### Background
- Clients will be from a variety of backgrounds
- Screeners need to account for differences in language, culture, and other variables
- Clients may or may not be motivated to provide accurate information.
- Can occur initially or during the treatment process
- Ideally, data sources must come from a variety of backgrounds to determine
  - If a problem exists
  - The severity of the problem

### Data Sources
- Information can come from a variety of sources
  - Client
  - Client’s family
  - Client’s employer (if applicable)
  - Friends and neighbors
  - Medical / Psychiatric / Psychological fields
  - Legal community
  - Others

### Goals
1. Initial goal - Determine if the client needs assessed
2. To provide a comprehensive overview of the client
3. To determine if the client has a problem
4. To place the client in appropriate treatment
5. To follow-up and ensure the treatment is working

### Measurement Areas
- **Screening**
  - Uses techniques and instruments that determines if an assessment is necessary
  - Needs to be fast and quick
  - Is not be in-depth examination of the client
- **Assessments**
  - Examine multiple areas
  - Need to be comprehensive
  - Problem
    - Assessments often emphasize what the counselor is comfortable with
    - Can miss a lot of things
Assessment Areas

• Medical
• Psychological
• Sociological

Medical Indicators

• Many levels
  • Some can be done in the counselor's office
  • E.g., How do they smell
    • Sweet – May indicate diabetes
    • Odiferous – May indicate homelessness
  • BAC testing
  • Urinalysis Testing (send to lab)
  • Visual tracking
  • Gaze Nystagmus
  • Needle Tracks?
  • Others
  • Be alert

Physician Testing

• Is more in-depth
• Exam should be thorough and complete
  • Liver functioning
    • With alcoholics is a must
  • Basic Neurological tests
  • Other
• Physician should be cognizant of the presenting problem.
  • Ensures the appropriate tests are conducted.
  • Works very well when the client is motivated

Why

• Many disorders occur in conjunction with certain types of alcohol or drug abuse
  • Alcoholism - Liver, endocrine problems
  • IDU - Hepatitis, HIV
  • Any IDU must be screened for these diseases
    • If necessary, use public health service for screening

Psychological Indicators and Functioning

Mental Status Exam:

• Is the client in the here and now?
• Are they hallucinating
• Are they going through withdrawals
• Examine for mental problems
  • Depression
  • Mania
  • Others
• Readiness for a behavioral change
  • Highly motivated vs. Don't see what the problem is
  • Denial

Sociological Indicators

• Family relationships?
• Personal relationships?
• Employment?
• Legal issues?
• Living issues?
  • Homeless vs. stable housing
  • Sanctions for the lack of a behavioral change
    • Loss of spouse or job vs. no sanctions
Psyc 470 – Introduction to Chemical Addictions

Results of the Process

• Based on the DSM IV-TR
  • Is the major diagnostic manual of the American Psychiatric Association and American Psychological Association
  • Views disorders as having both mental and physical components.
  • Is related to be part of the classification scheme of the International Statistical Classification of Diseases and Related Health Problems (ICD-9 or ICD-10).

Psyc 470 – Introduction to Chemical Addictions

International Classification of Diseases

• ICD-9 / ICD-10 Codes
  • Is the official coding system used in the US
  • Most DSM disorders have a numerical ICD code that is associated with the disorder.
  • Found in the DSM
  • Is used to report diagnostic data to government agencies, private insurers, WHO
  • Mandated by the Health Care Financing Administration for Medicare reimbursement.

Psyc 470 – Introduction to Chemical Addictions

Past Versions of DSM

• Mental disorders were considered different from physical disorders.
• Changes in DSM were made based on the predominant model of Psychiatry and Psychology
  • Psychoanalysis
  • Behavioral

Psyc 470 – Introduction to Chemical Addictions

Today

• We recognize that there is a lot of physical in “Mental Disorders” and lots of mental in “Physical Disorders.”
• Recognize that there are no precise boundaries for the concept of “Mental Disorder

Psyc 470 – Introduction to Chemical Addictions

Conceptualizes Mental Disorders as Having

• Behavioral aspects / dysfunctions and/or
• Psychological aspects / dysfunctions and/or
• Physical aspects / dysfunctions

Psyc 470 – Introduction to Chemical Addictions

Does not Include

• Deviant behavior (political, religious, or sexual)
• Conflicts between individuals and society
  • Unless the deviant behavior or conflict is a symptom of a dysfunction within the individual
Psyc 470 – Introduction to Chemical Addictions

Issues

- DSM does not assume that each category is a completely discrete disorder with absolute boundaries.
- Disorders often cross over categories

A DSM Diagnosis is ONLY the First Step in a Comprehensive Evaluation

- Usually need a lot more information
- Criteria offered in the manual are guidelines
- Reflects a consensus of the field
- Does not encompass everything

Diagnostic Categories

- Five Components to a Diagnosis
  - Axis 1 Clinical Disorders
  - Axis 2 Personality Disorders and Mental Retardation
  - Axis 3 General Medical Conditions
  - Axis 4 Psychosocial and Environmental Problems
  - Axis 5 Global Assessment of Functioning Scale

Substance Disorders

- Are part of Axis I
- Some aspects of the client’s symptoms may fit another axis
  - Korsakoff’s Syndrome is an organic mental disorder and fits in Axis III
  - Secondary Diabetes also fits here as well.

