

Inter-American Drug Abuse Control Commission



Screening & Assessment





Methodology:

Active discussion
Case Study
Role Play



Required Materials:

Easel Pad
Participant Manual
Notepad for each participant
Pens & Pencils



Duration: 6 hours

SCREENING & ASSESSMENT

SCREENING & ASSESSMENT

Learning Objectives

- To learn the difference between screenings and assessments.
- To understand ethical guidelines when working with youth.
- To incorporate trauma-informed skills when working with youth.

SCREENING & ASSESSMENT

Learning Objectives continued...

- To understand the goals of screenings.
- To effectively manage crises
- To conduct effective screenings youth.

SCREENING & ASSESSMENT

Learning Objectives continued...

- To understand the goals of assessments.
- To learn about assessment methods and tools
- To conduct effective assessments of youth who are actively using.
- To learn the importance of case management.

SCREENING VS. ASSESSMENT

- *Screening* is a process for evaluating the possible presence of a particular problem. The outcome is normally a simple yes or no.
- *Assessment* is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

BEST ETHICAL PRACTICES WHEN WORKING WITH YOUTH

- Beneficence
- Fidelity & Responsibility
- Integrity
- Justice
- Respect for People's Rights and Dignity
- Autonomy

LEGAL AND ETHICAL CONCERNS

Some important concerns to take account are:

- Confidentiality restrictions
- When may confidential information be shared with others.
- Rules about obtaining adolescent consent to disclose treatment information
- The signature of the adolescent (and the issue of parental consent)

Understanding Trauma-Informed Care

Milena Raketich, November 26, 2018



Photo: Trauma- Informed Care- Walters, 2018

TRAUMA INFORMED INTERVIEWING

- Create a Safe Environment:
 - Use universal precautions of care.
 - Trauma informed care starts at first contact with youth.
 - Comfort Statements.
- Building relationships and connectedness:
 - Informed consent and full disclosure.
- Supporting and teaching emotional regulation:
 - Constant assessment of potential discomfort.
 - Manage crises

The interviewer stance could be that of a composed and respectful guide. He or she is poised and consistent throughout the interview. The interviewer speaks in his or her natural tone and their voice remains consistent and never raised. The questions are the focus, not the interviewer's personality. The interviewer speaks and then waits to let the questions be digested and understood.

THE ROLE OF THE INTERVIEWER / PROVIDER

(SAMHSA, 2015)

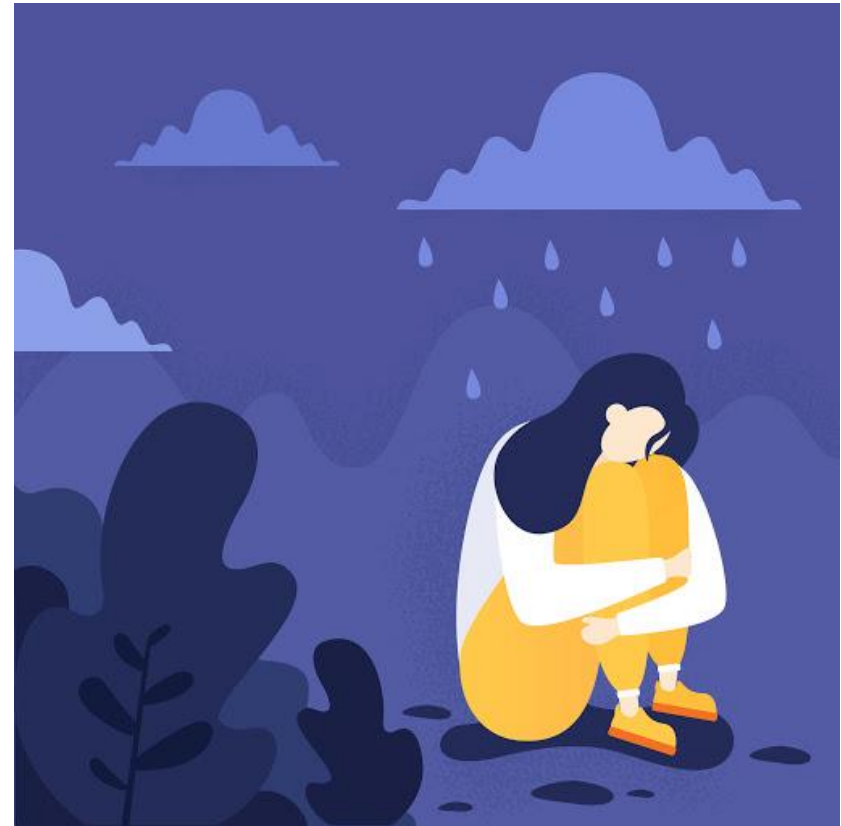
MANAGING CRISES DURING SCREENINGS & ASSESSMENTS



