

The SAOR Model for Screening and Initial Assessment

The key components of the SAOR model are outlined below:

<p>Support</p>	<p>The support aspect of the intervention is guided by the work of Rogers (1961), Miller and Rollnick (1991, 2002) and Lock (2004) which places a strong emphasis on the therapeutic alliance. This aspect of the intervention sets the scene by developing a positive therapeutic relationship with the service user. This is achieved by emphasising and accentuating the support aspect of the encounter.</p> <p>Key components of this process include:</p> <ul style="list-style-type: none"> • ensuring an open and friendly style of communication; • communicating a non-judgemental acceptance and understanding of the service users' circumstances through the use of accurate empathy; • supporting the service users' self-efficacy or belief in his/her ability to change current drinking behaviours
<p>Ask & Assess</p>	<p>All major contemporary models of care for hazardous and harmful alcohol use in frontline healthcare settings emphasise the need for appropriate screening and assessment (Babor & Higgins – Biddle, 2001; SIGN, 2003; NIAAA, 2005; Anderson, 2006). The next key element of the SAOR is congruent with these models focusing on objective assessment of the extent of the service users' alcohol use and related problems and exploring commitment to change. The principal elements of this assessment phase include:</p> <ul style="list-style-type: none"> • asking about the service users alcohol use; • eliciting the service users concerns about drinking; • establishing the service users expectations of the consultation; • carrying out a screening assessment utilising an evidence based screening tool; • assessing for evidence of withdrawal symptoms; • exploring the service users broader psychosocial and health status; • gauging readiness to change current drinking behaviours.
<p>Offer Assistance</p>	<p>The third phase synthesises the principal aspects of contemporary models of care (Bien, Miller & Tonigan, 1993; Miller & Sanchez, 1993; Babor & Higgins – Biddle, 2001; SIGN, 2003; Resnick, 2003; NIAAA, 2005; Anderson, 2006) locating them within a user friendly framework which offers non-threatening, non-judgemental concrete assistance to the service user. This includes the key elements of:</p> <ul style="list-style-type: none"> • advising the service user about his/her drinking; • clearly assigning responsibility for change to the service user; • outlining a menu of options for change; • agreeing collaborative goals for changing drinking behaviour.
<p>Refer</p>	<p>The final aspect of the intervention is congruent with the above models aiming to ensure a cohesive and integrated care pathway by making an appropriate referral. This involves:</p> <ul style="list-style-type: none"> • discussing treatment options with the service user; • making a referral to appropriate services if required; • ensuring appropriate follow up care.

The SAOR Model for Screening and Initial Assessment

Table

SAOR Model of Screening and Brief Intervention (SBI) for Problem Alcohol Use in the ED and Acute Care Settings

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SUPPORT Ensure an open and friendly style of communication Express empathy Support self-efficacy
A
ASK & ASSESS Ask about alcohol use (drug use) Elicit the service users' concerns about drinking Establish the service users' expectations of the consultation Screen and assess for alcohol problems Assess for withdrawals Explore the context Gauge readiness to change
O
OFFER ASSISTANCE (The 4 A's) Advise and give feedback Assign responsibility Allow for a menu of options. Agree goals
R
REFER Discuss treatment options with the service user Make referral to appropriate services if required Ensure that there is appropriate follow up care

The SAOR Model for Screening and Initial Assessment

(Based upon the work of O'Shea & Goff, 2009)

Guide for Practice - SUPPORT

Key Components: SUPPORT Ensure an open & friendly style of communication Express empathy Support self-efficacy			
	Key Objective	Action/Strategies	Sample Questions, Comments, Reflections to Service Users
1	Ensure an open & friendly style of communication	Be respectful Seek service users permission to discuss alcohol use Avoid a confrontational approach Establish a rapport	"Good morning, my name is...I work here in the hospital/(service) as a ..." "Good morning Mrs/Mrhow are you today?" "Do you mind if we take a few minutes to discuss your drinking (<i>drug use</i>)?"
2	Communicate acceptance & understanding of the service users circumstances (empathy)	Let the service user know that you are trying to understand his/her difficulties and where they are "coming from" Avoid being judgemental Listen attentively and reflect your understanding back to the service user in a sensitive manner	"So your drinking (<i>using drugs</i>) had been helping you to cope with the stress at work(<i>relationship, life, loss of loved one</i>)" "You are feeling very low this morning" "You are finding this hospital (<i>service, clinic, session</i>) visit particularly difficult"
3	Support and reinforce the service users belief in his/her ability to change (support self-efficacy)	Help service user to believe that he/she can make positive changes in drinking (<i>drug using</i>) behaviours Demonstrate your confidence in the service users ability to change Be enthusiastic and engender enthusiasm in the service user	"You have said that you are worried about your drinking (<i>drug taking</i>), what can we do to help you" "You have said that you stopped drinking (<i>using drugs</i>) for six months last year. That is a long period, you did very well" "We can assist you with some practical things to help you have a look at your drinking (<i>drug taking</i>)" "I am aware that you find this a bit daunting but people do successfully stop drinking (<i>using drugs</i>) all the time"

