

Module Three

Screening and Assessment



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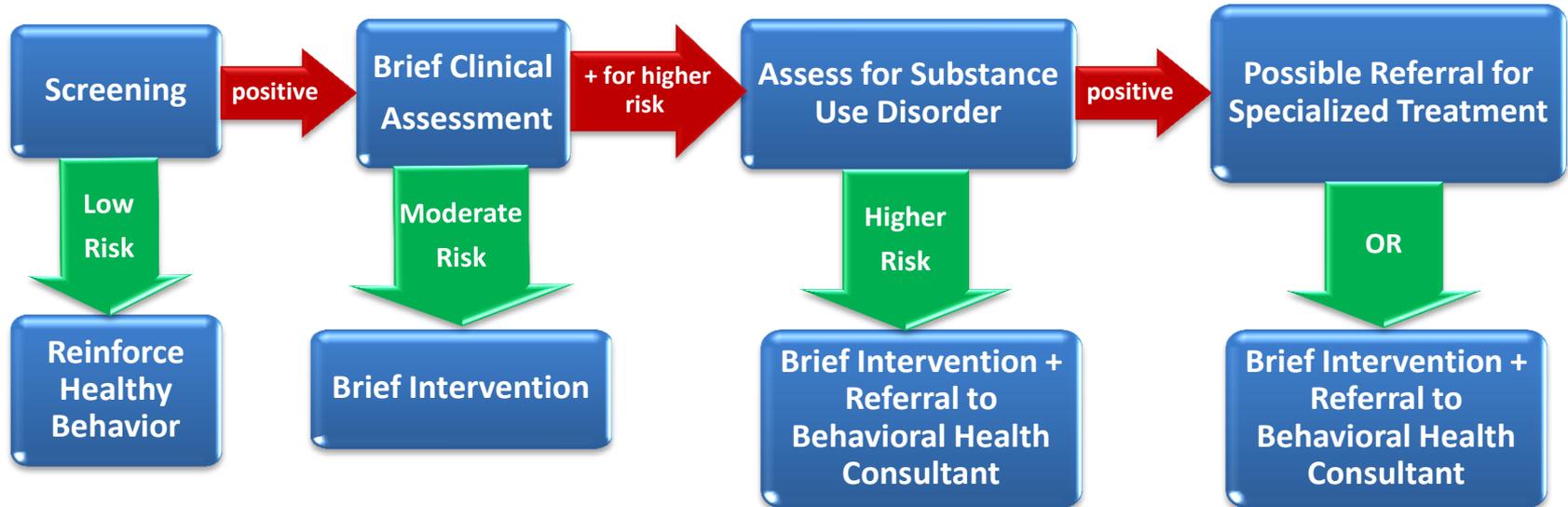
Introduction to Modules Three and Four

Modules Three and Four cover the key components of SBIRT – screening, assessment and brief intervention. The screening, assessment and brief interventions presented in Modules Three and Four are designed to be incorporated into routine practice as efficiently as possible.

- Screenings are brief and designed for integration into routine inpatient or outpatient workflow.
- Assessment level is risk based.
- Effective interventions for moderate risk substance misuse presented in Module Four can be provided in just a few minutes.
- Additional resources at University of Missouri Health care include:
 - Online self help integrated into Healthe
 - Behavioral health consultants in some clinics who have received training to address higher risk use with brief cognitive behavioral skills training.
 - PowerChart tools to facilitate documenting interventions
[Screenshot guide to using the Health Risk Alerts widget](#)

SBIRT Flow Chart

SBIRT begins with a standardized, evidence based screening given to all patients at least annually. The provider follows up with clinical assessments, as needed (highlighted in red) and interventions, as indicated.



Why Screen All Patients?

- At-risk substance use is common and the **third** leading cause of preventable death in the United States.
 - About **20%** of adults in the U.S. drink at levels that elevate their risk for injury, physical, mental health and social problems. About **5%** have alcohol use disorders.
- Substance use problems often go undetected.
 - Patients with risky use or use disorders are not typically obvious. Substance use problems are often hidden.
 - Consequently, **patients with risky substance use receive the recommended quality of care only about 10 percent of the time.**
- Based on a public health model, routine standardized screening for all patients facilitates early identification and intervention.

Assessment

- Screenings should be brief but sufficiently sensitive to identify true positives. This combination often compromises specificity so screenings tend to also capture some false positives.
- Hence, positive screens must be pursued with additional standardized instruments and/or clinical assessment to determine patterns, severity and impact on functioning. Each approach has its advantages.
 - Standardized instruments offer consistency and generate a quantitative severity score.
 - Clinical assessment builds rapport, helps you understand the patient's perspective and engages the patient in thinking about change.
- Whether you use a standardized instrument or not, clinical assessment is ultimately required to clearly understand the problem, determine any appropriate diagnosis and individualize your intervention.

