



Clinical Evaluation: Assessment Goals

1. *Define Assessment Process*
2. *Identify Assessment Instruments*
3. *Define DSM-5 criteria for Substance Abuse and Dependence, specifiers and multi-axial assessment*
4. *Describe ASAM levels of care and diagnostic and dimensional criteria*



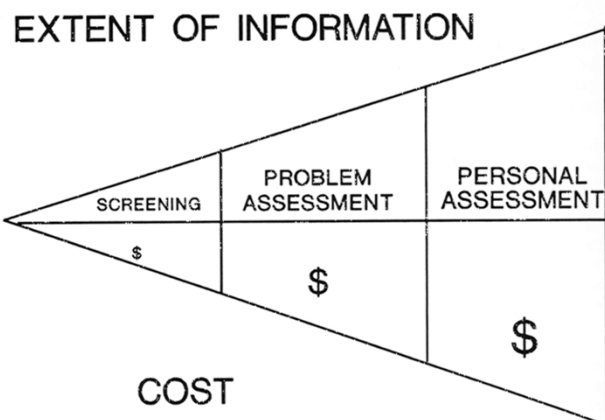
What is Assessment?

Assessment is the systematic process of interaction with an individual to observe, elicit, and subsequently assemble the relevant information required to deal with his or her case, both immediately and for the foreseeable future



Sequential Assessment

- *Screening*
- *Problem Assessment*
- *Personal Assessment*



Sequential Assessment. As one moves from screening to problem assessment to personal assessment, the extent of information developed is greater but the costs of assessment are also greater. Performing an assessment sequentially ensures that further information is necessary and justifies its increased cost (adapted from Skinner, 1981a:30; 1981b:330).

Multi-dimensional Assessment

Information is sought along 3 dimensions:

- *The use of alcohol and drugs*
- *The signs and symptoms of alcohol and drug use*
- *The consequences of alcohol and drug use*

Content of Screening



A brief process that answers two questions:

Whether an alcohol and/or drug problem is present

If so, whether it is likely to require brief intervention or specialized treatment

Content of Problem Assessment

Examines problems attributable to alcohol and/or drug consumption

Three techniques are available:

- *Retrospective methods*
- *Prospective methods*
- *Laboratory determinations*

Content of Problem Assessment

Signs and symptoms of alcohol and/or drug use Disorder

These make up DSM-5 criteria

Self-report questionnaires can be used





Alcohol Equivalencies and Drinking



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1 glass of wine
4 oz. of table wine
12% alcohol by volume

$4 \times 0.12 = 0.48$ oz. of ethyl
alcohol per serving

1 can or bottle of beer
12 oz. of beer
4% alcohol by volume

$12 \times 0.04 = 0.48$ oz. of
ethyl alcohol per serving

1 shot glass with distilled spirits
1.25 oz. of whiskey or other
hard liquor
40% alcohol by volume or 80
proof

$1.25 \times 0.40 = 0.50$ oz. of ethyl
alcohol per serving

1 bottle of wine cooler
12 oz. of wine cooler
4% alcohol by volume

$4 \times 0.12 = 0.48$ oz. of
ethyl alcohol per serving



Content of Problem Assessment

Consequences of alcohol and/or drug use

Examples include:

- Michigan Alcoholism Screening Test (MAST)
- Drug Abuse Screening Test (DAST)
 - Now called: Drug use questionnaire
- Alcohol Use Inventory (AUI)
- Alcohol Use Disorder Identification Test (AUDIT)
- Addiction Severity Index (ASI)

Content of Personal Assessment

Examines problems to determine if they are attributable to use

- *Medical status*
- *Psychiatric status*
- *Vocational issues*
- *Personal problems*
- *Sexual problems*
- *Social support*
- *Family structure*
- *Need for Recovery Support*



Content of Personal Assessment (continued)

- *Use of leisure time*
 - *Exercising*
- *Demographics*
- *Family history*
- *Prior treatment history*
- *Intelligence*
- *Cognitive functioning*
- *Personality*
- *Treatment Goals*
- *Social Stability*
- *Situational Factors*
- *Spirituality*





Overview of Assessment Process

Five step process consisting of:

- *Detection*
- *Classification*
- *Functional Assessment*
- *Functional Analysis*
- *Treatment Planning*
- *Recovery Capital*



Detection

- *Identify clients with potential problem*
- *Past and current use of alcohol, tobacco or other substances*
- *Lab tests to screen for substance use*
- *Negative consequences*



Classification

- *Assess possible DSM diagnoses*
- *Rate worst period of use*
- *Use multiple sources of information*



Functional Assessment

- *Obtain client information*
- *Use all available sources*
- *Assess the client's range of different needs*
- *Identify the client's strengths*
- *Identify the client's support system*
- *Identify the client's recovery capital*