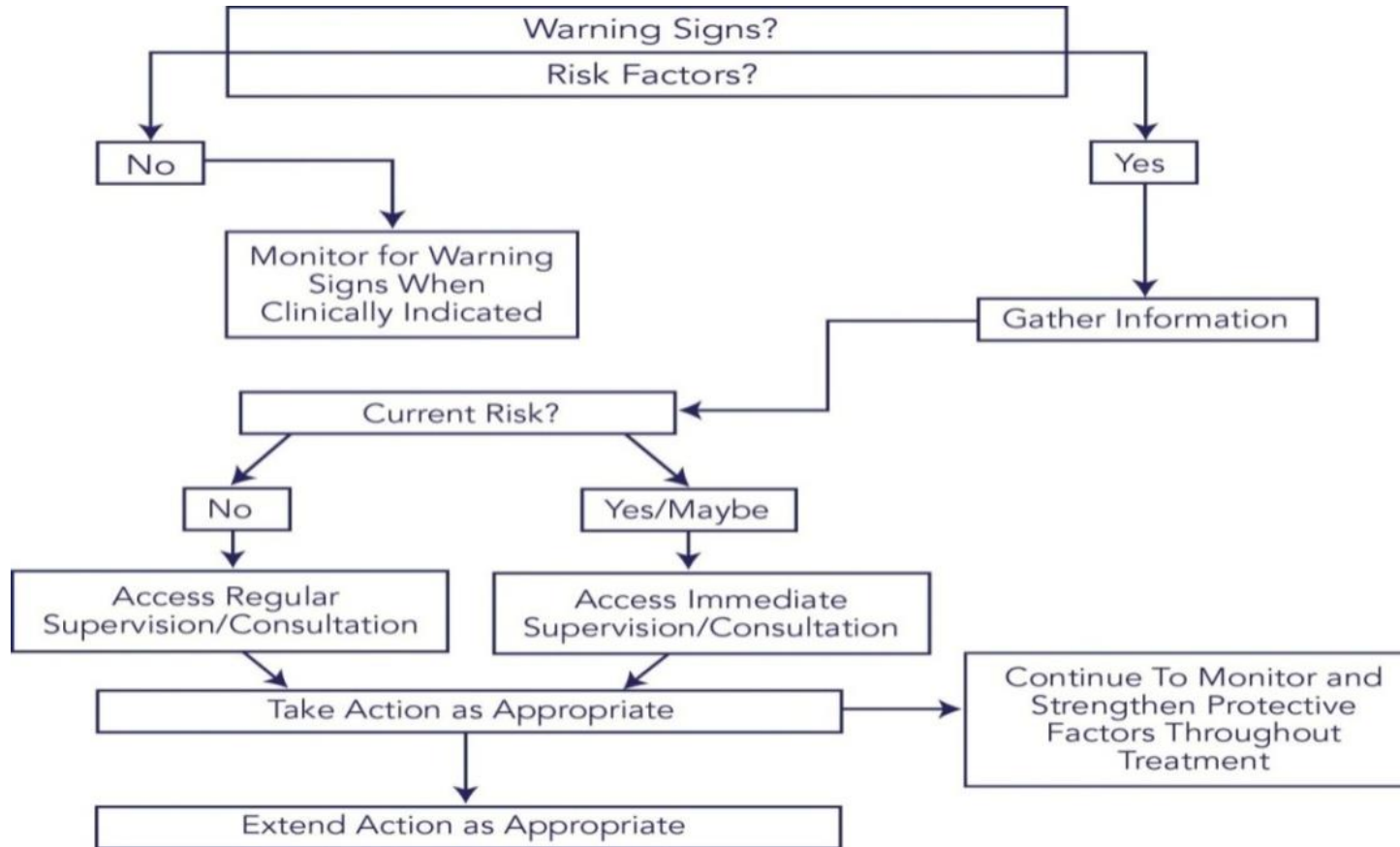
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- Trauma disclosures.
 - Suicidal thoughts or feelings.
 - Violence.

