



Although the chapters of this TIP are not organized around the four-quadrant framework, most of the material in chapters 3 through 7 is directed primarily to addiction counselors working in quadrant III settings and other practitioners working in quadrant II settings.

Interventions

Intervention refers to the specific treatment strategies, therapies, or techniques that are used to treat one or more disorders. Interventions may include psychopharmacology, individual or group counseling, cognitive-behavioral therapy, motivational enhancement, family interventions, 12-Step recovery meetings, case management, skills training, or other strategies. Both substance use and mental disorder interventions are targeted to the management or resolution of acute symptoms, ongoing treatment, relapse prevention, or rehabilitation of a disability associated with one or more disorders,

whether that disorder is mental or associated with substance use.

Integrated Interventions

Integrated interventions are specific treatment strategies or therapeutic techniques in which interventions for both disorders are combined in a single session or interaction, or in a series of interactions or multiple sessions. Integrated interventions can include a wide range of techniques. Some examples include

- Integrated screening and assessment processes
- Dual recovery mutual self-help meetings
- Dual recovery groups (in which recovery skills for both disorders are discussed)
- Motivational enhancement interventions (individual or group) that address issues related to both mental health and substance abuse or dependence problems

Level of Care Quadrants

Quadrant I: This quadrant includes individuals with low severity substance abuse and low severity mental disorders. These low severity individuals can be accommodated in intermediate outpatient settings of either mental health or chemical dependency programs, with consultation or collaboration between settings if needed. Alternatively, some individuals will be identified and managed in primary care settings with consultation from mental health and/or substance abuse treatment providers.

Quadrant II: This quadrant includes individuals with high severity mental disorders who are usually identified as priority clients within the mental health system and who also have low severity substance use disorders (e.g., substance dependence in remission or partial remission). These individuals ordinarily receive continuing care in the mental health system and are likely to be well served in a variety of intermediate level mental health programs using integrated case management.

Quadrant III: This quadrant includes individuals who have severe substance use disorders and low or moderate severity mental disorders. They are generally well accommodated in intermediate level substance abuse treatment programs. In some cases there is a need for coordination and collaboration with affiliated mental health programs to provide ongoing treatment of the mental disorders.

Quadrant IV: Quadrant IV is divided into two subgroups. One subgroup includes individuals with serious and persistent mental illness (SPMI) who also have severe and unstable substance use disorders. The other subgroup includes individuals with severe and unstable substance use disorders and severe and unstable behavioral health problems (e.g., violence, suicidality) who do not (yet) meet criteria for SPMI. These individuals require intensive, comprehensive, and integrated services for both their substance use and mental disorders. The locus of treatment can be specialized residential substance abuse treatment programs such as modified therapeutic communities in State hospitals, jails, or even in settings that provide acute care such as emergency rooms (see chapter 7 for an example in an emergency room setting).

- Group interventions for persons with the triple diagnosis of mental disorder, substance use disorder, and trauma, or which are designed to meet the needs of persons with COD and another shared problem such as homelessness or criminality
- Combined psychopharmacological interventions, in which an individual receives medication designed to reduce cravings for substances as well as medication for a mental disorder

Integrated interventions can be part of a single program or can be used in multiple program settings.

Episodes of Treatment

An individual with COD may participate in recurrent episodes of treatment involving acute stabilization (e.g., crisis intervention, detoxification, psychiatric hospitalization) and specific ongoing treatment (e.g., mental-health-supported housing, mental-health day treatment, or substance abuse residential treatment). It is important to recognize the reality that clients engage in a series of treatment episodes, since many individuals with COD progress gradually through repeated involvement in treatment.

Integrated Treatment

Integrated treatment refers broadly to any mechanism by which treatment interventions for COD are combined within the context of a

So, what can a substance abuse treatment counselor do in terms of screening? All counselors can be trained to screen for COD. This screening often entails having a client respond to a specific set of questions, scoring those questions according to how the counselor was trained, and then taking the next “yes” or “no” step in the process depending on the results and the design of the screening process. In substance abuse treatment or mental

health service settings, every counselor or clinician who conducts intake or assessment should be able to screen for the most common COD and know how to implement the protocol for obtaining COD assessment information and recommendations. For substance abuse treatment agencies that are instituting a mental health screening process, appendix H reproduces the Mental Health Screening Form-III (Carroll and McGinley 2001). This

