



# Integrated Care for Drug Users assessment

Digest of Tools Used in the Assessment Process  
and Core Data Sets

Effective Interventions Unit

# Scottish Executive Effective Interventions Unit

## Remit

The Unit was set up in June 2000 to:

- Identify what is effective – and cost effective – practice in prevention, treatment, rehabilitation and availability and in addressing the needs of both the individual and the community.
- Disseminate effective practice based on sound evidence and evaluation to policy makers, DATs and practitioners.
- Support DATs and agencies to deliver effective practice by developing good practice guidelines, evaluation tools, criteria for funding, models of service; and by contributing to the implementation of effective practice through the DAT corporate planning cycle.

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# Effective Interventions Unit

## **INTEGRATED CARE FOR DRUG USERS: Digest of tools used in the assessment process and core data sets**

### **WHAT IS IN THIS DOCUMENT?**

- Definitions and principles of the assessment process
- Profiles of 40 tools used as part of the assessment process
- Definitions of Core Data Sets

### **WHAT IS THE AIM?**

To provide information and support for practitioners in the use of a range of tools as part of the assessment process and the care planning of people with drug problems.

### **WHO SHOULD USE IT?**

Anyone involved in the planning and delivery of care and treatment services for people with drug problems. Those involved in service design and evaluation may also find the information useful.

### **WHO WROTE THIS DOCUMENT?**

Andy Rome of the Effective Interventions Unit (EIU) conducted the mapping and literature review and compiled this report. Stella Papadeli and Karin O'Brien provided the administrative support.



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## What is assessment?

**The purpose of assessment is to identify the needs and aspirations of the individual in order to inform decisions about treatment, care and support.** It usually takes the form of one-to-one discussions between the staff member and the individual. If the assessment process is working effectively, the individual should be a full participant and understand and agree the goals of treatment, care and support.

As a result of the assessment process, the individual should understand the purpose of assessment and:

- ✓ know where he/she is going and why
- ✓ receive the 'right' services
- ✓ know how and when progress is being made

## Assessment Tools

Assessment tools are used in a range of sectors to aid the assessment process. They are instruments developed by practitioners or academic institutions that facilitate the collection of information in a **systematic** fashion. Outcomes of assessment can be measured, contrasted and compared in order to assist the practitioner and the client in identifying the nature and extent of problems and measure the 'distance travelled'.

Assessment tools are often used to **help guide and structure dialogue** between worker and client. When used in the assessment of drug users, they commonly collect information on an individual's:

- drug use
- risk behaviour
- health, social and economic circumstances

Service providers stated that they need assessment tools, which are **tried and tested, fit for purpose and designed to identify the main issues that need to be addressed, and to elicit all the information required to identify individual need** (EIU Consultation workshops). Practitioners working with individuals with drug misuse problems will need to be aware of the relative merits of each tool and be able to select tools that will assist them in their practice.

One of the main sources of evidence was a Study of Assessment Tools (Rome 2002) used across Scotland (see Appendix 2). The results of this research show that there is a demand for assessment tools but suggest that there is a wide variation in the use of assessment tools in drug services across Scotland. Significantly, tools are **often not used for their designated purpose**.

We made a commitment to produce a digest of tools used for assessment and provide information on the development of core data sets to support Single Shared Assessment. **The aim of the digest is to set out tools used for the 3 levels of assessment described in our Integrated Care document – simple, comprehensive and specialist assessment.**

## What does it cover?

The digest is made up of a broad range of instruments, relating to drug misuse but also addresses issues such as alcohol, pregnancy and mental health. It contains profiles of 40 tools which can be used as part of the assessment process. It also provides Core Data Sets in line with guidance from Joint Future Unit and measures each of the tools against this minimum requirement. It does not cover tools which are sometimes used as part of the assessment process in Scotland but were designed for data collection purposes, e.g. SMR24 monitoring form.

It is important to note that during the review process we identified several instruments which were primarily designed to support the screening and assessment of drug misuse in young people. These instruments will be included in a digest of assessment tools specifically for use with young people, to be published later in 2003. This follows the publication in January 2003 of 'Services for Young People with Problematic Drug Misuse: A Guide to Principles and Practice', a collaboration between the Effective Interventions Unit and Lloyds TSB Foundation for Scotland Partnership Drugs Initiative. [www.drugmisuse.isdscotland.org/eiu/pubs/eiu\\_038.htm](http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_038.htm)

## Joint Future: Single Shared Assessment

The Scottish Executive's Joint Future agenda is one of the key drivers for development of the assessment process for people with drug misuse problems. Joint Future aims to secure better outcomes for service users and their carers through improved partnership working between agencies (under joint resourcing and joint management). A key element of Joint Future is the establishment of locally agreed, **single shared assessment procedures** for all groups within the remit of community care. Single Shared Assessment creates a single point of entry to community care services and will lead to faster results, better use of resources and more effective outcomes for people in need. For more information see [www.scotland.gov.uk/health/jointfutureunit/](http://www.scotland.gov.uk/health/jointfutureunit/)

In November 2001, the Joint Future Unit issued guidance (CCD 8/2001) on single shared assessment. The guidance provided a **minimum standards checklist** in order to ensure that local single shared assessment tools meet a number of specific criteria. The guidance confirms that the minimum standards checklist for single shared assessment would apply to all care groups. The 'Next Steps' letter of 28 February 2003 states that a core data set is to be established for all community care groups, **including drugs and alcohol**, by April 2004.



## Levels of assessment

The EIU consultations emphasised the need for **different levels of assessment**. During the course of treatment, a referral to a specific service may lead to a more detailed assessment. In line with Joint Future guidance, **three levels of assessment** may be appropriate:

- **simple assessment (or screening)**
- **comprehensive assessment**
- **specialist (or in-depth) assessment**

It may be appropriate to capitalise on the opportunity of a first contact by conducting a **simple assessment (or screening)** to ensure an appropriate referral is made. This first level assessment could be described as the “gateway” into a process of care. It should be a helpful, non-threatening experience designed to encourage the individual to engage in a more in-depth exercise and ultimately promote the development of a therapeutic relationship. The data collected at this stage is likely to be relatively basic, probably socio-demographic information, perhaps cursory information about their drug use and its likely impact on the individual’s ability to access services. Simple assessment could allow access to low level services, e.g. harm reduction advice and information.

**Comprehensive assessment** may be used in health and social care settings when the individual has made a direct approach or has been referred by another agency. This assessment could cover more detailed information on drug use and other factors such as housing, employment, health and benefits. This assessment should allow some decisions about treatment, care and support to be made, or whether it is appropriate to refer an individual elsewhere.

**Specialist (in-depth) assessment** may be appropriate when a client has been referred to a specialist agency or has moved on from entry-level assessment. This assessment would cover in detail the nature and extent of drug use, physical and psychological health, personal and social skills, social and economic circumstances, previous treatment episodes and assets and attributes of the individual.

Where particular problem areas are identified, a **specific assessment** may be required to elicit detailed information about the nature and extent of the problem, e.g. identifying the onset, duration, intensity and frequency of symptoms or consequences of problem.

We hope that the digest will provide a useful source of information for practitioners who are engaged in assessment whether they are in drug treatment services or in other services where they have clients with drug problems. However, it is important to stress that the purpose of tools is to **aid the assessment process, not to replace it**.

We undertook a number of exercises to draw together this work on assessment tools:

### **Review of the research literature**

EIU conducted a review of the relevant research and policy literature on assessment tools in the drugs field. Key sources of health and social care research were searched including Medline, EMBase, PsychInfo, ASSIA, CINAHL, Social Sciences Information Gateway, Cochrane Library, Campbell Collaboration, Evidence Base 2000 and the NHS e-library.

### **Primary research studies**

Andy Rome from the EIU conducted a study of the use of assessment tools by drug services in Scotland. In addition to the review of the relevant research literature the study involved a semi-structured survey questionnaire to 192 drug services across Scotland. The purpose of the questionnaire was to map the current use of assessment tools across Scotland and to collect service providers' views on the purpose and application of the tools as well as providing information on the positive aspects of each tool and issues of concern.

### **Contact with authors and publishers**

Some data items could not be sourced from published literature. In these cases contact was made with the 'Source/Publisher', by e-mail or letter, outlining the nature of this document and requesting the specific items required.

On completion, the profile of each instrument was sent to the 'Source/Publisher' for their information. They were invited to contact the EIU if they wished to make any comment on, or addition to, the information contained in the profile.

## Definitions and explanation of terms used

Sections 2-5 of the digest provide information on the use and administration of the various tools. Here we explain the terms used to describe them.

Field	Explanatory notes
Acronym	Some tools are better known by the acronym than by the full title of the instrument, e.g. <b>CAGE, PLOT, MAP</b> .
Name of tool	Many of the instruments studied have been refined and updated. Where this has occurred we have profiled the most up-to-date version and named it accordingly, e.g. ASAM-PPC-2R (Second Edition Revised).
Related tools	This refers to where a new tool has been <b>adapted</b> from an existing one, e.g. EuropASI adapted from ASI, or where a tool has been developed to <b>complement</b> another, e.g. Treatment Services Review (TSR) focuses on 7 potential problem areas assessed by the ASI.
Description	This gives the reader a <b>brief outline</b> of the instrument; what it measures; how it measures, and details of sub-scales where these are available.
Primary use	Many instruments can be used for a variety of purposes. Often they are developed for purposes other than assessment, e.g. MAP, CISS. This field states the primary use for which the tool was developed.
Secondary use	It is often less obvious what the secondary purpose of an instrument is unless this has been validated through research. Usually this refers to the second-most-common use of the instrument. The profiles give an <b>indication</b> of what the secondary use might be.
Client groups	Indicates the client group(s) for which the instrument was designed and/or where its use with specific client groups has been the subject of research.
Guidelines/Manual	There is significant variation in the level of instruction required for the use of instruments. This field identifies, where possible, the nature and extent of guidance required.
Number of items	Many instruments are constructed of a number of different scales or 'domains'. Often within these are sub-scales made up of a number of questions. This field identifies, where possible, the number of single questions (items) or groups of questions (sub-scales) under specific topics (scales), ranging between CAGE (4 items) and CIDI (376 items in 14 sub-scales).
Time to complete	This provides an <b>indication</b> of the average time to complete all parts of the tool. This information is primarily taken from the published research, referenced at the end of each profile. Where this has not been available some profiles contain information based on the 'time to complete' suggested by users of the tool in Scotland.
Scoring	Sets out the method by which the responses to items in each of the sub-scales or scales are quantified. Scoring is used for either diagnostic purposes (BORRTI), or for providing baseline information for future comparison (MAP). Some instruments have associated computer software scoring programmes.

Field	Explanatory notes
Scoring time	This provides an <b>indication</b> of the average time to score all parts of the tool. This information is primarily taken from the published research referenced at the end of each profile. Where this has not been available, some profiles contain information based on the 'scoring time' suggested by users of the tool in Scotland.
Source/Publisher	Provides a further contact for each instrument. This may be the author or the publishing company. They can be contacted either for further information about the instrument or associated research article(s), or to discuss copyright and/or cost issues.
Photocopy/Copyright	Many instruments are developed by public institutions or under government research grants. These instruments are usually termed 'Public domain' and can be copied and used without specific permission. Others may require permission from the <b>Source/Publisher</b> .
Cost	This section provides indicative costs as these are likely to change over time. Often volume costs can be negotiated with the <b>Source/Publisher</b> .
Training requirements	These vary according to the nature and complexity of the instrument. Brief screening instruments tend to require little or no training whereas specialist and specific assessments usually require professional qualifications and/or training on how to administer the instrument and interpret the results.
Equipment requirements	Some instruments require response cards (DATAR, MAP) or are computer scored. The Rickter scale is the only non-paper based tool.
Primary source	This describes the main source of information and/or opinion about each instrument. Where possible web-links are provided for ease of access to primary sources although web addresses can change over time.
Secondary sources	Provides further reading options on each instrument.
Positive features and Concerns	These have been included where they have been available from the primary and secondary sources. These may be from websites such as the NIAAA or from validation studies. Some, more subjective comments from service providers using the instrument have been included, drawn from the 'Study of the Use of Assessment Tools by Drug Services in Scotland' (Rome 2002). These do not represent the views or opinions of the Effective Interventions Unit.
Clinical utility of instrument	This suggests the circumstances in which the instrument might best be applied.
Research applicability	This field indicates ways in which the instrument may be used to further research in specific topic areas.

## GUIDE TO CHOOSING ASSESSMENT TOOLS: FACTORS TO CONSIDER

It is envisaged that each service provider will call upon a range of tools to assist them in assessing the needs of different client groups. In choosing the best tool for the job a number of factors should be considered, these include:

- **Primary use:** Ensure that the stated use of the tool matches your requirements. Tools primarily designed for outcome evaluation tend to collect quantitative rather than qualitative information.
- Ensure that the tool has been validated for use with the **target client group**. Some tools have been found to be inappropriate for some client groups such as prisoners or clients with co-existing mental health problems (Rome 2002). Often tools are too broad in their scope to highlight particular issues synonymous with specific client groups.
- Available assessment instruments for substance users have been designed with different purposes in mind and vary widely in the **time frame** they capture. The assessor will need to be aware of the time frame covered by the instrument.
- Similarly assessors should be careful to select a measure sensitive to the **type of substance use** involved. Many tools have a focus on opiate injecting behaviour: the focus and nature of questions within the tool may have limited relevance to people using non-opiate drugs and who do not inject.
- Many tools provide a **composite measure or score** of the severity of substance use. This formula approach, multiplying **frequency of use** by **amount**, might indicate that, by comparison, using cocaine twice daily is less problematic than using a similar amount of opiate three times in a day. Assessors will need to be aware of the variance in scoring methods and how this affects the resulting care provision.
- Assessors should recognise that **short periods of abstinence** may be more significant for substances associated with steady use: for example, opiates or methadone than for those characterised by binge or episodic use, e.g. cocaine.
- The **time taken to complete** assessment tools ranged from three minutes to four hours for the tools examined in the assessment tool study (Rome 2002). Brief screening instruments tend to take less time to complete than comprehensive tools. On average, up to 45 minutes appeared to be a reasonable time to spend on a comprehensive assessment. Specialist or specific assessments, for mental state assessment or a social enquiry report may take longer.
- **Administration:** tools that require scoring and/or inputting from paper to computer database will provide additional administrative work for frontline workers or require dedicated administrative support. Frontline workers score 61% of commonly used tools. One third of all tools reported in the study are stored on computer databases (Rome 2002). The additional administrative requirements of each tool should be taken into consideration.
- **Training requirements:** Typically training of one day or less was required on the use of specific tools (Rome 2002). Service managers should ensure that initial training and updates are available to all staff who would use these tools. Training should include issues regarding the assessment process and specific guidance on the use of selected tools.
- **Developers of new instruments must consider carefully their usefulness across a number of potential substance use disorders and settings. Before embarking on the development of a new assessment instrument for substance use,** careful consideration should be given to evaluating whether an appropriate one does not already exist and could be used with no or minor modification for the task in hand.

## WHAT IS IN THIS DOCUMENT?

**Section 2** sets out the tools used for **simple assessment** or **screening**. It is envisaged that these instruments can be completed and scored relatively quickly. They are either self-reporting or require no, or minimal, training by the assessor.

**Section 3** provides information on a range of tools that can be used as part of a **comprehensive assessment** in a range of health and social care settings such as in primary care teams, social work community care (children and families and criminal justice) teams and community mental health teams. These tools would normally take up to 45 minutes to complete and provide a global indication of an individual's needs. The use of these instruments would normally require the assessor to demonstrate an intermediate level of training and expertise in their application and interpretation.

**Section 4** consists of nine tools which may be of use when a client has been referred to a specialist drug service, or has moved on from entry-level assessment. This **specialist assessment** would cover in detail the nature and extent of drug use, physical and psychological health, personal and social skills, social and economic circumstances, previous treatment episodes and assets and attributes of the individual.

**Section 5** contains profiles of 15 tools that can be used for a **specific assessment**, where particular problem areas are identified that require detailed information about the nature and extent of the problem, e.g. identifying the onset, duration, intensity and frequency of symptoms or consequences of the problem. These tools address issues such as alcohol misuse, pregnancy, mental health and readiness to change.

Specialist and specific assessments usually require professional qualifications and/or training on how to administer the instrument and interpret the results.

**Section 6** discusses the **core data sets** which were developed in collaboration with the Joint Future Unit. These data sets should be used as a basis for the development of single shared assessment protocols and documentation for people with drug problems.

**Appendices** at the end of the document provide additional supporting information.

## How do I use this document?

This document is designed as a '**reference document**'. By this we mean you should be able to pick up and use the document easily. Navigation tabs at the start of each section are designed to assist the reader in finding the relevant text or profile required.

## REMEMBER HARRY?

Harry was introduced in '**Integrated Care for Drug Users – Principles and Practice**' to illustrate how the design and delivery of integrated drug services might benefit the individual. Harry appears throughout this document to maintain the person-centred focus on the assessment process, determining the way in which an individual's care is planned and delivered.



## A HEALTH WARNING ON THE USE OF THIS DIGEST!

### We must make it clear that:

- The list is not, and could never be, comprehensive
- The tools included are not recommended 'best buys'
- There may be other tools as good or better than those listed
- Prices and contacts change, new tools are produced: this is only a snapshot
- It is the reader's responsibility to ensure that any tools used are fit for the purpose.

## FURTHER RESOURCES

During the course of this investigation we came across a number of sources of information which may be of further interest.

National institute on Alcohol Abuse and Alcoholism

[www.niaaa.nih.gov/publications/instable-text.htm](http://www.niaaa.nih.gov/publications/instable-text.htm)

Christo Research Systems

[www.users.breathemail.net/drgeorgechristo/](http://www.users.breathemail.net/drgeorgechristo/)

Evince Clinical Assessments

[www.evinceassessment.com/](http://www.evinceassessment.com/)

SAMHSA's National Clearinghouse for Alcohol & Drug Information

[www.health.org/dbases/Search.aspx?db=1&opt=all](http://www.health.org/dbases/Search.aspx?db=1&opt=all)

The National GAINS Centre for people with co-occurring disorders in the Justice System.

[www.gainsctr.com/](http://www.gainsctr.com/)

## ACKNOWLEDGEMENTS

- The format of this document is based on the digest of assessment tools produced by the Beattie Committee, "Identifying Young People's Learning and Support Needs: A digest of assessment tools" (Scottish Executive 1999).
- We are grateful to all the authors and publishers of the instruments profiled in this document who assisted in the gathering of the information required.

