

Implementation Guide #2: Integrated screening and longitudinal, strength-based assessment for individuals with serious mental illness (SMI) and co-occurring substance use

INTRODUCTION

This implementation guide is the second in a series of four such guides designed to provide helpful tips for providers working with serving people with serious mental illness (SMI) who may also have co-occurring substance use challenges. Service providers who may benefit from these guides include any type of mental health (MH) or substance use disorder (SUD) professional,

from prescribers to certified peer support specialists, as well as people who work in front line service roles such as clinicians, case managers or care coordinators. Each of the four guides in this series illustrates simple strategies for applying evidence-based integrated interventions into day-to-day practice.

FUNDAMENTALS OF INTEGRATED SCREENING AND ASSESSMENT

Note: THIS IMPLEMENTATION GUIDE FOCUSES PRIMARILY ON SCREENING. Brief information about the assessment process is provided. Subsequent guides will provide more details about how to perform an integrated longitudinal assessment.

Let's start with some simple scenarios:

A new client with a history of serious mental illness is being admitted to your team at your clinic. You are asked to meet the client and begin the assessment process. You know that identifying and assessing co-occurring substance use and possible substance use disorders is important. You also want to assess for the possible effects of the substance use on the person's mental illness, and vice versa. And finally, you are hoping that the assessment will not only provide information about the nature and severity of any substance use problem, it will also provide guidance for you and your team about how to help the client with that problem. Where do you begin?



Let's return to one of the two cases that we introduced in Implementation Guide #1:

Manuel is a 25-year-old unmarried Hispanic American who lives with his extended family. He is on disability. He has been diagnosed with schizophrenia, and reportedly uses stimulants, marijuana, and alcohol. He has had recurrent hospitalizations as a result of discontinuation of his medication along with increased substance use. He presents today complaining of "feeling paranoid." How can you tell what substances he is using, and if his paranoia is related to his mental illness or his substance use?

Reminder: The first step is welcoming, hopeful, engagement, as described in Implementation Guide #1. All discussions about substance use will occur best if they happen within a positive relationship.

What does the evidence say about integrated screening and assessment of co-occurring substance use in people with SMI receiving MH services?

- Screening for substance use, including caffeine, nicotine, over the counter and prescription medication misuse, and other addictive behaviors such as gambling (e.g., lottery tickets), should be routinely integrated into any assessment. Successful screening involves not only asking questions, but also helping the person you are working with to feel comfortable sharing accurate answers.

Therefore: The screening process should be welcoming and combine structured screening questions (as prompts) with an interviewing style that facilitates disclosure. Remember that it is as interesting if the person denies substance use, as if they acknowledge substance use; both types of answers require follow up.

- For individuals with SMI, it is important to not only identify whether the person is using substances, but also to describe the pattern of substance use and the degree to which the individual is in control of the substance use. Some individuals will have patterns of harmful use that are “in control” and do not meet criteria for the diagnosis of addiction. This is because for individuals with a chronic psychiatric disability, any persistent substance use is likely to be harmful, even if there is no obvious intoxication or lack of control, as the substance use can interfere with the person’s fragile brain equilibrium. Other individuals may have patterns of “out of control” substance use that are consistent with moderate to severe SUD (addiction). These require different levels of intervention.



Therefore: Once substance use is identified, the assessment should inquire about the pattern of use, and the degree to which the individual experiences control—or lack of control—over that use and behaviors associated with use.

- **Diagnoses of mental illness and substance use disorders are made primarily by history, not by symptoms alone.** In the history it is important to attend to the sequencing and interweaving of substance use and mental health symptoms, and to pay careful attention to what happened during periods of remission. If the person has an established history of mental illness, that history provides information that can be used to initiate ongoing intervention regardless of whether the person is currently using substances. Further, careful review of periods of time since the onset of MH symptoms when the person was not using substances for periods of 30 days or longer can provide helpful information regarding the person’s current baseline mental illness and need for treatment.

Therefore: The assessment must be integrated and longitudinal, looking at what happens over time, and integrating inquiries about substance use and mental illness at key points in time in the person’s life, with particular attention to periods of no use or minimal use for 30 days or longer.

