



Transition-Aged Youth: Integrating Primary Care and Behavioral Health Services

Candice Russell, B.S., Facilitator

Katie Crowley, B.S., Co-Facilitator

Joseph Hyde, M.A., LMHC, CAS, Subject Matter Expert

Thursday, March 2, 2023

Vision: Healthy Communities, Healthy People





Session 4: Screening for Substance Use and SUD in TAY

Thursday, March 2, 2023

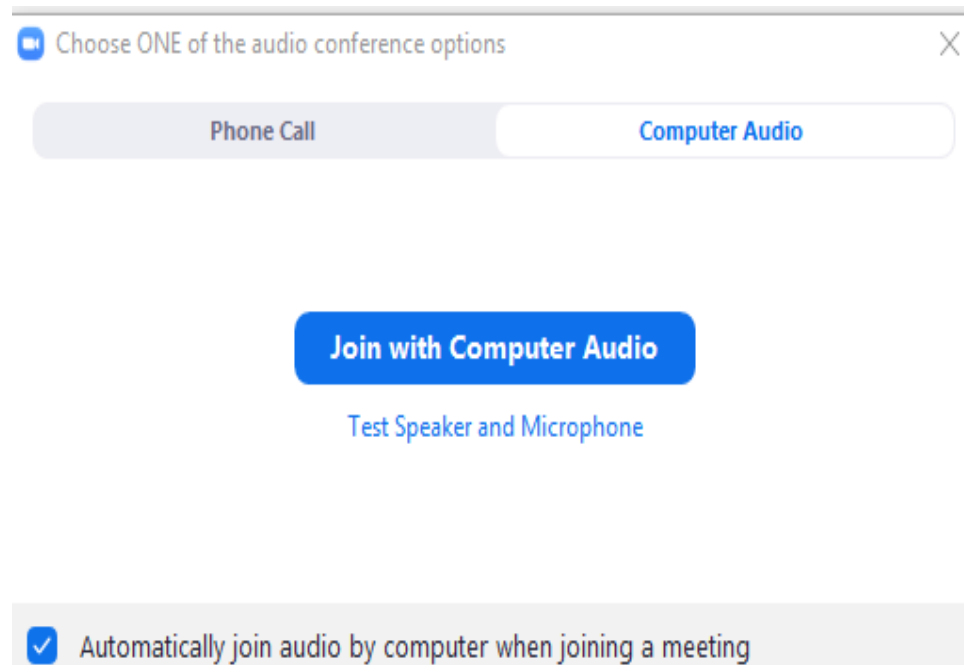
Vision: Healthy Communities, Healthy People



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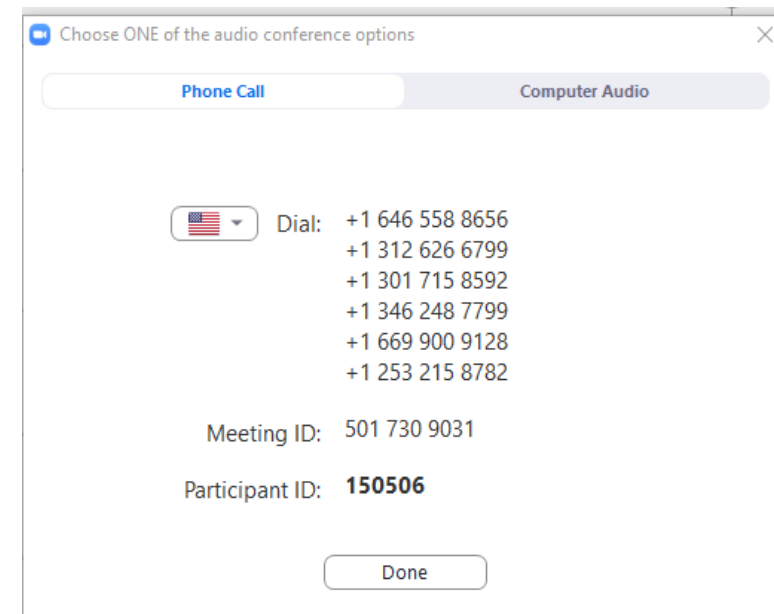
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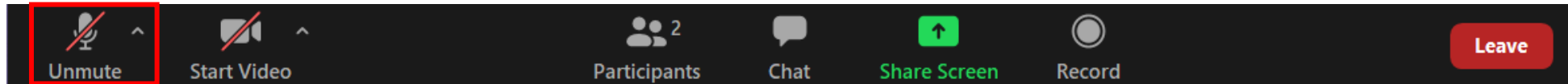
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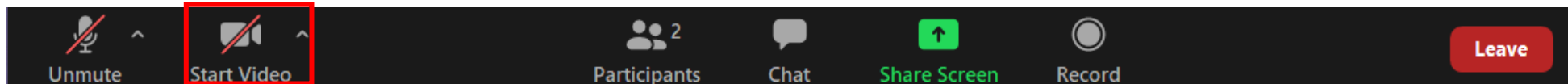
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Zoom Participation

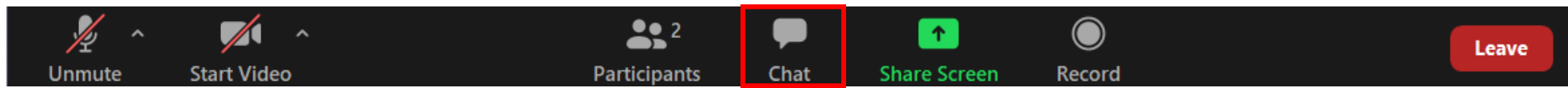
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



CoP Facilitators



Facilitator:
Candice Russell, B.S.
Senior Program Associate I
Advocates for Human Potential, Inc.



Facilitator: Joseph Hyde, M.A., LMHC, CAS
BHTA Project Director and
Senior Technical Expert Lead
JBS International, Inc.

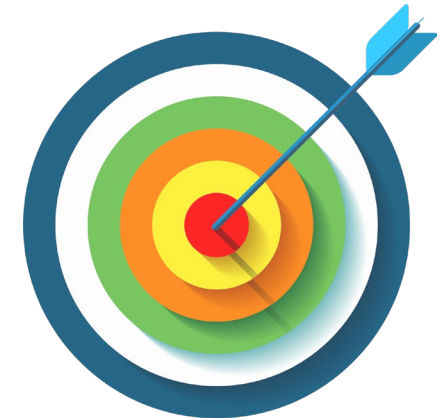


Co-Facilitator:
Katie Crowley, B.S.
Program Associate
Advocates for Human Potential, Inc.

CoP Learning Objectives

At the end of this CoP, participants will be able to:

1. Describe the unique challenges that transition-aged youth (TAY) face and the solutions that can be implemented to support them.
2. Design developmentally appropriate programming that is also trauma informed, equitable, and inclusive.
3. Develop effective strategies for your clinic that will improve outreach to and engagement of TAY from specific populations (e.g., youth in foster care, LGBTQIA+ youth, youth and young adults who are pregnant/parenting).