TRAUMA DISCLOSURES

- Redirect and stop.
- Attend to the client's feelings.
- Stabilize
- Check legalities



SUICIDAL THOUGHTS OR FEELINGS



- Understanding suicide
- GATE is an intervention for suicidal thoughts or feelings
 - Gather information
 - Access supervision
 - Take responsible action
 - Extend the action



VIOLENT BEHAVIOR

- Understanding the type of aggressive behavior.
- Physical safety
- Verbal Strategies

SCREENING





SCREENING

- Should last no more than 30 minutes
- Simple instrument
- Relationship to substance
 - Frequency
 - Severity
- Should take place in private area.

SCREENING METHODS

- Brief structured interview questions
 - Youth participation
 - Caregiver/Parent

- Screening Tools
 - NIDA -12 questions
 - CRAFFT – 6 questions

Introduction (Please read to patient)

Hi, I'm [redacted], nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has ever used cocaine in their lifetime, put a mark in the "Yes" column in the "cocaine" row.

Prescreen Question: In your lifetime, which of the following substances have you ever used? For prescription medications, please report nonmedical use only.	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)		
b. Alcoholic beverages (beer, wine, liquor, etc.)		
c. Cannabis (marijuana, pot, grass, hash, etc.)		
d. Cocaine (coke, crack, etc.)		
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
f. Methamphetamine (speed, crystal meth, ice, etc.)		
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
h. Sedatives or sleeping pills (Valium, Serenax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
j. Street opioids (heroin, opium, etc.)		
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
l. Other – specify:		

National Institute on Drug Abuse (NIDA) Screen

- NIDA Screen is a set of brief questions on the use of substances.
- Has a suggested script to help youth understand the nature of the questions.



**Let's
Practice!**

*CRAFFT is a mnemonic acronym of first letters of key words in the 6 screening questions.
The questions should be asked exactly as written.*

- C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
- F** Do you ever **FORGET** things you did while using alcohol or drugs?
- F** Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

CRAFFT Screening Tool

- 6 questions.
- Each questions equal to one point.
- 20 languages.



**Let's
Practice!**

ASSESSMENTS



ASSESSMENTS

What is an assessment?

- An assessment is a process that consists of collecting data, interpreting it and developing a plan based on the strengths and weaknesses that are revealed through the data.
- The patient assessment includes capacities, strengths, problems, needs and resources, as well as weaknesses and risk areas.
- To sum up, the assessment includes all the positive and negative aspects of the patient.

ASSESSMENTS

What is the Relationship between the Assessment and Treatment Planning for Drug and Alcohol Use?

1. It's the first step in formulating a treatment plan.
2. It's a continual process, which starts with an early assessment and continues throughout the whole treatment process

ASSESSMENTS

- Comprehensive Assessment
 - Physical Health
 - Psychological Health
 - Social Assessment
 - Vocational/Educational Assessment

ASSESSMENTS

- Global Appraisal of Individual Needs (GAIN)
- Teen Addiction Severity Index (T-ASI)



Global Appraisal of Individual Needs (GAIN)

- Semi-structured interview
- 75 – 100 minutes to administer, 15 to score

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Global Appraisal of Individual Needs - Initial (GAIN-I)

Version [GVER]: 5.7.6

Site ID [XSITE]:.....	□□□□□□	Local Site Name [XSITEa]:	□□□□□□
Staff ID [XSID]:	□□□□□□	Staff Initials [XSIN]:	□□□
Part. ID [XPID]:	□□□□□□	Last Name [XPNAM]:	_____
Tx Pr. ID [XTPID]:	□□□□□□	First Name: _____	M.I.: ____
(Optional) Social Security Number [XSSN]:	□□□□ - □□ - □□□□		
(Optional) Other/State ID [XPIDA]:	□□□□ - □□ - □□□□		
Observation [XOBS]:	0	v. _____	
Edit Staff ID [XEDSID]:	□□□□□□	Edit Date [XEDDT]:	□□ / □□ / 20□□
Data Entry Staff ID [XDESID]:	□□□□□□	Key Date [XDEDT]:	□□ / □□ / 20□□
Rekey Staff ID [XRKSID]:	□□□□□□	Rekey Date [XRKDT]:	□□ / □□ / 20□□

