

# Core Function #1 Screening

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## AGENDA: Core Function #1 - SCREENING

**9:am-9:05am: Finish signing in and Raffle Ticket for GAS GIFT CARDS**  
*(anyone arriving by 9:am gets to enter raffle)*

**9:05am –9:30- Intro & Discussion Questions -**  
Name, where from, background  
Why are you taking this class?  
What are you most excited about today?

**9:30 – 10:00- Experiential Activity – Group Guidelines**

**10:00 – 11:30 PowerPoint Presentation and Discussion - CORE FUNCTION #1- SCREENING**  
Review of the 12 core functions (handout)  
Make Flashcards of the 12 core functions  
Core Function #1 (handout)

**\*10:30- 10:45 Break (please incorporate a 15 minute break during the above segment)**

**11:30 -12:00 Personal Growth and Development Bonus Skills - Identifying Triggers that Serve**  
Welcome & Winning Each Day  
Triggers that Serve Video & handout activity  
Motivational Video - Born to Win

**12:00- 1:00- Lunch Break**

**1:00- 1:10 – Community Relevance Spotlight - Homeboy Industries Video**

**1:10 -2:00: ROLE PLAY PRACTICING SKILL-**  
(Client comes to screening for the first time. One person is counselor, one person is client, then they switch... class participants offer feedback, instructor offers feedback and guidance)

**2:00- 2:30 – Experiential Activity – Feelings in a Jar**

**2:30-2:45 - 15 minute break**

**2:45- 3:15 - Content Review of SCREENING - Game Challenge QUIZ & test prep**

**3:15 – 4:pm – WRAP UP - Optional Homework assignment explained and Q&A (course content, CADC Requirements, any discussion related to becoming an effective substance abuse counselor)**

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## Intro & Discussion Questions-

1. Name, where from, background
2. Why are you taking this class
3. What are you most excited about today?

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## IC & RC defines SCREENING as:

The process by which a client is determined ***appropriate*** and ***eligible*** for admission to a particular program.

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Screening is the process by which the counselor, the client, and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources within the community.

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The core function of screening requires the counselor to consider a number of factors before deciding whether or not to schedule the potential client for intake and admission to the program. Each alcohol and/or drug abuse program has requirements detailing factors that make a potential client **appropriate** and **eligible**. Keep in mind that the concept of appropriateness most often refers to level of care considerations. The following provides a number of factors to be considered regarding appropriateness.

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### ***Appropriateness***

- The potential client needs to present a possible alcohol or drug abuse problem with the abused substance... one that is treated in the program.
- The potential client's physical condition needs to be appropriate to the level of care provided within the program. Blindness, deafness, pregnancy, and other physical conditions might make a potential client inappropriate for a given program.
- A potential client needing detox would be inappropriate for an immediate admission to an outpatient program.

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- The success or failure of previous treatment efforts may make a program appropriate now. It would usually be inappropriate to admit a client for their first treatment experience into a relapse prevention program or to admit a potential client who left a detox program "Against Medical Advice" (AMA) to a halfway house.
- A potential client who is court-ordered to treatment should not be admitted to a completely voluntary program.
- A serious mental or medical illness may need to be addressed and stabilized before alcohol and/or drug abuse treatment is initiated.

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- A male should not be admitted to a program treating, for instance, pregnant females (also an eligibility factor)

When it comes to level of care determinations the bullet points listed above are appropriate when considering admission to a program that offers a variety of levels of care. Many counselors in the United States are using the American Society of Addictive Medicine (ASAM) to determine functioning in the ASAM six dimensions. How a client is assessed in each of the dimensions relates to a level of care needed for that client. The following table identifies the six dimensions:

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**ASAM CRITERIA:**

**Level of Functioning Key**  
 4: Indicates utmost severity; critical impairments in coping and functioning.  
 3: Serious issue or difficulty coping within a given dimension.  
 2: Moderate difficulty in functioning.  
 1: Mildly difficult issue or present minor signs and symptoms.  
 0: Non-issue or very low-risk issue.

Dimension	Level of Functioning
1 – Acute Intoxication and/or Withdrawal Potential	
2 – Biomedical Conditions and Complications	
3 – Emotional, Behavioral, or Cognitive Conditions and Complications	
4 – Readiness to Change	
5 – Relapse, Continued Use, or Continued Problem Potential	
6 – Recovery/Living Environment	

Quality assessments that rate a client appropriately in each of the six Dimensions lends justification for the level of care then recommended at the end of an assessment. The Table below is merely a guide and there are so many considerations to be made when making a recommendation for a client's needs and level of care placement.