Source: iStock

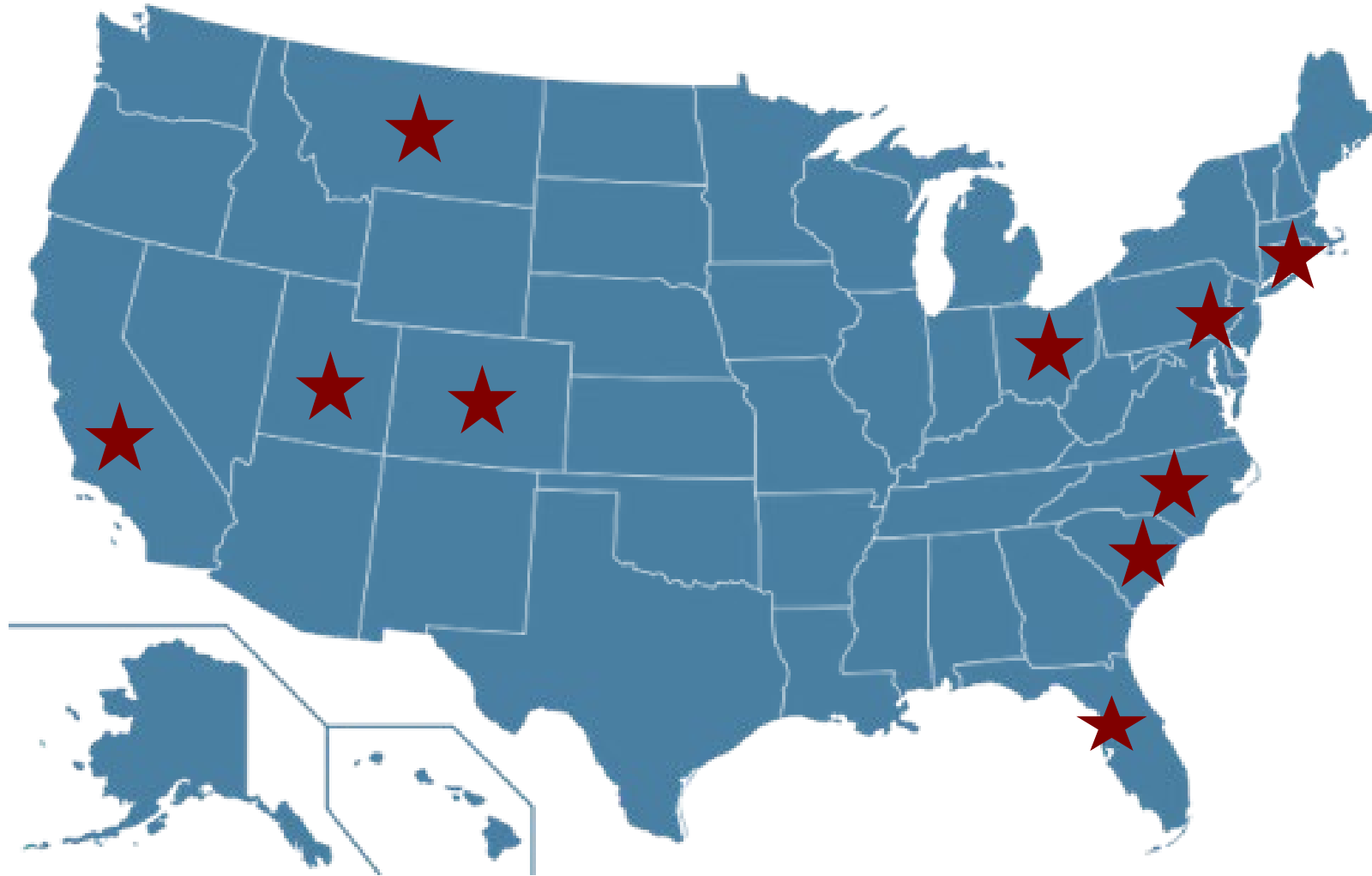
Agenda

- Check-in and attendance
- SME Presentation: Joseph Hyde, M.A., LMHC, CAS
 - Risk and protective factors
 - Effective screening approaches
 - Evidence-based treatment
- Participant Q&A
- Session wrap-up & intersession learning assignment



Source: iStock

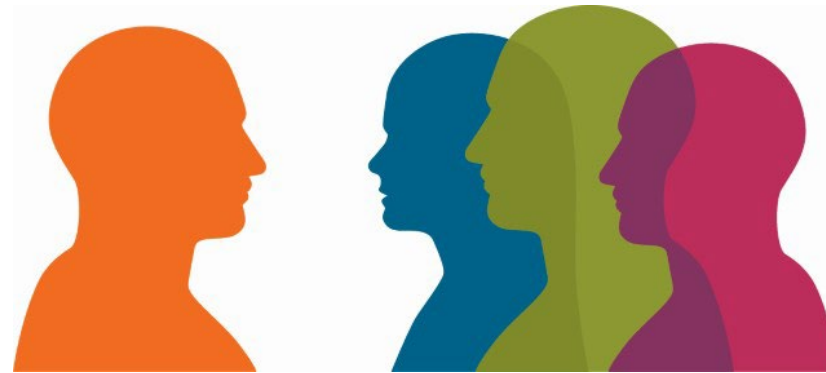
CoP Participants



Today's Discussion Question

Later in the session, we will ask:

What screening approaches you are using in your clinic? What approaches have effectively engaged youth? What barriers have you encountered?



Source: ThinkStock

Today's Presenter



Joseph Hyde, M.A., LMHC, CAS
BHTA Project Director and
Senior Technical Expert Lead
JBS International, Inc.

Social Determinants/Drivers of Health (SDOH)



Youth Who Experience an Easier Transition into Adulthood

- Impacted by fewer SDOH concerns
- Fewer adverse childhood experiences (ACEs)
- Stable connection and support with one or more adults
- Supportive relations with peers
- Family and peer support for one's chosen identity
- Good enough educational success
- Low risk substance use
- Emerging sense of purpose



Source: Microsoft® PowerPoint® for Microsoft 365.

Moving into the Adult World

Youth who experience an easier transition into adulthood usually have access to adequate resources that support their transition to adulthood:

- Adequate housing
- Stable relationships
- Basic life skills
- Stable identity
- Emotional wellness
- Education or occupational skills
- Purposefulness¹



Source: Microsoft® PowerPoint® for Microsoft 365.

Youth with the Greatest Difficulty with Transition into Adulthood

- Experiencing more ACEs
- Criminal justice system involvement
- Impact of SDOH on primary and behavioral health care
- Growing up in the child welfare system
- Diagnosis of mood and/or personality disorder
- Diagnosis of substance use disorder (SUD)
- Inadequate system of social supports
- Having a physical or intellectual disability



Source: Microsoft® PowerPoint® for Microsoft 365.