**AUDIT**

<b>Acronym</b>	<b>AUDIT</b>	
<b>Name of tool</b>	The Alcohol Use Disorder Identification Test	
<b>Related tools</b>	None	
<b>Description</b>	<p>The AUDIT was developed by the World Health Organisation as a questionnaire to identify persons whose alcohol consumption has become hazardous or harmful to their health.</p> <p>Populations appropriate for a screening program using AUDIT include primary care, emergency room, surgery, and psychiatric patients; CJS offenders, criminals in court, jail, and prison; enlisted men in the Armed Forces; and workers encountered in employee assistance programs and industrial settings.</p>	
<b>Primary use</b>	screening	<b>Secondary use</b> audit
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	A detailed user's manual is available.	
<b>Number of items</b>	10 items in 3 sub-scales	
<b>Time to complete</b>	2 minutes	
<b>Scoring</b>	Scored by hand. No computerised scoring or interpretation available. An easy-to-use brochure has been designed to guide the interviewer and to assist with scoring and interpretation.	
<b>Scoring time</b>	1 minute	
<b>Source/Publisher</b>	Department of Mental Health and Substance Dependence World Health Organization 1211 Geneva, Switzerland or Thomas F. Babor Alcohol Research Center University of Connecticut Farmington, CT 06030-1410 USA.	
<b>Photocopy/copyright</b>	Copyrighted	
<b>Cost</b>	Test and manual are free; training from Alcohol Research Center. Module costs \$75	
<b>Training requirements</b>	Explanation of proper administration procedures, scoring, interpretation and clinical management.	
<b>Equipment requirements</b>	None	



# AUDIT

## Primary source

[www.WHO.int/substance\\_abuse/pubs\\_alcohol.htm](http://www.WHO.int/substance_abuse/pubs_alcohol.htm)

## Secondary sources

Babor, T.F.; de la Fuente, J.R.; Saunders, J.; and Grant, M. AUDIT. The Alcohol Use Disorders Identification Test. Guidelines for use in primary health care. Geneva, Switzerland: World Health Organization, 1992.

Saunders, J.B.; Aasland, O.G.; Babor, T.F.; de la Puente, J.R.; and Grant, M. Development of the Alcohol Use Disorders Screening Test (AUDIT). WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction* 88:791-804, 1993.

McRee, B.; Babor, T.F.; and Church, O. Instructor's Manual for Alcohol Screening and Brief Intervention. Project NEADA. The University of Connecticut, School of Nursing, 1991.

Fleming, M.F.; Barry, K.L.; and MacDonald, R. The Alcohol Use Disorders Identification Test (AUDIT) in a college sample. *Int J Addict* 26(11):1173-1185, 1991.

Claussen, B., and Aasland, O.G. The Alcohol Use Disorders Identification Test (AUDIT) in a routine health examination of long-term unemployed. *Addiction* 88:363-368, 1993.

[www.stir.ac.uk/Departments/HumanSciences/AppSocSci/DRUGS/library.htm#rplan](http://www.stir.ac.uk/Departments/HumanSciences/AppSocSci/DRUGS/library.htm#rplan)

## Positive Features

The AUDIT is quite brief to administer.

The instrument focuses on current substance abuse problems.

A decision process has been developed to link results from the AUDIT with brief interventions or referral to more intensive treatment.

The AUDIT has high sensitivity in detecting substance abuse problems (99% for the Core and 82% for the clinical component).

## Concerns

The AUDIT does not examine substance abuse problems occurring prior to the last year.

The instrument has only moderate specificity (74% for the Core and 40% for the Clinical component).

## Clinical Utility of Instrument

The AUDIT screening procedure is linked to a decision process that includes brief intervention with heavy drinkers or referral to specialised treatment for patients who show evidence of more serious alcohol involvement. Another feature of the AUDIT is the optional Clinical Screening Procedure. This consists of two questions about traumatic injury, five items on clinical examination, and a blood test, the serum GGT. The Clinical Screening Procedure does not refer directly to problems with alcohol and may be particularly relevant for defensive patients in situations where alcohol-specific questions cannot be asked with confidence.

## Research Applicability

AUDIT is currently being used in a variety of research projects and epidemiological studies. Research guidelines incorporated into the AUDIT manual suggest further research using this instrument.

# CAGE

<b>Acronym</b>	<b>CAGE</b>
<b>Name of tool</b>	CAGE
<b>Related tools</b>	CAGEAID
<b>Description</b>	The CAGE is a brief 4-item screen for alcohol use. The four questions make up the acronym CAGE. The CAGEAID (Adapted to Include Drugs) has been developed for screening drug use disorders.
<b>Primary use</b>	screening
<b>Secondary use</b>	research

**Client Groups:**

All	<input type="checkbox"/>	Adolescents	<input checked="" type="checkbox"/>	Minority Ethnic Groups	<input checked="" type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	Inpatients of general medical hospitals, Clients with schizophrenia			

**Administrative Issues:**

<b>Guidelines/Manual</b>	Pencil and paper or computer self-administered or interview. Administered by professional or technician
<b>Number of items</b>	4 items
<b>Time to complete</b>	1 minute
<b>Scoring</b>	Scored by tester No computerized scoring or interpretation available Norms are available
<b>Scoring time</b>	Instantaneous
<b>Source/Publisher</b>	American Journal of Psychiatry © 1974, the American Psychiatric Association. Contact: Shevona Hicks, American Psychiatric Publishing, inc., 1400 K Street, NW, Washington, DC 20005, USA Phone: (001) 202-682-6250 Fax: (001) 202-682-6347
<b>Photocopy/copyright</b>	No copyright. Reprinted by permission.
<b>Cost</b>	None
<b>Training requirements</b>	No training required for administration
<b>Equipment requirements</b>	No equipment required

# CAGE

## Primary source

[www.niaaa.nih.gov/publications/cage-text.htm](http://www.niaaa.nih.gov/publications/cage-text.htm)

## Secondary sources

Saitz Richard, Alcohol Abuse and Dependence in Latinos Living in the United States, Archives of Internal Medicine, Vol.159 No 7, 12 April 1999

Brown R.L., Leonard T., Saunders L.A., Papasouliotis O., The prevalence and detection of substance use disorders among inpatients ages 18 to 49: An opportunity for prevention, Prev Med:1998, 27(1), p.101-110.

Mayfield, D.; McLeod, G.; and Hall, P. The CAGE questionnaire: Validation of a new alcoholism instrument. Am J Psychiatry 131:1121-1123, 1974.

Buchsbaum, D.G.; Buchanan, R.G.; Centor, R.M.; et al. Screening for alcohol abuse using CAGE scores and likelihood ratios. Ann Intern Med 115(10):774-777,1991.

Girela, E.; Villanueva, E.; et al. Comparison of the cage questionnaire versus some biochemical markers in the diagnosis of alcoholism. Alcohol Alcoholism Int J Med Council Alcoholism 29(3):337-343, 1994.

McIntosh, M.C.; Leigh, G.; and Baldwin, N. Screening for hazardous drinking: Using the CAGE and measures of alcohol consumption in family practice. Canadian Family Physician, 40:1546-1553, 1994.

Chan, A.W.K.; Pristach, E.A.; and Welte, J. Detection by the CAGE of alcoholism or heavy drinking in primary care outpatients and the general population. J Subst Abuse 6(2):123-135, 1994.

## Positive Features

The CAGE does not require specific training to administer.

The CAGE is quite brief to administer.

## Concerns

The CAGE does not examine patterns (e.g. quantity, frequency) of recent or past substance use.

The CAGE examines a narrow range of diagnostic symptoms related to alcohol abuse and dependence.

The CAGE has not been validated for use in criminal justice settings.

The CAGE is more accurate in classifying males than females (McHugo, Paskus & Drake, 1974).

## Clinical Utility of Instrument

Usually used in a general medical population being examined in a primary care setting.

## Research Applicability

Much less potential for most research uses than for clinical.

## SDS

Acronym	<b>SDS</b>
Name of tool	Severity of Dependence Scale
Related tools	None
Description	The SDS was devised to provide a short, easily administered scale which can be used to measure the degree of psychological dependence experienced by users of different types of illicit drugs. The SDS contains five items, all of which are explicitly concerned with psychological components of dependence. These are specifically concerned with the individual's feelings of impaired control over their own drug taking and with their preoccupation and anxieties about drug taking.
Primary use	research
	<b>Secondary use</b> screening
<b>Client Groups:</b>	
All	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>
Prisoners	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>
	regular benzodiazepine users
	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
	<b>Women</b> <input type="checkbox"/>
<b>Administrative Issues:</b>	
Guidelines/Manual	None
Number of items	5 items
Time to complete	Less than one minute
Scoring	Each of the items is scored on a four point scale. The greater the score, the higher the degree of psychological dependence.
Scoring time	Immediate
Source/Publisher	Dr Michael Gossop Transitions Study National Addiction Centre Maudsley Hospital/Institute of Psychiatry 4 Windsor Walk London SE5 8AF Tel. 0171 919 3830
Photocopy/ copyright	SDS is a public domain research instrument and can be used free of charge for non-profit applications. Copies of the questionnaire and the scoring instrument are available from the <b>Source/Publisher</b> .
Cost	None
Training requirements	None
Equipment requirements	None

# SDS

## Primary source

Gossop Michael, Darke S., etc., The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users, *Addiction* 1995, 90, p.607-617

## Secondary sources

De Las Cuevas C., Sanz E.J., De La Fuente J.A., Padilla J., Berenguer J.C., The severity of Dependence Dcale (SDS) as screening test for benzodiazepine dependence: SDS validation study, *Addiction*: 2000, 95 (2), p245-250

Ferri, C., Marsden, J., De Araujo, M., Laranjeira R., Gossop, M. (2000) Validity and reliability of the Severity of Dependence Scale (SDS) in a Brazilian sample of drug users. *Drug and Alcohol Review*, 19(4), p451-455.

## Positive Features

Easy to understand

Quick to complete

## Concerns

Does not include items to measure tolerance, withdrawal or reinstatement.

## Clinical Utility of Instrument

The SDS may be regarded as a useful addition to existing measures of dependence. It is especially useful in that the same items can readily be adapted to measure dependence upon several different types of illicit drugs.

## Research Applicability

The SDS is a short, easily administered instrument which can be used to measure the degree of dependence experienced by users of different types of illicit drugs. The SDS is not, at this stage being recommended as a clinical screening instrument. Further work is required to determine if the SDS will also be of use in clinical settings (Gossop et al 1995).

## PLOT

<b>Acronym</b>	<b>PLOT</b>
<b>Name of tool</b>	Personal Lifestyle Outcome Trace
<b>Related tools</b>	None
<b>Description</b>	The PLOT is a five-minute outcomes tool for assessment of behavioural dysfunction in drug users. It is a self-contained, 'self-marking' tool that describes the status of a user at any stage in treatment. It can be used as part of an assessment and can be used for outcome measurement and review.
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Notes for completion of PLOT provided on instrument.
<b>Number of items</b>	13 items
<b>Time to complete</b>	3-5 minutes
<b>Scoring</b>	Simple scoring system, put a ring around the most appropriate of 4 possible answers to each of the 13 items
<b>Scoring time</b>	immediate
<b>Source/Publisher</b>	AJ Ashworth MRCGP Community Alcohol & Drug Service Forth Valley Primary Bannockburn Hospital Bannockburn, FK7 8SD
<b>Photocopy/ copyright</b>	Copyright Dr. A J Ashworth. May be copied and used unchanged
<b>Cost</b>	No price for use, register with author
<b>Training requirements</b>	Minimal training for health professionals
<b>Equipment requirements</b>	None

# PLOT

## Primary source

Ashworth, A., Validation of the Personal Lifestyle Outcome Trace (PLOT), a new behavioural outcomes scale, in drug misusers.

## Secondary sources

Rome, A. The Use of Assessment Tools by Drug Services in Scotland: Study of the Nature and Extent of Application (2002).

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services.

## Positive Features

Quick to complete

Good evaluation data

Tick boxes make information easy to record

Can be used for all clients

Supports fuller assessment of clients needs

Records information in a consistent manner which can be shared with other agencies

## Concerns

Format of data collection does not easily lend itself to audit or evaluation.

## Clinical Utility of Instrument

Because it takes only 5 minutes to complete a PLOT assessment, the measure is of particular value in settings where the treatment of drug users is not the major focus of the organisation or service, for example in General Practice, Gastroenterology, Maternity Services, Social Work and Criminal Justice Services. Because the measure is straightforward to use it may be of value for use by charity organisations where it may be difficult to train staff in the application of a more complex tool.

## Research Applicability

A three component research study was designed to examine the PLOT's validity, reliability and ability to measure change over time. Firstly PLOT was tested against the ASI and OTI and showed highly significant correlation with both. Secondly, the PLOT was shown to be highly reliable between users. Thirdly, a longitudinal study with 35 subjects showed change in most domains over time.

# SASSI

<b>Acronym</b>	<b>SASSI</b>	
<b>Name of tool</b>	Substance Abuse Subtle Screening Inventory	
<b>Related tools</b>	SASSI-3 (3rd adult version)	
<b>Description</b>	SASSI has objective decision rules to classify individuals as chemically dependent (CD) or non-chemically dependent (non-CD).	
<b>Primary use</b>	screening	<b>Secondary use</b> treatment, planning

**Client Groups:**

All	<input type="checkbox"/>	Adolescents	<input checked="" type="checkbox"/>	Minority Ethnic Groups	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input checked="" type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**Administrative Issues:**

<b>Guidelines/Manual</b>	Pencil and paper or computer self-administered
<b>Number of items</b>	78 items
<b>Time to complete</b>	10-15 minutes
<b>Scoring</b>	Scored by administrator Computerized scoring or interpretation available
<b>Scoring time</b>	1 minute
<b>Source/Publisher</b>	The SASSI Institute P.O. Box 5069 Bloomington, IN 47407-5069, USA
<b>Photocopy/ copyright</b>	© May 1985 by Glenn Miller.
<b>Cost</b>	Starter kit for adolescent or adult versions \$75. Combined kit for \$110.
<b>Training requirements</b>	No training required for administration
<b>Equipment requirements</b>	None



# SASSI

## Primary source

[www.niaaa.nih.gov/publications/SASSI-text.htm](http://www.niaaa.nih.gov/publications/SASSI-text.htm)

## Secondary sources

Lazowski L.E., Miller F.G., Boye M.W., Miller G.A., Efficacy of the Substance Abuse Subtle Screening Inventory-3 (SASSI-3) in identifying substance dependence disorders in clinical settings, *J Pres Assess* 1998 Aug;71(1), p.114-128.

Miller, G.A. *Me Substance Abuse Subtle Screening Inventory (SASSI): Manual*. Bloomington, IN: Spencer Evening World, 1985.

Cooper, S.E., and Robinson, D.A.G. Use of the Substance Abuse Subtle Screening Inventory with a college population. *J Am Coll Health Assoc* 36:180-184.

Creager, C. SASSI test breaks through denial. *Prof Couns Jul/Aug:65*, 1989.

Karacostas, D.D., and Fisher, G.L. Chemical dependency in students with and without learning disabilities. *J Learn Disabil* 26(7):491-495, 1993.

DiNitto, D.M., and Schwab, A.J. Screening for undetected substance abuse among vocational rehabilitation clients. *Am Rehab* 19(1):12-20, 1993.

## Positive Features

The SASSI's resistance to efforts at faking may well be its most important attribute. It is especially effective in identifying early stage CD individuals who are either in denial or deliberately trying to conceal their chemical dependency pattern. In addition to its validity as a screening tool in classifying individuals as CD or non-CD, the configuration of the eight sub-scales also adds clinical insights into the client's defensiveness and other characteristics.

## Clinical Utility of Instrument

In addition to the SASSI's effectiveness in detection of early stage CD clients who might not otherwise be identified due to their high levels of denial and defensiveness, the current decision rules and sub-scale configurations have shown some utility in measuring client response to treatment and likelihood of relapse. In addition, revised decision rules for offenders are presently under development that will indicate the appropriate level of treatment intervention based on SASSI sub-scale scores combined with external criteria such as blood alcohol level and number of prior arrests.

## Research Applicability

The SASSI's brevity, ease of administration and scoring, and availability of computer format for data storage and analysis make the instrument highly useful for research applications.

## DAST-20

<b>Acronym</b>	<b>DAST-20</b>	
<b>Name of tool</b>	DAST-20	
<b>Related tools</b>	DAST, MAST	
<b>Description</b>	DAST-20 is a shortened version of the original DAST (Skinner, 1982). It is a self-report inventory measuring the severity of drug abuse.	
<b>Primary use</b>	screening	<b>Secondary use</b> audit
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	None	
<b>Number of items</b>	20 items	
<b>Time to complete</b>	5-10 minutes	
<b>Scoring</b>	Summing up the score values according to test directions (all Yes responses earn 1 point except items 4 and 5 where the no response earns 1 point). The general clinical cutoff score is 6 points.	
<b>Scoring time</b>	Immediate	
<b>Source/Publisher</b>	Centre for Addiction and Mental Health 33 Russell Street Toronto Ontario Canada M5S 2S1	
<b>Photocopy/copyright</b>	Copyrighted	
<b>Cost</b>	Package of 100:\$12.95 marketing@camh.net	
<b>Training requirements</b>	None	
<b>Equipment requirements</b>	None	

## DAST-20

### Primary source

[www.camh.net](http://www.camh.net)

Kush F.R., Sowers W., Acute dually diagnosed inpatients: The use of self-report symptom severity instruments in persons with depressive disorders and cocaine dependence, *J Subst Abuse Treat*:1997, 14(1), p.61-66.

### Secondary sources

French MT, Roebuck MC, McGeary KA, Chitwood DD, McCoy CB., Using the drug abuse screening test (DAST-10) to analyze health services utilization and cost for substance users in a community-based setting., *Subst Use Misuse* 2001 May-Jun;36(6-7):927-46.

Maisto SA, Carey MP, Carey KB, Gordon CM, Gleason JR., Use of the AUDIT and the DAST-10 to identify alcohol and drug use disorders among adults with a severe and persistent mental illness., *Psychol Assess* 2000 Jun;12(2):186-92.

Martino S, Grilo CM, Fehon DC., Development of the drug abuse screening test for adolescents (DAST-A)., *Addict Behav* 2000 Jan-Feb;25(1):57-70.

Saltstone R, Halliwell S, Hayslip MA., A multivariate evaluation of the Michigan Alcoholism Screening Test and the Drug Abuse Screening Test in a female offender population., *Addict Behav* 1994 Sep-Oct;19(5):455-62.

Staley D, el-Guebaly N., Psychometric properties of the Drug Abuse Screening Test in a psychiatric patient population., *Addict Behav* 1990;15(3):257-64.

### Positive Features

The DAST has been found to perform adequately in community settings (Staley & El Guebaly, 1990). The instrument is brief to administer, and is easily scored.

The DAST is widely used in clinical settings.

### Concerns

The DAST was not found to be one of the most effective screening instruments in identifying substance 'dependent' inmates in a recent study (Peters & Greenbaum, 1996).

The validity of the DAST has not been examined among individuals with co-occurring disorders. The DAST does not examine patterns (e.g. quantity, frequency) of recent or past substance use.

The DAST is limited to screening for drug problems.

The DAST is a commercial product, although the cost is quite modest.

### Clinical Utility of Instrument

To screen for drug misuse with a variety of populations.

### Research Applicability

Useful in assessing extent of lifetime drug-related consequences.

