Substance Use Disorders Assessment(s)

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4 December 2018

North Star Behavioral Health System

Anchorage, AK

Substance Use Disorders Assessment(s)

4 December 2018, North Star Behavioral Health System, Anchorage, AK

Terminal Objective:

At the conclusion of this training, a participant will be able to outline a bio-psycho-social-spiritual assessment for determining if the interviewee has a substance use disorder.

Enabling Objectives:

At the conclusion of this training, a participant will have exposure to and be able to describe the importance of:

1. ASAM Patient Placement Criteria when there is a SUD.
2. Potential tools and models of assessment.
3. Establishing a relationship with the interviewee.
4. Describing the assessment process.
5. Pacing the assessment.
6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.
7. Reviewing results.

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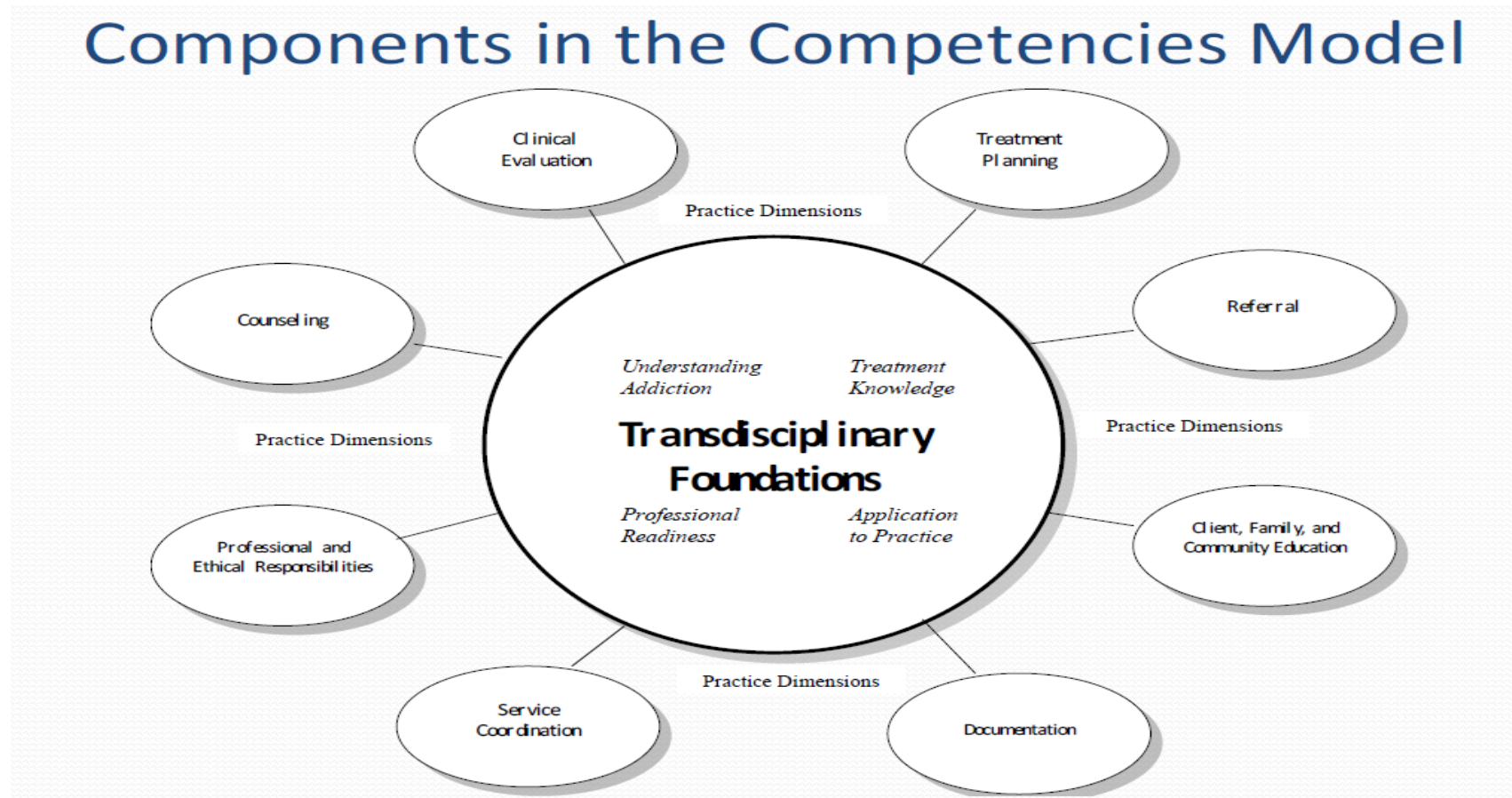
Introduction

Primary Source: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment Technical Assistance Publication Series 21 – Addiction Counseling Competencies – The Knowledge, Skills, and Attitudes of Professional Practice hereafter referred to as **TAP 21.**

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Introduction - TAP 21– Addiction Counseling Competencies – The Knowledge, Skills, and Attitudes of Professional Practice

(page 5, TAP 21 and https://c.ymcdn.com/sites/neias.site-ym.com/resource/resmgr/SummerSchool16/Thursday/422Th_FoundationsSubstanceUs.pdf)

Components in the Competencies Model

Substance Use Disorders Assessment(s)

Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

"Assessment is on ==ongoing== process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress."