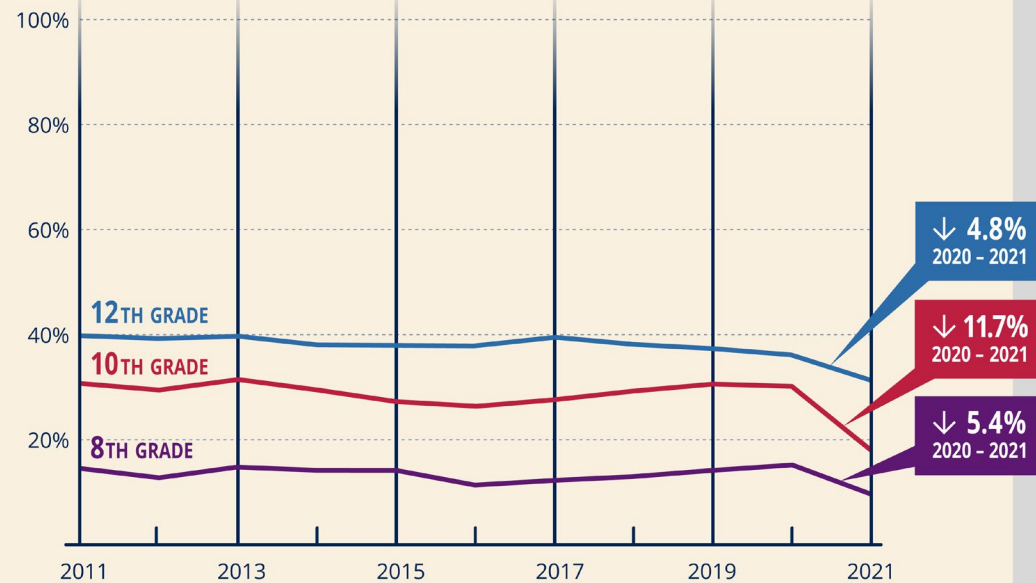
Special Consideration: TAY (17-21) in Child Welfare

National Youth in Transition Database survey findings:

- 42% reported having experienced homelessness by age 21.
- 27% had been referred for SUD assessment and treatment.
- 33% experienced incarceration.
- 34% were uninsured.
- 25% had no consistent primary care provider.
- A significant number received primary care through either urgent care or hospital emergency departments.²

Monitoring the Future Survey³

U.S. Students Reporting Any Past-Year Illicit Drug Use*



*Illicit drug use in this survey was defined as use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin; or any use of narcotics other than heroin, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders.

Source: 2021 Monitoring the Future Survey



National Institute
on Drug Abuse

nida.nih.gov



UNIVERSAL SCREENING AT ANY OPPORTUNITY



Suggested Universal Screening

Trusted health care and social service providers are in a prime position to identify substance-related risks and behavioral health concerns in patients, and to **intervene** early regarding:

- Drinking and drug misuse
- Depression
- Anxiety
- SDOH



Source: Microsoft® PowerPoint® for Microsoft 365.

Detecting Risk Factors Early

Screening is a first step toward effective intervention:

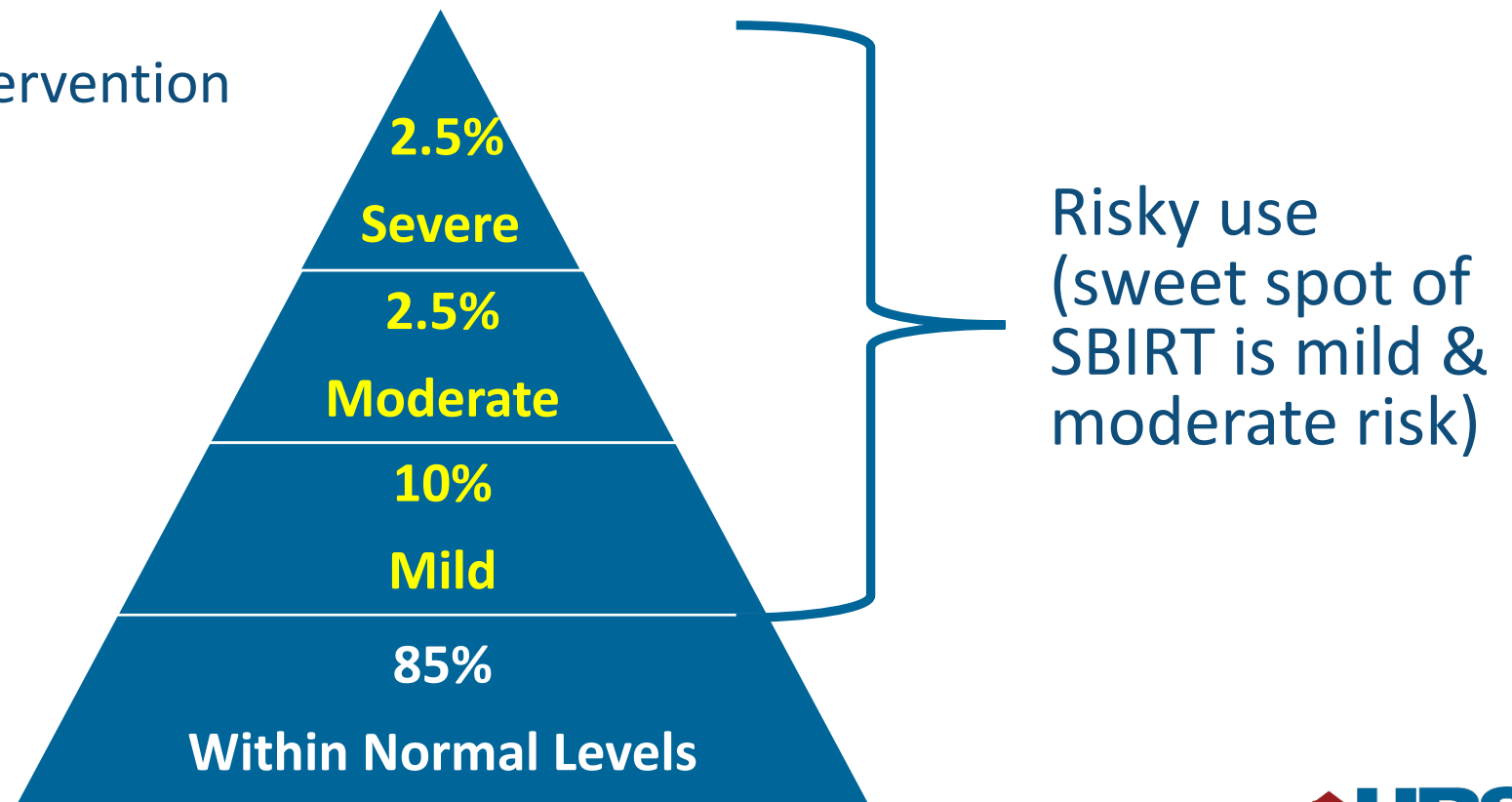
- The clinician is often the first point of contact.
- Early identification and intervention lead to better outcomes.
- Effective screening can initiate a change process.⁸



Source: Microsoft® PowerPoint® for Microsoft 365.

Goals of Screening

- Establish and engage a working relationship
- Stratify risk
- Advise appropriate intervention



Key Points for Screening

- Screen **everyone**.
- Use a validated tool.
- Triage screening is usually part of another health and wellness survey.
- **Follow up** positives or “red flags” by assessing details and consequences.
- Show **nonjudgmental, empathic** verbal and nonverbal behaviors during screening.
- Our comfort sets the tone for the conversation.
- **Remember, *behavioral health screening is the fourth vital sign.***
- **And remember: If you don’t ask, you don’t know!**



