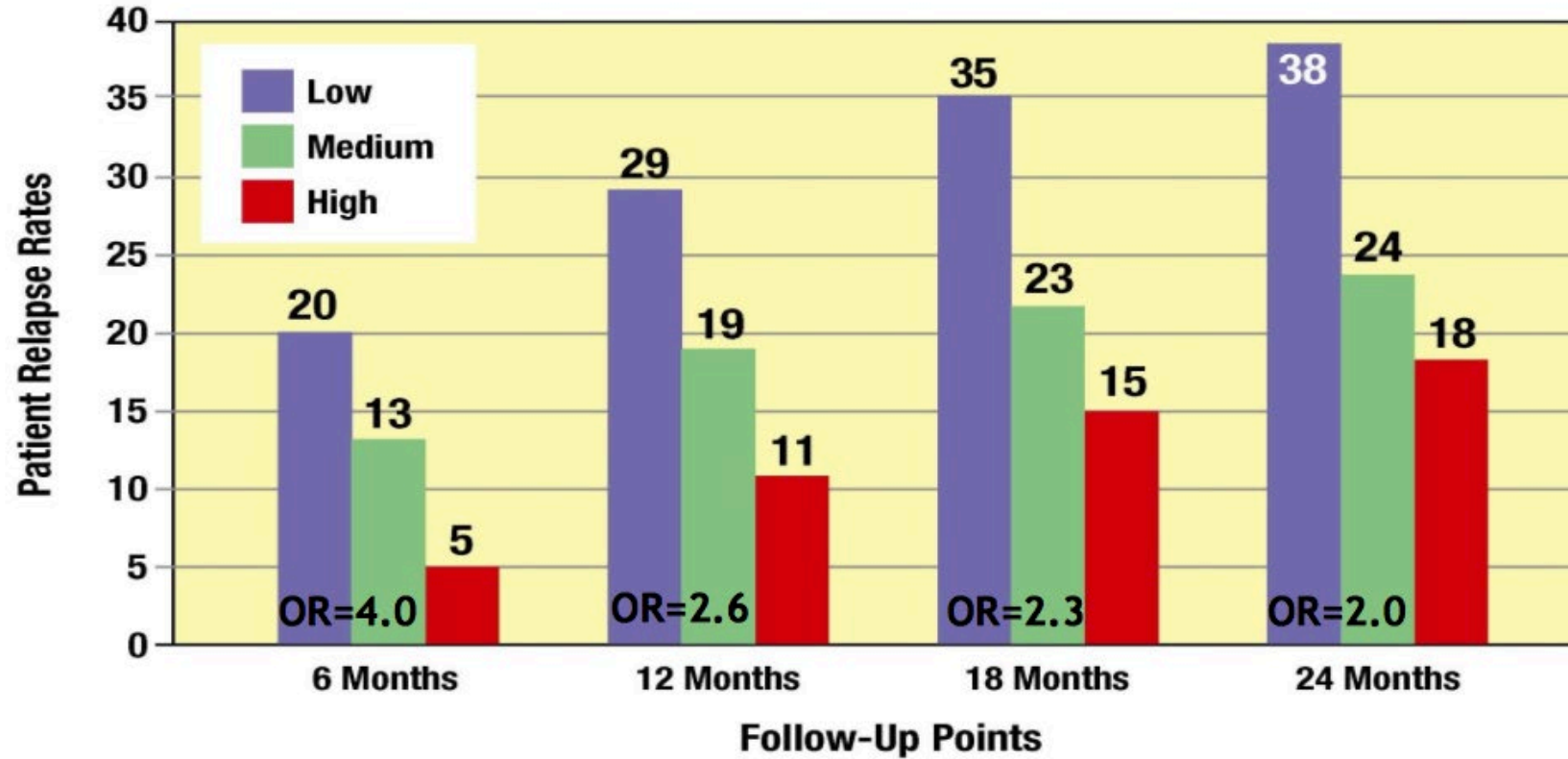
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The Power of Empathy

- In studies, interventionist factors are usually more predictive of outcome than treatment modality
- Accurate empathy, the ability to understand and reflect another person's meaning, is the best predictor of outcome

Accurate Empathy and Client Outcome



Correlation Between Empathy and Client Drinking Outcomes

- 6-8 months $r = .82$ 67% of outcome
- 12 months $r = .71$ 50% of outcome
- 24 months $r = .51$ 26% of outcome

Reflective Listening

Reflections

- Statements tracking client communication.
- Why use reflections?



