MHA MASSACHUSETTS HOSPITAL ASSOCIATION

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EVALUATING PATIENTS FOR UNHEALTHY SUBSTANCE USE AND RELATED DISORDERS:

Commonly Used Screening Tools and Other Resources

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DISCLAIMER: *The following information was developed by the Massachusetts Hospital Association (MHA) at the request of the MHA Substance Use Disorder Prevention and Treatment Task Force and is intended for informational purposes only. By including the information in this report, MHA does not endorse or recommend any particular screening tool, resource, or service. While this report includes several links to public internet sites, MHA is not responsible for the availability or content of these external sites.* ***Please note that you may need to obtain permission from an outside organization before using a specific screening tool****. Healthcare providers are strongly encouraged to review each screening tool and associated information available and discuss with other members of the medical staff, as appropriate, before using any specific screening tool or resource.*

Introduction

At the request of MHA's Substance Use Disorder Prevention and Treatment Task Force (SUDPTTF), MHA surveyed its member hospitals and health systems to ascertain the current practices of screening for unhealthy substance use. This document contains an overview of commonly used screening tools and resources recommended by member hospitals.

This document contains internet links to access numerous screening tools and resources to assist hospitals and healthcare providers in developing and implementing a substance use and misuse patient screening process. This resource packet is not meant to be practice specific, although some resources are recommended for certain populations or settings (e.g. for use with adolescents or for use in the ED). MHA and SUDPTTF encourage each provider, department, and practice group to discuss with the appropriate medical staff which tool is best suited for the population they serve.

Purpose

Providers are often able to recognize patients in advanced stages of substance use disorder, as these patients will arrive at an ED or another practice setting in active overdose, or they present with textbook symptoms of dependence and/or withdrawal. These patients need to be treated for their disease and should be referred to an appropriate treatment option; however, to stem the tide of the opioid misuse epidemic, it is vitally important to identify patients before they reach that advanced stage of disease.

Screening tools can help providers identify patients who may be at risk of injury, illness, misuse, or who may develop a substance use disorder, or identify patients who are in the early stages of disease.

Providers should manage all patients' exposure to potentially addictive medications judiciously and screening will equip providers with knowledge about a patient's particular risks that may need to be guarded against and monitored. For example, knowing a patient's current substance use pattern, recent prescription history, history of substance use disorder or unhealthy substance use (both the patient's and their family's), and other information can assist providers in counseling patients properly and providing proper supports or referrals. Screening can also provide an opportunity for providers to have a conversation with patients about the health risks of substance use, even if the patient is not currently at risk or misusing substances. Using screening for all of these purposes may not be possible in all settings as some clinical practices, such as EDs, operate under severe time constraints, but there are simple screening questions that even the busiest practitioner can use to help understand a patient's risk profile before prescribing potentially addictive medications.

For additional information on any of the resources outlined in this report, please contact MHA's Janice Peters at jpeters@mhalink.org or 781-262-6023.

Background: Common Themes from MHA Survey

MHA asked survey respondents the question: **What do you consider best practices when assessing risk or screening patients for substance use/misuse?** MHA received 54 responses and a summary follows.

The overriding suggested best practice was simple: **Ask your patients about substance use, regardless of the patient's age, health status, history, or other influencing factors**. Nuances to the responses included suggestions such as: asking the patient in a non-judgmental manner; asking children and adolescents either not with the parent present or after establishing a rapport with the child; asking after reviewing confidentiality parameters.

Multiple respondents reported that **screening is done as a part of intake** and that screening for other influencing factors, like social history, family/personal history, and environmental factors are done concurrently. In addition, respondents stated that **screening for other disorders (e.g. behavioral health), psycho-social history, environment, and other information** that influences risk of substance use/misuse are important (even if not done at the same time as screening for substance use/misuse).

Many respondents included **checking the PMP**, medical record, and reviewing medication history with the patient as examples of best practices.

Other themes included using motivational interviewing, conducting all screenings in private, implementing routine screening/telling the patient that everyone is asked the same questions, training providers in screening and understanding substance use disorders, **talking about substance use disorders as a disease**, etc. Respondents suggested using evidence-based tools, such as those listed in this resource guide.