Level of Functioning	Level of Care
0: Non-issue or very low-risk issue.	None or Education
1: Mildly difficult issue or present minor signs and symptoms.	Mild - Outpatient
2: Moderate difficulty in functioning.	Moderate – Intensive Outpatient or Day Treatment
3: Serious issue or difficulty coping within a given dimension.	Serious – Short- or long-term Residential
4: Indicates utmost severity; critical impairments in coping and functioning.	Crisis – Seek immediate intervention

Keep in mind that the concept of eligibility most often refers to a client meeting certain demographic variable requirements. The following provides a number of factors to be considered regarding eligibility:

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## ***Eligibility***

- Age of the client: A 23-year-old male would not be eligible for admission to an adolescent program.
- Gender: A male would not be eligible for admission to a program treating only females.
- Place of residence: A resident of a neighboring county would not be eligible for admission to a program that is limited to treat only their own county residents.
- Legal status: A potential client would not be eligible for admission to an outpatient program when the person is currently (or about to be) incarcerated in prison.
- Veteran status: A non-veteran would not be eligible for admission to a VA hospital-based program.
- Income level: A potential client with no or little ability to pay for treatment would not be eligible for admission to a private practice outpatient program. A counselor would need to make an appropriate referral.
- Referral Source: A potential client seeking treatment independently would not be eligible for admission to a program that only accepts referrals from a specific source such as juvenile or adult probation office.

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## SCREENING TOOLS:

ASAM: American Society of Addictive Medicine (6 dimensions)

AUDIT: Alcohol Use Disorders Identification Test (10 questions)

AUDIT –C: Shortened version of the AUDIT (only 3 questions)

CAGE: Cut down, Annoyed, Guilty, Eye-opener (4 questions)

CAGE- AID: Cut down, Annoyed, Guilty, Eye-opener – Adapted to Include Drugs

TWEAK: Tolerance, Worried, Eye-opener, Amnesia, K/C Cut down

*(see attached handouts of screening tools)*

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### AUDIT


*Alcohol Use Disorders Identification Test*

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.


*Alcohol Use Disorders ID Test*

For each question in the chart below, place an X in one box that best describes your answer.


NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:




12 oz. of beer  
(about 5% alcohol)



8-9 oz. of malt liquor  
(about 7% alcohol)



5 oz. of wine  
(about 12% alcohol)



1.5 oz. of hard liquor  
(about 40% alcohol)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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 last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink 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 last 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 last year have you been unable to remember what happened the night before because of your 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 last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
<i>Score of 8 or More Alcohol Problem</i>					Total

Note: This questionnaire (the AUDIT) is adapted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at [www.who.int](http://www.who.int).

Excerpted from NIH Publication No. 07-5769. National Institute on Alcohol and Alcoholism. [www.niaaa.nih.gov/qaide](http://www.niaaa.nih.gov/qaide)

### STABLE RESOURCE TOOLKIT

#### AUDIT-C Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

- How often do you have a drink containing alcohol?
  - a. Never
  - b. Monthly or less
  - c. 2-4 times a month
  - d. 2-3 times a week
  - e. 4 or more times a week
- How many standard drinks containing alcohol do you have on a typical day?
  - a. 1 or 2
  - b. 3 or 4
  - c. 5 or 6
  - d. 7 to 9
  - e. 10 or more
- How often do you have six or more drinks on one occasion?
  - a. Never
  - b. Less than monthly
  - c. Monthly
  - d. Weekly
  - e. Daily or almost daily

AUDIT-C is available for use in the public domain.

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## CAGE Questionnaire

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

**Scoring:**

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

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Developed by Dr. John Ewing, founding Director of the **Bowles Center for Alcohol Studies**, University of North Carolina at Chapel Hill. CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages.

The CAGE questions can be used in the clinical setting using informal phrasing. It has been demonstrated that they are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks (see "Alcoholism: The Keys to the CAGE" by DL Steinweg and H Worth, American Journal of Medicine 94: 520-523, May 1993).