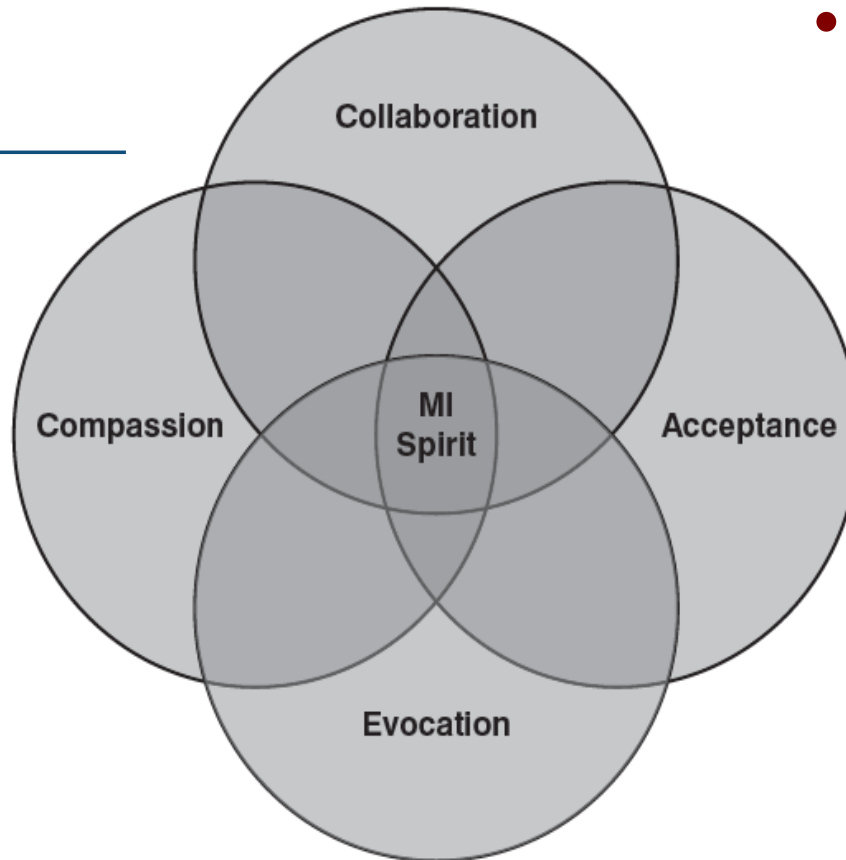
Your Approach Matters

- Use a nonjudgmental, understanding, encouraging approach.
- Listen for the patient's concerns about their behavioral health.
- Encourage the patient to talk about these concerns with other providers.
- Be brief; longer is not necessarily better.
- Close on a positive note.



The Spirit of Motivational Interviewing (MI)

The feeling of the
is often express
compassion and curiosity.



Especially with y
the spirit of MI is
central to engage

- MI spirit is a way of your being with clients that is:

1. Collaborative
2. Evocative
3. Accepting
4. Compassionate

5. *Respectful*
6. *Uses Approach of Dual Expertise*

Based on Findings of Your Screening . . .

- The clinician has valid, patient-self-reported information that is used in brief intervention.
- Often, the process of screening sets in motion patient reflection on their behavior.
- Remember that intervention is more than more than a review of screening numbers.
- A motivational intervention such as the **Brief Negotiated Interview** yields better outcomes.

Translate the Numbers into Relatable Human Experience

Remember: Your first job is to engage.

WHEN INTERVENING:
Engage with the person,
not the numbers.



Source: Microsoft® PowerPoint® for Microsoft 365.

Why Use the Brief Negotiated Interview? (BNI)

- Evidence based
- Rooted in MI
- Easily learned
- Has been effectively used with all manner of psychosocial issues

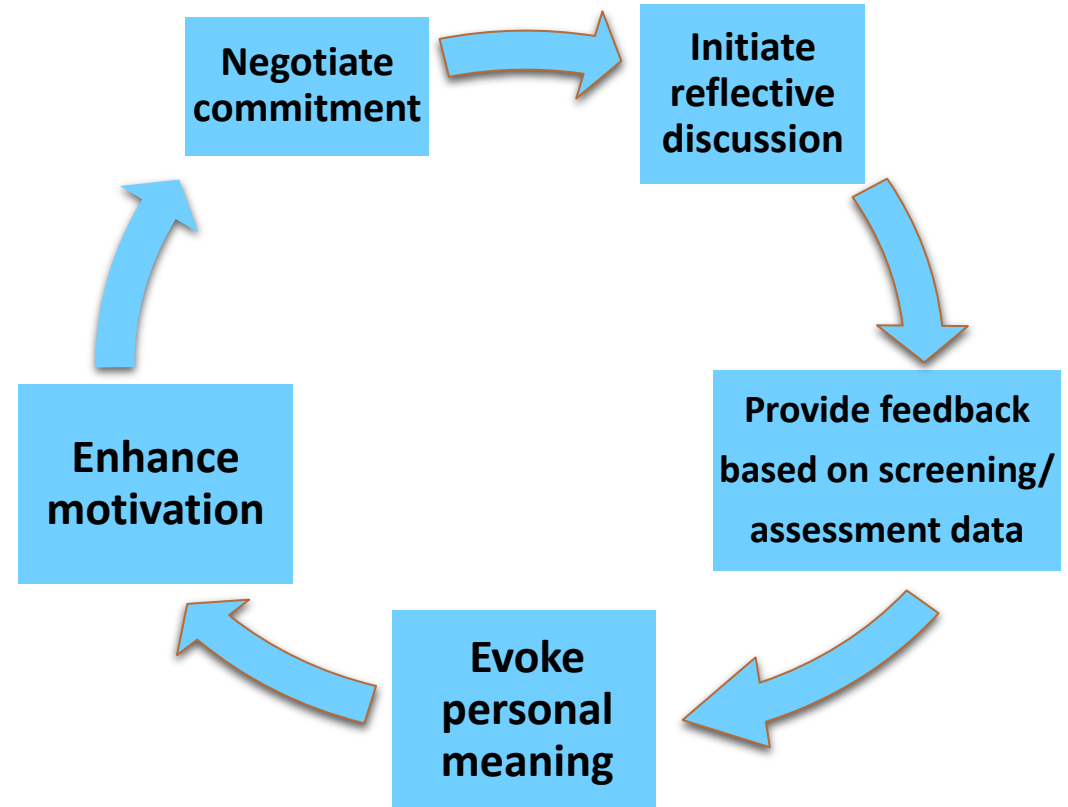


Source: Microsoft® PowerPoint® for Microsoft 365.

The Personalized Reflective Discussion

Personalized reflective discussion

“uses screening/assessment results to generate a specific type of reflective discussion aimed at gently increasing readiness and the desire to change.”^{9, 11}



Meta-Messages of Interventions for Youth in Transition

1. My whole health is important: mind, body, and spirit.
2. People are taking notice of me and how I am living.
3. People are interested in and truly care about my well-being.
4. Healing can occur in unexpected ways.
5. My perspective matters, and my views are taken seriously.
6. There doesn't have to be stigma related to alcohol, substance use, or mental illness—it's like any other health issue, not a personality defect or flaw.



Source: Microsoft® PowerPoint® for Microsoft 365.

What if the Youth Does Not Want to Go?

- That's their choice; respect the person.
- Revisit the pros and cons of the decision.
- Use your MI skills (e.g., “Why might you want to sit with someone and talk about what's going on.”)
- Maintain connection.
- Negotiate and schedule a follow-up contact.



Source: Microsoft® PowerPoint® for Microsoft 365.

Finally, a Very Quick Conversation on Evidence-Based Treatment

- Current approaches to understanding the treatment of substance use, mental health, and co-occurring disorders are driven by empirical advances in neuroscience and behavioral research rather than by theories alone.
- Across multiple evidence-based practices, clinical researchers have identified a common set of practice elements,^{7, 8, 9} and some have proposed that our health care system focus on training and disseminating these essential skills and/or more universal clinical interventions.¹⁰
- Integrated MI and newer iterations of cognitive behavioral therapies demonstrate the best outcomes; **this is especially true when informed with clinician skills to enhance cultural relevance in clinical practice.**

TAY Feedback

It was nice being able to talk to someone.