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Select and us a comprehensive assessment process that is sensitive to age, gender, racial and ethic culture, and disabilities that includes but is not limited to:

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Select and us a comprehensive assessment process that is sensitive to age, gender, racial and ethic culture, and disabilities that includes but is not limited to:

- History of alcohol and drug use

- Physical health, mental health, and addiction treatment histories

- Family issues

- Work history and career issues

- History of criminality

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<div align="center">Competency 33:</div>

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- History of alcohol and drug use
- Physical health, mental health, and addiction treatment histories
- Family issues
- Work history and career issues
- History of criminality

- Psychological, emotional, and worldview concerns

- Current status of physical health, mental health, and substance use

- Spiritual concerns of the client

- Education and basic life skills

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- Physical health, mental health, and addiction treatment histories
- Family issues
- Work history and career issues
- History of criminality
- Psychological, emotional, and worldview concerns
- Current status of physical health, mental health, and substance use
- Spiritual concerns of the client
- Education and basic life skills

- Socioeconomic characteristics, lifestyle, and current legal status

- Use of community resources

- Treatment readiness

- Level of cognitive and behavioral functioning.

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Skills

❑ Selecting and administering appropriate assessment instruments and protocols with the counselor's scope of practice.

❑ Introducing and explaining the purpose of assessment.

❑ Addressing client perceptions and providing appropriate explanations of issues being discussed.

❑ Conducting comprehensive assessment interviews and collecting information from collateral sources.

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Attitudes

❑   Respect for the limits of assessment instruments and one's ability to interpret them.

❑   Willingness to refer for additional specialized assessment.

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Knowledge

- ❑ Basic concepts of test validity and reliability
- ❑ Current validated assessment instruments and protocols.
- ❑ Appropriate use and limitations of standardized instruments.
- ❑ The range of life areas to be assessed in a comprehensive assessment.
- ❑ How age, developmental level, cognitive and behavioral functioning, racial and ethnic culture, gender, and disabilities can influence the validity and appropriateness of assessment instruments and interview protocols.

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Screener Examples

- AUDIT – Alcohol Use Disorders Identification Test – 10 Questions (WHO)
- AUDIT-C – 3 Questions Screener
- Opioid Risk Tool (ORT)
- CAGE – Cut Down? Annoyed? Guilt? Eye Opener? (Dr. John Ewing, Bowles Center for Alcohol Studies, UNC – Chapel Hill)
- https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools
- SASSI Institute – (Substance Abuse Subtle Screening Inventory)

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❑ Appropriate use and limitations of standardized instruments.

Screener Examples

- SASSI Institute – (Substance Abuse Subtle Screening Inventory) https://sassi.com/products/

"SASSI-4 identifies high or low probability of substance use disorders and includes a prescription drug scale that identifies individuals likely to be abusing prescription medications. It also provides a measure of profile validity and clinical insight into level of defensiveness and willingness to acknowledge experienced consequences of substance use disorder.

Ages: 18 years and up
Reading grade Level: 4th – 5th
Accuracy: 92% Based on empirical studies
Administration: 15 minutes to administer and score"

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Assessment Examples

- COWS – Clinical Opiate Withdrawal Scale
- TAPS – Tobacco, Alcohol, Prescription medication and other Substance use
- Addiction Severity Index (ASI)
- https://www.drugabuse.gov/nidamed-medical-health-professionals/tool-resources-your-practice/screening-assessment-drug-testing-resources/chart-evidence-based-screening-tools
- Evince Clinical Assessments – Norman Hoffmann, Ph.D., Founder - http://www.evinceassessment.com/

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Introduction

From TAP 21, Practice Dimension I, Clinical Evaluation, Element: Assessment

Competency 33:

"Select and us a comprehensive assessment process . . ."

Substance Use Disorders Assessment(s)

Enabling Objectives:

1. ASAM Patient Placement Criteria when there is a SUD.

- "Through this strength-based multidimensional assessment the ASAM criteria addresses the patient's needs, obstacles and liabilities, as well as the patient's strengths, assets, resources and support structure."

  https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/

- https://asamcontinuum.org/wp-content/uploads/2017/05/The-ASAM-Criteria_2017_pg1n2_PRINT_FINAL_v9_small.pdf
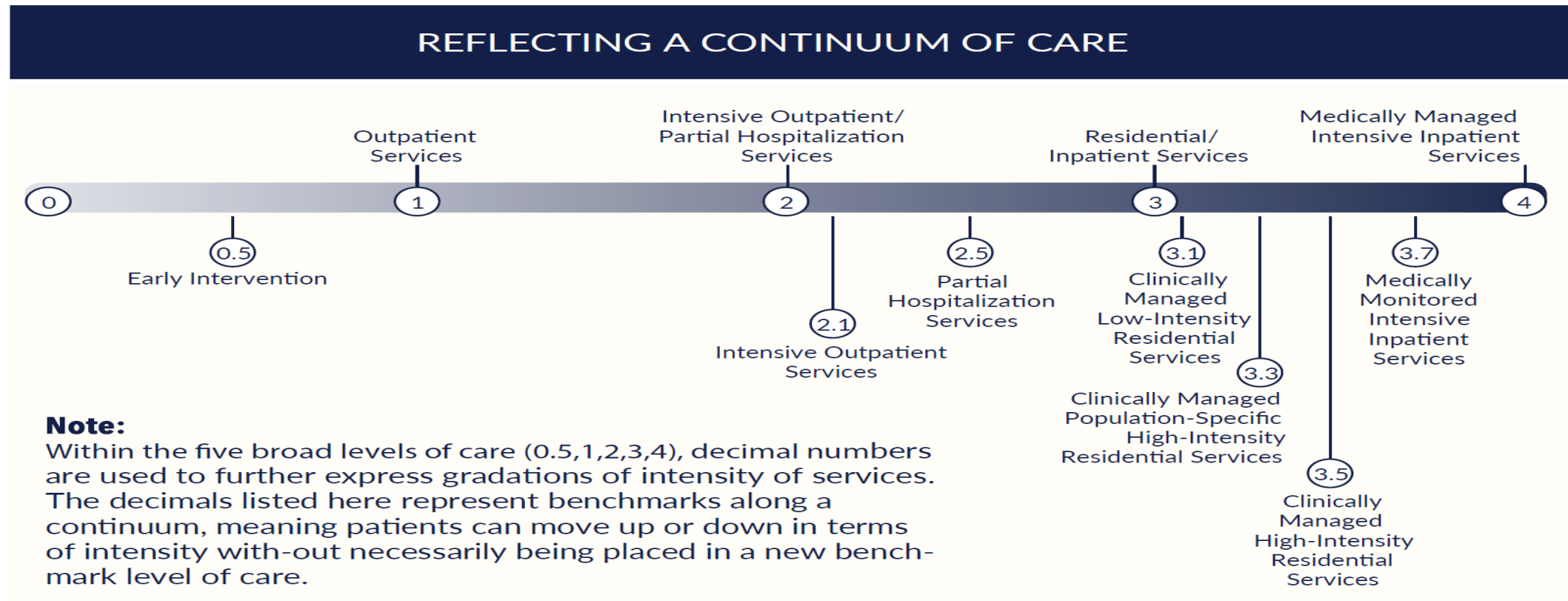
Substance Use Disorders Assessment(s)

