

SCREENING AND BRIEF INTERVENTION CROSS-AGENCY ROUNDTABLE

Center for Community Collaboration
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November 9, 2009

Today's Objectives

- ▣ Describe screening and brief interventions
- ▣ Review possible screening methods and instruments for mental health and substance use in HIV+ clients
- ▣ Create an SBI language and framework
- ▣ Share effective SBI tools and strategies
- ▣ Improve communications and sharing between community agencies providing substance abuse, mental health, and other services for HIV+ clients

A National Initiative

- ▣ Boards and federal agencies have taken a major interest in SBI
- ▣ SAMHSA's Screening, Brief Intervention, Referral and Treatment (SBIRT) programs
- ▣ American College of Surgeons' Committee on Trauma
- ▣ Federation of State Medical Boards
- ▣ Accreditation Council for Continuing Medical Education
- ▣ Joint Commission on Accreditation

Why screen?

- ▣ Comorbidity between SA/MH and HIV
 - Stats from survey of local organizations:
 - ▣ 36% of clients had diagnosable mental health problems (range = 0-80%)
 - ▣ 45% of clients presented with a substance abuse problem (range = 0-90%)
 - ▣ 35% of clients served in these agencies had co-occurring mental health and substance abuse problems (range = 0-80%)
 - ▣ 47% of clients had HIV/ AIDS and a diagnosable mental health or substance abuse problem (range = 0-100%)

What is screening?

“The process of testing to determine whether a client does or does not warrant further attention at the current time in regard to a particular disorder” (CSAT, 2005)

- ▣ Screening is a brief evaluation for the presence of a specific problem
- ▣ Screening is not assessment that usually produces a diagnosis

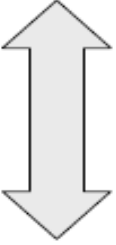

Why screen?

- ▣ Leads to more integrated, effective treatment
- ▣ Helps with HIV prevention
- ▣ Increases physical and psychological resilience
- ▣ Improve outcomes
- ▣ Will make your job easier
 - Increases medical adherence
 - May reduce resistance

Why screen?

- ▣ Substance Abuse, Excessive Drinking and Mental health problems interfere with functioning and judgment
- ▣ They complicate treatment and healing
- ▣ They create additional problems, physical injury, risk taking
- ▣ They contribute to morbidity and mortality

What is screening?

Step	Question/Issue	Options
<p style="text-align: center;">Screening</p> 	<p>Is there evidence of a possible substance use problem that requires further investigation?</p>	<ul style="list-style-type: none"> ▪ Staff rating based on all available information ▪ Brief substance use questions ▪ CAGE-AID ▪ GAIN Short Screener (GAIN-SS) ▪ GAIN Substance Use Disorder Scale (GAIN-SUDS) ▪ Psychiatric Disorders Screening Questionnaire (PDSQ)-- alcohol/drug subscales ▪ AUDIT (alcohol only) ▪ Also ask about lifetime and past year use of all substances
<p style="text-align: center;">Assessment</p> 	<p>Is the person in crisis or experiencing withdrawal symptoms?</p> <p>How serious is the problem? Abuse versus dependence?</p> <p>What is the extent, pattern for substance use/abuse?</p> <p>What is the effect on mental health symptoms and compliance? What is the payoff matrix? Biopsychosocial issues?</p> <p>Are mental health symptoms substance-induced?</p> <p>What would be the appropriate way to structure treatment?</p>	<ul style="list-style-type: none"> ▪ Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA) ▪ Alcohol Dependence Scale (ADS) ▪ Drug History Questionnaire (DHQ) ▪ Timeline-FollowBack ▪ Addiction Severity Index (ASI) ▪ Client History ▪ Mueser's payoff matrix ▪ Biopsychosocial dimensions ▪ Mental health treatment history and response to reduction in substance use
<p style="text-align: center;">Treatment Planning</p>		

(CAMH, 2006)

Types of screening

- ▣ How to answer the question: “Is there evidence of a possible substance use/mental health problem that requires further investigation?”
 - Informal screening
 - Formal screening