Abbreviation List

ASSIST – Alcohol Smoking and Substance Involvement Screening Test

AUDIT – Alcohol Use Disorders Identification Test

BSAS – Bureau of Substance Abuse Services (at the Massachusetts Department of Public Health)

CAGE – Cut down, Annoyed, Guilty, Eye opener

COMM – Current Opioid Misuse Measure

CRAFFT - Car, Relax, Alone, Forget, Friends, Trouble

DAST-10 – Drug Abuse Screening Test (10 question version)

HEEADSSS - Home, Education/employment, Activities and peers, Drugs and alcohol, Suicide/depression, Sexuality, Safety from injury or violence

HEADS-ED – Home, Education, Activities and peers, Drugs and alcohol, Suicidality, Emotions/behaviors/thought disturbance, Discharge resources

NIAAA – National Institute on Alcohol Abuse and Alcoholism

NIDA – National Institute on Drug Abuse

NIH – National Institutes of Health

ORT – Opioid Risk Tool

PROMIS – Patient Reported Outcome Measurement Information System

SAMHSA – Substance Abuse and Mental Health Services Administration

SBIRT – Screening, Brief Intervention, and Referral to Treatment

SIP – Short Inventory of Problems

SOAPP – Screener and Opioid Assessment for Patients with Pain

T-ACE – Tolerance, Annoyance, Cut down, Eye opener

WHO – World Health Organization

I. CLINICAL SCREENING TOOLS: ALCOHOL

1. **NIAAA-1** (National Institute on Alcohol Abuse and Alcoholism Single Question Screen)
Number of Questions: 1
Population(s): 18+ years
Method of Screen: Conversation between provider and patient
Other Notes: Useful in any setting.

This single screen question can be used for patients over 18 years and is recommended by the National Institute on Alcohol Abuse and Alcoholism.

- The questions along with some supporting information about brief screening is available from the Institute for Clinical Systems Improvement, at: https://www.icsi.org/_asset/ct0zf4/Brief-Screen--FINAL.pdf
- A provider pocket guide, which uses the one-question screen and informs providers how to continue to assess the patient if the one-question screen is positive, is available at: http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide.htm
- An article about the validation of using a single drug screening question in primary care is available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695521/

2. **AUDIT-C** (Alcohol Use Disorders Identification Test)
Number of Questions: 3
Population(s): Adults
Method of Screen: Conversation between provider and patient
Other Notes: Useful in any setting. May be used by non-health professionals.

This 3-question screening tool consists of the first 3 questions of the AUDIT (below) and has been validated to identify harmful drinking. The tool can be used on its own or as part of a general discussion of health history. When a positive score is found, it might be helpful to ask the remaining AUDIT questions.

- The U.S. Department of Veteran's Affairs has a comprehensive question list and other resources for AUDIT- C, including information on recommended drinking limits and when you should use the full AUDIT instead. It also provides the AUDIT-C questions and scoring system and is available here: http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm In addition, the standalone AUDIT-C tool and scoring cards (explaining where a patient's score is in relation to the VA's population), is available here: http://www.hepatitis.va.gov/provider/tools/audit-c.asp
- A standalone version of the tool is available from SAMHSA here: http://www.integration.samhsa.gov/images/res/tool_auditc.pdf

3. AUDIT
Number of Questions: 10
Population(s): Adults
Method of Screen: Conversation between provider and patient
Other Notes: Helpful to use if patient screens positively under AUDIT-C. Useful in any setting. May be used by non-health professionals. Translations are available in multiple languages from the WHO.

The World Health Organization (WHO) developed this tool in 1982. AUDIT screens for excessive alcohol consumption. It is useful in the clinical setting, but may be used by non-health professionals.

- Appropriate for the following settings: EDs, Primary Care, Surgery, General Hospital Wards, Outpatient Clinics, Psychiatric Hospitals, Courts/Jails/Prisons, Other Health-Related Facilities, Military Services, Work Place Employee Assistance Programs
- Available in questionnaire and interview format
- AUDIT – The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, 2nd Ed. A manual introducing the screening tool and providing information on how to handle patients who screen positively is available at: http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf
- A standalone questionnaire is also available from the NIH: http://pubs.niaaa.nih.gov/publications/Audit.pdf
- Another version of the tool is available from SAMHSA: http://www.integration.samhsa.gov/AUDIT_screener_for_alcohol.pdf
- Translations of the tool are available in Spanish, Slavic, Norwegian, French, German, Russian, Japanese, Swahili, and several other languages. These are available by writing to: The Department of Mental Health and Substance Dependence, World Health Organization, 1211 Geneva 27, Switzerland.
- An additional resource that may be helpful with AUDIT for patients of concern is NIAAA's "Helping Patients Who Drink Too Much: A Clinician's Guide", available at: http://www.niaaa.nih.gov/guide.