- ASAM Patient Placement Criteria is based on a multi-demensional assessment.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1 DIMENSION 1
Acute Intoxication and/or Withdrawal Potential
Exploring an individual's past and current experiences of substance use and withdrawal

2 DIMENSION 2
Biomedical Conditions and Complications
Exploring an individual's health history and current physical condition

3 DIMENSION 3
Emotional, Behavioral, or Cognitive Conditions and Complications
Exploring an individual's thoughts, emotions, and mental health issues

4 DIMENSION 4
Readiness to Change
Exploring an individual's readiness and interest in changing

5 DIMENSION 5
Relapse, Continued Use, or Continued Problem Potential
Exploring an individual's unique relationship with relapse or continued use or problems

6 DIMENSION 6
Recovery/Living Environment
Exploring an individual's recovery or living situation, and the surrounding people, places, and things

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- ASAM Patient Placement Criteria then helps determine placement.

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Enabling Objectives:

At the conclusion of this training, a participant will have exposure to and be able to describe the importance of:

2. Potential tools and models of assessment.

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2.   Potential tools and models of assessment.

Definition - ASAM - "Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability and premature death."

https://www.asam.org/resources/definition-of-addiction

Substance Use Disorders Assessment(s)

2.   Potential tools and models of assessment.

Definition - Addiction is a primary, chronic, neuro-biologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired *control* over drug use or compulsive use, *continued use* despite harm, and *craving* ([Savage et al., 2003](#)); clinicians commonly refer to these behaviors as the "3Cs."
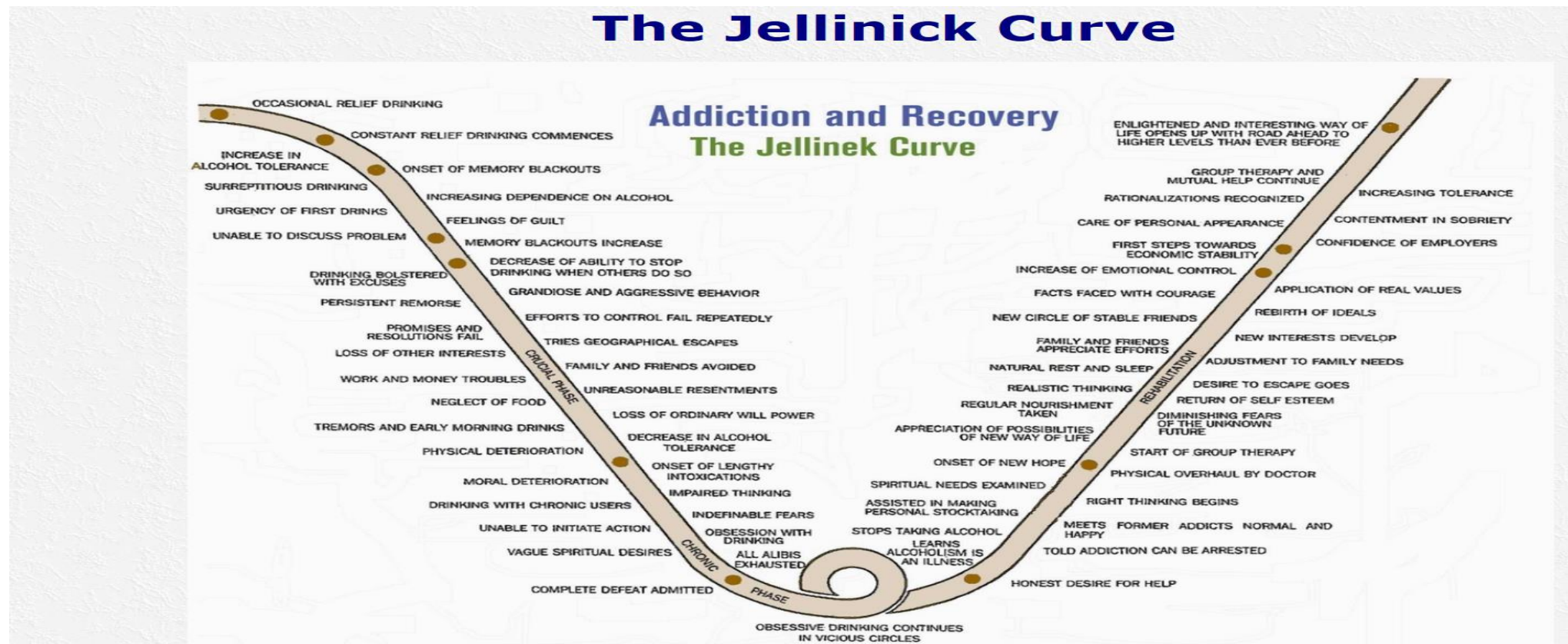
Savage SR, Joranson DE, Covington EC, Schnoll SH, Heit HA, Gilson AM. Definitions related to the medical use of opioids. Journal of Pain and Symptom Management. 2003;26(1):655–667.

