



Northwest (HHS Region 10)

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Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest, Northeast & Caribbean, and Great Lakes ATTC presents:
Integration Series: Intake, Screening, & Assessment

Thank you for joining us!
The webinar will begin shortly.

- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation.
- An ADA-compliant recording of this presentation will be made available on our website at:
<http://attcnetwork.org/northwest>

SAMHSA
Substance Abuse and Mental Health
Services Administration



Great Lakes (HHS Region 5)

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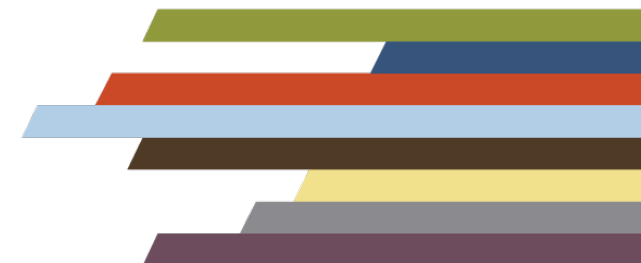
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Northeast & Caribbean (HHS Region 2)

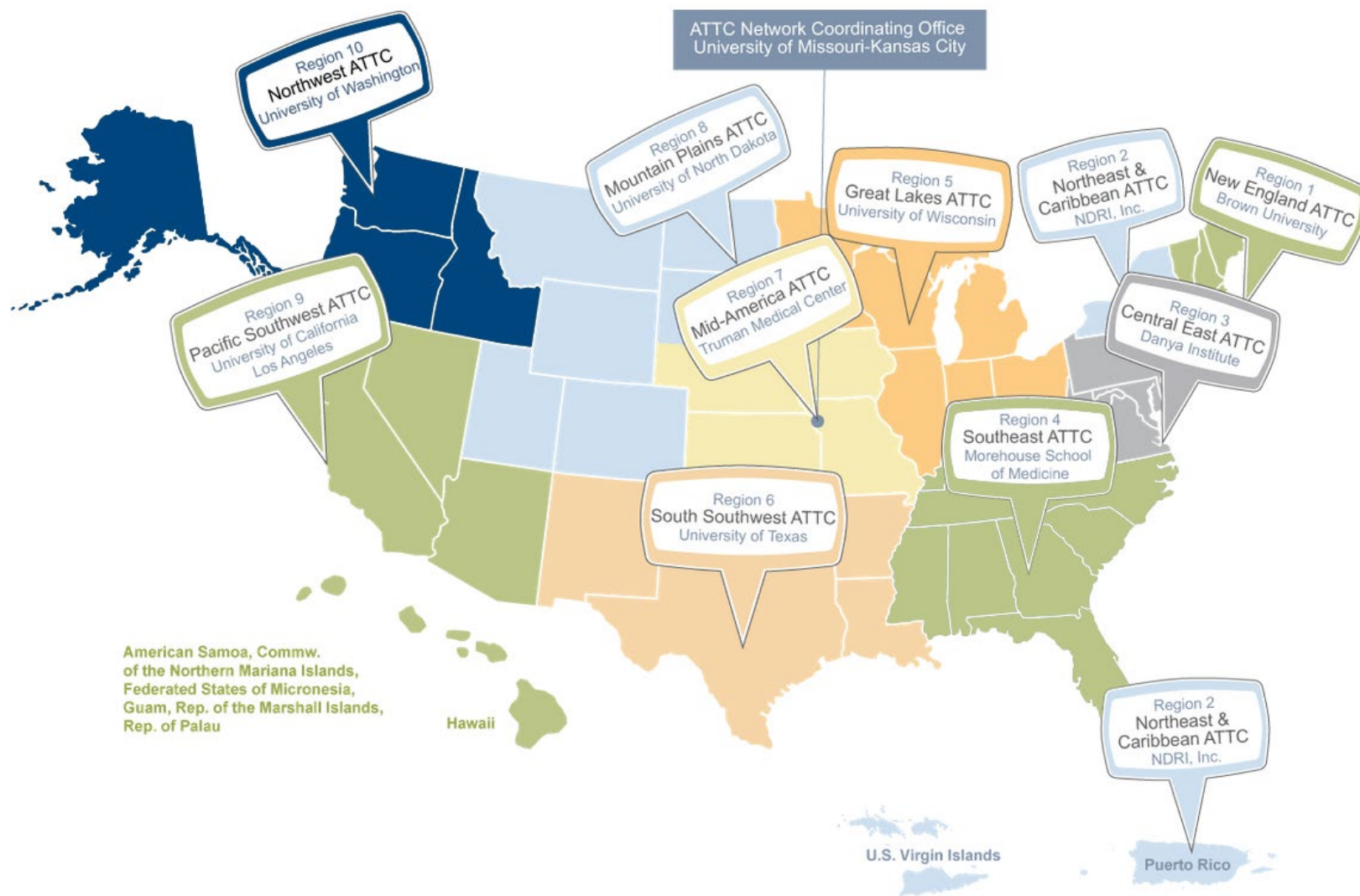
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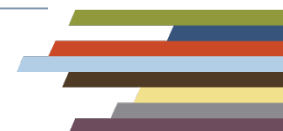
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Certificates

