Appendix D

Examples of Screening and Assessment Tools for Substance Use Disorders

Examples of Screening and Assessment Tools for Substance Use Disorders

This appendix provides information about and samples of screening and assessment tools for substance use disorders. In the description of each tool, the definition follows the tool acronym.

These tools should be used to support ongoing processes that involve regular communication among staff and between staff and families. Tools by themselves do not provide answers to complicated issues such as substance use disorders and child maltreatment. They can, however, contribute to decisions about whether problems exist, the nature and extent of those problems and what actions all three systems—child welfare, alcohol and drug, and court— should take to address problems.

Screening Tools for Substance Use Disorders

Screens for substance use disorders tend to fall into two categories: brief screens of six or fewer items that can be asked orally in the context of an interview or other exchange or longer written questionnaires that are completed by the respondent. Both types are provided here. The oral screens may be more practical for fieldwork and home visits; however, in office settings, the written screens could be employed to collect information while people are waiting for appointments or used as a means by which clerical or other staff can collect information.

None of the standard screens address the issue of immediacy in terms of requiring immediate action. Issues of whether immediate actions are required are more likely to involve observations indicating intoxication or withdrawal or indications of impaired functioning. A combination of observational information plus results from systematic screening would be one strategy for formulating a basis for immediate action as well as assessing the need for further diagnostic assessment.

These screening tools provide information to answer the questions "Is there a substance abuse issue? What is the immediacy of the issue?" They include information about screening tools for adults and adolescents. This list is in alphabetical order based on the tool acronym.

In addition, the Center for Substance Abuse Treatment (CSAT) has approved *Treatment and Assessment Protocols for Adolescent Treatment*. They can be accessed at *http://www.chestnut.org/LI/apss/CSAT/protocols/*

ADULT SUBSTANCE USE SURVEY (ASUS)

The ASUS (Adult Substance Use Survey) is a 64-item self-report survey designed to assess an individual's perceived alcohol and other drug use. This survey also provides a brief mental health screen by including questions that might indicate problems of emotional or mood adjustment. Scales measuring antisocial tendencies, perceptual defensiveness, and motivation are also included. This multivariate instrument is part of the Standardized Offender Assessment package in a number of States, including Colorado.

Administrative Issues	64 items Paper-and-pencil self-administered or orally administered Time required: 8 to 10 minutes to administer, less than 5 minutes to score
Scoring	Scored by tester No computerized scoring or interpretation available
Clinical Utility	Norms available The items are face valid, so the client is clear about what is being asked. Items that are difficult to understand can be reworded by the tester, or explained, so that the most accurate information is obtained. The defensiveness scale is a helpful tool to measure the extent to which the client is able to report information openly and honestly, or whether information is being distorted by perceptual defensiveness. This screen also can be re-administered over the course of the treatment process, to ascertain whether clients' level of defensiveness has decreased, and whether their perception of their substance use and its effects has changed.
Copyright	Copyrighted
Cost	Test and manual are free; training module costs $75.
Source	Center for Addiction Research and Evaluation, Inc. (CARE) 5460 Ward Road, Suite 140 Arvada, CO 80020 Phone: 303-421-1261

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The AUDIT (Alcohol Use Disorders Identification Test) was developed by the World Health Organization to identify persons whose alcohol consumption has become harmful or hazardous to their health. The AUDIT is not designed to identify substance use disorders according to diagnostic criteria. The AUDIT is designed for written administration, but is short enough to be read to a respondent for oral administration. This test is among the more widely used screens, but its utility in identifying whether an individual is likely to meet diagnostic criteria is not clear.

Administrative Issues	10 items, 3 subscales Pencil-and-paper self-administered or interview Time required: 2 minutes Administered by health professional or paraprofessional Training required for administration. A detailed user's manual and a videotaped training manual explain proper administration procedures, scoring, interpretation, and clinical management.
Scoring	Time required: 1 minute Scored by hand No computerized scoring or interpretation available Norms available Normed on heavy drinkers and alcoholics An easy-to-use brochure has been designed to guide the interviewer and to assist with scoring and interpretation.
Clinical Utility	The AUDIT screening procedure is linked to a decision process that includes brief intervention with heavy drinkers or referral to specialized treatment for patients who show evidence of more serious alcohol involvement. This screening procedure assesses risky drinking rather than the presence of a diagnosable disorder other than alcohol use disorder. The AUDIT does not screen for drugs.
Copyright	Copyrighted
Cost	Test and manual are free; training module costs $75.
Source	Programme on Substance Abuse World Health Organization 1211 Geneva, Switzerland **or** Thomas F. Babor Alcohol Research Center University of Connecticut, Farmington, CT

CAGE

The CAGE, a very brief screen, is probably the most widely used and promoted for the detection of alcohol problems in the United States. It is one of the screens most consistently promoted for use among medical professionals to identify individuals likely to have substance use disorders.	
Administrative Issues	Four items Paper-and-pencil self-administered or orally administered Time required: less than 1 minute Administered by professional or technician No training required for administration, easy to learn, easy to remember, easy to replicate
Scoring	Time required: instantaneous A total score of 2 or more indicates the need for further assessment. Scored by tester No computerized scoring or interpretation available Norms available
Clinical Utility	The CAGE is a favorite of physicians and nurses because of its brevity. It is not based on the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* and therefore does not discriminate between abuse and dependence, is relatively insensitive to women, and is subjective; relies on the individual's ability to experience guilt and one of the four items identifies only late stage alcohol problems. Some of the items address abuse and dependence criteria but, because of some of the limitations, may not be the optimal screen for most child welfare applications. In its original form, it does not screen for drug-related problems.
Copyright	No copyright. Published in the *American Journal of Psychiatry*
Cost	None
Source	Copies can be found on a number of Internet sites or by obtaining the original 1974 publication.

CAGE–AID MODIFICATION

The CAGE has been modified to screen for drug as well as alcohol problems by adding "or use (using) drugs" to the original questions. Some versions of the modification screen for drugs only; most screen for both. The CAGE–AID demonstrates all limitations of the CAGE, and there are many different variations in the language of the items, including even changes in the original CAGE items. Like the CAGE, the modification should be considered a less than an optimal screening instrument for most child welfare applications.

CRAFFT

The CRAFFT is a six-item screen for both alcohol and drug use among adolescents. This screen focuses more on risky drinking than on diagnostic issues and does not discriminate between risky drinking, abuse, and dependence.

Administrative Issues	Six items, "yes/no" answers Paper-and-pencil self-administered or orally administered Scored by tester No computerized scoring or interpretation available Norms unavailable
Scoring	Time required: less than 1 minute Two or more "yes" answers indicate need for further assessment Scored by tester No computerized scoring or interpretation available
Clinical Utility	The CRAFFT, a relatively new instrument (2002), screens for both alcohol and drug problems but focuses more on risky drinking than on diagnosing abuse or dependence. Only three of the six items are related to the DSM-IV diagnostic criteria for substance use disorders. One of six items ("Have you ever ridden in a car driven by someone (including yourself) who was "high" or who was using alcohol or drugs?") has potential for increasing positive responses and lowering specificity.
Copyright	Copyrighted by Children's Hospital Boston, 2001
Cost	No cost, but approval for copies must be obtained from the Center for Adolescent Substance Abuse Research (CEASAR), Children's Hospital Boston
Source	http://www.ceasar-boston.org/

DRUG ABUSE SCREENING TEST (DAST)

All the DAST (Drug Abuse Screening Test) versions screen for problems with the use of drugs only. The DAST-10 (Drug Abuse Screening Test-10) is the shortened and more commonly used version of a 20-item (DAST-20) or the original 28-item version. The DAST is sometimes combined with the AUDIT or other alcohol screens to cover both alcohol- and drug-related problems. Items apply to over-the-counter, prescription, and illicit drugs. Studies have documented reliability with Spanish versions.