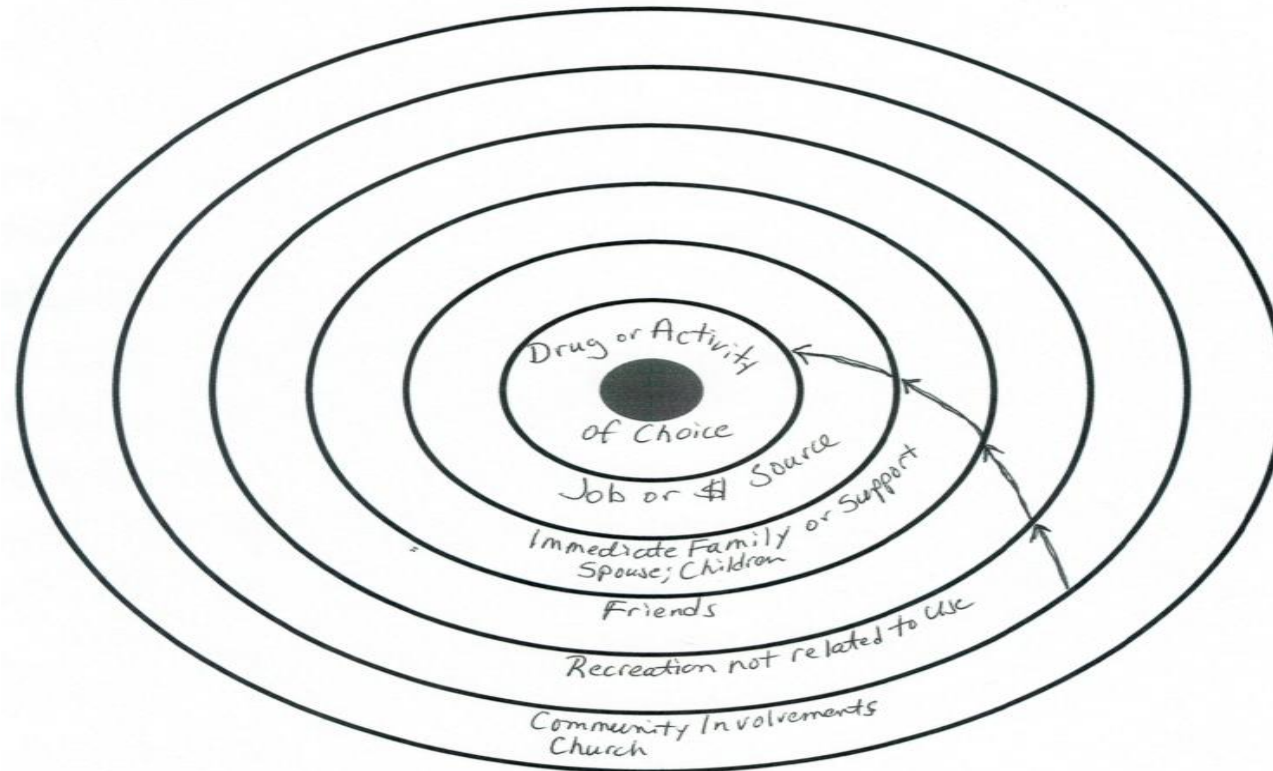 As quoted at: https://www.ncbi.nlm.nih.gov/books/NBK92051/

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- 2. Potential tools and models of assessment. – E. M. Jellinick -
  http://westbalto.a-1associates.com/LINKS/jellinick_curve.htm ; E. Morton Jellinick "Disease Theory of Alcoholism"