It was a conversation. I wasn't talking to a brick wall or being talked to - it felt like a real one-on-one conversation.

Getting stuff off my chest.

She was really understanding about marijuana use. She understood that it was helping my problems. She offered me alternatives but she really listened and understood.

Feeling my answers are kept secret with the people who read them.

Helped me quit juuling.

He was able to sit there and help me figure out what the stressors are in my life.

I felt comfortable and at ease and appreciative that someone cared.

I didn't get judged.

Worried that marijuana caused my panic attack so I stopped smoking after that. [SBIRT provider] was really there and listened and didn't tell me anything I did was wrong or bad. I really appreciated someone listening.

Honestly, that she was a stranger and that it wasn't going to go anywhere. Being able to talk candidly because she didn't know me, and I didn't feel judged at all.

It kinda opened my eyes.



Breakout Group Discussion

Discuss what screening approaches you are using in your clinic. What approaches have effectively engaged youth? What barriers have you encountered?



Source: Microsoft® PowerPoint® for Microsoft 365.

Realizing the Vision

Strategic Plans are driven by a vision for success!

As part of your action planning, continue developing a three-part strategy to ensure equitable access to behavioral health care services and supports from primary care services for TAY.

- Are there updates or changes you would like to make to improve your screening process to better engage youth?

Particular focus should be on TAY who come from populations that may be typically underserved (ethnic and/or gender minorities, part of the foster care system, etc.).



Source: ThinkStock



Next Steps

- Identify the thorns you will tackle as part of your action planning.
- Remember, Thursday and Friday Office Hours.
- Coaching Calls are available—*please reach out to schedule a coaching call if you need additional assistance.*



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Biweekly Office Hours

- **Thursdays** (after the session) 3:30–4:30 p.m. ET
- **Fridays** 1:00–2:00 p.m. ET
- Designed to discuss progress and/or challenges related to
 - Your team's action plan
 - The session topic
- Meet colleagues from other health centers

TA Offerings for Health Centers

- One-on-One Coaching
- Webinars
- Intensive On-site Technical Assistance
- Communities of Practice (CoPs)

BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-learning Webinars
 - Virtual Site Visits to Improve Outcomes
 - Integration of Oral and Behavioral Health
 - Virtual Brown Bag Sessions



Coming in February and March

Oral Health and Behavioral Health Services Integration Learning Collaborative

6 Didactic Sessions (1 CME per session)

2/8/2023, 1:00–2:00 p.m. ET *"The Role of Dental Fear and Anxiety In Oral Behavioral Health"*

REGISTER: https://us06web.zoom.us/meeting/register/tZcudOqgrzwpHdUCY64ea_iSNKjhCH-dHko4

Virtual Brown Bag Lunch Office Hours

8 Sessions for Health Center Staff Only (1 CE per session)

2/1/2023, 1:00–2:00 p.m. ET “*Reentry Recovery Services to Improve Health and Reduce Recidivism and Overdoses Among Formerly Incarcerated Individuals*”

REGISTER: <https://bphc-ta.jbsinternational.com/event-calendar/reentry-recovery-services-improve-health-and-reduce-recidivism-and-overdoses-among-0>

Micro-Webinar (30 minutes)

2/15/2023, 12:30–1:00 p.m. ET “Addressing Racial and Ethnic Disparities in Pediatric Mental Health in an Integrated Care Setting”

REGISTER: <https://bphc-ta.jbsinternational.com/event-calendar/addressing-racial-and-ethnic-disparities-pediatric-mental-health-integrated-care>



Continuing Education & Satisfaction Assessment

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
 - Follow the link in the chat
 - Use the link in the follow-up message from Alchemer (SurveyMonkey)
- **CE credits will be distributed within 2 weeks after the session.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.



Thank You!

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Vision: Healthy Communities, Healthy People



Endnotes

1. Casey Family Programs. (2001). *It's my life: Summary of a framework for youth transitioning from foster care to successful adulthood*. https://www.floridahats.org/wp-content/uploads/2016/03/Casey_Its_My_Life_Framework_Summary1.pdf
2. Administration for Children and Families Children's Bureau, National Youth in Transition Database. (November 2017). *Comparing outcomes reported by young people at ages 17 and 19 in NYTD Cohort 2 (Data Brief #6)*. https://www.acf.hhs.gov/sites/default/files/documents/cb/nytd_data_brief_6.pdf
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6. Burford, G. & Leibowitz, G. S. (2019). *Restorative and responsive approaches to desistance and recovery*. In D. Best & C. Colman (Eds.), *Strengths-based approaches to crime and substance use: From drugs and crime to desistance and recovery*. Routledge. <https://doi.org/10.4324/9781315227221>
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10. Barlow, D., (2008). *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4th ed.). New York, NY: Guilford Press
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Extra Slides