## PEI

<b>Acronym</b>	<b>PEI</b>
<b>Name of tool</b>	Personal Experience Inventory
<b>Related tools</b>	PEI for Adults
<b>Description</b>	This self-report inventory documents the onset, nature, degree, and duration of chemical involvement in 12- to 18-year-olds. It identifies personal risk factors that may precipitate or sustain substance abuse. In addition, five problem screens alert you to the possibility of family chemical dependency, sexual abuse, physical abuse, eating disorder, suicide potential, and need for psychiatric referral.
<b>Primary use</b>	screening
	<b>Secondary use</b> treatment evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input checked="" type="checkbox"/>
Adults <input type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Pencil and paper or computer self-administered. Manual required.
<b>Number of items</b>	66 items, 5 scales
<b>Time to complete</b>	45 minutes
<b>Scoring</b>	Scored by computer disk, mail-in answer sheet
<b>Scoring time</b>	Immediate
<b>Source/Publisher</b>	Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025-1251 USA
<b>Photocopy/ copyright</b>	Copyright 1988 The Saint Paul Foundation. Copying by permission of the publisher, Western Psychological Services.
<b>Cost</b>	\$135.00 per test kit (including manual and cost of computer scoring and interpretation for 5 administrations.) Cost of computerised scoring: Disk (25 uses) is \$285.00. Mail-in Answer Booklet is \$18.50.
<b>Training requirements</b>	Minimal training is required for administration.
<b>Equipment requirements</b>	Computer – administered version will require an IBM compatible computer. Specification available from <b>Source/Publisher</b> .

# PEI

## Primary source

[www.niaaa.nih.gov/publications/pei-text.htm](http://www.niaaa.nih.gov/publications/pei-text.htm)

## Secondary sources

Winters K.C., A new multiscale measure of adult substance abuse, *J Subst Abuse Treat*:1999, 16(3), p.237-246.

Stinchfield R., Winters K.C., Measuring change in adolescent drug misuse with the Personal Experience Inventory, *Substance Use & Misuse*, 32(1), 63-76, 1997.

Winters, K.C., and Henly, G.A. *Personal Experience Inventory (PEI) Test and Manual* Los Angeles, CA: Western Psychological Services, 1989.

Henly G.A., and Winters, K.C. Development of psychosocial scales for the assessment of adolescents involved with alcohol and drugs. *Int J. Addict* 24:973-1001, 1989.

Dahmus, S.; Bernardin, H.J.; and Bernardin, K. Personal experience inventory. *Measure Eval Couns Dev* 25(2):91-94, 1992.

Winters K.C.; Stinchfield, R.D.; and Henly, G.A. Further validation of new scales measuring adolescent alcohol and other drug abuse. *J Stud Alcohol* 54(5):534-541, 1993.

Kennedy, B.P., and Minami, M. Beech Hill Hospital/Outward Bound adolescent chemical dependency treatment program. *J Substance Abuse Treat* 10(4):395-406, 1993.

## Positive Features

Self-reporting.

Broad screening instrument.

## Concerns

Very expensive.

## Clinical Utility of Instrument

The PEI simplifies identification, referral and treatment. It is widely used in substance abuse treatment programs, student assistance programs, juvenile rehabilitation centers, and private practice. The PEI makes it easier to evaluate the many adolescents who are entering the health care system at younger ages with more poorly defined problems. It permits more specialised treatment and it helps document the need for treatment.

## Research Applicability

The PEI is useful in any study assessing adolescent chemical dependency and psychosocial risk.

# RICKTER

<b>Acronym</b>	<b>RICKTER</b>
<b>Name of tool</b>	Rickter Scale
<b>Related tools</b>	None
<b>Description</b>	<p>The Rickter scale is a non-paper based tool (a colourful plastic board) that allows clients to explore their circumstances, identify priority areas for support and interventions. This tool is different from others previously described because the client (with the support of a worker) completes it, so it is a form of self-assessment. The structure allows clients to explore possibilities, set goals and contribute to their own action plans. Evaluation of the Rickter scale suggests that it positively encourages interaction between the client and the worker.</p> <p>A bank of questions is available, including personal social development, key skills, drug and alcohol use, preparation for work and community safety.</p>
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input checked="" type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
	No paper-based assessment so suitable for disaffected or low ability level clients.
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Boards can be specifically manufactured to agreed specification, supplemented by recording documentation and computer software.
<b>Number of items</b>	Variable
<b>Time to complete</b>	Approximately 40 minutes
<b>Scoring</b>	A colourful plastic board with a framework of sliders, which can be positioned on a scale from 0 to 10.
<b>Scoring time</b>	Approximately 13 minutes
<b>Source/Publisher</b>	The Rickter Company Unit 4, Block 3 Research Avenue South Heriot Watt University Edinburgh EH14 4AP Tel: 0131 401 5777
<b>Photocopy/copyright</b>	Copyright on board and materials but reusable once purchased
<b>Cost</b>	£85.00 per board + VAT
<b>Training requirements</b>	Training is recommended by publishers
<b>Equipment requirements</b>	The Rickter scale is a 'Tray-size' plastic board

# RICKTER

## Primary source

Identifying young people's learning and support needs: a digest of assessment tools (Scottish Executive 1999).

## Secondary sources

Rome, A. The Use of Assessment Tools by Drug Services in Scotland: Study of the Nature and Extent of Application (2002).

## Positive Features

Allows individuals to assess their present situation and to assess the progress they feel they have made.

Allows advisers to observe and support the process of self assessment and to assist the assessment of need through client discussion.

Good evaluation data.

Can be used for all clients.

Supports fuller assessment of clients needs.

Records the client's views/opinions.

## Concerns

Can look like a toy. Some clients feel insulted.

Only records clients views on day of use.

## Clinical Utility of Instrument

For use by advice and guidance workers with individuals and organisations to engage clients in a form of self-assessment. A device for measuring progress over time.

## Research Applicability

Rickter has not been formally validated. However, Scottish Enterprise has commissioned a research consultant to examine the utility of the Rickter within the New Futures Fund Initiative. Further, there are plans to undertake a validation study of Rickter in the future.

# CSSA

<b>Acronym</b>	<b>CSSA</b>
<b>Name of tool</b>	Cocaine Selective Severity Assessment
<b>Related tools</b>	None
<b>Description</b>	The CSSA is a clinician-administered instrument that measures early cocaine abstinence signs and symptoms.
<b>Primary use</b>	screening
<b>Secondary use</b>	research

**Client Groups:**

All	<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Minority Ethnic Groups	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**Administrative Issues:**

<b>Guidelines/Manual</b>	Instructions for completion on the instrument.
<b>Number of items</b>	18 items
<b>Time to complete</b>	10 minutes
<b>Scoring</b>	18 items are scored 0-7 according to instructions on the CSSA. Heart rate is determined by radial pulse measurement.
<b>Scoring time</b>	1-2 minutes
<b>Source/Publisher</b>	Kyle M Kampman, MD The University of Pennsylvania Treatment Research Centre 3900 Chestnut Street Philadelphia, PA 19104 USA
<b>Photocopy/copyright</b>	Contact author: <a href="mailto:kampman@research.trc.upenn.edu">kampman@research.trc.upenn.edu</a>
<b>Cost</b>	Contact author
<b>Training requirements</b>	Requires little training to complete
<b>Equipment requirements</b>	None



## CSSA

### Primary source

Kampman K.M., Volpicelli J.R., McGinnis D.E. etc., Reliability and validity of the cocaine selective severity assessment, *Addict Behav.*1998, 23(4), p.449-461.

### Positive Features

Positive features of the CSSA include ease of administration, brevity and high predictive validity.

### Concerns

Predictive validity declines in substance users with severe Axis I pathology such as schizophrenia and bipolar disorder.

### Clinical Utility of Instrument

The CSSA appears to be a reliable and valid measure of cocaine abstinence symptoms and a useful predictor of negative outcomes in cocaine dependence treatment.

### Research Applicability

The CSSA also could be used to evaluate the efficacy of medications intended to treat cocaine abstinence symptoms. The authors state that they are aware of no other instrument that measure cocaine abstinence symptoms that has demonstrated predictive validity in outpatient cocaine-dependence treatment.

# CISS

<b>Acronym</b>	<b>CISS</b>
<b>Name of tool</b>	Christo Inventory for substance-misuse services
<b>Related tools</b>	Christo Inventory of Drugs
<b>Description</b>	The CISS is a simple, validated, 10-item questionnaire producing a single score of 0 to 20 which is a general index of client problems. It has been used with both drug and alcohol services. CISS was developed to find out workers' impressions of their clients in a quick, standardised and reliable way and outcome areas are scored on a three point scale of problem severity (0 = none, 1 = moderate, 2 = severe).
<b>Primary use</b>	Outcome monitoring
	<b>Secondary use</b> Measures client-support interaction

**Client Groups:**

All	<input checked="" type="checkbox"/>	Adolescents	<input type="checkbox"/>	Minority Ethnic Groups	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input checked="" type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**Administrative Issues:**

<b>Guidelines/Manual</b>	Guidelines are printed on form
<b>Number of items</b>	10 items
<b>Time to complete</b>	3-5 minutes
<b>Scoring</b>	Notes on interpreting CISS total scores are printed on form. Results categorised as low/average/high problem severity.
<b>Scoring time</b>	Less than one minute
<b>Source/Publisher</b>	Dr George Christo Royal Free Drug Service Royal Free NHS Trust 457 Finchley Road LONDON NW3 6HN
<b>Photocopy/copyright</b>	Copyright 1998 George Christo PhD, PsychD.
<b>Cost</b>	free
<b>Training requirements</b>	Fifteen minute briefing on scoring procedures
<b>Equipment requirements</b>	None

### Primary source

Christo G., Spurrell S., Alcorn R., Validation of the Christo Inventory for substance-misuse services (CISS): A simple outcome evaluation tool, *Drug Alc Dependence*:2000, 59(2000), p.189-197.

Christo G., Keep it simple, *Drug and Alc Findings*: 1999, 1, p.1.

Christo G., New Assessments at the Royal Free Drug Service, 11 Mar., 2000, p.1-12.

Rome, A. The Use of Assessment Tools by Drug Services in Scotland: Study of the Nature and Extent of Application (2002).

### Positive Features

Quick to complete

Good evaluation data

Tick boxes make information easy to record

Can be used for all clients

Supports fuller assessment of clients needs

Records information in a consistent manner which can be shared with other agencies

### Concerns

Too simplified

Does not record the clients views/opinions

### Clinical Utility of Instrument

It can be used to monitor client problems at intake and at structured follow-up points. As with the MAP, CISS can be used to establish changes over time. For example, the CISS collects information on HIV risk behaviour that can be compared between first assessment and follow-up assessments, both for individuals and for the population of service users as a whole.

### Research Applicability

Dr Christo states that other tools, e.g. MAP, ASI, are better tools for detailed research but CISS is used due to its simplicity, which is its strength and its weakness.

## MAP

<b>Acronym</b>	<b>MAP</b>
<b>Name of tool</b>	Maudsley Addiction Profile
<b>Related tools</b>	None
<b>Description</b>	<p>The MAP is a brief, multi-dimensional tool designed for assessing treatment outcome. It was developed at the National Addiction Centre in London. The MAP was developed from the interview instrument used in the National Treatment Outcome Research Study (NTORS). It covers four main areas: substance use, health risk behaviour, physical and psychological health, and personal/social functioning. It was developed for the 5-year NTORS study in England/Wales – designed as a core research instrument to be used by treatment services wishing to undertake outcome studies.</p> <p>Further information, instrument and manual available at:  <a href="http://www.ntors.org.uk/instrument.htm">www.ntors.org.uk/instrument.htm</a></p>
<b>Primary use</b>	research
	<b>Secondary use</b> assessment
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input checked="" type="checkbox"/>
	Women <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Guidelines/manual: Interviewer administered. No special administration requirements, but see publications for description.
<b>Number of items</b>	60 items in 4 domains
<b>Time to complete</b>	12 minutes
<b>Scoring</b>	The MAP employs a simple scoring system in each of the four domains incorporating continuous measures or Likert-type severity of symptom/condition.
<b>Scoring time</b>	5 – 15 minutes
<b>Source/Publisher</b>	John Marsden, PhD Senior Research Psychologist National Addiction Centre Maudsley Hospital/Institute of Psychiatry 4 Windsor Walk London SE5 8AF Tel: 0171 919 3830
<b>Photocopy/copyright</b>	The MAP is a public domain instrument and can be used free of charge. Copies of the instrument can be found in the user manual.
<b>Cost</b>	None
<b>Training requirements</b>	No training required
<b>Equipment requirements</b>	3 Response cards

# MAP

## Primary source

Marsden J, Gossop M, Stewart D, Best D, Farrell M, Lehmann P, Edwards C, Strang J. The Maudsley Addiction Profile (MAP): a brief instrument for assessing treatment outcome. *Addiction* 1998; 93(12): 1857-1868.

## Secondary sources

Marsden, J., Nizzoli, U., Corbelli, C., Margaron, H., Torres, M., Prada de Castro, Stewart, D., & Gossop, M. (2000) New European Instruments for Treatment Outcome Research: Reliability of the Maudsley Addiction Profile and Treatment Perceptions Questionnaire in Italy, Spain and Portugal, *European Addiction Research*, 6, 115-122.

Rome, A. The Use of Assessment Tools by Drug Services in Scotland: Study of the Nature and Extent of Application (2002).

## Positive Features

Quick to complete

Good evaluation data

Records the clients views/opinions

## Concerns

Too long to input data to computer

## Clinical Utility of Instrument

The authors stress the advantages of incorporating (not replacing) the MAP within existing assessment procedures. The MAP can also be extended and amended to suit local conditions (e.g. prevalence of specific drugs and patterns of use) and the recall periods can be adjusted for practical application.

## Research Applicability

A validation study showed that the content of MAP was acceptable to clients and easily comprehended (Marsden et al 1998). Further, results from the test-retest were highly acceptable and self-report validity was confirmed by the high level of agreement with results of urinalysis in a sub-sample.

# CAI

<b>Acronym</b>	<b>CAI</b>
<b>Name of tool</b>	Client Assessment Inventory
<b>Related tools</b>	CAS – Client Assessment Summary (14 items, one for each domain). SAS – Staff Assessment Summary (The same 14 items for easy comparison of staff and client evaluation of client progress).
<b>Description</b>	CAI measures client progress in substance abuse treatment, along 14 clinically relevant domains (where deficits exist) under 4 broad dimensions: the developmental, socialisation, psychological and program engagement dimensions.
<b>Primary use</b>	Evaluation of client’s progress in treatment <b>Secondary use</b> research
<b>Client Groups:</b>	
All	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Minority Ethnic Groups	<input checked="" type="checkbox"/>
Prisoners	<input checked="" type="checkbox"/>
Women	<input checked="" type="checkbox"/>
	Residential and outpatient settings
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	None
<b>Number of items</b>	98 items in 14 scales
<b>Time to complete</b>	CAI – 20 minutes; CAS and SAS – 5 minutes.
<b>Scoring</b>	Total of scores for each item. Each item is scored on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree.”
<b>Scoring time</b>	CAI – 10 minutes; CAS and SAS – 1-2 minutes.
<b>Source/Publisher</b>	David Kressel National Development and Research Institutes, Inc. 71 West 23rd Street 8th Floor New York, NY 10010 USA
<b>Photocopy/copyright</b>	Contact author: kressel@ndri.org; Tel. (001) 212 845 4424
<b>Cost</b>	No cost for using the instrument. Cost for training – see below.
<b>Training requirements</b>	One full day of training is required for staff to use the instruments as part of a protocol to improve treatment in actual clinical settings. Training costs include a \$1,500 fee and travel expenses. A train-the-trainer environment will minimise costs.
<b>Equipment requirements</b>	None

### Primary source

Kressel D., De Leon G., Palij M., Rubin G., Measuring client clinical progress in therapeutic community treatment. The therapeutic community client assessment inventory, client assessment summary, and staff assessment summary, *J Subst Abuse Treat*:2000, 19(3), p.267-272.

### Secondary sources

[www.ndr.org/](http://www.ndr.org/)

### Positive Features

The feasibility of using this tool to improve clinical practice has been demonstrated in several community-based and correctional-based treatment programs.

### Concerns

Staff training may need to be repeated with new staff. Adapting systems for measuring, recording and tracking client progress in treatment requires senior staff/management involvement.

### Clinical Utility of Instrument

Uniformity in assessing client progress in treatment will:

- Assist in the determination of when a person is ready to advance to the next phase of treatment (sufficient progress may be a prerequisite for advancement).
- Accelerate client "problem recognition"
- Document treatment effectiveness
- Assist in staff orientation and training
- Streamline staff paperwork (treatment plans/reviews, quarterly reports, etc.)

### Research Applicability

Use of the instruments can help inform program-wide treatment issues including:

- The appropriate match between client and treatment modality
- The appropriate planned duration of treatment
- The growing diversity of clients
- The relationship between progress in treatment and treatment outcome

## ASAM PPC-2R

<b>Acronym</b>	<b>ASAM PPC-2R</b>	
<b>Name of tool</b>	American Society of Addiction Medicine – Patient Placement Criteria – 2nd Edition Revised	
<b>Related tools</b>	None	
<b>Description</b>	<p>The ASAM PPC-2R is the most widely used and comprehensive national guidance for placement, continued stay and discharge of patients with alcohol and other drug problems in the U.S.A. This revised edition was released in April 2001.</p> <p>It is a pre-treatment assessment instrument which identifies the appropriate treatment level for an individual based on the analysis of six risk factors.</p>	
<b>Primary use</b>	assessment	<b>Secondary use</b> research
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input checked="" type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
	Patients with co-occurring mental and substance-related disorders	
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	The ASAM PPC-2R provides two sets of guidelines, one for adults and one for adolescents. The book is 400+ pages long.	
<b>Number of items</b>	Variable	
<b>Time to complete</b>	Variable	
<b>Scoring</b>	Each assessment dimension in the criteria matrix is considered for its priority in the current treatment plan and matched against five levels of care (ranges from Early Intervention through to Medical Managed Intensive Inpatient Treatment).	
<b>Scoring time</b>	Variable	
<b>Source/Publisher</b>	ASAM Publications Distribution PO Box 101 Annapolis Junction MD 20701-0101 USA	
<b>Photocopy/copyright</b>	Copyright. Purchase from publisher	
<b>Cost</b>	\$85 for the guidance book	
<b>Training requirements</b>	Assessment by professional/clinician	
<b>Equipment requirements</b>	None	



## ASAM PPC-2R

### Primary source

[www.asam.org/ppc/ppc2.htm](http://www.asam.org/ppc/ppc2.htm)

### Secondary sources

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services.

### Positive Features

Relates to a tiered system of service provision.

Patients are placed according to objective measurement of need.

Would support the implementation of Intensive Care Management.

### Concerns

Diagnostic terminology is consistent with DSM-IV, not with ICD-10. Care should be taken to ensure that data items and definitions are adaptable to UK systems.

Guidance Book is 400+ pages long.

### Clinical Utility of Instrument

Continuous treatment planning process. What amount and kind of treatment an individual client is likely to need – treatment matching. Use of matrix to place clients appropriately.

### Research Applicability

The ASAM PPC-2R would provide useful information for studying the provision of care to clients with dual diagnosis.