The Jellinick Curve

Addiction and Recovery
The Jellinek Curve

OCCASIONAL RELIEF DRINKING

CONSTANT RELIEF DRINKING COMMENCES

INCREASE IN ALCOHOL TOLERANCE
ONSET OF MEMORY BLACKOUTS

SURREPTITIOUS DRINKING
INCREASING DEPENDENCE ON ALCOHOL

URGENCY OF FIRST DRINKS
FEELINGS OF GUILT

UNABLE TO DISCUSS PROBLEM
MEMORY BLACKOUTS INCREASE

DECREASE OF ABILITY TO STOP DRINKING WHEN OTHERS DO SO

DRINKING BOLSTERED WITH EXCUSES
GRANDIOSE AND AGGRESSIVE BEHAVIOR

PERSISTENT REMORSE
EFFORTS TO CONTROL FAIL REPEATEDLY

PROMISES AND RESOLUTIONS FAIL
TRIES GEOGRAPHICAL ESCAPES

LOSS OF OTHER INTERESTS
FAMILY AND FRIENDS AVOIDED

WORK AND MONEY TROUBLES
UNREASONABLE RESENTMENTS

NEGLECT OF FOOD
LOSS OF ORDINARY WILL POWER

TREMORS AND EARLY MORNING DRINKS
DECREASE IN ALCOHOL TOLERANCE

PHYSICAL DETERIORATION
ONSET OF LENGTHY INTOXICATIONS

MORAL DETERIORATION
IMPAIRED THINKING

DRINKING WITH CHRONIC USERS
INDEFINABLE FEARS

UNABLE TO INITIATE ACTION
OBSESSION WITH DRINKING

VAGUE SPIRITUAL DESIRES
ALL ALIBIS EXHAUSTED

COMPLETE DEFEAT ADMITTED

CRUCIAL PHASE
CHRONIC PHASE

OBSESSIVE DRINKING CONTINUES IN VICIOUS CIRCLES

LEARNS ALCOHOLISM IS AN ILLNESS

STOPS TAKING ALCOHOL

ASSISTED IN MAKING PERSONAL STOCKTAKING

SPIRITUAL NEEDS EXAMINED

ONSET OF NEW HOPE

APPRECIATION OF POSSIBILITIES OF NEW WAY OF LIFE

REGULAR NOURISHMENT TAKEN

REALISTIC THINKING

NATURAL REST AND SLEEP

FAMILY AND FRIENDS APPRECIATE EFFORTS

NEW CIRCLE OF STABLE FRIENDS

FACTS FACED WITH COURAGE

INCREASE OF EMOTIONAL CONTROL

FIRST STEPS TOWARDS ECONOMIC STABILITY

CARE OF PERSONAL APPEARANCE

RATIONALIZATIONS RECOGNIZED

GROUP THERAPY AND MUTUAL HELP CONTINUE

ENLIGHTENED AND INTERESTING WAY OF LIFE OPENS UP WITH ROAD AHEAD TO HIGHER LEVELS THAN EVER BEFORE

INCREASING TOLERANCE

CONTENTMENT IN SOBRIETY

CONFIDENCE OF EMPLOYERS

APPLICATION OF REAL VALUES

REBIRTH OF IDEALS

NEW INTERESTS DEVELOP

ADJUSTMENT TO FAMILY NEEDS

DESIRE TO ESCAPE GOES

RETURN OF SELF ESTEEM

DIMINISHING FEARS OF THE UNKNOWN FUTURE

START OF GROUP THERAPY

PHYSICAL OVERHAUL BY DOCTOR

RIGHT THINKING BEGINS

MEETS FORMER ADDICTS NORMAL AND HAPPY

TOLD ADDICTION CAN BE ARRESTED

HONEST DESIRE FOR HELP

REHABILITATION

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- 2.   Potential tools and models of assessment. "Target Model"

- What is the major consumer of time, thought, and resources including emotional, social and financial?

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- 2.   Potential tools and models of assessment. "Target Model" (Center of attention)
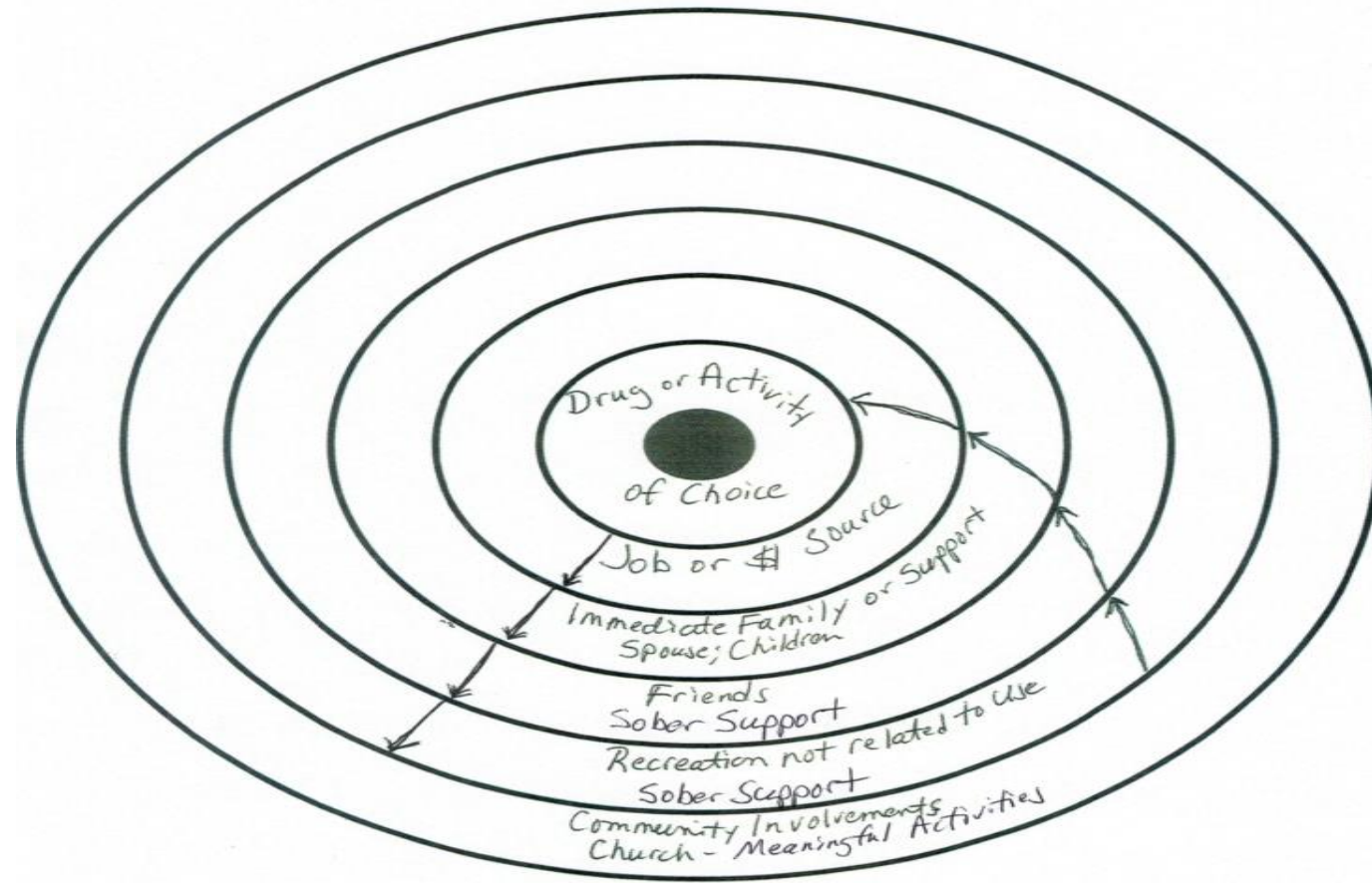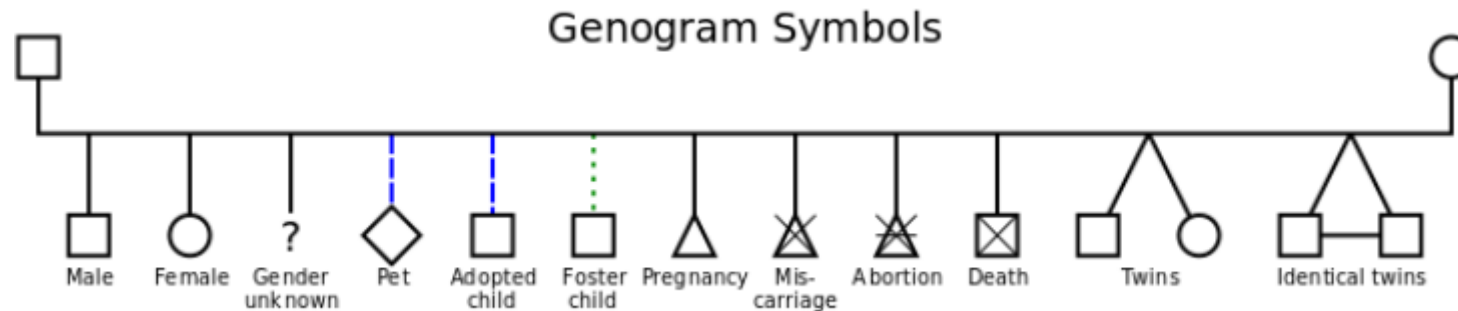
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- 2.   Potential tools and models of assessment. "Target Model"