Certificates of Attendance are available for live viewers!



Viewing Groups:

Please send each individual's **name** and **email address** to northwest@attcnetwork.org within 1 business day.

Your certificate will be emailed within a week to the address you registered with.



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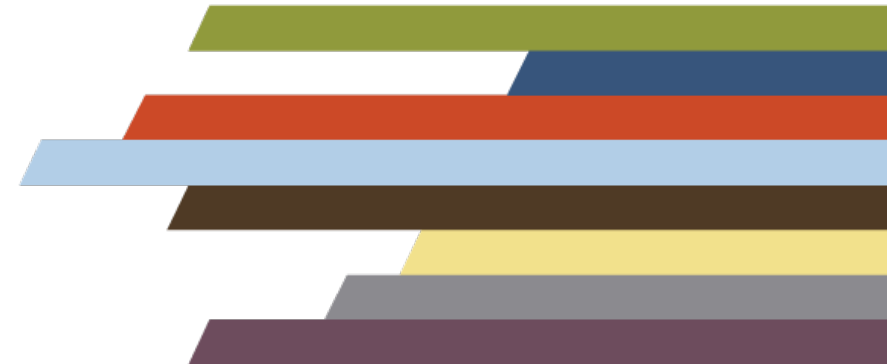
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Integration Webinar Series

Part IV: Intake, Screening, & Assessment

Presented by:

Denna Vandersloot, M.Ed, Northwest ATTC, University of Washington
Michael Chapel, Ph.D. Northeast & Caribbean ATTC, Columbia University



Welcome: Webinar Presenters



Michael Chaple, PhD
Northeast & Caribbean ATTC Director



Denna Vandersloot, M.Ed.
Northwest ATTC, Co-director

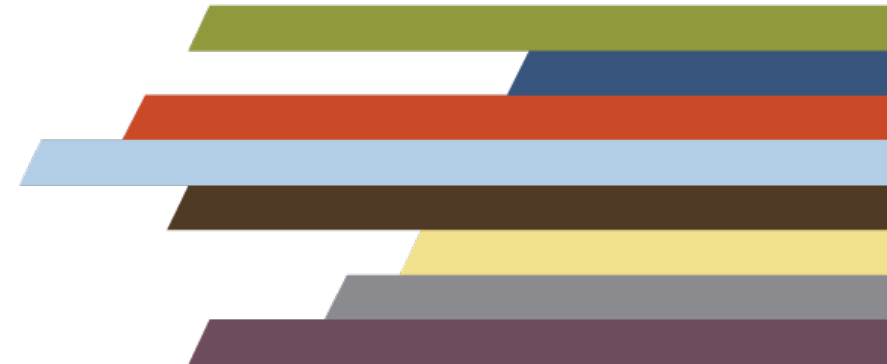


Linda Grant, MS, CDP
Evergreen Recovery
Centers, CEO



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DDCAT Overview (“Reminder”)

Domain	Description
Program Structure	Certification, licensure, coordination and collaboration with other providers
Program Milieu	Extent to which programs/staff expect and welcome clients with dual diagnosis
Assessment	Screening and assessment procedures for dual diagnosis
Treatment	Treatment planning and services delivery for clients with dual diagnosis
Continuity of Care	Assesses discharge planning for clients with dual diagnosis
Staffing	Availability of licensed staff to provide dual diagnosis services
Training	Amount of training staff receives in dual diagnosis

Today's
Focus!!!



