

Screening and Assessment Tools

By

Hope Works Counseling

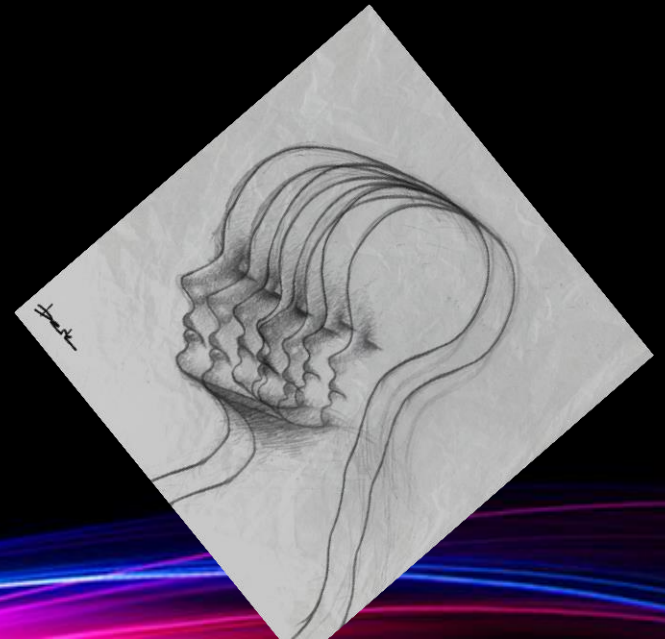
Presented by Mark Panasiewicz

Why are Screenings/Assessments Important



Screenings/Assessments

The aim of screening is to identify as many potential or actual substance abusers as early in their use or abuse history as possible. Furthermore it is important to try and establish a history of abuse and whether or not co-occurring disorders are present.



It is important so that appropriate interventions can be provided and more importantly the proper treatment can occur.



Often a screening can be completed by a line staff. Assessments vary with degree of difficulty and can require a trained professional but some of the simpler assessments can be completed by line staff and are also very reliable.



NIAAA

- 1. How many days per week do you drink alcohol?**
- 2. On a typical day when you drink, how many drinks do you have?**
- 3. What is the maximum number of drinks you had on any given day in the past month?**

Maximum Drinking Limits

For healthy **men up to age 65**—

- no more than **4** drinks in a **day** AND
- no more than **14** drinks in a **week**

For healthy **women** (and healthy **men over age 65**)—

- no more than **3** drinks in a **day** AND
- no more than **7** drinks in a **week**



NIDA Quick Screen Question:

In the past year, how often have you used the following?

**Never Once or
Twice Monthly Weekly Daily or
Almost
Daily**

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol <ul style="list-style-type: none">• For men, 5 or more drinks a day• For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					



Prescreen Question:**No****Yes**

In your lifetime, which of the following substances have you ever used?

For prescription medications, please report nonmedical use only.

	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)		
b. Alcoholic beverages (beer, wine, liquor, etc.)		
c. Cannabis (marijuana, pot, grass, hash, etc.)		
d. Cocaine (coke, crack, etc.)		
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
f. Methamphetamine (speed, crystal meth, ice, etc.)		
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
j. Street opioids (heroin, opium, etc.)		
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
l. Other – specify:		

Cage and Cage Aid

The CAGE or CAGE-AID should be preceded by these two questions:

1. Do you drink alcohol?
2. Have you ever experimented with drugs?

If the patient has experimented with drugs, ask the CAGE-AID questions. If the patient only drinks alcohol, ask the CAGE questions.

CAGE and CAGE-AID Questions

1. In the last three months, have you felt you should cut down or stop drinking or using drugs?
2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?
3. In the last three months, have you felt guilty or bad about how much you drink or use drugs?
4. In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs?

Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.



What factors should be considered when deciding on the most appropriate instrument?

Ease of use

Expertise and time required of staff to administer and score test

Possibility of bias (cultural or administrative)

Validity (does it measure what it is intended to measure?) and reliability (do re-tests yield identical results?)



What factors should be considered when deciding on the most appropriate instrument?

Credibility of test among academic and treatment professionals (reliability)

Motivation level and verbal and reading skills required of persons to be assessed

Average cost per test

Reliability vs. Validity



Validity

Validity is the extent to which a test measures what it claims to measure. It is vital for a test to be valid in order for the results to be accurately applied and interpreted.

Reliability

Reliability is the degree to which an assessment tool produces stable and consistent results.

A test is considered reliable if we get the same result repeatedly.

For example, if a test is designed to measure a trait (such as jealousy), then each time the test is administered to a subject, the results should be approximately the same.

Box 4

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?

