Field Checklist & Clinical Action Sheet

CRAFFT 2.1 Adolescent Screening

FOR PEDIATRIC SOCIAL WORKERS, CLINIC INTAKE SPECIALISTS & CASE MANAGERS

EXECUTIVE BRIEF

This clinical field reference is designed for rapid deployment during adolescent preventive well-visits, behavioral health intakes, and outpatient triage. It provides a standardized framework to verify conditional skip logic, calculate validated Part B scores without math errors, and execute immediate evidence-based brief interventions (SBIRT) before finalizing clinical progress notes.

PHASE 1 Pre-Screening & Intake Administration

- [ ] **Establish confidential setting:** Separate adolescent from parent/guardian.
- [ ] **Clarify minor confidentiality boundaries:** Review minor confidentiality boundaries and mandatory safety exceptions (harm to self/others, abuse).
- [ ] **Deliver self-administered format:** Administer via mobile device, clinic tablet, or private paper form.
- [ ] **Confirm complete reporting:** Confirm complete past-12-month reporting in Part A before reviewing Part B.

PHASE 2 Part A & Part B Conditional Skip Logic

Review Part A entries (Days of Use in Past 12 Months) to verify the correct clinical pathway:

Screening Section	Reported Frequency	Required Branch Logic / Action
Part A: Alcohol, Cannabis, Drugs (or Nicotine in +N)	**All "0" Days**	Instruct patient to complete **Question 4 (Car) only**, then conclude the assessment. *Do not administer Questions 5 through 9.*
Part A: Alcohol, Cannabis, Drugs (or Nicotine in +N)	**Any Category ≥ "1" Day**	Patient must complete the **full CRAFFT assessment** (Questions 4 through 9: Car, Relax, Alone, Forget, Family/Friends, Trouble).

PHASE 3 Part B Scoring & DSM-5 Risk Stratification

Assign 0 points for each "No" and 1 point for each "Yes" across Questions 4 through 9.
Important Rule: Never add Part A frequency day counts into the Part B total.

Total Part B Score	DSM-5 SUD Likelihood	Clinical Risk Classification	Mandatory Clinical Action Pathway
0 (No Use)	Negligible	Low Risk	Provide positive reinforcement of healthy choices. Affirm abstinence.
0–1 (With Past-Year Use)	32%	Moderate Risk	Deliver brief clinical advice on developmental brain risks and harm reduction.

Total Part B Score	DSM-5 SUD Likelihood	Clinical Risk Classification	Mandatory Clinical Action Pathway
2	64%	Clinical Cut-Off	**Positive Screen.** Initiate structured SBIRT brief motivational intervention.
3	79%	Elevated Risk	Assess for co-occurring mood/anxiety disorders (Relax/Alone triggers).
4	92%	High Risk	Formulate shared treatment goals; prepare for outpatient behavioral referral.
5–6	100%	Severe Risk	Warm handoff to specialized adolescent addiction or intensive outpatient program.

PHASE 4 High-Stakes Protocols & Travel Safety Exception

The Car question (Question 4) carries independent clinical significance regardless of total score:

CAR (Question 4) Positive Screen Protocol

- [ ] Acknowledge affirmative answer to driving or riding with an impaired driver non-judgmentally.
- [ ] Facilitate non-punitive discussion regarding acute motor vehicle risks.
- [ ] Complete a written Contract for Life / Safe Transportation Agreement.
- [ ] Identify two adult backup contacts for emergency rides.

Psychological Coping Items Review

- [ ] **"Relax" (Question 5) Positive:** Screen for unaddressed anxiety, school stress, or trauma.
- [ ] **"Alone" (Question 6) Positive:** Evaluate solitary use patterns and depressive isolation.

PHASE 5 Documentation & Charting Audit Checklist (SOAP / DAP)

Ensure the following elements are integrated into the client's electronic progress note:

- S ☐ **Subjective:** Document raw Part A day frequencies and specific Part B "Yes" responses.
- O ☐ **Objective:** Note patient presentation, affect, and completed validated screener (CRAFFT 2.1).
- A ☐ **Assessment:** Explicitly state numerical score, DSM-5 risk percentage tier, and safety concerns.
- P ☐ **Plan:** Outline SBIRT intervention delivered, signed travel contract, and referral/rescreen interval.