Advice to the Counselor: Do's and Don'ts of Assessment for COD

1. *Do* keep in mind that assessment is about getting to know a person with complex and individual needs. Do not rely on tools alone for a comprehensive assessment.
2. *Do* always make every effort to contact all involved parties, including family members, persons who have treated the client previously, other mental health and substance abuse treatment providers, friends, significant others, probation officers as quickly as possible in the assessment process. (These other sources of information will henceforth be referred to as collaterals.)
3. *Don't* allow preconceptions about addiction to interfere with learning about what the client really needs (e.g., “All mental symptoms tend to be caused by addiction unless proven otherwise”). Co-occurring disorders are as likely to be underrecognized as overrecognized. Assume initially that an established diagnosis and treatment regime for mental illness is correct, and advise clients to continue with those recommendations until careful reevaluation has taken place.
4. *Do* become familiar with the diagnostic criteria for common mental disorders, including personality disorders, and with the names and indications of common psychiatric medications. Also become familiar with the criteria in your own State for determining who is a mental health priority client. Know the process for referring clients for mental health case management services or for collaborating with mental health treatment providers.
5. *Don't* assume that there is one correct treatment approach or program for any type of COD. The purpose of assessment is to collect information about multiple variables that will permit individualized treatment matching. It is particularly important to assess stage of change for each problem and the client's level of ability to follow treatment recommendations.
6. *Do* become familiar with the specific role that your program or setting plays in delivering services related to COD in the wider context of the system of care. This allows you to have a clearer idea of what clients your program will best serve and helps you to facilitate access to other settings for clients who might be better served elsewhere.
7. *Don't* be afraid to admit when you don't know, either to the client or yourself. If you do not understand what is going on with a client, acknowledge that to the client, indicate that you will work with the client to find the answers, and then ask for help. Identify at least one supervisor who is knowledgeable about COD as a resource for asking questions.
8. Most important, *do* remember that empathy and hope are the most valuable components of your work with a client. When in doubt about how to manage a client with COD, stay connected, be empathic and hopeful, and work with the client and the treatment team to try to figure out the best approach over time.

Mental Health Screening Form-III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins - "Have you ever"

1. Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?

YES NO
2. Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?

YES NO
3. Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?

YES NO
4. Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?

YES NO
5. Have you ever heard voices no one else could hear or seen objects or things which others could not see?

YES NO
6. (a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?

YES NO

(b) Did you ever attempt to kill yourself?

YES NO
7. Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?

YES NO
8. Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

YES NO
9. Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?

YES NO
10. Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?

YES NO

Mental Health Screening Form-III (continued)

11. Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?
YES NO
12. Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?
YES NO
13. Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything?
YES NO
14. Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint?
YES NO
15. Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate.
YES NO
16. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling?
YES NO
17. Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem?
YES NO

Print client's name: _____ Program to which client will be assigned: _____

Name of admissions counselor: _____ Date: _____

Reviewer's comments: _____

Total Score: _____ (each yes = 1 point)

Source: J.F.X. Carroll, Ph.D., and John J. McGinley, Ph.D.; Project Return Foundation, Inc., 2000.
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Figure H-2

Simple Screening Instrument for Substance Abuse Interview Form

Note: **Boldfaced** questions constitute a short version of the screening instrument that can be administered in situations that are not conducive to administering the entire test. Such situations may occur because of time limitations or other conditions.

Introductory statement:

"I'm going to ask you a few questions about your use of alcohol and other drugs during the past 6 months. Your answers will be kept private. Based on your answers to these questions, we may advise you to get a more complete assessment. This would be voluntary—it would be your choice whether to have an additional assessment or not."

During the past 6 months...

1. **Have you used alcohol or other drugs?** (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants.) (yes/no)
2. **Have you felt that you use too much alcohol or other drugs?** (yes/no)
3. **Have you tried to cut down or quit drinking or using drugs?** (yes/no)
4. **Have you gone to anyone for help because of your drinking or drug use?** (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.) (yes/no)
5. **Have you had any of the following?**
 - Blackouts or other periods of memory loss
 - Injury to your head after drinking or using drugs
 - Convulsions, or delirium tremens ("DTs")
 - Hepatitis or other liver problems
 - Feeling sick, shaky, or depressed when you stopped drinking or using drugs
 - Feeling "coke bugs," or a crawling feeling under the skin, after you stopped using drugs
 - Injury after drinking or using drugs
 - Using needles to shoot drugs
6. **Has drinking or other drug use caused problems between you and your family or friends?** (yes/no)
7. **Has your drinking or other drug use caused problems at school or at work?** (yes/no)
8. **Have you been arrested or had other legal problems?** (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.) (yes/no)
9. **Have you lost your temper or gotten into arguments or fights while drinking or using drugs?** (yes/no)
10. **Are you needing to drink or use drugs more and more to get the effect you want?** (yes/no)
11. **Do you spend a lot of time thinking about or trying to get alcohol or other drugs?** (yes/no)
12. **When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?** (yes/no)

Simple Screening Instrument for Substance Abuse Interview Form

13. Do you feel bad or guilty about your drinking or drug use? (yes/no)

Now I have some questions that are not limited to the past 6 months.

