

Bucket 3: Surgeon General's CoRC Toolkit Information Sheet

Purpose: Targeted/Tertiary Prevention/ process and tools for screening and intervening for alcohol problems in tertiary behavioral health care

Guidance: Every patient seen in a behavioral health clinic (e.g. Family Advocacy Program/FAP or Life Skills Support Centers/LSSC) should be assessed at intake for alcohol related problems (misuse, abuse, and dependence). Ongoing assessment of alcohol related problems should be determined by the level of risk and needs of the patient.

Processes and associated tools:

- Recommended intake questions and process: The Alcohol Use Disorders Identification Test (AUDIT) is a valuable part of a standard assessment of alcohol risk. Currently it is a part of the standard pre-intake paperwork in FAP and is recommended for LSSCs. See Toolkit for the AUDIT. See below for the outline of the screening and intervention recommendations:

- Step 1: Initial Screening Questions (these can be asked in standard paperwork or in the intake interview). Do you drink alcohol now or have you in the past?
 - o If no, stop here
 - o If yes, ask:
 - Have you ever had problems with alcohol?
 - In the past year, have you had X number of drinks in one day (X = 4 or more for a woman/5 or more drinks for a man)?
 - If negative, congratulate on responsible drinking and provide education on continued responsible drinking.
 - If positive on either question, go to Step 2

- Step 2: Additional Screening. Assess for current and past risk and diagnosis. Recommend use of AUDIT for assessment of risk, if not already used. For DSM-IV diagnostic determination, providers can consider using the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) diagnostic screening (page 6 of the NIAAA pocket guide in the toolkit) or the DSM Screening Form (also in the toolkit)
 - o If positive for diagnosis, refer the patient to the Alcohol and Drug Abuse Prevention and Treatment program
 - o If a diagnosis is not appropriate, consider incorporating a reduction of problem drinking into your existing treatment plan

- Step 3: Assess readiness for change
 - o Ask "Are you interested in reducing your level of drinking?"
 - o If no, educate on health and behavioral risks of continued high risk drinking. Consider any fitness for duty issues (e.g. weapons bearing).
 - o If yes, go to step 4

- Step 4: Develop a treatment and follow-up plan tailored to the patient's needs.
 - o As part of treatment and follow-up plan, consider using the Advise and Assist model and standards for brief intervention provided in the NIAAA guide included in the toolkit. Additionally free materials (TIPS) can be ordered through Substance Abuse and Mental health Services Administration (SAMHSA) (Includes Treatment Improvement Protocol 35: *Brief Interventions and Brief Therapies for Substance Abuse* and Treatment Improvement Protocol 34 *Enhancing Motivation for Change in Substance Abuse Treatment*
<http://kap.samhsa.gov/products/manuals/tips/index.htm>
 - As a part of the treatment plan consider, for example, level of functional impairment, stage of change, providing strategies for change, offering feedback to the patient in a Motivational Interviewing style, setting measurable drinking reduction goals, and establishing a plan for change

- Note: If, as a result of their LSSC or FAP assessment, it is determined that a patient has an abuse or dependence diagnosis, they should be referred to ADAPT for treatment. Otherwise, alcohol related problems can, and generally should, be treated in the context of the existing treatment plan in LSSC and FAP

Toolkit Materials:

- Training slides regarding screening and intervening with alcohol problems in behavioral health clinics outside of ADAPT
- Recommended screening tool (AUDIT) with supporting scoring and interpretation information
- DSM-IVR screening form as an optional tool for diagnosis
- A summary document reviewing a variety of alcohol specific screening tools
- The Readiness to Change Questionnaire and information about how to use it should reduction of alcohol use be considered as a part of treatment
- NIAAA's *Clinician's Guide: Helping Patients Who Drink Too Much* (2005) plus the pocket guide