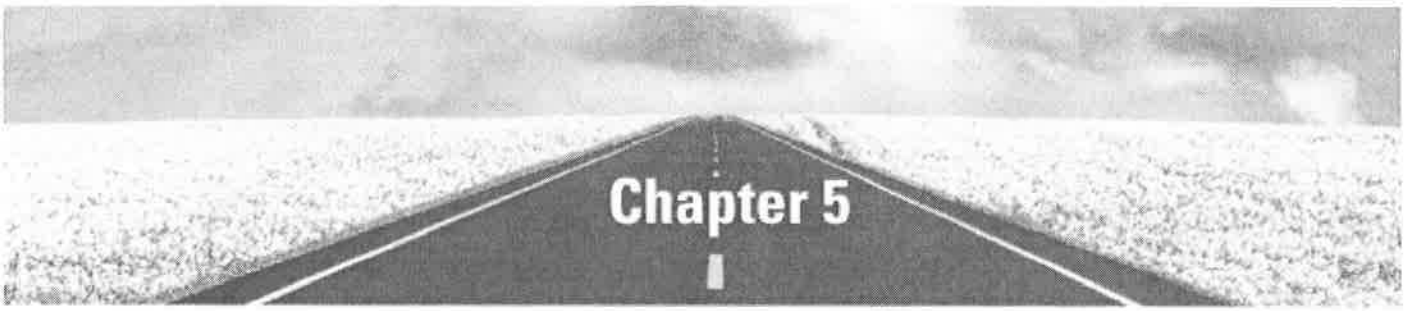


Chapter 5

Comprehensive Assessment

Sharon J. Davis

Key Terms: norm group, comprehensive, intake, biopsychosocial, co-occurring disorders, mental status exam

Key Objectives: After reading this chapter, students will be able to choose and implement an appropriate assessment instrument.

Assessment begins the moment you meet your client. It is an ongoing process, consisting of multiple pieces of information. An assessment may include screening results, information from referral sources, family input, previous treatment records, and the client interview. During the client interview, counselors will typically use a comprehensive assessment instrument. These are considerably longer and more global than what you would use during a screening. However, just like when choosing a screening instrument, it will be up to you, the counselor, to choose reliable and valid assessment tools.

Important Features of an Assessment Instrument

In Chapter 3, you read about how to identify an assessment that is reliable and valid. These are fundamentally important aspects of a good instrument. Without validity, a counselor cannot know that they are actually assessing what they are intending to assess and without reliability, assessment results cannot be trusted to be consistent across time. When choosing an instrument, look for research results demonstrating that an instrument is both valid and reliable. The results of your assessment serve as the foundation on which the treatment plan is built. Good treatment begins with an accurate assessment.

In addition to validity and reliability, you will also want to choose an assessment with available normative data for representative groups defined by age, race, gender, and type of setting. Normative data will let you know if the assessment instrument is appropriate for the population you serve. For example, if you work with adolescent clients, you will want to use assessment instruments which have been shown to be reliable and valid in assessing adolescents. Without these type of data, you may be using an instrument which is actually only appropriate for adults. Normative data are established when researchers and test developers give an instrument to a sample of people. This sample is known as the "norm group." You will want to ensure that the norm group is representative of the persons you are assessing.

In addition, norm group results help give meaning to test results by providing comparison scores. Let's say you are assessing an individual for treatment, and you give them a test to determine the severity of their alcohol use disorder. Your client's score may have very little meaning if there is no norm group score with which to compare it. For example, your client, Sam, scores a 50 on an alcohol severity test. How do you interpret his score? Is a 50 high, low, or average? Without a norm group, it is impossible

to answer this question. However, if you know that the average person with severe alcohol use disorder scores a 50 on the same test you administered to Sam, you will know that Sam likely has a severe alcohol use disorder. Most assessments will include a manual with reliability and validity results, as well as normative data.