Administrative Issues	10 items, 0 subscales Paper and pencil self-administered or orally administered Time required: 2 minutes Administered by professional or technician No training required for administration, easy to learn
Scoring	Time required: 1 minute Scored by hand A total score of 3 or more indicates the need for further assessment Scored by tester No computerized scoring or interpretation available Norms available
Clinical Utility	The original DAST 28-item questionnaire has been modified to a 20-item version, and to the most commonly used version, a 10-item version, the DAST-10. The items cover most of the abuse and some dependence *DSM-IV* criteria, and this questionnaire is more focused on diagnosis than the AUDIT. The items are designed for a timeframe covering the last 12 months. In order to do a comprehensive substance use disorder screen, the DAST must be paired with a second instrument that screens for alcohol use disorders.
Copyright	Copyrighted
Cost	$12.95 for a package of 100
Source	Centre for Addiction and Mental Health 33 Russell Street Toronto, Ontario, Canada M5S 2S1

DRUG USE SCREENING INVENTORY-REVISED (DUSI-R)

The DUSI-R (Drug Use Screening Inventory-Revised) is a commercially available 159-item screening instrument that provides scores in 10 domains: alcohol and drug use, behavior patterns, health status, psychiatric disorder, social competence, family system, school performance, work adjustment, peer relationships, and leisure and recreation. Adult and adolescent versions are available, but norms are available only for the adolescent version.	
Administrative Issues	159 items, 11 subscales Paper-and-pencil self-administered or by computer Time required: 20 to 45 minutes Administered by professional or technician No training required for administration
Scoring	Time required: manual time not specified if scored by tester Computerized administration, scoring, and interpretation available Norms listed as available for adolescents, but only the listed reference has a sample of only 25 adolescents.
Clinical Utility	No diagnostic cut-scores are provided; clinicians must make such decisions. Promotional materials suggest that the instrument can also be used to monitor change.
Copyright	Copyrighted by The Gordian Group
Cost	$3 per paper copy or $495 for the computer version
Source	The Gordian Group P.O. Box 1587 Hartsville, SC 29550 Phone: 843-383-2201 Web site: http://www.yourhealthcheck.org/organization/dusi

MICHIGAN ALCOHOL SCREENING TEST (MAST)

The MAST (Michigan Alcohol Screening Test) is a 25-item screen developed in 1971 and with the CAGE has been one of the most widely used to screen for diagnosable abuse or dependence. Briefer versions have been developed including the Brief-MAST (10 items), the Malmo Modification of the MAST, or Mm-MAST (9 items), and the Short MAST, or SMAST (13 items). There is also a geriatric version, the MAST-G. The original instrument is long for a screen, but the shorter versions should be viewed as distinct instruments in terms of validity.

Administrative Issues	25 items, 0 subscales Paper-and-pencil self-administered or interview Time required: 10 minutes Administered by practitioner or self No training required for administration
Scoring	Time required: 10 minutes Scored by staff No computerized scoring or interpretation available Norms available
Clinical Utility	The MAST focuses on alcohol only and therefore must be paired with an instrument like the DAST that screens for drug disorders. It is long for a screening instrument. It screens for "alcoholism," a non-diagnostic term, and is not based on the diagnostic criteria of the *DSM-IV*. This instrument makes assumptions that can lead to erroneous conclusions (e.g., "Have you ever attended an AA meeting?" assumes that attendance was due to the respondent's problems and not the problems of a relative or as part of a professional experience). Some items are only appropriate for late stage alcohol problems, but others are more subjective.
Copyright	No copyright
Cost	$5 for a copy; no fee for use
Source	Melvin L. Selzer, M.D. 6967 Paseo Laredo La Jolla, CA 92037

MASSACHUSETTS YOUTH SCREENING INSTRUMENT-VERSION 2 (MAYSI-2)

The MAYSI-2 (Massachusetts Youth Screening Instrument-Version 2) is a 52-item, true–false questionnaire designed for screening youth between the ages of 12 and 17 entering the juvenile justice system. The questionnaire is designed to detect problem areas in need of attention, but does not purport to be diagnostic in its scales. Some of the problem areas incorporate more than one diagnostic category (e.g., affective and anxiety disorders).

Administrative Issues	Pencil-and-paper questionnaire or as automated CD or online questionnaire Time required: about 10 minutes Administration by nonclinical staff or online A Spanish language version is available for the paper version.
Scoring	Pencil-and-paper scoring materials for scoring by hand Computerized scoring for CD-ROM and online versions
Clinical Utility	The MAYSI-2 has been developed as part of a research project, but it appears to have utility in detecting problem areas in need of attention such as suicidal ideation, thought disturbance, and traumatic experiences as well as indications of substance abuse. Some areas, as noted previously, are combined into a single scale.
Copyright	Copyrighted
Cost	$60 for manual
Source	Professional Resource Press P.O. Box 15560 Sarasota, FL 34277-1560 E-mail: orders@prpress.com

PERSONAL EXPERIENCE SCREENING QUESTIONNAIRE (PESQ)

The PESQ (Personal Experience Screening Questionnaire) is a 40-item substance abuse screening instrument to be used with 12 to 18 year olds. The PESQ includes a scale that measures the severity of the drinking problem, drug use history, select psychosocial problems, and response distortion tendencies. Norms for populations of normal juvenile offenders and drug abusers are available.

Administrative Issues	40 items, 3 subscales: Problem Severity, Psychosocial Items, and Drug Use History Pencil-and-paper self-administered Time required: 10 minutes Administered by self No training required for administration
Scoring	Time required: 5 minutes Automatically scored as administered, using AutoScore Test No computerized scoring or interpretation available Norms available Normed on school sample, school clinic sample, drug clinic sample, and juvenile offender sample
Clinical Utility	This brief screen helps service providers make appropriate referrals. It is especially useful in schools, juvenile detention facilities, medical clinics, and other settings where routine screening rather than indepth assessment is the goal. Reliability studies show internal consistency. Content, criterion, and construct validity have been derived.
Copyright	Copyrighted by Western Psychological Services, 1991
Cost	Reprinted by permission of the publisher $70 per kit (25 administrations)
Source	Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025-1251 Phone: 310-478-2061

RAPID ALCOHOL PROBLEMS SCREEN (RAPS4)

The RAPS4 (Rapid Alcohol Problems Screen) is a four-item screen designed to detect alcohol dependence in emergency room patients. Unlike screens designed to detect risks related to use, the RAPS4 attempts to identify those individuals who meet diagnostic criteria for alcohol dependence.

Administrative Issues	Four items Orally administered Time required: 2 minutes Administered by professional or technician No training required for administration, easy to learn
Scoring	Time required: 1 minute Scored by hand No computerized scoring or interpretation available or necessary
Clinical Utility	Some research on the RAPS4 indicates that it performs better than the CAGE, AUDIT, Brief-MAST, and TWEAK in the identification of dependence. The developer of the tool has published extensively on its use in emergency medical settings.
Copyright	For oral administration, copyright seems irrelevant.
Cost	None
Source	Public Health Institute, Alcohol Research Group 2000 Hearst Avenue Berkeley, CA 94709 E-mail: ccherpitel@arg.org

SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY, 3RD EDITION (SASSI-3)

The SASSI-3 (Substance Abuse Subtle Screening Inventory, 3rd Edition), is one of the most widely used proprietary screening tools in the United States. This tool is different from others; it contains both subtle and face valid items validated to screen for high or low probability of having a substance use disorder. Described as effective in identifying those in denial or deliberately trying to conceal their substance use, it is longer than brief face valid screens. It also contains a validity scale to identify random responding, and a defensiveness scale, which provides a measure of credibility to the individual's responses.

Independently developed and validated adult versions are available in English and Spanish, and briefer, customized, and validated versions are available for clients with disabilities (SAVR-S2) and for those who are deaf or hard of hearing (SAS-ASL). An adolescent version in various formats is also available.

Administrative Issues	93 items, 10 subscales Paper-and-pencil formats, PC software versions, and online Time required: 15 to 20 minutes Administered by professional or trained staff Extensive training not required, although training is available, as is a free clinical helpline for administration and interpretation support Requires completion of a qualification form
Scoring	Time required: 10 minutes Hand or electronic scoring Interpretation and support available
Clinical Utility	Scores are graphed, which provides a profile of the client's scores relative to adult normative scores More complex, lengthy, and costly than brief oral screens
Copyright	Copyrighted by Glenn Miller, May 1985, 1997
Cost	Paper questionnaires start at $2 per administration with discounts for volume; $125 for starter kits for paper-and-pencil version; $7 per administration for PC version which includes scoring, profile graph, and interpretive report;$215 for starter kits for PC version; online, $11 per administration with discounts for volume
Source	The SASSI Institute 201 Camelot Lane Springville, IN 47462 Phone: 800-726-0526 Web site: http://www.sassi.com/

SUBSTANCE ABUSE SUBTLE SCREENING INVENTORY-ADOLESCENT (SASSI-A2)

The SASSI-A2 (Substance Abuse Subtle Screening Inventory-Adolescent, 2nd Edition) is one of the most widely used proprietary screening tools use in the United States. This tool is different from others; it contains both subtle and face valid items validated to screen for high or low probability of having a substance use disorder. Described as effective in identifying those in denial or deliberately trying to conceal their substance use, it is longer than brief face valid screens. It also contains a validity subscale, and a defensiveness scale, which provides a measure of the client's defensive responding.

The adolescent version of the SASSI uses strategies and scales similar to the ones in the adult instrument. In addition, the SASSI-A2 was developed and validated on an adolescent population and has its own specific decision rules and items.

Administrative Issues	100 items, 12 subscales, including a scale to identify likely severity of substance use disorder Paper-and-pencil formats, PC software versions, and online Time required: 15 to 20 minutes Administered by professional or trained staff Extensive training is not required, although training is available, as is a free clinical helpline for administration and interpretation support Requires completion of a qualification form
Scoring	Time required: 10 minutes Hand or electronic scoring Interpretation and support available
Clinical Utility	Scores are graphed, which provides a profile of the client's scores relative to adolescent normative scores More complex, lengthy, and costly than brief oral screens
Copyright	Copyrighted by Glenn Miller, May 1990, 1997
Cost	Paper questionnaires start at $2 per administration with discounts for volume; $125 for starter kits for paper-and-pencil version; $7 per administration for PC version which includes scoring, profile graph, and interpretive report, $215 for starter kits for PC version; online, $11per administration with discounts for volume
Source	The SASSI Institute 201 Camelot Lane Springville, IN 47462 Phone: 800-726-0526 Web site: http://www.sassi.com/

TRIAGE ASSESSMENT FOR ADDICTIVE DISORDERS (TAAD)

The TAAD (Triage Assessment for Addictive Disorders) is a brief, 31-item structured interview designed as a screen or triage instrument. The items cover all *DSM-IV* constructs for abuse and dependence for alcohol and generically for other drugs. This screen is designed to provide one of three conclusions: (1) identify obvious cases and provide initial documentation to support a diagnosis; (2) rule out clear negative cases; and (3) target questionable or possible positive cases for further assessment. The timeframe is the previous 12 months.