Substance Abuse

- Three major areas
  - Substance Intoxication
  - Substance Abuse
  - Substance Dependence

Substance Intoxication

- Development of REVERSIBLE substance-specific symptoms due to the recent ingestion or exposure to a substance.
- Clinically maladaptive behavior or psychological changes due to the effect of the substance on the CNS
- Symptoms are not due to another medical or psychological disorder
Psyc 470 – Introduction to Chemical Addictions

Substance Abuse

1 or more symptoms with past 12 months:
- Recurrent substance use resulting in a failure to fulfill important obligations (Missing work)
- Recurrent substance use in situation in which it is physically hazardous do to so (DWI)
- Recurrent substance-related legal problems (arrests)
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of a substance (fights)

Psyc 470 – Introduction to Chemical Addictions

Substance Dependence

Three or more symptoms in the past 12 months:
- Tolerance
- Withdrawal
- Ingestion of greater amounts
- Persistent desire to cut down or control the substance
- Lots of time spent to get the substance, use it, or recover from it
- Elimination or reduction of social, work, or recreational activities due to use
- Continued use despite knowledge of physical or psychological problems due to use.

Psyc 470 – Introduction to Chemical Addictions

Other Components of the Diagnosis

- Mental functioning status is important
- There may be a lot of environmental components involved with use
  - Housing situation
  - Spouse is also a user
  - Others
- Axis IV and V help or qualify the diagnosis

Psyc 470 – Introduction to Chemical Addictions

Dependence

- Diagnosis can include if the client is currently physically dependent or not on a compound.
- Will have an impact in client placement

Psyc 470 – Introduction to Chemical Addictions

DSM-IV Limitations

- Heavy reliance on clinician judgment
- Can be reduced with good diagnostic instruments and assessment tools
- Diagnostic criteria are less valid with certain populations
- Does not capture levels of drinking involvement
- Provides little help with motivation or treatment planning
- Is more of a treatment issue

Psyc 470 – Introduction to Chemical Addictions

DSM Advantages

- Provides a common matrix for everyone to use
- Has ties with the medical community
- Ties in with ASAM Placement Criteria
- Measures other psychiatric problems
  - Substance abuse often occurs in conjunction with other psychiatric difficulties
  - Co-occurrence increases diagnosis complexity
- Is necessary for court cases
- Is THE diagnostic system one must use for third party payments
  - Not an option anymore
Other Scales

- Does not replace the DSM
- Are used in addition to the DSM
- Alcohol Dependence Scale (ADS)
- Clinical Institute Withdrawal Assessment (CIWA)
- Drinking Inventory of Consequences (DrInC)
- Triage Assessment of Addictive Disorders (TAAD)
- Substance Use Disorders Diagnosis Schedule (SUDDS)
- Diagnostic Interview Schedule (DIS)

Other Scales

- Drinking Inventory of Consequences (DrInC)
- Inventory of Drinking Situations (IDS)
- Profile of Mood States (POMS)
- Serum chemistry profile
- Alcohol Dependence Scale (ADS)
- Many others

Stages of Change

- Prochaska, DiClemente, Norcross
- Is the major addition to addictions counseling
- Several stages
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Precontemplation

- Has no intent to change
- Under-awareness
- Pros outweigh cons
- No self-efficacy (self-confidence)
  - Demoralized by past failed attempts
- Coercion
- Denial
- Resistance

Contemplation

- Person is thinking about making a change
- Seeks information
- Is evaluating pros and cons
- No concrete change effort enlisted

Preparation

- Begins to develop concrete strategies and solutions
- Time line for change is within one month
- Tentative actions may be taken
- Aware of lessons in past
  - Failed attempts
- Links Contemplation to Action via determination
Psyc 470 – Introduction to Chemical Addictions

Action
• Actively engaged in behavior change (6mos.)
• Are acquiring skills
• Employing strategies to control behavior and behavioral contexts
• Transtheoretical

Psyc 470 – Introduction to Chemical Addictions

Maintenance
• Is working to sustain gains
• Avoiding/preventing relapse
• Termination when confident and secure in maintaining change
• Multiple cycles may be necessary to achieve this goal

Psyc 470 – Introduction to Chemical Addictions

Evaluation of the Model
• Is a good framework to determine where the client is in relation to behavioral change
• Can be used in a variety of contexts
  • Treatment centers
  • Prison settings
  • Physician’s offices

Psyc 470 – Introduction to Chemical Addictions

Motivational Interviewing
• Is a way to help people recognize or do something about their present problems
• Good when people are reluctant to change.
• Works within the process of stages of change

Psyc 470 – Introduction to Chemical Addictions

Some Points
• De-emphasis on labels
• Emphasis on personal choice and responsibility for deciding behavior
• Focus on client concerns
• Resistance is seen as a behavioral pattern influenced by the therapist
  • Met with reflection
• Treatment goals are negotiated between the client and therapist
• Client’s involvement and acceptance are seen as vital.

Psyc 470 – Introduction to Chemical Addictions

Methods Therapists can use
• Give advice
• Remove barriers to change
• Provide choices
• Decrease desirability of the behavior to be changed
• Practice empathy
• Provide client feedback
• Help clients clarify goals
• Active helping rather than passivity
Psyc 470 – Introduction to Chemical Addictions

Finally

- Once assessed, clients may need to be placed in treatment
- Uses ASAM Criteria
  - Allows client to be placed on a variety of dimensions and the type of treatment they will receive
    - Outpatient vs. ICU
  - Also requires ongoing evaluation after treatment placement

Psyc 470 – Introduction to Chemical Addictions

Conclusion

- Lots of aspects to screening, assessment, and treatment placement
- Process needs to be reliable
- Must be able to stand up in court.