It is important for you to familiarize yourself with the assessment manual. Look for instruments with a detailed manual that describes administration and scoring protocols. In addition, be aware that many instrument materials entail a purchasing fee, and some require costly training and licensure.

Last, you will want to choose an assessment that is *comprehensive*. In other words, it needs to measure substance-related disorders plus home life, medical status, mental health, environmental risks and assets, family and peer dynamics, vocational and employment issues, risk behaviors, leisure and recreation, and criminal justice or legal involvement.

The Intake Interview

Client assessment typically takes place during an intake interview. This is usually the client's first session, and therefore it is not only the counselor's first impression of the client, but also the client's first impression of the counseling agency. It is important that clients are treated with respect, dignity, and unconditional positive regard from the moment they walk through the door. The counselor completing the intake interview needs to establish rapport during that first session. A positive intake experience can foster client engagement in the treatment process. The intake interview sets the tone for treatment.

Careful planning and information gathering prior to the client interview is essential to any good assessment. You will want to gather relevant reports from the client's referral source and other treatment providers before meeting the client. Oftentimes, this will not be the first time your client has been seen at your agency. Be sure to look for previous records. After you have read all the collateral information you were able to gather, you will begin to form an initial impression of your client's history. Here is where I would like to caution you to not let yourself become pessimistic about your client before you even meet them. Let's say you discover that your client has been in and out of treatment multiple times and has relapsed over and over again. It may be tempting to be discouraged and think your client will not be successful this time. The information you gather from previous records is useful, but do not let it taint the present experience. Every client should be viewed with fresh optimism with each new treatment admission.

Capuzzi and Stauffer (2008, p. 86) suggest counselors follow 10 steps in their clinical interview. These are:

1. Review referral information
2. Obtain and review previous evaluations
3. Interview the client
4. Gather corroborating material (e.g., family interview)
5. Formulate a hypothesis
6. Make recommendations
7. Create a report and other significant documents
8. Meet with the client about the results
9. Meet with the support system of the client
10. Follow up with recommendations and referrals

How to Assess

There are different styles of assessments, including low-structured, medium-structured, and high-structured. The low-structured assessment is the most casual. It is also referred to as the clinical interview. Oftentimes, a low-structured assessment will consist of an informal information-gathering session. The counselor will know what information they want to gather, but they may not necessarily follow a written script or set of questions. This type of assessment may provide an opportunity for the client to "tell their story" and for the counselor and client to establish some basic rapport; however, it may lack reliability and validity. There is also the chance of skipped information and loss of focus during this type of assessment.

A more structured approach to assessment is recommended to achieve reliable (consistent) and valid (truthful) responses from clients. To explain the difference between medium- and high-structured assessments, let me start with a description of high structured. Assessments which are high structured consist of a set of questions to ask the client and strict rules on how to ask the questions. High-structured assessments do not allow for any deviation from the "script." Even when a client has a question about what an item means, the counselor is not allowed to offer an explanation or clarification. This method has been used often in the area of intelligence testing. A high-structured assessment certainly has its place, but the rigidity of administration may not always lead to the most valid client responses. For example, if a client does not understand a question, they may not give an accurate answer. It is sometimes necessary for the counselor to help clarify what is being asked. This is when a medium-structured assessment makes the most sense. A medium-structured assessment will consist of a set of questions for the counselor to follow, but lacks the rigid rules of a highly structured assessment. A medium structure can yield reliable and valid responses, but also gives room for the counselor to use common sense. The following guidelines for how to administer a medium-structured assessment are adapted from Dennis, White, Titus, and Unsicker (2007).