Administrative Issues	Designed as an interview, not a paper-and-pencil instrument to be completed by the respondent As a triage instrument, presents more definitive findings than a screen Time required: about 10 minutes Can be administered by anyone with good interviewing skills, but interpretation is reserved for qualified, licensed professionals
Scoring	Time required: 2 to 3 minutes Results can be coded in a template in back of the interview Interpretation is reserved for qualified, licensed professionals
Copyright	Copyrighted by Norman G. Hoffmann, Ph.D., 1995
Cost	$11.50 for administration guide; $62.50 for a package of 30 forms
Source	Evince Clinical Assessment P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6209; 401-231-1993 E-mail: evinceassessment@aol.com

TWO-ITEM CONJOINT SCREENING TEST (TICS)

The TICS (Two-Item Conjoint Screening Test) is a two-item screen developed for use in primary care settings. The two items are well chosen regarding the *DSM-IV* diagnostic criteria for substance dependence and tend to be among the items included in longer screens. This test can be easily administered verbally from memory and incorporated into other interviews. With only two items, the screen is not likely to provide a means of adjusting scoring to vary sensitivity and specificity.

Administrative Issues	Two items Time required: less than 1 minute Administered by technician No training required
Scoring	Time required: less than 1 minute Scored by technician
Clinical Utility	Screens for current problems; that is, wording is for use in the last12 months. Some variations are alcohol related only. The TICS is more likely to be used than longer screens. For example, even a very small number of well-chosen items can detect at least a portion of individuals with alcohol and other drug problems with a minimal investment of time.
Copyright	No copyright
Cost	None
Source	Article: Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice, 44*, 151–160.

TWEAK

The TWEAK is a five-item screen developed for detecting high-risk drinking during pregnancy. Independent researchers have evaluated the TWEAK against other screens. Although the TWEAK tends to perform relatively well, other brief screens have been found to have superior sensitivity and specificity.	
Administrative Issues	Five items Orally administered Time required: 2 minutes Administered by professional or technician No training required for administration, easy to learn
Scoring	Time required: 1 to 2 minutes Scored by hand No computerized scoring or interpretation available or necessary
Clinical Utility	Research has indicated that the TWEAK performs better in identifying at-risk drinking among women including minorities than the CAGE, but its statistics suggest no better performance than other brief screens such as the RAPS4 or UNCOPE.
Copyright	For oral administration, copyright seems irrelevant.
Cost	None
Source	Article: Chan, A. W., Pristach, E. A., Welte, J. W., & Russell, M. (1993). Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. *Alcoholism: Clinical and Experimental Research, 17*(6), 1188–1192.

UNCOPE

The UNCOPE is a six-item screen designed to identify alcohol and/or drug abuse or dependence in a broad range of populations. The UNCOPE items identify indications of abuse or dependence based on part of the *DSM-IV* diagnostic criteria for substance use disorder. Two items cover abuse, and two cover *DSM-IV* abuse criteria. The instrument was originally developed to identify substance dependence in women and older individuals. This screen can be used with adults and adolescents as young as age 13.

Administrative Issues	Six items Can be embedded in a paper-and-pencil self-administered questionnaire or orally administered by an interviewer Time required: less than 2 minutes No training required for administration
Scoring	Time required: less than 1 minute Two or more positive responses indicate possible abuse or dependence and need for further assessment; three or more items are often used as the best cut-score for dependence. Scored by interviewer No computerized scoring or interpretation available Norms available for clinical and correctional populations
Clinical Utility	The UNCOPE can provide reasonable indications of risk forabuse and dependence for both alcohol and other drugs. Like the other screens, the greater the number of positive responses, the greater the probability that the individual will meet criteria for dependence.
Copyright	Not copyrighted
Cost	None (attribution requested)
Source	Evince Clinical Assessment P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6209; 401-231-1993 E-mail: evinceassessment@aol.com Downloadable as a .pdf file from the Web site: http://www.evinceassessment.com/

Assessment Tools for Substance Use Disorders

When results of screens or behavioral indicators (e.g., driving under the influence (DUI) or apparent intoxication while responsible for children) indicate there may be problems involving alcohol or drugs, the next step is to determine the diagnosis. Research has provided strong evidence that substance dependence is distinct from substance abuse and also raises the greater potential for child maltreatment because of its chronicity and severity. Of the two diagnostic categories (i.e., abuse and dependence), only dependence emerges as a chronic condition likely to involve biological predispositions. Substance dependencies tend to require service over a period of time to achieve stable recovery, which typically involves abstinence from the dependent substance. Abuse appears to be less likely to be chronic and may not require abstinence from alcohol.

A variety of assessment instruments are available, but many treatment programs rely on their own formats and procedures. Many treatment providers use an interview referred to as the "psychosocial interview." These are typically unstructured interviews during which a therapist makes the diagnostic determination. The following list of diagnostic instruments is by no means exhaustive, but is intended to provide a perspective on the variety of available instruments. The list is in alphabetical order based on the instrument acronym. Since a number of tools are designed for both mental health and substance use disorders, these are combined.

For substance use disorders, the American Society of Addiction Medicine has developed criteria for treatment planning and placement known as the American Society of Addiction Medicine Patient Placement Criteria, Second Edition-Revised (ASAM PPC-2R). These criteria are distinct for adults and adolescents, but presume that a substance use disorder has been identified for which some types of services are required. One instrument designed to summarize the current functional status of the individual and environment is provided for adults and one for adolescents. It is not anticipated that caseworkers would use such an instrument, but feedback from addiction treatment providers might be provided either by such an instrument or in a format consistent with the ASAM PPC-2R.

These assessment tools provide information to answer the question *"What is the nature and extent of the substance abuse issue?"*

COMPREHENSIVE ADDICTION AND PSYCHOLOGICAL EVALUATION (CAAPE)

The CAAPE (Comprehensive Addiction and Psychological Evaluation) is a structured interview covering seven Axis I conditions and six Axis II personality disorders in addition to substance use disorders in accordance with *DSM-IV* criteria. For some conditions such as substance use disorders, major depressive and manic episodes, and antisocial personality, the CAAPE provides a foundation for supporting a diagnostic determination. For other conditions, such as various anxiety disorders, it serves more of a detailed screening function. The CAAPE is designed so that professionals can use the information for diagnostic purposes within their areas of expertise and can make focused referrals for those areas outside of their areas of practice.

Administrative Issues	141 verbally administered questions and 4 observational items Time required: about 40 minutes Administration can be done by a technician or professional; minimal, if any, training is required; most professionals can self-train with the manual. Interpretation should be done by a properly credentialed professional.
Scoring	Time required: about 5 minutes Scoring can be done by a technician or clerk, but interpretation requires a professional.
Clinical Utility	Designed to be administered and scored within a single clinical appointment and to detect mental health conditions commonly occurring in conjunction with substance use disorders. Professionals can self-train by using the manual.
Copyright	Copyrighted
Cost	About $2.50 per administration ($62.50 per packet of 25); $15 for manual
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW VERSION 1.1 (CIDI V1.1)

The CIDI V1.1 (Composite International Diagnostic Interview Version 1.1) was designed for compatibility with the *International Classification of Diseases and Related Health Problems, Revision 10 (ICD-10)*, and the *DSM-III-R* under the auspices of the World Health Organization (WHO). Items are indexed to indicate the criteria to which they apply. In addition to substance use disorders, the CIDI covers 10 psychiatric diagnoses across timeframes ranging from lifetime to the past 2 weeks. This instrument is designed for research and epidemiological use, but is available for clinical practice as well.

Administrative Issues	376 items and 14 subscales, but branching can reduce the number of items actually administered Time required: about 70 minutes Administration can be done by a technician or professional Training required
Scoring	Time required: about 20 minutes Computerized scoring available
Clinical Utility	The use of the CIDI has been reported in a number of research studies including cross-cultural investigations. An update to DSM-IV may be available, which would be necessary for many clinical applications in the United States.
Copyright	Copyrighted by WHO
Cost	About $4 for interview forms; $55 for manual
Source	American Psychiatric Press, Inc. Arlington, VA 800-368-5777 or 703-907-7322

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS-INITIAL (GAIN-I)

The GAIN-I (Global Appraisal of Individual Needs-Initial) is a structured and semi-structured interview designed to help clinicians gather information for diagnosis, placement, and treatment planning. It is an attempt to standardize the more informal "biopsychosocial" assessments commonly used in addiction treatment programs. There are a variety of GAIN instruments for other purposes, such as treatment satisfaction and follow-up.