Informal screening

- ▣ An attempt to gather information about the clients MH or SA that is flexible and unstructured.
- ▣ What informal screening may look like:
 - Questions about MH/SA history or prior MH/SA treatment
 - Asking the client if he or she would like MH/SA treatment
 - Assessing the client's body language as indicative of a problem (e.g. shaking hands may be seen as anxiety or drug withdrawal symptoms)
 - More indirect indicators like interpreting missed appointments as an indication of an underlying MH/SA problem
- ▣ Who completes informal screeners?
 - Possibly all staff, including: outreach workers, intake workers, social workers, case managers, nurses, doctors, mental health staff, substance abuse staff

Informal screening

- ▣ Pros:
 - Flexible
 - Allows intake worker to customize questions
 - Doesn't require an additional form to be completed
- ▣ Cons:
 - Lack of consistency (across staff members, clients, agencies, and timepoints)
 - Without formal guidelines suggesting when to refer for MH/SA assessment, many clients may fall through the cracks or be over-referred

Formal screening

- Formal screening typically involves the use of specific, evidence-based questionnaires in verbal, written, or electronic formats.
- What formal screening may look like:
 - A validated screening tool completed by the clients on a computer in the waiting room (e.g. SAMISS, GAIN-SS)
 - A validated screening tool completed as by the clients as part of an intake packet (e.g. SAMISS, COJAC)
 - Validated interview completed by a trained staff member (e.g. CDQ)
 - A set of structured questions asked of all clients that measure quantity and frequency of substance use, consequences of use, extent of mental illness symptoms, life functioning, and other behaviors
- Who can be responsible for formal screeners?
 - Clients (in waiting room), receptionists, outreach workers, intake social workers, nurses, doctors, mental health staff, substance abuse staff

Formal screening

▣ Cons

- ▣ May require more paperwork
- ▣ Will involve training of staff members responsible for screening

▣ Pros

- ▣ Consistently evaluate the same screening criteria for all clients at the same timepoint
- ▣ Will have clear guidelines on which screening scores require further action
- ▣ Thoroughly screens all clients and less fall through the cracks
- ▣ CPT and CMS codes are available for SBI

(see binder for more information)

Formal Screening tools

- ▣ List provided in binder:
 - Covers both MH and SA:
 - ▣ SAMISS
 - ▣ CDQ
 - ▣ COJAC
 - ▣ GAIN-SS
 - Only covers MH:
 - ▣ DUKE
 - ▣ PHQ
 - Only covers Drugs or Alcohol:
 - ▣ ASI
 - ▣ AUDIT
 - ▣ CAGE
 - ▣ ASSIST

CCC SBI Framework

PROVIDERS

Departments

- Case management
- Medical
- Addictions
- Mental health
- Social work
- Intake
- Nutrition
- Outreach
- Other

Staff

- Intake workers
- Case managers
- Medical nurses
- Psychiatric nurses
- Physicians
- Psychiatrists
- Psychologists
- Addictions counselors
- Outreach workers
- Licensed counselors
- Social workers
- Other

SCREENERS

Screener Types

- Subjective
- History
- Preliminary global
- Preliminary specific
- Intensive

Screening Validation

- Validated with agency population
- Validated with another population
- Validation work in progress
- Adapted from a validated measure
- No validation work performed