II. CLINICAL SCREENING TOOLS: DRUGS/MEDICATIONS

1. **NIDA-1** (National Institute on Drug Abuse)
Number of Questions: 1
Population(s): 18+ years
Method of Screen: Conversation between provider and patient
Other Notes: Useful in any setting.

This is a single screen question that can be used for patients over 18 years, recommended by the National Institute on Drug Abuse.

- The question, along with some supporting information about brief screening, is available from the Institute for Clinical Systems Improvement, at: https://www.icsi.org/_asset/ct0zf4/Brief-Screen--FINAL.pdf

- Additional information on how to perform the screen and an online version of the tool for clinicians to use is available at: http://www.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen
- An article about the validation of using a single drug screening question in primary care is available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911954/

2. **DAST-10** (Drug Abuse Screening Test)
Number of Questions: 10
Population(s): Adolescents and Adults (two versions of the tool)
Method of Screen: Patient self-reported/self-screen
Other Notes: On average, takes less than 8 minutes to complete.

This is a 10 question self-assessment that was designed to be used as a brief screening tool for adolescents and adults. There are two different versions: one for adults and one for teens. It screens for drug, not alcohol, use.

- Both versions of the tool, along with information on assessment and use, is available at: http://www.integration.samhsa.gov/clinical-practice/screening-tools under the "Drug and Alcohol Use" section.

3. **Opioid Overdose Risk Criteria**
Number of Questions: List of 7 criteria
Population(s): Any
Method of Screen: Provider assessment against criteria
Other Notes: Useful in any setting. Not yet validated as a screening tool.

Although not validated as a screening tool, certain criteria can help providers understand a patient's risk of (opioid) overdose. For the full list, please see FAQ #2 on Prescribe to Prevent, available at: http://prescribetoprevent.org/faq-2/.

4. **SAMHSA Opioid Overdose Toolkit: Information for Prescribers**
Number of Questions: List of 6 criteria
Population(s): Any
Method of Screen: Provider assessment against criteria
Other Notes: Useful in any setting.

This toolkit contains information for providers on assessing risk of opioid overdose, information on treating opioid overdose, and provides additional resources for providers. (The toolkit also contains information on claims and coding, as well as legal and liability considerations.) Please visit: https://store.samhsa.gov/shin/content/SMA14-4742/Toolkit_Prescribers.pdf to access the toolkit.

III. CLINICAL SCREENING TOOLS: POLYSUBSTANCE

1. CRAFFT or RAFFT
Number of Questions: 5 or 6 (can be more, depending on how in-depth providers want to be)
Population(s): Pediatric
Method of Screen: Conversation between provider and patient
Other Notes: Brief screening tool for busy providers.

Recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with persons under 21, this tool assists providers to screen for substance use, high-risk use of alcohol, and other drug use disorders. This also is based on a mnemonic to assist providers in remembering the questions. Depending on the patient's answers, it may be as few as three questions or as many as six.

- The CRAFFT screening tool and information on how to use it is available on the Center for Adolescent Substance Abuse Research's website, at: http://www.ceasar-boston.org/CRAFFT/index.php. This site provides a link to request 4x5 pocket cards for clinical use and translations of the questions into multiple languages, including, Chinese, Haitian Creole, French, Hebrew, Japanese, Khmer, Laotian, Russian, Portuguese, Spanish, Turkish, and Vietnamese.
- Providers can also choose to use a patient self-screen version of the CRAFFT questionnaire. This is available at: http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_English.pdf; this tool is available in the languages listed above at http://www.ceasar-boston.org/CRAFFT/selfCRAFFT.php.
- This tool is approved by MassHealth.
- More information about CRAFFT is available in a 2014 JAMA article available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/pdf/nihms636996.pdf

2. **HEADSSS** or **HEADS-ED** Assessment (Home, Education, Eating, Activities and peers, Drugs and alcohol, Suicidality, Emotions/behaviors/though disturbance, Discharge resources)
Number of Questions: 7 question areas (providers are likely to ask more than 7 questions)
Population(s): Pediatric
Method of Screen: Conversation between provider and patient
Other Notes: HEADS-ED was specifically developed for EDs as an abbreviated version of the longer tool.