Functional Analysis

- *Identify factors that maintain substance abuse*
- *Explore possible motives*
- *View identified motives and costs as working hypotheses, not facts*



Methods of Obtaining Assessment Information

- *Face-to-face interviewing*
- *Semi-structured interview and structured interview*
- *Paper-and-pencil tests*
- *Computerized assessments*



Assessment Tools



Addiction Severity Index (ASI)

Semi-structured interview assessing:

- Medical status
- Employment and support
- Drug use
- Alcohol use
- Legal status
- Family/social status
- Psychiatric status

Comprehensive Drinking Profile (CDP)

Structured intake interview

- *History and current status of drinking problems and related manners*
- *Consumption and problematic behaviors*

Time Line Follow-Back (TLFB)

Analyzes:

- *Patterns*
- *Intensity*
- *Frequency*

*Connections between use and significant events
established*

Inventory of Drinking Situations (IDS)

- *Assess situations of heavy drinking*
- *Examines 8 categories:*
 - *Negative emotional states*
 - *Urges and temptations*
 - *Negative physical states*
 - *Interpersonal conflict*
 - *Positive emotional states*
 - *Social pressure to drink*
 - *Testing personal control*
 - *Positive social situations*



Situational Confidence Questionnaire (SCQ)

Self-report instrument

Clients imagine themselves in each situation

- *Rate on scale of 0-100, (0=not confident to 100=very confident)*
- *How likely they will be able to resist the urge to use heavily in that situation*

Substance Abuse Subtle Screening Inventory (SASSI)

One-page self report screening

Resistance to faking

*Identifies individuals in denial or deliberately trying to
conceal chemical dependence*

Global Appraisal of Individual Needs (GAIN)

Eight core sections:

1•Background

2•Substance use

3•Physical health

4•Risk behaviors

5•Mental health

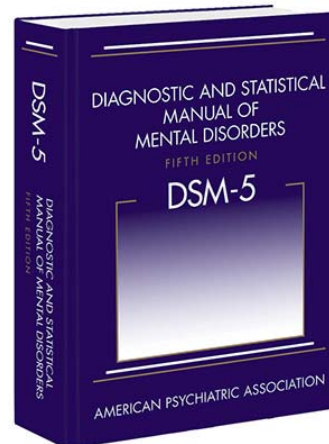
6•Environment

7•Legal

8•Vocational



DSM-5



Substance-Related Disorders in DSM-5

*The **DSM-5** chapter on **Substance-Related and Addictive Disorders** includes 10 substance-related disorders:*

- **Alcohol-Related Disorders**
- **Caffeine-Related Disorders**
- **Cannabis-Related Disorders**
- **Hallucinogen-Related Disorders**
- **Inhalant-Related Disorders**
- **Opioid-Related Disorders**
- **Sedative-, Hypnotic-, or Anxiolytic-Related Disorders**
- **Stimulant-Related Disorders**
- **Tobacco-Related Disorder**
- **Other Substance-Related Disorders.**





Substance Use Disorders

Almost all substance-related disorders in DSM-5 include:

- Substance use disorders
- Substance intoxication
- Substance withdrawal

Almost all specify that the substance use disorders be rated mild, moderate, or severe.

Exceptions include:

- **Caffeine-Use Disorders:** no severity ratings
- **Hallucinogen-Use Disorders:** no intoxication or withdrawal
- **Inhalant-Use Disorder:** no intoxication
- **Tobacco-Use Disorder:** no intoxication



Alcohol Use Disorders

Alcohol-Related Disorders include:

- **Alcohol Use Disorders** (mild, moderate, and severe)
- **Alcohol Intoxication**
- **Alcohol Withdrawal**
- **Other Alcohol-Related Disorder**

The distinction between alcohol abuse and dependence has been eliminated in DSM-5.



Alcohol Use Disorders

Mild Alcohol Use Disorder

– **2-3 symptoms**
present

Moderate Alcohol Use Disorder

– **4-5 symptoms**
present

Severe Alcohol Use Disorder

– **6 or more symptoms**
present



Alcohol Use Disorder

Alcohol use disorder is a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by:

at least 2 of 11 listed symptoms occurring within a 12-month period.





Symptoms of Alcohol Use Disorder

1. *Often taking alcohol in larger amounts or over a longer period than intended*
 - “Even when I go out to a bar or a party having resolved to drink no more than three beers or spend no more than two hours, by the end of the evening I discover I’ve consumed 10 beers over four hours.”
2. *A persistent desire or unsuccessful efforts to cut down or control alcohol use*
 - “Time and again, I’ve tried to control my drinking, but I’ve never been able to do so.”
3. *Spending a great deal of time in activities necessary to obtain alcohol, use alcohol, or recover from its effects*
 - “Alcohol takes up a lot of time in my life, what with getting the money to buy it, spending time at bars consuming it and talking to friends, and then getting over whatever hangover I might have developed from my drinking.”



