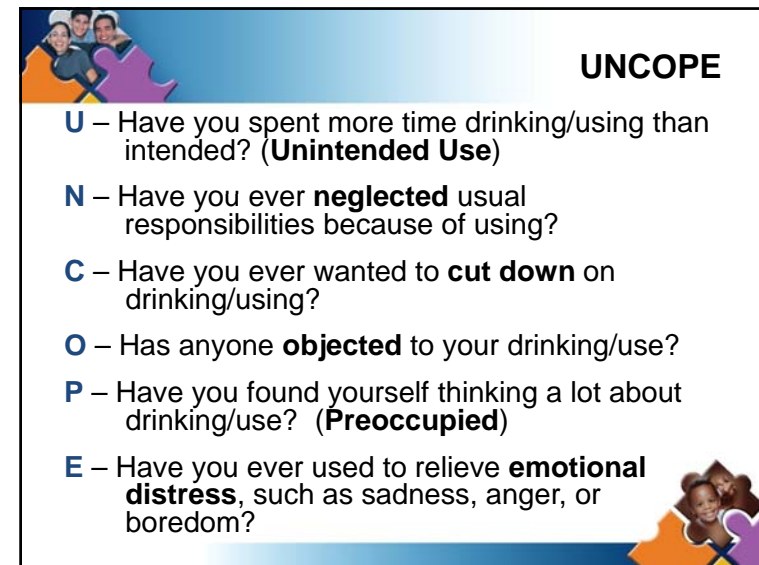


UNCOPE
screening tool

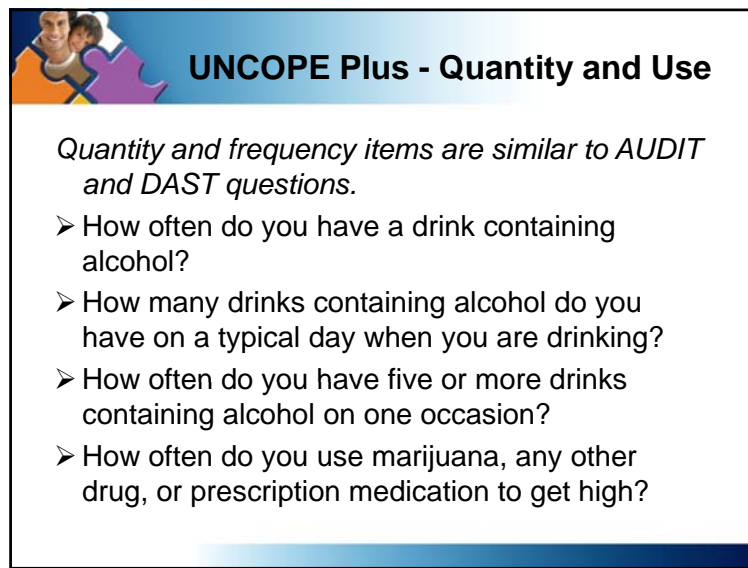
Dr. Norm Hoffman
June 7, 2012

National Center on Substance Abuse and Child Welfare
Building Systems Support for Family Recovery, Safety, and Stability



UNCOPE

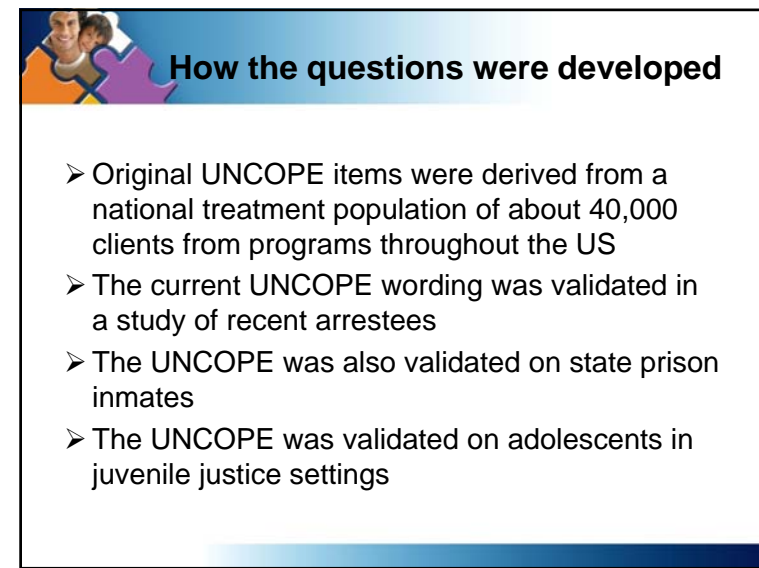
- U** – Have you spent more time drinking/using than intended? (**Unintended Use**)
- N** – Have you ever **neglected** usual responsibilities because of using?
- C** – Have you ever wanted to **cut down** on drinking/using?
- O** – Has anyone **objected** to your drinking/use?
- P** – Have you found yourself thinking a lot about drinking/use? (**Preoccupied**)
- E** – Have you ever used to relieve **emotional distress**, such as sadness, anger, or boredom?