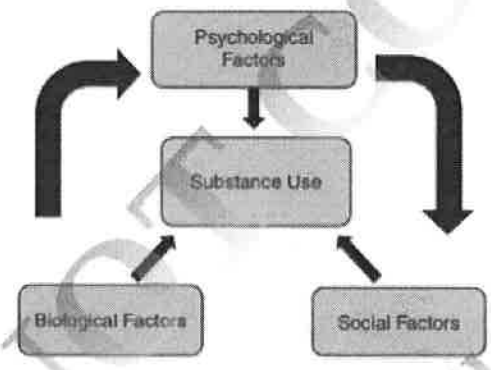
1. Do not rephrase any items; rather ask them exactly as printed.
2. Ask all items in the same order as they are printed.
3. Do not skip any items.
4. If your client does not understand an item, it is okay to repeat it.
5. Make sure not to suggest answers to the client.
6. You may use introductory or transitional statements to help your client understand the items. For example, "the next set of items refers to the last 30 days."
7. If you need clarification from the client it is okay to use neutral probes such as "can you tell me more about that?"
8. Listen to your client's responses.
9. Lastly, use common sense.

A medium-structured assessment does not allow for paraphrasing or changing the wording of any items. This helps ensure that every client is asked the exact same set of questions. Deviations in wording of items can change the meaning of what is being asked and this could lower the assessment's validity. During a medium-structured assessment, the counselor is allowed to repeat questions or offer definitions and examples to help the client understand what is being asked. The counselor may also ask the client for clarification if they are not sure what the client was trying to say. This can be done directly like "could you repeat that?" or indirectly as in "can you tell me more about that?" or "can you give me an example?"

What to Assess

As humans, our lives are complex and multifaceted. We are physical beings who live in a social world. We go to work, take care of families, take care of ourselves, and often face personal struggles along with

everything else. I like to use the analogy of a pie to illustrate how each person's life is made of equally important subparts. The subparts are pieces of our lives; each piece works with the others to make us whole. Every skilled counselor should take a holistic (or comprehensive) approach in treating their clients. Narrowly focusing on just substance use in treatment does not provide adequate assistance to your client. Your client is more than just his or her substance use. He or she may also have psychological, family, vocational, medical, housing, criminal justice, peer concerns, and co-occurring/co-existing disabilities. Each area of your client must be assessed and included in treatment planning to provide holistic care. The biopsychosocial model of substance use disorders (SUDs) matches nicely with a holistic approach to counseling. According to this approach, SUDs are the result of psychological, biological, and social factors, and each of these factors also influences the other.



Biological Factors

This is an exciting time to be a substance use counselor. Technological advances in medicine have increased our knowledge of the biological factors associated with the etiology of SUD like never before. In Chapter 1 you learned about many brain factors which are involved in the etiology of SUD. For decades, addiction has been referred to as a "brain disease," but only recently have we been able to use medical technology to prove it.

The reality is that while we have medical devices, like functional magnetic resonance imaging, which allow us to peer into the brains of our clients and "see" their SUD, your typical client will never undergo these types of tests. It would be impractical and expensive to include medical testing as routine parts of a SUD assessment. However, as part of a comprehensive assessment, you will not want to overlook more easily accessible biological or medical information which you can gather directly by asking the client.

Your client may have medical or biological factors affecting his or her life which you need to include in your assessment. For example, what is your client's overall physical health? Does he or she have a co-existing disability? Does he or she have a chronic illness which causes pain and suffering on a daily basis? These types of concerns are important and relevant pieces of your client's life. Imagine a client with chronic back pain. The client's back pain may impact his or her ability to work, exercise, socialize, and even sleep. A client with chronic pain who also has a SUD may struggle with the addictive effects of opioid pain medication while trying to find ways to cope with his or her daily pain management. Or how about a client who cannot work due to a disability? Bill collectors are rarely sympathetic when a person cannot pay bills because of a lack of gainful employment, so an out-of-work client likely has financial problems and resulting stress. Your client's physical health may even contribute to their substance use. He or she may turn to substances to cope with physical problem. Likewise, a client's substance use may exacerbate or cause physical impairments.

Look for assessment instruments that ask questions about your client's health, medical history, current physical problems, and overall health and wellness.