What the professional thinks the Patient means.

Reflections

- Ensure understanding
- Communicate interest
- Communicate acceptance
- Facilitate speech
- Facilitate exploration



Reflections

- Reflective thinking: Do you mean that?
- Statements with inflection that goes down at the end.



Reflective Listening

- Question format very close to reflective listening
- Reflection makes a guess about the speakers meaning but does not have to be in question format
- Statement versus question
- Inflection turns down at the end

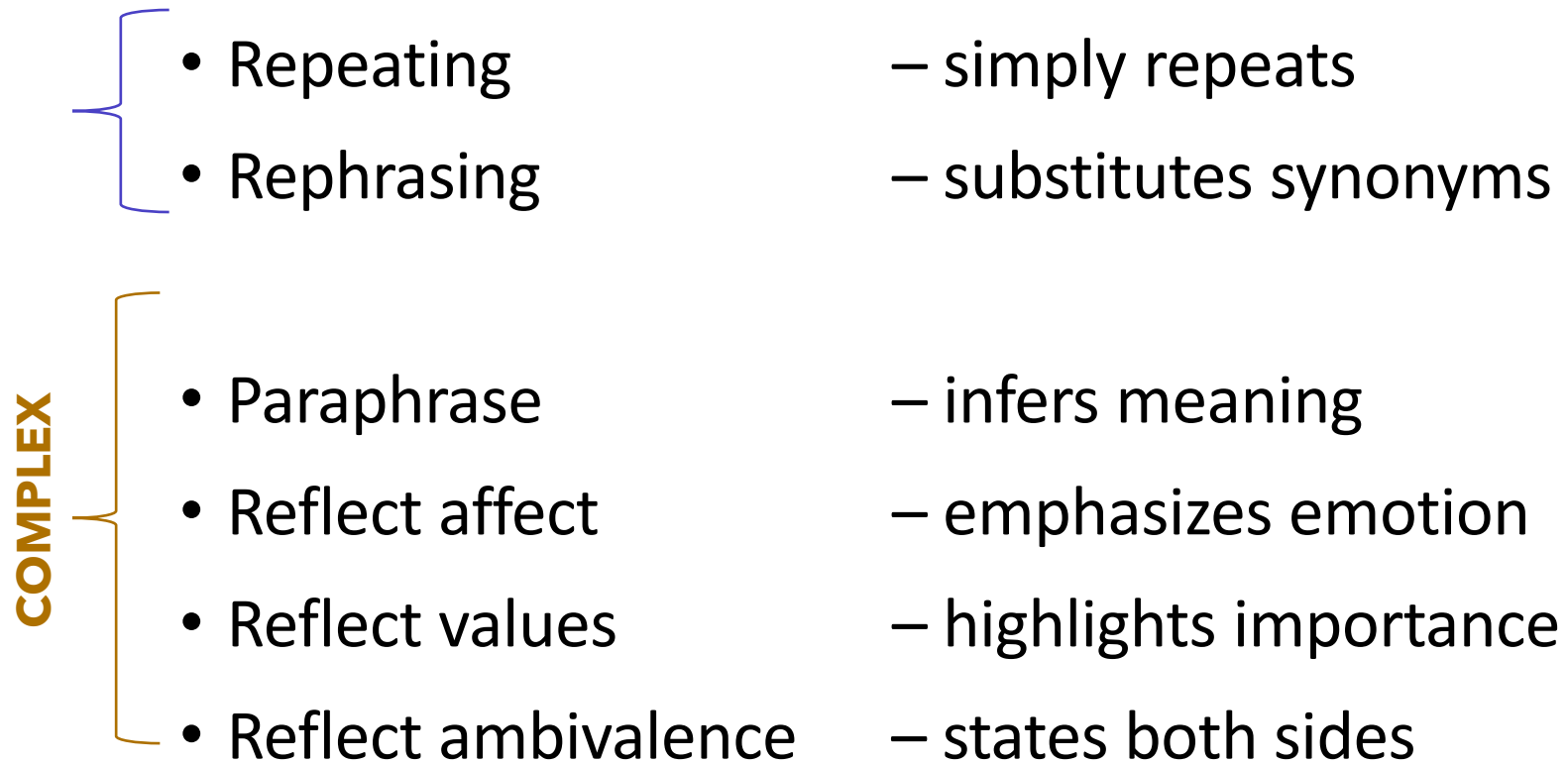
Reflections

- Question:
- Do you mean that you are thinking about stopping?
(inflection goes up)
- Statement:
- You are thinking about stopping.
(inflection goes down)

