



Other Assessment Issues

Psychology 470

Introduction to Chemical Addictions

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Lots of Other Issues to Consider

- Dual Diagnosis
- Elderly
- Juvenile

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Dual Diagnosis Issues

- Is the AOD causing the psychiatric /psychological problems or are the psychiatric / psychological problems causing the AOD use e.g., Bipolar clients
- AOD also causes other disorders to reoccur
- AOD can worsen other disorders
- Withdrawal can mimic psychiatric symptoms
 - DT related hallucinations
- Medications also interfere with assessment and diagnosis

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Symptoms of Psychiatric Disorders may be Interpreted as Resistance to Treatment

- Anxiety disorder and phobic patients do not like groups
 - AA/NA
- People with depression may be unmotivated and lethargic to participate in treatment
- People with manic or psychotic symptoms may experience bizarre or inappropriate behavior (especially in groups)

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Result

- The client is unmotivated or resistant to treatment
- Has major implications if the CJ system is involved.
- May also be misinterpreted as relapse as well

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Big Problem

- AOD clients
 - Are told they need to get the psychiatric disorder under control first by SA land.
 - At MH land told they need to get SA under control first.
 - Client becomes lost in the middle
 - Turf battles
- Solution.
 - Gatekeeper evaluates both regardless of the door they enter
 - Refers to other agency
 - Uses a team approach to treatment planning.

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For Dual Diagnosis Clients

- After screening, needs full assessment including
 - Medical
 - MH
 - AOD
 - Others as well
- Becomes more difficult if the client has HIV/AIDS related dementia or other related dementias

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Elderly

- Can be difficult to screen or assess
- May also be very resistant to treatment
- May have legal issues as well (DWI)
- Also may have related problems that contribute
 - Depression
 - Multiple medications
 - Organ failure
 - Brain functioning problems

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Must be Careful

- Medications and other brain disorders can sometimes mimic AOD disorders and dual diagnosis disorders
- If on multiple medications, consult with their GP, resident psychiatrist, or pharmacologist for interaction effects

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Juvenile Clients

- Are not the same as adults
- Have different protections and different requirements for assessments.
- Also are not considered adults and have no protections in other areas.
 - Need to know laws well
- Also react differently to questions and instruments
 - Do not have the life history
 - May not have experienced many of the symptoms found in adult clients

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Conclusions

- Lots of things to consider when conducting screenings and evaluations
- Is not as simple as asking a few questions.
- Requires a lot of training and a lot of practice to get good at it.

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