Chapter 7

Screening and Assessment
Screening And Assessment

• Starting the dialogue and begin relationship
  – Each are “sizing each other up”

• Information gathering
  – Listening to their story
  – Asking the questions at the right time
  – Assessing Stage of Change

• Information giving
  – Normalizing
  – Statistics

• Assessment (CSAT) (2005)
  – “process for defining the nature of the problem and developing specific treatment recommendations for addressing the problem.”
Screening and Assessment

• **Advantages of doing assessment:**
  – get information
  – match to counselor
  – get insurance reimbursement for diagnosis

• **Disadvantages:**
  – may set up false expectations for specialized treatment
  – delays actual treatment
  – may be inappropriate for many minority groups
Screening Vs Assessment

• Screening
  – Quickly assess the possibility of a problem

• Assessment
  – Identity addiction problem
  – Focus on what’s going on in client’s life
  – An opportunity to gather specific information about why client entering tx
  – Focus on what the client wants to be different
  – Information gathered to create a treatment plan
  – Document for one clinician to communicate with other clinicians
Treatment Plan

• Collaboration between client and clinician
• Focus on specific behaviors and needs of the client
  – Create interventions to reduce symptoms
  – Create plan to meet client needs
  – Address ASAM criteria:
    • Withdrawal – detox
    • Biomedical – medical services
    • Cognitive – MI treatment
    • Tx motivation – Level of Care
    • Relapse potential – Level of Care
    • Environment – Level of Care
    Family education
    Referrals
CAGE

• C Have you ever felt you ought to cut down on your drinking or drug use?

• A Have people annoyed you by criticizing your drinking or drug use?

• G Have you ever felt bad or guilty about your drinking or drug use?

• E Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? (Eye Opener)

Scoring – one point for each yes
  2 yes response = problematic
TWEAK

- Tolerance
- Worried
- Eye Openers
- Amnesia
- Kut down
AUDIT

• The AUDIT includes 10 items that cover:
  – Amount and frequency of drinking
  – Alcohol dependence symptoms
  – Personal problems
  – Social problems

• Scoring discriminates between different levels of risk—
  – Hazardous
  – Harmful
  – Possible dependence

• Can be given as a questionnaire or used as interview questions.

• Available for free on the Internet.
1. How often do you have a drink containing alcohol?
   (0) Never (Skip to Questions 9-10)
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

AUDIT
4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily
7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year
Scoring for Audit

Scores for questions 1 through 8 range from 0 to 4:

The first response for each question (eg never) score 0
The second (eg less than monthly) score 1
The third (eg monthly) score 2
The fourth (eg weekly) score 3
Last response (eg. daily or almost daily) score 4

Questions 9 and 10: (have three responses): score 0, 2, and 4

TOTAL SCORE INTERPRETATION:

A score of 8 or more is associated with harmful or hazardous drinking.
A score of 13 or more in women is likely to indicate alcohol dependence.
A score of 15 or more in men, is likely to indicate alcohol dependence.
MAST

• The Michigan Alcohol Screening test (MAST) – self-scoring test

• The original MAST was a 25-item questionnaire.

• Now a 22-item questionnaire
The SASSI

• **Substance Abuse Subtle Screening Inventory (SASSI)**
  
  Miller & Lazowski, 1999
  The SASSI Institute

• A different approach to assessment instruments
  – does not ask directly about substance misuse on one side of the form

• Consists of true-false items:
  – “I am often resentful.”
  – “I like to obey the law.”
SASSI

- **SASSI–3** subscales also evaluate:
  - Attitude toward assessment
  - Ability to acknowledge problems
  - Defensiveness
  - Risk of legal problems
  - Emotional pain

- **SASSI–A2** (Adolescents)
  - Social system impact on substance use
  - Attitudes toward substance use
  - Level of acknowledgement
  - Emotional pain
  - Risk of acting-out behavior
  - Substance dependence vs abuse
DrInC

• The Drinker Inventory of Consequences (DrInC)
  – originally designed for Project MATCH

• A 50-item questionnaire that covers:
  – physical
  – social
  – intrapersonal
  – impulse control
  – interpersonal problem areas

• Positive questions such as
  – “How often has drinking helped me to relax?”

• Negative questions:
  – “How often has my ability to be a good parent been harmed by my drinking”.

Mental Health and Substance Use

- Mentally Ill and Substance user (MISA)
- Dual diagnosis
- Co-occurring disorder (COD)
Guidelines for Assessment of Dual Dx

• Be familiar with latest DSM and criteria for diagnosis.

• Keep up to date on the relevant psychiatric medications.

• Know the community resources.
Assessment of Older Clients

• Risk factors for gambling problems are:
  • Posttraumatic stress disorder symptoms
  • Minority race or ethnicity
  • Being a Veterans Affairs (VA) patient

• CAGE and MAST—Geriatric version
ASSESSMENT FOR STRENGTHS

• View clients as in charge of their own goals.

• Social and individual factors for a comprehensive view.

• Move the assessment toward strengths
  – Intrapersonal:
    • Motivation
    • Emotional strengths
    • Ability to think clearly
  – Interpersonal:
    • Family
    • Support networks, etc.

• Avoid identifying the person with a label.
Strengths Assessment continued

• Key ingredients:
  – Empathy.
  – Provide hope.
  – Reflective listening.
Levels of Care*

- **Prevention** –
  - Education – Dare

- **Level .5 - Early Intervention** –
  - SAP programs
  - Experimental use

- **Level I – Outpatient** –
  - Abuse

- **Level II – Intensive Out Patient (IOP)** –
  - Dependence
  - High motivation
  - Able to abstain

- **Level III – Inpatient** –
  - Dependence
  - Low motivation
  - Toxic environment

- **Level IV - Detox**
Levels of Care*

• Detox
  – 3-7 days
  – Stabilize; reduce withdrawal symptoms

• Outpatient
  – 1 session per week
  – 20 hours

• Intensive Out Patient
  – Adolescent = 6-9 hours per week
  – Adult = 12-15 hours per week
  – 75 hours
  – More structure than out patient
  – Less interference than residential
  – Followed by aftercare

• Inpatient
  – Structured 2 weeks to 2 years
  – 75+ hours
  – Risk of harm
  – Risk of relapse
  – Followed by IOP, half way house, aftercare

• Aftercare once a month
  – Last leg of treatment tour; may be treatment, 12 Step group or religious activity
Levels of Care

Five Levels of Care Assessed Over Six Dimensions

<table>
<thead>
<tr>
<th>Level</th>
<th>Service Description</th>
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</thead>
<tbody>
<tr>
<td>Level 0.5</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>Level I</td>
<td>Outpatient Services</td>
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<tr>
<td>Level II</td>
<td>Intensive outpatient/partial hospitalization services</td>
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<tr>
<td>Level III</td>
<td>Residential/inpatient services</td>
</tr>
<tr>
<td>Level IV</td>
<td>Medically managed intensive inpatient services</td>
</tr>
</tbody>
</table>

1. Acute intoxication and/or withdrawal
2. Biomedical conditions and complications
3. Emotional, behavioral, or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery environment
1. Withdrawal
   • Risk of withdrawal symptoms

2. Biomedical
   • Medical issues that may interfere with treatment

3. Cognitive-
   • Mental health issues that may interfere with treatment

4. Motivation
   • How motivated to change
   • What stage of change

5. Relapse
   • How many times tried to quit? Successful?

6. Environment
   • Using peers/family
   • Conflict with family