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Today's "Agenda"

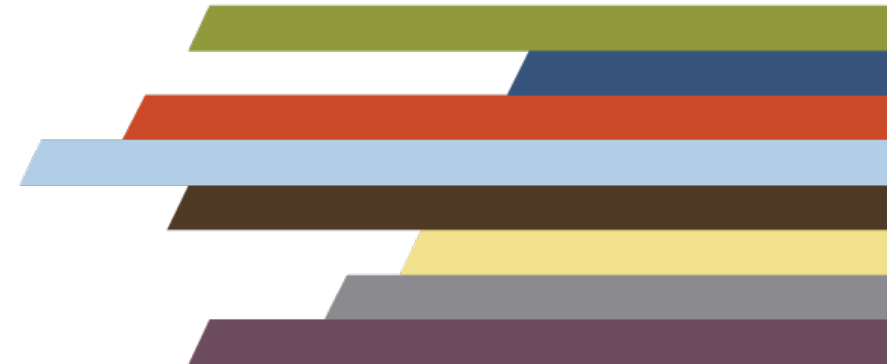
This webinar will incorporate the following elements throughout:

- (1) Brief overview of DDCAT/DDCMHT constructs that address opportunities for enhancing aspects of intake, screening, & assessment to provide COD services.
- (2) Brief review of recommended strategies for enhancing capability;
- (3) "Interview" with a provider illustrating implementation of "in-service" strategies;
- (4) Ask the Experts and Innovators: Q&A Session for participants



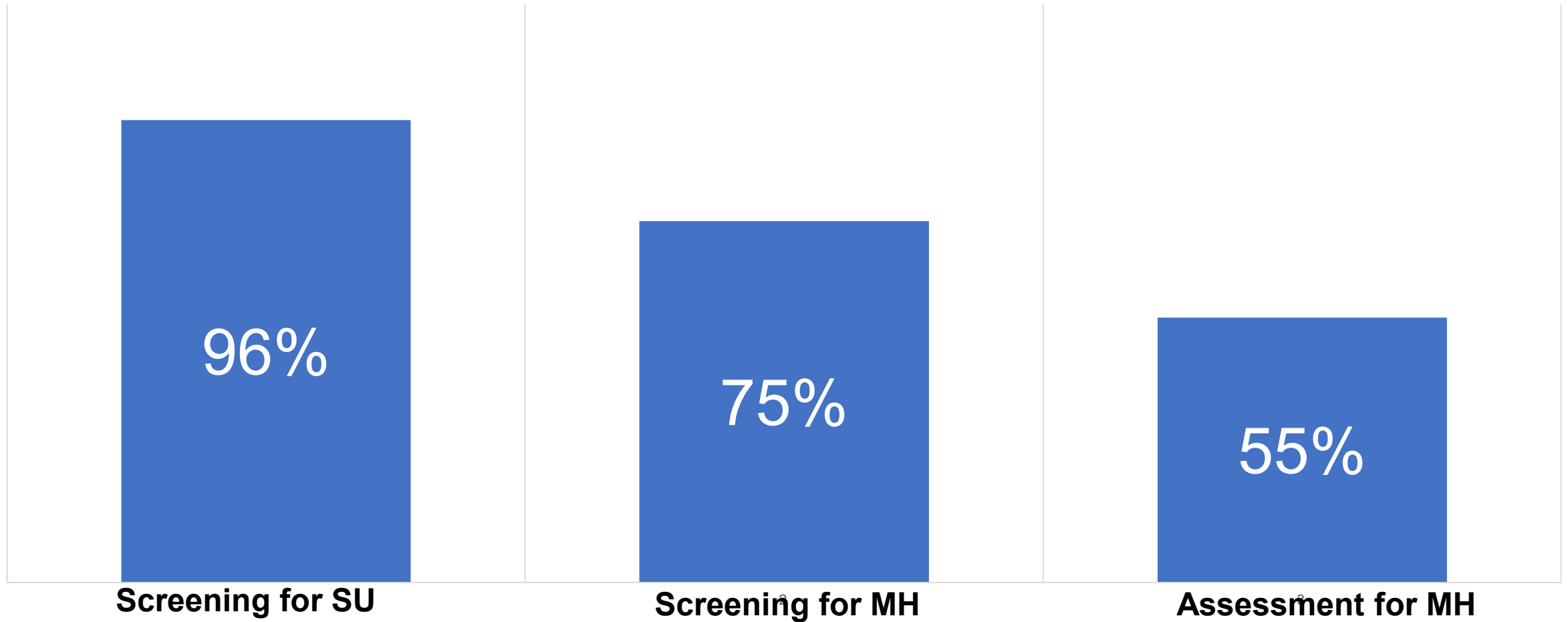
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SCREENING & ASSESSMENT



