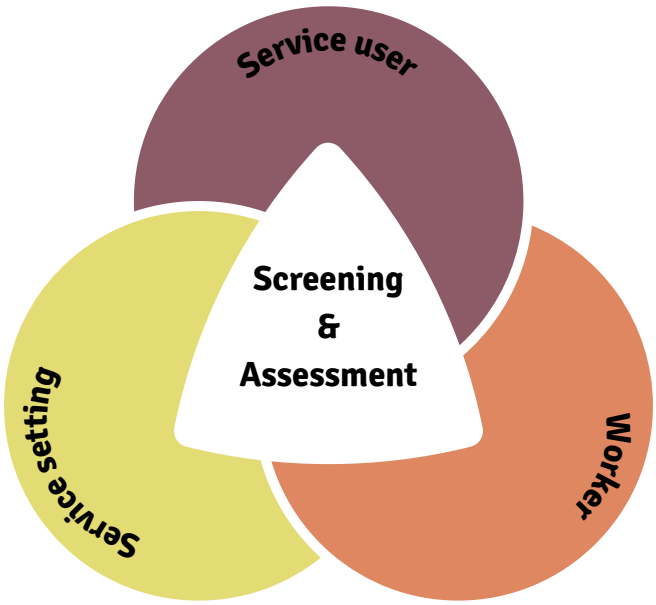
Theme 6: Screening and assessment for co-occurring harms

How screening and assessment is conducted can vary depending on the type of service, the expectations of service users, and the knowledge and capacity of workers.

While some services utilise highly formalised screening tools and processes, others may find that a less formal approach is suitable. The type of screening that you already use at your service may strongly influence what mechanisms are put in place to screen for co-occurring harms. What is important is not how screening happens, but rather that it is applied with some level of consistency.[1]

Routine screening can remove an element of subjectivity and helps prevent biases and assumptions from influencing whose needs are recognised and who gets help. Importantly, with practice, routine screening can undercut any sense in the client that they are being unfairly profiled.[2]

Figure 6.1 What factors contribute to deciding when and how screening occurs?



Barriers to screening for co-occurring gambling and substance use harms

1. Relevant questions are not part of existing processes

2. There is a lack of clear guidelines or knowledge about how to respond to information received through screening

3. There is fear of damaging the therapeutic relationship

4. Workers don't feel that co-occurring issues are important or relevant

5. Services want to prioritise core business and / or face funding restraints

6. There are other co-occurring issues that take precedence

7. There is insufficient time to undertake assessment

8. Service users are unwilling to disclose co-occurring issues

9. Service users underestimate the impact of co-occurring issues

GAMBLING SCREENING TOOLS			
Brief Biosocial Gambling Screen (BBGS)*	3 items	1–3 minutes	Gebauer, LaBrie, & Shaffer (2010)
Early Intervention Gambling Health Test (EIGHT)*	8 items	5–10 minutes	Sullivan (2007)
Lie/Bet*	2 questions	1 minute	Johnson, Hamer, Nora, Tan, Eistenstein, & Englehart (1988)
South Oaks Gambling Screen (SOGS)*	20 items	10 minutes	Lesieur & Blume, (1987)
NODS-PERC	4 questions	2 minutes	Volberg, Munck & Petry, 2011
Problem Gambling Severity Index (PGSI)*	9 items	2 minutes	Ferris & Wynne, (2001)

* validated for use in ATOD settings

SUBSTANCE USE SCREENING TOOLS			
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	8 items	5–10 minutes	World Health Organisation (1997)
Alcohol Use Disorders Identification Test (AUDIT)	10 items	5–10 minutes	World Health Organisation (1989)
Drug Use Disorders Identification Test (DUDIT)	10 items	5–10 minutes	Bergman, Bergman, & Palmstierna (2003)

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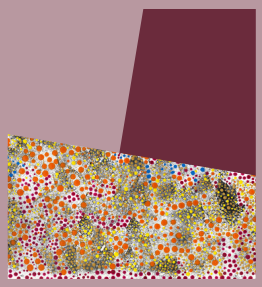
A review of current practices around screening for co-occurring harms found eleven screening tools that were validated in substance use treatment settings, including in mental health treatment settings where substance use affects a significant proportion of service users.[3] However, the same review found that there are no tools validated that screen specifically for substance use in a gambling treatment setting.

ACT Spotlight: In a survey of ACT ATOD workers, a significant proportion (19%) disagreed or strongly disagreed with the statement: 'I know how to screen for gambling harms'. This contrasts with the self-assessment of capabilities in respect of co-occurring mental health issues or co-occurring domestic and family violence, where only 2% of respondents did not feel confident in their knowledge of mental health conditions or in identifying and responding to DFV, respectively.[4]



Knowledge point: Screening tools can be useful in some contexts but don't necessarily capture everything about a service user's experience of harms from gambling and substance use.

Practice point: Use screening tools when appropriate but be aware of their limitations and be prepared for ongoing conversations about co-occurring harms.