headspace
National Youth Mental Health Foundation

part 2:

recommendations for screening, assessment and treatment

About this resource

For the purpose of these documents the term 'young people' refers to individuals aged 12–25.

The integration of screening, assessment and treatment of substance use issues into primary mental health care should be considered from a funding, organisational, service delivery and a clinical level. These resources focus on addressing integration at the clinical level and are written from the perspective of general practitioners and mental health service providers working in primary care settings, rather than a specialised AOD treatment service provider. Therefore, interventions discussed are generally designed for young people with mild to moderate co-occurring problems and are primarily psychological rather than pharmacological interventions.

A suite of resources has been developed for clinicians working with young people who have co-occurring mental health and alcohol and other drug (AOD) problems.

Part 1 focuses on:

- the context for adopting an integrated intervention approach, which is distinguished from parallel and sequential models of care,
- the evidence for integrated interventions.

Part 2 (this resource) focuses on:

- the evidence for substance use screening and assessment,
- the currently available evidence-based interventions for young people with AOD issues.

Part 3 provides:

- practical tips for working with young people who have co-occurring mental health and AOD problems (hereafter termed co-occurring problems).

recommendations for screening, assessment and treatment

screening and assessment for AOD use problems in young people with mental health issues

Local and international expert health organisations recommend that AOD screening be an essential component of routine comprehensive health care assessment, including for young people and young people with co-occurring problems.[1-6] It is important for screening to be conducted in instances where "services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred".[7; pg., 2301] The benefits and potential risks of screening for AOD problems in primary care settings have yet to be adequately evaluated in young people or adults.[8] However, without a screening tool and using clinical impression alone, a significant proportion of substance use problems go undetected.[9, 10] Evidence shows that screening tools, including single questions relating to the frequency of drug use, are relatively accurate in detecting unhealthy substance use in adults in primary care settings.[8] Studies that evaluated screening tools for use specifically with adolescents are limited and have primarily focused on detection of cannabis use, which are also shown to be reasonably accurate.[8] Screening and assessment of young people using the HEEADSSS approach, which involves questions about Home, Education/employment, Eating, Activities with peers, Drugs/alcohol, Sexuality, Suicidality/depression, and Safety from violence/injury, along with similar frameworks, are highly recommended.[1, 11] The electronic headspace Holistic Assessment Tool (ehHAT; previously called myAssessment) uses a similar framework, however it additionally assesses the domains: environment, relationships, conduct difficulties, risk-taking, anxiety, and psychosis and mania.[12, 13] ehHAT, which is available for use in headspace centres Australia-wide, has been found to significantly increase the rate of young people's self-disclosure, including AOD use, when compared to the same psychosocial assessment conducted face-to-face.[12] Offering screening and assessment via online platforms is highly recommended, given that young people welcome technology as an addition to face-to-face care.[14, 15]

> **"Without a screening tool and using clinical impression alone, a significant proportion of substance use problems go undetected."**

Screening instruments are designed to identify individuals with symptoms indicative of a possible health problem; they are generally not designed for diagnostic purposes. Some screening tools additionally give an estimation of the severity of the problem. Several freely available tools have been assessed as effective for screening for AOD use specifically in young people, including:

- Substances and Choices Scale (SACS)[16]
- Screening to Brief Intervention (S2BI)[17]
- Global Appraisal of Individual Needs– Short Screener (GAIN-SS)[18]
- CRAFFT[19]
- Alcohol, Smoking and Substance Involvement Screening Test (ASSIST; for young adults aged 18 and over)[20]
- National Institute on Alcohol Abuse and Alcoholism Youth Alcohol Screen[21]
- Alcohol Use Disorders Identification Test (AUDIT)[22]

It is preferable to use a tool that screens for multiple substances rather than alcohol only. In particular, the CRAFFT is one of the most extensively researched screening tools tested in 12–21 year olds, has good psychometric properties,[19, 23] and is recommended by the American Academy of Paediatrics.[24] The CRAFFT acronym refers to six questions and for each 'yes' response the client receives one point. A total score of two or higher is indicative of risky use (see section The CRAFFT for further details).

