Moving Towards a Continuum of Services: Alcohol and Other Drug (AOD) Screening and Referral

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According to the 2007 National Survey on Drug Use and Health, over 23 million Americans meet the medical diagnosis of abuse or addiction to drugs and alcohol. Over 95% of people who require treatment are unaware that they need help, or are unwilling to seek it.[i] Substance abuse prevention providers can play a significant role in helping to direct people who may need help. In the prevention field, AOD screening is an important tool for determining an individual's level of risk for substance abuse. Once this risk level is established, services and interventions can be focused on their specific needs. Preventative screening provides a bridge to assessment, that increases the likelihood that those in need of treatment will receive services.

This Prevention Tactic provides background about the integretion of prevention screening as part of a continuum of services. It examines common definitions of AOD screening, discusses prevention screening and referral strategies, and suggests implementation and management strategies.

Introduction

The Institute of Medicine (IOM) "continuum of care" framework that has been adopted by the Substance Abuse and Mental Health Services Administration (SAMHSA) divides substance abuse intervention into three phases: prevention, treatment, and maintenance. Clear distinctions are made between each of the three phases. For example, prevention includes services provided prior to a specific diagnosis of abuse or dependence – treatment follows a diagnosis.

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Tactics (Tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.

Additionally, the IOM model provides further distinctions within each of the phases. The prevention phase identifies three risk categories: universal, selective, and indicated.

- **Universal** prevention aims to prevent, reduce, or delay substance abuse by directing messages and programs at an entire population, independent of risk.
- **Selective** prevention focuses on high-risk groups, such as dropouts or children of adult alcoholics. Selective prevention addresses an entire subgroup identified on the basis of their membership in a group that has an elevated risk for developing substance abuse problems.
- **Indicated** prevention is designed for individuals showing early signs of substance abuse or exhibiting problem behavior associated with substance abuse.

While many prevention strategies involve a universal or selective audience, prevention screenings apply to individuals, and are most appropriately categorized as an *indicated* prevention strategy. The purpose of AOD screening is to identify individuals who are at risk for substance abuse, and for those who meet a certain threshold, one of two courses is followed: implement an indicated prevention strategy, or refer them for further assessment and possible treatment.

Towards a Common Definition of Screening

AOD screening provides an indication of whether or not an individual appears to be at risk for a given condition or behavior associated with substance use. Its scope is limited to revealing what prevention services are appropriate, or if referral for further assessment is warranted. AOD screening does not clinically determine substance abuse; nor does it assess the depth of AOD addiction. Prevention providers screen for potential issues; treatment providers conduct formal assessments for diagnosis.

Charles Curie, Administrator for SAMHSA, describes AOD screening in this way:

> *"The purpose of screening is not diagnosis. A screening instrument does not enable a clinical diagnosis to be made, but rather indicates whether there is probability that key features of the target problem are present in an individual. Used intelligently and sensitively, with respect for privacy and confidentiality, screening can provide vital information and can enable people to lead longer, healthier, and ultimately more rewarding lives."*[ii]

At the state level, the issue of AOD screening has been studied and addressed by the California State Interagency Team (SIT) for Children and Youth. The SIT was established in 2003 to coordinate policy, services, and strategies for the state's children, youth, and families. A subset of the team, the SIT Alcohol and Other Drug (SIT AOD) Work Group defines screening as:

> *"…a formal process to determine whether an individual warrants further attention to address their AOD use."*[iii]

By 2007, the SIT AOD Work Group surveyed various service delivery systems working with parents and children in six counties to learn more about screening policies and practices used in California. Their findings indicated a lack of uniform standards for AOD screening across state agencies, as well as differences in practices among agencies in the same county. There were variations in the definitions of *screening* and *assessment*, as well as inconsistent written policies for screening, referral, and the tracking of referrals. Where AOD screening did take place, a variety of instruments were employed leading to inconsistent implementation.

These findings led to a number of recommendations for inter-departmental systems. On August 24, 2007, the State Interagency Team Leadership endorsed the following recommendations for AOD prevention screening:

- prevention programs that work with individuals should put screening protocols into place
- communication and evaluation of AOD screening programs should be improved
- common definitions for AOD screening should be utilized
- the use of standardized, validated AOD screening tools should be promoted

Lessons from the Field: Maine's Universal AOD Prevention Screening

In April 2005, the State of Maine became one of the first states to implement widespread use of a screening system for families referred to its child welfare department.

Maine's experience adopting a common set of screening policies and procedures may guide other communities in planning their own AOD screening processes. The following are key lessons learned from the Maine experience:[iv]

"A sustained commitment from the top administrators is required to develop a uniform system of screening..."

