

Appendix G:

Screening and Assessment Instruments

Addiction Severity Index (ASI)

Purpose: The ASI is most useful as a general intake screening tool. It effectively assesses a client's status in several areas, and the composite score measures how a client's need for treatment changes over time.

Clinical utility: The ASI has been used extensively for treatment planning and outcome evaluation. Outcome evaluation packages for individual programs or for treatment systems are available.

Groups with whom this instrument has been used: Designed for adults of both sexes who are not intoxicated (drugs or alcohol) when interviewed. Also available in Spanish.

Format: Structured interview

Administration time: 50 minutes to 1 hour

Scoring time: 5 minutes for severity rating

Computer scoring? Yes

Administrator training and qualifications: A self-training packet is available as well as onsite training by experienced trainers.

Fee for use: No cost; minimal charges for photocopying and mailing may apply.

Available from: A. Thomas McLellan, Ph.D.
Building 7
PVAMC
University Avenue
Philadelphia, PA 19104
Phone: (800) 238-2433

Alcohol Use Disorders Identification Test (AUDIT)

Purpose: The purpose of the AUDIT is to identify persons whose alcohol consumption has become hazardous or harmful to their health.

Clinical utility: The AUDIT screening procedure is linked to a decision process that includes brief intervention with heavy drinkers or referral to specialized treatment for patients who show evidence of more serious alcohol involvement.

Groups with whom this instrument has been used: Adults, particularly primary care, emergency room, surgery, and psychiatric patients; DWI offenders; criminals in court, jail, and prison; enlisted men in the armed forces; and workers in employee assistance programs and industrial settings.

Format: A 10-item screening questionnaire with 3 questions on the amount and frequency of drinking, 3 questions on alcohol dependence, and 4 on problems caused by alcohol.

Administration time: 2 minutes

Scoring time: 1 minute

Computer scoring? No

Administrator training and qualifications: The AUDIT is administered by a health professional or paraprofessional. Training is required for administration. A detailed user's manual and a videotape training module explain proper administration, procedures, scoring, interpretation, and clinical management.

Fee for use: No

Available from: Can be downloaded from Project Cork
Web site:
www.projectcork.org

Beck Depression Inventory-II (BDI-II)

Purpose: Used to screen for the presence and rate the severity of depression symptoms.

Clinical utility: The BDI-II consists of 21 items to assess the intensity of depression. The BDI-II can be used to assess the intensity of a client's depression, and it can also be used as a screening device to determine whether there is any current indication of the need for a referral for further evaluation. Each item is a list of four statements arranged in increasing severity about a particular symptom of depression. These new items bring the BDI-II into alignment with *Diagnostic and Statistical Manual for Mental Disorders, 4th edition (DSM-IV)* criteria.

Items on the new scale replace items that dealt with symptoms of weight loss, changes in body image, and somatic preoccupation. Another item on the original BDI that tapped work difficulty was revised to examine loss of energy. Also, sleep loss and appetite loss items were revised to assess both increases and decreases in sleep and appetite.

Groups with whom this instrument has been used: All clients age 13 through 80 who can read and understand the instructions, and clients who cannot read (requires reading the statements to them).

Format: Paper-and-pencil self-administered test.

Administration time: 5 minutes, either self-administered or administered verbally by a trained administrator.

Scoring time: N/A

Computer scoring? No. Any staff member can perform the simple scoring.

Administrator training and qualifications: Doctoral-level training or masters-level training with supervision by a doctoral-level clinician are required to interpret test results.

Fee for use: \$66 for manual and package of 25 record forms.

Available from: The Psychological Corporation
19500 Bulderve
San Antonio, TX 78259
Phone: (800) 872-1726
www.psychcorp.com

CAGE Questionnaire

Purpose: The purpose of the CAGE Questionnaire is to detect alcoholism.

Clinical utility: The CAGE Questionnaire is a very useful bedside, clinical desk instrument and has become the favorite of many family practice and general internists—also very popular in nursing.

Groups with whom this instrument has been used: Adults and adolescents (over 16 years)

Format: Very brief, relatively nonconfrontational questionnaire for detection of alcoholism, usually directed “have you ever” but may be focused to delineate past or present.

Administration time: Less than 1 minute

Scoring time: Instantaneous

Computer scoring? No

Administrator training and qualifications: No training required for administration; it is easy to learn, easy to remember, and easy to replicate.

Fee for use: No

Available from: May be downloaded from the Project Cork Web site:
www.projectcork.org

Circumstances, Motivation, and Readiness Scales (CMR Scales)

Purpose: The instrument is designed to predict retention in treatment and is applicable to both residential and outpatient treatment modalities.