The CRAFFT

The CRAFFT begins with several questions about AOD use over the past 12 months, and if the young person has used any alcohol, marijuana or other substance to get high, the following six questions are to be administered. If the young person reports zero AOD use in the past 12 months, only question one is administered.

CRAFFT screening questions:[19]

1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs when you are by yourself, **A**lone?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your family or **F**riends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

For the full screening tool go to: crafft.org/get-the-crafft

Assessment is designed to determine if a person meets diagnostic criteria for a disorder, the severity of the problem and its impact on the individual's functioning. Assessment should explore the young person's beliefs and attitudes about the problem.[25] In a mental health setting, a comprehensive biopsychosocial assessment is important for planning appropriate care and treatment. Despite this, AOD issues can sometimes be overlooked in assessment. In addition to assessing mental health issues, assessment of AOD problems should identify the pattern of AOD use (e.g., frequency/quantity/variability of use, onset, recency etc.), reasons for use, everyday problems that arise due to use/symptoms of the substance use disorder, and effect of use on the young person's mental health problem (and vice versa).[26]

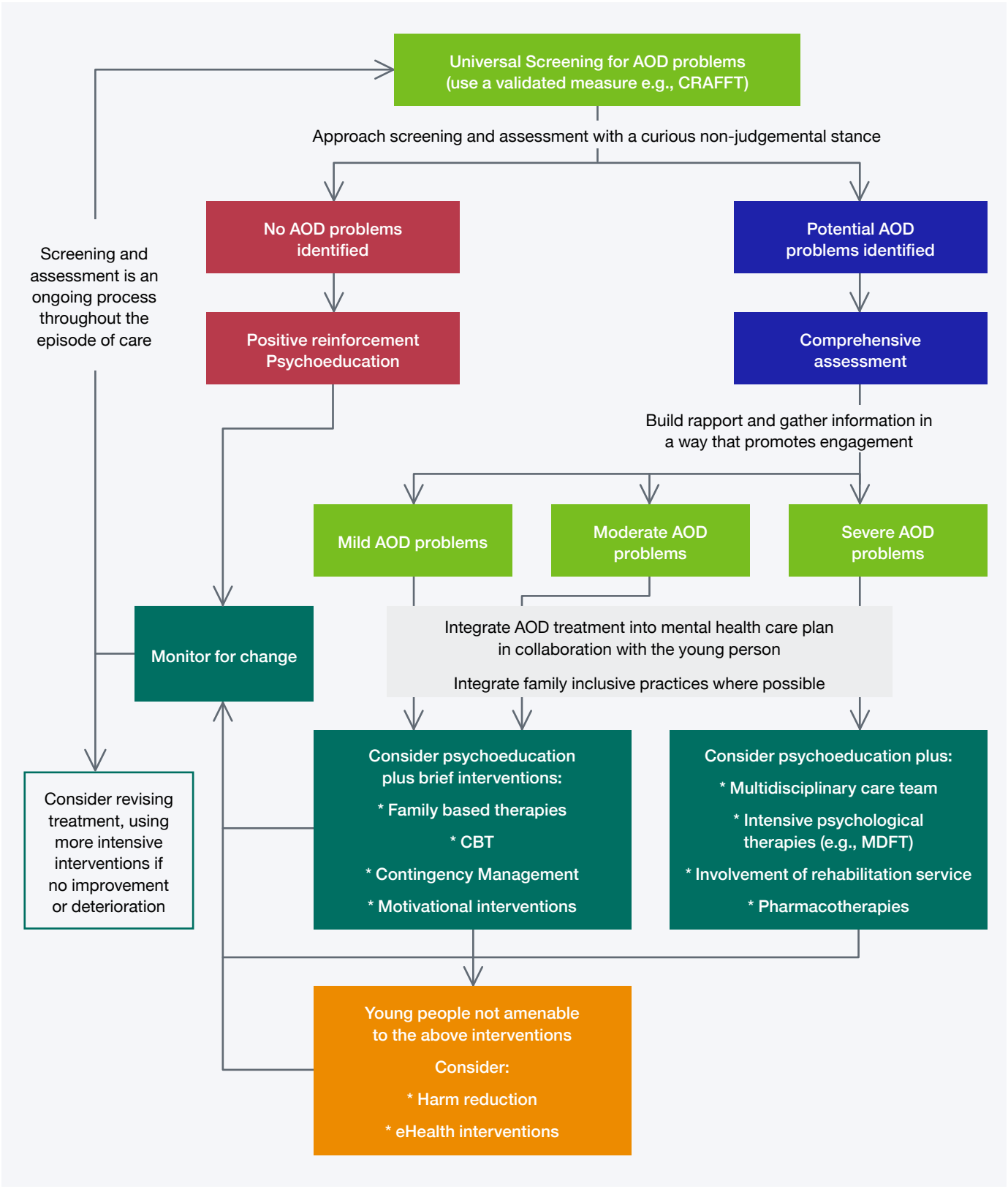
> **"Assessment should explore the young person's beliefs and attitudes about the problem.[25]"**