The on-going commitment of elected officials and top administrators, combined with the participation of leading professionals in substance abuse and child welfare, simultaneously gave the committee creditability and access to decision-makers.

"Making a timely and informed decision when adopting a screening tool can save a significant amount of effort and time."

Early in its process, the committee realized that there was no perfect tool and that "endless analysis can lead to needless work." The Department of Health and Human Services (DHHS) staff supported a uniform screening process, but insisted the tool be brief, reliable, and require minimal training. They selected the UNCOPE, a tool consisting of six questions found in existing instruments and assorted research reports.

"Training staff members is crucial to the successful implementation of a screening system."

On-going training and orientation of new staff should be built into the system with an emphasis not only on the technical aspects of the tool, but also on the dynamics of substance abuse particularly related to denial. This process instills a sense of "buy-in" to the system, which is essential for staff to feel invested in the tool and to understand the purpose.

"The single most significant lesson learned from the demonstration project was the importance of administrative supervision."

Where the supervisor was part of the Committee and very committed to the screening system, the AOD screening tool was consistently used by the staff.

AOD Screening in Practice

As described above, AOD screening does not result in a diagnosis, but rather determines a level of risk that then allows for referral to a prevention program or to treatment assessment. Information gathering for AOD screening should, at minimum, include standardized, validated screening instruments, and additional interviews and personal contact. While there is a fair amount of research on specific AOD screening instruments used by medical professionals in primary care and emergency department settings (Knight, 2003[v]; and Winters, 2002[vi]), there is a scarcity of literature on the effectiveness of AOD screening in environments such as schools or community organizations. Still, strategies for implementing effective screening can be inferred from the experiences of medical practitioners.

As an AOD screening technique the structured interview has a number of merits and is recommended to be used in conjunction with a standardized, validated tool. Not only does the interview's face-to-face format provide a quick way to gather information; it also offers a chance to observe the participant's nonverbal behavior. In addition, the interviewer can gauge the individual's

verbal skills, which might be an important factor for referring the individual to follow-up treatment assessment. When interviews are used, a formal protocol must be followed. Unstructured interviews present administrative problems that could contribute to erroneous information and/or scoring. When using paper and pencil, or computer based screening instruments, participants should read the instructions aloud to ensure they understand what is expected and to determine if their reading ability is appropriate for the instrument.

In general, the entire screening process should take no longer than 30 minutes, and preferably less. The basis of screening depends on the use of a single AOD screening instrument. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends that screening instruments be:

- administered in about 10-15 minutes
- broadly applicable across diverse populations
- simple enough that it can be administered by a wide range of professionals[vii]

Appropriate AOD screening has to consider the individual's characteristics, such as age, gender, ethnicity, culture, gender orientation, socioeconomic status, and education. Before selecting standardized interviews and validated screening instruments, consideration must be given to their reliability and effectiveness for the identified population. It is important for program staff to be trained in the use of structured screening instruments. Many instruments come with training manuals, and some offer alternative questions to pose for unique audiences such as younger children or diverse cultural groups. In general, screening procedures must incorporate provisions to sensitively address individual differences that might affect the reliability of responses.

Regardless of the instrument selected, protocols for conducting AOD screening should be established by the agency or institution. The questions to be asked and methods followed must be specified. If screening tools are used, the protocol must detail the scoring criteria, sometimes called a cut-off score, for a specific risk factor. The service provider's

procedures should also include a system for recording and communicating the information gleaned: client details, screening results, and how the case was handled. Programs that maintain personal records need to understand and follow appropriate protocols to assure the protection of private records and information. Most importantly, when the client scores in the positive range, the protocol must detail exactly what happens next. Do the screening results indicate a risk for AOD abuse? Do they suggest a need for further treatment assessment? Or, should there be a follow-up in six months or a year? What kind of referral is indicated?

Brief Intervention: A Closer Look

As prevention providers conduct screenings, the results may indicate low to moderate risk for substance abuse/addiction, which may not meet the threshold for an immediate treatment referral. In this case, indicated prevention services can be appropriate. Brief intervention is a practice that educates participants of their own risk and helps them to determine if their substance use is something they should reduce or modify.

The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines multiple uses for brief intervention that spans the IOM Continuum of Care Model. For the substance abuse prevention field, brief intervention is a proven-effective, indicated strategy. In this context,

the practice of brief intervention involves a short series of educational sessions to help motivate the participant towards very specific behavior changes and outcomes involving their substance use. In a case where the participant is not appropriate for a referral or does not see that AOD use is an issue for them, brief intervention may be a tool for recognizing use and the associated problems that arise as a result.