A quick review of common tools



Spectrum of Use

**None or
low-risk**

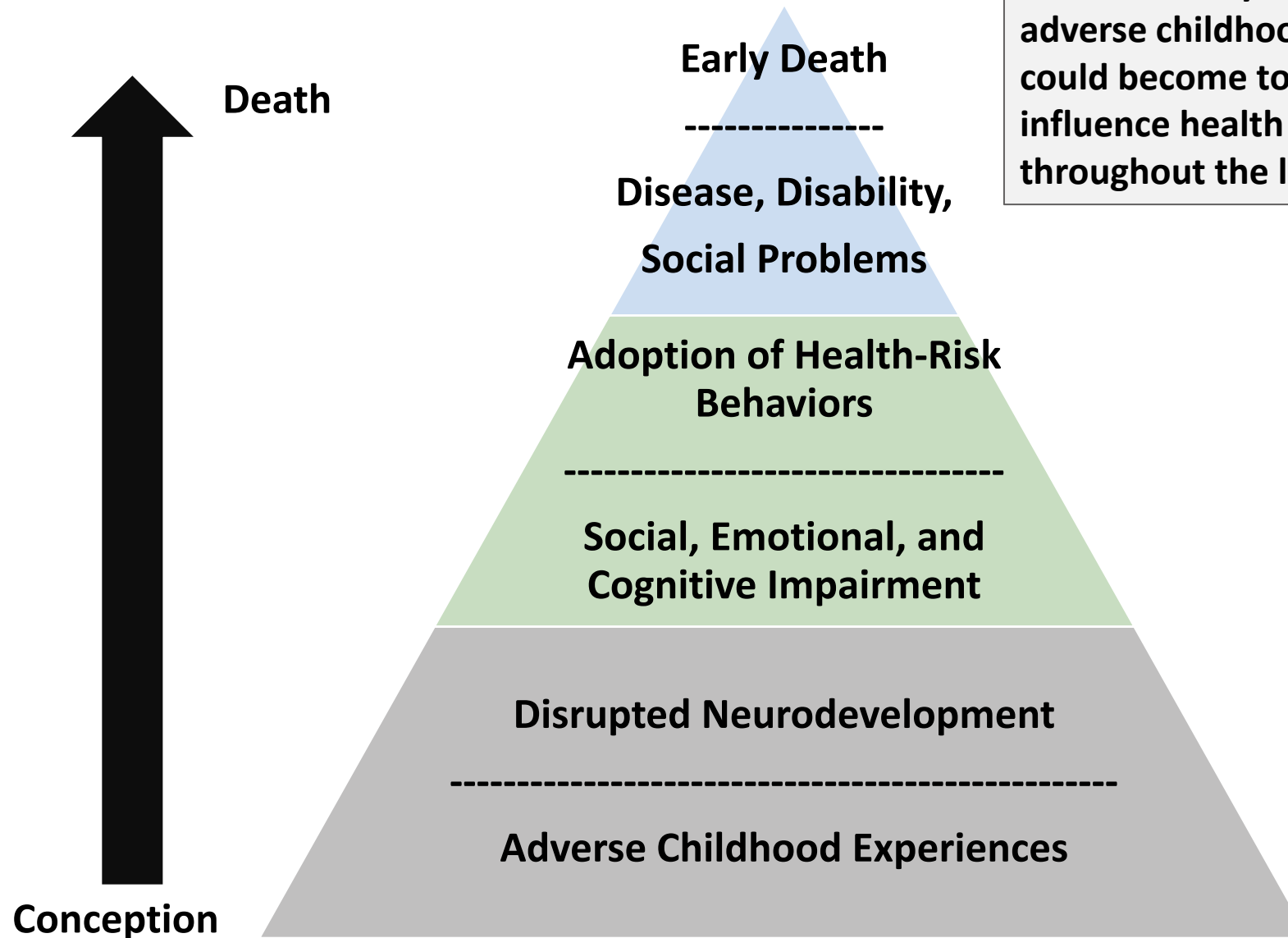
Mild

Moderate

Severe

Increasing amounts, higher-
risk substances or situations

Craving, loss of
control



Mechanism by which unbuffered adverse childhood experiences could become toxic stressors and influence health and well-being throughout the life span

Youth in Transition: Who Becomes Addicted?

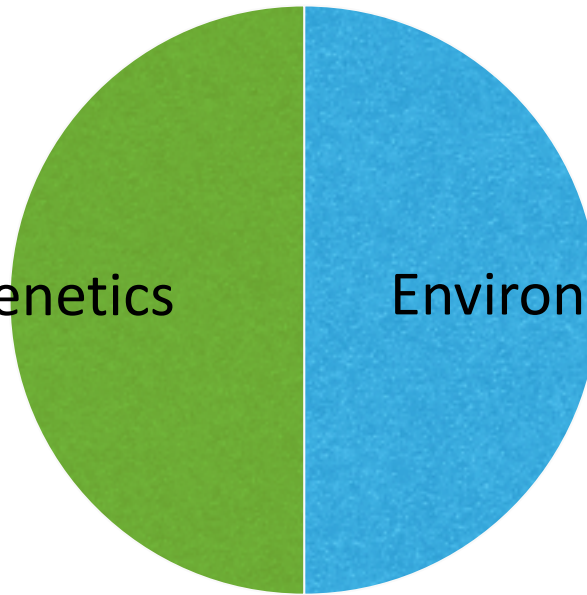
Biochemical

- opioid receptors
- dopamine
- other transmitters
- intracellular signals

Behavioral

- novelty seeking
- harm avoidance
- impulsivity
- psychiatric disorders

Genetics



Environment

Social influence

- parents
- siblings
- friends

Adversity

- psychiatric disorders
- stress
- lack of positive experiences

Availability

- illicit sources
- prescription
- family and friends^{3,4,5,6}

Anokhin et al 2015
Milivojevic et al 2012
Reed et al 2014
Wingo et al 2015

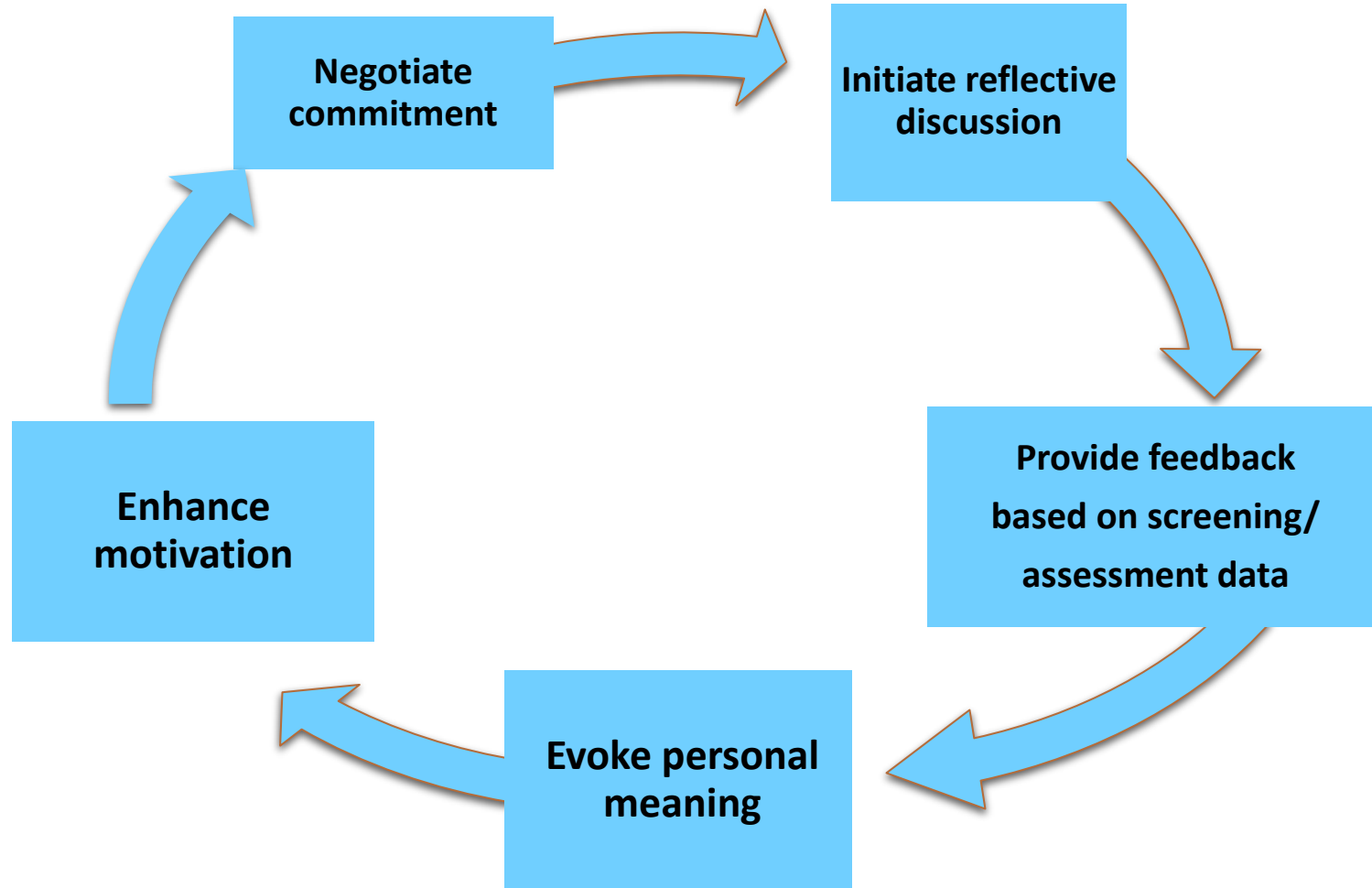
Steps in the BNI

1. Build rapport—raise the subject.
Explore the pros and cons of use.
2. Provide feedback.
3. Build readiness to change.
4. Negotiate a plan for change.



Source: Microsoft® PowerPoint® for Microsoft 365.