These tools are broad-based and are used with pediatric populations to assess substance use and psychosocial history. The HEADS-ED tool is available, along with training videos and other resources, at: http://www.heads-ed.com/en/headsed/HEADSED_Tool_p3751.html

- This article from *Modern Medicine* discusses and presents information about the HEEADSSS tool, its use, and the tool itself. It available at: (2014) http://contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/adolescent-medicine/heeadsss-30-psychosocial-interview-adolesce.

3. **CAGE, CAGE-AID, T-ACE**
Number of Questions: 4
Population(s): CAGE and CAGE-AID – 16+ years; T-ACE – pregnant women
Method of Screen: Conversation between provider and patient
Other Notes: Brief screening tool for busy providers.

CAGE/CAGE-AID: CAGE is comprised of four, easy-to-remember questions relating to whether the patient needs to Cut down on substance use, has felt Annoyed by criticism about substance use, has experienced Guilty feelings about substance use, and/or has taken a "morning Eye opener". It uses the mnemonic "CAGE" associated with the capitalized letters in the preceding sentence to assist practitioners remember the questions. This originally was developed to detect problematic drinking patterns (CAGE), but has been adapted to cover alcohol and other drug use (CAGE-AID). According to the NIH Institute on Alcohol Abuse and Alcoholism, "Two positive responses are considered a positive test and indicate further assessment…"

- **PLEASE NOTE: While this tool is still used by some providers, many organizations and providers are moving away from using it in favor of other tools that have been more recently validated.**
- The CAGE and CAGE-AID questions are available at: http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%20Screening%20Tool.pdf
- A singular tool of CAGE-AID questions is available at: http://www.integration.samhsa.gov/images/res/CAGEAID.pdf

T-ACE is a set of questions based on the CAGE questions and, similarly, uses a mnemonic to assist providers to remember the questions. The mnemonic stands for Tolerance, Annoyed, Cut down, and Eye-Opener. Both CAGE and T-ACE are aimed at identifying alcohol problems over a lifetime, but the T-ACE is helpful in understanding the range of use and is based on DSM-III-R criteria. Scoring two points or more is considered positive.

- T-ACE takes less than one minute to ask a patient and can be used in any population, but can be used with pregnant women.
    - For information on using this tool and similar tools with pregnant women, please visit: http://pubs.niaaa.nih.gov/publications/arh25-3/204-209.htm
- This tool, along with others (CAGE and AUDIT) are available at: http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm
  CAGE, T-ACE, and AUDIT available in one tool from NIH, available at: http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm

4. **ASSIST** (Alcohol Smoking and Substance Involvement Screening Test)
Number of Questions: 7 question areas
Population(s): Adults
Method of Screen: Conversation between provider and patient

Other Notes: Generally used in primary care settings. Available in multiple languages.

Developed by WHO in 1997, in conjunction with addiction specialists to respond to public health substance use problems, this tool was geared for use in primary care settings. WHO has published guides on ASSIST screening processes and use in primary care settings, brief interventions (in primary care settings), and self-help in decreasing or eliminating substance use.

- The **ASSIST screening tool questionnaire** is available in English on WHO's website: http://www.who.int/substance_abuse/activities/assist_v3_english.pdf. In addition to English, the tool is available in Arabic, Chinese, Farsi, French, German, Hindi, Portuguese, and Spanish. Translations are available at: http://www.who.int/substance_abuse/activities/assist_test/en/
- There is a **manual that introduces the screening tool and provides information on how to incorporate it into practice**, available in English at: http://whqlibdoc.who.int/publications/2010/9789241599382_eng.pdf?ua=1 and in Spanish at: http://www.who.int/substance_abuse/activities/assist_screening_spanish.pdf?ua=1
- Another **manual on brief intervention** used in conjunction with ASSIST is available in English at: http://whqlibdoc.who.int/publications/2010/9789241599399_eng.pdf?ua=1 and in Spanish at: http://www.who.int/substance_abuse/activities/assist_intervention_spanish.pdf?ua=1
- A **self-help guide for patients** who want to cut down or stop using substances is available in English at: http://whqlibdoc.who.int/publications/2010/9789241599405_eng.pdf?ua=1 and in Spanish at: http://www.who.int/substance_abuse/activities/assist_selfhelp_spanish.pdf?ua=1. Additional **self-help resources** are available at: http://rethinkingdrinking.niaaa.nih.gov/.
- Additional information and resources can be found at: http://www.who.int/substance_abuse/activities/assist/en/

