




**Health Home Care
Coordinators Training**
Assessment Screening Tools

 **HealthPath**
Washington

May 8, 2014

Washington State Health Care Authority  

This presentation was provided as a Webinar for Health Home Care Coordinators which aired on May 8, 2014. Review of this PowerPoint presentation satisfies, in part, the required State-sponsored special training modules for Health Home Care Coordinators.

Training Agenda

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Body Mass Index (BMI):
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Chemical Dependency
Screening Tools: James

WASBIRT is a special project, known as the Washington State Screening, Brief Intervention, Referral and Treatment Project which began in the spring of 2004.



Body Mass Index



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BMI Reference

Center for Disease Control

<http://www.cdc.gov/healthyweight/assessing/bmi/Index.html>

What is the BMI?

BMI is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems. (CDC definition)

How is BMI Used for Adults?

BMI is used as a screening tool to identify possible weight problems for adults. However BMI is not a diagnostic tool. To determine if excess weight is a health risk a healthcare provider would need to perform further assessments. These would include evaluations of diet, physical activity and health history.

Interpretation of BMI for Adults

For adults 20 years and older, BMI is interpreted using standard weight status categories that are the same for all ages and for both men and women.

BMI Categories for Adults

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0-29.9	Overweight
30.0 and above	Obese

Reliability of the BMI

- It is important to remember that BMI is only one factor related to risk for disease. The National Heart, Lung and Blood Institute recommends looking at two other predictors:
 - The waist circumference because abdominal fat is a predictor of obesity-related diseases
 - Other risk factors for diseases and conditions associated with heart disease such as blood pressure and physical inactivity

BMI for Children (2 Years to 19 Years)

- BMI is a number calculated from a child's weight and height and is a reliable indicator of body fatness for most children and teens
- For children and teens BMI is age and sex specific and is often referred to as BMI for age

What is a BMI Percentile?

- After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI for age growth charts to obtain a percentile ranking
- The percentiles indicates the relative position of the child's BMI number among children of the same sex and age
- For purposes of care coordination we will record the BMI and not calculate the percentile
- A child's health care provider will determine the method used to determine the body fat and growth patterns for the child

How is BMI Used With Children and Teens?

- BMI is used as a screening tool to identify possible weight problems for children
- CDC and the American Academy of Pediatrics recommend the use of the BMI to screen for overweight and obesity in children beginning at age 2
- BMI is not a diagnostic tool for children. Additional assessments would determine if excess fat is a problem

Is BMI Interpreted the Same Way for Children and Teens as It is for Adults?

- Although the BMI number is calculated the same way for children and adults, the criteria used to interpret the meaning of the BMI value is different
- For children and teens BMI specific percentiles are used for two reasons:
 - The amount of body fat changes with age
 - The amount of body fat differs between girls and boys
- For adults BMI is interpreted through categories that do not take into account sex or age

Want More Information?

Center for Disease Control

<http://www.cdc.gov/healthyweight/assessing/bmi/index.html>

<http://www.cdc.gov/nutrition/everyone/index.html>

<http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>



Screening Tools for Alcohol and Drugs

Talking About Drugs and Alcohol



Self-reflection. Ask yourself 'why you are uncomfortable talking about drugs and alcohol?'

Your Comfort Zone

- If you don't feel comfortable asking the questions, they won't feel comfortable answering them
- Confidence is the key to asking drug/alcohol questions successfully



Normalize the process, “I have a few questions that we ask all of our clients.”
If you appear unconfident, the client may get suspicious for no reason.

Keys to Open Discussion

- Confidence
- Compassion
- Nonjudgmental
- Listen
- Use simple reflections
- Normalize the experience
- Don't down-play the questions



Simply repeat the client's concern in a non-judgmental way. "These questions are necessary to provide you with the best care possible." Don't down-play the questions i.e. "I'm not sure why they make me ask these dumb questions."

The Screening Process

- The first step in the screening process is to ask the brief prescreen questions first



- If the client reports “no” to all the prescreen questions you’re done



- If the client answers yes to any of the questions, you continue with a full screen



Prescreening Questions

- Two to five questions that cover a broad area of behavioral health concerns
- Determine if further investigating is necessary
- Does not determine if there is a problem
- If a person screens positive on one of the prescreening instruments, they would then be given a longer alcohol or drug use screening
- If “yes” on either prescreen question an AUDIT or DAST should be administered.