Risk Behaviors

Oftentimes, people with SUD have engaged in other behaviors which may put them at risk for health-related problems and diseases. For example, a client who has been injecting drugs may have used dirty needles and therefore has placed himself or herself at risk for contracting HIV or hepatitis C. Clients may also have engaged in unsafe sexual practices and may have contracted a sexually transmitted disease. These are important factors to ask about during an assessment and to include as part of treatment planning. Many comprehensive assessments will include items which ask about such risky behaviors. And, while it may be uncomfortable to ask a client about his or her sexual behaviors, it is an important part of a comprehensive and holistic assessment.

Psychological Factors and Mental Health

Psychological factors refer to thoughts, feelings, and other cognitive characteristics that affect a person's attitude and behaviors. Researchers have identified many psychological factors related to substance use and recovery. These include personality traits, like thrill seeking, impulsiveness, nonconformity, and aggression (Doweiko, 2012). Also significant are an individual's coping skills, stress, loneliness, self-esteem, boredom, motivation, and readiness to change. For adolescents, attachment to parents, sense of belonging, and adaptability to change are important.

The term "co-occurring disorders" typically refers to a mental health disorder that occurs along with a SUD. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance use is the most common co-occurring disorder in people with mental health disorders (SAMHSA, 2009). Depressive disorders, anxiety, schizophrenia, bipolar, and personality disorders are common in people with SUD. In the past, it was the custom for SUD treatment agencies and mental health agencies to treat co-occurring disorders completely separately. In fact, many mental health agencies would refuse to treat a person with a SUD until they got clean and sober and likewise, SUD agencies would turn away clients with untreated mental health issues. Today's evidence-based programs understand that for clients with co-occurring disorders, both issues must be treated simultaneously. Using substances exacerbates or even causes mental health problems, and clients often turn to substance use in order to self-medicate the pain caused by mental health disorders. The two are so intertwined that it seems absurd to treat one before the other. A holistic assessment will include a thorough set of items related to mental health, and, as a counselor, you will want to include mental health in all treatment planning.

Questions to Ask

A thorough assessment of mental and emotional health will include a complete set of questions designed to measure not only the presence of a mental health disorder in those with a co-occurring disorder, but also the emotional needs of all your clients. You will want to ask about any current or past treatment for mental health, along with a series of specific disorder-related questions.

In order to validly measure a mental health disorder in persons with substance use, it is important to rule out symptoms which only occur as a direct result of drug or alcohol use. In other words, if a person experiences psychiatric symptoms only when they are high and the symptoms disappear when they are not high, you can rule out an actual mental health diagnosis. For example, if your client has hallucinations

only when on a methamphetamine binge, he or she would not meet criteria for a psychotic disorder. The DSM-5 always requires you rule out mental health diagnoses when the symptoms occur only when substance induced.

Some specific questions include:

1. Have you experienced any significant problems (not related to being high or intoxicated) with the following?
   a. Feeling depressed, down, sad, or blue
   b. Feeling anxious, stressed, or tense
   c. Having trouble understanding, remembering, or concentrating
   d. Hearing voices or seeing things that were not really there
   e. Had trouble controlling violent behavior
   f. Thought about killing yourself or wishing you would die
   g. Attempted suicide

Mental Status Exam

In addition to *questions* to ask your client, you will also make *observations* of your client's current emotional and mental state—this is called a mental status exam. There are a lot of instruments available to measure mental status. Many of these are available free online, but make sure you look for one that is reputable and addresses the following areas:

1. Client Appearance
   How does the client look and behave? For example, are they clean and well-groomed? Is there anything strange or bizarre about their appearance/dress? Do they have any remarkable features, like scars, tattoos, or piercings? Are their movements hyperactive or sluggish?
2. Speech
   How does the client speak? Too fast? Too slow? Too quiet or loud? Is their speech intelligible?
3. Emotions
   What is the client's mood/affect? How does the client appear to be feeling during the interview with you? Are they emotional (crying, angry, fearful, etc.)? Is their affect normal (euthymic), restricted, or flat?
4. Thought process and content
   How does the client think? Does it take them a while to get to the point (circumstantiality)? Do they repeat phrases or return to the same subject (perseveration)? How do they get from one idea to the next (association)?
   What does the client think about? Do they have delusions or compulsive thoughts?
5. Sensory perceptions
   Any hallucinations (auditory, visual, tactile, or olfactory)?
6. Mental capacities
   Are they oriented in time, place, and person? In other words, do they know what day it is, where they are, and who they are?
   What is your estimate of the client's intelligence?
   Can the client remember and concentrate?
   How is the client's judgment and insight?
7. Attitude toward the counselor
   Are they cooperative? Hostile? Defensive? Seductive? Friendly?, etc.

Social

The final piece of the biopsychosocial approach is social. This includes both the social and environmental aspects of your client's life. For example, who are the people in your client's social circle? These include a client's family, friends, peers, co-workers, clergy, and neighbors. On whom does your client rely for social support? Oftentimes, the people in your client's life may provide social support, but is it *sober* social support? As a counselor, you will want to find out what people will be supportive of your client in recovery. These are the individuals who will make up the client's support network.

Family and Peer Support

SUDs impact not only the client, but also the family. According to Family Systems Theory, developed by Murray Bowen, addiction is a family disease. The family unit is like a machine where each part has its role in proper function of the whole. When one part of the machine is broken, the whole system is out of balance. Family members of a person with a SUD have likely experienced pain, suffering, shame, guilt, frustration, and even financial consequences because of their loved one's use. Likewise, a family history of substance use, family dysfunction, and abuse may have played a part in your client's SUD. A supportive family, however, can have an important role in your client's recovery. You will want to ask your client about their family history and interview family members to find out more information about your client. Moreover, including family in treatment can help heal the family system and provide support for your client's recovery.

Peers, co-workers, and other people in your client's social circle have likely been part of their drug use. Your client may associate with people who supply them with substances and who engage in substance use with them. In treatment, clients are often faced with having to avoid the people in their lives who could trigger a relapse. Be sure to ask your client about people they know who are supportive of recovery and any self-help groups (like AA or NA) they may have attended.

Vocational

All too often, substance abuse counselors ignore the importance of employment in a client's life. However, gainful employment is a predictor of treatment success. Your client needs a source of legal income and a sense of purpose. A job can provide both. As a counselor, you should assess vocational and educational history and include career development in your client's treatment. This is a vital piece of "the pie." Your client may need assistance with finding vocational rehabilitation counseling, career counseling, job training, or adult education programs.

Criminal Justice

In substance abuse counseling, many clients are mandated or coerced into treatment. This means your client will likely have some involvement in the criminal justice system. They may have pending charges, probation, or parole requirements. According to research, all levels of treatment (including inpatient, intensive outpatient, and outpatient) are effective in reducing substance use and criminal activity even in mandated clients (Center for Substance Abuse Treatment, 2005). And, according to the National Institute on Drug Abuse (2014), mandated clients have the same rates of treatment success as non-mandated clients. Do not be pessimistic about a client who has been referred through the criminal justice system. Client ambivalence to change is natural whether they are self-referred or mandated. A collaborative, person-centered approach, like motivational interviewing, can help even resistant clients become more ready to change. Even if your client has not been arrested, charged, or convicted of criminal offenses, your

client may have participated in illegal activity. It is important to ask about these behaviors during an assessment. A nonjudgmental approach is important as is an assurance of confidentiality. There are limits to confidentiality, however, and these include situations involving child and elder abuse/neglect and risk of suicide or homicide.