Administrative Issues	Exact number of items difficult to determine Interview is 84 pages Time required: estimated to be over 2 hours Administration is designed for clinical staff as part of intake process.
Scoring	Items form more than 100 scales and subscales Time for scoring is not indicated, but the number of scales suggests a significant time commitment.
Clinical Utility	The GAIN instruments are designed to standardize the informal assessments often used in addiction programs.
Copyright	Copyrighted, but the instrument draws heavily on various public-domain instruments and surveys
Cost	Contact Chestnut Health Systems for information.
Source	Chestnut Health Systems 720 West Chestnut Bloomington, IL 61701 Phone: 309-827-6026 Web site: http://www.chestnut.org

STRUCTURED CLINICAL INTERVIEW FOR DSM (SCID)

The SCID (Structured Clinical Interview for DSM) is now a family of instruments. The SCID-I covers Axis I conditions in six self-contained modules: mood episodes; psychotic symptoms; psychotic disorders; mood disorders; substance use disorders; and a module for anxiety, adjustment, and other disorders. The SCID-II covers 10 Axis II personality disorders. Each version of the SCID has its own interviews, manuals, and reference guides. The SCID modules are arguably the most frequently used in a wide range of research studies.

Administrative Issues	Number of items will vary with module and branching Time required: estimated at between 60 and 90 minutes for Axis I conditions User's guides designed for professionals to administer the interview
Scoring	Scoring involves interpretation by the professional.
Clinical Utility	Uses of specific modules are likely to be the most practical for standard clinical practice. Treatment programs for substance use disorders may choose to use only that specific module unless there are indications of other conditions.
Copyright	Copyrighted
Cost	$36 for SCID-I interview booklet (88 pages); score sheets about $6.60 per interview ($33 for a packet of 5); $39.50 for user's guide;$60 for SCID-II user's guide and interview set
Source	American Psychiatric Publishing, Inc. 1000 Wilson Boulevard, Suite 1825 Arlington, VA 22209-3901 Phone: 800-368-5777 Web site: http://www.appi.org/Home

The following instrument is concerned with treatment planning and placement. Such instruments are designed for intake assessments after a diagnosis has been established and provides a means for developing treatment plans.

LEVEL OF CARE INDEX-2 REVISED (LOCI-2R) FOR ADULTS

The LOCI-2R (Level of Care Index-2 Revised) is not a psychometric instrument but rather a checklist for operationalizing the ASAM PPC-2R, the criteria most widely used for determining treatment placement and for guiding treatment planning. The LOCI-2R provides a means of doing up to six summaries on a given individual during the course of treatment. This instrument can also be used for monitoring or modifying the treatment plan.

Administrative Issues	There are six dimensions to be assessed for the ASAM PPC-2R, but this assessment may involve gathering input from different professionals. The LOCI-2R is not administered as such, but can be used by professionals or treatment staff to summarize findings in a convenient way. Training in using the criteria is required for proper use.
Scoring	There is no formal scoring, but dimensions are assessed in terms of level of care required for appropriate treatment. Interpretation requires professionals trained in the delivery of addiction treatment services.
Clinical Utility	The instrument is used in a wide variety of clinical settings.
Copyright	Copyrighted
Cost	About $2.90 per administration ($72.50 per packet of 25)
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

Substance Use Disorder Assessment Instruments for Adolescents

While some might question the validity of diagnosing adolescents for substance use disorders, clinical experience and mounting scientific evidence suggest that among older adolescents, substance dependence can be diagnosed. Greater caution is called for with youth because there are developmental and subculture, or peer, influences that can result in excessive use or abuse. Like any diagnostic question, the final determination rests with an appropriately qualified and credentialed professional.

The following list is not meant to be exhaustive, but is included to provide a perspective on the types of instruments available and likely to be used by providers conducting assessments with youth. The list is in alphabetical order based on the instrument acronym.

SUBSTANCE USE DISORDER DIAGNOSTIC INTERVIEW-IV (SUDDS-IV)

The SUDDS-IV (Substance Use Disorder Diagnostic Interview-IV) is a structured interview to provide *DSM-IV*-compatible information for specific substance use disorders for both lifetime and current problems. This instrument screens for anxiety and depressive disorders. Age of onset of problems by substance group provides a means of documenting the patterns of problem development helpful for motivational enhancement. Information relevant to treatment placement is summarized on the back of the administration booklet.

Administrative Issues	64 basic questions with subparts provide data for each of the *DSM-IV* substance categories Time required: about 35 to 45 minutes Administration can be done by a trained technician or professional. Interpretation should be done by a properly credentialed professional.
Scoring	Time required: about 5 minutes Scoring can be done by a technician or a clerk, but interpretation requires a professional with appropriate credentialing.
Clinical Utility	The SUDDS-IV is designed to be administered and interpreted in a single session or appointment. It is used in a wide variety of clinical settings. A version for correctional applications is automated.
Copyright	Copyrighted
Cost	About $2.50 per administration ($62.50 for a packet of 25); $10 for administration guide; automated version about $3.60 per administration
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

COMPREHENSIVE ADOLESCENT SEVERITY INVENTORY (CASI)

The CASI (Comprehensive Adolescent Severity Inventory) is a comprehensive, semistructured, clinical assessment and outcomes interview. A follow-up CASI is available for those interested in obtaining follow-up data on youth. The CASI is composed of 10 independent modules, each incorporating objective, concrete questions formatted to identify whether certain behaviors have ever occurred regularly, how old the adolescent was when they first occurred regularly, and whether they occurred regularly during the past year. The CASI also includes questions designed to assess the strength-base of youth.

Administrative Issues	Number of questions depends upon modules used (e.g., substance module has 45 items) Time required: 45 to 90 minutes depending on modules used Designed for use by professionals Two-day training is required.
Scoring	The CASI comprises four clinical dimensions, each composed of component subscales plus three monitoring dimensions, each composed of component subscales. SAS scoring programs are available to trained users free of charge.
Clinical Utility	The CASI is not just a diagnostic instrument but a more comprehensive intake system. The diagnostic components are part of a more general intake system, often referred to as a "psychosocial interview."
Copyright	Information on copyright unavailable
Cost	Paper version available for duplication fee; computerized version $1,299 for a 2-year site license
Source	System Measures, Inc. P.O. Box 506 Spring Mount, PA 19478

DIAGNOSTIC INTERVIEW SCHEDULE FOR CHILDREN-VERSION IV (DISC-IV)

The DISC-IV (Diagnostic Interview Schedule for Children-Version IV) is a diagnostic interview covering more than 30 mental disorders of children and adolescents. Timeframes include the past year and the past 4 weeks. Diagnoses are based on the *DSM-IV* and *ICD-10* criteria. The DISC comes in two forms: the DISC-P for parents of children ages 6 to 17 and the DISC-Y for direct administration to children ages 9 to 17.

Administrative Issues	2,930 questions for the DISC-Y and slightly more for the DISC-P, but not all are likely to be administered to a given individual358 stem questions are likely to be used to assess most salient concerns and additional questions are asked if one of the stem questions is positive Time required: about 60 to 120 minutes Administration can be done by a technician. Interpretation should be done by a properly credentialed professional. Training of 2 to 3 days is strongly recommended for interviewers.
Scoring	Scoring and administration are typically done using a computer to display the questions and record the answers for automated scoring.
Clinical Utility	This interview, or a component of it, is among the most widely used for research purposes. The length of the total interview makes it impractical to use the entire interview in clinical practice unless the computer version is employed.
Copyright	Copyright not determined
Cost	Cost of materials not available; cost of training $300 per day at Columbia University or $1,000 per day for first 10 people plus travel expenses for offsite training
Source	Division of Child & Adolescent Psychiatry Columbia University For training: fisherp@child.cpmc.columbia.edu

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS-INITIAL (GAIN-I) FOR ADOLESCENTS

The GAIN-I (Global Appraisal of Individual Needs-Initial) for Adolescents is a structured and semi-structured interview designed to help clinicians gather information for diagnosis, placement, and treatment planning. It is an attempt to standardize the more informal "biopsychosocial" assessments commonly used in addiction treatment programs. There are a variety of GAIN instruments for other purposes, such as treatment satisfaction and follow-up.

Administrative Issues	Exact number of items difficult to determine Interview is 84 pages Time required: estimated to be over 2 hours Administration designed for clinical staff as part of intake process
Scoring	Items form over 100 scales and subscales Time for scoring is not indicated, but the number of scales suggests a significant time commitment.
Clinical Utility	The GAIN instruments are designed to standardize the informal assessments often used in addiction programs.
Copyright	Copyrighted, but the instrument draws heavily on various public-domain instruments and surveys
Cost	Contact Chestnut Health Systems for information.
Source	Chestnut Health Systems 720 West Chestnut Bloomington, IL 61701 Phone: 309-827-6026 Web site: http://www.chestnut.org/

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS-M90 (GAIN-M90) FOR ADOLESCENTS

The GAIN-M90 (Global Appraisal of Individual Needs-M90) for Adolescents is a follow-up instrument designed for use every 90 days after the GAIN-I. In addition, the GAIN-M90 has questions that allow it to be used less frequently (e.g., every 6 or 12 months) as well. The full version takes about 1 hour; however, there is a core set of items that can be administered in 25 minutes. There are several program- or project-specific variations of this instrument, including those for programs funded by CSAT and the Robert Wood Johnson Foundation (RWJF).

