Addiction: Ethics of Assessment

Tim Robinson LPC, CPCS, CAS-F, President Elect
Melinda Paige Ph.D., Ed.D., SLPC, CPCS, NCC
LPCA Convention
Savannah, GA
May 9th, 2019

Housekeeping

We are not representing the LPCA; the opinions that are expressed are our own.

- Please place cell phones on vibrate.
- Let us know if you can’t hear us or if we talk too fast.
- Please raise you hand if you have questions.
- Handouts are on the table in the back. PP online at LPCAGA.ORG
Take Homes

- Gain knowledge of assessment instruments, their appropriate use and techniques to identify and to classify Substance Use Disorders.
- Identify methods to discriminate between competing substance use issues, psychosocial factors, and co-occurring disorders.
- Understand the ethical issues and potential pitfalls impacting assessment.

Assessment

Fair testing act\(^1\).

Some instruments require interpretation by a psychologist.

LPCs “are not authorized to perform psychological testing, or represent…use of any testing or assessment instrument as psychological testing”\(^2\).

May “administer and interpret any other assessments or tests which he or she is qualified to employ by virtue of his or her education, training or experience.”\(^2\)
DSM-5 Changes

- SUD has always been in the DSM
- New Name: Substance-Related and Addictive Disorders.
- Dimensional not categorical.
- One criteria deleted (Legal) and another added (Craving).
- Polysubstance deleted; and Gambling Disorder moved here.

Changes, Continued

- Specifier: With/Without Physiological Dependence removed.
- Stimulant-Related and Stimulant Use Disorder replaces Amphetamine and Cocaine disorders.
- Cannabis Withdrawal is new.
- Nicotine Use Disorder now Tobacco-Related Disorder.
### DSM-5 Criteria

<table>
<thead>
<tr>
<th>IMPAIRED CONTROL</th>
<th>RISKY USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Larger amount or over longer period.</td>
<td>8. Use in physically hazardous situations.</td>
</tr>
<tr>
<td>2. Desire and failed attempts to cut down or quit.</td>
<td>9. Continued use despite knowing consequences.</td>
</tr>
<tr>
<td>3. Great deal of time getting, using and getting over.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOCIAL IMPAIREMENT</th>
<th>PHARMACOLOGICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Failure to fulfill obligations.</td>
<td>10. Tolerance.</td>
</tr>
<tr>
<td>7. Reduce or give up activities.</td>
<td></td>
</tr>
</tbody>
</table>

#### Severity and Course Specifiers

- 2-3 criteria equals **Mild**.
- 4-5 criteria equals **Moderate**.
- 6 or more criteria equals **Severe**.

- In early remission 3-12 months (unless craving present).
- In sustained remission 12 moth or longer (unless craving present).
- On maintenance therapy (was on agonist therapy).
- In a controlled environment.

DSM-5 drops three other course specifiers from DSM- IV-TR.
Diagnosing With the DSM-5³

- DSM-5 moved to a nonaxial documentation of diagnosis, combining the former Axes I, II, and III, with separate and expanded notations for psychosocial and contextual factors (Z codes). GAF replaced by WHODAS in back.

- List code, name and specifier by order of presenting problem. List every substance separately.

(F10.20) Alcohol Use Disorder, Severe, (F34.1) Persistent Depressive Disorder, Mild, (Z65.3) Problems Related to Other Legal Circumstances, and WHODAS 110.

AMHCA Code for Assessment and Diagnosis⁴

- Methods that are reliable and fit the culture of client.

- Provide client with an explanation of the assessment, length of time and who will have access.

- Impression and diagnosis based on multiple sources.

- Use caution until data obtained from empirical evidence.

- Clinicians consider multicultural facets involving the client.
Assessment and Diagnosis, Continued

- Counselor must be trained on the instrument.
- Reports are written in a concise and easy to understand method.
- Information only released by written consent or a court order.
- Forensic assessment requires disclosure to client of consequences.
- Do not perform forensic on current or former clients.

Drug Screening

- Method that requires least counseling.
- Ethical issues include sample collection, which is intrusive.
- This can set up a power struggle and alienate the client.
- Ethical issues involve inaccuracy and interpretation.
- Ethical issues are potential consequences from a false positive.
- Always confirm positive results through laboratory testing.
<table>
<thead>
<tr>
<th>Substance</th>
<th>Urine</th>
<th>Hair</th>
<th>Oral Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>EQG can stay in urine for up to 80 hours</td>
<td>up to 2 days</td>
<td>12-24 hours</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>1 - 5 days</td>
<td>approx 3 months</td>
<td>12 hours</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3 - 5 days</td>
<td>approx 3 months</td>
<td>1-3 days</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>72 hours</td>
<td>approx 3 months</td>
<td>24 hours</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>1 day</td>
<td>approx 3 months</td>
<td>1 - 2 days</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>2 - 3 weeks</td>
<td>approx 3 months</td>
<td>4 - 7 days</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>Therapeutic use: up to 7 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic use (&gt; one year): 4 to 6 weeks</td>
<td>approx 3 months</td>
<td>6 - 48 hours</td>
</tr>
<tr>
<td></td>
<td>Infrequent users: 3-4 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heavy users: 10 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>Chronic and/or users with high body fat: ≥30 days</td>
<td>approx 3 months</td>
<td>2-24 hours in most cases.</td>
</tr>
<tr>
<td>Cocaine</td>
<td>2 - 5 days</td>
<td>approx 3 months</td>
<td>2 to 5 days</td>
</tr>
<tr>
<td>Codeine</td>
<td>2 - 3 days</td>
<td>approx 3 months</td>
<td></td>
</tr>
<tr>
<td>Cotinine (a break-down product of nicotine)</td>
<td>2 - 4 days</td>
<td>approx 3 months</td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>2 - 4 days</td>
<td>approx 3 months</td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>1 - 4 days[9]</td>
<td>approx 3 months</td>
<td></td>
</tr>
<tr>
<td>Methadone</td>
<td>3 days</td>
<td>approx 3 months</td>
<td>24 hours</td>
</tr>
</tbody>
</table>