ONE DRINK EQUALS			
			
12 oz. beer	5 oz. wine	1.5 oz. liquor (one shot)	
Please answer the questions below.		None (0)	1 or More
1. How many times in the past year have you had 4 or more drinks in a day?		<input type="radio"/>	<input type="radio"/>
2. How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?		<input type="radio"/>	<input type="radio"/>

National Institute on Alcohol Abuse and Alcoholism (NIAAA) created and approved this prescreen question

Full Screenings

Alcohol Use Disorder Identification Test (AUDIT)

- Patients with a positive alcohol prescreen are given the AUDIT
- Developed by the World Health Organization
- 10 multiple choice questions for alcohol only
- 95% accurate in classifying people into risk categories for SUDs
- Accurate across many cultures/nations

Drug Abuse Screening Test 10 (DAST-10)

- Patients with a positive drug prescreen are given the DAST-10
- 10 Yes/No Questions for poly drug use
- Abstinence based screening tool-meaning there is no safe level for any drug use
- Validated for screening adults
- Places individual in a risk category for Substance Use Disorders (SUDs)

AUDIT-Test available in many languages

Adolescent screening tool- CRAFFT (CAR, RELAX, ALONE, FORGET, FRIENDS, TROUBLE)

Depending on the setting will determine if you ask the prescreen or full screen or have them answer it on paper. Asking the questions are a little better for clarification reasons.

AUDIT

One drink equals	 12 oz. Beer	 5 oz. Wine	 1.5 oz. Liquor (one shot)
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In the past 12 months...

Place an X in one box that best describes your answer to each question.

	Never ₀	Monthly or less ₁	2-4 times a month ₂	2-3 times a week ₃	4 or more times a week ₄
AU1. How often do you have a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AU2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="radio"/> 1 or 2 ₀	<input type="radio"/> 3 or 4 ₁	<input type="radio"/> 5 or 6 ₂	<input type="radio"/> 7 to 9 ₃	<input type="radio"/> 10 or more ₄
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
AU3. How often do you have 5 or more drinks on one occasion?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU5. How often during the last year have you failed to do what was normally expected from you because of drinking?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
AU9. Have you or someone else been injured because of your drinking?	<input type="radio"/> No ₀		<input type="radio"/> Yes, but not in the last year ₁		<input type="radio"/> Yes, during the last year ₄
AU10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/> No ₀		<input type="radio"/> Yes, but not in the last year ₁		<input type="radio"/> Yes, during the last year ₄
Add scores by column, then across row.					



“I’m going to ask you a few questions about only your alcohol use. For each question I want you to answer either ‘never, monthly or less, 2-4 times a month, 2-3 times per week, or 4 or more times a week.’” It may help to have a large sheet of paper with both of the scales on the AUDIT for the client to reference with each question. “Do you understand.”

One drink equals	 12 oz. Beer	 5 oz. Wine	 1.5 oz. Liquor (one shot)		
In the past 12 months...					
<i>Place an X in one box that best describes your answer to each question.</i>					
AU1. How often do you have a drink containing alcohol?	<input type="radio"/> Never ₀	<input type="radio"/> Monthly or less ₁	<input type="radio"/> 2-4 times a month ₂	<input checked="" type="radio"/> 2-3 times a week ₃ +3	<input type="radio"/> 4 or more times a week ₄
AU2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input checked="" type="radio"/> 1 or 2 ₀ +1	<input type="radio"/> 3 or 4 ₁	<input type="radio"/> 5 or 6 ₂	<input type="radio"/> 7 to 9 ₃	<input type="radio"/> 10 or more ₄
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
AU3. How often do you have 5 or more drinks on one occasion?	<input type="radio"/> 0 ₀	<input type="radio"/> 1 ₁	<input checked="" type="radio"/> 2 ₂ +2	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input checked="" type="radio"/> 0 ₀ +1	<input type="radio"/> 1 ₁	<input type="radio"/> 2 ₂	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU5. How often during the last year have you failed to do what was normally expected from you because of drinking?	<input checked="" type="radio"/> 0 ₀ +1	<input type="radio"/> 1 ₁	<input type="radio"/> 2 ₂	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input checked="" type="radio"/> 0 ₀ +1	<input type="radio"/> 1 ₁	<input type="radio"/> 2 ₂	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/> 0 ₀	<input type="radio"/> 1 ₁	<input checked="" type="radio"/> 2 ₂ +2	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<input type="radio"/> 0 ₀	<input type="radio"/> 1 ₁	<input checked="" type="radio"/> 2 ₂ +2	<input type="radio"/> 3 ₃	<input type="radio"/> 4 ₄
AU9. Have you or someone else been injured because of your drinking?	<input type="radio"/> No ₀		<input type="radio"/> Yes, but not in the last year ₁	<input checked="" type="radio"/> Yes, during the last year ₂ +4	<input type="radio"/> Yes, during the last year ₃
AU10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input checked="" type="radio"/> No ₀		<input type="radio"/> Yes, but not in the last year ₁		<input type="radio"/> Yes, during the last year ₂
Add scores by column, then across row.	0	4	6	3	4

Add subtotals for total score

=17

Sum Columns



“I’m going to ask you a few questions about only your alcohol use. For each question I want you to answer either ‘never, monthly or less, 2-4 times a month, 2-3 times per week, or 4 or more times a week.’” It may help to have a large sheet of paper with both of the scales on the AUDIT for the client to reference with each question. “Do you understand.”

AUDIT Answer Visual

#1.


Never Monthly or less 2-4 times a month 2-3 times per week 4 or more times in a week

#2-10

Never Less than monthly Monthly Weekly Daily or almost daily

DAST

Drugs include marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. Drug use also includes using prescription or over-the-counter medications more than directed.