A Guide to Screening

- 1. Screening requires practice.** Developing a “welcoming” style to facilitate screening takes practice. It is common to be concerned that the person you are interviewing does not want to talk about their substance use, and that they might not tell the truth. In fact, most people who use substances talk about their substance use all the time; they just don’t think it’s a good idea to talk to you! How can you convey to the person you are screening that you would be a good person with whom to talk to about their substance use? The key is in the concept of welcoming. If you are genuinely open when the person shares their substance use with you (rather than disapproving or disappointed) they will be much less likely to conceal information. But it takes practice to do that, and to balance the fact that you don’t recommend that they use substances with welcoming the opportunity to discuss their substance use openly. Remember that you can’t help them make better choices if they don’t discuss their choices at all.
- 2. Screening works best when it is integrated into the person’s story.** Pulling out a “screening tool” and asking questions one after the other often feels less personal and reinforces the person’s natural inclination to say “no” to all the questions, just to get the painful process over with. Using a tool is helpful for the interviewer to remember things to ask about, but the art of doing this is to work the questions into the flow of the story so that the person can progressively feel more comfortable sharing (and that areas where the person is uncomfortable sharing can be more clearly identified.) The goal of the interview is to build on welcoming, engagement, and hope to establish a collaborative empathic partnership in which you are interested in all the person’s experiences, choices and decisions, including when and how they use substances and how they think the substances are—or are not — helpful.
- 3. Helpful screening tools include the NIDA Modified ASSIST and the MIDAS.** For most clients, handing them a screening tool to fill out is not a good way to get started, but for those who are comfortable filling them out, providing screening tools can be very helpful. The most important value for having a tool however is to help YOU feel comfortable about knowing the kinds of questions to ask. The ASSIST (appendix one) covers the full range of substances, along with questions about use patterns, negative effects, and experiences of lack of control. The reason it is recommended is because it is thorough. The MIDAS (appendix two) is a tool specifically designed to address the types of issues that people with SMI have with substances, like effects on MH symptoms, problems in treatment programs, or substance use leading to ER visits or hospitalizations.
- 4. In a MH agency, urine drug screening, if performed, can be ordered as part of any available routine laboratory testing.** However, successful screening can happen without urine screening, and in general it is better not to use a urine screen if it can’t be done in a way that keeps the person from feeling that they are “under suspicion” right from beginning of care.



Here is an example of how to conduct screening for substance use patterns that is integrated into an initial conversation with Manuel about his presenting issues:

After you’ve welcomed Manuel as described in Implementation Guide #1, and inquired about his goals, you want to begin learning more about what his happening in his life, and how you can help. To accomplish this, you want to ask him to tell you a bit about his story. You want to work as much of the screening as possible into his story, so he feels that you are interested in HIM, not in just checking boxes on the chart.

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Here's how you might start:

You: You said that you wanted help with your paranoia...I'd like to learn a little bit about what's been happening lately in your life so I can try to understand what's going on. What do you mean by paranoia and how long has it been bothering you?

Manuel: *I have trouble going out of the house because people are watching me. Cops. Neighbors. This has been going on for years, but lately it's been worse. I almost didn't come today because I was so scared, but my sister drove me and that helped.*

You: Wow, that sounds very distressing. How long has it been getting worse? Days? Weeks?

Manuel: *I don't know. It was really bad when I went to the hospital last month, but then when I got out it was better for a while. The last few weeks it's been getting worse again though. I don't want to go back to the hospital.*

You: Okay, let me walk through with you what's been going on in the last month...I really want to understand. But before we get into talking about symptoms, just tell me a bit about where you live, who you live with, and how you spend your time, and then I'll walk with you step by step from when you got out of the hospital till today, and we'll see if we can figure out what's going on, okay?

Manuel: *Okay.* (He starts to talk about his family, living situation, his dog, etc.).

You: That's very helpful. Thank you. Now, when you got out of the hospital, were you put on any medication for anything?

Manuel: (He starts to talk about the medications, and what he likes and doesn't like. He mentions how his mother wants him to take it; but he doesn't like it. He says he tries to remember but doesn't always.)