SAMHSA, 2019

Participant Poll

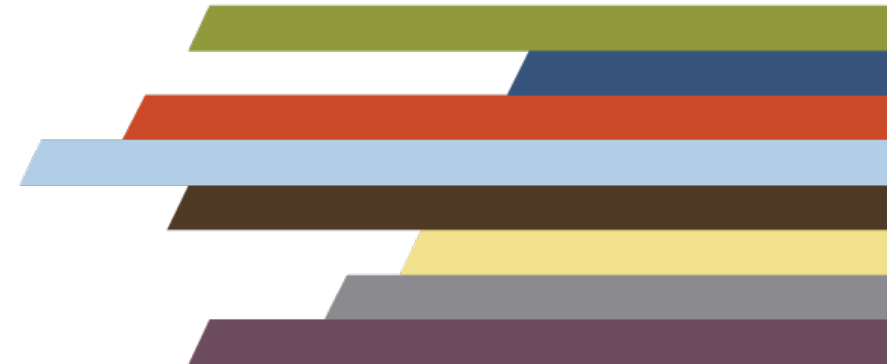
Let's do a poll to see how your programs compare to these figures and also look at another dimension of screening and assessment we will look at around treatment readiness.

- Your program (SUD or MH) routinely screens for the “other” disorders.
- If a person screens positive for the “other” disorder they receive a full (MH or SUD) assessment and a diagnosis is noted in the chart.
- Our program screens for treatment readiness for MH.
- Our program screens for treatment readiness for SUD.



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Screen for MH and SUD

Goal: To determine the **likelihood** that a person has a co-occurring substance use or mental health disorder.

❑ Purpose is not to establish the **presence** of a specific type of disorder but to establish the **need for an in-depth assessment**.

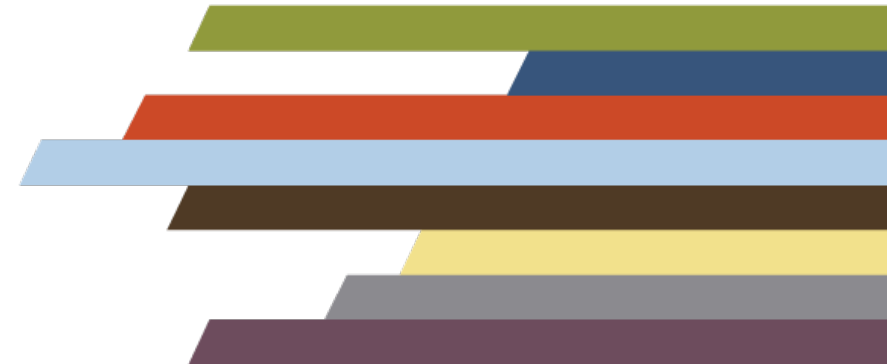
Three essential elements characterize screening:

- ❑ **Intent** – screening is used to determine the possibility of a COD
- ❑ **Formal process** – standardized process used for universal screening
- ❑ **Early implementation** – screening is conducted early in a person's treatment



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Screening Tools to Help Detect COD (Five Categories)

Client Safety

- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Behaviors Questionnaire-Revised (SBQ-R)
- Risk of harm section of the LOCUS
- Humiliation, Afraid, Rape, and Kick

Past or present mental disorders

- Mental Health Screening Form – III (MHSF-III)
- Modified Mini Screen
- ASI
- GAIN SS

Past or present substance misuse

- 10-item Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorder Identification Test (AUDIT) and AUDIT 2 plus 2
- National Institute on Drug Abuse (NIDA) – Modified Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

Screening Tools to Help Detect COD

Past or present substance misuse (continued)

