

# **Screening and Assessing Clients**

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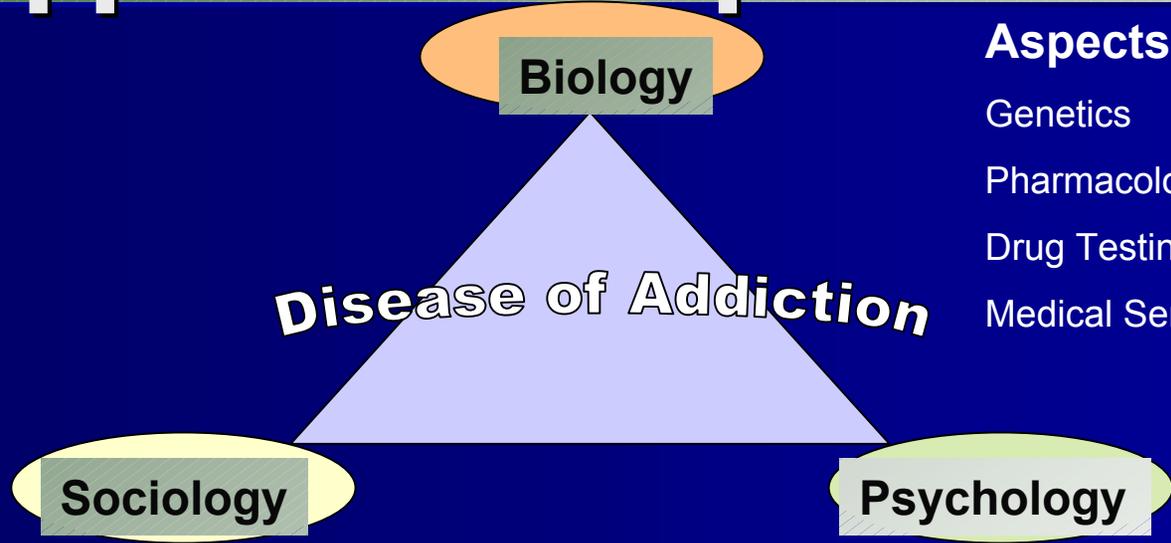
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# Substance Abuse Clinical Treatment & Recovery Support: Conceptual Model



## Aspects of Biology:

- Genetics
- Pharmacology
- Drug Testing
- Medical Services

## Aspects of Sociology:

- Education
- Family Life
- Vocational Training
- Social Groups
- Stable Living Environment

## Aspects of Psychology:

- Spirituality
- Clinical Thinking Errors
- Cognitive Restructuring
- Behavioral Therapy and Counseling
- Self Help/12 Step Groups

# **Process of Disease Treatment and Recovery Services**

## **Screening**

( e.g., SASSI, CAGE, AUDIT, etc.)

## **Problem Assessment**

(e.g., Addictions Severity Index – ASI)

## **Patient Placement Criteria**

(e.g., ASAM Level of Care Determination)

## **Treatment Plan**

(e.g., Bio-Psycho-Social model including recovery support services)

## **Aftercare**

(e.g., 12 step groups – relapse prevention)

# **AOD Assessment**

## **Reasons to Administer**

### **Assessment – Why Do It?**

“The goals of assessment are to gather information about the client and to describe how the treatment system can address his or her AOD-abuse problems and the impact these problems have on the client's life. The assessment process is descriptive as well as prescriptive. It identifies the client's individual strengths, weaknesses, and readiness for treatment, and recommends a level of services appropriate to address the client's problems and/or deficits.”

Source: Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System  
Treatment Improvement Protocol (TIP) Series 7 - CSAT

# **AOD Assessment Its Purpose**

## **Assessment – What Is It?**

Assessment has a number of specific goals and purposes:

- Determine the extent and severity of the problem
- Determine the client's level of maturation and readiness for change
- Ascertain concomitant problems such as mental illness

# AOD Assessment

## Its Purpose (cont'd)

- Determine the type of intervention that will be necessary to address the problems
- Evaluate the resources or “recovery support” services that can be developed to help solve the problem. Typical recovery support services can include: family support, social support, peer support, educational and vocational attainment, housing, case management, etc. and personal qualities such as motivation that the client brings to treatment
- Engage the client in the process of overcoming addiction and his/her readiness for change