Guide for Practice – Ask & Assess

Key Components: Ask & Assess Ask about the service users alcohol use Elicit the service users concerns about drinking Establish the service users expectations of the consultation Screen & assess for alcohol problems Assess for withdrawals Explore the context Gauge readiness to change			
Key Objective		Action/Strategies	Sample Questions, Comments, Reflections to Service Users
1	Ask about the service users alcohol use	Identify quantity (how much) & frequency (how often) of drinking Explore the drinking Patterns Observe for evidence of 'binge drinking'	"Do you take a drink" "Can you tell me how many drinks you would have over a week" "How many days of the week do you have a drink" "How much would you generally take on one drinking session"
2	Elicit the service users concerns about drinking (<i>drug use</i>)	Encourage the service user to talk about his/her drinking (<i>drug use</i>) & any concerns that he/she has about it	"Can you tell me a bit about your drinking (<i>drug use</i>)" "Can you tell me what concerns you about your drinking (<i>drug use</i>)" "So you are worried that your drinking (<i>drug use</i>) is getting a bit out of hand"
3	Establish the service users expectations of the consultation	Encourage the service user to articulate his/her expectations of the consultation (<i>session</i>) Let the service user tell you what he/she wishes to do (if anything) about drinking (<i>drug use</i>)	"How do you think we can help you with your drinking (<i>drug use</i>)?" "Can you tell me what changes you would like to make regarding your drinking (<i>drug use</i>)" "What kind of an outcome do you expect from our discussion here today"
4	Screen & assess for alcohol (<i>drug</i>) problems	Assess for evidence of alcohol (<i>drug</i>) related problems Use evidence-based screening tools to screen for problem alcohol (<i>drug</i>) use	Helper should utilise screening (<i>Audit or Dudit</i>) questionnaires as per local guidelines, prompt questions may include: "Do you mind if I ask you a few more questions about your drinking (<i>drug use</i>)?" "I have a short questionnaire here which

Key Components: Ask & Assess

Ask about the service users alcohol use
Elicit the service users concerns about drinking
Establish the service users expectations of the consultation
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			<p>helps us to get a clearer picture of your drinking (<i>drug use</i>).</p> <p>Do you mind answering a few more short questions?"</p>
5	Assess for withdrawals	<p>Assess for evidence of withdrawal symptoms</p> <p>Use a standard assessment tool such as CIWA-Ar (as per local guidelines)</p>	<p>"Sometimes people experience withdrawal symptoms when they have been drinking (<i>using</i>) heavily for a while, have you ever experienced sweating or shakes (<i>pains</i>) when you stop drinking (<i>using</i>)"</p> <p>"Have you ever had strange or unusual experiences when you are coming off drink (<i>drugs</i>)"</p> <p>"Have you ever experienced DT's when you were coming off drink"</p> <p>"We have a short questionnaire here which helps us to assess your risk of developing withdrawal symptoms. Do you mind answering a few short questions?"</p>
6	Explore the context	<p>Gain an understanding of lifestyle and issues related to drinking (<i>Drug</i>)including:</p> <ul style="list-style-type: none"> • Age • Gender • Work/ School • Family & other support networks • Mental Health • Physical health & alcohol related injuries • Assess 	<p>"Can we take a few minutes to look at other aspects of your life"</p> <p>"Can you tell me a little bit about how drinking (<i>drug use</i>) fits into your life"</p> <p>"How does your drinking (<i>drug use</i>) impact on other areas of your life such as your family, your work and friendships"</p> <p>"How would you describe the effects of drinking (<i>drug use</i>)on your mental health"</p> <p>"Have you ever had an accident or injury following drinking (<i>drug use</i>)"</p>

Key Components: Ask & Assess

*Ask about the service users alcohol use
Elicit the service users concerns about drinking
Establish the service users expectations of the consultation
Screen & assess for alcohol problems
Assess for withdrawals
Explore the context
Gauge readiness to change*

