The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse):

What a Difference 5 Minutes can Make

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Running header: The AC-OK Screen for Co-Occurring Disorders

Brief Overview

Screening for the co-occurring disorders of mental health and substance abuse has been recognized as a best practice (SAMHSA, 2005). Universal screening, however, is far from being a reality. The AC-OK Screen for Co-Occurring Disorders is a rapid-response screen instrument designed to identify the co-existing disorders of mental health and trauma related mental health issues, and substance abuse. The findings are based on two studies. The pilot study was based on a sample of 234 respondents. The second study was based on a sample of 3,608 respondents who were screened between February and November of 2006. The participants were seeking treatment from one of four mental health centers, one of three substance abuse treatment providers, or one of two programs that have a residential program for people with a co-occurring disorder. The analysis of the data paints a disturbing picture of the treatment experiences for the 1,250 people who presented with the symptoms associated with a co-occurring disorder of mental health and substance abuse. The findings also illustrate the difference 5 minutes can make when it is used to screen for a co-occurring disorder.

The need for better treatment options for people with a co-occurring disorder received critical support when the 2002 National Survey on Drug Use and Health in the United States reported that over 22% of adults with a serious mental illness and those who abuse alcohol or other drugs have a co-occurring problem of mental health and substance abuse. A recent study of 23,000 people, admitted to a mental health or a substance abuse treatment program in Oklahoma, found that some 35% could be diagnosed with a co-existing mental health and substance abuse disorder (See OK-COSIG Year-End Report, 2006 at: http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/okcosig_project.htm).

One of the major barriers to identifying people with a co-existing disorder has been the cost involved in assessment. This process has typically required two assessments. One assessment focused on mental health disorders. The second focused on substance abuse disorders. To eliminate part of this burden, a rapid-response screen was developed. The AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse) is intended to help determine if the person requesting help needs to be clinically assessed for a co-existing mental health and substance abuse problem. The process used to determine the psychometric properties of this screen was first to verify that the questions in each of the subscales (mental health and substance abuse items) were conceptually related and if they could be reduced in number. Principal axis factor (PAF) analysis, (also known as, principal factor analysis and common factor analysis) helped answer these questions. The PAF extraction approach was used because the Principal Components Analysis (PCA) extracts both *common* and *unique* variance of the variables. When developing a scale, the common variance among the items is more important than the unique variance. The Varimax rotated two factor solution indicates that there are two clearly separate conceptual dimensions and the number of items in the two scales could *not* be reduced. The factor solution also accounted for over 65% of the variance among those being screened. Second, Cronbach Alpha coefficients were used as a statistical measure of the internal consistency of each of the two subscales. The Alpha for the Mental Health screen was very good ($\alpha = .80$). The Alpha for the Substance Abuse Screen was excellent ($\alpha = .92$).

Sensitivity and specificity were examined against the Client Assessment Record (CAR) assessment, the Addiction Severity Index (ASI) assessments, and the Axis I primary and secondary diagnoses. In this population, the AC-OK Screen (which takes five minutes to administer) agreed with the CAR_substance abuse scale in 90.5% of cases that the individual needed to be fully assessed for a co-occurring disorder. The AC-OK Screen agreement with the ASI_psychiatric scale was even more impressive. The AC-OK Screen agreed with the ASI_psychiatric scale in 96% of the cases that the individual needed a full assessment for a co-occurring

disorder. Finally, the AC-OK Screen agreed with the DSM-IV diagnosis of a co-occurring disorder in 91% of the cases.

The AC-OK Screen also has a high level of *sensitivity*. As a result, the subscales produce a fair number of false positives. However, because the intent of the screen was to miss very few people who presented with symptomology associated with a co-occurring disorder, a higher number of false positives are considered acceptable. It is far more costly to miss a person needing treatment than it is to assess a few extra people. In practice, the AC-OK Screen will identify about twice as many people that will need a full assessment than will later be found to have a co-occurring disorder. If the AC-OK Screen becomes part of an intake protocol, approximately 70% of those seeking services will need to be fully assessed for a co-existing disorder.

In a subsequent study in 2008 by Hornby Zeller Associates, South Portland, Maine, led by Kristen McAuley, the utility of the AC-OK Screen was confirmed. They used a sample of 1,204 people from nine agencies. In their study, almost two-thirds (62.7%) of the population tested screened positively for a co-occurring disorder. This rate is similar to, though slightly less, than the 70% identified in our study. They concluded in their report, "Generally, most agencies reported that the AC-OK Screen worked well for their agency. The tool was recognized for its brevity, in part that it is one instrument, and ease of use. Many agencies felt that it helped to inform the assessment process, mainly by directing a clinician to presenting symptoms but also helping clinicians to validate information disclosed in the assessment process." They also reported, "While most agencies felt that they had accurately identified COD clients prior to the use of the AC-OK Screen, mainly through a comprehensive assessment process, agencies did recognize that the tool helped to further inform the assessment process." Of course, there was resistance to mandated screening and the AC-OK Screen was criticized by one agency for not being as "...comprehensive as the tool they had previously used, especially in the mental health domain. Likewise, another agency noted that the instrument didn't allow them to "map-out" clients' past substance use, a trait from the previously used tool that they find beneficial."
The overall reaction to the AC-OK Screen, however, was positive. "One agency specifically said that it would support a state mandated screening process if the AC-OK Screen was the chosen instrument but would object if the instrument was one that was more burdensome or lengthy. Another agency felt that a standardized screening process would facilitate interagency communication in cases where clients transfer to another agency." They also found that the rate of people screening positively for both disorders was higher at the criminal justice agency that tested the Screen. Additionally the trauma items included in the AC-OK Screen were viewed as helpful. They observed that, "...many people entering treatment present with a history of trauma, especially females." The Maine Department of Health and Human Services has mandated the screen be used by it contracting mental health and substance abuse treatment agencies.