14. Have you ever had a drinking or other drug problem? (yes/no)

15. Have any of your family members ever had a drinking or drug problem? (yes/no)

16. Do you feel that you have a drinking or drug problem now? (yes/no)

- Thanks for answering these questions.
- Do you have any questions for me?
- Is there something I can do to help you?

Notes: _____

Observation Checklist

The following signs and symptoms may indicate a substance abuse problem in the individual being screened:

- Needle track marks
- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent, or too rapid
- Unsteady gait: staggering, off balance
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- Drug paraphernalia such as pipes, paper, needles, or roach clips
- "Nodding out" (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine)

Figure H-3

Simple Screening Instrument for Substance Abuse Self-Administered Form

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

During the last 6 months...

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)
 Yes No
2. Have you felt that you use too much alcohol or other drugs?
 Yes No
3. Have you tried to cut down or quit drinking or using alcohol or other drugs?
 Yes No
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)
 Yes No
5. Have you had any health problems? For example, have you:
 Had blackouts or other periods of memory loss?
 Injured your head after drinking or using drugs?
 Had convulsions, delirium tremens ("DTs")?
 Had hepatitis or other liver problems?
 Felt sick, shaky, or depressed when you stopped?
 Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
 Been injured after drinking or using?
 Used needles to shoot drugs?
6. Has drinking or other drug use caused problems between you and your family or friends?
 Yes No
7. Has your drinking or other drug use caused problems at school or at work?
 Yes No

Figure H-3 (continued)

Simple Screening Instrument for Substance Abuse Self-Administered Form

8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)

Yes No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?

Yes No

10. Are you needing to drink or use drugs more and more to get the effect you want?

Yes No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?

Yes No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?

Yes No

13. Do you feel bad or guilty about your drinking or drug use?

Yes No

The next questions are about your lifetime experiences.

14. Have you ever had a drinking or other drug problem?

Yes No

15. Have any of your family members ever had a drinking or drug problem?

Yes No

16. Do you feel that you have a drinking or drug problem now?

Yes No

Thanks for filling out this questionnaire.

and employment, homelessness, and hunger often represent immediate needs that are more pressing for the individual than treatment for his or her substance abuse. Past crises, such as incest, rape, and sexual abuse, can also affect how an individual responds to the screening questions.

Some of the items in the screening instrument may trigger emotional distress or a crisis. Reactions may sometimes include anxiety or depression, which may be accompanied by suicidal thoughts and behaviors. Agencies should therefore develop specific protocols to manage such crises. These protocols should include

Figure H-4

Scoring for the Simple Screening Instrument for Substance Abuse

Name/ID No.: _____ Date: _____

Place/Location: _____

Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no):

- | | | |
|--------------------------|--------|--------|
| ___ 2 | ___ 7 | ___ 12 |
| ___ 3 | ___ 8 | ___ 13 |
| ___ 4 | ___ 9 | ___ 14 |
| ___ 5 (any items listed) | ___ 10 | ___ 16 |
| ___ 6 | ___ 11 | |

Total score: _____ Score range: 0-14

Preliminary interpretation of responses:

Score	Degree of Risk for Substance Abuse
0-1	None to low
2-3	Minimal
>4	Moderate to high: possible need for further assessment

inhouse management and appropriate referrals and followup.

See appendix C, Glossary, for substance abuse screening terms.

Sources for the Substance Screening Questions

Addiction Severity Index: McLellan, A.T., Luborsky, L., Woody, G.E., and O'Brien, C.P. An improved diagnostic evaluation instrument for substance abuse patients: The Addiction Severity Index. *Journal of Nervous and Mental Disease* 186:26-33, 1980.

AUDIT: Babor, T.F., De La Fuente, J.R., and Saunders, J. *AUDIT: Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Health Care*. Geneva: World Health Organization, 1989.

CAGE: Mayfield, D., McLeod, G., and Hall, P. The CAGE questionnaire: Validation of a new alcoholism screening instrument. *American Journal of Psychiatry* 131:1121-1123, 1974.

DAST: Skinner, H.A. Drug Abuse Screening Test. *Addictive Behavior* 7:363-371, 1982.

DSM-III-R: American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 3d Edition, Revised. Washington, DC: American Psychiatric Association, 1987.