- Reversing the focus

Substance Use Disorders Assessment(s)

- 2.   Potential tools and models of assessment. "Target Model"

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- 2.   Potential tools and models of assessment. "DAFTERS"

- Help find the balance!

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- 2.   Potential tools and models of assessment. "DAFTERS"

- Help find the balance!

- **D**rugs

- **A**lcohol

- **F**ood

- **T**obacco

- **E**xercise

- **R**eligion

- **S**ex

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- 2.   Potential tools and models of assessment. "DAFTERS"

- Help find the balance! **D**rugs – **A**lcohol – **F**ood – **T**obacco – **E**xercise – **R**eligion – **S**ex

- More recent considerations: Gambling; Gaming; Internet; Social Media

Substance Use Disorders Assessment(s)

- 2.   Potential tools and models of assessment – Genograms – "pseudo genetics" – look for familial patterns, relationships and trauma.

Substance Use Disorders Assessment(s)

- 2.   Potential tools and models of assessment – Genograms –

- "A genogram is a pictorial display of a person's family relationships and medical history. It goes beyond a traditional family tree by allowing the user to visualize hereditary patterns and psychological factors that punctuate relationships." (https://en.wikipedia.org/wiki/Genogram)

Genogram Symbols

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- 2. Potential tools and models of assessment – Genograms –

From McGoldrick & Gerson "Genograms in Family Assessment," Norton, 1985

Substance Use Disorders Assessment(s)

- 2.   Potential tools and models of assessment – Genograms –

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- 2.   Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – "The Transtheoretical Model (also called the Stages of Change Model), developed by Prochaska and DiClemente in the late 1970s, evolved through studies examining the experiences of smokers who quit on their own with those requiring further treatment to understand why some people were capable of quitting on their own. It was determined that people quit smoking if they were ready to do so. Thus, the Transtheoretical Model (TTM) focuses on the decision-making of the individual and is a model of intentional change. The TTM operates on the assumption that people do not change behaviors quickly and decisively. Rather, change in behavior, especially habitual behavior, occurs continuously through a cyclical process. (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html)

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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html)

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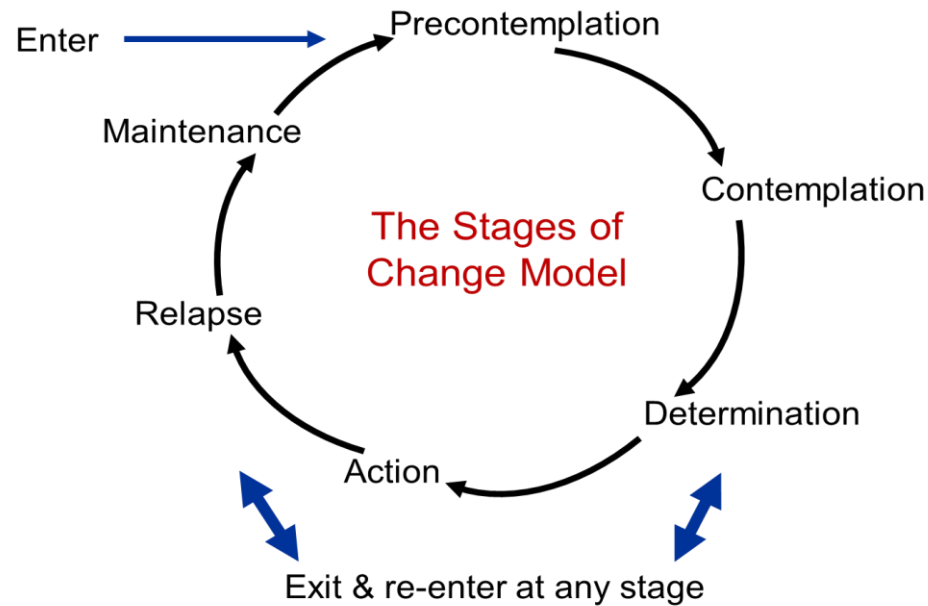
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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

Precontemplation. The person may be experiencing some negative issues associated with their substance use; however, they do not perceive these issues as potentially serious enough to motivate them to consider changing their behavior. In this stage, the client has little or no motivation to change their behavior as they do not view themselves as having a problem.