- CAGE Questionnaire Adapted to Include Drugs
- Michigan Alcoholism Screening Test (MAST)
- Simple Screening Instrument for Substance Abuse (SSI-SA)

Trauma

- The Primary Care PTSD Screen for DSM-5
- The PTSD Checklist for DSM-5

Level of Care

- LOCUS
- ASAM

Functioning and Impairment

- World Health Organization (WHO) Disability Assessment Schedule

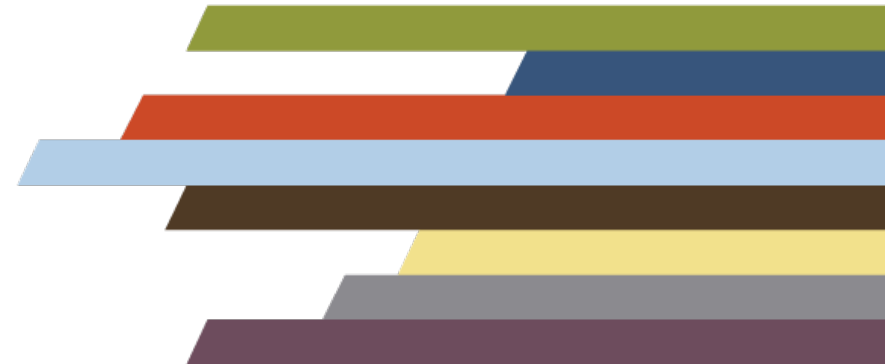
Strategies to enhance screening protocols

- Routinely screen for current and past mental health problems using a standardized set of questions and/or standardized screening instruments.
- Routinely screen to assess risk of harm to self or others
- Collect data to determine the screening instruments that are a good match given your client population
- Establish screening protocols
 - How to score screening tools and what constitutes a positive score
 - What happens when someone screens positive
 - How are next steps documented in the chart



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Provider “Interview”: Screening Protocols

Provider review of “in-service” strategies addressing:

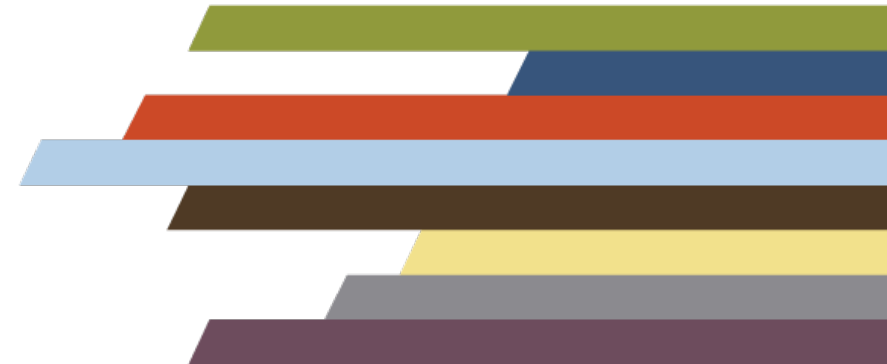
- Screening protocols for Mental Health Disorder or SUD for all clients
- Screening instruments used and reason for selecting these instruments

Follow-up Q&A from Participants



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Routine assessment for all positive screens

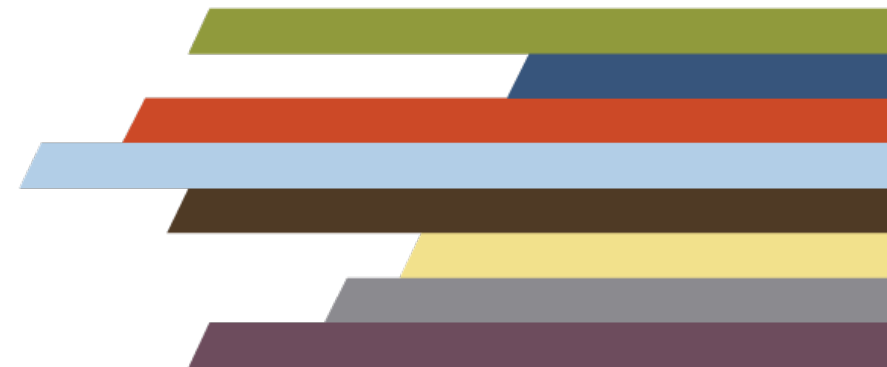
Goal: All clients with a positive screen are **assessed** for MH and SUDs

