

Standardized Mental Health and Substance Use Screening Measures

Frequently Asked Questions

<http://www.ct.gov/dmhas/lib/dmhas/cosig/screeningfaq092807.pdf>

What is the purpose or benefits of screening for co-occurring disorders?

By implementing screening, your program is establishing a system of care where there is “no wrong door” for people with co-occurring disorders.

The use of these screening measures can help to:

1. Facilitate the identification of people at immediate risk;
2. Assist in the early and accurate identification of multiple disorders;
3. Create a more welcoming environment for people with co-occurring disorders.

What is screening?

Screening, using standardized screening measures, is a recommended best practice, and it is one of the many steps to make our system more responsive and effective for people with co-occurring disorders. It helps focus our system to be highly responsive to the multiple and complex needs of people and their families experiencing co-occurring disorders with trauma.

Integrated Screening (i.e., screening for both disorders) is a recommended practice by the federal Substance Abuse and Mental Health Administration’s (SAMHSA) Co-Occurring Center for Excellence (COCE). Integrated screening addresses both mental health and substance use, each in the context of the other disorder.

Screening is a formal process of determining whether an individual does or does not warrant further attention at the current times in regard to a particular problem. Screening is not an assessment; it does not replace your biopsychosocial assessment, and does not result in a diagnosis.

Screens are first line identifiers and as such, are imperfect. They may either under identify or over identify a condition they are designed to detect. Standard screens help avoid these problems, and follow up assessments are key to identifying and incorporating co-occurring disorders into a comprehensive treatment plan.

How can these screens be administered?

It is important to develop a comprehensive introduction to the screening process (either verbally or written) that explains why these questions are being asked, and that informs individuals of their right to refuse to answer any questions they do not feel comfortable answering.

All programs should establish a written protocol for screening, including:

1. The use of these standardized measures;

2. How the measures will be administered and by whom (e.g., in-person interview or self-administered)*;
3. The next steps if a person screens negative or positive on one or both of the measures, or answers yes to the questions regarding suicidal thoughts, and
4. What other screening information should be collected (e.g., toxicology).

*It should be noted that the interview method allows the staff person to clarify ambiguous items, define words as needed, and generally make sure that the person understands what is being asked.

How long does the process take?

During the pilot, and based on over 3,000 completed sets of these mental health and substance use screens, it took an average of 11 minutes to complete both screening instruments.

What does a “positive” score mean?

A positive score means that a person should receive a comprehensive assessment for the areas that they were positive on. It does not mean that they have a mental health and/or substance use disorder. It only means that they show signs of a possible problem that should be comprehensively assessed by the appropriate staff.

How can I make sure that the trauma questions are asked in a trauma-informed manner?

Question 7 on the MHSF-III and questions 14-15 on the Modified Mini are screening questions related to a history of traumatic or distressing events and their reactions to those events. Circle or make notes regarding which symptoms are being endorsed to collect as much information as possible. Please note that these are not complete lists of either traumatic events or possible reactions to them, and individuals may not identify with some of the language. The limitation can be addressed through a separate trauma screening or the comprehensive biopsychosocial assessment. (Scroll down to [Screening Resources](#) for a variety of trauma screenings.)

Screening Resources

San Mateo Behavioral Health and Recovery Services Co-Occurring Website:

http://www.smhealth.org/smc/department/home/0,,1954_7662843_1049613755.00.html

The COD Connecticut Statewide Implementation of Mental Health and Substance Use Screening Measures (Available in English and Spanish):

Mental Health Screening Form-III (MHSF-III)

Modified Mini

Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD)

CAGE-Adapted to Include Drugs (CAGE-AID)

<http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=392802>

Co-Occurring Screening Training

<http://www.ct.gov/dmhas/LIB/dmhas/COSIG/screeningtraining.pdf>

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<http://www.ct.gov/dmhas/lib/dmhas/cosig/screeningfaq092807.pdf>

Modified Mini User's Guide

<http://www.ct.gov/dmhas/lib/dmhas/cosig/MMSusersguide.pdf>

DMHAS Pilot Program Report

Results: In a statewide pilot with over 30 mental health and addiction treatment facilities and more than 2000 completed screens, 44.5% of people screened showed signs of having co-occurring disorders