The exact wording that can be used in research studies can be found in: JA Ewing "Detecting Alcoholism: The CAGE Questionnaire" JAMA 252: 1905-1907, 1984. Researchers and clinicians who are publishing studies using the CAGE Questionnaire should cite the above reference. No other permission is necessary unless it is used in any profit-making endeavor in which case this Center would require to negotiate a payment.

## The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

- Have you felt you ought to cut down on your drinking or drug use?
- Have people annoyed you by criticizing your drinking or drug use?
- Have you felt bad or guilty about your drinking or drug use?
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?

Score: \_\_\_ /4

2/4 or greater = positive CAGE, further evaluation is indicated

Source: Reprinted with permission from the Wisconsin Medical Journal. Brown, R.L., and Rounds, L.A. Conjoint screening questionnaires for alcohol and drug abuse. Wisconsin Medical Journal 94:135-140, 1995.

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TWEAK		Points
1.A	How many drinks does it take before you begin to feel the first effects of alcohol? (3 or more drinks = 2 points) <i>or</i>	_____
1.B	How many drinks does it take before the alcohol makes you fall asleep or pass out. If you never pass out, what is the largest number of drinks that you have? [Tolerance] (5 or more drinks = 2 points)	_____
2.	Have your friends or relatives worried about your drinking in the past year? (yes = 1 point) [Worried]	_____
3.	Do you sometimes take a drink in the morning when you first get up? (yes = 1 point) [Eye-opener]	_____
4.	Are there times when you drink and afterwards can't remember what you said or did? (yes = 1 point) [Amnesia]	_____
5.	Do you sometimes feel the need to cut down on your drinking? (yes = 1 point) [K.C. Cut down]	_____
Score		_____
<p>A score of three or more is considered positive for alcoholism/heavy drinking.</p> <p>Reference: Chan AWK; Pristach EA; Welte JW; Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. <i>Alcoholism: Clinical and Experimental Research</i> 17(6): 1188-1192, 1993. (30 refs.)</p> <p>Bibliography on TWEAK.</p>		

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The core function of screening requires that the counselor or person doing the screening be skilled in knowing the signs and symptoms of substance abuse, know the eligibility requirements for the agency and what makes a potential client appropriate, be capable of ruling out potential clients with other or co-existing conditions, know the law, regulations and their agency's policies, be a skillful listener – one who engages the client, and, be versed in keeping the necessary records for later use.

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A key outcome of SCREENING is to “screen out” a person before a scheduled appointment when knowing that the client is not eligible or appropriate or otherwise not able to be served by your agency. Thus, successful screening saves the client a trip to your office and saves the counselor’s time.

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### From the Client’s Point of View

Screening is a counselor core function. However, in order to increase a counselor’s skill in screening, taking the potential client’s perspective will assist the counselor in a greater understanding of the core function. The greatest majority of potential clients enter the screening process with an initial telephone call. Other entrance methods might be a walk-in, third party contact, or, other treatment program seeking a lower or higher level of care. In many treatment programs, the person conducting the initial screening is not the eventual counselor. In some programs a competent secretary or receptionist might do the initial screening. In other programs a counselor may be assigned the responsibilities of screening (and intake). Even if the counselor does not perform the routine screening in their current agency, he or she must keep in mind that each certified counselor must have competency skills in screening.

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From the client's perspective, something is happening in the client's life to either internally or externally motivate him or her to call or seek alcohol or drug abuse information, assessment or treatment. Internal motivation may come from the natural or logical consequences of substance use or abuse. A loved one may be abusing alcohol or drugs. A significant other may have given an ultimatum. An accident or DWI may have occurred. A person might say to him or herself, "It's about time I do something about my drinking (or drugging)."

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External motivation is a quite common motivational factor for seeking help in the alcohol and drug abuse field. We think of this as secondary gain. The court systems of the county may require evaluation and subsequent treatment. An employer may require an assessment and/or treatment for the individual to keep a job. A spouse may seriously have the "bags packed" unless the individual agrees to get help. An intervention may have occurred.

A potential client's feelings may range from one extreme of hope and expectation to the other extreme of severe negative emotions of anger and fear, or feelings may be neutral. As a counselor at the other end of the phone, all the empathy, motivational interviewing skills and engagement skills are needed to assist a client during the screening process. Connections begin with this initial contact. First impressions are important.