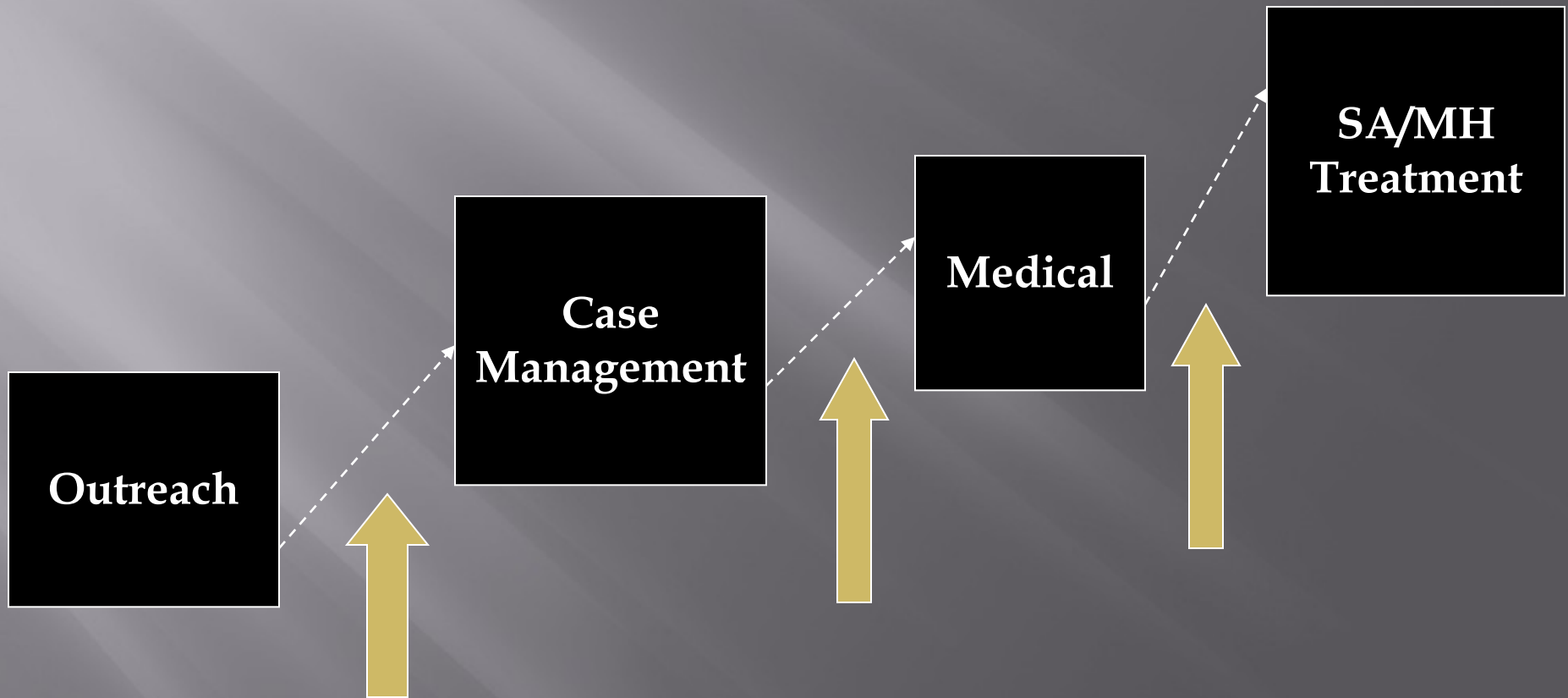
Screener Designs

- Computer-assisted
- Structured interview
- Unstructured interview
- Self-administered questionnaire
- Interviewer-administered questionnaire
- Observation

BRIEF INTERVENTIONS

- Feedback of personal risk
- Advice to change
- Exploring options
- Empathic counseling
- Client education
- Motivation enhancing techniques
- Adherence strategies
- Goal setting/change plans
- Other

Potential Screening Points



Implementing a screening process

- ▣ Choosing a screening tool
 - Effect on context
- ▣ Planning of new patterns of identification and referral
 - Where is the best place to implement screening, who will screen, and how will information be transferred
- ▣ Discussion of changes to documentation, data entry, and client flow
 - Who should be included in these discussions
- ▣ Capacity for positive screens
- ▣ Evaluation of screening implementation

Brief Intervention

- ▣ An important next-step after screening
- ▣ Common goal is to promote change
- ▣ Specific goals vary based on the target behavior
 - Reduce the risk of harm from substance use
 - Intervene in mental health crisis
 - Promote treatment engagement and adherence

Next Step

Screening



Brief
Intervention

- Hot Handoff
- Warm Handoff
- Cold Handoff

What is BI?

“Brief interventions are those practices that aim to investigate a potential problem and motivate an individual to begin to do something about [it], either by natural, client-directed means or by seeking additional substance use treatment.”
(CSAT, 2005)

- ▣ A simple referral is not a Brief Intervention and represents a cold handoff
- ▣ Brief discussion of the need and the value of addressing the positive screen is a warm handoff
- ▣ Educating, Motivating, and Facilitating is the hot handoff

Benefits of BI

- ▣ Continuum of care in treatment
- ▣ In the age of managed care, short, **problem-specific** approaches are valuable.
- ▣ Increase positive outcomes
- ▣ Can be used independently as **stand-alone interventions and as supplements** to other forms of treatment
- ▣ Can be used in a **variety of settings** including opportunistic and specialized treatment settings

Goals of Brief Interventions

- ❑ Brief Interventions should **change the way we see, understand, or feel about** a particular behavior or risk factor
- ❑ Brief interventions should **empower** individuals to take action
- ❑ Brief interventions should **support** naturally occurring events and influences when possible
- ❑ Brief interventions cannot adequately meet the needs of all individuals who need help in starting or stopping health risk and protective behaviors.