Symptoms of Alcohol Use Disorder

4. *Craving, or a strong desire or urge to use alcohol (New Symptom)*
 - “When I haven’t been drinking for a day or two, I’ll begin to experience strong craving for alcohol, which stays with me until I take a drink to get rid of the craving.”
5. *Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home*
 - “It will sometimes happen that my drinking makes it impossible for me to go to work or take care of my family. This makes me feel terrible, but I still do it. Why?”





Symptoms of Alcohol Use Disorder

- 6• *Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol*
 - “Even though I have a tendency to become angry and, sometimes, violent when I’ve been drinking, I continue to drink and then to suffer the consequences of my anger and fights.”
- 7• *Important social, occupational, or recreational activities are given up or reduced because of alcohol use*
 - “I used to like to dance and visit with my friends and family but since I’ve started to drink so much, I’ve given up almost everything that doesn’t involve drinking.”
- 8• *Recurrent alcohol use in situations in which it is physically hazardous*
 - “I’ve had three DWIs, and have been in two accidents because of my drinking in which I was pretty seriously injured. But every time I am able to drive, I’ve been drinking.”



Symptoms of Alcohol Use Disorder

- 9• *Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol*
 - “Even though I almost always get very depressed after I’ve been drinking for some time, I continue to drink. I don’t know why. It doesn’t make sense to me.”

Symptoms of Alcohol Use Disorder

Tolerance

- 10. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect, or*
- 11. A markedly diminished effect with continued use of the same amount of alcohol*

Withdrawal

- 12. The characteristic withdrawal syndrome for alcohol, or*
- 13. Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms*

Course Specifiers

- Early Full Remission*
- Early Partial Remission*
- Sustained Full Remission*
- Sustained Partial Remission*





Recovery-Oriented Systems of Care (ROSC)



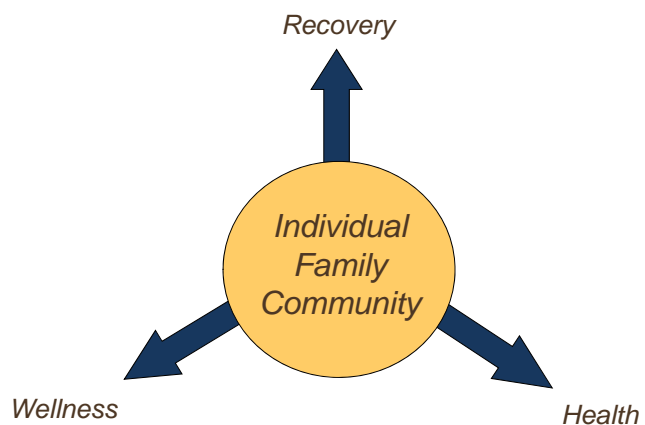
Recovery Oriented Systems of Care: A Paradigm Shift

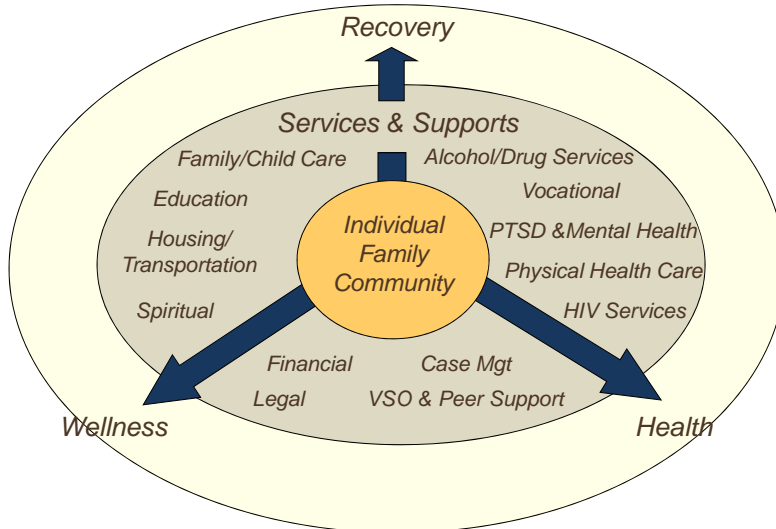
*Recovery-Oriented Systems of Care shifts the question from
“How do we get the client into treatment?”
to “How do we support the process of recovery within the
person’s environment?”*

Recovery Oriented Systems of Care

- *Treatment agencies are considered one of many resources for the client*
- *No one source is more important than another*
- *Various support systems need to work together very closely with the client*

ROSC support person-centered and self-directed approaches to care that build on the personal responsibility, strengths, and resilience of individuals, families and communities to achieve health, wellness, and recovery from substance related disorders