Clinical utility: The instrument consists of four derived scales measuring external pressure to enter treatment, external pressure to leave treatment, motivation to change, and readiness for treatment. Items were developed from focus groups of recovering staff and clients and retain much of the original language. Clients entering substance abuse treatment perceive the items as relevant to their experience.

Groups with whom this instrument has been used: Adults

Format: 18 items at approximately a third-grade reading level. 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. Versions are also available in Spanish and Norwegian.

Administration time: 5 to 10 minutes

Scoring time: Can be easily scored by reversing negatively worded items and summing the item values.

Computer scoring? No

Administrator training and qualifications: Self-administered; no training required for administration.

Fee for use: No

Available from: George De Leon, Ph.D., or
Gerald Melnick, Ph.D.
National Development and
Research Institutes, Inc.
71 West 23rd Street
8th Floor
New York, NY 1001
Phone: (212) 845-4400
Fax: (917) 438-0894
E-mail:
gerry.melnick@ndri.org
www.ndri.org

Clinical Institute Withdrawal Assessment (CIWA-Ar)

Purpose: Converts DSM-III-R items into scores to track severity of withdrawal; measures severity of alcohol withdrawal.

Clinical utility: Aid to adjustment of care related to withdrawal severity.

Groups with whom this instrument has been used: Adults

Format: A 10-item scale for clinical quantification of the severity of the alcohol withdrawal syndrome.

Administration time: 2 minutes

Scoring time: 4 to 5 minutes

Computer scoring? No

Administrator training and qualifications: Training is required and the CIWA is administered by nurses, doctors, and research associates/detoxification unit workers.

Fee for use: No

Available from: Dr. E.M. Sellers
Ventana Clinical Research
Corporation
340 College Street
Suite 400
Toronto, Canada
M5T 3A9
Phone: (416) 963-9338
Fax: (416) 963-9732
www.ventana-crc.com

Drug Abuse Screening Test (DAST)

Purpose: The purpose of the DAST is (1) to provide a brief, simple, practical, but valid method for identifying individuals who are abusing psychoactive drugs; and (2) to yield a quantitative index score of the degree of problems related to drug use and misuse.

Clinical utility: Screening and case finding; level of treatment and treatment/goal planning.

Groups with whom this instrument has been used: Individuals with at least a sixth-grade reading level.

Format: A 20-item instrument that may be given in either a self-report or a structured interview format; a “yes” or “no” response is requested from each of 20 questions.

Administration time: 5 minutes

Scoring time: N/A

Computer scoring? No. The DAST is planned to yield only one total or summary score ranging from 0 to 20, which is computed by summing all items that are endorsed in the direction of increased drug problems.

Administrator training and qualifications: For a qualified drug counselor, only a careful reading and adherence to the instructions in the “DAST Guidelines for Administration and Scoring,” which is provided, is required. No other training is required.

Fee for use: The DAST form and scoring key are available either without cost or at nominal cost.

Available from: Centre for Addiction and Mental Health
Marketing and Sales Services
33 Russell Street
Toronto, Ontario, Canada
M5S 2S1
Phone: (800) 661-1111
(Continental North America)
International and Toronto area: (416) 595-6059

Global Appraisal of Individual Needs (GAIN)

Purpose: The GAIN was developed to implement an integrated biopsychosocial model of treatment assessment, planning, and outcome monitoring that can be used for evaluation, clinical practice, and administrative purposes.

Clinical utility: The GAIN embeds questions for documenting substance use disorder, attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, and pathological gambling; dimensional patient placement criteria for intoxication/withdrawal, health distress, mental distress, and environment distress to guide movement among and between levels of care; treatment planning; reporting requirements related to the State client data system; and measures of a core set of clinical status and service utilization outcomes used in the Drug Outcome Monitoring Study.

Groups with whom this instrument has been used: Adults and adolescents

Format: The content of the GAIN is divided into eight areas: background and treatment arrangements, substance use, physical health, risk behaviors, mental health, environment,

legal, and vocational. In each area, the questions check for major problem areas and the recency of any problems.

Administration time: 15 to 30 minutes

Scoring time: 20 minutes

Computer scoring? No

Administrator training and qualifications: N/A

Fee for use: The GAIN and its products are tools that are proprietary products owned by Chestnut Health Systems either exclusively or jointly and protected under U.S. copyright laws. The current work is in beta test form, but can be used for evaluation and research under a non-exclusive, non-transferable, limited license at the cost of \$1 plus any materials/assistance requested.