Factors to Consider

- ▣ Capacity for BI
- ▣ Capacity for additional treatment that may be needed
- ▣ Techniques
- ▣ Training

Capacity for BI

- ▣ How will it be informed by Screening?
 - Flagging procedures, record-keeping
- ▣ How might it be integrated into agency procedures?
- ▣ How can it be customized for the agency and its various providers?
- ▣ How will we make time during patient visit?

Levels of BI

- ▣ Providers
 - Intake
 - Medical
 - Case Management
 - Mental Health
 - Substance Abuse
- ▣ Which target behavior will the provider address?

CRITICAL CONSIDERATIONS

- ▣ Age and Developmental Tasks
 - It matters if the child is 11 or 17, the adult is 25 or 40, and the senior is 65 or 80.
- ▣ Surrounding Life Events
 - Pregnancy, Birth Control, Trauma or Emergency Department, Recent diagnosed seropositive, Homelessness
- ▣ Seriousness or Severity of the Status Quo
 - How bad is it; how vulnerable am I?
 - What are the consequences of not changing?
- ▣ Readiness and the Process of Change
 - How prepared is the person for a change?

Techniques

FRAMES

- ▣ *Feedback* (Individualized feedback re: risk)
- ▣ *Responsibility* (Client's responsibility to change)
- ▣ *Advice* (Change advice provided)
- ▣ *Menus* (menus of self-directed change options + tx alternatives)
- ▣ *Empathic* (empathic counseling)
- ▣ *Self-efficacy* (optimistic empowerment engendered in client)

Techniques

Motivational Interviewing

- ▣ Open-ended questions
- ▣ Affirm client efforts to change
- ▣ Reflective listening
- ▣ Summarizing statements
- ▣ Rolling with resistance

Techniques

Listening for change talk: DARN-C

- ▣ Desires to change
- ▣ Ability to change
- ▣ Reasons to change
- ▣ Need to change
- ▣ Commitment to change

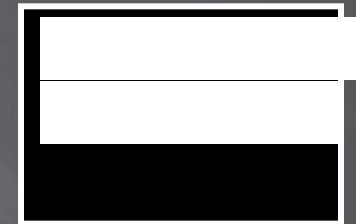
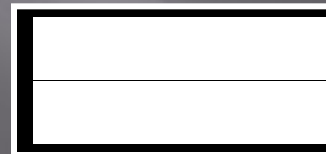
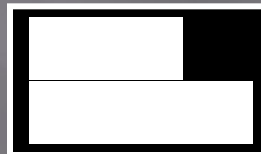
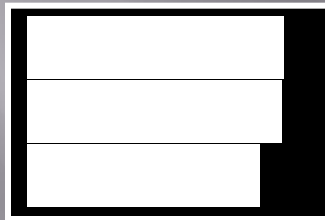
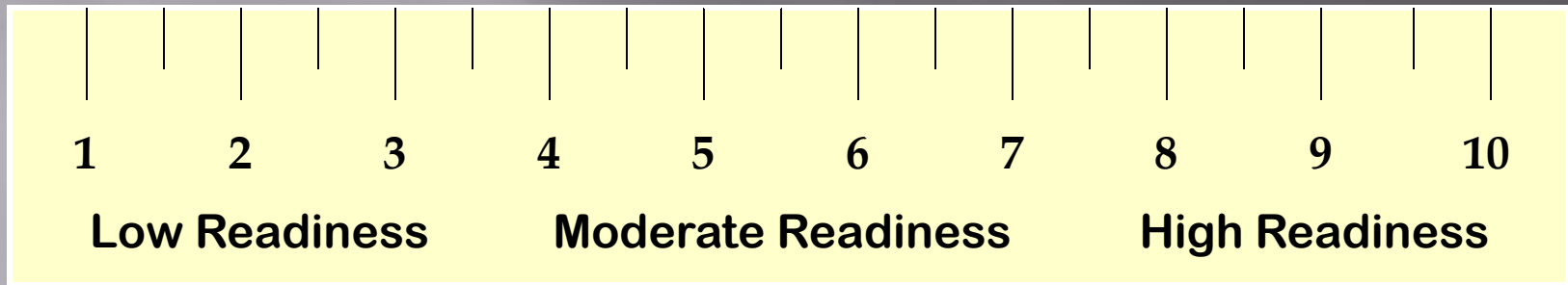
Techniques