Coping through denial or minimalization.

Substance Use Disorders Assessment(s)

2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

- *Contemplation* - The individual may realize that their behavior is problematic for them, but they are ambivalent about making any changes. The person may have a desire to change and may even have considered changing their behavior (e.g., quitting drinking, cutting down on their drinking, etc.) but has not invested any effort into changing their behavior.

Coping through minimalization like "I could really quit if I wanted to . . ."

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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

- *Preparation* - the individual has made a commitment to changing their behavior and accepted responsibility for doing so. Most individuals in this stage weigh the positive versus negative ramifications of their behavior and have concluded that the negative aspects outweigh any benefits they perceive it brings them. Some individuals may have attempted to develop a plan for change, but in this stage, they have not taken any formal action.

Coping through rationalizations like "I could really quit if I wanted to and my drinking isn't that bad, is it?"

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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

- *Action* - the person is actively involved in changing their behavior. Any active effort to change behavior would be enough to categorize them as being in this stage. Most individuals in this stage understand that they are responsible for changing their behavior, and they often require some form of outside assistance to help them reach their goal.

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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

- *Maintenance* - the individual has developed some aspect of efficiency that has allowed them to change their behavior. They may still be working on change, but they have become proficient enough in order to change their behavior. As a general rule, individuals must have made changes that have been in place for a minimum of six months in order to qualify for this stage.

Substance Use Disorders Assessment(s)

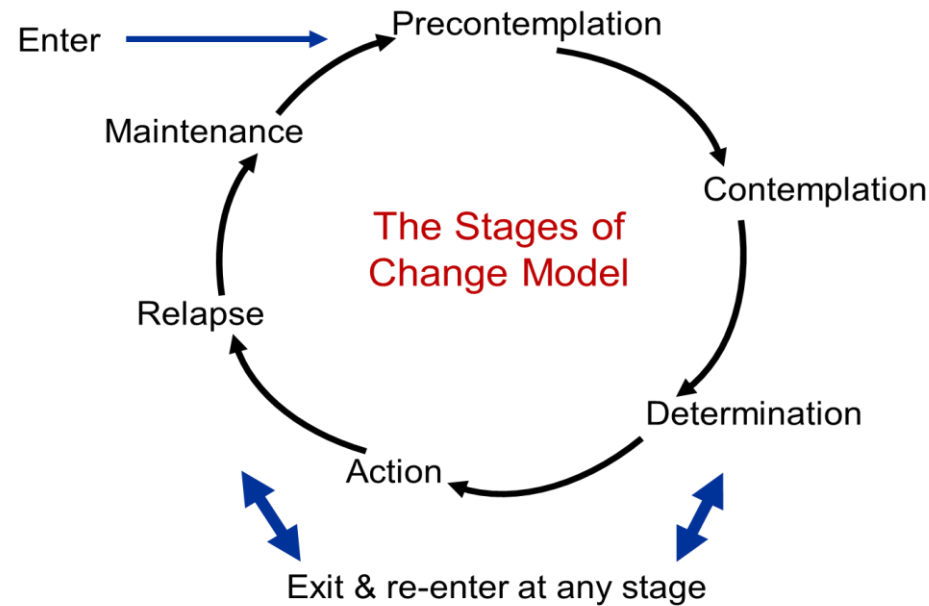4 December 2018, North Star Behavioral Health System, Anchorage, AK

2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – https://www.recoveryfirst.org/motivational-interviewing/

- ***Termination*** - the person has made all of the changes that are necessary for them to face new issues and continue in a productive manner. Even though the title implies the process is over, many individuals do not actually terminate their participation in their program of change; many people in treatment for substance use disorders continue to participate in social support groups such as 12-Step groups for many years after they have been sober or abstinent. The person has been able to make positive changes, overcome their issues, maintain new habits, and continue to improve. (consider relationships; self-care; Maslow; etc.)

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2. Potential tools and models of assessment – The Transtheoretical Model (Stages of Change) – (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html)

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- 2.   Potential tools and models of assessment –

- ASAM PPC

- "What is addiction?"

- Jellinick Curve

- "Target"

- DAFTERS – looking for imbalances

- Genograms –

- TTM

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3. Establishing a relationship with the interviewee.

   "Motivational interviewing is a way of being with a client, not just a set of techniques for doing counseling." Miller and Rollnick, 1991

Substance Use Disorders Assessment(s)

3. Establishing a relationship with the interviewee.

Set the stage. Assessment is about a relationship despite the length of time the assessor is involved. "You don't know me and I don't know you. I have to ask a bunch of nosy questions. Give me your best answer. I recognize you may remember stuff later so it is ok to update me then. I may ask questions a couple of times just to make sure I understand."

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3. Establishing a relationship with the interviewee.

   Recognize the rules of normal engagement by many sitting in front of you.

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3. Establishing a relationship with the interviewee.

Recognize the rules of normal engagement by many sitting in front of you.

1. Don't talk.
2. Don't trust.
3. Don't feel.

Substance Use Disorders Assessment(s)

3. Establishing a relationship with the interviewee.

Recognize the rules of normal engagement by many sitting in front of you.

1. Don't talk. –Tell 'em what they want to hear so I can get out of here.

2. Don't trust. – Can't trust anyone to really know you are out of control or very angry about being here. They might tell _____

3. Don't feel. – If they knew how really felt and what I thought, they would think I was crazy. Plus, I can't handle it right now. So, shut down the feelings.