Teen Addiction Severity Index (T-ASI)

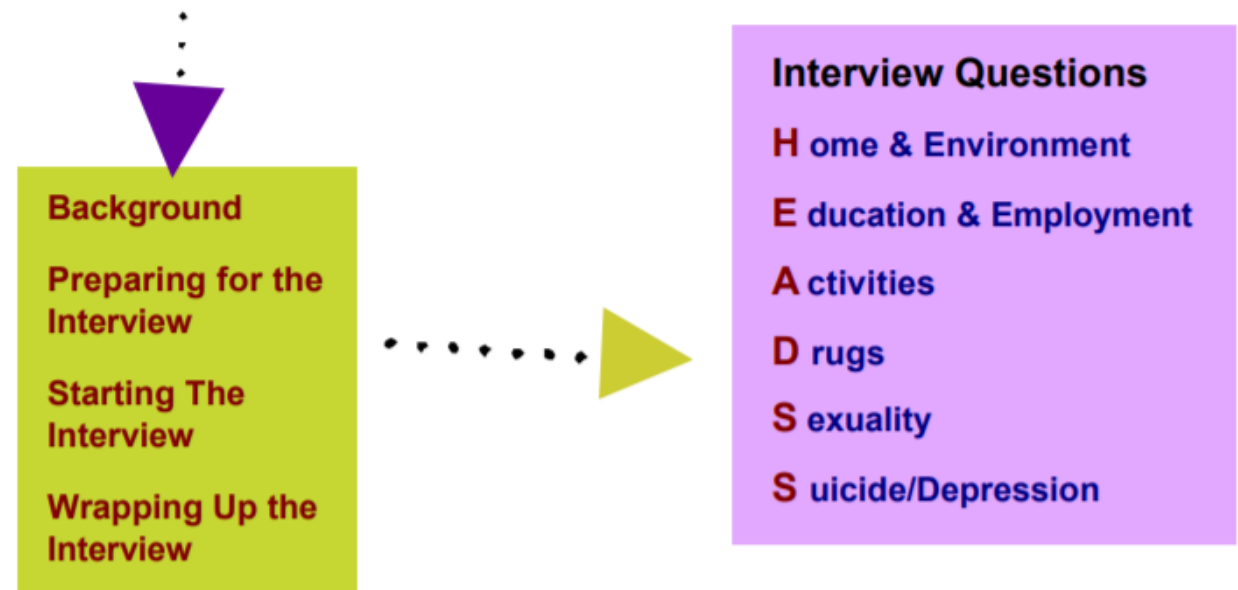
- Semi-structured interview
- 30 – 45 minutes to administer, 10 to score

	TEEN-ASI-A	TEEN-ASI-P
INFORMATION		
Name	_____	
Informant(s) Name	_____	
Relationship	_____	
Current Address	_____ _____ _____	
ID Number	___/___/___/___	
Admission Date	___/___/___ month day year	
Interview Date	___/___/___ month day year	
Class	___ Intake	___ Follow-up
Contact	___ Interview	___ / Phone ___ / Mail
Gender	___ m = male	___ / f = female
Interview Initials	___/___	

HEADSS

- Interview
- 3 – 90 minutes

H.E.A.D.S.S. - A Psychosocial Interview For Adolescents



Adapted from Contemporary Pediatrics,, Getting into Adolescent Heads (July 1988), by John M. Goldenring, MD, MPH, & Eric Cohen, MD



**Let's
Practice!**

OTHER SCREENINGS & ASSESSMENTS

- Adolescent Health Review (AHR)
- Adolescent Substance Abuse Subtle Screening Inventory (SASSIA2)
- Brief Psychiatric Rating Scale – Children (BPRS-C)