Administrative Issues	Exact number of items difficult to determine Interview is 68 pages Time required: estimated to 1 hour for the full version and 25 minutes for the core set of questions Materials available in hard-copy and electronic forms Can be administered by a clinician or self-administrated by individuals with sufficient reading skills
Scoring	Time for scoring is not indicated, but the number of scales suggests a significant time commitment.
Clinical Utility	The GAIN instruments are designed to standardize the informal assessments often used in addiction programs.
Copyright	Copyrighted, but the instrument draws heavily on various public-domain instruments and surveys.
Cost	Contact Chestnut Health Systems for information.
Source	Chestnut Health Systems 720 West Chestnut Bloomington, IL 61701 Phone: 309-827-6026 Web site: http://www.chestnut.org/

PRACTICAL ADOLESCENT DUAL DIAGNOSTIC INTERVIEW (PADDI)

The PADDI (Practical Adolescent Dual Diagnostic Interview) is a structured diagnostic assessment interview designed specifically for children and adolescents aged 12 to 18. It covers 11 diagnostic areas of the *DSM-IV* and substance use disorders. The interview also covers dangerousness to self or others and victimization (physical, sexual, and emotional). Professionals who may not be credentialed in both mental health and substance abuse can use the PADDI information within the scope of their specialty and for referrals to other professionals for problems outside their area of expertise.

Administrative Issues	157 questions and 7 observational items Time required: about 35 to 45 minutes Administration can be done by a technician or professional. Professionals can self-train with the manual.
Scoring	Time required: about 5 minutes when familiar with the instrument Scoring can be done by a technician or a clerk, but interpretation requires a professional.
Clinical Utility	The interview has been used within a variety of clinical and juvenile justice settings for initial assessments and for reviewing status subsequent to treatment.
Copyright	Copyrighted
Cost	About $2.70 per interview (sold in packages of 25 for $67.50); $18 for manual
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

Planning and Monitoring Tools Regarding Substance Use Disorders

Assessment and planning may be a seamless process in which diagnostic and treatment planning information is collected in a single intake process, or the functions can be divided. In the latter case, a case manager or referral source (e.g., employee assistance professional or psychiatric social worker) may make the initial diagnosis and then refer the person to a treatment program for further evaluation and treatment planning.

The most commonly used criteria for treatment placement (as well as for determining the nature and extent of problems) is the ASAM PPC-2R criteria of the American Society of Addiction Medicine. These criteria consist of six dimensions: intoxication/withdrawal, medical conditions, mental health conditions, stage of change/motivation, recovery/relapse risks, and the recovery environment. The assessments on these dimensions are used to place people into one of nine different levels of care and five different levels of detoxification services, and they are used to change people from one level to another depending on progress or lack of it during the treatment process. The criteria also provide a framework for treatment planning regarding needs other than the level of care.

Monitoring of treatment progress typically takes the form of chart information kept by the treatment program or providers rather than formal assessment instruments designed for that purpose. Some of the assessment instruments described in the prior section of this appendix evaluate not only the current nature and extent of problems, but also provide a foundation for monitoring recovery efforts or assessing outcomes. Rather than repeat those descriptions here, other examples of instruments that can assist in the planning and monitoring functions are described.

No single instrument can be expected to fulfill all needs or provide universal utility across all possible settings and populations. The challenge for professionals is to select those instruments that best meet their needs as part of procedures designed for the setting and the population. A wise strategy is to begin by determining the knowledge, or information, required for clinical or administrative purposes and then explore which instruments are best suited to providing that information. This list is in alphabetical order
based on the tool name.

Monitoring can involve several distinct objectives. One is to assess the current status of the individual or family to determine whether expected changes are occurring or whether changes need to be made to the treatment or case plan. Another distinct, but related, function is the evaluation of the program itself. Program evaluation requires similar measures, but the objectives are the documentation of change or degree of change rather than indications for clinical decisions relative to the individual case.

ADDICTION SEVERITY INDEX (ASI) and TREATMENT SERVICE REVIEW (TSR)

The ASI (Addiction Severity Index) is one of the most widely used assessment tools in the United States. It was designed as a research instrument for program evaluation to determine the extent to which addiction treatment programs achieved improvements across seven domains: alcohol use, drug use, psychiatric status, employment status, medical status, legal status, and family/social relationships. Some of these areas have obvious financial implications (e.g., health care utilization, vocational functioning, and arrests). Although frequently used as a primary intake tool, the ASI is best suited for secondary assessment and evaluation after the diagnosis and treatment plan are developed. This instrument is best suited for secondary assessment because the ASI does not provide a basis for a diagnosis, nor does it indicate the urgency for dealing with various conditions.

The TSR (Treatment Service Review) instruments are less well known, but provide a way of monitoring what services have been received over a 14- to 30-day period. The TSRs cover not only direct clinical services with respect to substance use and mental health disorders, but also whether the individual had any assistance with other necessities such as housing, educational or vocational training, and public transportation. Although the TSR instruments do not monitor the clinical status of the individual, in conjunction with repeated measures of ASI items, they can provide a more complete profile of what services are delivered and what the current status is for monitoring.

Administrative Issues	The ASI consists of approximately 140 items across the 7 domains. Time requirement: about 1 hour Administration can be done by technicians or clinicians. Extensive training is required to ensure proper administration and scoring of the instrument. An abbreviated version, the ASI Lite, is also available.
Scoring	Scores are produced for each of the seven domains. Extensive training is required to ensure consistent scoring.
Clinical Utility	Although the ASI covers key areas of concern for both treatment planning and program evaluation, it is not adequate as an intake tool without being used in conjunction with other instruments. Its greatest utility is as a monitoring or program evaluation tool.
Copyright	Copyrighted
Cost	About $2.50 per form ($62.50 for 25 copies of either form)
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

FAMILY ASSESSMENT FORM (FAF)

The FAF (Family Assessment Form) was developed as a means of providing standardization to family assessments, but with the intention that the tool be adapted to meet the needs of specific programs and applications. It covers six areas of family functioning and is able to identify strengths as well as problems. The form consists of ratings to be completed by the worker based on observations and discussions with the family member. This instrument is not to be completed by the family member.

Administrative Issues	About 90 ratings covering 6 areas of family functioning Paper-and-pencil form is completed by a professional Time required: variable, depending upon the professional or the technician Training and supervision are required for the appropriate use of the tool.
Scoring	Time required: variable, depending upon circumstances The FAF Pro software application was designed to increase the value of the Family Assessment Form to practitioners and agencies as a tool to expedite assessment, facilitate service planning, document casework, gather and analyze data, and measure and report on program activity and client outcomes.
Clinical Utility	The FAF provides a vehicle for establishing some structure and consistency to family evaluations. Statistics indicate that with proper training and supervision, raters can achieve good reliability so that there is consistency among different workers' ratings.
Copyright	Children's Bureau of Southern California
Cost	The price list for the FAF package including software can be accessed at:.
Source	Children's Bureau of Southern California Children's Bureau Headquarters 3910 Oakwood Avenue Los Angeles, CA 90004 Phone: 323-953-7356/323-661-7306 Toll-free: 888-ALL 4 KIDS (888-255-45437) Fax: 323-661-7306 Web site: http://www.all4kids.org/ Contact person for information: Sandy Sladenfafsupport@all4kids.org

GLOBAL APPRAISAL OF INDIVIDUAL NEEDS-M90 (GAIN-M90)

The GAIN-M90 (Global Appraisal of Individual Needs-M90) is a follow-up instrument designed for use every 90 days after the GAIN-I. In addition, this instrument has questions that allow it to be used less frequently (e.g., every 6 or 12 months) as well. The full version takes about 1 hour; however, there is a core set of items that can be administered in 25 minutes. There are several program- or project-specific variations of this instrument, including those for programs funded by CSAT and RWJF.

Administrative Issues	Exact number of items difficult to determine Interview is 68 pages Time required: estimated to be 1 hour for the full version and 25 minutes for the core set of questions Materials are available in hard-copy and electronic forms. Can be administered by a clinician or self-administrated by persons with sufficient reading and writing ability
Scoring	Time for scoring is not indicated, but the number of scales suggests a significant time commitment.
Clinical Utility	The GAIN instruments are designed to standardize the informal assessments often used in addiction programs.
Copyright	Copyrighted, but the instrument draws heavily on various public-domain instruments and surveys.
Cost	Contact Chestnut Health Systems for information.
Source	Chestnut Health Systems 720 West Chestnut Bloomington, IL 61701 Phone: 309-827-6026 Web site: http://www.chestnut.org/

LEVEL OF CARE INDEX-2 REVISED (LOCI-2R)

The LOCI-2R (Level of Care Index-2 Revised) consists of two forms—one for adults and one for adolescents—that summarize and operationalize the ASAM PPC-2R placement criteria of the American Society of Addiction Medicine. Separate forms are necessary to reflect the differences between the adult and adolescent criteria. The forms are not psychometric or diagnostic instruments. The forms are, however, a means of summarizing all available information relevant to the six dimensions of the ASAM PPC-2R in accordance with the nine levels of care for adults and the eight levels of care for adolescents. The LOCI-2R forms allow clinicians or treatment teams to make up to six determinations of status for a given individual with a single form. Using one form facilitates monitoring of progress or status during treatment. Few if any other forms are designed specifically to accommodate all aspects of the ASAM PPC-2R.