Levels of Reflection

- Repeating – simply repeats an element
- Rephrasing – substitutes synonyms
- Paraphrase – infers meaning
- Reflect affect dimension – emphasizes the emotional
- Reflect values – highlights importance
- Reflect ambivalence – states both sides

Levels of Reflection

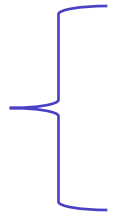


“I only plan on having a few, but in the moment it’s hard to.”

-
- COMPLEX**
- Repeating
 - You only plan to have a few, but in the moment, it’s hard.
 - Rephrasing
 - You try to moderate, but it’s not that easy.
 - Paraphrase
 - You’re looking for a better strategy so this doesn’t happen again.
 - Reflect affect
 - You’re really worried.
 - Reflect values
 - Your health is really important to you.
 - Reflect ambivalence
 - You want to keep yourself safe and sometimes it’s easy to caught up in the moment.

Reflective Responses to Sentence Stems

“Weed is natural.”



- Repeating
- Rephrasing

COMPLEX



- Paraphrase
- Reflect affect
- Reflect values
- Reflect ambivalence

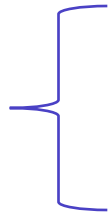
“I’ll never be an alcoholic like my dad.”

-
- Repeating
 - Rephrasing
 - Paraphrase
 - Reflect affect
 - Reflect values
 - Reflect ambivalence

“My friends drink way more than me.”

-
- Repeating
 - Rephrasing
- COMPLEX**
- Paraphrase
 - Reflect affect
 - Reflect values
 - Reflect ambivalence

"I really want to graduate and go to college."



- Repeating
- Rephrasing

COMPLEX



- Paraphrase
- Reflect affect
- Reflect values
- Reflect ambivalence

Normal Human Reactions to the Persuasive Approach (Teach/Direct)

Invalidated

Not respected

Not understood

Not heard

Angry

Ashamed

Uncomfortable

Unable to change

Resist

Arguing

Discounting

Defensive

Oppositional

Denying

Delaying

Justifying

Withdraw

Disengaged

Disliking

Inattentive

Passive

Avoid/leave

Not return

Normal Human Responses to a Listen/Evoke/Empathic Style

Affirmed

Understood

Accepted

Respected

Heard

Comfortable/safe

Empowered

Accept

Open

Undefensive

Interested

Cooperative

Listening

Hopeful/Able to change

Approach

Talk more

Liking

Engaged

Activated

Come back

Summary

- What to avoid in an MI style?
- What to do in an MI style?

SBIRT Protocol

- Mechanics + Interpersonal Style



SBIRT

- Screening quickly assesses substance use severity and identifies the appropriate level of treatment
- Brief Intervention focuses on increasing client awareness of own substance use and motivation to change
- Referral to Treatment provides those needing more extensive treatment with access to specialty care

SBIRT

- **Screening** quickly assesses substance use severity and identifies the appropriate level of treatment
- **Brief Intervention** focuses on increasing client awareness of own substance use and motivation to change
- **Referral to Treatment** provides those needing more extensive treatment with access to specialty care

How much is too much?



Moderate Drinking
CDC.gov

***It's best to avoid alcohol if:**

- Taking medications that interact with alcohol
- Managing a medical condition that can be made worse by drinking
- Under the age of 21, the minimum legal drinking age in the United States
- Recovering from alcohol use disorder (AUD) or unable to control the amount you drink
- Pregnant or might be pregnant

Binge Drinking: ≥ 4 in a day for women, ≥ 5 in a day for men

Heavy Drinking: > 7 in a day for women, > 14 day for men

Single Question Alcohol Screen

Do you sometimes drink beer, wine, or other alcohol beverages?

How many times in the past year have you had 5 (4 for women or men > 65) or more drinks in a day?

Positive Screen = 1 or more

Single Question Alcohol Screen

How many times in the past year have you had 5 (4 for women or men > 65) or more drinks in a day?