UNCOPE Plus - Quantity and Use

Quantity and frequency items are similar to AUDIT and DAST questions.

- How often do you have a drink containing alcohol?
- How many drinks containing alcohol do you have on a typical day when you are drinking?
- How often do you have five or more drinks containing alcohol on one occasion?
- How often do you use marijuana, any other drug, or prescription medication to get high?



How the questions were developed

- Original UNCOPE items were derived from a national treatment population of about 40,000 clients from programs throughout the US
- The current UNCOPE wording was validated in a study of recent arrestees
- The UNCOPE was also validated on state prison inmates
- The UNCOPE was validated on adolescents in juvenile justice settings



Use of the UNCOPE

- The UNCOPE can be used as a verbal screen by professionals or anyone trained on how to introduce and ask the questions
- The UNCOPE can be imbedded into any pencil and paper form covering behavioral health issues to be filled out by the person of focus
- Decision rules for when a referral for further assessment is made can be adjusted to minimize either false negatives or false positives



Administration of the UNCOPE

- The UNCOPE questions should be imbedded in an interview as part of a general inquiry
- The items should be asked in a matter-of-fact manner without preamble or introduction
- The UNCOPE items should be asked prior to inquiries about quantity and frequency of use
- In self-administered paper formats, the items should be imbedded in the form with other questions



Oklahoma's Experience


- UNCOPE included in the family functional assessment in OK;
- New family functional assessment began "rolling out" to statewide service regions in July-October, 2009. UNCOPE embedded into overall section on substance use practice and history;
- Training did occur with the new assessment, including training on the UNCOPE;
- The family functional assessment is not in the state administrative data system yet-data have been manually collected.



Oklahoma's Experience


Evaluation Findings thus far:

- Administration of UNCOPE:
 - Administer when they shouldn't (waste of worker time);
 - Don't administer when they should (missed opportunity);
 - Don't consider substance abuse a problem, even when they have a positive




Oklahoma's Experience

- Findings about Client Outcomes:
 - Mother's more likely to screen positive (don't fully understand why);
 - No differences in positives by geographic area;
 - We examined the presence of a positive UNCOPE and the presence of another functional area of concern being identified simultaneously and found that several other areas were related to having a positive UNCOPE (kinship/family; housing/basic needs and medical/dental needs)
 - These findings are very preliminary!




Training in the use of the UNCOPE

- In most applications, no extensive training is required
- To ensure consistency of application, directions on the introduction of the screen or how it is included in a general interview along with directions on decision rules may be necessary
- For inclusion in a written form that collects information, any questions about the UNCOPE should be addressed as being part of the general information requested of all respondents




Supervision in using the UNCOPE

- Minimal supervision is required in most applications of the UNCOPE except for rigorous research projects
- Reviewing responses and decisions made should be a routine procedure to ensure consistency in use of the screen
- Role-plays in the presentation of the items for new staff should be sufficient to achieve consistency of administration




Experience in using the UNCOPE

- The UNCOPE is used in ADAM (Arrestee Drug Abuse Monitoring) for ONDCP
- The UNCOPE is included in a variety of screens for mental health and substance use disorders in screening populations such as TANF applicants and individuals reported to the child welfare system
- An Internet search for UNCOPE will reveal various uses in a number of states
- To date, no problems with use have been reported to the screen developer