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## From the Counselor's Point of View

Screening as a process to determine whether a potential client is eligible and appropriate for admission to your program often becomes a routine matter – asking and answering questions. It is important at all times for the counselor to conduct him or herself in a professional manner. First impressions, including verbal and non-verbal communications, are very important. Presenting a positive image of one's self and one's agency is vital for survival as a treatment provider. Leaving a potential client with the impression of unconditional positive regard will both facilitate the client in continuing to seek treatment and enhance the beginning rapport necessary for effective confrontation and treatment later. Motivational interviewing skills can be used here during the Screening process to enhance motivation for change. In the business world it would be all about "customer service". The person conducting the screening needs to be the "Greatest Salesman in the World" and relate with empathy and clarity to each potential client.

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Most often the initial screening is conducted over the phone. A competent counselor will listen to what the potential client is saying, ask clarifying or probing questions, and, as appropriate, direct questions. A counselor needs to use appropriate diagnostic criteria to determine whether a potential client's alcohol or drug use constitutes abuse. Through the initial phone interview a counselor solicits specific examples of how the potential client's use of alcohol or other drugs has become dysfunctional or a focus of concern for self or significant others. It is a mini-assessment with a more thorough assessment completed upon admission.

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**Global Criteria for the core function of SCREENING :**

1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.

*To be competent in this criterion, a counselor would need to know the psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.*

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**Global Criteria:**

2. Determine the client's appropriateness for admission or referral.

*To be competent in this criterion, a counselor know how to actively solicit information from the potential client.  
The level of care is the key point for determining appropriateness.*

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Global Criteria:

3. Determine the client's eligibility for admission or referral.

*To be competent in this criterion, a counselor would need to know and then apply the specific eligibility criteria of his or her program.*

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Global Criteria:

4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.

*To be competent in this criterion, a counselor would need to recognize the limitations of one's background and training. Certification or licensure assumes that the counselor has enough educational background and training in order to be aware of the signs and symptoms for major coexisting conditions with substance abuse disorders. It is the counselors ethical and professional responsibility to make a referral when the presenting picture indicates the presence of a coexisting condition for which the individual counselor or program is not equipped to treat.*

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### Global Criteria:

5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

**Global Criterion #5 is a task within the core function of screening and is also inherent in the fourth Performance Domain – Professional and Ethical Responsibilities.**

*To be competent in this criterion, a counselor would need to know one's professional responsibilities, follow ethical requirements, and adhere at all times to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services. Adherence is not only important, but also critical, and a frequent skill to be demonstrated by a competent counselor.*

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## WIN THE DAY

1. SPEAKING OUT DECLARATIONS/AFFIRMATIONS – MOUTH
2. HEARING PERSONAL GROWTH AUDIOS – EARS
3. READING PERSONAL GROWTH BOOKS – EYES
4. MOVEMENT – BODY
5. PROVERB A DAY– WISDOM– SPIRIT

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# Game challenge question #1

Which Global Criteria is described by the AGE OF THE CLIENT?

- A. Eligibility
- B. Appropriateness
- C. Coexisting Conditions

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# Game challenge question #2

Which Global Criteria is described by the CIVIL RIGHTS ACT?

- A. Appropriateness
- B. Laws, regulations, and agency policies
- C. Coexisting Conditions

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## Game challenge question #3

Which Global Criteria is described by VETERAN STATUS?

- A. Signs, symptoms of substance use/abuse
- B. Laws, regulations, and agency policies
- C. Eligibility

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## Game challenge question #4

Which Global Criteria is described by BLACKOUTS?

- A. Signs, symptoms of substance use/abuse
- B. Laws, regulations, and agency policies
- C. Eligibility

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## Game challenge question #5

Which Global Criteria is described by DEPRESSION?

- A. Signs, symptoms of substance use/abuse
- B. Coexisting Conditions
- C. Eligibility

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## Game challenge question #6

Which Global Criteria is described by FAILURE IN OUTPATIENT SERVICES?

- A. Eligibility
- B. Coexisting Conditions
- C. Appropriateness

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## Game challenge question #7

Which Global Criteria is described by SCREENING FORM?

- A. Eligibility
- B. Appropriateness
- C. Laws, regulations and agency policies

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## Game challenge question #8

Which Global Criteria is described by LEVEL OF CARE?

- A. Signs, symptoms of substance use/abuse
- B. Appropriateness
- C. Eligibility

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## Game challenge question #9

Which Global Criteria is described by DWI?