Positive Screen = 1 or more

- 82% sensitive, 79% specific for any **unhealthy use**
- 84% sensitive, 78% specific for **risky use**
- 88% sensitive, 67% specific for a current **alcohol use disorder**
- Nearly three-fourths of U.S. adults never exceed these limits

Single Question Drug Screen

- *How many times in the past year have you used an illegal drug or a prescription medication for non-medical reasons?*

Positive Screen = 1 or more

Other Validated Screening Tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

TAPS

- Tobacco, Alcohol, Prescription medications, and other Substance [TAPS] Tool
- 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year
- Brief assessment based on ASSIST
- Self Administered or Interviewer Administered

TAPS Score	Risk Category
0	No Use in Past 3 Months
1	Problem Use
2+	Higher Risk

The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only by females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

Segment:

Visit number:

- In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
- In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
- In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
- In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never
- In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)

Daily or Almost Daily Weekly Monthly
 Less Than Monthly Never

NIDA Clinical Trials Network
The Tobacco, Alcohol, Prescription medications, and other Substance
(TAPS) Tool

TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

General Instructions:

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day? Yes No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking? Yes No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?*(Note: This question should only be answered by females). Yes No

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?*(Note: This question should only be answered by males). Yes No

*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking? Yes No

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking? Yes No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana? Yes No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)? Yes No

5. In the PAST 3 MONTHS, did you use heroin? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin? Yes No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever? Yes No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep? Yes No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? Yes No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often? Yes No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)? Yes No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)? Yes No

If "Yes", answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Comments:

TAPS Example

- <https://www.youtube.com/watch?v=pkujJjh28L4>

Screening

- Normalize: *In dental settings, we commonly talk with patients about alcohol and drugs.*
- Ask Permission: *Would it be ok to spend the next few minutes talking about that?*

Negative Screen

- Share limits
 - Affirm
 - Open Door
-
- Rescreen Annually

Positive Screen

- Assess further



Assess for Severity

- Could you tell me a little more about your drinking / drug use patterns?
- Reflect.

Assess for Severity

- Alcohol
- Frequency: On average how many days a week do you have an alcoholic drink?
- Quantity: On a typical drinking day, how many drinks do you have?

Assess for Severity

- Drugs
- Which prescription medications or drugs have you used?
- How often? How much? First time? Last time? Injection drug use?

Assess for Severity: SUD

DSM-5 Criteria for Substance Use Disorders

	DSM-IV Abuse ^a		DSM-IV Dependence ^b		DSM-5 Substance Use Disorders ^c	
Hazardous use	X	} ≥1 criterion	-	} ≥3 criteria	X	} ≥2 criteria
Social/interpersonal problems related to use	X		-		X	
Neglected major roles to use	X		-		X	
Legal problems	X		-		-	
Withdrawal ^d	-		X		X	
Tolerance	-		X		X	
Used larger amounts/longer	-		X		X	
Repeated attempts to quit/control use	-		X		X	
Much time spent using	-		X		X	
Physical/psychological problems related to use	-		X		X	
Activities given up to use	-		X		X	
Craving	-		-		X	

^a One or more abuse criteria within a 12-month period and no dependence diagnosis; applicable to all substances except nicotine, for which DSM-IV abuse criteria were not given.

^b Three or more dependence criteria within a 12-month period.

^c Two or more substance use disorder criteria within a 12-month period.

^d Withdrawal not included for cannabis, inhalant, and hallucinogen disorders in DSM-IV. Cannabis withdrawal added in DSM-5.

Assess for Severity: SUD

- Thinking about the past year, what have been some of the drawbacks of drinking / drug use, if any.
- Reflect.

Assess for Severity: SUD

- If needed:
- Would it be alright if I ask some more questions that can help us understand where people are in terms in their drinking / drug use?

2 Item Scale

Recurrent drinking in hazardous situations

In the last 12 months, have you been intoxicated on alcohol (or drugs) where you could have hurt yourself or others?

Drinking more than intended

In the last 12 months, how often did you drink (or use more) than you intended?

2-Item test characteristics for current AUD in positive screens

Sample	N	Sensitivity	Specificity
Acute injury in ED, 1998-2000	959	95%	77%
Random digit dialing	494	94%	62%
Five family medicine practices in Georgia, 2004-05	280	95%	66%
National Epidemiologic Survey on Alcohol and Related Conditions, 2001-02	7,890	77%	86%
18-20 year olds in ED	181	88%	90%

Assess for Severity: SUD

- *In the past year, have there often been times when you had more to drink / used more than you intended?
- *In the past year have you consumed alcohol / used drugs in situations where you could have hurt yourself or someone else?