Substance Use Disorders Assessment(s)

3. Establishing a relationship with the interviewee. Establishing a relationship with the interviewee.

4. Describing the assessment process.

5. Pacing the assessment.

- ✓ Set the stage.

- ✓ Recognize the rules of normal engagement by many sitting in front of you.

- ✓ Give an outline of the process. May take more than one session and get an idea of the person's tolerance during the session.

- ✓ Give opportunity for questions, comments, involvement (genogram; assessment tools) and breaks.

Substance Use Disorders Assessment(s)

6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Recommend starting with determining if under the influence?

1. When did you last use?
2. Are you high now?

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify presenting problem or chief complaint - Background – What got you here? Or, who got you here? (Aka determining the referral source.)

Also, what do you want to accomplish by being here?

What are your expectations?

How do you think I can help you?

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Drug Use History

What?

Dose delivery system?

How much?

How often/frequency/duration?

Seek specificity.

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Drug Use History

What?

Dose delivery system?

How much?

How often/frequency/duration?

Seek specificity.

If we had a case of beer, how many would you drink?

And then what?

Said you had a couple last evening, couple of what?

Substance Use Disorders Assessment(s)

4 December 2018, North Star Behavioral Health System, Anchorage, AK

6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Drug Use History

What?

Dose delivery system?

How much?

How often/frequency/duration?

Seek specificity.

Substance Use Disorders Assessment(s)

4 December 2018, North Star Behavioral Health System, Anchorage, AK

6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Drug Use History

What?

Dose delivery system?

How much?

How often/frequency/duration?

Seek specificity.

Blackout/Lost time History

Substance Use Disorders Assessment(s)

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Recommend the remainder be based on what appears to be 'best' or most appropriate area to probe.

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Assess client's strengths, abilities, needs, preferences, and obstacles to treatment.

Assess client's internal and external motivation for treatment.

Assess potential for client to harm self/others.

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Orientation x 3?

Mental status exam including ability to describe client's "appearance and general behavior, level of consciousness and attentiveness, motor and speech activity, mood and affect, thought and perception, attitude and insight, the reaction evoked in the examiner, and, finally, higher cognitive abilities." https://www.ncbi.nlm.nih.gov/books/NBK320/

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Assess client's biopsychosocialspiritual (BPSS) needs - A **biopsychosocial–spiritual** perspective recognizes the importance of whole person care and takes into account a client's physical or medical condition; emotional or psychological state; socioeconomic, sociocultural, and sociopolitical status; and **spiritual** needs and concerns.

(https://www.google.com/search?source=hp&ei=ZiTxW9fyOvLy9AO9haO4Dg&q=biopsychosocial+spiritual+assessment&oq=biopsychosocialspiritual+&gs_l=psy-ab.1.0.0i10l10.1825.1825..3929...0.0..0.120.217.1j1......0....1j2..gws-wiz.....0.mNAE6lbRvfc)

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Assess client's medical history –
➤ any chronic illnesses or communicable diseases?
➤ Disabilities?
➤ Pregnant?
➤ Last PE? Results?
➤ Medication history including over the counter?

Assess clients' education history and get a read on literacy level – how were grades and what kinds of classes?

Assess clients' vocational history

Note to self: If you use written questions for the client to complete, make sure the person can read and write plus how is their vision and hearing?

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's other addictions(s) and/or compulsive behavior(s)

Assess client's addictive behaviors

Assess client's mental health needs

Identify client's psychiatric history

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's use of alternative healthcare practices

Identify client's religious perspectives

Identify client's cultural issues and influences

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's sexual history

Identify client's sexual preference

Identify client's sexual orientation

Identify client's gender identify

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's developmental disabilities including FASD, learning disabilities, autism spectrum or traumatic brain injuries.

Identify client's family psychiatric histories.

Identify client's family significant medical histories.

Children?

Spouse(s)?

Parents?

Siblings?

Substance Use Disorders Assessment(s)

6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's family addiction histories.

Identify client's legal issues including criminal justice history.

Identify client's socioeconomic status. (resources?? How paying for drugs and/or ETOH?)

Identify client's interpersonal relationships including marital status, friends, community involvements/support and identify any family needs.

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Identify client's risk taking behaviors

Assess client's risk taking behaviors

Assess client's use of community resources

Veteran's status?

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Suicidal/homicidal ideations?

History of Physical abuse?

History of sexual abuse?

History of violent or destructive behavior?

Trauma history – ACE score? Other including DV, victimization, war, natural catastrophe, etc.

Substance Use Disorders Assessment(s)

6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

Possible probing questions:

- How old are you?

- How old do you feel?

- What is the worst thing that has ever happened to you?

- What is the best thing that has ever happened to you?

Substance Use Disorders Assessment(s)

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6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.

What do you do for fun?

Do you have a routine?

Describe you dietary practices.

Substance Use Disorders Assessment(s)

7. Reviewing results.

    A.   Documentation

    B.   Risk assessment – medical (detox); self; others

    C.   Motivational assessment

    D.   Treatment plan

Substance Use Disorders Assessment(s)

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Terminal Objective:

At the conclusion of this training, a participant will be able to outline a bio-psycho-social-spiritual assessment for determining if the interviewee has a substance use disorder.

Enabling Objectives:

At the conclusion of this training, a participant will have exposure to and be able to describe the importance of:

1. ASAM Patient Placement Criteria when there is a SUD.
2. Potential tools and models of assessment.
3. Establishing a relationship with the interviewee.
4. Describing the assessment process.
5. Pacing the assessment.
6. Collecting information including during the interview, previous assessments, other collateral sources and results from assessment instruments.
7. Reviewing results.

Substance Use Disorders Assessment(s)

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Sources:
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Questions?

Substance Use Disorders Assessment(s)

4 December 2018, North Star Behavioral Health System, Anchorage, AK

Thank you for attending.

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