## RAATE-QI

<b>Acronym</b>	<b>RAATE-QI</b>
<b>Name of tool</b>	Recovery Attitude and Treatment Evaluator-Questionnaire I
<b>Related tools</b>	RAATE-CE
<b>Description</b>	The RAATE-QI and CE instruments were designed to assist in placing clients into the appropriate level of care at admission, in making continued stay or transfer decisions during treatment and documenting appropriateness of discharge.
<b>Primary use</b>	assessment
<b>Secondary use</b>	Discharge Planning

### Client Groups:

All	<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Minority Ethnic Groups	<input checked="" type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	Clients with mental health and substance misuse problems			

### Administrative Issues:

<b>Guidelines/Manual</b>	Pencil and paper self-administered or interview. Manual required
<b>Number of items</b>	94 items, 5 Dimensions
<b>Time to complete</b>	30-45 minutes
<b>Scoring</b>	Scored by trained chemical dependency professional No computerized scoring or interpretation available
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	New Standards, Inc. 1080 Montreal Avenue #300 St. Paul, MN 55116 USA
<b>Photocopy/copyright</b>	Copyright 1997 CATOR/New standards
<b>Cost</b>	The RAATE Introductory Kit is \$125.00. The RAATE manual is available for \$35.00. A 1-day training seminar for up to 30 participants is \$1,200.00 plus expenses.
<b>Training requirements</b>	Recommended 1 day training required for administration. Instructional videotape available.
<b>Equipment requirements</b>	Five plastic scoring template overlays required for scoring.

## RAATE-QI

### Primary source

[www.niaaa.nih.gov/publications/raate-text.htm](http://www.niaaa.nih.gov/publications/raate-text.htm)

### Secondary sources

Smith M.B, Hoffmann N.G., Nederhoed R., The development and reliability of the recovery attitude and treatment evaluator-questionnaire I (RAATE-QI), *Int J Addict*:1995, 30(2), p.147-160.

Mee-Lee, D. An instrument for treatment progress and matching: The Recovery Attitude and Treatment Evaluator (RAATE). *J Subst Abuse Treat* 5:183-186, 1988.

Mee-Lee, D.; Hoffmann, N.G.; and Smith, M.B. The Recovery Attitude and Treatment Evaluator Manual. St. Paul, Minnesota: New Standards, Inc., 1992.

Smith, M.B.; Hoffmann, N.G.; and Nederhoed, R. The development and reliability of the RAATE-CE. *J Subst Abuse* 4:355-363, 1992.

Smith, M.B.; Hoffman, N.G.; and Nederhoed, R. Development and reliability of the Recovery Attitude and Treatment Evaluator-Questionnaire I (RAATE-QI). *Int J Addict* 30(2):147-160, 1995.

### Positive Features

Self-reporting

Easy to score

### Concerns

True/False answers only

Too long

Very expensive

### Clinical Utility of Instrument

The RAATE-QI and RAATE-CE provide objective documentation to assist in making appropriate treatment placement decisions; they strengthen individualized care and facilitate more individualized treatment planning; they measure treatment progress; and they assess the need for continuing care and discharge readiness.

### Research Applicability

The RAATE-QI could provide current status measures for baseline determinations, estimates of interim improvement, discharge readiness, and post-treatment outcome measures in experimental and naturalistic studies. RAATE instruments can provide measures of pre-treatment readiness and motivation.

## MTQ

<b>Acronym</b>	<b>MTQ</b>
<b>Name of tool</b>	Methadone Treatment Questionnaire
<b>Related tools</b>	None
<b>Description</b>	The MTQ is a self completion questionnaire for patients on methadone which may be used to ascertain progress on the drug use, alcohol use, physical and psychological health, sexual behaviour, income and criminal activity. It also includes questions on relationships with staff, help from the service, and adequacy of dose.
<b>Primary use</b>	Outcome and client satisfaction <b>Secondary use</b> audit
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Patients on methadone
	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Self completion questionnaire. Instructions for completion attached to form.
<b>Number of items</b>	23 items
<b>Time to complete</b>	10 minutes
<b>Scoring</b>	No scoring. Analysis by comparative measurement of change over time.
<b>Scoring time</b>	Not applicable
<b>Source/Publisher</b>	University of Liverpool Department of Public Health PO Box 147 Liverpool L69 3BX
<b>Photocopy/copyright</b>	Copyright University of Liverpool. Copies of Observatory report No. 21 available from Source/Publisher
<b>Cost</b>	Free
<b>Training requirements</b>	No training required
<b>Equipment requirements</b>	None

### Primary source

Wilson A., Methadone treatment in the Mersey region: A multi-site feasibility study, 1994: A report to North West Regional Health Authority. Liverpool Public Health Observatory Report Series No. 21, University of Liverpool. P118.

### Secondary sources

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services.

### Clinical Utility of Instrument

The MTQ could be used as client satisfaction questionnaire. If to be used as an outcome questionnaire, identifiers would need to be used and baseline data collected.

### Research Applicability

The author recommends a further programme of work, including modification to particular MTQ items; perfecting sampling and administration procedures; further studies of the MTQ's reliability and validity; assessment of the MTQ's ability to measure change; quantification of client and programme characteristics; the use of multi-variate procedures to explore relationships between inputs and outcomes; and the development of a User's manual.

# TAAD

<b>Acronym</b>	<b>TAAD</b>
<b>Name of tool</b>	Triage Assessment for Addictive Disorders
<b>Related tools</b>	SUDDS
<b>Description</b>	The TAAD is a very brief, structured interview covering current alcohol and drug problems related to the DSM-IV criteria for abuse and dependence. As a triage interview it provides more definitive findings than a screening tool would. The TAAD identifies obvious cases and provides substantial support for the diagnosis. In cases where a diagnosis is not indicated, the TAAD provides documentation of negative responses to some of the more prevalent abuse and dependence symptoms. For the remaining cases, where only a few problems are indicated, a comprehensive assessment will be required to make a definitive determination. The TAAD is intended to be presented as an interview and not as a pencil-and-paper instrument.
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Manual available from publisher (see cost).
<b>Number of items</b>	31 items
<b>Time to complete</b>	10 minutes
<b>Scoring</b>	The results of the TAAD scoring can be coded in the template at the back of the interview. In all cases, only a qualified clinician can make the final determination of whether a diagnosis is indicated, based on all the evidence available.
<b>Scoring time</b>	2-3 minutes
<b>Source/Publisher</b>	Evince Clinical Assessments PO Box 17305 Smithfield, RI 02917, USA Tel: (001) 401-231-2993 Fax: (001) 401-231-2055
<b>Photocopy/copyright</b>	The TAAD is copyrighted. Photocopying or adapting it is illegal and constitutes unethical conduct.
<b>Cost</b>	TAAD Introductory Kit (Manual plus five TAAD interview forms) TAAD-IK \$24.00 TAAD forms (packet of 30) \$62.00
<b>Training requirements</b>	No training required
<b>Equipment requirements</b>	None

## TAAD

### Primary source

[www.evinceassessment.com/product\\_taad.html](http://www.evinceassessment.com/product_taad.html)

### Positive Features

Quick assessment of current substance abuse/dependence criteria  
DSM-IV criteria facilitate some diagnostic determinations in minutes  
Documentation of negative findings for those who deny problem

### Clinical Utility of Instrument

The TAAD is intended for use in situations where a basic face-to-face screen or triage for a current diagnosis is desired with a minimum time commitment. It is ideal as a follow-up to a positive breath or urinalysis or when there is a need to assess probability of a current diagnosis.

### Research Applicability

The internal consistency reliabilities (Cronbach's alpha) for both alcohol and drug dependence are over .92; reliability coefficients for alcohol abuse and drug abuse are over .82 and .84 respectively. Of those meeting minimal criteria for dependence, the TAAD documents more than the requisite three categories for the vast majority of cases. Most dependent persons have positive findings on five or more of the seven categories.

**DATAR**

<b>Acronym</b>	<b>DATAR</b>
<b>Name of tool</b>	Drug Abuse Treatment for AIDS – Risk Reduction
<b>Related tools</b>	None
<b>Description</b>	Developed for a research study, which has been ongoing since 1989 – now in Phase 3. In-treatment and post treatment outcomes are measured, which allow for process outcomes (e.g. impact of duration of programme, impact of treatment reduction etc) to be examined. Socio-demographic background, family background, peer relations, criminal history, health and psychological status, drug history (tobacco/alcohol and drugs, includes service history, dependence and expectations) and AIDS Risk Assessment.
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Interview
<b>Number of items</b>	100 items
<b>Time to complete</b>	60-90 minutes
<b>Scoring</b>	Forms give the scores – no computerised scoring system or ratings – analysis primarily as comparative tool
<b>Scoring time</b>	10-15 minutes
<b>Source/Publisher</b>	Dr Lois Chatman, PhD Institute of Behavioural Research Texas Christian University Fort Worth Texas 76129 USA Tel: (001) (817) 921-7226
<b>Photocopy/ copyright</b>	Public domain. Instrument can be downloaded.
<b>Cost</b>	None
<b>Training requirements</b>	Interview by counsellor or trained interviewer.
<b>Equipment requirements</b>	Answer response cards. Programmes are available for computer scoring.



# DATAR

## Primary source

[www.222.ibr.tcu.edu/pubs/rechpubs/datar-tp.html#1](http://www.222.ibr.tcu.edu/pubs/rechpubs/datar-tp.html#1)

## Secondary sources

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services.

## Positive Features

DATAR is one of the only instruments which measures AIDS risk assessment. This is done within the context of the individual's drug use and social situation.

## Concerns

Very comprehensive set of forms but some are specific to the focus of the research study and the time and frequency involved in interviews makes its application unlikely without significant support.

## Clinical Utility of Instrument

DATAR is a comprehensive assessment instrument which, over time, provides measurement of change.

## Research Applicability

Useful instrument for the study of HIV/AIDS risk behaviour for clients on methadone maintenance programmes.

# SSAGA

<b>Acronym</b>	<b>SSAGA</b>
<b>Name of tool</b>	Semi-Structured Assessment for the Genetics of Alcoholism
<b>Related tools</b>	None
<b>Description</b>	SSAGA was designed to assess the physical, psychological and social manifestations of alcohol abuse or dependence and other psychiatric disorders. The SSAGA is a polydiagnostic instrument which assesses somatization disorder, alcohol, marijuana and drug abuse/dependence, anorexia, bulimia, depression, mania, dysthymia, antisocial personality disorder, panic, agoraphobia, social phobia, and obsessive compulsive disorder. The SSAGA also covers general demographic information, medical history information, information about tobacco use, suicide attempts, and contains a psychosis screener to identify individuals requiring clinical follow-up for diagnosis. The SSAGA has the interviewer plot a "life chart" of diagnoses to elaborate on co-morbidity, i.e. the course of the Respondent's substance use as this relates to other psychiatric problems.
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	outpatient psychiatry clinic
	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	A specification manual has been written for the SSAGA to clarify items, and in cases where paraphrasing is necessary, so that the interviewer is aware of the intent of the questions.
<b>Number of items</b>	45 multi-part items
<b>Time to complete</b>	Depends on psychopathology present. 45-240 minutes
<b>Scoring</b>	Scoring by hand. Computerized scoring algorithms are available as a SAS data entry programme
<b>Scoring time</b>	5-7 minutes
<b>Source/Publisher</b>	Victor Hesselbrock, Ph.D. Department of Psychiatry, MC-2103 University of Connecticut School of Medicine Farmington, CT 06030-2103 USA
<b>Photocopy/copyright</b>	Public domain, copies available from Source/Publisher
<b>Cost</b>	No cost
<b>Training requirements</b>	Can be administered by non-clinician and reviewed by clinician. Interviewer training for 1 week
<b>Equipment requirements</b>	None

# SSAGA

## Primary source

[www.niaaa.nih.gov/publications/ssaga-text.htm](http://www.niaaa.nih.gov/publications/ssaga-text.htm)

## Secondary sources

Hesselbrock M., Easton C., Bucholz K.K., Schuckit M., Hesselbrock V., A validity study of the SSAGA: A comparison with the SCAN, *Addiction*:1999, 94(9), p.1361-1370.

Bucholz, K.K.; Cadoret, R.; Cloninger, C. R.; et al. A new, semi-structured psychiatric interview for use in genetic linkage studies: A report on the reliability of the SSAGA. *Journal of Studies on Alcohol*, 55(2):149-158, 1994.

Schuckit, M. A.; Anthinelli, R. M.; Bucholz, K. K.; et al. Time course of development of alcohol-related problems.

## Positive Features

SSAGA is a highly reliable and valid instrument for use in studies of a variety of psychiatric disorders, including alcohol and drug dependence.

## Clinical Utility of Instrument

The SSAGA has been specifically designed to study, in detail, alcoholism and associated comorbid psychiatric diagnoses. Both current status (e.g. recency of problems) and "lifetime" (e.g. age of onset of problems and conditions) status are assessed. The age of onset and the age of recency of problems are obtained throughout the interview. Ideally, patterns of use and frequencies of specific symptoms will identify potential problem areas to target for prevention/intervention efforts. However, as a diagnostic instrument SSAGA was not designed with a treatment focus in mind. SSAGA can subtype alcoholism with comorbid conditions (drug abuse/dependence, major depression, and antisocial personality disorder) to act as a guide in treatment matching, substance counseling, family counseling, etc. The questions in SSAGA may help unaffected individuals understand some of the difficulties that may result when alcohol/substance abuse or dependence has occurred.

## Research Applicability

The SSAGA is a polydiagnostic interview with an emphasis on substance use and co-related diagnoses. It assesses common psychiatric disorders prevalent in a general population and occurring with greater frequency in alcoholics and substance abusers and their families. Special attention is paid to the interrelationship of substance use and psychiatric diagnoses. Because SSAGA is a comprehensive interview, it could be used in other types of studies where substance abuse is common but is not necessarily the main focus of the study.

# OTI

<b>Acronym</b>	<b>OTI</b>
<b>Name of tool</b>	Opiate Treatment Index
<b>Related tools</b>	None
<b>Description</b>	OTI is a multidimensional instrument incorporating six independent outcome domains: drug use, HIV risk-taking behaviour, social functioning, criminality, health status, and psychological adjustment.
<b>Primary use</b>	evaluation
<b>Secondary use</b>	assessment

**Client Groups:**

All	<input checked="" type="checkbox"/>	Adolescents	<input type="checkbox"/>	Minority Ethnic Groups	<input type="checkbox"/>
Adults	<input type="checkbox"/>	Prisoners	<input type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	amphetamine dependent clients			

**Administrative Issues:**

<b>Guidelines/Manual</b>	
<b>Number of items</b>	170 items
<b>Time to complete</b>	20-30 minutes
<b>Scoring</b>	Uses total scores and sub totals.
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	Dr Shane Darke National Drug & Alcohol Research Centre University of New South Wales PO Box 1, Kensington New South Wales 2033 Australia
<b>Photocopy/copyright</b>	Public domain. Instrument downloadable from <a href="http://www.wa.gov.au/drugwestaus/html/contents/publications/best-practice/questionnaires/oti.pdf">www.wa.gov.au/drugwestaus/html/contents/publications/best-practice/questionnaires/oti.pdf</a>
<b>Cost</b>	None
<b>Training requirements</b>	Minimal training required. Easy to administer.
<b>Equipment requirements</b>	None

### Primary source

Darke S., Hall W., Wodak A., Heather N., Ward J. Development and validation of a multidimensional instrument for assessing outcome of treatment among opiate users: the Opiate Treatment Index, *British Journal of Addiction* (1992) 87, 733-742.

### Secondary sources

Barrowcliff A., Champneysmith J., McBride A.J., Use of a modified version of the opiate treatment index with amphetamine users: Validation and pilot evaluation of a prescribing services, *J Subst Use*: 1999, 4(2), p.98-103.

[www.wa.gov.au/drugwestaus/html/contents/publications/best-practice/questionnaires/oti.pdf](http://www.wa.gov.au/drugwestaus/html/contents/publications/best-practice/questionnaires/oti.pdf)

### Positive Features

Based on self-report of client rather than subjective impression of interviewer.

Has both clinical and research applicability.

Relatively brief and easy to use.

Can be used by medical or non-medical personnel.

### Concerns

Narrow focus, primarily opiate users.

Lack of qualitative information collected.

### Clinical Utility of Instrument

Where clinical staff are administering an instrument such as the OTI, the quality of information obtained will depend upon the rapport developed between the interviewer and the client. Clearly, these issues will be more salient in areas such as drug use and criminality than health or social functioning.

### Research Applicability

The major utility of the instrument would be in longitudinal studies of clients of treatment programmes to evaluate treatment efficacy. However, other applications would include the comparison of the effects of different treatment modalities and the relative efficacy of different regimes within a modality.

## SUDDS-IV

<b>Acronym</b>	<b>SUDDS-IV</b>	
<b>Name of tool</b>	Substance Use Disorders Diagnostic Schedule-IV	
<b>Related tools</b>	None	
<b>Description</b>	<p>Diagnostic interview that yields information for the diagnosis of alcohol and other drug dependencies according to DSM-IV. Validated diagnostic findings can be determined by the clinician immediately after use. The SUDD-IV provides a complete diagnostic assessment which can be 'signed off' by the client, attesting to the veracity of what he/she reported.</p> <p>Especially helpful for chemical abuse/dependent and dual diagnosis populations. The SUDDS has been validated on adult male and female patients, and validation studies with adolescents are currently underway.</p>	
<b>Primary use</b>	assessment	<b>Secondary use</b> treatment, planning
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	Interview or computer self-administrated. Administered by trained addiction specialist or patient	
<b>Number of items</b>	99 items	
<b>Time to complete</b>	30-45 minutes	
<b>Scoring</b>	Scored by clinician (10-15 minutes) or computer (automatic).	
<b>Scoring time</b>	10-15 minutes	
<b>Source/Publisher</b>	New Standards Inc. 1080 Montreal Avenue Suite 300 St. Paul, MN 55116 USA	
<b>Photocopy/copyright</b>	Copyrighted 1989 New Standards Inc. The SUDDS may not be reproduced in any way or any form without the express written consent of New Standards Inc.	
<b>Cost</b>	Cost for use of instrument (\$48.75 for interviewer administered SUDDS interview packet, includes 25 interviews, substance lists and checklists)	
<b>Training requirements</b>	Training required for administration	
<b>Equipment requirements</b>	The computer-administered interview will run on any IBM compatible computer.	

## SUDDS-IV

### Primary source

[www.niaaa.nih.gov/publications/sudds-text.htm](http://www.niaaa.nih.gov/publications/sudds-text.htm)

### Secondary sources

Harrison, P.A., and Hoffmann, N.G. SUDDS: Substance Use Disorder Diagnostic Schedule Manual. St. Paul, MN: New Standards, Inc. 1989.

Davis, L.J.; Hoffmann, N.G.; Morse, R.M.; and Luehr, J.G. Substance Use Disorder Diagnostic Schedule (SUDDS): The equivalence and validation of a computer-administered and an interviewer-administered format. *Alcoholism Clin Exp Res* 16(2):250-254, 1992.