5. **Short Inventory of Problems (SIP -AD)**
Number of Questions: 10-15
Population(s): Adults, College Students
Method of Screen: Patient self-screen
Other Notes: None

This tool, originally developed to measure consequences of drinking, has been adapted to be used for both drugs and alcohol. It assesses physical, social, intra-and-interpersonal consequences, among others. The tool is available at: http://bit.ly/SIP-AD_inst. The page explains that the links to the SIP bring up an older version and how to adapt it for drug and alcohol use assessment.

6. **PROMIS** (Patient Reported Outcome Measurement Information System)
Number of Questions: Varies
Population(s): Dependent on which tool provider selects – Adult and Pediatric available
Method of Screen: Varies
Other Notes: None

- Adult and Pediatric-specific screenings for multiple issues, including but not limited to: depression, emotional distress (anger, anxiety, etc.), pain behavior (adult only), pain interference, a variety of social relationship screening tools, alcohol use (adult only), etc.
- For use in clinical practice and research, but not disease-specific
- Tools are translated into multiple languages
- General Resource Landing Page: http://www.nihpromis.org/#2
- FAQs: http://www.nihpromis.org/faqs
- Information for Clinicians: http://www.nihpromis.org/Clinicians/CliniciansHome.aspx

IV. CLINICAL SCREENING TOOLS: LONG-TERM PAIN THERAPY

1. **ORT** (Opioid Risk Tool)
Number of Questions: 5
Population(s): Adults
Method of Screen: Patient self-screen
Other Notes: Generally used in primary care settings.

This 5-question screening tool assists providers in understanding a patient's risk of certain behaviors that are commonly associated with unhealthy substance use in pain patients.

- An online and printable version of the tool, together with information about advantages and limitations, are available at: http://www.opioidrisk.com/node/884

2. **SOAPP** (Screener and Opioid Assessment for Patients with Pain)
Number of Questions: 5-24
Population(s): Any patient being considered for long-term opioid therapy
Method of Screen: Patient self-screen
Other Notes: Can be administered by physicians, physician assistants, office staff, or nurses; tool has a 4th grade reading level.

The SOAPP tool aims to assess a patient's relative risk for developing problems if long-term opioid therapy is used as treatment. It consists of 5-24 questions. It assists providers in understanding the level of monitoring that may be necessary for a patient on long-term opioid therapy.

- Appropriate for any patient being considered for long-term opioid therapy
- Several versions of the tool were developed, ranging from 5-24 questions to assist providers who may have limited time. Information on the variations of accuracy on each is available at: https://www.painedu.org/soapp/SOAPP_tradeoff.pdf
- The 5 question screening tool, along with all others, is available at: https://www.painedu.org/soapp-development.asp
- The 14 question screening tool is available at: http://nhms.org/sites/default/files/Pdfs/SOAPP-14.pdf

3. **COMM** (Current Opioid Misuse Measure)
Number of Questions: 17
Population(s): Any patient on long-term opioid therapy
Method of Screen: Patient self-screen
Other Notes: None

This is a patient self-assessment tool that helps providers identify patients who are misusing their opioid medications. Contrasting with SOAPP, which is aimed at identifying patients who are at-risk for misuse prior to initiating long-term opioid therapy, this tool assesses concurrent misuse and is helpful to use during opioid treatment. The tool contains 17 questions and may also help develop strategies for patients to minimize misuse.

This tool is available at: http://www.painedu.org/soapp.asp

4. **Screening tools and information geared towards patients being considers for long-term opioid therapy are available at**: http://www.opioidrisk.com/node/1115. This site provides information on what patients may be appropriate candidates to refer for long-term therapy and appropriate screening tools to be used at regular intervals before treatment and after treatment has commenced.

V. CLINICAL SCREENING TOOLS: PREGNANT WOMEN

1. 4 P's
Number of Questions: 4
Population(s): Pregnant women
Method of Screen: Conversation between patient and provider
Other Notes: Screening prior to and during pregnancy is recommended; patients should be screened once every trimester.

