HOW TO MAKE A REFERRAL

Screening

Utilize a screening tool such as AUDIT or DAST to identify potential low or high risk alcohol or drug use.

Brief Assessment

Verbally explore the individual's alcohol or drug use by clarifying or confirming the quantity and frequency of use. Determine number and severity of substance-related health/legal/social problems including DUI/legal trouble/missing work/relationship problems specifically focusing on the past 12 months. Explore any prior mental health, substance abuse treatment, or legal involvement. Identify patterns of use or triggers, such as stress, grief, or mental health history. Identify any other important factors such as medications, medical conditions, responsibilities, and pregnancy status.

1. ***Mild to Moderate Use = Brief Intervention***
2. ***Suspected substance abuse/dependence or psychiatric diagnosis = In-depth assessment for potential referral to specialized treatment.***

Brief Intervention

- Build Rapport – Utilize basic counseling skills and non-judgmental empathy to get to know the individual and how use fits into their life.
- Pros & Cons – The good things about use through their eyes and the negative things about using.
- Information & Feedback – Share basic facts about drinking or drugging and the hazards/dangers.
- Importance Ruler – "On a scale of 1-10, with 1 being not important at all and 10 being completely important, how important is it for you to change your use?"
- Action Plan – Identify concrete steps they are willing to take to change their behavior and stay safe. Identify strengths and supports or build on a time of prior success. Write things down and summarize the plan. Provide any addiction resources that may be helpful.

In-Depth Assessment/Treatment Referral

Note: You may not feel equipped to perform an in-depth assessment. If there is someone on site who is able to do this attempt to make an immediate referral or intervention prior to the individual leaving the office. If this is not possible, you should have someone that the client can be referred to for an in-depth assessment.

- Does this individual need detox? (See details below)
- What other factors are involved such as a mental health diagnosis or medical conditions?
- Can this individual be successful in the community?
    - Yes?
        - Outpatient therapy options including individual or group therapy, psychiatric services, support groups, 12-step groups, or community based support.
    - No?
        - Residential services including 28-days (residential detoxification), 90-day programs (important time frame in addiction), short term residential treatment (3-6 weeks); long term residential (6-12 months).
- Is the client willing to enter treatment? Assess their motivation and barriers to treatment.

    - They may object because of work or family responsibilities; however talking honestly about the dangers of their drug use and their inability to appropriately be there for responsibilities without treatment is important.
- Can family members or other supports be involved?
    - Is the individual willing to involve a partner or family members who can help engage them in treatment or follow up care?

Referral

A client may be willing to engage in treatment on a voluntary basis. If the client is being influenced or forced by a family member or employment, they are considered soft-mandated. A client who must seek treatment or face incarceration is mandated.

- Provide client all of the available options.
- Assess their interest or wiliness.
- Go over expectations to ease anxiety.
- Call potential rehabilitation programs with individual present and identify bed availability or referral steps.
- Complete referral paperwork with individual if necessary. Keep this paperwork on hand when possible.
- Write down necessary steps and how you will follow up with individual and program to encourage engagement.

Detoxification

Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal. Seeks to minimize the physical harm caused by the abuse of substances. Detox is **not** rehabilitation or treatment for the roots of substance abuse.

- Outpatient detox: Individual is able to detox from the substance while remaining in the community and doesn't require medical observation.
- Residential detoxification: 24-hour non-medical support. Focuses on peer and social support during detox.
- Inpatient detoxification: 24-hour medically supervised detoxification.
- Intensive inpatient detoxification: 24-hour acute care inpatient setting.

The following criteria help decide which level of detox is necessary:

- Acute intoxication and/or withdrawal potential
    - Self-detox, popularly known as "quitting cold turkey," does not involve medical intervention. It is medically necessary to seek a medical withdrawal in the case of long term alcohol abuse (acute-alcohol withdrawal), benzodiazepine user (sedatives), or withdrawing from long-term use and/or high amounts of methadone.
    - Opioid withdrawal is a horrible experience but not as medically dangerous if no other medical condition is present.
    - Stimulants (cocaine and methamphetamine) withdrawals are not medically dangerous except when combined with alcohol withdrawals.
- Biomedical conditions or complications
    - Medication conditions exacerbated by drug use or withdrawal
- Emotion, behaviors, or cognitive conditions or complications
    - Mental stability, suicidality, self-harm risk, severity of mental illness
- Readiness to change
    - Is the individual engaged and ready to change? Do they have a concrete plan?
- Relapse, continued use, or continued problem potential
    - Is this individual likely to detox on their own or more likely to continue using?
- Recovery and living environment
    - Does the individual have a supportive and sober living environment to go home to?