### Clinical Utility of Instrument

The interviewer- and computer-administered SUDDS each provide a complete diagnostic assessment to make an accurate diagnosis of substance abuse/dependence. The extent and nature of the diagnostic indicators also provide information for determining scope of involvement and stage of illness constructs.

### Research Applicability

Both the interviewer- and computer-administered SUDDS would serve as accurate dependent variable criteria in a criterion-related validity study, as an independent variable to classify/screen subjects in an experimental randomised design, and/or as an independent predictor variable in a multivariate correlational analysis. The SUDDS could also be used to verify that subjects met diagnostic criteria for study inclusion or exclusion.

# ASI

<b>Acronym</b>	<b>ASI</b>
<b>Name of tool</b>	Addiction Severity Index
<b>Related tools</b>	EuropASI, EuroADAD
<b>Description</b>	The ASI is a semistructured interview designed to address seven potential problem areas in substance abusing patients: medical status, employment and support, drug use, alcohol use, legal status, family/ social status, and psychiatric status. In 1 hour, a skilled interviewer can gather information on recent (past 30 days) and lifetime problems in all of the problem areas. The ASI provides an overview of problems related to substance, rather than focusing on any single area.
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input checked="" type="checkbox"/>
Other <input checked="" type="checkbox"/>	Minority Ethnic Groups <input checked="" type="checkbox"/>
	Women <input checked="" type="checkbox"/>
	It has been used with psychiatrically ill, homeless, pregnant, and prisoner populations but its major use has been with adults seeking treatment for substance abuse problems.
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Pencil and paper self-administered or interview. Guidelines Manual available on website. Free computer-assisted interview and there are many companies that provide a patient-administered computerised interview.
<b>Number of items</b>	200 items in 7 domains
<b>Time to complete</b>	50 minutes
<b>Scoring</b>	Scored by technician. Computerized scoring or interpretation available.
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	The ASI is in the public domain. The form and the manual is available directly from the Treatment Research Institute website: <a href="http://www.tresearch.org">www.tresearch.org</a>
<b>Photocopy/ copyright</b>	Public domain
<b>Cost</b>	No cost; minimal charges for photocopying and mailing may apply
<b>Training requirements</b>	2 days training required for administration.
<b>Equipment requirements</b>	No equipment necessary for paper and pencil administration. Free computer program available from the Treatment Research Institute that is suitable for any pentium based computer. NOTE: Regardless of the route of administration, users are requested to store the collected data in a "standardised ASI database" that will permit sharing among users and the ability to use standard software programs to analyse the data. Specifications for the standardised ASI database are available on the Treatment Research Institute website.



**Primary source**

[www.niaaa.nih.gov/publications/asi-text.htm](http://www.niaaa.nih.gov/publications/asi-text.htm)

**Secondary sources**

McDermott P.A., Alterman A.I., Brown L., Zaballero A., Snider E.C., McKay J.R., Construct refinement and confirmation for the Addiction Severity Index, In: Marlatt G.A. VandenBos G.R. Addictive behaviours: readings on etiology, prevention and treatment, Washington: American Psychological Association, 1997. P.323-339.

Carise Deni, McLellan T., Cacciola J. etc., Suggested specifications for a standardized Addiction Severity Index database, *Journal of Substance Abuse Treatment* 20 (2001) p.239-244.

Zanis D.A., McLellan A.T., Corse S., Is the addiction severity index a reliable and valid assessment instrument among clients with severe and persistent mental illness and substance abuse disorders?, *Community Ment Health J*:1997, 33(3), p.213-227.

McLellan, A.T.; Luborsky, L.; O'Brien, C.P.; Woody, G.E. An improved diagnostic instrument for substance abuse patients: The Addiction Severity Index. *J Nerv Ment Dis* 168:26-33, 1980.

McLellan, A.T.; Kushner, H.; Metzger, D.; Peters F.; et al. The fifth edition of the Addiction Severity Index. *J Subst Abuse Treat* 9:199-213, 1992.

McLellan, A.T.; Luborsky, L.; Cacciola, J.; and Griffith, J. New data from the Addiction Severity Index: Reliability and validity in three centers. *J Nerv Ment Dis* 173:412-423, 1985.

McLellan, A.T.; Kushner, H.; Peters, F.; Smith, I.; Corse, S.J.; and Alterman, A.I. The Addiction Severity Index ten years later. *J Subst Abuse Treat* 9:199-213, 1992.

Hodgins, D.C., and El, G.N. More data on the Addiction Severity Index: Reliability and validity with the mentally ill substance abuser. *J Nerv Ment Dis* 180(3):197-201, 1992.

Stoffelmayr, B.E.; Mavis, B.E.; and Kasim, R.M. The longitudinal stability of the Addiction Severity Index. *J Subst Abuse Treat* 11(4):373-378, 1994.

**Positive Features**

The ASI is highly correlated with objective indicators of addiction severity (McLellan et al., 1985; McLellan, Luborsky, Woody, & O'Brien, 1980; Searles, Alterman, & Purtil, 1990).

The ASI is one of the few instruments that measures several different functional aspects of psychosocial functioning related to substance abuse.

The ASI provides a concise estimate of the history of substance abuse as well as recent use.

Normative data are available for criminal justice populations (McLellan, et al., 1992).

Severity ratings are provided in each functional area assessed, reflecting the level of individual dysfunction.

These continuous scores are useful for research purposes.

The ASI was found to have good interrater reliability and good test-retest reliability with drug dependent individuals (McLellan et al., 1985).

**Concerns**

Significant training is needed to administer and score the ASI.

The sensitivity and specificity of the ASI with comorbid populations is not yet known (Kofoed, 1991).

**Clinical Utility of Instrument**

The ASI has been used extensively for treatment planning and outcome evaluation.

Outcome evaluation packages for individual programs or for treatment systems are available.

**Research Applicability**

Researchers have used the ASI for a wide variety of clinical outcome studies.

# CIDI

**Acronym** CIDI

**Name of tool** Composite International Diagnostic Interview

**Related tools** Munich CIDI

**Description** The alcohol module for CIDI core version 1.1 (1993) serves the diagnostic criteria of DSM-III-R and ICD-10 for alcohol abuse, harmful use, and dependence. In addition to determining whether criteria for the diagnosis is met, information is gained about onset and/or recency of some symptoms, withdrawal, and psychological, social, and physical health consequences of alcohol use. Each question is indexed to show which criteria it serves in each diagnostic system. It assesses DSM-III-R and ICD-10 psychiatric diagnoses for lifetime, last year, last 6 months, last month, and last 2 weeks.

**Primary use** Comprehensive assessment      **Secondary use** Diagnosis

**Client Groups:**

- |        |                                     |             |                                     |                        |                          |
|--------|-------------------------------------|-------------|-------------------------------------|------------------------|--------------------------|
| All    | <input checked="" type="checkbox"/> | Adolescents | <input checked="" type="checkbox"/> | Minority Ethnic Groups | <input type="checkbox"/> |
| Adults | <input type="checkbox"/>            | Prisoners   | <input type="checkbox"/>            | Women                  | <input type="checkbox"/> |
| Other  | <input type="checkbox"/>            |             |                                     |                        |                          |

**Administrative Issues:**

**Guidelines/Manual** Manual required

**Number of items** Max. 376 items, 14 subscales

**Time to complete** 75 minutes

**Scoring** By computer

**Scoring time** 20 minutes

**Source/Publisher** Department of Mental Health and Substance Dependence  
World Health Organisation  
1211 Geneva  
Switzerland

**Photocopy/copyright** Copyright held by World Health Organisation

**Cost** \$19.95 for 5 interview forms. With one interview manual \$55

**Training requirements** 2x4 day training sessions. Completion of 5 interviews under supervision

**Equipment requirements** Computer. Disk available for use on IBM compatible PC

## CIDI

### Primary source

[www.niaaa.nih.gov/publications/cidi-text.htm](http://www.niaaa.nih.gov/publications/cidi-text.htm)

### Secondary sources

Lachner G., Wittchen H.U., Perkonig A. etc., Structure, content and reliability of the Munich Composite International Diagnostic Interview (M-CIDI) Substance use sections, Eur Addict Res: 1998, 4(1-2), p. 28-41. 36

### Concerns

Medical diagnostic instrument.

### Clinical Utility of Instrument

Diagnostic.

### Research Applicability

CIDI is being translated into several different languages. Designed for epidemiological use.

## EuropASI

<b>Acronym</b>	<b>EuropASI</b>	
<b>Name of tool</b>	European Addiction Severity Index	
<b>Related tools</b>	ASI	
<b>Description</b>	European version of Addiction Severity Index. It is a multidimensional, clinical and research instrument for diagnostic evaluation and assessment of change in client status and treatment outcome. Premise that treatment for substance users should address all of the problems, which may have contributed to and/or resulted from substance abuse. The EuropASI (Kokkevi & Hartgers, 1995) was the result of a European working group of a Cost A6 programme funded by the Commission of the European Communities.	
<b>Primary use</b>	assessment	
<b>Secondary use</b>	evaluation	
<b>Client Groups:</b>		
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>	Women <input type="checkbox"/>
Other <input type="checkbox"/>		
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	Semi structured interview	
<b>Number of items</b>	200 items in 6 subscales	
<b>Time to complete</b>	45 minutes	
<b>Scoring</b>	Computerised scoring and interpretation available. 5 minutes for severity rating scored by technician.	
<b>Scoring time</b>	5 minutes	
<b>Source/Publisher</b>	Contact: Rowdy Yates Senior Lecturer Scottish Addiction Studies Dept. of Applied Social Science University of Stirling Stirling, FK9 4LA Scotland, UK Email: p.r.yates@stir.ac.uk	
<b>Photocopy/copyright</b>	The EuropASI is in the public domain.	
<b>Cost</b>	Free once training has been provided.	
<b>Training requirements</b>	Training required for administration (2 days training available in Scotland and by European Addiction Training Institute, EATI).	
<b>Equipment requirements</b>	None	

# EuropASI

## Primary source

Kokkevi A., Hartgers C., EUROPASI: European Adaptation of a Multidimensional Assessment Instrument for Drug and Alcohol Dependence, *Eur Addict Res*: 1995, 1(4), p.208-210.

## Secondary sources

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services.

## Positive Features

Along with a measure of severity in the six domains, the EuropASI also measures the degree to which the client has been troubled and the client's motivation for treatment in each area along with the interviewer's rating of the clients need for treatment in that area.

It measures the degree of the client's denial or misrepresentation of his or her situation and behaviour.

## Concerns

No measurement of processes linked to outcomes.

Training requirements are considerable and costly.

No client input re-treatment e.g. satisfaction.

## Clinical Utility of Instrument

Designed to address seven problem areas in substance abusing patients; medical status; employment and support; drug use; alcohol use; legal status; family/social status and psychiatric status. Each of these dimensions include lifetime measures which can serve as predictor variables, and past 30 day measures which can serve as baseline/outcome measures. It also includes clinical and patient reported ratings of problem severity in each problem area.

## Research Applicability

Validity and reliability well established. In particular the predictive value of the psychiatric subscale in predicting treatment outcome has been consistently reported in studies. (GGDAT report).

## EuroADAD

<b>Acronym</b>	<b>EuroADAD</b>	
<b>Name of tool</b>	European Adolescent Drug Abuse Diagnosis	
<b>Related tools</b>	ASI, EuropASI, ASI-X	
<b>Description</b>	<p>EuroADAD is a European version of the ADolescent Assessment Dialogue (formerly named Adolescent Drug Abuse Diagnosis). The EuroADAD can be seen as an adolescent version of the ASI and is inspired by the EuroASI. The instrument is developed by the original authors of the ADAD Alfred Friedman and Arlene Terras from Philadelphia, together with David Oberg and a european group of researchers and clinicians.</p> <p>EuroADAD is a semi-structured interview that gives a multi-professional profile of adolescents with life problems. It covers 7 main problem areas: medical, school, social relationships, family relationships, psychological, criminal and alcohol/drug use. It also includes interviewer and client reporting ratings of need for help.</p>	
<b>Primary use</b>	assessment	<b>Secondary use</b> evaluation
<b>Client Groups:</b>		
<b>All</b>	<input type="checkbox"/>	<b>Adolescents</b> <input checked="" type="checkbox"/>
<b>Adults</b>	<input type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
	<p>Target group: adolescents aged 12-24. Between 18 and 24 it is dependent on life situation whether EuroADAD or EuropASI should be used. If the adolescent is living with parent, do not have their own economy or is/should be in school – use EuroADAD.</p>	
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	A resource/coding manual accompanies the EuroADAD training	
<b>Number of items</b>	120 items in 7 domains	
<b>Time to complete</b>	40 – 60 minutes	
<b>Scoring</b>	<p>Each life problem is scored for problem severity on a 10-point scale (0-9). Collectively, these scores are referred to as the Interviewer Severity Ratings and comprise a comprehensive adolescent life problem profile.</p>	
<b>Scoring time</b>	15 – 20 minutes	
<b>Source/Publisher</b>	<p>David Oberg          European Co-ordinator of the EuroADAD          The EuroADAD office          Holsteinbastion 4          6217 LJ, Maastricht          The Netherlands          Tel. 0031 43 3541167</p>	
<b>Photocopy/copyright</b>	The EuroADAD is in the Public domain. Copies of the instrument available from Source/Publisher or by e-mail to: info@euroadad.com	
<b>Cost</b>	None	
<b>Training requirements</b>	2 days training (1 for those already trained in conducting the EuroASI) required.	
<b>Equipment requirements</b>	None	

## EuroADAD

### Primary source

[www.euroadad.com](http://www.euroadad.com)

### Clinical Utility of Instrument

The purpose of the EuroADAD is to provide a uniform instrument that could compare adolescents, in and out contact with treatment services, across Europe:

To assess problems of adolescents on different life areas.

To provide a base for further assessment and treatment planning.

To monitor changes in life problems areas and severity over time.

To gather information for outcome evaluation.

### Research Applicability

Each of the 7 dimensions includes lifetime measures which can serve as predictor variables, and past 30 day measures which can serve as baseline/outcome measures.

# IAP

<b>Acronym</b>	<b>IAP</b>
<b>Name of tool</b>	Individual Assessment Profile
<b>Related tools</b>	Computer-Assisted Personal Interview (CAPI)
<b>Description</b>	<p>The IAP is a structured clinical, management and research interview for use in drug abuse treatment programmes of all types. Approaches may range from structured, comprehensive clinical assessments done by trained (and licensed) clinicians to more imperfect intake screenings by clerical staff to gather administrative and management information.</p> <p>IAP is made up of 8 domains, each covering a number of sub-sections or 'modules'. New modules can be added, newer modules include one on pregnancy and one for adolescents. Domains are; Background; Living arrangements; Drug, alcohol and tobacco use; Illegal activities; Sources of support; Health; Treatment history/Mental health.</p>
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Training manual available from author.
<b>Number of items</b>	8 domains
<b>Time to complete</b>	50 minutes
<b>Scoring</b>	No information available
<b>Scoring time</b>	No information available
<b>Source/Publisher</b>	Dr. Patrick M Flynn Substance Abuse Treatment Research Programme Research Triangle Institute 3040 Cornwallis Road Research Triangle Park NC 27709-2194 USA
<b>Photocopy/copyright</b>	Public domain
<b>Cost</b>	None
<b>Training requirements</b>	The IAP is designed for administration by drug abuse treatment program staff with varying levels of treatment and experience.
<b>Equipment requirements</b>	The CAPI has been developed around a computer version of IAP that was designed to run on an IBM-compatible personal computer.



### Primary source

Flynn P.M., Hubbard R.L., Luckey J.W. etc., Individual assessment profile (IAP): Standardizing the assessment of substance abusers, *J Subst Abuse Treat*:1995, 12(3), p.213-221.

### Positive Features

The IAP can be administered by a range of clinical and non-clinical personnel, as required.

A secondary function of the IAP is to provide the data necessary for agency, local and national information systems.

### Concerns

The IAP has been designed around the DSM-IV classifications and the data requirements of U.S. federal management systems. Care should be taken to ensure that data items and definitions are adaptable to U.K.

### Clinical Utility of Instrument

The IAP was designed to assess the behaviours and characteristics of clients entering substance abuse treatment and to provide data for the multiple purposes of screening clients, planning client assessments and treatment and providing to meet numerous reporting requirements.

The IAP can identify client strengths and weaknesses, with an emphasis on identifying areas in need of more in-depth assessment.

### Research Applicability

Currently there are no reliability data available on types of interviewers. Studies need to be conducted to determine inter-interviewer reliability by comparing data obtained from interviews conducted by a range of personnel such as clinicians, paraprofessionals, and clerical staff.

# IDI

**Acronym** IDI  
**Name of tool** Index of Drug Involvement  
**Related tools** None  
**Description** The IDI measures the degree or magnitude of problems of an individual using drugs. Drugs can be defined as any kind of medication or illegal substance consumed by the respondent. The IDI uses simple, straightforward language and may be appropriate for use with individuals whose cognitive functioning and abstraction skills are at or above that of a 12-year old child.

**Primary use** assessment **Secondary use** evaluation

**Client Groups:**

- |        |                                     |             |                          |                        |                          |
|--------|-------------------------------------|-------------|--------------------------|------------------------|--------------------------|
| All    | <input type="checkbox"/>            | Adolescents | <input type="checkbox"/> | Minority Ethnic Groups | <input type="checkbox"/> |
| Adults | <input checked="" type="checkbox"/> | Prisoners   | <input type="checkbox"/> | Women                  | <input type="checkbox"/> |
| Other  | <input type="checkbox"/>            |             |                          |                        |                          |

**Administrative Issues:**

**Guidelines/Manual** Short-form assessment scale. No manual required.  
**Number of items** 25 items  
**Time to complete** 3 minutes  
**Scoring** A simple formula is used to calculate a final score expressed as a percentage. The advantage of this being that it provides a relative measurement based on the number of items answered. At least 20 items (80%) should be answered to validate score.  
**Scoring time** 1-2 minutes  
**Source/Publisher** WALMYR Publishing Co.  
 PO Box 12217  
 Tallahassee  
 Florida 32317-2217  
 USA  
**Photocopy/copyright** Copyright 1994, Walter W. Hudson. The IDI may not be reproduced in any manner without written permission.  
**Cost** Contact publisher. Email walmyr@walmyr.com  
**Training requirements** None  
**Equipment requirements** None

### Primary source

Faul A.C., Hudson W.W., The Index of Drug Involvement: A partial validation, Soc Work:1997, 42(6), p.565-572.

### Secondary sources

[www.walmyr.com](http://www.walmyr.com)

### Positive Features

Study findings indicate that the IDI has excellent reliability and validity.

All the items on the IDI are direct and obvious in their intent.

Respondents can easily engage in "impression management" by making themselves appear as free of or laden with problems as they wish.

### Concerns

Small clinical sample group in validation study.

The IDI is a self-report measurement vulnerable to the general limitations of all self-report measures.

### Clinical Utility of Instrument

The IDI may be of use to social work educators, researchers and practitioners who work with clients with drug abuse or chemical dependency problems.