Although many of the barriers to universal screening for a co-occurring disorder are still intact (training, time involved, cost, and an infrastructure where everyone seeking mental health or substance abuse services is screened), the *lack of a rapid response, co-occurring screen* that is accurate, takes little training, and is easy to administer—*has been eliminated*. The statistical analysis of the AC-OK Screen has shown that this screen is highly reliable, valid, very sensitive, and has high levels of specificity**.**

What difference can 5 minutes make to a person who is seeking help for a co-existing disorder? Determining that a person has a co-existing disorder when he or she first asks for help can save an average of four and a half years of that person's life. In this data there is over a four year (4.4 yrs) difference in the average age of people in this study seeking treatment in a substance abuse treatment program (32.87 yrs) and those seeking help from a program providing treatment for a co-existing disorder (37.31 yrs). People with a co-occurring disorder are also more likely to be involved in the criminal justice system. More people with a co-occurring disorder tend to enter treatment struggling with suicidal ideations. They tend to have more problems with substance abuse than others entering treatment for addiction. Yet, people with a co-occurring disorder are likely to have fewer problems with psychoses and anxiety disorders. They usually have a higher level of

education. And, they tend to be more committed to treatment (based on the percentage of voluntary admissions, and the high number who complete treatment) (See: http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/AC-CODScreenPg.htm).

Using the AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma Related Mental Health Issues & Substance Abuse) could be the most valuable 5 minutes in the clinical experience of a person seeking help, considering the costs to the individual and the cost to society when a co-existing disorder goes unrecognized.

The AC-COD Screen and the AC-OK Screen are copyrighted scales. Commercial use of the AC-COD Screen or the AC-OK Co-occurring Screen is prohibited. However, these screens are available without charge to researchers, clinicians and agencies serving people with a co-occurring disorder with the compliments of the author. Go to the following webpage to download a copy:

http://faculty-staff.ou.edu/C/Andrew.L.Cherry-1.Jr/AC-CODScreenPg.htm

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AC-OK Screen for Co-Occurring Disorders
(Mental Health, Trauma Related Mental Health Issues & Substance Abuse)

First Name: _____ Last Name: _____

Gender: _____ Date of Birth: _____ Date of Screening: _____

During the past year:

1. Have you been preoccupied with drinking alcohol and/or using other drugs? ☐ Yes ☐ No
2. Have you experienced problems caused by drinking alcohol and/or using other drugs, and you kept using? ☐ Yes ☐ No
3. Do you, at times, drink alcohol and/or used other drugs more than you intended? ☐ Yes ☐ No
4. Have you needed to drink more alcohol and/or use more drugs to get the same effect you used to get with less? ☐ Yes ☐ No
5. Do you, at times, drink alcohol and/or used other drugs to alter the way you feel? ☐ Yes ☐ No
6. Have you tried to stop drinking alcohol and/or using other drugs, but couldn't? ☐ Yes ☐ No
7. Have you experienced serious depression (felt sadness, hopelessness, loss of interest, change of appetite or sleep pattern, difficulty going about your daily activities)? ☐ Yes ☐ No
8. Have you experienced thoughts of harming yourself? ☐ Yes ☐ No
9. Have you experienced a period of time when your thinking speeds up and you have trouble keeping up with your thoughts? ☐ Yes ☐ No
10. Have you attempted suicide? ☐ Yes ☐ No
11. Have you had periods of time where you felt that you could not trust family or friends? ☐ Yes ☐ No
12. Have you been prescribed medication for any psychological or emotional problem? ☐ Yes ☐ No
13. Have you experienced hallucinations (heard or seen things others do not hear or see)? ☐ Yes ☐ No
14. Have you ever been hit, slapped, kicked, emotionally or sexually hurt, or threatened by someone? ☐ Yes ☐ No
15. Have you experienced a traumatic event and since had repeated nightmares/dreams and/or anxiety which interferes with you leading a normal life? ☐ Yes ☐ No

Instructions: For the **AC-OK Screen for Co-Occurring Disorders (Mental Health, Trauma & Substance Abuse**

"I'm glad you (called **or** came in); let's see how I can help. In your own words, what is going on, OR can you tell me a little about why you called (today)?"

"In order to (find the best services **or** determine the next best steps) for you, I'd like to ask you a few short yes or no questions to see if there is anything we may have missed. There are no 'right' or 'wrong' answers and these questions may or may not apply to your situation. Is this okay with you?"

- This screen should be used when a person first contacts the agency for services.
- This screen is only a tool to help identify potential areas that may need further assessment. Please note: **This is NOT a diagnostic tool and should not be used as an assessment.**
- Please read each question *exactly* as written in the *order* provided.
- If a potential crisis is identified during the screening, please follow your agency protocols immediately to assess for lethality and provide appropriate intervention.
- Positive indicators (one "YES" answers), in any three (3) domains indicates that an assessment(s) is needed in that domain.

Scoring: Remember, one (1) "Yes" answer on any of the three (3) domains (Mental Health, Trauma Related Mental Health Issues, and Substance Abuse) indicates that an additional assessment(s) is needed in that domain.

Mental Health Issues: 7 ☐, 8 ☐, 9 ☐, 10 ☐, 11 ☐ 12 ☐, 13 ☐

Trauma Related Mental Health Issues: 14 ☐, 15 ☐

Substance Abuse Issues: 1 ☐, 2 ☐, 3 ☐, 4 ☐, 5 ☐, 6 ☐

Reliability of the Screen scales:
Mental Health scale ($\alpha = .80$).
Substance Abuse scale ($\alpha = .92$)

Reading level of Screen:
Flesch Reading ease: .61
Flesch-Kincaid Grade Level: 6.5