CASE MANAGEMENT

- Case Management
- Case Coordination
- Casework



CASE MANAGEMENT MODELS

GENERAL CASE MANAGEMENT



TRUST AND
RELATIONSHIPS



PROVISION OF
RESOURCES



PROVISION OF
SERVICES

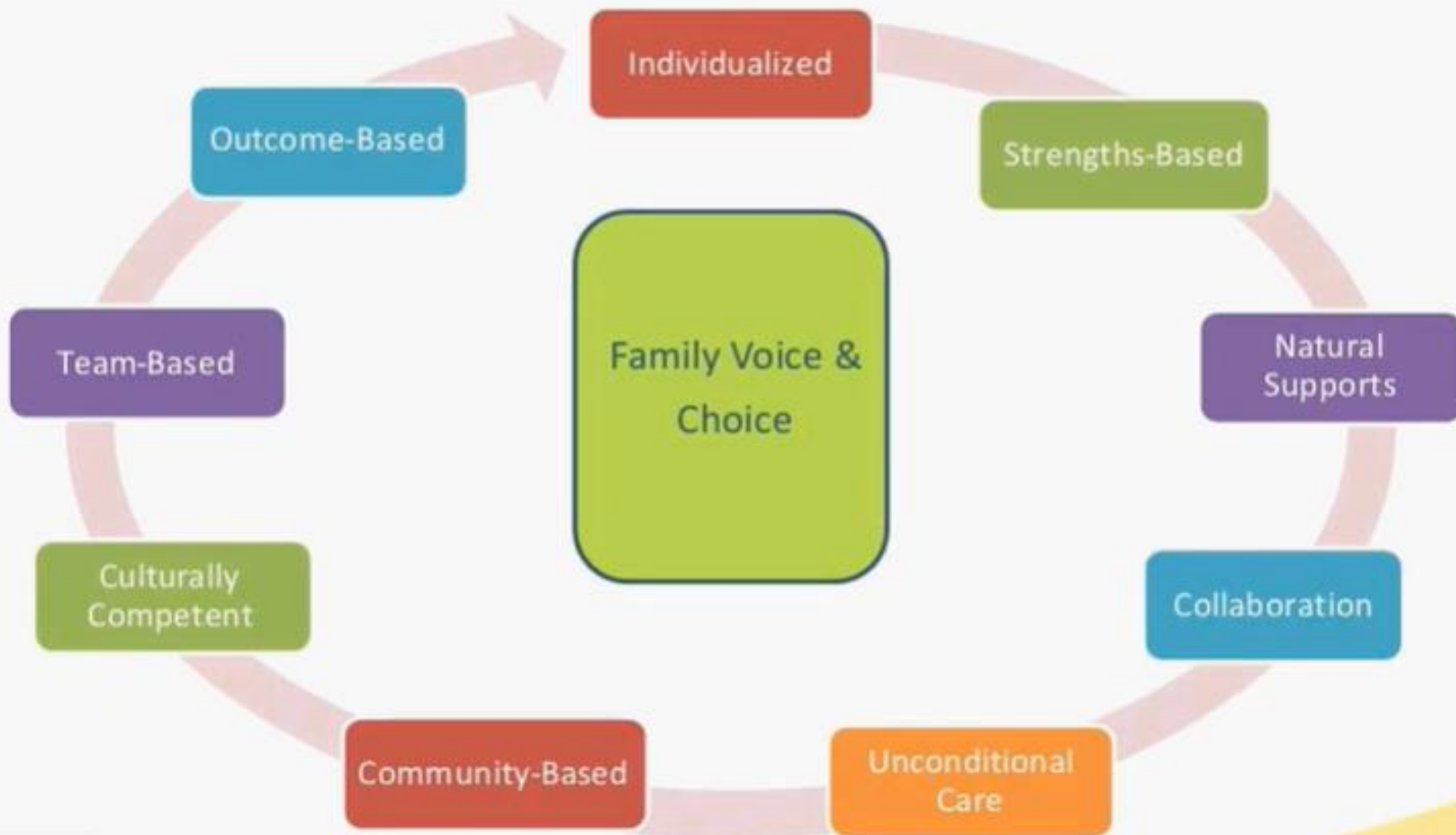


FOLLOW UP



CONSTANT
ADAPTATION TO MEET
CLIENT'S NEEDS

Principles of Wraparound



WRAP AROUND MODEL

- Evidence-based case management method.
- Principles:
 - Voice & Choice at the core
 - Individualized care
 - Strengths-based
 - Natural Supports
 - Team-based collaborative planning
 - Unconditional Care
 - Community-based care
 - Culturally Competent
 - Outcome-based