Personalized Reflective Discussion Supporting Service Engagement



Restorative Justice Approaches to Desistance and Recovery





Restorative Justice Approaches to Desistance and Recovery

Restorative and responsive approaches to engagement with members of affected social networks can operate to reconcile the aims of **desistance** (*associated with criminology*) and **recovery** (*associated with addiction treatment*).

- Consider social determinants of health and well-being, and Restorative Justice as a critique of traditional criminological models
- Use of Family Group Conferencing (FGC)¹⁰

Youth SBIRT



Home

Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT) is an evidence-based practice to prevent and reduce risky substance use among adolescents ages 12 to 18.

YSBIRT.org aims to equip the primary care field with the resources and support necessary to implement SBIRT in their practices. It was born out of a partnership between the [National Council for Mental Wellbeing](#) (National Council) and the [Conrad N. Hilton Foundation](#).

The website contains:

- Background information on the [Facilitating Change for Excellence in SBIRT](#) (FaCES), an initiative executed by the National Council with funding from the Conrad N. Hilton Foundation to develop an evidence-informed, standardized, and flexible approach to adolescent SBIRT implementation in primary care.
- An implementation guide, or [change package](#), for YSBIRT in primary care. The change package comprises 11 specific recommendations – or change concepts – that marry high-level implementation guidance with the actual operational changes required for effective practice transformation. It also includes benchmarks as a way to measure implementation progress.
- [Training opportunities](#) to enhance SBIRT education and readiness to implement within primary care.
- YSBIRT [Resource Hub](#), which provides access to the most current tools and resources.



Turning the Heat Down on Adolescent Substance Use

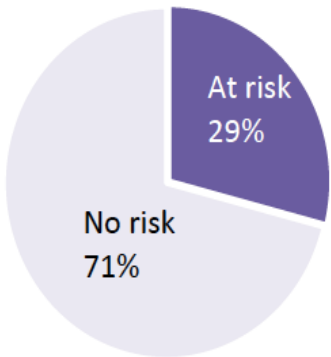


<https://www.ysbirt.org/>

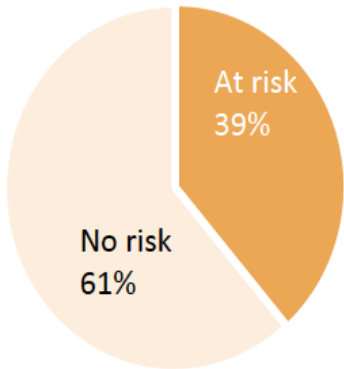


SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Substance Risk 2020-2021 – N=4048

Any AOD Risk- Youth



Any AOD Risk- Young Adults

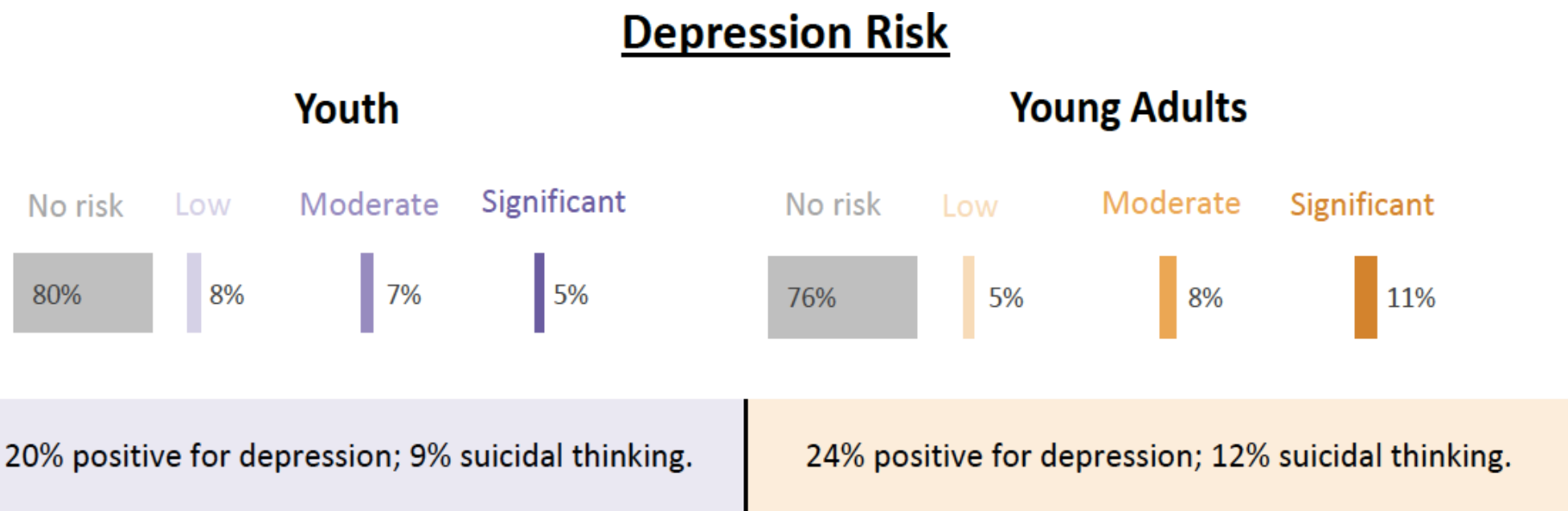


17% of additional young adults were at risk solely for tobacco use.



SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Depression Risk

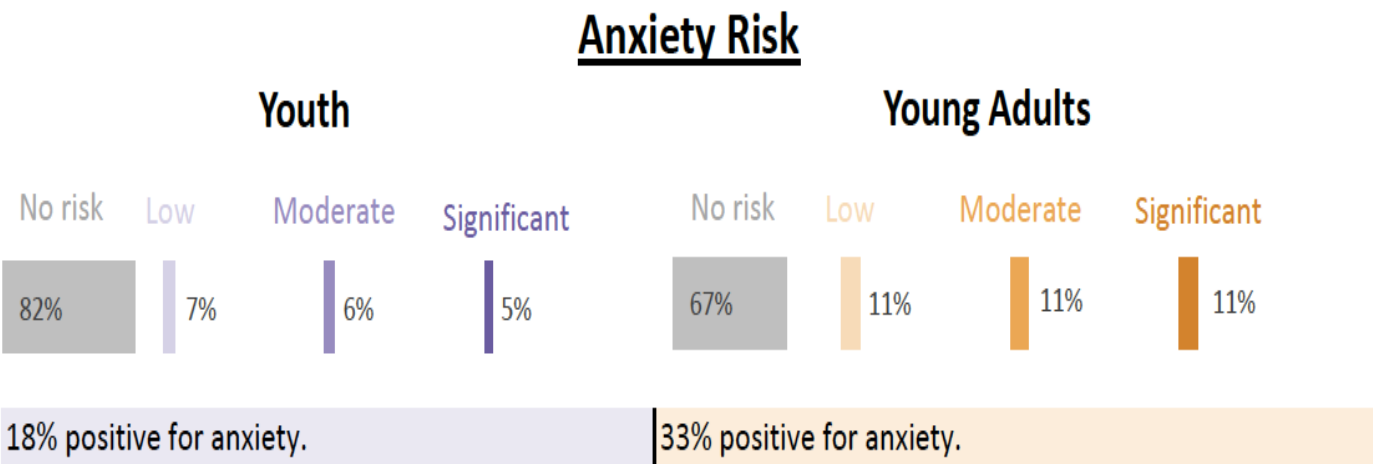
2020-2021 – N=4048





SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Anxiety Risk 2020-2021

– N=4048



CRAFTT

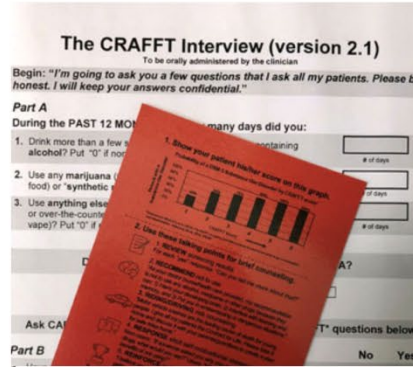


[About the CRAFTT](#) ▾ [Get the CRAFTT](#) ▾ [Use the CRAFTT](#) ▾ [About Us](#) ▾ [Resources](#) ▾ [Donate](#)



ABOUT THE CRAFTT

The CRAFTT is a well-validated substance use screening tool for adolescents aged 12–21. It is recommended by the American Academy of Pediatrics' Bright Futures Guidelines for preventive care screenings and well-visits.