7	Gauge readiness to change	Assess the service users interest in and commitment to changing his/her drinking (<i>drug use</i>) behaviour	<p>“You have said that you are worried about your drinking (<i>drug use</i>), can you tell me what changes you would like to make” On a scale of 1-10 how ready are you to make a change in your drinking (<i>drug use</i>)”</p> <p>“People differ a lot in their commitment to changing their drinking (<i>drug use</i>), how ready would you say that you are to change”</p>
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Guide for Practice – Offer Assistance

Key Components: Offer Assistance

*Advise and give feedback
Assign responsibility
Allow for a menu of options
Agree goals*

	Key Objective	Action/Strategies	Sample Questions, Comments, Reflections to Service Users
1	Advise the service user and give feedback	<p>Give the service user clear & explicit advice regarding the risks of current behaviour. This may be verbal, written or both</p> <p>Give personalised, non – judgmental, accurate feedback on results of screening, medical investigations, consequences & complications of use</p> <p>Make clear recommendations in a non-threatening & empathic manner</p> <p>Express concern at hazards & personal risks of current drinking (<i>drug</i>) behaviours</p> <p>Compare use to safe consumption</p>	<p>“We know that drinking (<i>drug use</i>) at these levels can have a serious impact on your health”</p> <p>“The results of your blood tests show us that your liver has been damaged by your drinking”</p> <p>“If you continue to drink (<i>drug use</i>) at these levels your health is likely to be severely damaged”</p> <p>“What connection would you make between your current health problems and your drinking (<i>drug use</i>)”</p> <p>“ From looking at your medical chart I see that you had been drinking (<i>drug use</i>) prior to your three previous attendances at the Emergency</p>

Advise and give feedback
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		<p>limits (<i>overdose risk</i>)</p> <p>Make a connection between alcohol (<i>drug</i>) use and hospital attendance (<i>service</i>) where appropriate</p> <p>Give advice and/or information leaflets on how to stop or cut down on drinking (<i>drug use</i>).</p> <p>Give positive constructive feedback on improvements in functioning and/or drinking (<i>drug</i>) behaviours since the last consultation</p> <p>Avoid being overly prescriptive or dogmatic</p>	<p>Department/Service"</p> <p>"Here is a short information leaflet on the effects of alcohol or <i>drugs</i> on your body. Would you like to have a read of it and we can discuss it tomorrow"</p> <p>"You have made major improvements since your last visit. You have cut down dramatically on your drinking (<i>drug use</i>) and your overall health appears to have improved considerably"</p>
2	Assign responsibility	<p>Locus of control for change must rest within the client</p> <p>Clarify roles & responsibilities</p> <p>Service user is responsible for making any changes</p> <p>Helper is responsible for supporting the service users in making changes</p> <p>The service user, not the helper, will have to make the changes</p>	<p>"We have a range of services available locally which can support you in changing your drinking (<i>drug use</i>) patterns"</p> <p>"While we can help you to deal with your drinking (<i>drug use</i>) the changes that you make will be your choice"</p> <p>"We can provide a range of supports, however you will need to put in the work at making changes"</p>
3	Allow for a menu of options	<p>Make service user aware that there are a range of alternative change options available</p> <ul style="list-style-type: none"> • Options will vary depending upon his/her level of alcohol (<i>drug</i>) use, physical & psychosocial circumstances. They may include: • Making no change • Cutting down • Abstaining from alcohol 	<p>"Given that your drinking falls within the hazardous use category there are a range of options available to you at this point"</p> <p>"People choose a broad range of options when changing their drinking (<i>drug use</i>) patterns. They may include cutting down or giving up drinking (<i>drug use</i>) for a period of time"</p> <p>"There are several ways to change your drinking (<i>drug use</i>).....What do you think might suit you best"</p>

Key Components: Offer Assistance			
Advise and give feedback Assign responsibility Allow for a menu of options Agree goals			
4	Agree Goals	<p>Agree realistic & achievable drinking goals with the service user</p> <p>Ensure that they are collaborative rather than imposed goals</p>	<p>"I hear you say that you want to cut down to drinking (<i>drug use</i>) two nights per week, that you want to reduce your consumption to three drinks on each occasion (<i>reduce use</i>) & that you want to keep a record of your overall consumption. Have I got that right"</p> <p>"So we are agreed that your drinking (<i>drug use</i>) has been a major problem for the past ten years, you want to attend your GP for a detox and go back to see your addiction counsellor"</p> <p>"So you plan to stop drinking (<i>drug use</i>) for three months to see how you manage without alcohol (<i>drugs</i>), is that right?"</p>