### Research Applicability

A weakness of Faul et al 1997 study lies in the relatively small clinical sample (n = 357) as well as the uncertainties regarding general application of the findings. Further research is needed to determine whether the results of this study may be replicated with different samples. Future research on the test-retest reliability of the scale is also important to make sure the scale does not suffer from response decay when used repeatedly.

# DLSI

<b>Acronym</b>	<b>DLSI</b>
<b>Name of tool</b>	Drug Lifestyle Screening Interview
<b>Related tools</b>	Lifestyle Criminality Screening Form (LCSF) Psychological Inventory of Drug-Based Thinking Styles
<b>Description</b>	DLSI is a structured interview designed to assess the four behavioural characteristics of lifestyle drug abuse: irresponsibility/pseudoresponsibility, stress-coping imbalance, interpersonal triviality and social rule breaking/bending.
<b>Primary use</b>	assessment
<b>Secondary use</b>	research
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input checked="" type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	4-page administration and scoring guide accompanies 2-page instrument. Contact author.
<b>Number of items</b>	23
<b>Time to complete</b>	20 minutes
<b>Scoring</b>	Total scores from all sub-sections
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	Glenn D. Walters Psychology Services Federal Correction Institute PO Box 700 Minersville Pennsylvania 17594-0700
<b>Photocopy/copyright</b>	No copyright
<b>Cost</b>	No cost
<b>Training requirements</b>	Training takes about 1 hour and should be conducted by a seasoned professional with experience in the addictions field.
<b>Equipment requirements</b>	None

# DLSI

## Primary source

[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

## Secondary sources

Walters GD, Discriminating between high and low volume substance abusers by means of the Drug Lifestyle Screening Interview, *Am J Drug Alcohol Abuse* 1994, 20(1), p. 19-33.

## Positive Features

Relatively straightforward scoring and analysis.

## Concerns

Limited self-reporting.

No collateral sources of information.

Narrow focus of behavioural state.

## Clinical Utility of Instrument

DLSI would appear to have value as a predictor of drug seeking behaviour beyond its ability to identify the anti-social features of the drug lifestyle (Walters 1994).

## Research Applicability

DLSI has been used to identify association between drug using and criminal lifestyles, lending further credence to prior research showing anti-social behaviour to be an important correlate, if not precursor of later substance abuse problem.

**SDSS**

<b>Acronym</b>	<b>SDSS</b>
<b>Name of tool</b>	Substance Dependence Severity Scale
<b>Related tools</b>	None
<b>Description</b>	The SDSS is a semi-structured, clinician-administered interview that assesses DSM-IV dependence and abuse and ICD-10 harmful use for alcohol, cocaine, heroin, cannabis, sedatives, stimulants, licit opiates, methadone and 'other' drugs of abuse (e.g. inhalants). The SDSS is also unique in that it assesses two dimensions of symptom severity: (1) the frequency of symptoms; and (2) severity of symptoms.
<b>Primary use</b>	assessment
	<b>Secondary use</b> evaluation
<b>Client Groups:</b>	
All <input checked="" type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	The SDSS training manual is available on the Elsevier website at <a href="http://www.elsevier.nl/homepage/sab/drugalcdep/supmat.htm">www.elsevier.nl/homepage/sab/drugalcdep/supmat.htm</a>
<b>Number of items</b>	13 items
<b>Time to complete</b>	30-45 minutes
<b>Scoring</b>	Substance-specific scores are derived from each variable by summing the items for each substance used in the last 30 days
<b>Scoring time</b>	5-10 minutes
<b>Source/Publisher</b>	Gloria M. Miele Research Assessment Associates, Inc. 60 Haven Avenue Suite 4D New York NY10032 USA Tel. (001) 212 781 1678
<b>Photocopy/copyright</b>	Investigators interested in obtaining a copy of the SDSS should contact Source/Publisher
<b>Cost</b>	Contact Source/Publisher
<b>Training requirements</b>	Authors describe the tool as being 'Clinician-administered'. No guidance is given regarding training requirements.
<b>Equipment requirements</b>	None

## SDSS

### Primary source

Miele G.M., Carpenter K.M., Cockerham M.S., Trautman K.D., Blaine J., Hasin D.S., Concurrent and predictive validity of the substance dependence severity scale, *Drug and Alcohol Dependence*:2000, 59(1), p.77-88.

### Clinical Utility of Instrument

The SDSS offers clinical researchers unique advantages as a measure of treatment outcome that may be more sensitive to changes in clinical status than outcome measures routinely used, such as self-report substance use, urinalysis results or diagnostic status.

### Research Applicability

The SDSS could be used in clinical trials of pharmacotherapies designed to target a specific substance e.g. a specific drug to treat cocaine use. Since the SDSS is substance-specific, it could enable researchers to evaluate the drugs relative effects on cocaine use and dependence compared to alcohol or heroin dependence, if these diagnoses were also present.

# SOCRATES

<b>Acronym</b>	<b>SOCRATES</b>	
<b>Name of tool</b>	Stages of Change Readiness and Treatment Eagerness Scale	
<b>Related tools</b>	Socrates – Form 7AS (Alcohol), 7DS (Drugs)	
<b>Description</b>	<p>SOCRATES designed to assess client motivation to change drinking related behavior.</p> <p>It is made up of five scales including: precontemplation, contemplation, determination, action and maintenance.</p>	
<b>Primary use</b>	treatment, planning	<b>Secondary use</b> evaluation
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	Pencil and paper self administered	
<b>Number of items</b>	40 items in 5 scales	
<b>Time to complete</b>	5 minutes	
<b>Scoring</b>	Each scale has 8 items which are summed to derive the scale score. No computerized scoring.	
<b>Scoring time</b>	Immediate	
<b>Source/Publisher</b>	William R. Miller, Ph.D. University of New Mexico Center on Alcoholism Substance Abuse and Addictions, 2350 Alamo SE Albuquerque, NM 87106	
<b>Photocopy/ copyright</b>	Public domain	
<b>Cost</b>	No cost	
<b>Training requirements</b>	No training required	
<b>Equipment requirements</b>	None	



## SOCRATES

### Primary source

[www.niaaa.nih.gov/publications/socrates-text.htm](http://www.niaaa.nih.gov/publications/socrates-text.htm)

### Secondary sources

Miller, W.R.; Tonigan, J.S.; Montgomery, H.A. et al. Assessment of client motivation for change: Preliminary validation of the Socrates (Rev) instrument. Albuquerque, NM: University of New Mexico, 1990.

Miller, W.R.; Tonigan, J.S. Assessing drinkers' motivation for change: The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES). *Psychology of Addictive Behaviors*, 10 (2):81-89, 1996.

Isenhart, C.E. Pretreatment readiness for change in male alcohol dependent subjects: Predictors of one-year follow-up status. *Journal of Studies on Alcohol*, 58(4):351-357, 1997.

Campbell, W.G. Evaluation of a residential program using the addiction severity index and stages of change. *Journal of Addictive Diseases*, 16(2): 27-39, 1997.

### Positive Features

The SOCRATES was found to be highly reliable for use in correctional settings (Peters & Greenbaum, 1996). Chronbach's alpha internal consistency coefficients range from moderately good for the Contemplation subscale (.67) to high for the Determination subscale (.98). Test-retest reliabilities are also high, ranging from .83 to .97.

The SOCRATES 'Recognition' Scale was found to have moderately good sensitivity and specificity in identifying substance 'dependent' inmates (Peters & Greenbaum, 1996).

### Concerns

The validity of the SOCRATES has not been examined among individuals with co-occurring disorders. The SOCRATES has not been validated for use in treatment matching within criminal justice settings.

### Clinical Utility of Instrument

Client motivation for change is an important predictor of treatment compliance and eventual outcome. The SOCRATES can assist clinicians with information necessary for treatment planning.

### Research Applicability

The SOCRATES has been found to be important predictor to long term alcohol treatment outcome. Work continues in the area of client-treatment matching strategies as well as identifying baseline correlates of client readiness for change.

## CMR

<b>Acronym</b>	<b>CMR</b>
<b>Name of tool</b>	Circumstances, Motivation, and Readiness Scales
<b>Related tools</b>	CMRS
<b>Description</b>	The revised CMRS is a factor derived self-administered instrument covering Circumstances, Motivation and Readiness. The revised instrument consists of four factor derived scales measuring external pressure to enter treatment, external pressure to leave treatment, motivation to change, and readiness for treatment. The instrument is designed to predict retention in treatment. It is applicable to both residential and outpatient treatment modalities. Responses to the items consist of a 5-point Likert scale on which the individual rates each item on a scale from Strongly Disagree to Strongly Agree.
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation
<b>Client Groups:</b>	
All <input checked="" type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
	Norms are available for special populations, such as Prisoners and Women's programmes.
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	None
<b>Number of items</b>	18 items
<b>Time to complete</b>	5-10 minutes
<b>Scoring</b>	The instrument can be easily scored by reversing negatively worded questions and summing the item values.
<b>Scoring time</b>	Immediate
<b>Source/Publisher</b>	Dr. George De Leon, Dr Gerald Melnick Centre for Therapeutic Community Research NDRI 71 West 23rd Street 8th Floor New York, NY 10010 Tel. (001) 212 845 4426
<b>Photocopy/copyright</b>	Instrument is copyrighted. Contact author at NDRI.
<b>Cost</b>	On application
<b>Training requirements</b>	No training or expertise required for administration.
<b>Equipment requirements</b>	None. No computerised scoring or interpretation available.

## CMR

### Primary source

[www.niaaa.nih.gov/publications/cmrs-text.htm](http://www.niaaa.nih.gov/publications/cmrs-text.htm)

De Leon, G.; Melnick, G.; Kressel, D.; & Jainchill, N. (1994). Circumstances, motivation, readiness and suitability (The CMRS Scales): Predicting retention in therapeutic community treatment. *American Journal of Drug and Alcohol Abuse*, 20(4), 495-515.

### Secondary sources

De Leon, G.; Melnick, G.; Kressel, D.; (1997) Motivation and readiness for therapeutic community treatment among cocaine and other drug abusers. *American Journal of Drug and Alcohol Abuse*. 23(2), 169-189.

Melnick, G.; De Leon, G.; Hawke, J.; Jainchill, N.; and Kressel, D. (1997) Motivation and readiness for therapeutic community treatment among adolescents and adult substance abusers. *American Journal of Drug and Alcohol Abuse*. 23(4), 485-507.

### Positive Features

The instrument is used to identify motivational differences among clients and to guide strategies to enhance low motivation.

### Clinical Utility of Instrument

The instrument can be used to determine individuals at high risk for drop out. Treatment plans can then address issues of motivation and readiness for treatment depending on relative scale scores. The instrument is designed to predict retention in treatment. It is applicable to both residential and outpatient treatment modalities.

### Research Applicability

The instrument is designed to predict retention in treatment. It is applicable to both residential and outpatient treatment modalities. In addition to predicting retention, the CMR is assessed in analyses of treatment process.

## BDI

<b>Acronym</b>	<b>BDI</b>	
<b>Name of tool</b>	Beck Depression Inventory	
<b>Related tools</b>	BDI-11	
<b>Description</b>	The BDI is a 21 item self-report rating inventory measuring characteristic attitudes and symptoms of depression. The BDI has been developed in different forms including several computerised forms, a card form, the 13-item short form and the more recent BDI-11 by Beck, Steer & Brown, 1996.	
<b>Primary use</b>	screening	<b>Secondary use</b> evaluation
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	Manual required	
<b>Number of items</b>	21 items	
<b>Time to complete</b>	10 minutes	
<b>Scoring</b>	Add up scores for each of the 21 questions	
<b>Scoring time</b>	Immediate	
<b>Source/Publisher</b>	The original BDI was introduced by Beck, Ward, Mendelson, Mock & Erbaugh in 1961, revised in 1971 and made copyright in 1978.	
<b>Photocopy/copyright</b>	Copyrighted by The Psychology Corporation USA, Tel (001) 800 872 1726	
<b>Cost</b>	Manual and 25 forms \$66. Manual only \$34. 100 record forms \$130.	
<b>Training requirements</b>	Not required although authors note that clients require literacy level (10 – 11 years) to understand the questions.	
<b>Equipment requirements</b>	None. New “Beck Intrepre Trak” Software available for computerising all Becks forms.	

### Primary source

[www.criminology.unimelb.edu.au/victims/resources/assessment/affect/bdi.html](http://www.criminology.unimelb.edu.au/victims/resources/assessment/affect/bdi.html)

### Secondary sources

Kush F.R., Sowers W., Acute dually diagnosed inpatients: The use of self-report symptom severity instruments in persons with depressive disorders and cocaine dependence, *J Subst Abuse Treat*: 1997, 14(1), p.61-66. 21.

Rounsaville, B.J., Weissman, M.M., Rosenberger, P.H., Wilber, C.H., & Kleber, H.D. (1979). detecting depressive disorders in drug abusers: A comparison of screening. *Journal of Affective Disorders*, 1, 255-267.

Weiss, R.D., & Mirin, S.M., (1989). The dual diagnosis alcoholic: Evaluation and treatment. *Psychiatric Annals*, 19 (5), 261-265.

Willenbring, M.L., (1986). Measurement of depression in alcoholics. *Journal of Studies on Alcohol*, 47 (5).

### Positive Features

The instrument requires no significant training to administer.

The BDI has higher sensitivity (94%) and specificity (59%) than the Raskin Depression Scale, the HAM-D, and the SCL-90-R (Rounsaville et al., 1979).

The BDI has moderately good sensitivity (67%) and moderately good specificity (69%) in diagnosing depression among individuals with alcohol problems (Willenbring, 1986).

### Concerns

Because it is a measure of subjective feelings of depression, it is difficult for the BDI to discriminate between normal individuals who are experiencing sadness from clinically depressed individuals (Hesselbrock et al., 1983).

### Clinical Utility of Instrument

The BDI was found to be the most effective instrument in detecting depression among alcohol abusers (Weiss, 1989).

Based on Weiss's (1989) and Willenbring's (1986) findings, the BDI should not be used as a sole indicator of depression, but rather in conjunction with other instruments.

### Research Applicability

For reliability and validity information see **Primary Source** website.

# PRISM

<b>Acronym</b>	<b>PRISM</b>
<b>Name of tool</b>	Psychiatric Research Interview for Substance and Mental Disorders
<b>Related tools</b>	SCID
<b>Description</b>	The PRISM is a semi-structured clinician-administered interview (extension of SCID) that measures DSM-III, DSM-III-R and DSM-IV diagnoses (current and past) of alcohol, drug, and psychiatric disorders and continuous measures of severity, organic aetiology treatment and functional impairment. Follow up version being developed.
<b>Primary use</b>	assessment
	<b>Secondary use</b> research
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Semi-structured clinician-administered interview
<b>Number of items</b>	Questionnaire is reported to be 240 pages long
<b>Time to complete</b>	1-3 hours
<b>Scoring</b>	Scored by computer
<b>Scoring time</b>	Immediate
<b>Source/Publisher</b>	Dr. Deborah Hasin New York State Psychiatric Institute Box 123 722 West 168th Street New York, NY 10032
<b>Photocopy/copyright</b>	No copyright
<b>Cost</b>	No cost to use instrument. Full cost for training/manuals is \$4000
<b>Training requirements</b>	Interviewer should have at least a master's degree in a clinical field and some clinical experience. Training required for administration
<b>Equipment requirements</b>	Computer

# PRISM

## Primary source

GGDAT Treatment and Care Sub Group: Report on Assessment and Outcome Monitoring for Addiction Treatment Services

## Secondary sources

Grant, B.F., and Towle, L.H. Standardized diagnostic interviews for alcohol research. *Alcohol Health Res World* 14(4):340-348, 1990.

Thevos, A.K.; Johnson, A.L.; Latham, P.K.; et al. Symptoms of anxiety in inpatient alcoholics with and without DSM-III-R anxiety diagnoses. *Alcoholism Clin Exp Res* 15(1):102-105, 1991.

Thevos, A.K.; Brady, K.T.; Grice, D.; et al. Comparison of psychopathology in cocaine and alcohol dependence. *Am J Addict* 2(4):279-286, 1993.

## Positive Features

Reliability of diagnosis.

## Concerns

Too expensive, time consuming and large training requirement along with diagnostic nature of the subject areas rule out this instrument.

## Clinical Utility of Instrument

Although primarily designed as a research instrument, the PRISM provides systematic coverage of alcohol and drug-related experiences and symptoms that may be useful in identifying areas of focus for treatment. Additionally, the unusually high reliability of the depression diagnoses in individuals with heavy drinking may provide a better basis for treatment decisions than less consistent methods for assessing major depression and dysthymia.

## Research Applicability

The high reliabilities of drug, depressive, and antisocial disorders provide the means for studying the effects of comorbidity on alcoholism treatment outcome and for differentiating subjects in order to study treatment-matching strategies when psychopathology is one of the matching variables. Expanded coverage of eating disorders, including binge eating disorders allows examination of the relationship between binge-type behaviors and alcohol, drugs, and eating. Research needed on the instrument is underway and consists of reliability studies in clinical samples, and validity results.

# BORRTI

<b>Acronym</b>	<b>BORRTI</b>
<b>Name of tool</b>	Bell Object Relations Reality Testing Inventory
<b>Related tools</b>	None
<b>Description</b>	The BORRTI was developed to determine the degree of impairment in object relations and reality testing in specific populations. Rutherford et al (1996) used the instrument to determine the degree of impairment in a study of 240 methadone maintenance patients. The 7 subscales measured are: alienation, insecure attachment, egocentricity, social incompetence, reality distortion, uncertainty of perception and hallucinations and delusions.
<b>Primary use</b>	assessment
<b>Secondary use</b>	research
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input checked="" type="checkbox"/>	Patients on methadone
Minority Ethnic Groups <input type="checkbox"/>	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	The Bell inventory manual provides data documenting psychometric values for the instruments validity and reliability for use with a range of psychiatric diagnoses.
<b>Number of items</b>	90 items in 7 sub-scales
<b>Time to complete</b>	20 minutes
<b>Scoring</b>	Bell provides means and standard deviations for each of the 7 scales. Negative scores are considered better, whereas higher or positive scores are less healthy. There is a diagnostic cutoff score for each scale.
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	Morris D Bell Psychology Service, Connecticut VA Medical Center and Yale University School of Medicine West Haven, 06516, USA
<b>Photocopy/ copyright</b>	Copyright 1996, American Psychiatric Association
<b>Cost</b>	Contact Source/Publisher
<b>Training requirements</b>	Self-completion, no training required
<b>Equipment requirements</b>	None



## BORRTI

### Primary source

Rutherford M.J., Cacciola J.S., Alterman A.I., McKay J.R., Assessment of object relations and reality testing in methadone patients, *Amer J Psychiat*: 1996, 153 (9), p.1189-1194.

### Secondary sources

Rutherford MJ, McKay JR, Alterman AI, Cacciola JS, Cook TG., The relationship of object relations and reality testing deficits to outcome status of methadone maintenance patients. *Compr Psychiatry* 1996 Sep-Oct;37(5):347-54

Nicholson B, Treece C., Object relations and differential treatment response to methadone maintenance., *J Nerv Ment Dis* 1981 Jul;169(7):424-9.