- A. Eligibility
- B. Coexisting Conditions
- C. Signs, symptoms of substance use/abuse

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## Game challenge question #10

What 2 key factors are in the definition of determining Screening?

- A. income and appropriate
- B. eligible and legal
- C. appropriate and eligible

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# Game challenge question #11

Which Performance Domain is Screening in?

- A. Domain 1
- B. Domain 2
- C. Domain 3
- D. Domain 4

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# Game challenge question #12

TAP 21 includes the core function of SCREENING in Domain 1- \_\_\_\_\_.

- A. Counseling
- B. Clinical Evaluation
- C. Treatment Planning

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## Game challenge question #13

What screening tool does this acronym stand for AUDIT?

- A. Alcohol Use Disorders Identification Test
- B. Alcohol Use and Drug Inclusive Tool
- C. Abuse Under Drug Influence Test

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## Game challenge question #14

To understand addiction, the counselor must comprehend which aspects of addiction?

- A. Social
- B. Economic
- C. Cultural
- D. All of the above

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## Game challenge question #15

According to researchers, the concept of addiction is caused by:

- A. The mood of the patient
- B. The psychological state of the patient.
- C. The physical state of the patient
- D. All of the above

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## Game challenge question #16

What should be used to evaluate and assess the patient's addiction?

- A. Biomarkers
- B. Lab Testing
- C. Patient's own report of substance abuse
- D. Counselor's opinion of substance abuse

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## Game challenge question #17

The elements involved in the psychological aspect of addiction include all of the following EXCEPT:

- A. Sense of powerlessness
- B. Sense of hopelessness
- C. Sense of rage
- D. Sense of accomplishment

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## Game challenge question #18

What is the term for using a drug in a manner or for a reason that differs from how it was prescribed, which is often unintentional?

- A. Misuse
- B. Abuse
- C. Dependence
- D. Tolerance

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## Game challenge question #19

Physical dependence occurs when:

- A. Drug or alcohol abuse has occurred for a prolonged period, and the person can become both mentally and physically addicted to the drug.
- B. A person has a strong mental urge to use a drug to experience the effects considered to be pleasant (drug or alcohol used to reach a euphoric state of mind).
- C. A person may use another drug form to lessen the withdrawal they are experiencing from the drug of their choice.
- D. A person's body is used to taking the drug, and they start to experience withdrawal symptoms when the drug is no longer present in their system.

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## Game challenge question #20

The amount of time the drug stays present within the body is called the:

- A. Dose
- B. Half-life
- C. Lethal dose
- D. Therapeutic dose

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## Game challenge question #21

Drug interactions can occur between:

- A. Street drugs
- B. Prescription drugs
- C. Alcohol
- D. All of the above

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## Game challenge question #22

Using a drug in a manner other than that prescribed, with the intention of getting high, is called:

- A. Use
- B. Misuse
- C. Abuse
- D. Dependence

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## Game challenge question #23

This can cause a person to become more sensitive to the drug over a period of time:

- A. Physical dependence
- B. Tolerance
- C. Abuse
- D. Reverse Tolerance

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## Game challenge question #24

Regarding drug administration, what is considered to be the most rapid method of action for a substance?

- A. Oral
- B. Intravenous
- C. Injection
- D. Snorting (intranasal)

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## Game challenge question #25

What is a danger of intranasal (snorting) drug administration?

- A. Severe damage to the sinus cavity
- B. Brain damage
- C. Both A and B
- D. Neither A nor B

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### Georgia Law for Alcohol & Drug Counselors

- Certified Alcohol Drug Counselor I (CADC-I) – High School or GED-6000 hours
- Certified Alcohol Drug Counselor II (CADC-II) – Bachelor-4000 hours
- Certified Advanced Alcohol Drug Counselor (CAADC) – Masters and higher-4000 hours

Education– 300 hours

(Must include 12 core functions and 4 specialties – 6 hours minimum of each)

Supervision – 300 hours (CADC-I) and 200 hours (CADC-II and CAADC)

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## International Certification & Reciprocity Consortium (IC&RC) International Recognized Credentials

### 12 Core Functions of Alcohol and Drug Counseling:

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling
7. Case Management
8. Crisis Management
9. Education
10. Referral
11. Reports and Record Keeping
12. Consultation

### 4 SPECIALTIES:

1. Ethics
2. HIV/AIDS
3. Telemental Health
4. Trauma Informed Care