ROSC offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathways to recovery



Recovery Oriented Systems of Care

Person centered and self directed care

- Building on strengths and resilience in the patient*
- Involving families and communities to take some responsibilities for their health, wellness and recovery from mental illness*
- Offer comprehensive menu of services that can be adjusted to meet the needs of the client*
- Adjustable to the client's pace and recovery process*



Recovery Oriented Systems of Care

- *Encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care*
- *Require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members*
- *Effect our involvement in the assessment process: client is an equal partner in the assessment process*



Elements of Recovery Oriented Systems of Care

Person centered

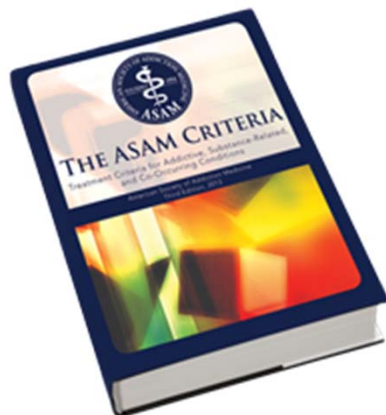
- *Individualized*
- *Responsive to culture and personal belief systems*
- *Community based*
- *Commitment to peer services*
- *Involvement of families and other allies*
- *Ongoing monitoring and outreach*



Elements of Recovery Oriented Systems of Care

Cost effective

- *Outcomes oriented*
- *Integration of services resulting in no duplication of services*
- *Competency based*
- *Effective use of collaborators and partners*
- *System-wide education and training*
- *Continuum of care*
- *Research based*
- *Flexible funding*



ASAM Criteria Levels of Care

Levels of Care

Early Intervention

Outpatient treatment

- *Intensive Outpatient treatment*

Partial Hospitalization

Residential/Inpatient treatment

- *Low-Intensity Residential treatment*
- *Medium-Intensity Residential treatment*
- *High-Intensity Residential treatment*

Medically Monitored Intensive Inpatient treatment

ASAM Criteria-Six Dimensions

Dimension 1: Acute intoxication and/or withdrawal

Dimension 2: Biomedical conditions and complications

Dimension 3: Emotional, behavioral or cognitive conditions and complications

Dimension 4: Readiness to change

Dimension 5: Relapse, continued use or continued Problem Potential

Dimension 6: Recovery/living environment

Levels of Care- Level 0.5 Early Intervention

One-on-one counseling and educational programs

Patients do not meet criteria for Substance-Related Disorder

Problems in Dimensions 1, 2 or 3 are stable or being addressed

Levels of Care: Level 1 - Outpatient Treatment

Therapies include

- *Individual and group counseling*
- *Motivational enhancement*
- *Opioid substitution therapy*
- *Family therapy*
- *Educational groups*
- *Occupational and recreational therapy*
- *Psychotherapy*
- *Other therapies*

Level I - Outpatient Treatment Dimensional Admission Criteria

Dimension 1: No withdrawal signs or symptoms

Dimension 2: Biomedical concerns stable

Dimension 3: (a) or (b) and (c) and (d)

- (a) No co-occurring mental disorder symptoms or symptoms are mild and stable*
- (b) Psychiatric symptoms are mild but mental health monitoring is needed*
- (c) Mental status doesn't interfere with understanding and participation*
- (d) No risk of harm to self or others*

Level I - Outpatient Treatment Dimensional Admission Criteria

Dimension 4: (a) and (b) or (c) or (d)

- a) Willingness to comply with treatment plan*
- b) Acknowledges substance use and wants help*
- c) Ambivalent about substance use*
- d) Doesn't recognize substance use*

Dimension 5: Able to achieve or maintain abstinence only with support

Level I-Outpatient Treatment Dimensional Admission Criteria

Dimension 6: (a) or (b) or (c)

- a) Supportive environment for treatment*
- b) Inadequate support system but willing to obtain a support system*
- c) Family is supportive but needs intervention to improve chances of success*

Level II-1 Intensive Outpatient Dimensional Admission Criteria

*Dimension 1: No withdrawal
signs or symptoms*

*Dimension 2: Biomedical
stable or monitored
concurrently with no
interference*



Level II-1 Intensive Outpatient Dimensional Admission Criteria

Dimension 3: (a) or (b)

- a) Abuse of family*
- b) Diagnosed emotional, behavioral or cognitive disorder that requires monitoring*

Dimension 4: (a) or (b)

- a) Need for structure*
- b) Need for repeated, structured interventions*

Level II-1 Intensive Outpatient Dimensional Admission Criteria

Dimension 5: Symptoms intensifying and functioning deteriorating at lower level of care

Dimension 6: (a) or (b)

- a) Current environment makes recovery unlikely*
- b) Current social situation not helping recovery*



Clinical Evaluation: Assessment Summary

- *Assessment Process*
- *Assessment Instruments*
- *DSM-5 Diagnostic criteria*
- *ASAM Levels of Care and Criteria*