<http://www.ct.gov/dmhas/lib/dmhas/cosig/121406infobrief.pdf>

Integrated Mental Health and Substance Abuse Screen

The following 13 question tool can be administered in less than 5 minutes and has been determined to be reliable and valid for adults (18 and over) who are seeking assistance.

www.odmhas.org/isi/pdf.aspx?id=335

Integrated Mental Health, Substance Abuse and Trauma Screening Tool

COJAC

The Co-Occurring Joint Action Council (COJAC) determined that there is a significant need for a short and simple tool to screen individuals for co-occurring disorders (COD). The Screening Subcommittee undertook the effort of compiling a COJAC Screening tool (CST). The members of the subcommittee did a significant amount of research to locate appropriate questions for the tool and then spent several months reducing the number of questions to nine. There are three questions for addiction, three questions for mental health issues and three questions for trauma.

http://www.adp.cahwnet.gov/cojac/pdf/cojac_screening_tool.pdf

<http://www.adp.cahwnet.gov/cojac/screening.shtml>

PTSD/ Trauma Screening

The following are a few examples of normed and validated tools that are widely accepted in screening for trauma related issues.

Trauma Screening Questionnaire (TSQ)

A 10-item self-report measure designed to screen for posttraumatic stress disorder (PTSD). Each item is derived from the DSM-IV criteria and describes either a re-experiencing symptom (items 1-5) or an arousal symptom of PTSD (items 6-10).

<http://www.completepractitioner.com/assessment/PSD.pdf>

Performance study of the Trauma Screening Questionnaire (TSQ) including comparisons with existing instruments:

Brewins, Chris R., Rose Suzanna, Andrews Bernice, *et al.* (2002) **Brief screening instrument for post-traumatic stress disorder.** *The British Journal of Psychiatry*, 181,158-162. <http://bjp.rcpsych.org/cgi/content/full/181/2/158>

Impact of Events Scale

The IES-R is a 22-item self-report measure that assesses subjective distress caused by traumatic events related to symptoms of avoidance, intrusion and hyperarousal.

<http://members.iinet.net.au/~gmt/IES-R-Scales.pdf>

The Addiction Website of Terence T. Gorski:

PTSD Checklist- Civilian

The PTSD Checklist – Civilian [and a separate PTSD Checklist - Military](#) is a 17-item self-report measure that assesses for symptoms of re-experiencing, avoidance, dissociation and hyperarousal.

http://www.tgorski.com/Terrorism/ptsd_checklist_civilian_version.htm

http://www.tgorski.com/Terrorism/ptsd_checklist_military_version.htm

Child Trauma Institute:

Child/Adolescent/Parent Trauma Measures for Research and Practice

Provides an overview of measurement issues for this population, as well as summaries of selected measures along with sample items and contact information.

<http://www.childtrauma.com/mezpost.html>

Impact of Events Scale *8-Item Child/Adolescent Scale (IES-8)

The IES-8 has probably been the most widely used measure of post-traumatic stress, with a focus on the classic avoidance and intrusion symptoms.

<http://www.childtrauma.com/chmies8.html>

Diagnostic Criteria for Disorders of Extreme Stress (DESNOS) or Complex Trauma

Both clinical consensus and research in the field have linked developmental or complex trauma with histories of interpersonal victimization, multiple traumatic events, and/or traumatic exposure of extended duration. In exploring the disparate adaptations to complex trauma, the DSM-IV PTSD taskforce highlights alterations in six areas of functioning: 1) regulation of affect and impulses; 2) attention or consciousness; 3) self-perception; 4)relations with others;

5) somatization; and 6) systems of meaning (¹van der Kolk, 2001, 375).

<http://www.traumacenter.org/products/publications.php>

http://www.traumacenter.org/products/pdf_files/DESNOS.pdf (**Page 375**)

¹Luxenberg, T., Spinazzola, J., & van der Kolk, B. A. (2001) **Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part I: Assessment**. Directions in Psychiatry, 21, pp. 373-393. Long Island City, NY: The Hatherleigh Company, Ltd.