Decision Rule

- Risky Use / Mild SUD >>> Brief Intervention
- Moderate or Severe SUD >>> Brief Intervention with goal of Medical Management and/or Referral to Treatment

Risky Use / Mild SUD

Feedback: How

- #1: Summarize results of screening and assessment.

Feedback: How

- Ask Permission

-Thanks for taking the time to talk with me about your alcohol / drug use. Would it be alright if I share some information with you about the health effects of alcohol / drug use?

Feedback: How

- Elicit (open-ended question): what patient already knows about topic
- Provide: information, recommendation
- Elicit (open-ended question): reaction, what patient plans on doing with information

Feedback: How

- **ELICIT:** *What do you know about safe drinking / drug use limits?*
- **PROVIDE:** Drinking limits [$\leq 7/14$ drinks per week or $\leq 1/2$ drinks per day] / no known safe levels of drug use. Prevalence, short and long term risks, SUD risks, oral health risks.
- **ELICIT:** *What concerns you most about this? [Reflect] Where does this leave you? [Reflect.]*

Effects of Smoking & Drinking on Your Oral Health

Damages of Drinking on your teeth:



- High sugar content feeds bacteria growth
- Dehydration and sugary gum will lead to plaque buildup & tooth decay
- Dark alcohol will stain & dull teeth

Damages of Smoking on your teeth:



- Tooth discoloration & bad breath
- Damaged tooth enamel & loss of bone in the jaw
- Buildup of plaque and tartar, inflammation of salivary gland openings, and delayed healing after procedures

Long-term Effects of Smoking & Drinking on Your Oral Health

Smoking increases the risk of leukoplakia, white patches inside the mouth

Smoking increases risk of developing gum disease, a leading cause of tooth loss



70% of smokers and 80% of drinkers develop oral cancer

Drinking increases the potential of bleeding gums, which is a common symptom of periodontal disease



Practice Oral Hygiene

Use mouthwash



Mouthwash is an effective tool to fight against tooth decay, gingivitis, and promotes healthy teeth and gums. You want to pick a strong formula that will zap bacteria.

Floss every day



Vital for smokers; it's an effective way to avoid buildup of plaque on teeth. If you notice a lot of bleeding as you floss, it could be an early sign of periodontal disease.

Have your tongue and gums checked



Let your dentist or hygienist know that you are a smoker, so that they can watch for signs of periodontal disease and oral cancer. The earlier the detection, the better.

The Effects of Drug and Alcohol Abuse on Oral Health



Effects of Alcohol Abuse

on Oral Health



3X
more likely to have permanent tooth loss



1/3
of an alcoholic's teeth are at risk of periodontal disease



Mucosal lesions found in 31.5% of alcoholics
Prevalence of mucosal lesions was high in alcoholics (31.5%) compared to non-alcoholics (22%).



Alcohol abuse is an established risk factor for both oral and pharyngeal cancer



Cancer mortality due to alcohol consumption is highest in oral cavity cancer (24%) and pharyngeal cancer (24%)
followed by esophageal (20.4%), laryngeal (18.3%), liver (8.5%) and colorectal (8.4%) cancer

Join the Journey to Sobriety at Kerala's Leading Alcohol De-Addiction Center.



PUNARJJANY
POOMALA POLE, THRISSUR, KERALA, INDIA

8281478832, 8089625077, 9747201015
www.punarjjany.com

What You Should Know About Oral Cancer

It's estimated that over **45,500 people** were diagnosed with a form of oral cancer in 2015



From 2007 - 2011 there was an increase in oral cancer diagnoses in men by 1.3%

1.3%



However, in that same span, there was a decrease in diagnoses for women by 2%

2%

It's estimated that over **8,500 people** died from a form of oral cancer in 2015



If caught in it's early stages, there is an **83%** 5-year survival rate



Known Risk Factors



Tobacco Use

Excessive Alcohol Consumption



HPV virus infection in the mouth or throat



**Don't become a statistic!
Be sure to get screened for oral cancer each time you visit the dentist**

Assess Readiness

- Low >>> Build Readiness
- High >>> Action Planning

Build Readiness

- Ask Permission: Would it be alright if we spend a few minutes doing an activity that some people find helpful in thinking about alcohol / drug use?
- **Rulers**
- **Goals & Values**
- **Evocative Questions**

Enhance Motivation

- Rulers
- Importance, confidence, readiness
- Why are you a ____, instead of something lower like a ____?