Follow-up – referrals to treatment and accessing services

- In most settings, the only referral question is whether further assessment is required
- No life altering decision or major commitment from a respondent should be made solely on the basis of any screen
- The type of professional or program to which a person might be referred for further assessment might be indicated by the extent of positive responses – for example, 5-6 positive responses will most likely result in the verification of substance dependence so a treatment provider would be the logical person to do the further assessment




Sensitivity and Specificity

General Sensitivity and specificity of the modified UNCOPE [†]


Score to be considered at risk for dependence	Sensitivity N = 201	Specificity N = 109
5-6	67%	98%
4-6	80%	87%
3-6	88%	83%
2-6	92%	70%

[†] Hoffmann, Hunt, Rhodes, & Riley (2003)




Trouble shooting

- Are the UNCOPE questions to be used verbatim?
- What to do if staff have trouble using it, are reluctant to use it, or parents are reluctant to respond.
- Can the “past 12 months” timeframe that precedes the UNCOPE questions be reduced?




Kentucky’s Experience

- Pilots conducted in seven counties
- Supervisors and 35 investigative workers completed 236 UNCOPE screenings over a 2 month period
- Focus groups conducted with investigative workers who completed at least eight screenings
- Counties were asked to volunteer; goal was to have a mix from different regions around the state
- The target population was caretakers for children in the child welfare system




Kentucky's Experience – Challenges and Recommendations

- State and regional leadership buy-in needed
- Consider work load of front line staff
- Integration of the UNCOPE tool into data system for protection and permanency
- Training should include practice using the tool
 - Case scenario discussion; Role playing
 - Practice and training on engaging families
- Collaborate with behavioral health providers and courts when selecting a screening tool



Kentucky's Experience - Findings


- 83.7% of the UNCOPE results matched the worker's suspicions;
- In the 31 cases where the results differed:
 - In 14 caretakers or collaterals endorsed UNCOPE items when the worker did not suspect substance abuse.
 - In 17 of the cases with confirmed or strong suspicion, the UNCOPE failed to uncover substance abuse.
- When worker's suspicions and the results of the UNCOPE were in agreement, worker trusted the UNCOPE results 'a lot'



Los Angeles County, CA

Project Overview:


- Project SAFE (Screening & Assessment for Family Engagement)
- Partnership between the Los Angeles County Department of Children and Family Services (DCFS) and the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC)
- Goal: Connect DCFS families with timely screening, assessment and referral to treatment services in order to ensure their children remain with them, or to expedite the timely return of their children placed in out-of-home care with their families.
- How are we accomplishing this goal?
 - Implementation of a substance use screen – the UNCOPE – during the DCFS Emergency Response (ER) process
 - The UNCOPE, along with other observations, will determine whether an in-depth assessment is needed
 - If an assessment is found necessary, the parent will be referred for the Addiction Severity Index, along with a drug test
 - The results of the assessment and drug test will form the basis for a recommendation and subsequent referral to substance abuse treatment



Los Angeles County, CA

Pilot & Evaluation/Study Plan:


- 2 sites selected for 3-month pilot, based on various factors, but primarily based on utility of drug testing during the DCFS ER process
- Pilot Study will examine whether broader implementation is warranted
- Data on utility of the UNCOPE, total referrals to the program, treatment access, etc. is currently being collected



Los Angeles County, CA

UNCOPE experience:

- Upon review of factors, including length of time needed to administer, training/expertise of administrator needed, costs, relevancy to the population, etc., the UNCOPE was selected
- Pilot training included various vignettes to demonstrate how the UNCOPE can be utilized as an engagement tool
- DCFS staff have experienced challenges in incorporating the UNCOPE into child welfare practice



Contact Information

For technical or clinical assistance in the use of the UNCOPE contact:
Norman G. Hoffmann, Ph.D.
Adjunct Professor of Psychology
Western Carolina University
President, Evinco Clinical Assessments
evinceassessment@aol.com
828-454-9960

