Diagnosis and Assessment of Alcohol Use Disorders

NIAAA Social Work Education
Module 5

(revised 6/02)

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Outline

A. Background
B. What We Measure
C. Sequential and Functional Approaches
D. How We Diagnose, Classifications
E. Assessment Tools
F. Multidimensional Assessment
G. Readiness Stages of Change
H. Conclusions

Background

Remember… Client motivation and commitment to treatment begins with the diagnosis and assessment phase.

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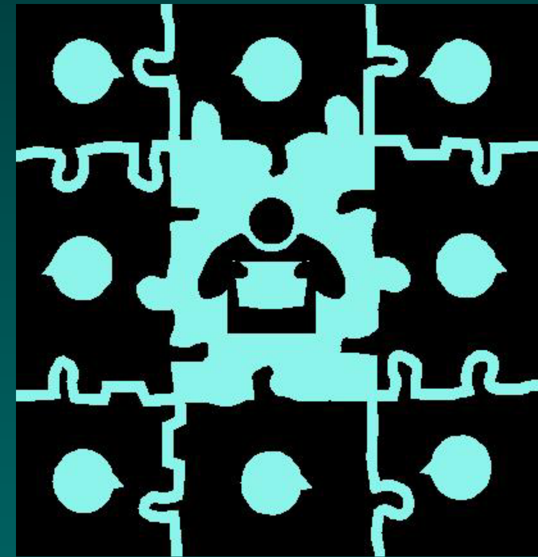
What We Measure

Assessment needs to be sufficiently broad to capture the extent and complexity of the many factors that accompany, potentially maintain, and are affected by alcohol use.



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Biopsychosocial Factors:	Sources of Information:
- Physiology - Behavior - Psychology - Social elements - Motivation/ Readiness to change	- Client - Clinician - Social network

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What We Measure (continued)

- Etiology
- Course
- Severity
- Client readiness
- Relationship of alcohol and other life problems
- Strengths, resources
- Relapse risk

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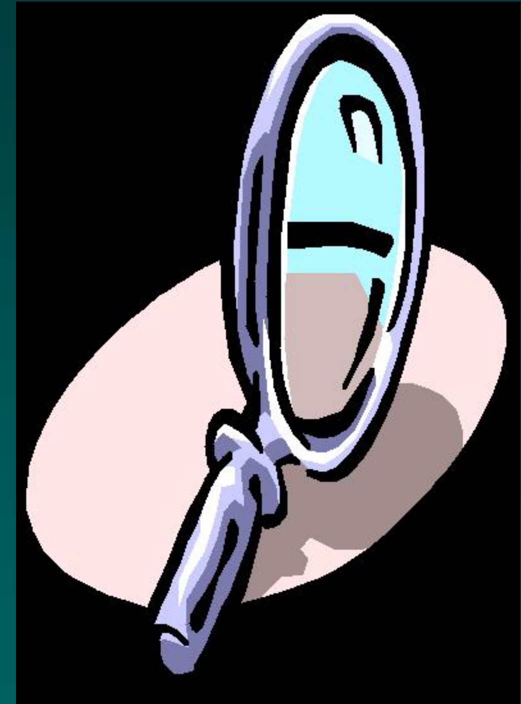
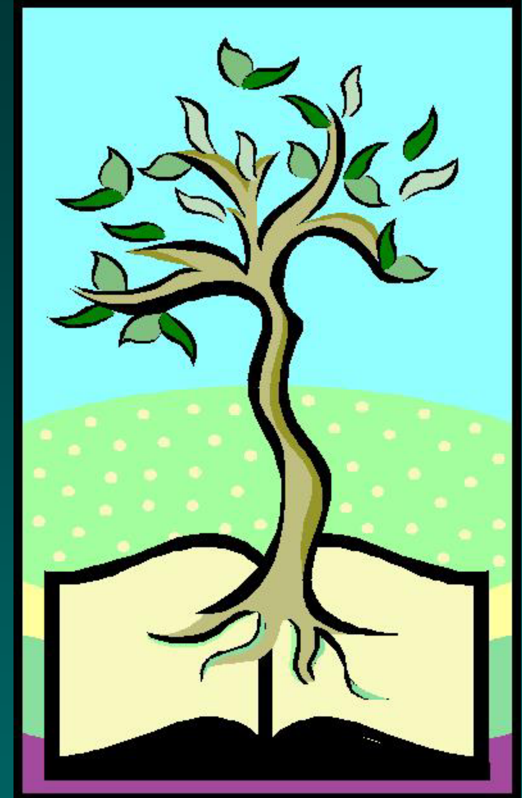
Sequential Approach