Enhance Motivation

- Goals & Values
- Tell me a little bit about some of the things that are most important to you?
- How, if at all, does your alcohol / drug use impact your goal / value of _____?

Enhance Motivation

Evocative Questions

- Why might you want to cut back / quit alcohol or drugs?
- What are the three best reasons for you to do it?
- What strengths and resources could you draw on in order to make this change?
- If you did decide to make this change, how might you go about it in order to succeed?
- After you have listened carefully to the answers to these questions, give back a short summary of what you heard, of the person's motivations for change and affirm one of their strengths.
- Then ask one more question: So what do you think you'll do?

Assess Readiness

- Low >>> Build Readiness
- High >>> Action Planning

Action Planning

Action Planning

- Elicit (open-ended question): what patient already knows about topic
- Provide: information, recommendation
- Elicit (open-ended question): reaction, what patient plans on doing with information

Action Planning

- **ELICIT:** *What kinds of changes are you hoping to make to your alcohol / drug use? What ideas do you have about how you might ho about that?*
- **PROVIDE:** Cutting back worksheet or other strategies as appropriate.
- **ELICIT:** *Which strategies stand out as ones that might be helpful.*

Action Planning – Risky or Mild AUD

- Elicit – Provide – Elicit
- “What kinds of changes are you hoping to make to your drinking?”
- “What ideas do you have about how you might go about that?”
- Share strategies for cutting down.
- “Which ones stand out to you as strategies that might be helpful?”
- Summarize reasons and plan.

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Here are some strategies to try. Check off some to try the first week, and add some others the next.

○ **KEEPING TRACK**

Keep track of how much you drink. Find a way that works for you, such as a 3x5" card in your wallet, check marks on calendar, or personal digital assistant. If you make a note of each drink before you drink it, this will help you slow down when needed.



○ **COUNTING AND MEASURING**

Know the standard drink sizes so you can count your drinks accurately (see back page). One standard drink is 12 ounces of beer, 8-9 ounces of malt liquor, 5 ounces of table wine, or 1.5 ounces of 80-proof spirits. Measure drinks at home. Away from home, especially with mixed drinks, it can be hard to keep track and at times you may be getting more alcohol than you think. With wine, you may need to ask the host or server not to "top off" a partially filled glass.

○ **SETTING GOALS**

Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink. Drinking within the limits below reduces the chances of having an alcohol use disorder and related health problems.

For healthy **men up to age 65**—

- No more than **4** drinks in a **day** AND
- No more than **14** drinks in a **week**

For healthy **women** (and healthy **men over age 65**) –

- No more than **3** drinks in a **day** AND
- No more than **7** drinks in a **week**

Depending on your health status, your doctor may advise you to drink less or abstain.

○ **PACING AND SPACING**

When you do drink, pace yourself. Sip slowly. Have no more than one drink with alcohol per hour. Alternate "drink spacers" – non-alcoholic drinks such as water, soda, juice – with drinks containing alcohol.

○ **INCLUDING FOOD**

Don't drink on an empty stomach – have some food so the alcohol will be absorbed more slowly in your system.

○ **AVOIDING "TRIGGERS"**

What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan what you'll do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

○ **PLANNING TO HANDLE URGES**

When an urge hits, consider these options: Remind yourself of your reasons for changing. Or talk it through with someone you trust. Or get involved with a healthy, distracting activity. Or "urge surf" – instead of fighting the feelings, accept it and ride it out, knowing that it will soon crest like a wave and pass.

○ **KNOWING YOUR "NO"**

You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate it allows time to think of excuses.

ADDITIONAL TIPS FOR QUITTING

If you want to quit drinking altogether, the last three strategies can help. In addition, you may wish to ask for support from people who might be willing to help such as a spouse or non-drinking friends. Joining Alcoholics Anonymous or another mutual support group is a way to acquire a network of friends who have found ways to live without alcohol. If you're dependent on alcohol and decide to stop drinking completely, don't do it alone. Sudden withdrawal from heavy drinking can cause dangerous side effects such as seizures. See a doctor to plan a safe recovery.