Guide for Practice - REFER

Key Components: Refer			
Discuss treatment options with the service user Make a referral to appropriate services if required Ensure that there is appropriate follow up care			
	Key Objective	Action/Strategies	Sample Questions, Comments, Reflections to Service Users
1	Discuss treatment options with the service user	<p>Discuss treatment & intervention options:</p> <p>Evidence of dependence – refer to specialist addiction service for comprehensive assessment and intervention</p> <p>Lower risk & hazardous use – deliver brief intervention & advice or refer to hospital substance misuse liaison service (<i>or to Tier 3 Service</i>)</p> <p>Evidence of self-harm or mental health problems – refer to mental health services & ensure safe environment</p> <p>Ensure that the service user is actively involved in choosing a</p>	<p>"Your drinking appears to fall within the hazardous use category. Avoiding 'binge drinking' and reducing your overall consumption is going to be important if you wish to avoid health complications"</p> <p>"Given that your drinking (<i>drug</i>) problems go back a long time & you have had treatment in the past, I suggest that you need to attend a specialist alcohol (<i>substance misuse</i>)service"</p> <p>"From the range of treatment options that we have discussed which do you think would suit you best"</p> <p>"This is a list of local alcohol (<i>drugs</i>) services, can we take a few minutes to discuss the various options"</p>

**Discuss treatment options with the service user
Make a referral to appropriate services if required
Ensure that there is appropriate follow up care**

		treatment option	“There are many organisations in the local area who provide confidential advice & support about drinking (<i>drug use</i>)”
2	Make a referral to appropriate services if required	<p>Provide the service user with a list of local addiction (<i>substance misuse</i>) services including contact names, telephone numbers & an e-mail/web address where available</p> <p>Make a direct referral to the appropriate service to ensure continuity of care</p> <p>Refer to mental health services & ensure safe environment in cases of self-harm and dual diagnosis</p>	<p>“This is a list of the local alcohol (<i>drugs</i>) treatment services.</p> <p>Given what you have told me I think that the first one would best meet your needs”</p> <p>“I can telephone the alcohol (<i>drugs</i>) service & get an appointment for you if you wish”</p> <p>“I am giving you a referral letter for the alcohol treatment (<i>substance misuse</i>) service. Would you like to use the phone in the office to get an appointment”</p>
3	Ensure that there is appropriate follow up care	<p>Provide service users GP with a summary of the hospital treatment episode highlighting concerns regarding drinking (<i>drugs</i>)</p> <p>Contact alcohol treatment (<i>substance misuse</i>) service to which service user was referred to ensure continuity of care (with service users consent)</p> <p>Ensure that service user is re-screened on next hospital attendance</p> <p>Ensure integrated care pathway</p>	<p>“It may be helpful if you discuss your drinking (<i>drug use</i>) with your GP on your next visit. She/he will be in a position to provide you with on-going advice and support”</p> <p>“We find it useful to link with the alcohol (<i>substance misuse</i>) service when we make a referral. Would that be ok with you?”</p> <p>“I will put a brief note of our discussion on your chart to ensure that staff check in to see how you are doing on your next hospital visit”</p>

Brief Intervention – Competency Framework

(James O'Shea & Paul Goff, 2011)

Competency Area 1 – Supporting the Service User

- Ensures an open and friendly style of communication with the client.
- Expresses empathy, demonstrating an understanding for the client's current circumstances.
- Supports self-efficacy by encouraging the client to believe in his/ her ability to make a change in drinking behaviour.

Competency Area 2 – Screening and Assessment

- Asks client about his/her alcohol (*drug*) use.
- Elicit the clients concerns about his/her drinking (*drug use*).
- Clearly establish the client's expectations of the consultation (*session*).
- Carries out a screening assessment for problem alcohol (*drug*) use utilising evidence based screening tool.
- Assesses for withdrawal symptoms utilising an evidence based assessment tool.
- Explores broader contextual factors which may contribute to or be impacted by problem drinking (*drug use*)
- Gauges the client's readiness to change drinking (*drug using*) behaviour.
- Gauges the client's confidence to make a change in drinking (*drug using*) behaviour.

Competency Area 3 – Offering Advice and Assistance

- Provides client with objective advice and feedback regarding drinking (*drug use*) and its consequences.
- Clearly assigns responsibility for behaviour change to the client.
- Offers the client a menu of change options from which to choose.
- Agrees clear goals with the client which are **SMART**
 - **S**pecific
 - **M**easurable
 - **A**ttainable
 - **R**ealistic
 - **T**ime framed

Competency Area 4 – Making a Referral

- Discusses treatment options with the client.
- Makes referral to appropriate services if required.
- Ensures that there is appropriate follow up care for the client.