In the past 12 months...	Yes	No	
DA1. Have you used drugs other than those required for medical reasons? +1	<input checked="" type="radio"/>	<input type="radio"/>	
DA2. Do you abuse more than one drug at a time? +1	<input checked="" type="radio"/>	<input type="radio"/>	
DA3. Are you unable to stop using drugs when you want to? +0	<input type="radio"/>	<input checked="" type="radio"/>	+0
DA4. Have you ever had blackouts or flashbacks as a result of drug use? +0	<input type="radio"/>	<input checked="" type="radio"/>	+0
DA5. Do you ever feel bad or guilty about your drug use? +0	<input type="radio"/>	<input checked="" type="radio"/>	+0
DA6. Does your spouse (or parents) ever complain about your involvement with drugs? +1	<input checked="" type="radio"/>	<input type="radio"/>	
DA7. Have you neglected your family because of your use of drugs? +1	<input checked="" type="radio"/>	<input type="radio"/>	+1
DA8. Have you engaged in illegal activities in order to obtain drugs? +1	<input checked="" type="radio"/>	<input type="radio"/>	+1
DA9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? +0	<input type="radio"/>	<input checked="" type="radio"/>	+0
DA10. Have you had medical problems as a result of your drug use (such as: memory loss, hepatitis, convulsions, or bleeding)? +0	<input type="radio"/>	<input checked="" type="radio"/>	+0
Sum of "Yes" Column is Total Score  TOTAL	5	0	

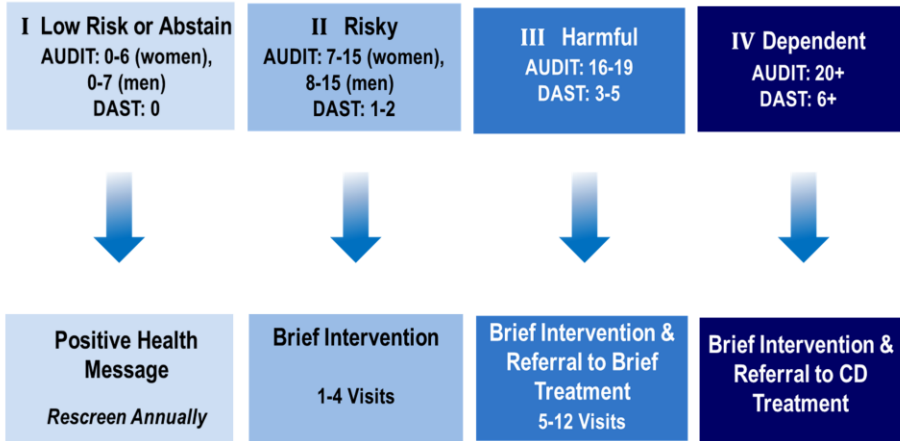
“The questions I’m about to ask you are related to drugs. These drugs can be things like marijuana, solvents like paint thinners, tranquilizers like Valium, barbiturates, cocaine, stimulants like speed, hallucinogens such as LSD, or narcotics like heroin. All of the questions I’m about to ask you are in reference to the past 12-months.” “Please answer either ‘yes’ or ‘no.’”

Full Screen Scores

- The AUDIT and DAST do not provide a diagnosis.
- Instead, they assess risk for substance use disorders.
- So what do the scores tell us?



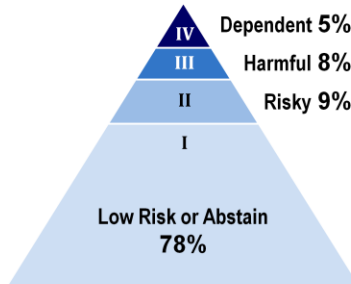
Full Screen Scores



Full Screen Scores

I Low Risk or Abstain AUDIT: 0-6 (women), 0-7 (men) DAST: 0	II Risky AUDIT: 7-15 (women), 8-15 (men) DAST: 1-2	III Harmful AUDIT: 16-19 DAST: 3-5	IV Dependent AUDIT: 20+ DAST: 6+
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Risk Levels



Brief Intervention

- Short counseling session ranging 5-50 minutes that utilize motivational interviewing techniques
- Goal is motivate “at-risk” patients to reduce their risky alcohol or drug use to prevent negative health consequences related to substance use
- For individuals with more severe **SUDs**, the goal may be to motivate the patient to seek further assessment/treatment



Resources

Directory of Certified Chemical Dependency Services in Washington State:
<http://www.dshs.wa.gov/dbhr/dadirectory.shtml>

Additional information on screening and brief intervention:
<http://www.wasbirt.com/>



Additional Screening tools:
<http://www.integration.samhsa.gov/clinical-practice/screening-tools>

Certificate of Completion

Assessment Screening Tools

presented by Candace Goehring, and James Oliver
Washington State Department of Social and Health Services

*Webinar aired on: May 8, 2014 in Lacey, Washington
for Health Home Care Coordinators*

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