Assessing Substance Use

Obviously, a substance use assessment will include questions about a client's substance use. These questions will include types of substances used, how often, how much, route of administration, last use, and age of first use. Most assessment instruments will include a thorough list of substances for you to ask about. The list should include substances from all classes of drugs and may even include brand names and street names. It is important for you to be aware of some of the more popular street names of drugs; however, names change rapidly, so it is nearly impossible to stay completely up to date on drug slang. If your client mentions a drug by its street name and you are not sure what they mean, do not be afraid to ask. It is worse to assume you know what they are talking about and be wrong than it is to look "uncool."

When asking about specific substances, make sure to give clients examples. For example, do not simply ask "have you ever used any benzodiazepines?" Instead, follow up with a list of examples—"like Valium, Xanax, Klonopin, Ativan, etc.?" Your client may not know that these are known as benzodiazepines and may unintentionally deny use. And be aware that prescription drugs always have a brand name and a generic name. Your client may be using alprazolam (generic name) and not realize it is the same as Xanax (brand name). It is helpful to have a list of commonly used prescription drugs with both generic and brand names handy when doing an assessment. Make sure to ask about each substance listed on the assessment. It may be tempting to save time by asking your client "what substances have you used" and expecting them to name each and every one on their own. Clients may forget or minimize use if you do not ask them directly. Instead, include a thorough list: alcohol, cannabis, hallucinogens, inhalants, PCP, opioids, heroin, sedative/hypnotic/anxiolytics (benzodiazepines), stimulants (including amphetamines, methamphetamine, and cocaine), and other. Do not skip any substance even if your client says "all I've ever used was marijuana and alcohol." And be sure to ask about "other" substances like over-the-counter cold medication (Nyquil, Coricidin, Robitussin). Most of the over-the-counter medications that people get high from contain a substance known as dextromethorphan or DXM. Your client may not recognize the name DXM, but they may have used Coricidin (or triple Cs) to get high. This is especially common in teenagers. Even though DXM is available over the counter, it can have physical, psychological, and withdrawal consequences. Another commonly misused over-the-counter substance is diphenhydramine, found in sleep aids, motion sickness preventatives, and allergy medications. You will want to give specific examples of what you mean by "other substances." All too often counselors get to the end of the list of substances and simply ask "have you used any other substances?" A vague question like this makes it all too easy for a client to say no.

For each substance your client has ever used, you will want to ask more specific questions about their use. Here are the types of questions you will want to ask:

1. At what age did you first use (substance)?
2. When was the last time you used (substance)?
3. During the past 30 days, how many days did you use (substance)?
4. During the past 90 days, how many days did you use (substance)?
5. During the past year, how often did you use (substance)?
6. How much did you use per day (when you used)? Over how many hours?
7. How did you take (substance)? Oral, snorted, smoked, injected?

When you ask a client about their use during the last 30 days, 90 days, or year, it may be helpful to have a calendar with you so you can easily count back to when you are referring. For example, if you are assessing a client in April and you want to know about their use during the last 90 days, you can count back to January. It may be easier for your client to refer to a specific month, like January, than it is to recall the last 90 days.

It is also important to find out if a client has been in a controlled environment during the time frame they report not using. A controlled environment is a place where (theoretically) a client has no access to drugs or alcohol, like jail, a hospital, or a residential rehabilitation facility. A client who has been in jail for the past 90 days and reports being clean and sober the past 90 days is a different situation than a client who has not used while in the community for the past 90 days. You will want to make note of periods of recovery while in a controlled environment in your assessment.

After you have asked about all the substances a client has used, you will want to find out about specific withdrawal symptoms he or she may have experienced, along with prior treatment, support group attendance, criminal charges, and other psychosocial problems he or she may have had related to substance use.