- Screening
- Diagnosis
- Treatment Planning
- Motivating
- Evaluation and Follow-up



Functional Analysis

- Identify determinants (root causes) of alcohol use – both interpersonal and intrapersonal
- Decision tree and treatment matching
- Selection and prioritization of treatment goals



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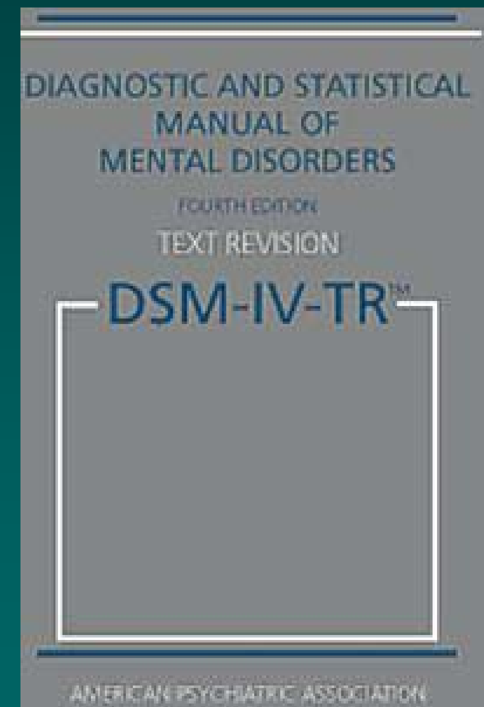
How We Diagnose

- Structured Clinical Interview of DSM-IV (SCID)
  - Alcohol dependence
  - Alcohol abuse
- Parallels the ICD-10



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Alcohol Abuse

- Maladaptive pattern of use leading to clinically significant impairment or distress
- Symptoms never met criteria for dependence
- Intentional overuse of alcohol (celebration, anxiety, despair, self-medication, or ignorance resulting in… (see next slide)

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Alcohol Abuse (continued)

1 + of the following within a 12-month period…..

- Failure to fulfill major role obligations
- Recurrent drinking is physically hazardous
- Continued alcohol use despite persistent or recurrent problems
- Recurrent alcohol-related legal problems

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Alcohol Dependence (continued)

- Tolerance/need for increased amounts to achieve effect or diminished effect with same amount
- Characteristic alcohol withdrawal syndrome
  - Tremors
  - Sweats
  - Nausea
  - Anxiety
  - Sleep disturbance
  - Hallucination
  - Seizure

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Alcohol Dependence (continued)

- Persistent desire to drink
- 1+ unsuccessful attempts to cut down
- Drinking more than intended
- Giving up important activities because of drinking
- Spending a great deal of time obtaining alcohol
- Needing to drink to recover from alcohol effects

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Alcohol Dependence (continued)

- Continued drinking despite problems
- Three or more dependence criteria in one year and must occur repeatedly (e.g., often, persistently, continued)
- May occur with or without physiological dependence (tolerance or withdrawal evidence)

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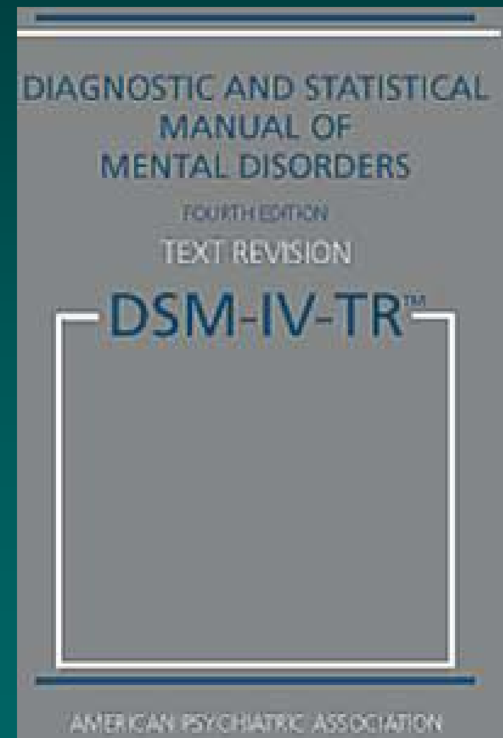
- Alcohol dependence with partial remission differs from alcohol abuse

- Current diagnostic criteria may be the same, but a past history of dependence is important and relevant --- it has different implications for both the future and treatment

DSM – IV Limitations

- Over-reliance on clinician judgment
- Diagnostic criteria are less valid with certain populations
- Does not capture levels of drinking involvement
- Provides little help with motivation or treatment planning



