

Chapter 27

The Assessment of Suspected Substance Use Disorders

The theory behind substance use assessments

- The abuse of a substance, even if illegal, does not prove addiction
- Assessment is more than a one time procedure
- It is first step of a process that should be continued throughout treatment
- No universally effective standard for the detection of SUDs
- The assessment process is complicated and involves several steps

Screening

- The core of the screening process is the clinical interview with the client
- Might also involve the use of one or more paper-and-pencil instruments to help identify those individuals who might have an SUD
- Verbal screening aids
 - TWEAK
 - CAGE

Screening

- Paper-and-pencil screening instruments
 - inexpensive and less threatening to client
 - Vulnerable to deception and assume client is literate
 - Michigan Alcoholism Screening Test (MAST)
 - Alcohol Use Disorders Identification Test (AUDIT)
 - Substance Abuse Subtle Screening Inventory-3 (SASSI-3)
 - Drug Abuse Screening Test (DAST)
 - Beck Depression Inventory (BDI)
 - Minnesota Multiphasic Personality Inventory (MMPI)

Assessment

- Assessment attempts to measure the severity of the individual's SUD
- Three formats:
 - Unstructured
 - Semi-structured
 - Structured
- Often done within the framework of the DSM-V
- Useful for assessor to ask different questions during the interview that are designed to explore the same client response from different perspectives

Assessment

- Psychological test data
 - May help identify client personality characteristics that might influence his/her substance use pattern
- Standardized test
- Alcohol Use Inventory (AUI)
- Addiction Severity Index (ASI)
- The Structured Clinical Interview for the DSM-IV (SCID)
 - May be revised for DSM-V

The assessment format

- Circumstances of referral
- Substance use patterns
- Past treatment history
- Legal history
 - Nature of past legal charges and outcomes
 - Nature of any current charges
- Past military record

The assessment format

- Educational/vocational history
- Development/family history
- Psychiatric history
- Medical history
- Real versus pseudo personality disorders
- The assessor and data privacy

Diagnostic rules

- Many individuals will resist a diagnosis of SUD, at least at first
- Always gather collateral information
 - Alcohol dependent persons are reasonable accurate , but
 - Facing legal action, may exaggerate SUD as a mitigating factor to other charges
 - Others may under-report out of fear of losing some entitlements
- Always assume deception until proven otherwise
 - Clients may consciously or unconsciously distort information, possible due to distorted way of thinking
 - Even “cooperative” clients might engage in deception

Other sources of information: medical test data

- No definitive blood or urine test to prove addiction
- While a single “dirty” test does not prove SUD, a series of 3 or 4 may be more definitive
- Medical tests can often:
 - Confirm presence of certain chemical(s) in client’s body
 - Identify the specific compounds present
 - Possible determine the level of the chemical
 - Hint at how long the patient has be abusing chemicals

Diagnosis: the outcome of the assessment process

- At the end of any assessment the assessor should be able to answer four interrelated questions:
 - Does the individual have/not have a SUD
 - The severity of the substance abuse problem
 - The client's motivation to change
 - Factors that contribute/support further substance use
- Treatment referrals
 - After assessment, next step is to determine appropriate level of care