



Screening Instruments

Psychology 470

Introduction to Chemical Addictions

Steven E. Meier, Ph.D.

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Overview

- Lots of different types
- Should be able to be done in a variety of settings
- Should be quick
- Should be easy to do
- Should be inexpensive / Cost effective
- Instruments should have high reliability and high validity

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Screening Results

- Are designed only to determine if more information is needed.
- Screening does not establish a diagnosis
- Screening instruments are not designed to develop a diagnosis.
 - Major mistake made by many addictions counselor
 - Gets you eaten up in court

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SCREENING DOES NOT EQUAL ASSESSMENT

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Review

- Screening does not equal assessment
- Screener
 - Needs to read the manual
 - Look at norms (Boys, girls, etc.)
 - When and how to use , who was it normed for?.

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Screening Instruments

- Many types
- Can range from 5 questions to >50
- Some claim to have lie scales, depression scales, etc.
- Few have a significant amounts of research to support them.

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Names of Some Instruments

- CAGE and Friends
- AUDIT
- TWEAK
- Michigan Alcoholism Screening Test (MAST) and friends
- Drug Use Screening Inventory (DUSI)
- Problem Oriented Screening Instrument for Teenagers (POSIT)
- Substance Abuse Subtle Screening Inventory (SASSI)

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CAGE

- Is very simple
- Can be used for adults or adolescents
- Primarily used in medical settings
- No training is required
- Is easy to learn
- Has good internal consistency and predictive validity

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Consists of Four Questions

- Have you ever felt the need to **C**ut down on your drinking
- Do you feel **A**nnoyed by people complaining about your drinking
- Do you ever feel **G**uilty about your drinking
- Do you ever drink an **E**ye-opener in the morning to relieve the shakes?

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Scoring

- Answering yes to two questions will correctly identify 75% of the alcoholics who respond to it.
- Will accurately eliminate 96% of the non- alcoholics
- Can modify it for drugs. Just change drinking to drug use.

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CAGE

- Is more sensitive for detecting alcohol dependence in African Americans than Whites

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CAGE-AID

1. Have you felt you ought to CUT DOWN on your drinking or drug use?
2. Have people ANNOYED you by criticizing your drinking or drug use?
3. Have you felt bad or GUILTY about your drinking or drug use?
4. Have your ever had a drink or used drugs the first thing in the morning to steady your nerves or get rid of a hangover (EYE OPENER)?

Same scoring system

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Alcohol Use Disorders
Identification Test (AUDIT)

- 10 questions
- Can be used in a variety of setting
- Can be used as a structured interview or included in a general health interview, lifestyle questionnaire, or medical history.
- If presented well, gets good results.

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TWEAK

- TOLERANCE
 - How many drinks can you hold?
- WORRIED
 - Have close friends or relatives worried or complained about your drinking in the past year?
- EYE OPENER
 - Do you sometimes take a drink in the morning when you get up?
- AMNESIA
 - Has a friend or family member ever told you about things you said
 - or did while you were drinking that you could not remember?
- K(C)
 - Do you sometimes feel the need CUT DOWN on your drinking

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Scoring

- Worry or Tolerance (5 or more drinks) scores 2, Others 1
- Score of 2 or more = risky drinker
- Test is good for pregnant women

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Michigan Alcoholism Screening Test MAST

- One of the most widely used instruments
- Is more detailed than the CAGE
- 25 questions, 0 subscales
- Takes about 10 minutes to administer and 5 minutes to score
- Does not require any training
- Is fairly sensitive for alcoholism
- Tends to be somewhat sensitive
- Can be used for longer interviews
- Minimal information on reliability
- High face validity - clients know what they are being screened for

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Scoring

- Each item has a weigh of 0-5
 - Scores range between 0-53
 - Affirmative answers to one of three critical items are considered diagnostic
- 3 = absence of drinking problems
4 = suggesting suspicion of alcoholism
5 or more = evidence of alcoholism

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Many Versions

- Malmo Modification Mm-MAST
- Brief MAST
- Short MAST (SMAST)
- MAST for Fathers (F-SMAST)
- MAST for Mothers (M-SMAST)

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Short Version of MAST SMAST

- Consists of 13 questions
- Scoring
 - All questions are answered Yes or No
 - Each Yes = 1 point

 - A score of 1 or 2 = no alcohol problem
 - A score of 3 = a borderline problem
 - A score of 4 or more = alcohol problem

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- Has a English and Spanish version
- Uses Yes/No responses
- Takes about 25-30 minutes, 2 minutes to score
- Has computerized scoring
- Is NORMED on juvenile delinquents/pregnant or parenting teens
- Is useful for case management
- 139 questions Examines 10 functional areas
 - Substance use/abuse
 - Mental and physical health
 - Family and peer relations
 - Educational areas
 - Has a high-risk sexual question

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T-ACE

- 4 - item questionnaire
- Used to assess pregnant women at risk for drinking amounts which may be dangerous to the fetus.
 1. How many drinks does it take to make you feel high? (TOLERANCE >2)
 2. Have people ANNOYED you by criticizing your drinking?
 3. Have you felt you ought to CUT DOWN on your drinking?
 4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (EYE OPENER)?
- 2 points for tolerance, 1 for others
- >2 points indicates risk

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- Short screening tool
- Has paper and computer versions
- Has a good lie scale
- Effective for individuals in denial or deliberately trying to hide chemical dependency patterns.
- Has 78 questions, 8 subscales
- Takes 10 – 15 minutes 10 minutes to score by hand
- Also looks at defensiveness, depression, other things

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Adolescent Screening

- Should focus on the adolescents severity of use (consumption patterns)
- Should examine associated factors
 - Legal issues, mental health status, educational functioning, living situation
 - Client's awareness of the problem.
 - Client's impression of the problem
 - Motivation for changing the behavior.

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Adolescent Screening

- May also be able to get information from significant others (family, friends, teachers)
- Can be computerized (although debatable)

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Adolescents

Who to Screen?

- Adolescents at time of arrest or detention
- Adolescents who are receiving mental health assessments or treatment
- Runaway shelters
- Teens entering the welfare system
- Teens who dropped out from school
- High risk populations (special ed.
- Adolescents who experience a sudden change in behavior
- Teens who receive emergency medical trauma
- Teens who begin having medical problems (e.g. gastrointestinal problems)

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Red Flags for Adolescents

- Two Groups
 - Substance use related
 - Psychosocial issues

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Substance Abuse Related Issues

- Use of Substances during childhood or early teenage years
- Substance use before or during school
- Peer involvement
- Daily use
- Community norms

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Psychosocial issues

- Physical or sexual abuse
- Sudden downturns in school performance or attendance
- Peer involvement in serious crime
- Major changes in physical health
- Involvement in crime or delinquency
- HIV/STD related high-risk behaviors
- Psychological problems (e.g., depression)

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High-Risk Sexual Behavior

- Is highly correlated with substance abuse
- 1995 > 50% of teens in grades 9-12 had sexual intercourse
- 20% had more than 4 partners
- 50% used a condom the last time they had sex.
- 25% had used drugs during the last time before intercourse.

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Implications

- Individuals presenting for STD counseling or who are engaging in high-risk behavior need screened for substance abuse and vice versa

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Conclusions

- Lots of instruments and techniques
- Can be used in a lot of different settings
- Need to know the different strengths and weaknesses of each instrument and approach.