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Alternative Indices

- Alcohol Dependence Scale (ADS)
- Clinical Institute Withdrawal Assessment (CIWA)
- Drinking Inventory of Consequences (DrInC)
- Triage Assessment of Addictive Disorders (TAAD)
- Substance Use Disorders Diagnosis Schedule (SUDDS)
- Diagnostic Interview Schedule (DIS)

Multidimensional Assessment

Single, comprehensive measures	Multiple, complimentary measures:
- Addiction Severity Index (ASI) - Comprehensive Drinker's Profile (CDP) -Alcohol Use Inventory (AUI)	- Physiological, biological markers - Behavioral - Social -Psychological

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- Measure other psychiatric functions
- Alcohol abuse does not exist in isolation – often occurs in conjunction with other drug use and/or psychiatric difficulties
- Co-occurrence increases complexity, poorer outcome predictions

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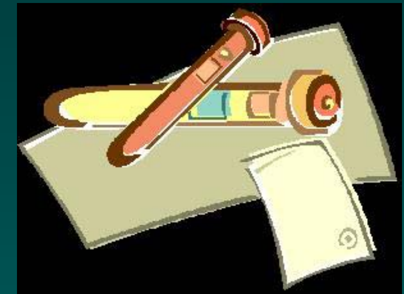
Multidimensional Assessment (continued)

To assess alcohol use problems:

- Serum chemistry profile (AST, ALT, GGT, MCV)
- Form-90
- Timeline Followback
- Alcohol Dependence Scale (ADS)
- Drinking Inventory of Consequences (DrInC)



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Multidimensional Assessment (continued)

To assess relapse risk situations:

- Inventory of Drinking Situations (IDS)
- Desired Effects of Drinking
- Profile of Mood States (POMS)

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Multidimensional Assessment (continued)

To assess coping resources:

- Alcohol Abstinence Self-Efficacy Scale (AASE)
- Situational Confidence Questionnaire (SQ-39)
- Coping Responses Inventory

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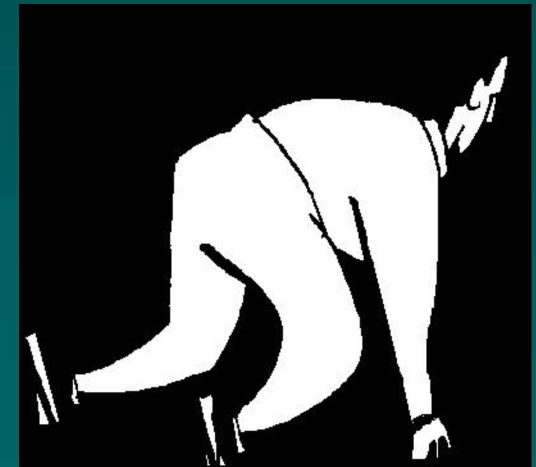
Multidimensional Assessment (continued)

To assess motivational resources:

- Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
- University of Rhode Island Readiness to Change Assessment (URICA)
- Readiness to Change Questionnaire—brief (RTC)



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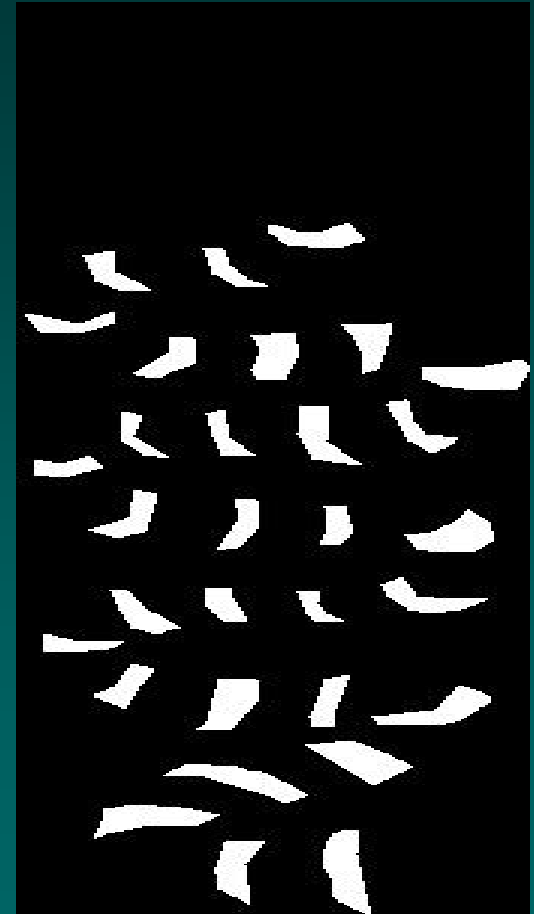
- Relevant to changing a wide range of health-related behaviors
- Predictable sequence of stages (attitudes, intentions, behaviors)
- Non-linear pattern of progress typical