This screening tool is often used to begin the discussion about drug or alcohol use, asking about the patient's Parents, Partner, Past, and Present. Any woman who answers yes to one or more questions should be referred for further assessment. The 4 P's were published in "A Practice Guide to Intervention in Health and Social Services with Pregnant and Postpartum Addicts and Alcoholics: Theoretical Framework, Brief Screening Tool, Key Interview Questions, and Strategies for Referral to Recovery Resources."[1]

[1] *Ewing, H., Martinez (CA): The Born Free Project, Contra Costa County Department of Health Services; 1990.*

2. 4 P's Plus
Number of Questions: 5
Population(s): Pregnant women
Method of Screen: Conversation between patient and provider
Other Notes: Screening prior to and during pregnancy is recommended; patients should be screened once every trimester.

This tool builds on the previous 4 P's and is validated to identify patients who are at risk for substance use (drugs, alcohol, or tobacco).

- The 4 P's Plus tool is listed and explained in the following article on its validation, first published in the *Journal of Perinatology*, available at : http://www.nature.com/jp/journal/v27/n12/pdf/7211823a.pdf
- Providers may need to obtain a license for the tool at: http://www.ntiupstream.com/4psabout/

3. **Five A's of Smoking Cessation – Smoking Cessation During Pregnancy**
Number of Questions: 5
Population(s): Pregnant women
Method of Screen: Conversation between patient and provider
Other Notes: Every patient should receive the screening at least once every trimester.

These questions were modified to assess pregnant women from 2008 clinical practice guidelines (original guidelines were published by the U.S. Department of Health and Human Services) and are now endorsed by the American College of Obstetricians and Gynecologists. The questions facilitate a quick conversation between the provider and patient, allowing the provider to share additional information and interventions if the patient screens positive.

- The Five A's of Smoking Cessation and additional resources can be found on ACOG's website at: http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Smoking-Cessation-During-Pregnancy
- ACOG provides a clinician's guide, "Smoking Cessation During Pregnancy", which lists the Five A's of Smoking Cessation and assists providers in implementing them into their practice. This is available at: https://www.acog.org/~/media/Departments/Tobacco%20Alcohol%20and%20Substance%20Abuse/SCDP.pdf

VI. CLINICAL SCREENING TOOLS: NOT SUBSTANCE RELATED, CAN BE USED CONCURRENTLY TO FULLY ASSESS PATIENT

MHA surveyed members, asking the following question: **Are there other screening tools or general resources, which aren't related to substance use/misuse, that you find helpful in drawing out pertinent information?** Below is a summary of respondents' suggestions and, where possible, information on screening tools in that area. (Please note: For brevity, some suggestions are covered elsewhere in this document and were not duplicated here.)

Anxiety (GAD, GAD7, Beck Anxiety Inventory (BAI)) – This screening tool assesses a patient for generalized anxiety disorder, which is a manifestation of extreme worrying about everyday things when there is little or no basis for the worrying. This tool is available from AACME's Opioid Risk website at: http://www.opioidrisk.com/node/3706. Notably, the first two questions of this 7-question screening tool may be used separately (known as GAD-2) to screen for anxiety disorder.

More information on GAD, including causes, signs/symptoms, diagnosis, treatments, etc., is available from NIH at: http://www.nimh.nih.gov/health/topics/generalized-anxiety-disorder-gad/index.shtml. Additionally, NIH publishes a brochure for patients in both English and Spanish, available at: http://www.nimh.nih.gov/health/publications/generalized-anxiety-disorder-gad/index.shtml.

Another tool is the Beck Anxiety Inventory (BAI), a 21-question survey assessing anxiety. This is available for purchase at: http://www.beckinstitute.org/beck-inventory-and-scales/.

Depression (PHQ2 and PQH9, Beck Depression Inventory (BDI-II)) – Identifying and properly treating depression can help treat or improve pain. The Patient Health Questionnaire, or PHQ, can be used in full (9 questions) or a shortened version (2 questions) to evaluate a patient for depression. The AACME's Opioid Risk website provides information on why clinicians should screen for depression, when to use the 2- and 9-question versions, and links to the screening tools in various languages. This is available at: http://www.opioidrisk.com/node/3615. SAMHSA provides a version of the PHQ-9 in English and Spanish, as well as a modified version for adolescents. Also, SAMHSA provides additional resources for screening and a depression tool kit to help primary care providers recognize and manage depression. All SAMHSA depression resources are available at: http://www.integration.samhsa.gov/clinical-practice/screening-tools.