Selected Standardized Instruments

AUDIT	Alcohol Use Disorders Identification Test – ten items that assess for severity of alcohol use only
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test – a multiple item comprehensive assessment
DAST-10	Drug Abuse Screening Test – ten items that assess for drug use only
CAGE	A four question screen for Alcohol Use Disorders – the shortest and most easily administered instrument

These instruments vary in scope, time to administer, sensitivity and specificity.

MU-ADEPT uses a hybrid approach to screening and assessment to optimize efficiency and clinical effectiveness.

What is risky substance use?

Alcohol

(in *Standard Drinks* defined on next slide)

Women, all ages
Men \geq age 65

More than 3 standard drinks in one day and/or more than 7 standard drinks in a week

Men < age 65

More than 4 standard drinks in one day and/or more than 14 standard drinks in a week

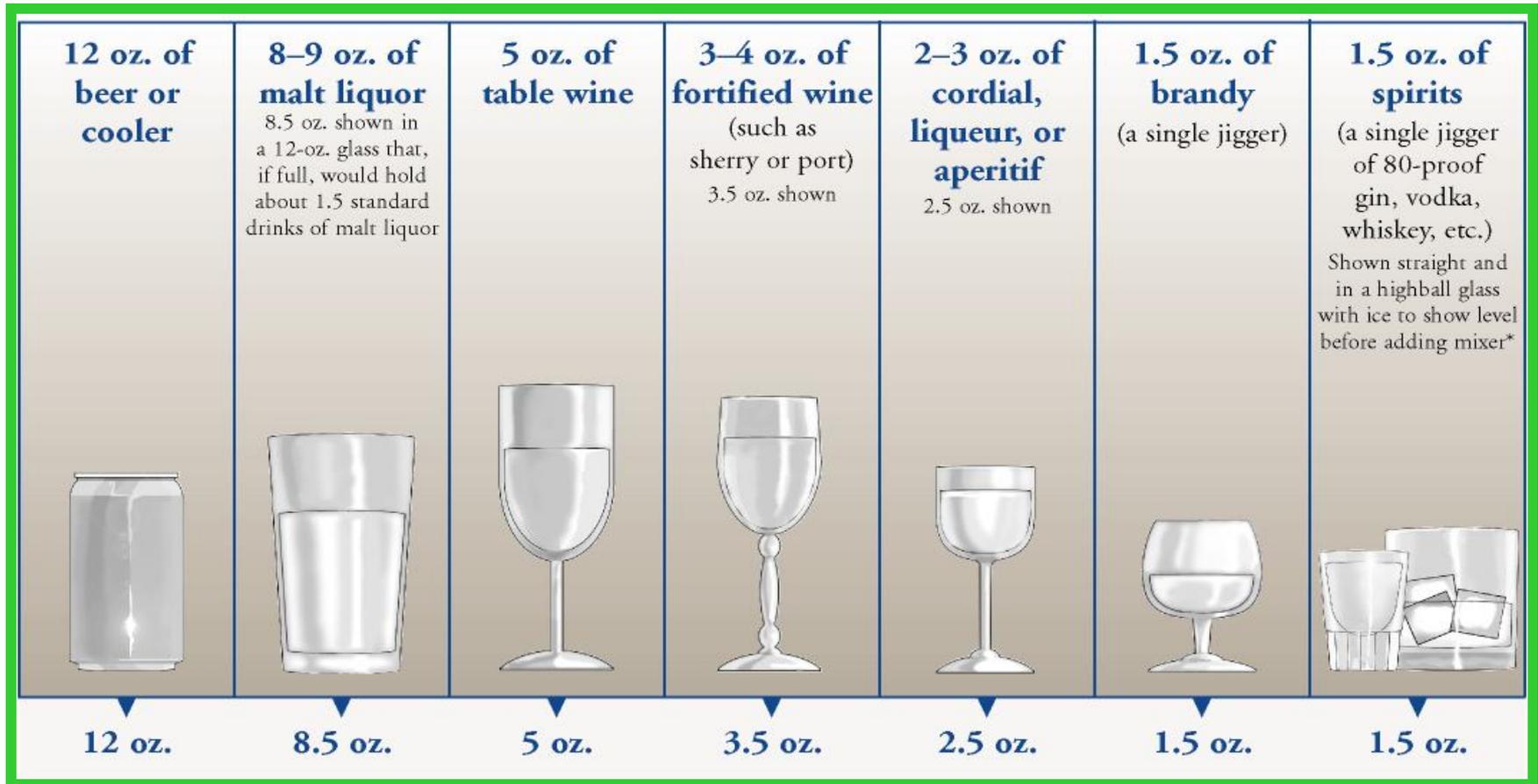
Tobacco, Illicit and Rx Drugs

Any tobacco, Rx misuse or illicit drug use at any age by men or women

Note: There is no low risk limit for tobacco, Rx misuse, and illicit drugs. Use clinical judgment to determine risk level.