CASE MANAGEMENT TOOLS

The Strengths & Needs Assessment (SNA) Tool

A Brief Introduction:

Here are some of the Benefits of using the Strengths & Needs Assessment/SNA:

- It is **COMPREHENSIVE!** It includes specific items in all areas (home, school and community) and also asks about the strengths a child/youth and family may have, which makes it pretty unique.
- It **INTEGRATES A LOT OF INFORMATION.** It helps Care Managers put all of the information they have in one place. This way a lot of information can be considered, and shared (with other professionals or family members-with permission) quickly.
- It **HELPS TO INFORM GOALS AND PLANS FOR CARE PLANNING.** It guides the Care Manager with You and Team in making decisions about what to focus on in therapy and where to start, or how to prioritize care planning.
- It can be used to **TRACK PROGRESS** over time. If the SNA is repeatedly scored while a child/youth is in therapy, we have a way of seeing how his/her needs and strengths change over time. A way of seeing how and if care planning/therapy is working!
- The SNA keeps things **TRANSPARENT!** The SNA is purposely direct and clear. It has simple scoring so that all important people in the child/youth's life can review and use this measure as a way to communicate information about the child/youth/family.

The Strengths & Needs Assessment (SNA) Tool

Assessment of Survivor Outcomes

GOAL OF ASSESSMENT

Evaluate a survivor's functioning and level of vulnerability to revictimization.

INSTRUCTIONS

Complete this tool based on your assessment of the survivor's functioning and circumstances within the last 30 days. Provide one score per subdomain on a scale of 1 to 4. Survivor input should inform the assessment of each subdomain and can include input from the survivor's caregiver or other household members, other providers, and/or the assessor's direct observations. The assessor should use professional judgment based on all available information, seeking to best reflect the survivor's strength or vulnerability in each subdomain. An accompanying guidance manual is available for guidance on scoring and specific assessment points, a sample interview guide, and other resources.

SURVIVOR DEMOGRAPHICS	
Survivor Name: <i>surname, first name</i>	Type of Abuse Experienced: <input type="checkbox"/> Commercial Sexual Exploitation <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Forced Labor Trafficking <input type="checkbox"/> Online Sexual Exploitation <input type="checkbox"/> Property Grabbing <input type="checkbox"/> Police Abuse of Power <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Other: (please specify)
Date of Birth: <i>dd-mmm-yyyy</i> (or age if unknown)	
Gender:	
Country of Origin:	
Ethnicity:	
Citizenship:	
Primary Language:	Location in which the Abuse Occurred: <i>city, state/province, country</i>

Assessment of Survivor Outcomes (ASO)

(IJM.ORG, 2018)



**Let's
Practice!**

CLINICAL CASE STUDY

Lidia is 15-years-old, Hispanic, heterosexual adolescent. Lidia is an immigrant, she arrived at the country when she was 8 years old but is currently undocumented in the current country. Lidia was hospitalized due to suicidal ideations. You're the case manager who is meeting with her prior to her discharge. During your assessment you find out Lidia's history of sexual trauma by her uncle, from the age of 9 through 12. Lidia verbalizes previous suicidal attempts and recent cutting. Although Lidia speaks the main language, she struggles academically, and in the past, she has skipped school various times. You also find out that Lidia will be living with her mother, who does not believe the abuse happened. Lidia believes her family does not like her because she told about the abuse by her uncle who is in jail, she mentions that her aunt told her "you broke the family apart".

Lidia admits to trying several drugs throughout the last few years. She admits to heavy use of alcohol, some marihuana and trying mushrooms one time. Her drug of choice is alcohol and she is not willing to stop the use. Lidia also admits to having unprotected sex with several peers when drunk in the past.