Another tool is the Beck Depression Inventory (BDI-II), a 21-question survey evaluating a patient's depression severity. This is available for purchase at: http://www.beckinstitute.org/beck-inventory-and-scales/.

Suicide Risk (C-SSRS, SAFE-T, SBQ-R) – SAMHSA provides information on three different suicide risk assessment tools. The Columbia-Suicide Severity Rating Scale (C-SSRS) does not require mental health training to administer. The SAFE-T, or Suicide Assessment Five-Step Evaluation and Triage tool, was developed specifically for mental health professionals. The Suicide Behaviors Questionnaire (SBQ-R) evaluates a patient's suicidal thoughts and behaviors. All of these are available at: http://www.integration.samhsa.gov/clinical-practice/screening-tools.

Domestic Violence – Screening for domestic violence can take many forms, including but not limited to physical, sexual, verbal/emotional, or neglect. It can cover many aspects of domestic life, including intimate partner violence, child abuse, elder abuse, and sexual violence. Many resources are available from the CDC at: http://www.cdc.gov/violenceprevention/index.html. More specifically, the CDC provides screening tools on intimate partner violence, available at: http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf.

PSTD Checklist for DSM-5 (PCL-5) – This tool measures symptoms of post-traumatic stress disorder and can be used for screening, initial diagnosis, and following symptom severity after diagnosis. A provider checklist is available from the U.S. Department of Veterans Affairs at: http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp and providers can request PCL-5 forms if they meet appropriate criteria, at: http://www.ptsd.va.gov/professional/assessment/ncptsd-instrument-request-form.asp.

VII. ADDITIONAL RESOURCES AND INFORMATION

1. **SBIRT**: MASBIRT TTA's (Training and Technical Assistance) website is filled with resources: http://www.masbirt.org/, and specifically: http://www.masbirt.org/resources. These include training resources, screening resources, publications, links to other websites, webinar offerings, and some state- specific information on where to find help or make referrals. MASBIRT TTA also provides consultations on SBIRT implementation, as well as training and coaching to help staff build skills to identify risk and have brief conversations with patients about their substance use.

    - **SBIRT: A Step by Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use.** This clinician's guide, featuring many of the screening tools previously discussed in this packet and that can assist providers to integrate these techniques into their practice, is available at: http://www.masbirt.org/products. A free hard copy of the toolkit can be ordered at https://massclearinghouse.ehs.state.ma.us/

2. **Boston Children's Hospital** provides many resources for providers treating the pediatric population. It has several initiatives through its **Adolescent Substance Abuse Program (ASAP).** The main website for ASAP, http://www.teensubstancescreening.org/,provides information on SBIRT recommendations and a

free, online case scenario course. In addition, ASAP provides links to a number of other resources for providers and patients, available at: http://www.teensubstancescreening.org/resources-and-links/.

3. A list of **MassHealth-approved behavioral health and substance misuse screening tools** for children and youth is available on the state's website at: http://www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-screening/masshealth-approved-screening-tools/. Most of these tools focus on mental health issues; however the CRAFFT, previously discussed on pages 7-8, is also included.

4. The **NIAAA provides a full guide and a 7-page pocket guide for practitioners** on Alcohol Screening and Brief Intervention; both are available at: http://www.niaaa.nih.gov/guide.

5. In addition, **NIAAA provides other information and resources on screening**, discussing many tools that are cited in this packet. Specifically**, NIAAA provides an article that discusses some of the suggested practices and challenges of particular settings, including the ED, prenatal care, and primary care. That is available at:** http://pubs.niaaa.nih.gov/publications/aa65/AA65.htm

Where to Find Additional Information:

Substance Abuse Mental Health Services Administration: http://www.samhsa.gov/

National Institute on Alcohol Abuse and Alcoholism: http://www.niaaa.nih.gov/

National Institute on Drug Abuse: http://www.drugabuse.gov/

American Society of Addiction Medicine, screening and assessment information: https://www.asam.org/public-resources/screening-and-assessment

MA Department of Public Health Bureau of Substance Abuse Services: http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/

MA Child Psychiatry Access Project: http://www.mcpap.com/Provider/Overview.aspx

The Center for Adolescent Substance Abuse Research: http://www.ceasar.org/