Cacciola JS, Alterman AI, Rutherford MJ, McKay JR, Mulvaney FD., The relationship of psychiatric comorbidity.

### Clinical Utility of Instrument

The BORRTI has been found to be a reliable and valid instrument for numerous populations. Research using the Bell inventory has been done with large groups of college students and general psychiatric patients as well as Rutherford's study on methadone maintenance patients.

### Research Applicability

Rutherford et al (1996) suggested that the factor structure of the Bell inventory may need to be re-evaluated for substance abusers due to a number of the subscales having inadequate internal consistency. The study concluded that further studies of the relationship between Bell inventory scores and specific personality disorders in substance abusers, with larger diagnostic groups, were warranted.

## BDEPQ

<b>Acronym</b>	<b>BDEPQ</b>
<b>Name of tool</b>	Benzodiazepine Dependence Questionnaire
<b>Related tools</b>	None
<b>Description</b>	The BDEPQ is the first scale to assess dependence on benzodiazepines (BZDs) comprehensively, as all existing scales focus exclusively on withdrawal symptoms. It asks respondents to think of their experiences with benzodiazepines over the last month and rate their responses to each item on a four-point Likert scale.
<b>Primary use</b>	assessment
	<b>Secondary use</b> research
<b>Client Groups:</b>	
All	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Minority Ethnic Groups	<input type="checkbox"/>
Prisoners	<input type="checkbox"/>
Women	<input type="checkbox"/>
	Regular benzodiazepine users
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Manual available from author – hand scoring instructions are available on author’s website
<b>Number of items</b>	30 items
<b>Time to complete</b>	10 to 15 minute
<b>Scoring</b>	Total of scores for each item. Each item is scored on a 4-point Likert scale.
<b>Scoring time</b>	Less than 10 minutes
<b>Source/Publisher</b>	Andrew J Baillie PhD Psychology Department Macquarie University Sydney, NSW 2109 Australia email: andrew.baillie@mq.edu.au
<b>Photocopy/copyright</b>	Copyright by the author. Permission is granted for clinicians and researchers to reproduce for clinical and research purposes. Copies are downloadable from the author’s website.
<b>Cost</b>	None
<b>Training requirements</b>	None, self completion questionnaire
<b>Equipment requirements</b>	None

## BDEPQ

### Primary source

Baillie A.J., Mattick R.P., The Benzodiazepine Dependence Questionnaire: Development, reliability and validity, *Brit J Psychiat*: 1996. 169(3), p.276-281.

### Secondary source

<http://laurel.ocs.mq.edu.au/~abaillie/bdepqman.html>

### Positive Features

The BDEPQ is the first scale to assess dependence on BZDs comprehensively.

### Concerns

People using benzodiazepines in combination with other drugs, and people requiring inpatient detoxification from benzodiazepines, are probably outside the scope of the instrument in the absence of further research (Baillie & Mattick 1996).

### Clinical Utility of Instrument

The BDEPQ has a demonstrated ability to predict future withdrawal symptoms and the success of future attempts to reduce benzodiazepine use. Study sample (Baillie & Mattick 1996) had an average diazepam-equivalent daily dose of between 28-58mgs. There is some evidence for the use of BDEPQ in settings where BZDs are prescribed (such as general practice) but do not specialise in BZD dependence.

### Research Applicability

The high reliability and validity of the BDEPQ support its use as a research instrument.

# TPQ

<b>Acronym</b>	<b>TPQ</b>
<b>Name of tool</b>	Treatment Perception Questionnaire
<b>Related tools</b>	MAP
<b>Description</b>	The TPQ is a brief scale to measure client satisfaction with treatment for substance use problems. It was developed at the National Addiction Centre in London. It examines the perception of clients towards: 1) the nature and extent of their contact with a treatment programme’s staff team (5 items); and 2) aspects of the operation of the treatment service and its rules and regulations (5 items). Developed originally with samples of clients attending community and residential treatment in London and subsequently in clients samples in Italy, Spain and Portugal.
<b>Primary use</b>	evaluation
	<b>Secondary use</b> research
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input checked="" type="checkbox"/>
	Women <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Client self-administration. No special administration requirements, but see publications for description.
<b>Number of items</b>	10 items
<b>Time to complete</b>	2 minutes
<b>Scoring</b>	Each item is in the form of a belief statement and client response is recorded using a 5-point Likert-type scale (strongly agree – strongly disagree; weighted 0-4; total score range = 0-40).
<b>Scoring time</b>	Immediate
<b>Source/Publisher</b>	John Marsden PhD Senior Lecturer in Addictive Behaviour National Addiction Centre Maudsley Hospital/Institute of Psychiatry 4 Windsor Walk Denmark Hill London SE5 8AF Tel. 020 78480830
<b>Photocopy/copyright</b>	Public domain. Copies can be found in the cited primary academic publications. Copyright is held with the primary citation (Addiction Research, Harwood Academic Publishers).
<b>Cost</b>	None
<b>Training requirements</b>	None
<b>Equipment requirements</b>	None

## TPQ

### Primary source

Marsden J., Stewart D., Gossop M., Rolfe A., Bacchus L., Griffiths P., Clarke K., Strange J. Assessing client satisfaction with treatment for substance use problems and the development of the treatment perceptions questionnaire (TPQ)., *Addiction research*, 2000, Vol. 8, No. 5 pp 455-470.

### Secondary sources

Marsden J., Nizzoli U., Corbelli C., Margaron H., Torres M., Prada de Castro I., Stewart D., Gossop M. New European Instruments for Treatment Outcome Research: Reliability of the Maudsley Addiction Profile and Treatment Perceptions Questionnaire in Italy, Spain and Portugal, *European Addiction Research* 2000; 6: p115-122.

### Clinical Utility of Instrument

Although the TPQ was developed as an independent interviewer-administered instrument, the authors foresee few problems in using this instrument in an anonymous self-completion format. In this context, the addition of a brief section for clients to record basic demographic information would be valuable as would the addition of an open question inviting respondents to record specific dissatisfying issues encountered and/or their suggestions about ways in which the programme can be improved.

### Research Applicability

The results of the TPQ development study suggest that it may be a valuable component of both formal studies of treatment process and outcome and routine programme audit.

# TSR

<b>Acronym</b>	<b>TSR</b>
<b>Name of tool</b>	Treatment Services Review
<b>Related tools</b>	ASI
<b>Description</b>	The TSR is an interview used to gather information about specific services provided to patients attending substance abuse and other types of treatment programs. The TSR focuses on services for seven potential problem areas-medical status, employment and support, drug use, alcohol use, legal status, family/social status, and psychiatric status – that correspond to the seven patient functioning areas assessed by the Addiction Severity Index. Patients are asked about the services that they received in the past week either in a program or outside of a program through referral.
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input checked="" type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input checked="" type="checkbox"/>
	Women <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Paper and pencil interview that can be administered in person or over the phone
<b>Number of items</b>	46 items
<b>Time to complete</b>	10-12 minutes
<b>Scoring</b>	Scored by technician Computerized scoring or interpretation available
<b>Scoring time</b>	1 minute
<b>Source/Publisher</b>	The TSR is in the public domain. The form and the manual is available directly from the Treatment Research Institute website <a href="http://www.tresearch.org">www.tresearch.org</a>
<b>Photocopy/copyright</b>	TSR is a public domain research instrument and can be used free of charge for non-profit applications. Copies of the questionnaire and the scoring manual are available from the first author.
<b>Cost</b>	No cost
<b>Training requirements</b>	Training required for administration
<b>Equipment requirements</b>	No equipment necessary for paper and pencil administration.

### Primary source

[www.niaaa.nih.gov/publications/tsr-text.htm](http://www.niaaa.nih.gov/publications/tsr-text.htm)

### Secondary sources

McLellan, A.T.; Alterman, A.I.; Cacciola, J.; Metzger, D.; and O'Brien, C.P. A new measure of substance abuse treatment: Initial studies of the Treatment Service Review. *J Nerv Ment Dis* 180:101-110, 1992.

Alterman, A.I.; McLellan, A.T.; and Shiffman, R.B. Do substance abuse patients with more psychopathology receive more treatment? *J Nerv Ment Dis* 181:576-582, 1993.

Alterman, A.I., and McLellan, A.T. Inpatient and day hospital treatment services for cocaine and alcohol dependence. *J Subst Abuse Treat* 10:269-275, 1993.

McLellan, A.T., Grissom, G.R., Brill, P., and Metzger, D. Substance abuse treatment in the private setting: Are some programs more effective than others? *J Subst Abuse Treat* 10:243-254, 1993.

McLellan, A.T., Arndt, I.O., Metzger, D.S., Woody, G.E., and O'Brien, C.P. The effects of psychosocial services in substance abuse treatment. *JAMA* 269:1953-1959, 1993.

### Clinical Utility of Instrument

The TSR can be used to describe the types of services patients receive in a treatment program. In this way, it is possible to differentiate types of programs and to determine whether the patient problems presented at admission have been addressed during treatment.

### Research Applicability

The TSR has been used to evaluate different forms of experimental interventions to ensure that they are delivered in the manner originally specified and that they differ from the control or comparison conditions. In addition, the TSR can be used in studies designed to match patients to the treatment programs or services that benefit them the most.

## CAAPE

<b>Acronym</b>	<b>CAAPE</b>
<b>Name of tool</b>	Comprehensive Addictions and Psychological Evaluation
<b>Related tools</b>	PADDI
<b>Description</b>	The CAAPE is a comprehensive diagnostic assessment interview providing documentation for substance-specific abuse or dependence diagnoses based on DSM-IV criteria. It covers some of the more prevalent mental health conditions likely to impact recovery from substance abuse or dependence and collects key demographic information associated with prognosis.
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation
<b>Client Groups:</b>	
All <input type="checkbox"/>	Adolescents <input type="checkbox"/>
Adults <input checked="" type="checkbox"/>	Prisoners <input type="checkbox"/>
Other <input type="checkbox"/>	Minority Ethnic Groups <input type="checkbox"/>
	Women <input type="checkbox"/>
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Manual available from publisher (see cost)
<b>Number of items</b>	Variable
<b>Time to complete</b>	35-50 minutes
<b>Scoring</b>	The interview booklet is designed to conform to the DSM-IV criteria, and the order of the questions makes the interview its own scoring template.
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	Evince Clinical Assessments PO Box 17305 Smithfield, RI 02917 Tel: (001) 800-755-6299, (001) 401-231-2993 Fax: (001) 401-231-2055
<b>Photocopy/copyright</b>	The CAAPE is copyrighted by Norman G. Hoffman and may not be adapted or photocopied. To do so is a violation of copyright law and constitutes unethical conduct.
<b>Cost</b>	CAAPE Manual CAAPE-M \$15.00 CAAPE Introductory Kit (Manual plus 5 interviews) CAAPE-IK \$23.00 CAAPE Interviews (packet of 25) CAAPE \$62.50
<b>Training requirements</b>	Interview to be conducted by clinicians familiar with substance misuse and mental health.
<b>Equipment requirements</b>	None



## CAAPE

### Primary source

[www.evinceassessment.com/product\\_caape.html](http://www.evinceassessment.com/product_caape.html)

### Positive Features

Documentation of drug/alcohol related problems.

Indications of common mental health conditions.

Demographics and clinical prognostic indicators.

### Concerns

Developed to meet DSM-IV American diagnostic criteria. Care should be taken to ensure that data items and definitions are adaptable to UK systems.

### Clinical Utility of Instrument

The CAAPE is an ideal tool for performing a substance abuse and mental health diagnostic work-up as part of any routine clinical intake when both addictions and mental health disorders need to be considered. Both demographic and clinical content covered by the CAAPE have been shown to be related to recovery after addictions treatment. Also, the CAAPE can aid in motivational enhancement. Individuals who are presented with the detailed behaviours and symptoms of their conditions frequently are more likely to accept referral and become engaged in their treatment plans.

### Research Applicability

Validated instrument which can be used in the evaluation of dual diagnosis services.

# JAVAA

<b>Acronym</b>	<b>JAVAA</b>
<b>Name of tool</b>	Job and Vocational Attitude Assessment Questionnaire and Interview
<b>Related tools</b>	None
<b>Description</b>	The JAVAA-Q (questionnaire) and JAVAA-I (interview) are designed to provide a consistent assessment for evaluating employees' work readiness following a positive test for alcohol or other drugs, after an incident involving substances, or upon completion of treatment for alcohol and other drug addictions.
<b>Primary use</b>	assessment
<b>Secondary use</b>	evaluation

**Client Groups:**

All	<input type="checkbox"/>	Adolescents	<input type="checkbox"/>	Minority Ethnic Groups	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>	Prisoners	<input type="checkbox"/>	Women	<input type="checkbox"/>
Other	<input type="checkbox"/>				

**Administrative Issues:**

<b>Guidelines/Manual</b>	Manual available from publisher (see cost)
<b>Number of items</b>	JAVAA-Q is a 75-item MCQ
<b>Time to complete</b>	20 minutes
<b>Scoring</b>	A scoring template facilitates scoring of the JAVAA-Q
<b>Scoring time</b>	5 minutes
<b>Source/Publisher</b>	Evince Clinical Assessments PO Box 17305 Smithfield, RI 02917 Tel: (001) 800-755-6299, (001) 401-231-2993 Fax: (001) 401-231-2055
<b>Photocopy/copyright</b>	© 2002 Evince Clinical Assessments
<b>Cost</b>	JAVAA-I Introductory Kit (Guide plus five forms) JAVAA-IK \$24.00 JAVAA Questionnaire forms (30) JAVAA-Q \$62.50 JAVAA Interview forms (30) JAVAA-I \$62.50
<b>Training requirements</b>	Interpretation of findings should be done in the context of a return-to-work interview conducted by a trained professional.
<b>Equipment requirements</b>	None

# JAVAA

## Primary source

[www.evinceassessment.com/product\\_javaa.html](http://www.evinceassessment.com/product_javaa.html)

## Positive Features

Consistent return-to-work assessment.  
Assess suitability of the recovery plan.  
Check for resolution of anger issues.  
Evaluate family and social support.  
Uniform documentation of findings.

## Clinical Utility of Instrument

The JAVA-Q can be completed before the interview with the counsellor.

The JAVA-I is a semi-structured interview, which allows for recording both open-ended client responses and clinician ratings of key elements in the evaluation process. The interview can be completed in about 30 minutes.

## Research Applicability

The instrument can be used to support evaluation of employability programmes.

# TWEAK

<b>Acronym</b>	<b>TWEAK</b>	
<b>Name of tool</b>	TWEAK	
<b>Related tools</b>	None	
<b>Description</b>	<p>TWEAK is a five-item scale developed originally to screen for risk drinking during pregnancy. It is an acronym for the questions below:</p> <p>T-Tolerance: "How many drinks can you hold?" W-Worried: "Have close friends or relatives Worried or Complained about your drinking in the past year?" E-Eye-openers: "Do you sometimes take a drink in the morning when you first get up?" A-Amnesia (blackouts); "Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?" K(C)-Cut Down: "Do you sometimes feel the need to Cut Down on your drinking?"</p> <p>TWEAK is one of the few alcohol screening tests that has been developed and validated among women.</p>	
<b>Primary use</b>	screening	<b>Secondary use</b> audit
<b>Client Groups:</b>		
All	<input type="checkbox"/>	<b>Adolescents</b> <input type="checkbox"/>
Adults	<input type="checkbox"/>	<b>Prisoners</b> <input type="checkbox"/>
Other	<input type="checkbox"/>	<b>Minority Ethnic Groups</b> <input type="checkbox"/>
		<b>Women</b> <input checked="" type="checkbox"/>
<b>Administrative Issues:</b>		
<b>Guidelines/Manual</b>	None	
<b>Number of items</b>	5 items	
<b>Time to complete</b>	Less than 2 minutes	
<b>Scoring</b>	A total score of 2 or more indicates that obstetric patients were likely to be risk drinkers. However, preliminary studies suggest that cut-points of 3 or 4 are better than 2 for identifying harmful drinking or alcoholism.	
<b>Scoring time</b>	Less than one minute	
<b>Source/Publisher</b>	Marcia Russell, Ph.D. Research Institute on Addictions 1021 Main Street Buffalo NY 14203	
<b>Photocopy/copyright</b>	No copyright	
<b>Cost</b>	No cost	
<b>Training requirements</b>	Administered by self, health care worker, or computer No training required for administration	
<b>Equipment requirements</b>	Pencil and paper self-administered, interview, or computer self administered	

## TWEAK

### Primary source

Russell, M.; Martier, S.S.; Sokol, R.J.; Jacobson, S.; Jacobson, J.; and Bottoms, S. Screening for pregnancy risk drinking: TWEAKING the tests. *Alcoholism Clin Exp Res* 15(2):638, 1991.

### Secondary sources

Russell, M., and Bigler, Screening for alcohol-related problems in an outpatient obstetric-gynecologic clinic. *Am J Obstet Gynec* 134:4-12, 1979.

Russell, M., and Skinner, J.B. Early measures of maternal alcohol misuse as predictors of adverse pregnancy outcomes. *Alcoholism Clin Exp Res* 12(6):824-830, 1988.

Sokol, R.J.; Martier, S.S.; and Ager, J.W. T-ACE questions: Practical prenatal detection of risk-drinking. *Am J Obstet Gynec* 160(4):863-870, 1989.

Chan, A.W.K.; Pristach, E. A.; Welte, J.W.; and Russell, M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. *Alcoholism Clin Exp Res* 17(6):1188-1192, 1993.

Russell, M.; Martier, S.S.; Sokol, R.J.; Mudar, P.; Bottoms, S.; Jacobson, S.; and Jacobson, J. Screening for pregnancy risk-drinking. *Alcoholism Clin Exp Res* 18(5):1156-1161, 1994.

Russell, M. New assessment tools for drinking in pregnancy: T-ACE, and others. *Alcohol Health Res World* 18(l):55-61, 1994.

### Clinical Utility of Instrument

The TWEAK has been used to screen for periconceptional risk drinking among obstetric outpatients (Russell et al. 1994). Screening for periconceptional risk drinking has the potential to improve pregnancy outcome among risk drinkers by targeting them for intervention to reduce their alcohol intake during pregnancy. Postpartum followup to prevent resumption of harmful drinking patterns will enhance women's ability to care for their newborns and prevent alcohol-related fetal damage in subsequent pregnancies.

TWEAK has also been used to screen for harmful drinking and a DSM-III-R diagnosis of alcohol abuse or dependence in samples of the general household population, outpatient samples, and hospital inpatients (Chan et al. 1993). It provides a quick and easy method of targeting outpatients and inpatients in need of more thorough assessments of their drinking patterns and alcohol-related problems to determine whether treatment for alcoholism is needed. Information on alcohol use may also be important in planning treatment for patients' other health needs. Feedback on harm revealed by the assessment has the potential to motivate patients to reduce their alcohol intake, either on their own or by accepting treatment (Miller et al. 1988).