# **Problem Assessment in Access to Recovery**

- ATR offers a unique opportunity to match clients to a full range of services including recovery support services
- A comprehensive AOD problem assessment should cover the need for services within multiple areas such as: medical status, employment and other recovery support services, drug use, alcohol use, legal status, family/social status, and psychiatric status

# Problem Assessment in Access to Recovery (cont'd)

- Based on the information gathered through the problem assessment and the severity of the disease, several paths can be followed. Development of:
  - A clinical treatment plan
  - Recovery support services
  - A clinical treatment plan coupled with comprehensive recovery support services
  - A brief intervention coupled with recovery support services
  - Recovery Support Services coupled with case management

# **Problem Assessment Qualifications of Staff**

## **Assessment – Who Can Do It?**

In Utah, the assessor is a qualified human services professional with demonstrated competence in AOD programs, such as:

- An addiction counselor
- A licensed social worker, or
- Other trained clinician (refer to your state or localities' standards and rules).

# Why Standardize the Assessment?

- The same basic data is collected from every client, including treatment outcomes measures (GPRA, PPG, etc.)
- Standardized set of data
- Enhances consistency in client records; makes it easier for staff to cover for each other
- Enhances thoroughness of record keeping
- Makes it less likely that a client or his/her problems will slip through the cracks

# Why Standardize the Assessment? (cont'd)

- A standardized assessment can be administered at different points in the process
- By collecting objective evidence of client improvement it is easier to monitor client progress – great for staff and client morale
- Data gathered in standardized assessments can be used for performance measurements

# **Goals of Patient Placement Criteria**

- 1) Place a person in the least intensive level of care that will achieve AOD clinical treatment and recovery services objectives without sacrificing safety or security
- 2) Improve quality of care
- 3) Ensure access to affordable care
- 4) Support development of cost-effective systems

# Overall Criteria

An evaluation of a client's overall alcohol and/or drug problem:

- Assesses lifetime AOD use, current AOD use, prior treatment experience, consequences experienced from AOD use
- Engages client in the service plan and determines readiness for change
- Allows client to be a true partner in his/her service plan by offering choice in service plan options

# Decision Making Strategy

- Determine level of services necessary to adequately and appropriately address the client's drug and alcohol problems
- Identify any intervening medical or psychiatric factors
- Determine whether intervening factors lead to a need for a more intensive level of care

# ASAM Level Descriptions

(modified for Salt Lake County)



Level	Description	Limitations/Intensity	Staff/ client ratio	Suggested Length of Stay
0.5	Early Intervention	For high-risk youth- services typically do not exceed 8 hours of contact per week.	N/A	6 Months
I	Outpatient	Services typically do not exceed 8 hours of contact per week.	N/A	One Year
II.1	Intensive Outpatient	Services typically range from 9-19 hours per week (6-19 for adolescents) over a minimum of 3 days during the week.	N/A	3 Months
II.5	Day Treatment	Services are typically 20+ hours per week over a minimum of 4 days during the week.	1:10	2 Months
III.2-D	Social Detox.	24-hour program to safely detoxify clients without on-site medical personnel.	1:10	7-14 days
III.1	Low Intensity Residential	Clients typically receive treatment services at least 5 hours/week	1:15	6 Months
III.3	Med. Intensity Residential	Clients typically receive treatment services ranging from 10-24 hours per week.	1:12	6 Months
III.5	High Intensity Residential	Clients typically receive treatment services exceeding 25+ hours/week.	1:10	4 Months
IV	Inpatient/ Hospital	Limited to Medical Detoxification services for pregnant women or high risk youth.	As needed	5-10 Days
	Transitional Housing	This level used for transitional housing programs. Service intensity is not defined.	N/A	Indeterminate

# Recovery Support Services

- It is important to “meet the client where they are” in their recovery
- Most, if not all, clients will benefit from support services such as: child care, transportation, pre-employment counseling, drug-free housing, etc.
- Good sound case management ties the clinical treatment and recovery support services together into a comprehensive and customized package of services

# Recovery Support Services (cont'd)

- When planning for recovery support services it is important to:
  - Know what services are available
  - Match the client to the appropriate services
  - Insure that there is solid coordination among service providers

# Recovery Support Services (cont'd)

- Above all, it is important to recognize that the path to recovery is different for each individual
- Services must fit the client, NOT that the clients must fit the services
- The clients must be allowed to be a true partner in their recovery