SCREENING TOOLS: HOW TO INTEGRATE INTO A CLINICAL FORMULATION

Oscar Fernando Rojas Perez, Ph.D. Yale University School of Medicine

PURPOSE

Screening



Clinical Formulation



Treatment Planning



1. Screening

What comes to mind when you think about:

The purpose and use of screeners?

- Screening is a formal process
- Three recognized essential elements:
 - Determines possibility of co-occuring disorder
 - Use of standardized measures
 - Early in the treatment process
- First step in evidence-based practice

- Benefits of screening:
 - Assist in identification of disorders
 - Direct individuals to the appropriate care
 - Limit costs
 - Design not to be labor or time consuming
 - Highly sensitive

66

The goal of screening for both mental health and substance misuse disorders is to improve services to individuals with co-occurring disorders through standardized screening regardless of entry point

2. Screeners

On average, how long does it take providers to administer both a mental health and substance misuse standardized screen?

Alcohol dependence is likely if the patient gives two or more positive answers to the following questions:

C: Have you ever felt you should Cut down on your drinking?

A: Have people Annoyed you by criticizing your drinking?

G: Have you ever felt bad or Guilty about your drinking?

E: Have you Ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

From: Ewing, 1984.

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

Patient Name: Date:		Page 1 of 2	
Patient Name Date			
Duri	ing the past 6 months:		
1.	Have you used alcohol or other drugs? (such as wine, beer, hard liquor, pot, coke, heroin or other opiates, 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?		

Modified Mini Screen (MMS)

Offender Name	Number
Date	

SECTION A

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past 2 weeks?	YES	NO
2. In the past 2 weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?	YES	NO
3. Have you felt sad, low or depressed most of the time for the last 2 years?	YES	NO
4. In the past month, did you think that you would be better off dead or wish you were dead?	YES	NO
5. Have you ever had a period of time when you were feeling up, hyper or so full of energy or full of yourself that you got into trouble or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)	YES	NO

MENTAL HEALTH SCREENING FORM III (MHSF-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 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 questions 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 you emotional problems?		
	YES NO		

3. Clinical Formulation

In you practice, how do you use screeners to inform clinical formulations?

CLINICAL FORMULATION

- Key questions:
 - "Are any of the "yes" responses related to the person's cultural practice and not indicative of a mental health or substance misuse concern?"
 - "Is the behavioral response within range given the social and cultural context?"

CLINICAL FORMULATION

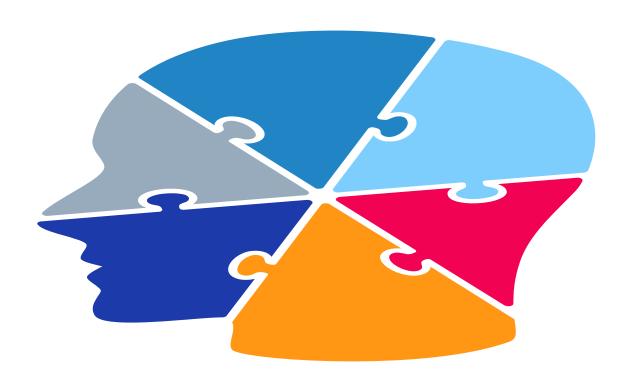
Identify risk and need

Interactive nature of mental health and substance misuse

Insight to behavior patterns and ways of coping

Formulating a plausible story

CLINICAL FORMULATION



4. Treatment Planning

What has your experience been using screeners in treatment planning?

TREATMENT PLANNING

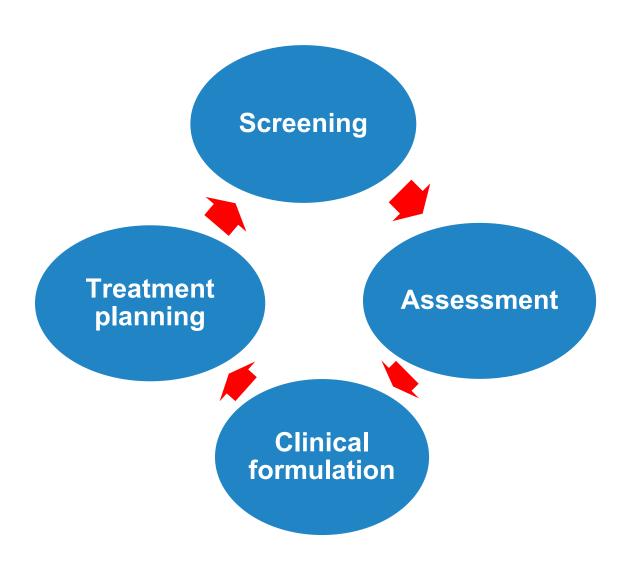
Look for specific treatment options

How is recovery conceptualized

Collaborative approach to planning

Individualized, responsive, validating, empowering and liberating

CLINICAL CYCLE



Gracias! Questions?

You can find me at: oscar.rojasperez@yale.edu