### Research Applicability

It would be appropriate to conduct further work on the psychometric properties of the instrument and its sensitivity and specificity with respect to various alcohol outcomes (risk drinking during pregnancy, harmful drinking, and alcohol abuse or dependence) in a wide range of populations, particularly those seen in community agencies with the capability to conduct followup assessments of individuals who score positively on the TWEAK.

# URICA

<b>Acronym</b>	<b>URICA</b>
<b>Name of tool</b>	University of Rhode Island Change Assessment Scale
<b>Related tools</b>	SOCRATES
<b>Description</b>	URICA examines five theoretical ‘stages of change’ (Precontemplation, Contemplation, Preparation, Action, and Maintenance) related to individual motivation for treatment). Five subscales are included within the instrument, reflecting each of the levels of change. The URICA differs from the SOCRATES in that it does not directly query about motivation for alcohol or drug treatment, but instead presents questions in a more general manner.
<b>Primary use</b>	assessment
	<b>Secondary use</b> outcome evaluation
<b>Client Groups:</b>	
All	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>
Adults	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Minority Ethnic Groups	<input type="checkbox"/>
Prisoners	<input checked="" type="checkbox"/>
Women	<input checked="" type="checkbox"/>
	Women in prison, clients with alcohol problems
<b>Administrative Issues:</b>	
<b>Guidelines/Manual</b>	Pencil and paper self administered. Requires low to moderate reading levels
<b>Number of items</b>	40 items
<b>Time to complete</b>	5-10 minutes
<b>Scoring</b>	Clients are asked to endorse statements using a Likert Scale (1, not at all – 5, extremely) in response to how important this statement is to them. Items are summed to give a total score for each stage.
<b>Scoring time</b>	n/a
<b>Source/Publisher</b>	Carlo C. DiClemente University of Maryland Psychology Department 1000 Hilltop Circle Baltimore, MD 21250 Tel: (001) 410-455-2415
<b>Photocopy/copyright</b>	Instrument in the public domain.
<b>Cost</b>	None
<b>Training requirements</b>	Does not require clinical training to administer
<b>Equipment requirements</b>	None but can be used with computer scannable forms

## URICA

### Primary source

[www.niaaa.nih.gov/publications/urica-text.htm](http://www.niaaa.nih.gov/publications/urica-text.htm)

### Secondary sources

El-Bassel N., Schilling R.F., Ivanoff A., Chen D.R., Hanson M., Bidassie B., Stages of change profiles among incarcerated drug-using women, *Addict Behav*:1998, 23(3). P.389-394. 15 refs.

McConaughy, E.A., Prochaska, J.O., & Velicer, W.F. Stages of change in psychotherapy: Measurement and sample profiles. *Psychotherapy: Theory, Research and Practice*, 20, 368-375, 1983.

Willoughby, F.W.; Edens, J.F. Construct validity and predictive utility of the Stages of Change Scale for alcoholics. *Journal of Substance Abuse*, 8(3), 275-291, 1996.

Carney, M.M.; Kivlahan, D.R. Motivational subtypes among veterans seeking substance abuse treatment: Profiles based on stages of change. *Psychology of Addictive Behaviors*, 9(2):135-142, 1995.

DiClemente, C.C.; Hughes, S.O. Stages of change profiles in outpatient alcoholism treatment. *Journal of Substance Abuse*, 2, 217-235, 1990.

### Positive Features

Research has established the validity of the URICA for use with alcoholics.

The URICA has been found to be reliable and to identify distinct motivational profiles (DiClemente & Hughes, 1990).

The URICA provides a potentially useful means to detect denial of substance abuse problems, ambivalence in changing to a drug-free lifestyle, and other cognitive factors affecting participation in treatment.

### Concerns

The URICA is somewhat difficult to score.

The URICA does not specifically address alcohol or drug abuse problems, but presents questions to address the range of addictive disorders.

The validity of the URICA has not been examined among individuals with co-occurring disorders.

The URICA has not been validated for use in criminal justice settings.

### Clinical Utility of Instrument

Assessment of stages of change/readiness construct can be used as a predictor, treatment matching and also as outcome variables.

### Research Applicability

May be used in research with clinical populations for both outcome and process research.

## Development of core data sets

The **Joint Future agenda** requires the development of a single, shared assessment and a core data set for people with drug misuse problems. A common assessment that tried to capture all the information needed by key agencies could be lengthy and impractical. However, from our review of the evidence, including the consultations with both service providers and service users, there is support for a core assessment to produce an agreed core set of information or data set that would be useful to all agencies and service providers. This would cover socio-demographic information, health, housing, employment history, income/benefits as well as the nature of the drug misuse.

If such information were available to all the relevant parties, it would benefit clients who would not experience the frustration of answering the same questions on several occasions. It would also offer reassurance that the “system” knows about them and is actively pursuing their care.

The use of a core set of information or data set should also help service providers to do their job better. They will have the basic information and be able to work with the individual on the more detailed assessment necessary to inform decisions about appropriate treatment, care and support within their service. In this way, a core or common assessment could contribute significantly to a **person-centred service**.

A core data set would also provide consistent information across the area to help DATs with **service evaluation and planning** for the future pattern and provision of services in their area. EIU Evaluation Guide 7, “Using assessment data for evaluation” examines when and how assessment data collected by drug services can be used as part of an evaluation design. It briefly outlines the definitions, purposes and principles of assessment and examines how specific tools can be used in evaluation.

[www.drugmisuse.isdscotland.org/goodpractice/EIU\\_evaluation7b.pdf](http://www.drugmisuse.isdscotland.org/goodpractice/EIU_evaluation7b.pdf)

In some parts of Scotland, such data sets are already in use (Forth Valley and Aberdeen City). The Study of Assessment Tools (Rome 2002) included a mapping of tools currently in use in Scotland. From that information, we have produced two core data sets in collaboration with the Joint Future Unit.

- **Personal information core data set**
- **Assessed need core data set (components of need)**

These data sets should be used as a basis for the development of single shared assessment protocols and documentation for people with drug problems. Service providers need to ensure that tools used as part of an assessment process gather the information required within the core data sets. In order to support this we have analysed the content of each tool against the data items contained within each core data set.

## Personal information core data set

The ASI, IAP, TADD and SUDDS-IV gather most of the demographic information contained in this data set. Several other tools had space for a **unique identifier** number or **family name and forename** as a form of identification. It is largely the Comprehensive or Specialist tools which collect information about **presenting problem** and **current drug profile**. **Signs and symptoms of withdrawal or over sedation** were rarely mentioned. No tool explicitly addressed the issues of **consent to assessment and signed permission to share information with other agencies**.



## 1. Personal Information core data set

- Family name and forename
- Present address and postcode
- Unique identifier
- Date of birth
- Gender
- Ethnicity
- Referral Source
- G.P Name
- G.P Address
- Other professionals/agencies involved
- Next of kin
- Dependant children at home
- Previously known
- Previous Interventions
- Presenting problem
- Primary drug profile
- Secondary drug profile
- Injecting
- Signs and symptoms of over sedation and/or withdrawal
- Consent to assessment
- Signed permission to share information with other agencies

## Assessed Need core data set

This data set consists of 74 items within 12 sub-sets. These are presented below. Each of the tools was measured against these sub-sets in order to establish to what degree the instrument collected information on the 74 data items contained within. The tables at the end of this section display the results of this process. This information should assist service providers in 'Matching up' instruments to ensure that all the required information is collected at each level of the assessment process.

The following symbols have been used to illustrate the degree to which information is collected within each sub-set. These are **indicative measures** based on analysis of the instruments and published research papers referenced within each profile.

- Brief information** on sub-set is collected, often the sub-set heading or one or two of the data items.
- Partial information** covering data items within sub-set, where at least half of the data items are mentioned.
- Complete information** on all data items within sub-set. Most of or all data items are addressed representing comprehensive coverage of the sub-set.

## 2. Assessed Need core data set

### 2.1 Drug Use

- Other problem drug profile
- Alcohol use
- Prescribed drugs/medication
- Effects on user (positive and negative)
- Problems/concerns
- Drug history including alcohol

### 2.2 Living Arrangements

- Household composition
- Status of residency
- Accommodation type
- Carer/cared for
- Other drug user(s) in household
- Housing support needs
- Benefits
- Heating

### 2.3 Physical Health

- Past medical history
- Permanent or long-standing health condition or disability
- Current care provision
- Seen by GP in last 18 months
- Current medical condition
- Current medication
- Current treatments
- Registered disabled

### 2.4 Disease Prevention

- Sleep patterns
- Diet and food preparation
- General physical state
- Body Mass Index
- Injecting practices/techniques
- Wound management
- Oral health
- Vaccination history
- History of cervical or breast screening

## 2.5 Mental Health

- Past psychiatric history
- Current signs and symptoms
- Risk assessment
- Current medication
- Seen by psychiatric services in last 18 months
- Current diagnosis

## 2.6 Social Functioning

- Relationships
- Family contacts
- Social contacts
- Spiritual and religious matters
- Cultural and ethnic matters
- Leisure/hobbies
- Employment, past and current
- Learning

## 2.7 Legal Situation

- Current offending behaviour
- Previous convictions
- Outcomes
- Prison
- Other

## 2.8 Service User's Perspective

- Problems and issues perceived and conveyed by the person
- Person's motivation
- Advocacy required?

## 2.9 Collateral Information

- Carer/significant others' perspective
- Other service provider

## 2.10 Biological Measures

- Biochemistry
- Virology
- Hepatitis B
- Hepatitis C
- HIV
- Pregnancy

### 2.11 Readiness to Change

- Stage of change
- Motivational state
- Strengths
- Barriers to change
- Support system
- Self-efficacy

### 2.12 Risk and Safety

- Needle sharing/exchange/cleaning
- Sharing of injecting paraphernalia including filters, water and spoons
- Sexual risk
- Blood borne virus
- Sexually transmitted diseases
- Personal safety- Risk from self
- Personal safety- Risk from other
- Risk to dependant children
- Public Safety



## ASSESSMENT OF NEED CORE DATA SET

		Drug Use	Living Arrangements	Physical Health	Disease Prevention	Mental Health	Social Functioning	Legal Situation	Service User Perspective	Collateral Information	Biological Measures	Readiness to Change	Risk and Safety
AUDIT	Initial/Screening	<input type="radio"/>					<input type="radio"/>		<input type="radio"/>				<input type="radio"/>
CAGE		<input type="radio"/>							<input type="radio"/>			<input type="radio"/>	
PLOT		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>						
SASSI		<input checked="" type="radio"/>								<input checked="" type="radio"/>			
SDS		<input type="radio"/>							<input checked="" type="radio"/>			<input checked="" type="radio"/>	
DAST-20	Comprehensive	<input checked="" type="radio"/>		<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>				<input type="radio"/>
PEI		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input checked="" type="radio"/>
RICKTER		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>						
ASAM-PPC						<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CISS		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
MAP		<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>					<input checked="" type="radio"/>
MTQ		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>					<input type="radio"/>
CAI		<input type="radio"/>				<input type="radio"/>	<input checked="" type="radio"/>					<input checked="" type="radio"/>	
CSSA		<input checked="" type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>					<input checked="" type="radio"/>		<input type="radio"/>
RAATE				<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>					<input checked="" type="radio"/>	
CIDI		<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					<input type="radio"/>
EUROADAD		<input checked="" type="radio"/>				<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>				
DATAR		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>				<input checked="" type="radio"/>
IAP		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
OTI	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>					<input checked="" type="radio"/>	
SUDDS-IV	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				<input checked="" type="radio"/>	<input type="radio"/>	
SSAGA	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>						<input checked="" type="radio"/>	
ASI	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>				<input type="radio"/>	
EUROPASI	<input checked="" type="radio"/>				<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>					
CAAPE	<input checked="" type="radio"/>				<input checked="" type="radio"/>								
SOCRATES												<input checked="" type="radio"/>	
JAVAA	<input checked="" type="radio"/>					<input type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>			<input checked="" type="radio"/>	
TADD	<input checked="" type="radio"/>		<input type="radio"/>			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>
PRISM	<input checked="" type="radio"/>					<input checked="" type="radio"/>							
CMR									<input checked="" type="radio"/>			<input checked="" type="radio"/>	
BDEPQ	<input checked="" type="radio"/>												
IDI	<input checked="" type="radio"/>						<input checked="" type="radio"/>						
DLSI						<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>					
SDSS	<input checked="" type="radio"/>												
BORRTI						<input checked="" type="radio"/>	<input checked="" type="radio"/>						<input type="radio"/>
TWEAK	<input type="radio"/>												
URICA									<input checked="" type="radio"/>			<input checked="" type="radio"/>	
BDI						<input checked="" type="radio"/>							

## Outline Framework for an Assessment Process for Drug Users

This framework has been adapted from the outline framework for assessment set out in the Beattie Report 'Implementing Inclusiveness' (Scottish Executive, 1999). While it covers some of the ground already set out in the main body of the Assessment Chapter in Integrated Care for Drug Users, its aim is to **provide more detail on the key principles and components of the assessment process.**

### Principles of Assessment:

- ✓ It must be open.
- ✓ It must be fair and accurate.
- ✓ It must be focused on the individual and not designed to accommodate the organisational structures or administrative practices of an agency.
- ✓ It must respect confidentiality.
- ✓ It must encourage full participation and ownership by the individual.
- ✓ It must aid progression.

### It should also:

- ✓ Be continuous but not repetitive
- ✓ Be given adequate time and care
- ✓ Be carried out by competent and well-trained staff
- ✓ Be designed to allow the transfer of accurate, relevant and up-to-date information

### The objectives of the assessment process:

- ✓ Identification of the type and level of need and the attributes and aspirations of the individual.
- ✓ Agreement jointly with the individual, and other service providers as appropriate, of an action plan for treatment, care and support.
- ✓ Agreed goals and arrangements for review and reassessment.
- ✓ Communication of the outcome of the assessment process to the appropriate providers and the arrangement of matching provision.

### The elements of the assessment process:

- ✓ The assessment exercise.
- ✓ The profile.
- ✓ The action plan.

**An assessment should be carried out:**

- ✓ At initial contact.
- ✓ Regularly – but not too often.
- ✓ At every transition between services.
- ✓ After critical events.

**Outcome of the assessment****(a) The Profile**

From the assessment process, a profile of the individual could be created to cover:

- ✓ The type and level of needs; drug treatment, social support, life skills
- ✓ Particular circumstances e.g. family problems, emotional and behavioural problems, debt, likely to create barriers to progress
- ✓ The aspirations and attributes, with particular attention to positive experiences in the past
- ✓ Goals – short term and longer term

**(b) Action Plan**

The Action Plan draws together the outcomes of the various stages of the assessment process. It should be produced after discussion between the individual and staff who have worked with him/her and, where possible service providers who could provide treatment, care and support. It should draw on the outcome of assessment tool(s); self-assessment by the individual; the judgement of staff; and the profile.

The Action Plan should recognise the needs, attributes and aspirations of the individual. It should offer a systematic way to support the individual to make progress towards agreed goals at a pace suitable for him/her; and to enable service provider(s) to design and deliver the appropriate treatment, care and support “package”.

The action plan should specify:

- ✓ The goals
- ✓ The agreed treatment approach for drug use and the service provider
- ✓ The actions to address other problems e.g. housing, family support, offending behaviour, personal and social skills, education and training needs
- ✓ What will constitute progress and how it will be measured
- ✓ Dates for reviewing progress, who will be involved and the format
- ✓ The main contact



### **(c) Ongoing assessment and review**

This should cover progress made by the individual towards goals including:

- ✓ Improvements in health
- ✓ Improvements in family and social functioning
- ✓ Reducing criminal behaviour
- ✓ Reduction in drug use
- ✓ Improvements in self esteem and motivation
- ✓ Movement towards employability

The individual should be offered the opportunity for self-assessment where possible as well as taking into account the use of assessment tools and professional judgement (see Chapter 5, Planning and Delivery of Care).

A planned review should take place at regular intervals to ensure that the care plan is revised to take account of changing needs and circumstances and that service providers are meeting needs appropriately and the agreed quality standards.

### **(d) Training**

Staff should have access to regular training in the competencies appropriate to the level of assessment that they are engaged in. There should be opportunities for multi-disciplinary training at national and local level to support the development of joint working and information sharing.



## THE USE OF ASSESSMENT TOOLS BY DRUG SERVICES IN SCOTLAND

### STUDY OF THE NATURE AND EXTENT OF APPLICATION

ROME, A.M.

#### ABSTRACT

This study aims to explore the use of assessment tools and frameworks in Scottish treatment services working with adults with drug misuse problems. The dissertation provides an analysis of the range of assessment tools in use and compares how the circumstances of their actual use differ from the original intentions of the design.

The main aim of the study was to map the assessment tools used in drug services in Scotland and to study the nature and extent of their application. There were a number of key objectives to the research. One of these was to review existing research on assessment tools in the drug misuse field including their purpose, reliability, validity, strength and weaknesses. The study also examined service provider's views on the application of the tools and the variation in the use of these tools across Scotland. Another objective of the study was to use these tools to develop a core data set for use across drugs services in Scotland.

The research methods incorporate a data analysis of the current literature to identify assessment tools, their appropriate application and where the various tools are used both nationally and world-wide. An examination of the assessment tools used in Scottish Drug Services was investigated using a Survey Questionnaire. The type of information collated included both qualitative and quantitative data.

The results of this research suggest that there is a wide variation in the use of assessment tools. Significantly, the tools are often not used for their designated purpose. Further, there seems to be importance in the development of a common assessment tool, and core information gathering to develop more integration between drug services across Scotland.

# Scottish Executive Effective Interventions Unit Dissemination Policy

1. We will aim to disseminate the right material, to the right audience, in the right format, at the right time.
2. The unit will have an active dissemination style. It will be outward looking and interactive. Documents published or sent out by the unit will be easily accessible and written in plain language.
3. All materials produced by the unit will be free of charge.
4. Material to be disseminated includes:
  - Research and its findings
  - Reports
  - Project descriptions and evaluations
  - Models of services
  - Evaluation tools and frameworks for practitioners, managers and commissioners.
5. Dissemination methods will be varied, and will be selected to reflect the required message, and the needs of the target audience.

## **These methods are:**

- Web-based – using the ISD website ‘Drug misuse in Scotland’ which can be found at: <http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>
  - Published documents – which will be written in plain language, and designed to turn policy into practice.
  - Drug Action Team channels – recognising the central role of Drug Action Teams in developing effective practice.
  - Events – recognising that face-to-face communication can help develop effective practice.
  - Indirect dissemination – recognising that the Unit may not always be best placed to communicate directly with some sections of its audience.
6. This initial policy statement will be evaluated at six-monthly intervals to ensure that the Unit is reaching its key audiences and that its output continues to be relevant and to add value to the work of those in the field.

Further copies are available from:  
Effective Interventions Unit  
Substance Misuse Division  
Scottish Executive  
St Andrew's House  
Edinburgh EH1 3DG  
Tel: 0131 244 5117 Fax: 0131 244 2689  
[EIU@scotland.gsi.gov.uk](mailto:EIU@scotland.gsi.gov.uk)  
<http://www.drugmisuse.isdscotland.org/eiu/eiu.htm>

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Astron B29315 4/2003