Brief Intervention at Work in Clinics and Hospitals

A very specific model with brief intervention at its core is the California Screening, Brief Intervention, Referral and Treatment (CASBIRT). CASBIRT is part of a national effort by SAMHSA to conduct alcohol, tobacco and other drug (ATOD) screenings in emergency and trauma departments, and health care clinics.

CASBIRT uses highly trained, bilingual health educators to conduct health and AOD screens of patients during emergency and primary health care visits. Health educators use a "scripted screening infused with motivational enhancement techniques." Patients receive intervention depending on the risk level. If the screening score indicates a low risk level, they are reinforced for their behavior. Patients are considered a "focus of concern" if their score indicates they are at risk. These patients are directed towards a brief intervention that focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. The brief intervention may focus on the following content: education, information about the doctor's role, feedback on risk level, discussion of short and long term risks, consideration of possible changes, and creation of a plan (with assistance from the health educator). Patients who score "high" receive brief treatment-level; those with "severe" risk level are referred to an outside agency for services.[viii]

For more information about the CASBIRT program, visit the Center for Alcohol and Drug Studies website at http://centerforaod.sdsu.edu/casbirt.html

Managing the Referral Process

When screening identifies an individual with a potential substance abuse problem, the prevention service provider has the responsibility to link that person to resources for treatment assessment. Familiarity with local community resources is needed on the part of the service provider.

Prior to implementing AOD screening, relationships with various local agencies should be established to guarantee that individuals whose scores indicate risk for substance abuse/addiction will be properly transitioned to the recommended referral or service agency. The referring provider should take a proactive role in learning about the availability of appointments for treatment assessment, costs, transportation needs, and the names of contact people at the agencies to which referrals are made. This kind of knowledge requires close cooperation among agencies.

Because many individuals identified as having possible substance abuse problems receive services from more than one service provider, it is important that one agency assume primary responsibility for the individual. Through personal contacts, agency staff help individuals navigate the maze of programs and systems, and remove barriers to access. Prevention providers should develop procedures to guide referrals for substance abuse assessment, mental health assessment, and other relevant community services. Fostering good communication and cooperation between local agencies is the foundation for effective referral strategies.

When making referrals, the prevention provider must bear in mind that a short AOD screening often does not take into account the participant's entire life experience. Determining risk for substance abuse problems should be seen within the larger context of the individual's other current and past problems.

Additionally, though substance abuse is commonly a root cause of a multitude of other problems, immediate problems such as failing academic performance, lack of employment, homelessness, and hunger may be viewed by individuals as more pressing than their possible substance abuse. It is helpful for substance abuse prevention providers to know about other support services available in their community and to consider these additional challenges and stressors for individuals they work with.

The AOD screening process alone may benefit participants who have not previously considered their own substance use in light of behavioral norms and expectations. AOD screening is most effective when the process leads to appropriate follow-up services.

Conclusion

The experience of prevention providers demonstrates that carefully planned and implemented AOD screening can effectively bridge prevention and treatment services. Prevention providers can further explore how they incorporate AOD screening as part of their prevention services, bearing in mind the recommendations presented in this Prevention Tactic.

- AOD screening aims to identify individuals at risk for substance abuse or dependence. Screening can identify if individuals are more appropriate for prevention services or referral and, is a critical part of the broader continuum of care model.
- Before selecting a specific tool, consideration must be given to its reliability and effectiveness for the target population. Screening procedures must be sensitive to individual differences that could affect the reliability of the tool.
- The State Interagency Team Leadership recommends AOD screening throughout their service delivery systems.
- Strategies for effective AOD screening can also be inferred from the experiences of the medical field. Brief, structured interviews that follow a formal protocol are proven and valuable techniques.
- Following AOD screening, brief intervention can be a successful strategy for addressing the needs of individuals whose score indicates a moderate risk for substance abuse.
- When AOD screening results indicate a high risk for substance abuse, the prevention provider should have protocols in place for referral to treatment assessment.
- When an individual is also receiving services through other social service organizations, clear communication between organizations can ensure a strong safety net of care. When multiple social services are involved, it is helpful if one agency assumes responsibility for coordinating services, paying special attention to confidentiality rules that may apply. Fostering clear communication between local agencies is the foundation of effective referral.

[i] *National Survey on Drug Use and Health*. (2007). Office of Applied Studies. Substance Abuse and Mental Health Services Administration (SAMHSA). www.samhsa.gov; accessed 10/10/08.

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