The low risk limits for alcohol use shown above surprise some patients and providers. Providers who exceed the limits may find it difficult to advise their patients to cut down but the **science behind this is solid.**

What's a Standard Drink?



Substance Use Screening at UMHC

The items listed below should be asked by staff during the rooming/admission process along with tobacco use questions or by providers in clinical venues where SBIRT has not been integrated.

A “Yes” response to any question is a positive screen.

		Yes	No
Women, and Men ≥ 65	In the past 3 months have you had 4 or more <u>standard</u> drinks in one day?		
	In a typical week, do you have more than 7 standard drinks?		
Men < 65	In the past 3 months have you had 5 or more <u>standard</u> drinks in one day?		
	In a typical week, do you have more than 14 standard drinks?		
Women and Men	In the last twelve months, did you smoke pot, use other street drugs, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?		
	In the last twelve months, did you ever find yourself drinking more than you meant to?		
	In the last twelve months, did you ever think that maybe you should cut down on your drinking?		
	In the past twelve months, have you been intoxicated on alcohol or drugs when you could have hurt yourself or others?		

Risk Levels and Recommended Actions

Responses	Risk Level*	Recommended Action*
Yes responses = 0	Low	Reinforcement for Healthy Behavior
Exceeds Daily or Weekly Limit for alcohol use (ETOH)	Moderate	Brief Intervention
Yes to any of the following: <ul style="list-style-type: none"> Exceeds daily and weekly ETOH (alcohol) limits Drinking more than you meant to Think that maybe you should cut down Intoxicated when you could have hurt self/others 	High	Assess for Substance Use Disorder +Brief intervention +Consider Referral to Behavioral Health Consultant or specialized treatment
Yes to illicit/Rx drug misuse	Determined by Clinical Assessment	Brief Intervention Other actions as indicated by clinical assessment

* Screening indicates possible risk. Actual risk can only be determined by clinical assessment. It follows that the appropriate action can only be determined after that assessment.

Brief Clinical Assessment

- All positive screens should be followed up with a brief clinical assessment to determine the parameters of the problem.
- The screening responses serve as a starting point for a brief conversation to determine:
 - Specific illicit and/or Rx substances used (if reported)
 - Actual amounts and frequency of alcohol and/or drugs used
 - Effects on social and occupational functioning.
- Risk obviously increases from low to high with greater frequency, quantity and impact on functioning.
- Information gained in screening and assessment provides the foundation for individualized feedback about health risks and advice regarding possible change.

Assessment of Substance Use Disorders

Assess for substance use disorder if screening and brief clinical assessment indicate that the patient reports any of the following:

- Often exceeds daily and/or weekly limits for alcohol use
- Often uses more than intended
- Has been intoxicated when he/she could have hurt self or others.
- Reports clinically troubling illicit drug use or prescription misuse
- The brief clinical assessment raises any concerns that there may be a more serious problem.

Assess for Substance Use Disorder

(DSM 5 Criteria Summarized – See DSM 5 for Full Criteria)

Determine if 2 or more of the following occurred within the past year:

- Recurrent use resulting in a failure to fulfill major role obligations
- Recurrent use in situations in which it is physically hazardous
- Continued use despite recurrent personal or social problems related to use
- Tolerance, as defined by either of the following:
 - a need for increased amounts to achieve intoxication
 - diminished effect with continued use of the same amount
- Withdrawal, as manifested by either of the following:
 - the characteristic withdrawal syndrome for the substance
 - the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control use
- A great deal of time is spent to obtain the substance or recover from its effects
- Important activities are given up or reduced because of substance use
- Craving or a strong desire or urge to use a specific substance

Take Home Points



- Substance misuse is common and hidden so all patients should be screened at least annually.
- Screening should be followed with a brief clinical assessment to determine the parameters of the problem.
- If a more serious problem is indicated or suggested by the screening and brief clinical assessment, evaluate for substance use disorder.
- Clinical assessments add essential information to identify risk level and determine the appropriate level of care. They also start the conversation and offer a good transition to a brief intervention.