Assessment should be conducted with sensitivity to the young person's individual needs with adequate time allowed for understanding their primary presenting concern, which is typically an issue *other than* AOD use. Having a central focus on the young person's primary presenting concern will support engagement. In practice, assessment is sometimes difficult to distinguish from screening, as some screening tools also provide helpful assessment information.[25] Comprehensive clinical assessment is often conducted in a less structured manner, however several structured/semi-structured measures may also be used in assessing mental health and AOD problems in young people. These include but are not limited to:

- Structured Clinical Interview for DSM-5 (SCID-5)[27] (cost involved)
- Global Appraisal of Individual Needs – Initial (GAIN-I)[28] (freely available)
- Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide[21] (freely available)
- headspace Psychosocial Assessment tool[29] (freely available)

The importance of appropriately responding to the results of a screening and/or assessment tool is paramount. Suggestions of how a clinician might go about choosing the best care pathway based on screening and assessment outcomes are displayed in Figure 1.

FIGURE 1. Care pathway for screening, assessing and treating AOD problems in young people with mental health issues (adapted from NSW Ministry of Health, 2015).[30]



What best available treatments can be used for addressing AOD problems in young people with mental ill health?

A number of interventions are effective in young people who have AOD problems. These interventions have not necessarily been trialled with young people who have co-occurring issues. Many of these interventions ultimately target substance use reduction/cessation with the expectation that this will translate to improvements in overall functioning for the individual, and in some instances the family as well. These interventions are adaptable and can be integrated into treatment for young people with mild to moderate co-occurring problems and in some cases severe co-occurring problems (see Figure 1). These interventions tend to be brief and have varying degrees of empirical support for treating AOD problems (excluding tobacco) in adolescents:[31, 32]

Well-established interventions

- Ecological family-based interventions
- Cognitive behavioural therapy (CBT)

Probably effective interventions

- Multicomponent interventions
- Contingency management (CM)
- Behavioural family-based interventions
- Motivational interviewing (MI)

Possibly effective intervention

- 12-step drug counselling

A meta-analysis of 45 studies found family therapy (any kind) to have the strongest evidence for its efficacy when compared to usual care.[33] It is important to note, this evidence broadly supports the movement towards family-inclusive practice within the youth mental health sector,[34] and specifically for the treatment of AOD issues in young people. Other forms of treatment, including CBT, behavioural therapy and motivational enhancement therapy (MET), have also been shown to be beneficial for reducing adolescents' substance use.[33] However, there continues to be debate about the efficacy of motivational interventions, including MET, for the treatment of AOD use in young people. [for review see 35] There is limited evidence for psychological interventions being effective for helping young people to quit cigarettes, although group-based counselling does have some empirical support, and multicomponent interventions show promise.[36] There is currently no good evidence to suggest that pharmacological interventions, such as nicotine replacement therapy and bupropion, are effective in stopping tobacco smoking in young people.[36] Overall, ecological family-based and CBT interventions have the greatest empirical support for treating AOD issues in young people.