- (0) Never [Skip to Qs 9-10]
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

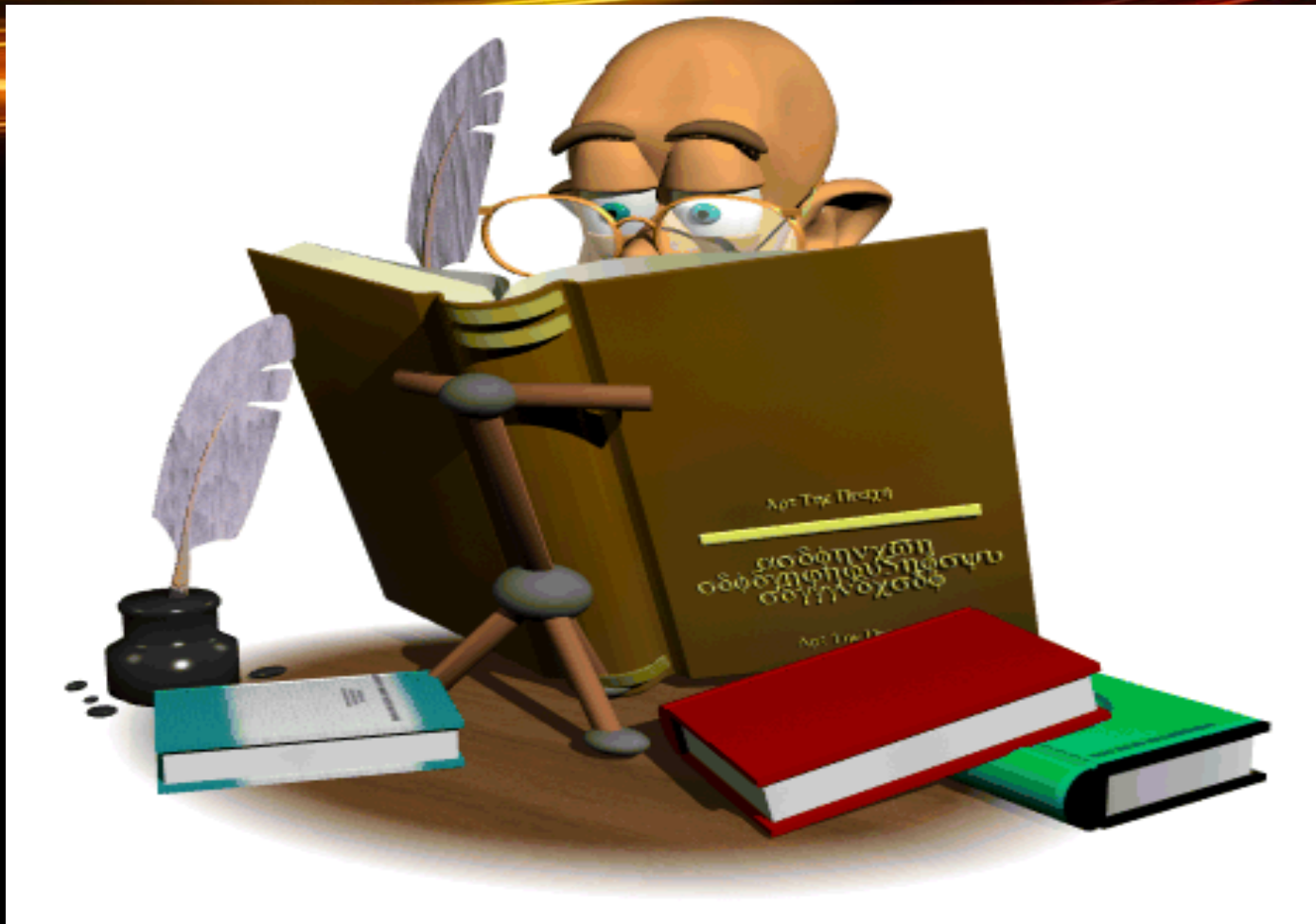
- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.



Substance abusers are poor historians,
everything changes with a drug screen.

Faking good Faking Bad



Screening, Brief Intervention and Referral to Treatment (SBIRT)



Meth



N2O



Psilocin



Speed



Cocaine



Barb



Amphetamine



Ecstasy



GHB



MCat



Alcohol



Indica



Sativa



Caffeine



LSD



Ketamine



Heroin



Crack



Methadone



Mescaline



(SBIRT) can help professionals determine whether someone uses alcohol and/or drugs in unhealthy ways. Its components are:

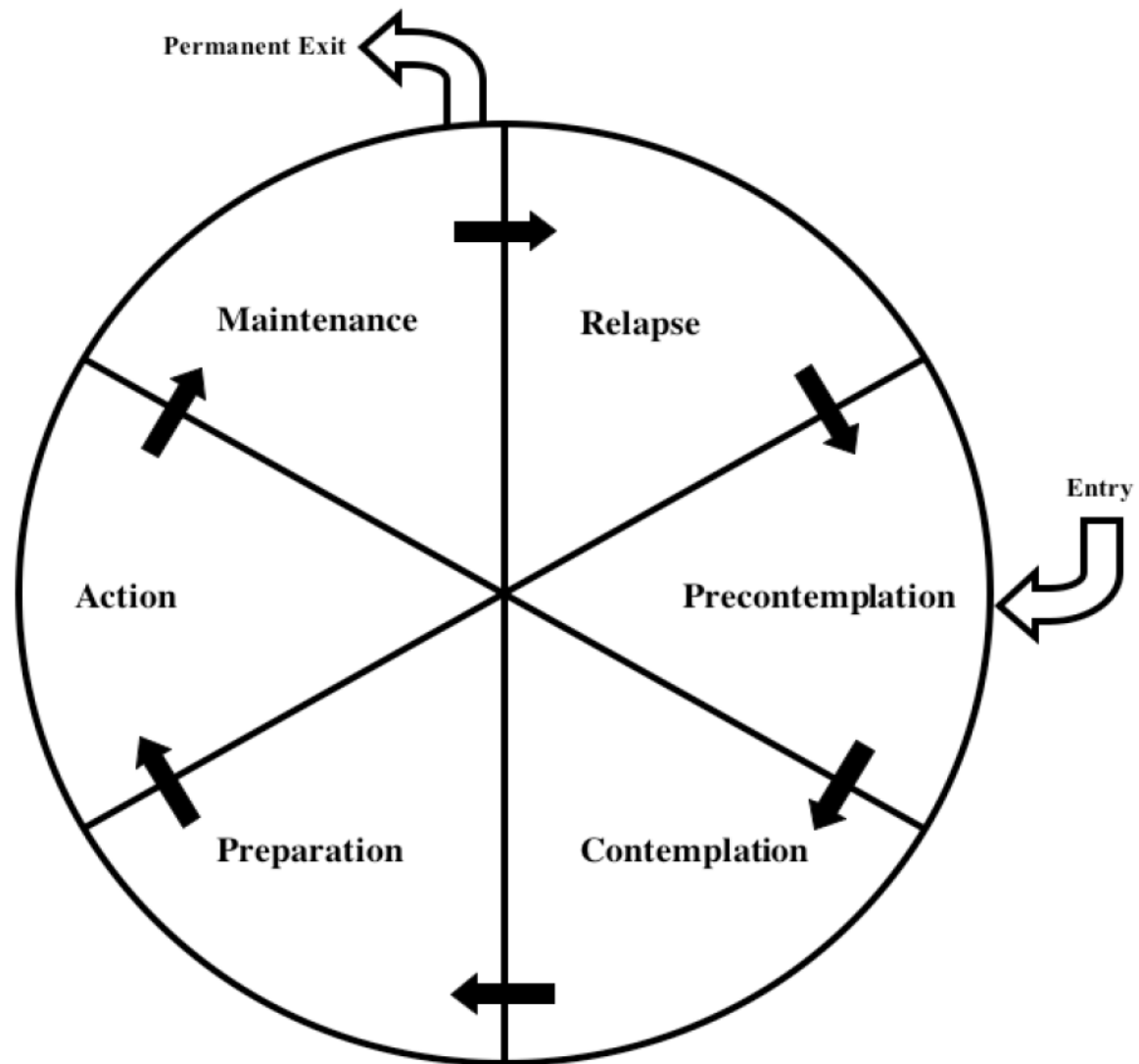
Screening - Short, well-tested questionnaire identifies risk (such as the ASSIST, the CRAFFT, the AUDIT, the DAST, etc.)

Brief Intervention - Short, structured conversations that feature feedback and options for change

Referral - For in-depth assessment and/or diagnosis and/or treatment, if needed

Stages of change

(Prochaska, DiClemente & Norcross, 1992)



Web Resources

<http://www.alcoholscreening.org/Screening/Page07.aspx> online
self Alcohol Screening

<http://www.utexas.edu/research/cswr/nida/instrumentListing.html>

Loads of alcohol/drug assessments

<http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>

Cage and T-AGE National Institute of Alcohol abuse

<http://www.integration.samhsa.gov/clinical->

[practice/sbirt/adolescent screening, brief intervention and referral to treatment for alcohol.pdf](http://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent_screening_brief_intervention_and_referral_to_treatment_for_alcohol.pdf)

Adolesent Screening/Assessment

<http://www.integration.samhsa.gov/clinical-practice/sbirt/screening-page#manuals>

SAMSA good screenings.

CRYSTAL METH



“I want to **GET THESE BEES OUT OF MY TEETH**”



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