Administrative Issues	Since the LOCI-2R forms are checklists summarizing all available information, there is no "administration." Time required: variable, depending upon availability of information The LOCI-2R forms are designed to be used by clinicians or treatment teams.
Scoring	There is no formal scoring. Interpretations of findings are based on the ASAM PPC-2R criteria. As many as six assessments can be made for a given individual using a single form.
Clinical Utility	The LOCI-2R forms are used by a variety of treatment programs in applying the ASAM PPC-2R criteria.
Copyright	Copyrighted
Cost	About $2.90 per patient (sold in packets of 25 forms for $72.50)
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

RECOVERY ATTITUDE AND TREATMENT EVALUATOR (RAATE)

The RAATE (Recovery Attitude and Treatment Evaluator) actually consists of two forms: a clinician evaluation form (RAATE-CE) involving clinician ratings and a self-report questionnaire (RAATE-QI) filled out by the patient. Both forms cover five dimensions: acceptance/resistance to treatment, acceptance/resistance to continuing recovery efforts, acuity of medical conditions, acuity of psychiatric conditions, and the recovery environment. These dimensions, while related to ASAM PPC-2R dimensions, are not identical. For example, stage of change (Dimension 4) in the PPC-2R is represented on two separate scales on the RAATE forms concerning treatment and recovery as an ongoing process.

Administrative Issues	The RAATE-CE consists of 35 ratings across the 5 dimensions, and 2 evaluations can be made on an individual with one form. The RAATE-QI consists of 94 true–false items. Time for interviewing a client to score the CE is approximately 30 minutes; time to compete the QI is approximately 25 minutes. Administration of the CE requires a clinician, but a technician can administer the QI.
Scoring	Scoring of the CE requires about 5 minutes by the clinician; scoring of the QI uses a template and takes about 5 minutes and can be done by a technician or a clerical person. Interpretation of findings requires a professional.
Clinical Utility	The RAATE instruments provide a means of comparing the clinician's perspective with that of the patient/client. These instruments also quantify some of the ASAM PPC-2R dimensions.
Copyright	Copyrighted
Cost	About $2.50 per form ($62.50 for 25 copies of either form)
Source	Evince Clinical Assessments P.O. Box 17305 Smithfield, RI 02917 Phone: 800-755-6299 Web site: http://www.evinceassessment.com/

RISK INVENTORY FOR SUBSTANCE-AFFECTED FAMILIES

The Risk Inventory for Substance Abuse-Affected Families is one of the few instruments to explicitly assess the potential influences of substance use and substance use disorders on risks for maltreatment. It consists of eight scales, or ratings, anchored with descriptive statements for defining the level for each scale. This risk inventory assumes that substance abuse or dependence has already been identified as being an issue in the family, and the intent is to assess the risks posed to children. Topics covered include commitment to recovery, patterns of use, effects on child care and lifestyle, supports for recovery, self-efficacy and self-care of the parent, and quality of the neighborhood. Although some of the scales seem appropriate for identification of risk and others for extent of problems, some scales are definitely related to planning. This instrument has scales that could be considered appropriate for both this appendix and Appendix F, "Examples of Safety and Risk Assessments for Use by Child Welfare Staff"; therefore, it is listed in each.

Administrative Issues	Eight rating scales; scores range from 1 to either 4 or 5 with options for unknown or not applicable Ratings are completed by a professional based on observation and discussion with the family members. Time required: variable
Scoring	Time required: variable No manuals for administration or scoring available
Clinical Utility	The instrument has good face validity in terms of areas to consider in gauging the potential risks to children based on the parent's or caretaker's functioning and commitment to recovery. Lack of information on the performance of the tool and apparent lack of research on the instrument may require initial care in interpretation of findings.
Copyright	Copyrighted by Children's Friend and Service
Cost	$10 per instrument copy
Source	Children's Friend and Service 153 Summer Street Providence, RI 02903 Phone: 401-331-2900 Fax: 401-331-3285

STRUCTURED DECISION MAKING (SDM)
FAMILY AND CHILD STRENGTHS AND NEEDS ASSESSMENT

The SDM (Structured Decision Making) model, as described by the Children's Research Center (CRC) of the National Council on Crime and Delinquency (NCCD), is a procedure for improved practice by child welfare services. CRC states that at the heart of the model is a series of tools to assess families and structure the agency's response. One of the tools is the standardized Family and Child Strengths and Needs Assessment, which guides service planning.The CRC publication, *The Improvement of Child Protective Services with Structured Decision Making: The CRC Model*, provides an example developed in one State—The Wisconsin Urban Caucus Family Strengths and Needs Assessment.	
Administrative Issues	Unknown
Scoring	Time required: unknown
Clinical Utility	The general information obtainable on the procedure suggests that the concept and practices have merit. A number of States are listed as having implemented the procedure. Data supplied indicate that the risk levels as assessed are related to subsequent referrals, placements, and substantiations. Utility for individual casework cannot be determined from the materials reviewed.
Copyright	Unknown
Cost	Unknown
Source	Children's Research Center 426 South Yellowstone Drive, Suite 250 Madison, WI 53719 Phone: 608-831-8882 Fax: 608-831-6446

Examples of Instruments Used by States and Treatment Providers

The following pages include samples of the alcohol and drug assessment, planning, and monitoring instruments used in Sacramento County, California; the "Stages of Change Form" developed by Prototypes, in Los Angeles; the "Family Services Progress Matrix" of indicators for progress in the substance abuse recovery process developed by the State of Illinois; and the Specialized Treatment and Recovery Services (STARS) progress report developed by Bridges, Inc.

The **Sacramento County Alcohol and Other Drug (AOD) Preliminary Assessment** is completed during a personal interview with a family by a child welfare worker who has received specialized training in the area of alcohol and drug abuse. The worker uses the results of this preliminary assessment to make an expedited referral into treatment. The treatment provider conducts a more in-depth assessment as part of an initial psychosocial evaluation.

The **Prototypes Stages of Change Form** is completed by family members when they first enter the Prototypes treatment program and again 21 days after they enter treatment. This form allows family members and substance abuse counselors to explore a family member's readiness to change and to develop appropriate treatment strategies.

The **Illinois Department of Children and Family Services Progress Matrix** is used by workers to help them assess how well families are progressing.

The **Specialized Treatment and Recovery Services (STARS) Twice-Monthly Progress Report** is completed by Recovery Specialists who are assigned to each parent with a substance use disorder in the Sacramento County Court system. The form reports on objective indicators of the progress of parents in treatment. This report is completed two times per month and is systematically delivered to the case-carrying social worker, the parent's attorney, and the court.

SACRAMENTO COUNTY
ALCOHOL AND OTHER DRUG (AOD) PRELIMINARY ASSESSMENT

This assessment is necessary for clients using publicly funded AOD treatment. It is to be completed during a face-to-face contact between staff and client. Staff, who have participated in Level I and II of AODTI training, have the option of completing this assessment to expedite treatment placement/authorization by the Alcohol and Drug Bureau.

Client Name: (last) _____ (first) _____ Date: _____

☐ Male ☐ Female DOB: _____Race/Ethnicity _____ SSN: _____-_____-_____

Address: _____ Zip _____ Phone: _____

Area of Residence: ☐ South ☐ Broadway/Oak Park ☐ Midtown ☐ Central (e.g. Arden)

☐ East (Rancho Cordova) ☐ Northwest (e.g. Del Paso) ☐ Northeast (e.g. Citrus Heights)

Staff Name: _____ Code: _____ Phone: _____ Fax: _____

Department Division: _____ Program: _____ Mail Code: _____

Referral Source (if other than the staff above):

_____

CalWORKs ☐ Yes ☐ No

Prior Assessments with approximate due date: _____

_____

Part I – Presenting Needs _____

Part II – Immediate Need Triage

Yes	No		
☐	☐	A	Client has history of life-threatening withdrawal symptoms
☐	☐	B	Client has current, life-threatening withdrawal symptoms
☐	☐	C	Client has current, severe and untreated physical health problems
☐	☐	D	Client is in imminent danger of hurting self or others
☐	☐	E	Client has current, acute psychotic symptoms (e.g. hallucinations)

Part III – AOD Use Information

Substances most frequently used (check all that apply and indicate age of **first** and date of **last** use)

	Age of first use	Date of last use		Age of first use	Date of last use
☐ methamphetamine	_____	_____	☐ PCP	_____	_____
☐ cocaine/crack	_____	_____	☐ hallucinogens	_____	_____
☐ other stimulants	_____	_____	☐ marijuana	_____	_____
☐ opiates	_____	_____	☐ tobacco	_____	_____
☐ alcohol	_____	_____	☐ prescription	_____	_____
☐ associated with violence history			☐ non-prescription	_____	_____
☐ not associated with violence history			☐ other (specify)	_____	_____

Part IV – Level of Functioning in Relation to AOD Use

A. Check low, moderate or high level of functioning for each area. Definitions are as follows**:**

Low Functioning – severe difficulty or impairment with serious and persistent signs and symptoms

Moderate Functioning – moderate difficulty or impairment with moderate to serious signs and symptoms

High Functioning – minimal difficulty or impairment with no or minimal signs and symptoms

	Low*	Moderate	High	Special Needs and/or Strengths
1. Health Status				
2. Emotional Stability				
3. Family Relations				
4. Social Supports				
5. Legal Problems				
6. Job/ Education				
7. Housing				

*Requires statement in "Special Needs and/or Strengths" Section explaining difficulty.