> **"Overall, ecological family based and CBT interventions have the greatest empirical support for treating AOD issues in young people."**

Ecological family-based interventions

Ecological family-based interventions are primarily home-based and aimed at directly targeting the young person's relationship with family members, as well as the surrounding systems that interact with the family and influence the ways in which young people develop and behave (e.g., peer networks, schools). Interventions include Functional Family Therapy, Multi-Systemic Therapy, Brief Strategic Family Therapy, Ecologically-Based Family Therapy and Multidimensional Family Therapy (MDFT). There is particularly high quality evidence supporting MDFT as having small yet significant effects on substance use severity and frequency in young people, including those with severe AOD problems, when compared to treatment as usual and several other active treatments.[37, 38]

MDFT is a manual-based intervention that aims to treat AOD issues and associated problems by intervening at multiple life domains – home, school, peers and community.[39] Thus, it is necessary for clinicians to form therapeutic alliances with the young person as well as their family and friends, and often school staff and sometimes staff from other community services (e.g., juvenile justice system). The young person is viewed as an individual and also as an active participant of multiple 'systems' (e.g., the family system).[39] The program involves multidimensional assessment, adolescent, parent, and adolescent-parent interaction modules, as well as a module related to interactions and outcomes with social systems external to the family. This intervention can be tailored to fit the needs of the young person and takes into consideration various risk and protective factors at all therapeutic stages, including case formulation, treatment planning and delivery of the intervention.[39] While MDFT is resource intensive, its adaptability means it can be integrated and combined with other treatments for young people who have co-occurring problems.

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) refers to a broad set of psychotherapies, where the core drivers of mental health problems and distress are theorised to arise from distortions in thinking and irrational beliefs.[40] CBT can be delivered individually or in groups. One form of CBT that has been shown effective in the treatment of AOD issues in young people is the Adolescent Community Reinforcement Approach (ACR-A).[41]

ACR-A is a manual-based therapy which aims to treat AOD issues by increasing positive reinforcement that the young person receives from non-AOD related activities, including from family, social, vocational or educational activities, while decreasing the positive reinforcement obtained from AOD use.[42] This intervention involves a range of CBT strategies, including analysis of the antecedents and positive/negative consequences of a young person's AOD use, pro-social activity planning, skills training for effective communicating, problem-solving skills training, anger management and relapse prevention. It also involves caregivers in therapy, who are provided with guidance related to parental 'rule-setting' and taught the same problem-solving and positive communication skills as those provided to their young person. Young person-caregiver sessions also involve collaboratively negotiating goals that will increase happiness in the young person-caregiver relationship. This intervention is easily adaptable and designed to be tailored to the individual. Given this, and that ACR-A essentially focuses on managing activities and circumstances in the young person's day-to-day life, ACR-A is well suited to an integrated care model.[43]

Treatment for severe AOD problems in young people

Young people with severe AOD problems are at increased risk of experiencing difficulties in multiple life domains, including relationships with family and friends, financial, legal, housing, and school/employment.[44, 45] They may also experience significant adverse physiological side effects from prolonged use of a substance/s.[44] Young people with severe AOD problems should have access to outreach and drop-in centres and to residential treatment programs, in addition to psychological therapies.[46] Few studies have examined the effectiveness of pharmacological treatments combined with psychological therapies for treating severe AOD issues in young people.[47, 48] Preliminary research suggests that naltrexone and N-acetylcysteine may be beneficial for treating alcohol and cannabis dependence respectively, and that buprenorphine or combined buprenorphine/naloxone may be beneficial for treating opioid dependence, in young people with substance use disorders.[47, 48] However, there is currently insufficient evidence of the efficacy of medication-assisted treatments in young people with severe AOD problems, including those with co-occurring mental health issues, to inform clinical practice.

Summary

Universal routine screening for AOD use, and appropriate responding to screening and assessment results, should be an essential part of primary mental health care. As integrated treatments continue to be developed and evaluated, clinicians can draw on AOD-specific evidence-based interventions, such as family-based and CBT interventions, to adapt their young person's care plan.

More from this suite

See Part 1 for details of why an integrated approach is preferred, and a summary of the research that has used integrated interventions to treat co-occurring issues in young people.

See Part 3 for practical tips on how to integrate screening, assessment and treatment of AOD issues into clinical practice.

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headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.


headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and emerging and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

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For more details about headspace visit headspace.org.au

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