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Stage 1: Precontemplation

- No intent to change
- Under-awareness
- Pros outweigh cons
- No self-efficacy; demoralized by past failed attempts
- Coercion
- Denial
- Resistance

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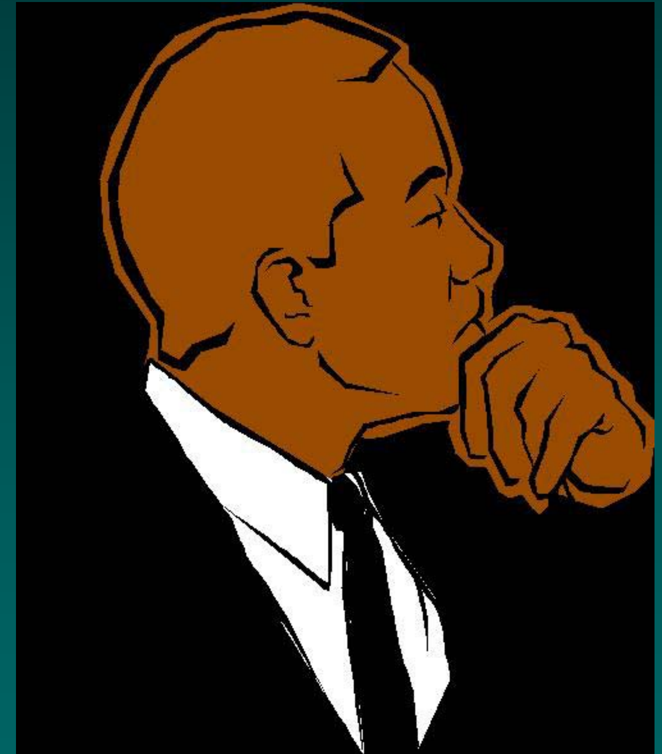
Contemplation

- Thinking about making a change
- Information seeking
- Evaluating pros and cons
- No concrete change effort enlisted



Preparation

- Developing concrete strategies and solutions
- Time line for change is within one month
- Tentative actions may be taken
- Aware of lessons in past failed attempts
- Links Contemplation to Action via determination

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Stage 4: Action

- Actively engaged in behavior change (~6mos.)
- Skills acquisition
- Employing strategies to control behavior and behavioral contexts
- Transtheoretical

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Maintenance

- Sustaining gains
- Avoiding/preventing relapse
- Termination when confident and secure in maintaining change
- Multiple cycles may be necessary to achieve this goal

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Relapse Rates by Time: Alcohol

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Assessing Readiness

- Role in intervention matching (individualizing treatment plans to readiness aspects)
- Developing "types" from cluster profiles; predicting outcomes

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Conclusions

- Critical Elements
  - Drinking patterns
  - Drinking effects
  - Problem situations
  - Client strengths
  - Motivation, readiness to change

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The motivational relationship is critical:

"The tenor of the assessment enterprise should be characterized as collaborative, with the assessor and client jointly committed to discovering those client features that will contribute to important decisions about future clinical management."
(Allen, Columbus and Fertig, 1995)

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Conclusions (continued)

Reliability and validity are affected by practice:

"The interviewer is responsible for the integrity of the information collected and must be willing to repeat, paraphrase, and probe until he/she is satisfied that the patient understands the questions and that the answer reflects the best judgment of the patient, consistent with the intent of the question." (ASI Manual)

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Choosing an Assessment Instrument

Factors to consider….	
Clinical utility Target population Reliability and validity Ease of administration	Time Cost Scoring and interpretation

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Appendices

Addiction Severity Index (ASI)

- Semi-structured interview
- Two time frames:
  - Lifetime
- Most widely used assessment instrument
  - Last 30 days
- Repeat administration: outcome measure that can be used for treatment planning

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ASI Domains

- Medical
- Employment
- Alcohol
- Drug
- Legal
- Family/Social
- Psychiatric

- Outputs include:
  - Interviewer severity ratings
  - Composite scores (mathematically-derived indices)

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Multiple Measures

- Alcohol/Drug Use Patterns (quantity/frequency and symptoms)
- Problems
  - Negative consequences
  - Co-occurring problems
- Cognitive/Psychological Variables
  - Relapse risk
  - Coping and self-efficacy
  - Motivation

Alcohol/Drug Use Patterns

- Calendar method gives most exact baseline measure
- Easily repeated during and after treatment
- Provides clinically useful information:
  - Antecedents
  - Consequences
  - Peak drinking/drug use (tolerance)