Available from: The Lighthouse Institute
Chestnut Health Systems
720 West Chestnut
Bloomington, IL 61701
Phone: (309) 827-6026
www.chestnut.org/li/gain/

Level of Care Utilization System (LOCUS)

Purpose: To assess immediate service needs (e.g., for clients in crisis); to plan resource needs over time, as in assessing service requirements for defined populations; to monitor changes in status or placement at different points in time.

Clinical utility: LOCUS is divided into three sections. The first section defines six evaluation parameters or dimensions: (1) risk of harm; (2) functional status; (3) medical, addictive, and psychiatric co-morbidity; (4) recovery environment; (5) treatment and recovery history; and (6) engagement. A five-point scale is constructed for each dimension and the criteria for assigning a given rating or

score in that dimension are elaborated. In dimension IV, two subscales are defined, while all other dimensions contain only one scale.

Groups with whom this instrument has been used: Adults

Format: A document that is divided into three sections.

Administration time: 15 to 30 minutes

Scoring time: 20 minutes

Computer scoring? No

Administrator training and qualifications: N/A

Fee for use: No

Available from: American Association of Community Psychiatrists
www.wpic.pitt.edu/aacp/find.html

Michigan Alcoholism Screening Test (MAST)

Purpose: Used to screen for alcoholism with a variety of populations.

Clinical utility: A 25-item questionnaire designed to provide a rapid and effective screen for lifetime alcohol-related problems and alcoholism.

Groups with whom this instrument has been used: Adults

Format: Consists of 25 questions

Administration time: 10 minutes

Scoring time: 5 minutes

Computer scoring? No

Administrator training and qualifications: No training required.

Fee for use: Fee for a copy but no fee for use.

Available from: Melvin L. Selzer, M.D.
6967 Paseo Laredo
La Jolla, CA 92037-6425

M.I.N.I. Plus

Purpose: Assists in the assessment and tracking of patients with greater efficiency and accuracy.

Clinical utility: The M.I.N.I. is not designed or intended to be used in place of a full medical and psychiatric evaluation by a qualified licensed physician-psychiatrist. It is intended only as a tool to facilitate accurate data collection and processing of symptoms elicited by trained personnel.

Groups with whom this instrument has been used: Adults

Format: An abbreviated psychiatric structured interview that takes approximately 15 to 20 minutes to administer. It uses decision tree logic to assess the major adult Axis I disorders in DSM-IV and ICD-10. It elicits all the symptoms listed in the symptom criteria for DSM-IV and ICD-10 for 15 major Axis I diagnostic categories, one Axis II disorder, and for suicidality. Its diagnostic algorithms are consistent with DSM-IV and ICD-10 diagnostic algorithms.

Administration time: 15 to 20 minutes

Scoring time: N/A

Computer scoring? A computerized version of the M.I.N.I. is available in six languages in the MINI Outcomes program.

Administrator training and qualifications: The M.I.N.I. was designed to be used by trained interviewers who do not have training in psychiatry or psychology.

Fee for use: The M.I.N.I. is made available at no charge on the Internet, mainly for researchers and clinicians who may make single copies of the M.I.N.I. for their own use. When the M.I.N.I. is used in a research study or published paper, appropriate credit should

be given for its use. The proper citation is provided on the last page of the M.I.N.I.

Available from: Medical Outcome Systems, Inc.
medical-outcomes.com

Psychiatric Research Interview for Substance and Mental Disorders (PRISM)

Purpose: The instrument was designed to maximize reliability and validity in community samples, alcohol, drug, and co-occurring disorder treatment samples.

Clinical utility: 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.

Groups with whom this instrument has been used: Adults

Format: The PRISM is a semistructured clinician-administered interview 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, etiology, treatment, and functional impairment.

Administration time: 1 to 3 hours

Scoring time: Immediately

Computer scoring? Yes

Administrator training and qualifications: Interviewer should have at least a master's degree in a clinical field and some clinical experience. Training is required for adminis-

tration. Training for the administrator involves a self-study manual, ratings of videotapes of interviews, and small group sessions with an experienced trainer.

Fee for use: No

Available from: Dr. Deborah Hasin
New York State
Psychiatric Institute
Box 123 722
West 168th Street
New York, NY 10032
Phone: (212) 960-5518
Cost/source of computerized scoring: Call Dr. Hasin for current information.

Readiness to Change Questionnaire

Purpose: Designed to assist the clinician in determining the stage of readiness for change among problem drinkers or people with alcohol use disorders.