5 A's Physicians Model

- ▣ Ask about current problem
- ▣ Advise to address problem
- ▣ Assess willingness to change
- ▣ Assist via referral and/or treatment coordination
- ▣ Arrange for follow-up and check in at later visits

Techniques

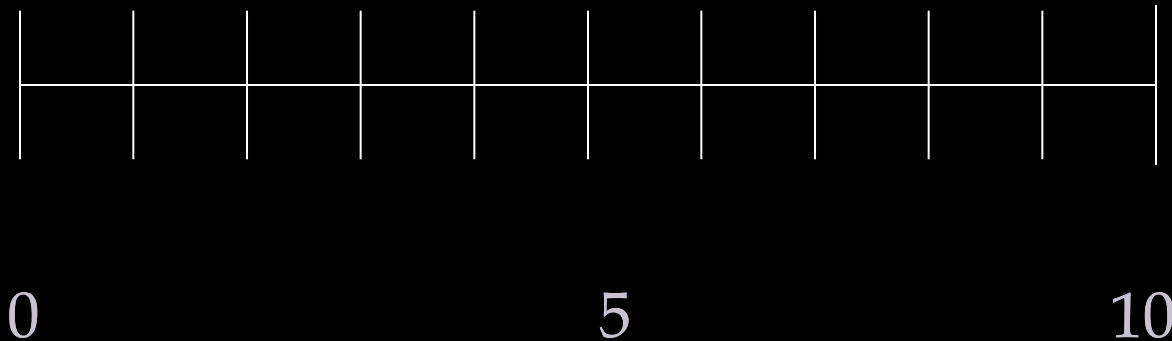
Readiness Rulers



Importance Ruler

How important is it to you to -----?

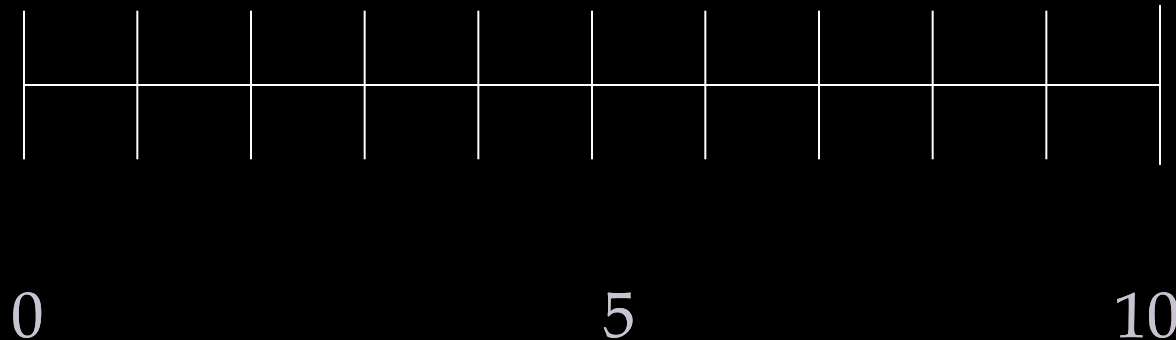
If 0 was “not important,” and 10 was “very important,” what number would you give yourself ?



Confidence Ruler

If you decided right now to -----, how confident do you feel about succeeding with this?

If 0 was 'not confident' and 10 was 'very confident', what number would you give yourself?



Training

- ▣ Varying backgrounds of providers
 - Misconceptions about SBI
 - Training and experience with BI
- ▣ Training programs
 - Intra-agency
 - Professional development
- ▣ Outside consultation

Sample Brief Intervention

- ▣ From SBIRT Colorado Guidelines (in packet)
 - Transition from Screening to Brief Intervention
 - ▣ Asking permission
 - Giving feedback
 - ▣ Based on results of validated screening tools
 - Understanding patients' views of the behavior and enhancing motivation
 - ▣ Reflections
 - Giving advice and negotiating
 - ▣ Provide specific options/recommendations
 - Closing on good terms

Next Step

- ▣ Customize type of BI and Handoffs
- ▣ Record-keeping of SBI
- ▣ Client contact to follow-up
- ▣ SBIRT Implementation and CQI