Referral INFO:

*Adapted from NIAAA Clinician's Guide

Moderate / Severe SUD

Feedback: How

- #1: Summarize results of screening and assessment.

Feedback: How

- Ask Permission

-Thanks for taking the time to talk with me about your alcohol / drug use. Would it be alright if I share some information with you about the health effects of alcohol / drug use?

Feedback: How

- Elicit (open-ended question): what patient already knows about topic
- Provide: information, recommendation
- Elicit (open-ended question): reaction, what patient plans on doing with information

Feedback: How

- **ELICIT:** *What are your thoughts about how a doctor might describe you in terms of your alcohol use?*
- **PROVIDE:** *Based on your responses it appears you may have what doctors refer to as a Substance Use Disorder. This means alcohol / drug use is interfering with important areas of your life. It can be harder for people with substance use disorders to moderate their drinking / use. We also know that people with substance use disorders often find it helpful to talk with a counselor about their drinking / drug use.*
- **ELICIT:** *What concerns you most about this? [Reflect] Where does this leave you? [Reflect.]*

Assess Readiness

- Low >>> Build Readiness
- High >>> Action Planning

Build Readiness

- Ask Permission: Would it be alright if we spend a few minutes doing an activity that some people find helpful in thinking about alcohol / drug use?
- **Rulers**
- **Goals & Values**

Action Planning

Action Planning

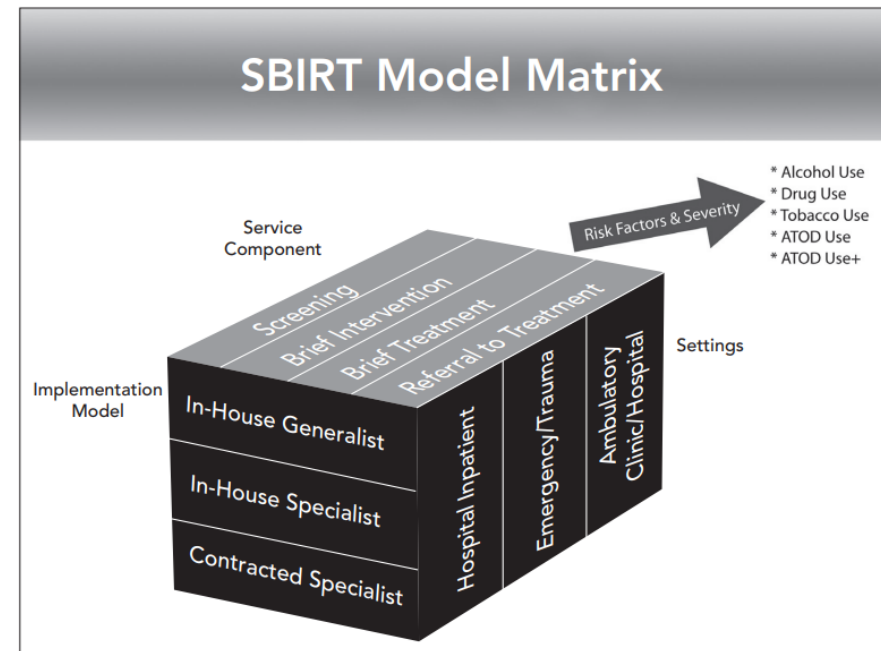
- **ELICIT:** *What do you know about resources that are available to help people who are thinking about making changes in their alcohol / drug use?*
- **PROVIDE:** *There are a number of different programs and medications that can help...*
- **ELICIT:** *Which resources stand out as ones that might be helpful?*

SBIRT Demonstration



Implementing SBIRT

- <https://store.samhsa.gov/sites/default/files/sma13-4741.pdf>
- TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment



Key Implementation Steps

- Set up working group
- Assess readiness to change
- Involve many staff as possible
- Decide on staffing model, assign roles and responsibilities
- Develop and deliver training and support
- Select: screening tool, BI procedure, referral resources and procedure
- Record keeping and evaluation
- Funding

Learning Objectives



By the end of this session, participants will be able to:

- Describe the rationale for and evidence base supporting SBIRT in dental settings
- Deliver and interpret a screening tool that could be used to identify risky alcohol and drug use
- Demonstrate 1-2 brief intervention strategies consistent with a motivational interviewing approach

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