B. Staff Assessment of 1 through 7 determines overall biopsychosocial functioning as:

☐ Low ☐ Moderate ☐ High

The Sacramento Preliminary Assessment is included as a separate Excel file.

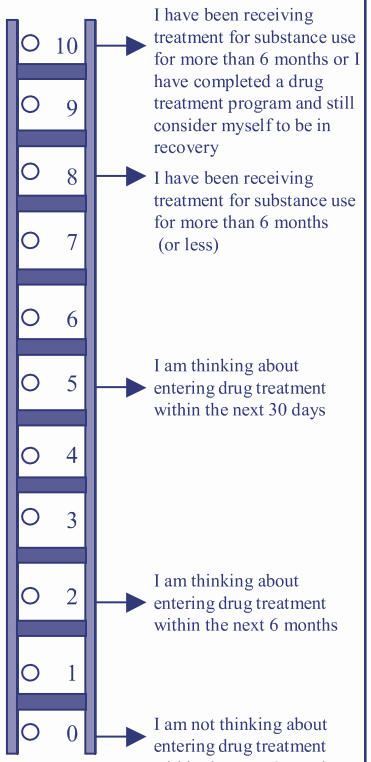
CADDs ID: _____

Date: _____

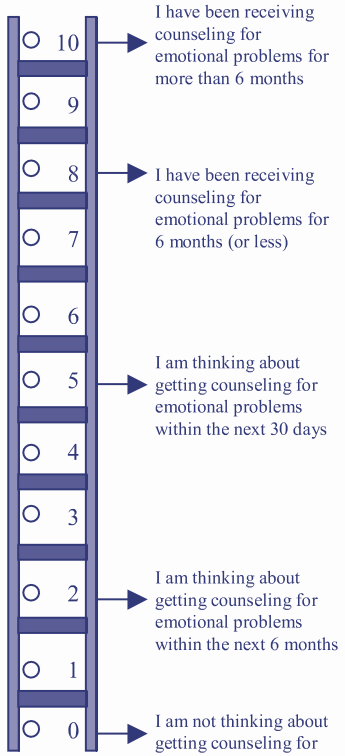
Stages of Change Form

Circle One:
Intake
21 Day

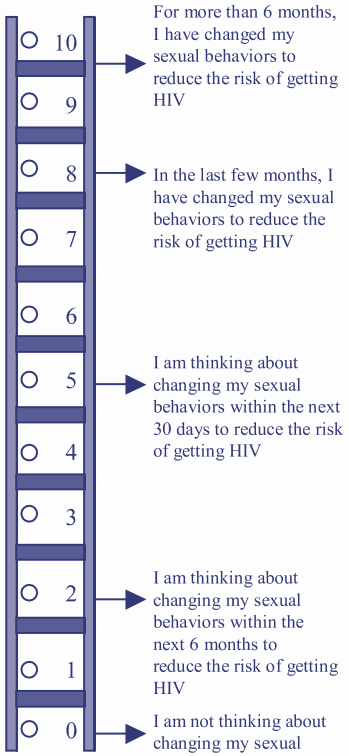
1. Each rung on the ladder below represents where various individuals are in their thinking about entering drug treatment. Darken the circle that indicates where you are now in terms of entering drug treatment to get help with reducing or stopping substance use.



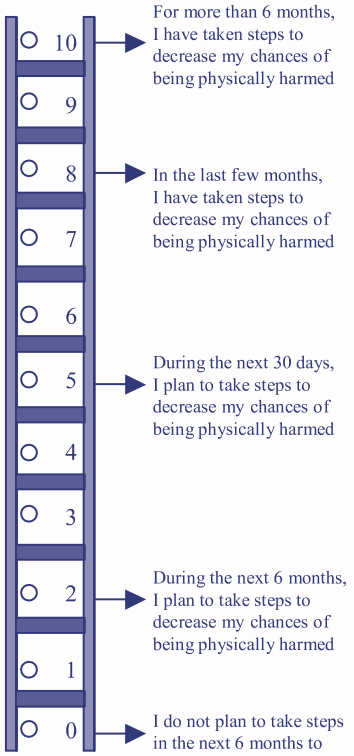
2. Each rung on the ladder below represents where various individuals are in their thinking about getting counseling for emotional problems. Darken the circle that indicates where you are now in terms of getting counseling for emotional problems.



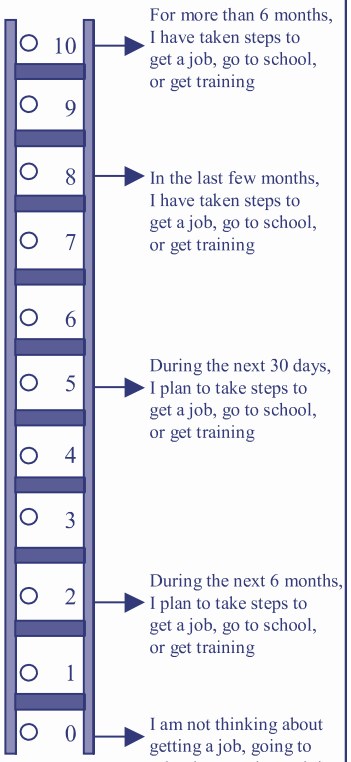
3. Each rung on the ladder below represents where various individuals are in their thinking about changing their sexual behaviors to reduce the risk of getting HIV. Darken the circle that indicates where you are now in terms of changing sexual behaviors to reduce the risk of getting HIV.



4. Each rung on the ladder below represents where various individuals are in their thinking about making life changes to decrease chances of being physically harmed. Darken the circle that indicates where you are now in terms of making changes to decrease your chances of being physically harmed.



5. Each rung on the ladder below represents where various individuals are in their thinking about getting a job, going to school, or getting training. Darken the circle that indicates where you are now in terms of getting a job, going to school, or getting training.