- ❑ Gather information and engage the client in a process to establish:
 - a) the presence or absence of a co-occurring disorder (with a diagnosis);
 - b) determine the patient's readiness to change;
 - c) identify patients strengths or problem areas that may affect the processes of treatment and recovery (focus beyond the behavioral health disorder)
 - d) engage a person in the development of an appropriate treatment relationship



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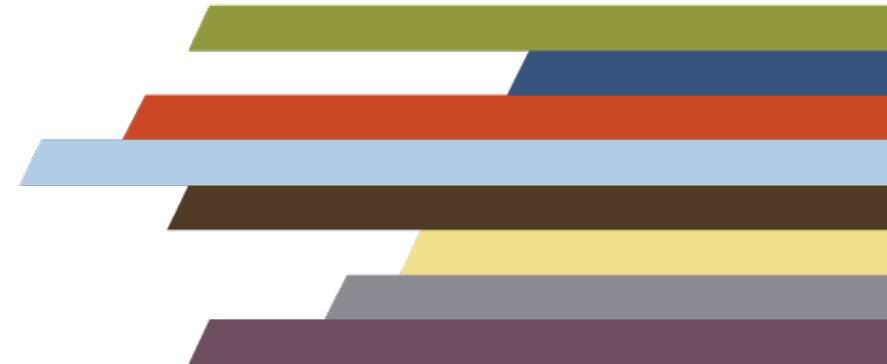
Strategies to ensure routine assessment

- Secure staff and/or consultants who can assess and diagnose (if you can't do it in house, ensure robust MOUs are in place with other agencies who can provide assessments and diagnosis);
- Ensure diagnoses are noted in the records;
- Integrate screening instruments/protocols into fuller assessment
- Use integrated assessment instruments (GAIN, LOCUS, ASAM)



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Conduct a Formal Stage-wise Assessment

Goal: To assess readiness for change for both substance use and mental health disorders in order to match placement and treatment services.

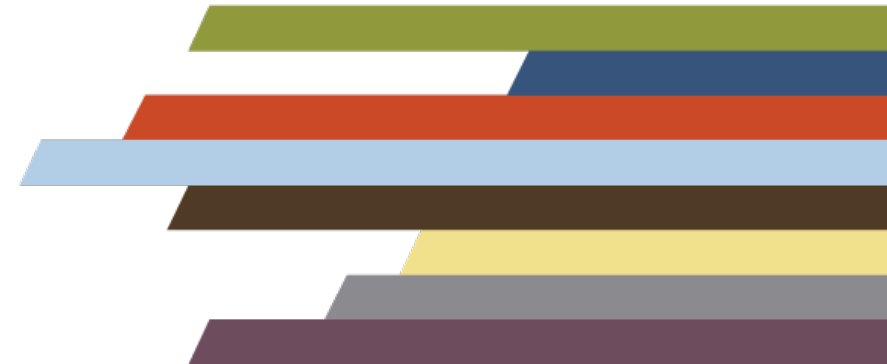
Strategies for assessing readiness for change/services:

- ☐ Explore and note readiness for change for both disorders during intake using an assessment summary or even the importance/change scaling questions.
- ☐ Use a formal, comprehensive measure to assess stage of change for MH and SUD
 - ☐ University of Rhode Island Change Assessment Scale <https://habitslab.umbc.edu/urica/>
 - ☐ Stages of Change Readiness and Treatment Eagerness Scale <https://casaa.unm.edu/inst/SOCRATESv8.pdf>
- ☐ Provide training to staff on motivational interviewing and stages of change
- ☐ Develop a phased approach to treatment to match services to readiness levels