Determining a Diagnosis

A valid and reliable assessment instrument can be used to determine a client diagnosis. These instruments will include questions that align with the DSM criteria for SUDs. For example, an assessment instrument may ask questions such as:

1. Do you currently spend a lot of time using, recovering from the effects of using, or trying to obtain alcohol or drugs?
2. Have you tried to quit or control your use of alcohol or drugs?
3. Have you continued to use despite having persistent or recurrent social or interpersonal problems?
4. Have you continued to use despite having persistent or recurrent physical or psychological problems related to your use?
5. Have you given up or reduced important social, occupational, or recreational activities because of your use?
6. Have you noticed it takes more of the substance to get you high (or intoxicated)?

These are examples of the DSM-5 criteria for SUDs, but rewritten in questions. An assessment instrument with questions like this will aid you in determining if your client meets criteria for a SUD.

Examples of Comprehensive Assessments

The GAIN

Perhaps, one of the most comprehensive biopsychosocial assessment instruments is the Global Appraisal of Individual Needs (GAIN), developed by Chestnut Health Systems. The full GAIN-I is intended to be used as an intake assessment for clients entering treatment. There is training and certification required to use all of the GAIN instruments, but you will likely find it is well worth the time and resources to use the GAIN as your assessment instrument. It is not only valid and reliable, but also incredibly thorough.

The GAIN-I (full version) not only asks about substance use, but also assesses mental health, physical health, educational and vocational issues, criminal justice and legal involvement, risk behaviors, and environment and living situation. There are also follow-up, shortened, and Spanish versions of the GAIN. You can find out more about GAIN instruments at http://gaincc.org (Global Appraisal of Individual Needs Coordinating Center, 2018).

Addiction Severity Index

One of the most widely used comprehensive assessment measures is the Addiction Severity Index (ASI), currently in its 6th version. The ASI was originally developed in the late 1970s by the US Veterans Administration (VA) and focused mainly on assessing males with primarily alcohol and opioid use disorders. Over the years, it has evolved and has been adopted worldwide for use across substance-using populations. The ASI was designed as a medium-structured (also known as semi-structured) instrument. It measures seven areas: medical, employment/finances, alcohol use, drug use, legal, family/social, and psychiatric. The ASI-6 has been shown to be both reliable and valid (Cacciola, Alterman, Habing, & McLellan, 2011). The ASI does require some training to administer, but there is no certification or fee associated with its use.

Summary/Conclusion

Assessment is the foundation on which you build a client's treatment. It is important to use an assessment instrument which is valid, reliable, and comprehensive. Other sources of information can be gathered from previous treatment providers, referral sources, and family interviews to form a more complete assessment of your client. Assessment data will also help determine a diagnosis. As a counselor, you will want to ensure you have adequate training in assessment and that you choose the right instrument.

References

Cacciola, J. S., Alterman, A. I., Habing, B., & McLellan, A. T. (2011). Recent status score for version 6 of the Addiction Severity Index (ASI-6). *Addiction, 106*, 1588–1602.

Capuzzi, D., & Stauffer, M. D. (2008). *Foundations of addiction counseling*. Boston, MA: Pearson Education, Inc.

Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for adults in the criminal justice system*. Treatment Improvement Protocol (TIP) Series 44. DHHS Publication No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Dennis, M. L., White, M., Titus, J. C., & Unsicker, J. (2007). *Global appraisal of individual needs: Trainer's training manual and resources*. Bloomington, IN: Chestnut Health Systems.

Doweiko, H. E. (2012). *Concepts of chemical dependency* (Eighth Edition). Belmont, CA: Brooks/Cole.

Global Appraisal of Individual Needs Coordinating Center. (2018). *GAIN Instruments*. Retrieved from http://gaincc.org

National Institute on Drug Abuse (2014). Principles of Drug Abuse Treatment for Criminal Justice Populations - A Research-Based Guide. Retrieved from https://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations-research-based-guide on 2018, June 20.

Substance Abuse and Mental Health Services Administration. (2009). *Integrated treatment for co-occurring disorders: The evidence*. DHHS Pub. No. SMA-08-4366, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.