D-45

Developed by Prototypes, Los Angeles, CA

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES PROGRESS MATRIX

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: ZERO TO THREE MONTHS				
0-3 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Substance Abuse Treatment	Parent remains in denial of substance abuse/addiction and has not completed substance abuse screen.	Reduction of initial resistance and defensiveness ↓ Completed Adult Substance Abuse Screen. ↓ Parent has completed substance abuse assessment and has accepted treatment referral. ↓ Parent has entered substance abuse treatment. ↓ Sporadic attendance in substance abuse treatment.	Attendance in substance abuse treatment becomes more consistent. Improvements in personal hygiene.	Regular attendance in substance abuse treatment. ↓ Parent has accepted the negative consequences of substance abuse. ↓ Parent is thinking more clearly and is able to verbalize consequences of continued substance abuse. ↓ If applicable, parent has participated in collaborative service planning meeting with child welfare worker and substance abuse treatment worker.
				If parent is ready for discharge: Parent has developed relapse prevention plan. Parent has developed aftercare plans.
				If parent has been discharged: Parent is attending after care services at a treatment facility and or attending self-help or community support groups.
Substance Abuse Education	Parent remains in denial of substance abuse and has not entered treatment/ substance abuse education classes.	Parent has recently entered substance abuse treatment and substance abuse education classes.	Attending substance abuse education classes on addiction and recovery. Acknowledges need for insight into personal addiction.	Parent is receiving or has completed substance abuse education classes. Has gained insight into personal addiction. Parent is able to discuss the impact of substance abuse on parenting behaviors.
Participation in Recovery Support Systems	No current participation in recovery support systems.	Has received education on 12 Step/recovery support group meetings.	Has mapped out 12 Step (AA/CA/NA) or community recovery support group.	Has attended a 12 Step/ support group at the treatment program. **All clients are not ready to participate in 12 Step/support groups during the early months of treatment/recovery.*
Abstinence	Actively abusing drugs.	Parent has decreased substance abuse. Parent is able to self report relapse.	Fewer episodes of relapse and is able to discuss triggers.	Parent has developed a specific relapse prevention plan. Parent *may* have achieved abstinence.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: ZERO TO THREE MONTHS				
0-3 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Other Service Plan Provision Compliance	Parent is non-compliant with service plan: Visiting with workers Other assessments	Parent is inconsistent in meeting service plan conditions.	Parent is consistently working on service plan conditions.	Parent is currently in compliance with service plan conditions.
Visiting	Parent does not visit child(ren).	Parent inconsistently visits child(ren).	Parent consistently visits child(ren).	Parent consistently visits child(ren).
Parental Skills/ Parental Functioning	A parent who retains custody of the child must follow a child safety plan but may not acknowledge the impact of substance abuse on parenting.			Parent may begin to identify the impact of substance abuse on parenting.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: THREE TO SIX MONTHS				
3-6 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Substance Abuse Treatment	No current participation in substance abuse treatment. Parent may have initially engaged in treatment but left against staff advice.	Parent is inconsistent in attending substance abuse treatment. ↓ Within this time frame the parent could become more consistent. Improvements in personal hygiene.	Parent's continued progress is demonstrated in: Consistent attendance Ability to identify triggers Self report of drug free time Improvement in personal hygiene and self esteem Greater insight into substance abuse/ addiction Developed a specific relapse prevention plan	Parent's attendance in substance abuse treatment is consistent and has demonstrated compliance with treatment plan and is preparing for discharge. Developing and discussing aftercare plans with treatment provider (may occur at this time due to extended length of stay or residential treatment). ***If parent has been discharged:*** Parent is consistently participating in after care services and working with a specific relapse prevention plan.
Participation in Recovery Support Systems	No current participation in recovery support groups.	Attends initial recovery support meeting (AA/CA/NA) or initial community support group.	Increased attendance in AA/CA/NA meetings or support group meetings. Working on Steps 1 and 2 of the 12 Steps of AA/NA; parent is able to discuss the process of recovery. Parent is letting go of relationships with substance abusers and developing sober friendships.	Regular attendance in self help meetings. ↓ Developing relationships with recovering role models/mentors. ↓ Parent has chosen 12 Step Sponsor or community support person. ↓ Increasing involvement in drug free activities, recovery support systems, sober relationships, and/or community activities.
Abstinence	Parent is currently abusing drugs.	Parent is able to self report relapse. Fewer episodes of relapse and the parent is able to discuss triggers.	Parent has recently achieved abstinence. (At least 30 days)	Parent has achieved a sustained period of abstinence.
Service Plan Compliance	Parent is non-compliant with service plan: • Visiting with worker • Other assessments	Parent is inconsistent in meeting service plan conditions.	Parent is consistently working on service plan conditions.	Parent is currently in compliance with service plan conditions.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: THREE TO SIX MONTHS				
3-6 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Visiting	Parent inconsistently visits with child(ren).	Parent is consistent in visits with child(ren).	Parent demonstrates increased parenting responsibility during visits.	Parent demonstrates increased parenting responsibility during visits.
Parenting Skills/ Parental Functioning	Parent is unwilling or unable to acknowledge impact of drug use on parenting.	Parent begins to acknowledge the impact of drug use on parenting.	Parent acknowledges impact of drug use on parenting and identifying parenting deficits.	Parent is able to identify parenting deficits and strengths. Parent is developing parenting goals.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: SIX TO NINE MONTHS				
6-9 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Substance Abuse Treatment	Currently not participating in substance abuse treatment (parent left treatment).	Parent is more consistent in attendance. Parent is able to identify triggers. Self report of drug free time, meeting attendance, and certificates of achievements. Continued improvement in personal hygiene and self-esteem. Parent has gained greater insight into substance abuse/addiction.	Consistent attendance in substance abuse treatment; has demonstrated compliance with treatment plan. Verbalizes a greater awareness of intense emotions and triggers. Uses new coping skills learned in substance abuse treatment or 12 Step support groups. Has developed a specific relapse prevention plan. Developing/discussing aftercare plans with treatment provider (may occur at this time due to extended length of stay or residential treatment).	Regular attendance in formal substance abuse treatment. Parent has entered after care services. Parent consistent in follow through with after care services. Parent is consistently working on relapse prevention plans.
Participation in Recovery Support Systems	No current participation in recovery support groups.	Attends 12 Step recovery support meeting or community support groups. ↓ Has increased participation in self help meetings or community recovery support groups. ↓ Has chosen sponsor.	Consistently working on the 12 Steps program with sponsor/ consistently attending community support. Actively working on relapse prevention with after care provider, sponsor or recovery support person.	Parent is consistently working 12 Step program, attending self help meetings, and maintaining contact with sponsor. ↓ Parent is applying Steps 1-3 in daily life (AA/CA/NA). ↓ Parent is discussing long term goals and setting time frames with support persons.
Abstinence	Parent is currently abusing drugs.	Parent has decreased substance abuse and self reports relapse. Has fewer episodes of relapse and has developed a specific relapse prevention plan.	Parent has recently achieved abstinence. Parent has sustained periods of abstinence.	Parent continues to maintain abstinence.
Service Plan Compliance	Parent is non-compliant with service plan.	Parent is non-compliant with service plan.	Is consistently working on service plan conditions.	Parent is currently in compliance with service plan conditions.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: SIX TO NINE MONTHS				
6-9 Months	**Poor Progress**	**Some Progress**	**Moderate Progress**	**Substantial Progress**
Visiting	Parent inconsistently visits child(ren).	Parent consistent in visits with child(ren).	Consistently visiting child(ren) and demonstrating increased parenting responsibility during visits (if applies).	Parent consistently visiting child and demonstrating increased parenting responsibility during visits (if applicable).
Parenting Skills/ Parental Functioning	Parent is unwilling or unable to acknowledge impact of drug use on parenting.	Parent begins to acknowledge the impact of drug use on parenting. ↓ Acknowledges impact of drug use on parenting.	Parent identifies parenting deficits and strengths and sets parenting goals. Parent is working on parenting goals.	Parent is working on parenting goals. ↓ Parent is achieving one or more parenting goal.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: NINE TO TWELVE MONTHS			
9-12 Months	**Poor Progress**	**Some to Moderate Progress**	**Substantial Progress**
Participation in Recovery Support Systems	Parent does not currently participate in mutual help/ recovery support groups. Parent is not actively engaged with a sponsor.	Parent has increased participation in mutual help/recovery support groups. ↓ Has chosen sponsor. ↓ Has made more consistent contact with sponsor. ↓ Works on the 12 Steps program with sponsor. ↓ Actively works on relapse prevention with after care provider, sponsor or recovery support person.	Parent consistently participates in mutual help meetings/ recovery support groups. ↓ Consistently working on the 12 Step program with sponsor or with a community support person. ↓ Parent is engaged in sober relationships and activities. ↓ Has accepted the maintenance phase of recovery is a lifelong responsibility.
Abstinence	Parent is currently abusing drugs.	Fewer episodes of relapse and the parent has developed a specific relapse plan. ↓ Parent has recently achieved abstinence.	Parent has sustained periods of abstinence. ↓ Parent continues to maintain abstinence.
Service Plan Compliance	Parent is non-compliant with service plan.	Parent is inconsistent in meeting service plan conditions (i.e. Attending parent training, counseling, keeping assessment appointments.)	Parent is consistently working on service plan conditions.
Visiting	Parent inconsistently visits child(ren).	Parent consistently visits child.	Parent demonstrates increased parenting responsibility during visits (if applicable).
Parenting Skills/ Parental Functioning	Parent is unwilling or unable to acknowledge impact of drug use on parenting. Parent beginning to acknowledge the impact of drug use on parenting.	Parent acknowledges impact of drug use on parenting. ↓ Parent identifies parenting deficits and strengths and sets parenting goals. ↓ Parent is working on parenting goals. ↓ Parent is demonstrating improved parental functioning.	Parent maintains improved parenting functioning and continuing to work on parenting goals.

INDICATORS FOR PROGRESS IN THE SUBSTANCE ABUSE RECOVERY PROCESS: NINE TO TWELVE MONTHS			
9-12 Months	**Poor Progress**	**Some to Moderate Progress**	**Substantial Progress**
Interpersonal Relationships	No attempts to address interpersonal conflicts with family members.	Minimal attempts to address interpersonal conflicts with family members.	Parent is actively addressing interpersonal conflicts with family members.
Skill Building	No participation in skill building training.	Parent has entered skill building training.	Parent consistently participates in skill building training.

S.T.A.R.S

Specialized Treatment and Recovery Services a program of Bridges, Inc.

STARS

Twice-Monthly Progress Report

Report Period	From:	To:
Client Name:		
Case Names:		
Petition #:		
Start Date:	Level:	File #:
Social Worker:	Work Code:	Phone:

Program Compliance:

Compliant	Incarcerated
Non-Compliant	Wherabouts Unknown
	Other

Alcohol/Drug Test Results	Treatment	STARS Contacts
Total Tests Requested	Program:	# Required
Negative Test	Outpatient	Face to Face
Positive Tests	Residential	Missed
Pending Tests	TX sessions req'd	Phone
Failures to Test (unable or refusal)	TX sessions attnd	
	Absences	12 Step/Support Groups
No Shows	Excused	Required
Excused Tests	Unexcused	Attended

Progress Notes/ Comments:

STARS Worker: **Phone:** **Date:**