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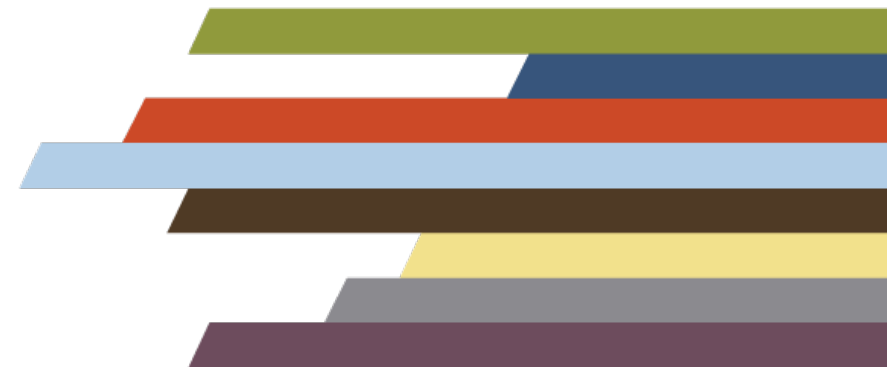
Assessing Treatment Readiness & Motivation

- **On a 10-point scale, how important is it to change your substance use?**
 - Not at all 1-----10 Totally
- **On a 10-point scale, how sure are you that you will be able to make this change?**
 - Not at all 1-----10 Totally
- **On a 10-point scale, how important is it to you to change your mental health issues?**
 - Not at all 1-----10 Totally
- **On a 10-point scale, how sure are you that you will be able to make this change?**
 - Not at all 1-----10 Totally



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Document mental health and substance use history

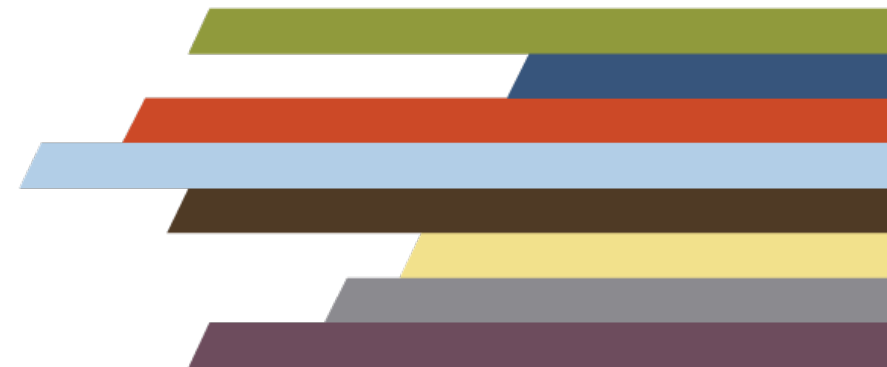
Goal: Assessment and intake routinely assess and describe past history and chronological relationship between substance use and mental health problems or disorders to inform differential diagnosis and interactions.

- ❑ Strategies to enhance documentation of MH and SU history and chronology:
 - ❑ Routine documentation of both MH and SUD history in the record
 - ❑ Initial evaluation process records dates of onset, course of illness, and the interactions between disorders during periods of abstinence, treatment, and institutionalization.
 - ❑ Use assessment instruments structured to connect identified symptoms to periods of abstinence (e.g. M.I.N.I. Plus, Time-line Follow Back Method tool)
 - ❑ Educate staff doing assessment on DSM-V differential diagnosis guidelines



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Explore Beyond Behavioral Health

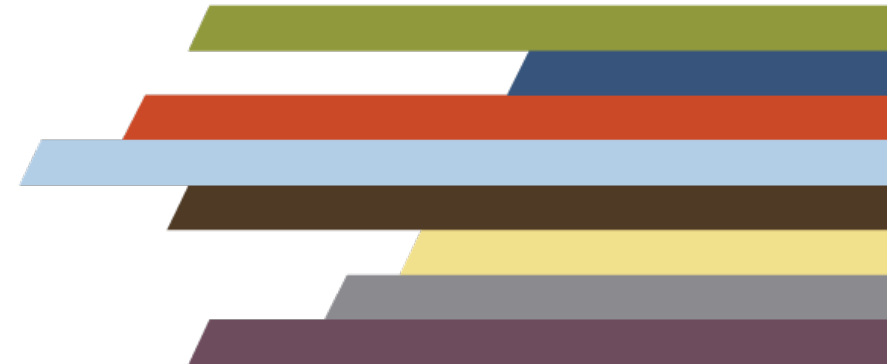
Goal: To explore all aspects of the client's life that could facilitate or impede treatment engagement, retention, as well as longer-term outcomes