You: Great! Thanks for telling me about that. We can try to figure out if taking medicine more regularly would help you feel less paranoid. What about using substances? Most of the young men who come here tell us that they find using drugs or alcohol is helpful when they have difficulties. Is that true for you?

Manuel: *Well, sometimes. But I don't think I have a problem with drugs.*

You: Great....tell me about your substance use. It helps me to know what's going on so I can help you to make the best possible decisions about substance use so you can reduce your paranoia and achieve your goals. Like...do you use caffeine? What do you use and how does it help or not? Do you smoke cigarettes? What about alcohol?

Manuel: *No, never.*

You: Really! That's amazing...How and why do you not use alcohol? (Manuel explains how he doesn't like how it makes him feel, and he refuses it when offered). Good work! That's impressive that you can do that. What about marijuana?

Manuel: *Well, maybe I smoke a little.*

You: Thanks for letting me know. Tell me about it. How much is a little? What do you like about it? Does it help you feel less paranoid? If so, why not smoke more?

Manuel: (He laughs) *It does make me feel less paranoid, and I would smoke more if I could afford it.*

You: How does the marijuana affect the medication?

Manuel: *I don't take my meds when I'm smoking marijuana. I'm afraid to do that.*

You: Okay...but it's safe to take your meds when smoking, and that may help you be less paranoid, but we can discuss that later. Now, what about cocaine or meth?

Manuel: *That stuff scares me.*

You: Why?

Manuel: *When I use it, I feel so great, but it's like I can't stop. And then I get more paranoid, but I still want to get high.*



What is being illustrated in this vignette is that the goal of screening is to help the client be comfortable, and engage

him or her in conversation about what substances are being used, recent use patterns, experience of control or lack of control, and what good or bad effects the substances may be having. When you first start, it may not come naturally, and your “screening tool” can be helpful to remind you about some questions to ask, but as you practice you will become more and more comfortable talking with people about their substance use and helping them to feel as comfortable sharing information about substance use as about any other area of their lives. In return, you will find that clients will share more and more (though rarely will clients share everything in the first visit.) Notice that at no point in the conversation is the interviewer saying anything other than positive and encouraging remarks. The goal is to applaud the person for sharing, praise any perceived successes, and indicate a consistent wish to be a partner to help the person make the best possible decisions about substance use (and anything else) in order to achieve their most important goals. Notice also that at this point you are not going back in time to get a history of when the person first started using each substance, or if they have had previous treatment. You are integrating your “screening” discussion into gathering information about what is happening recently. Just the same, you have learned that Manuel uses marijuana in a controlled manner that may exacerbate his paranoia—especially because he uses less medication when using substances—and that he uses stimulants in a way that for him feels potentially out of control.

TIPS FOR AGENCY LEADERS AND PROGRAM MANAGERS

It will be easier for your staff to follow the suggestions in this implementation guide if you build these steps into your policies, procedures, practices, and paperwork. Integrated screening can be reinforced by developing a data-driven performance improvement approach that recognizes that the purpose of screening is accurate identification and follow up, NOT simply the completion of a form.

Examples of simple steps may include:

- **Create a policy that requires universal integrated substance use and addictive behavior screening of individuals with SMI. Screening should address caffeine, nicotine, over the counter medication misuse, prescription misuse, and gambling/lottery tickets, as well as alcohol and other drugs.**
- **Define a screening process emphasizing welcoming and engagement, not just the completion of a form.**
- **Delineate a procedure for following up on screening:**
 - **For negative screening, emphasize documentation of the strengths the person is using to avoid harmful substance use.**
 - **For positive screening, it is important to document the results of the screen so that information on individual’s issues with substance use and addiction can be captured in the agency’s information system.**
 - **For positive screening, indicate next steps. If the individual has already been diagnosed with SUD, what integrated stage-matched interventions will be provided? If the individual requires further assessment, how will that occur?**
- **Routine quality improvement metrics for the organization should attend to whether the results of integrated screening are consistent with the expected prevalence of use of various substances and other addictive behaviors, as well as to the expectation that everyone with a positive screen receives the appropriate next step integrated intervention.**

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