Clinical utility: Assesses drinker's readiness to change drinking behaviors; may be useful in assignment to different types of treatment.

Groups with whom this instrument has been used: Adults and adolescents

Format: A brief 12-item questionnaire consisting of three subscales.

Administration time: 2 to 3 minutes

Scoring time: 1 to 2 minutes

Computer scoring? No

Administrator training and qualifications: No training is required.

Fee for use: No

Available from: Center for Alcohol and Drug Studies
Plummer Court, Carliol Place
Newcastle upon Tyne
NE1 6UR
UNITED KINGDOM
Phone: 44(0)191219 5648
Fax: 44(0)191219 5649

Recovery Attitude and Treatment Evaluator (RAATE)

Purpose: Designed to assist in placing patients into the appropriate level of care at admission, in making continued stay or transfer decisions during treatment (utilization review), and documenting appropriateness of discharge.

Clinical utility: The RAATE provides objective documentation to assist in making appropriate treatment placement decisions; it strengthens individualized care and facilitates more individualized treatment planning; it measures treatment process; and it assesses the need for continuing care and discharge readiness.

Groups with whom this instrument has been used: Adults

Format: A 35-item structured interview

Administration time: 20 to 30 minutes

Scoring time: Less than 5 minutes

Computer scoring? No

Administrator training and qualifications: Training is required for administration. The RAATE is administered by trained chemical dependency professional (RAATE-CE) or patient (RAATE-QI).

Fee for use: Yes. The RAATE manual is available for \$35.00 and the scoring templates are \$8.75.

Available from: Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917
Phone: (401) 231-2993
Toll-free in USA:
(800)-755-6299
www.evinceassessment.com

Structured Clinical Interview for DSM-IV Disorders (SCID-IV)

Purpose: Obtains Axis I and II diagnoses using the DSM-IV diagnostic criteria for enabling the interviewer to either rule out or establish a diagnosis of “drug abuse” or “drug dependence” and/or “alcohol abuse” or “alcohol dependence.”

Clinical utility: A psychiatric interview.

Groups with whom this instrument has been used: Psychiatric, medical, or community-based normal adults.

Format: A psychiatric interview form in which diagnosis can be made by the examiner asking a series of approximately 10 questions of a client.

Administration time: Administration of Axis I and Axis II batteries may require more than 2 hours each for patients with multiple diagnoses. The Psychoactive Substance Use Disorders module may be administered by itself in 30 to 60 minutes.

Scoring time: Approximately 10 minutes

Computer scoring? No. Diagnosis can be made by the examiner asking a series of questions of a client.

Administrator training and qualifications: Designed for use by a trained clinical evaluator at the master’s or doctoral level, although in research settings it has been used by bachelor’s-level technicians with extensive training.

Fee for use: Yes

Available from: American Psychiatric
Publishing, Inc.
1400 K Street, N.W.
Washington, DC 20005
www.appi.org

Substance Abuse Treatment Scale (SATS)

Purpose: To assess and monitor the progress that people with severe mental illness make toward recovery from substance use disorder.

Clinical utility: This scale is for assessing a person's stage of substance abuse treatment, not for determining diagnosis.

Groups with whom this instrument has been used: Adults, adolescents (over 16 years)

Format: Very brief, relatively nonconfrontational questionnaire for detection of alcoholism, usually directed by saying "have you ever" but may be focused to delineate past or present.

Administration time: Less than 1 minute

Scoring time: Instantaneous

Computer scoring? No

Administrator training and qualifications: No training required for administration; it is easy to learn, easy to remember, and easy to replicate.

Fee for use: No

Available from: Can be downloaded from the Center for Mental Health Services Web site, www.mentalhealth.org/cmhs/CommunitySupport/research/toolkits/pn6toc.asp

University of Rhode Island Change Assessment (URICA)

Purpose: The URICA operationally defines four theoretical stages of change—precontemplation, contemplation, action, and maintenance—each assessed by eight items.

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

Groups with whom this instrument has been used: Both inpatient and outpatient adults

Format: The URICA is a 32-item inventory designed to assess an individual's stage of change located along a theorized continuum of change.

Administration time: 5 to 10 minutes to complete

Scoring time: 4 to 5 minutes

Computer scoring? Yes, computer-scannable forms.

Administrator training and qualifications: N/A

Fee for use: No; instrument is in the public domain. Available from author.

Available from: Carlo C. DiClemente
University of Maryland
Psychology Department
1000 Hilltop Circle
Baltimore, MD 21250
Phone: (410) 455-2415