GET THE CRAFTT

The CRAFTT tool is free to use. The tool is available as a self-administered questionnaire to be completed by a patient and as an interview tool to be administered by a provider. The CRAFTT is available in several languages.



USE THE CRAFTT

Reproduce the CRAFTT to fit the needs of your practice, whether on paper or integrated into your EMR. Get detailed instructions for reproducing, administering, and scoring the CRAFTT.

ANNOUNCEMENTS

• Dr. Sion Kim Harris hosted a [webinar](#) titled "The State of the Science: Teen Brain Development and the Impact of Marijuana Use" on what the

<https://craftt.org/>





Which Adverse Experiences Are Measured?

Adult & Child Questions

Live with anyone (parent / guardian) who ...

- ☐ Was **depressed, mentally ill, or suicidal?**
- ☐ Was a **problem drinker or alcoholic?**
- ☐ Used **illegal street drugs / abused prescription medications?**
- ☐ Served time / was sentenced to **serve time in a prison, jail or other correctional facility?**
- ☐ Got **separated or divorced?**

See / hear **parents or adults in your home ever slap, hit, kick, punch or beat each other up?**

Adult Questions

- Did a parent or adult in your home ever
 - ☐ Hit, beat, kick, or physically hurt you in anyway (does not include spanking)?
 - ☐ Swear at you, insult you, or put you down?
- Did anyone at least 5 years older than you or an adult
 - ☐ Touch you sexually?
 - ☐ Try to make you touch them sexually?
 - ☐ Force you to have sex?

Child Questions

- ☐ Ever the victim or violence / witness neighborhood violence?
- ☐ Ever treated / judged unfairly because of race or ethnic group?
- ☐ Live in a household where it was hard to cover basics like food or housing?
- ☐ Live with a parent/ guardian who died?



UCLA Brief COVID-19 Screen for Child/Adolescent PTSD

- “This newly developed tool is available at no cost to facilitate PTSD risk screening and triage to address the impact of the coronavirus pandemic on children, adolescents and their families. This tool is designed for use by professionals across a range of child-serving systems including behavioral health, primary care, pediatrics, schools, child welfare, juvenile justice and residential care.”
- <https://istss.org/clinical-resources/assessing-trauma/ucla-ptsd-assessment-tools>

UCLA Brief COVID-19 Screen for Child/Adolescent PTSD

- “It includes an initial set of questions about types of exposure to the pandemic. . . . There is also a set of questions designed specifically for children/adolescents in military families. **The exposure questions are followed by an 11-item set of validated questions about the frequency of PTSD symptoms in the past month.**
- “The score sheet provides an algorithm for determining the need for ongoing monitoring or a full PTSD assessment and, if indicated, evidence-based trauma-focused treatment.
- “The UCLA Brief COVID-19 Screen is available in English and Spanish.”



UCLA Brief COVID-19 Screen for Child/Adolescent PTSD

UCLA Brief COVID-19 Screen for Child/Adolescent PTSD ©

Name: _____	ID # _____	Age: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Grade in School _____	School: _____	Teacher: _____	City/State _____
Interviewer Name/I.D. _____	Date (month, day, year) ____/____/____	(Session # _____)	

The coronavirus illness has made a lot of people very scared and worried about their own safety and health, and the safety and health of their family and friends. To help me understand how you are doing with what is happening, I'd like to ask you some questions about some ways that we know people react to this kind of danger. For me to better understand your answers, it's helpful for me to ask you a few questions first.

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone close to you been quarantined because of having symptoms of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or someone close to you been told of a positive test for this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does someone close to you work around people who might have this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a family member had to move away from home because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone close to you died because of this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, can you tell me who? _____

Military Families

Has a military member of your family been deployed to a place where people have this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you and your family been quarantined and made to stay on your military base?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a military member of your family been unable to return home or leave a foreign country because of being quarantined or because of having this illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has anything else happened to you/your family because of this illness that has been very upsetting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Describe: _____

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1



UCLA Brief COVID-19 Screen for Child/Adolescent PTSD (cont'd)

(Even if no item above is scored “Yes”, continue to ask the following.)

For your reactions to what’s happening because of the coronavirus illness, TELL ME for each problem listed below the number (0, 1, 2, 3 or 4) that shows how often the problem happened to you in the past month. Use the Frequency Rating Sheet to help you decide how often the problem happened in the past month.

HOW MUCH OF THE TIME DURING THE PAST MONTH...		None	Little	Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
8	I have thoughts like “I will never be able to trust other people.”	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don’t want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

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2



PTSD Check List -5

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

PCL-5

https://www.ptsd.va.gov/professional/assessment/documents/PCL-5_LEC_criterionA.pdf





Know the PHQ-9 and scoring

- 1-4 minimal depression
- 4-9 mild depression
- 10-14 moderate depression
- 14-19 moderate severe depression
- 20-27 severe depression

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)				
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)				
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	<u>3</u>
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	<u>3</u>
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	<u>3</u>
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	<u>3</u>
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	<u>3</u>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than <u>usual</u>	0	1	2	3
9. Thoughts that you would be better off dead or of <u>hurting</u> yourself in some way	0	1	2	3



Variations of the PHQ-9

- Multiple validated versions are available based on your needs/constraints
 - Full PHQ-9 for adults
 - Full PHQ-9 for adolescents
 - PHQ-2
 - **PHQ-3 = PHQ-2, plus Question #9 from PHQ-9**
 - **Why PHQ-3 = Suicidality is not always causally linked to depression.**

Generalized Anxiety Disorder 7-item (GAD-7) scale

If your patient checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Scores of 5, 10, and 15 are the cut-off points for mild, moderate and severe anxiety.

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (add your column scores) =				

SUD (Triage) Screening

- The NIAAA Single-Question Screen or the USAUDIT C (Questions 1-3)
“How many times in the past year have you had five (men) or four (women or patients over age 65) drinks or more in a day?”
- The NIDA Single-Question Drug Screen
“How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical”

USAUDIT - Alcohol Use Disorders Identification Test

- What is it?
 - Ten questions, self-administered or through an interview; addresses recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
 - Adapted for use in the United States



<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>





USAUDIT Questionnaire - Questions 1-3 (AUDIT-C)

QUESTIONS	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-9 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
							Total	

USAUDIT Questionnaire - Questions 4-10

QUESTIONS	0	1	2	3	4	5	6	Score
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year			
Total								

DAST(10) Questionnaire

These Questions Refer to the Past 12 Months

1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

Source: Yudko et al., 2007