- ☐ Presenting problem
- ☐ Family composition and background (including living arrangements)
- ☐ Employment and vocational skills
- ☐ Religious/spiritual involvement
- ☐ Physical functioning, health conditions, and medical background
- ☐ Social, community and recreational activities
- ☐ Current legal concerns and history of justice involvement
- ☐ Other environmental and psychosocial factors (gender or sexual identity, disabilities, immigration status, etc.)
- ☐ Client strengths, capacities, and resources



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Provider “Interview”: Assessment

Provider review of “in-service” practices addressing:

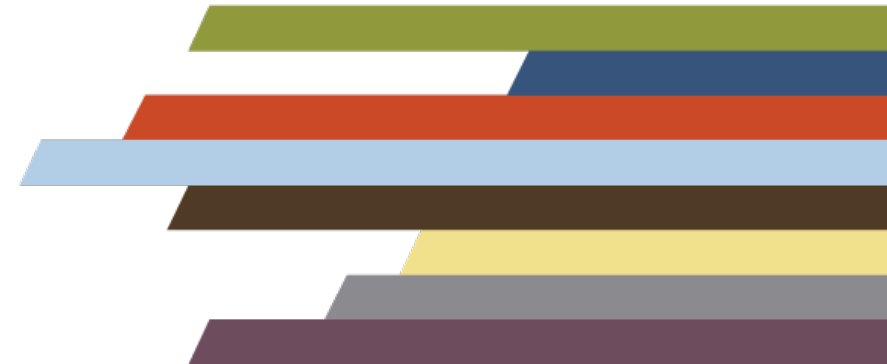
- Conducting comprehensive assessments for CODs
- Documenting histories and interactions between disorders in records
- Strategies to determine substance-induced versus independent disorders
- Assessing stages of change for MH and SUD and documenting this

Follow-up Q&A from Participants

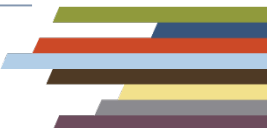
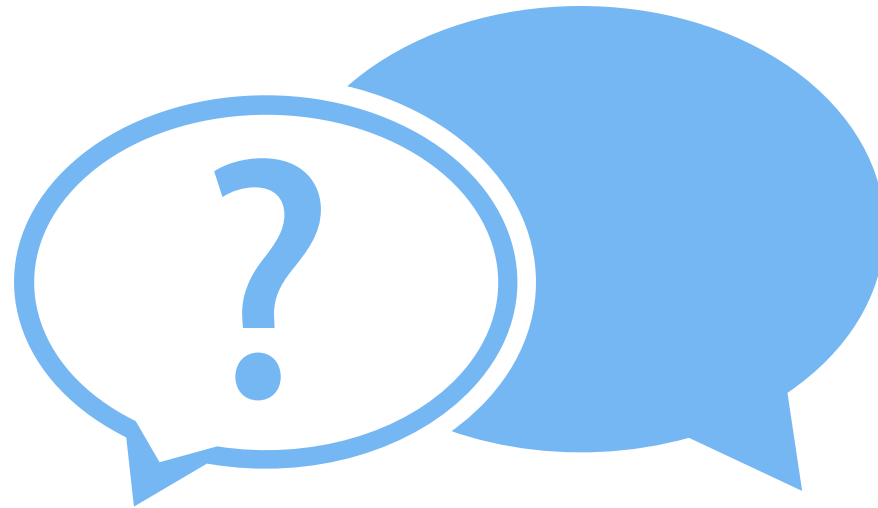


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**Questions? Please type them in
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Surveys

Look for our surveys in your inbox!

We greatly appreciate your feedback!

Every survey we receive helps us improve
and continue offering our programs.

It only takes **1 minute** to complete!



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Integrated Treatment Webinar Series

Join us for our next webinar!

Best Practices for Co-occurring Disorder Treatment
Treatment and Continuity of Care,

Facilitated by: Michael Chaple, Ph.D. and Denna Vandersloot, M.Ed.

October 21, 1:00 ET, 12:00 CT, 11:00 MT, 10:00 PT



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gracias cảm ơn bạn धन्यवाद 고맙습니다
شكرا جزيلًا salamat благодарю вас 谢谢
Dziękuję Ci **Thank** ευχαριστώ
quyana tack **you!** አመሰግናለሁ
धन्यवाद danke asante grazie
hík'wu? merci הודת obrigado ឧបគុណ
ありがとうございました спасибі mahalo



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