### COMMON FALSE POSITIVES

<table>
<thead>
<tr>
<th>BENZODIAZEPINES</th>
<th>lorazepam</th>
<th>alprazolam</th>
<th>clonazepam</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIATES</td>
<td>1st generation H1 blockers</td>
<td>dextromethorphan</td>
<td>quinidine</td>
</tr>
<tr>
<td></td>
<td>verapamil</td>
<td>tramacil</td>
<td>venlafaxine</td>
</tr>
<tr>
<td>PHENCYclidine (PCP)</td>
<td>1st generation H1 blockers</td>
<td>tramadol</td>
<td>dextromethorphan</td>
</tr>
<tr>
<td></td>
<td>ibuprofen</td>
<td>naproxen</td>
<td>venlafaxine</td>
</tr>
<tr>
<td>THC</td>
<td>naproxen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHETAMINES</td>
<td>naproxen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ibuprofen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>pentoxyzin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td>naproxen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ibuprofen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>naproxen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>fluconazole</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMMON FALSE NEGATIVES

<table>
<thead>
<tr>
<th>lorazepam</th>
<th>alprazolam</th>
<th>clonazepam</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxycodone</td>
<td>hydrocodone</td>
<td></td>
</tr>
<tr>
<td>fentanyl</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pearls:
- *Ibuprofen can cause false positives for barbiturates, THC, cocaine, and PCP*
- *Most benzo screens look for oxazepam (metabolite of diazepam/ chlorazepoxide) so they miss lorazepam, alprazolam, clonazepam*
- *Screens vary by laboratory so false +/- may also vary. Oxycodone, methadone, and other select screens exist for particular medications*
### Stages of Evaluation

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage</td>
<td>Rule out co-occurring</td>
</tr>
<tr>
<td>Involve collaterals.</td>
<td>Diagnosis.</td>
</tr>
<tr>
<td>Presenting Problem.</td>
<td>Strengths and threats.</td>
</tr>
<tr>
<td>History</td>
<td>Needs/Wants/Risks</td>
</tr>
</tbody>
</table>

### Structured Clinical Interview-Pro/Con

<table>
<thead>
<tr>
<th>Advantage</th>
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<tbody>
<tr>
<td>Structured Clinical Interview allows for deviation.</td>
</tr>
<tr>
<td>Allows clinician to develop rapport-they are assessing you.</td>
</tr>
<tr>
<td>Can calm the client and answer any questions that arise.</td>
</tr>
<tr>
<td>Assessor can read body language and gauge stage of change.</td>
</tr>
<tr>
<td>Allows assessor to clarify points and to give feedback.</td>
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</tbody>
</table>
Collateral/Significant Other\textsuperscript{5,8}

- Similar to clinical interview; ethical concern is confidentiality.
- You may get differing information about use and consequences.
- May also provide insights that the client does not perceive.
- There are self-administered questionnaires; see the handout.
- An evidence based and rapid screener is the SOCRATES\textsuperscript{5}.
Steps of History Gathering

- Presenting problem and “why now”? 
- Survey the substances starting with alcohol. 
- How much and how often since age of first use. 
- Ask about the four categories in the DSM-5. 
- Use projective, circular and directive questions.

Addiction Severity Index

- This is a structured clinical interview, but can be self administered. 
- It yields an empirical score and has a scale to monitor deception. 
- Covers all significant areas and issues for adults and adolescents. 
- It is free and there is a version for collaterals. 
- Con: time consuming to administer and score if done with client.
Screening Tools

› One of the most popular screening tools is the CAGE\textsuperscript{10} (1984).

› It was designed for alcohol, but can be adapted to other drugs.

› CAGE: Cut Down, Annoyed, Guilty, Eye-Opener.

› Pros: Brief, assessor questions client directly, medical settings.

› One endorsed is probability and more than one highly likely SUD.

› Cons: Has face validity and easy to beat if one wants to.

Brief Screening Tools-MAST/DAST\textsuperscript{11}

› This is self administered within 15 minutes.

› Good reliability and validity, face valid so can under-report.

› Is made up of 25 true and false questions and a briefer 13 question version.

› Is in the public domain with several population-specific versions.
**Substance Abuse Subtle Screening Inventory**\(^5\)

- Mandated and defensive clients, both adults and adolescents.
- Only 15 minutes to complete and on-line version available.
- Considered a screening tool for an interview and follows DSM-5.\(^{12}\)
- Not free and debate about reliability of indirect (subtle) scales.\(^{13}\)
- False positives based on ethnicity, distress and social deviance.
- Provides ten subscales for adults with information regarding defensiveness and minimization; research claims 94% accurate.

**Adolescents: CRAFFT**\(^{14}\)

- Screening tool: **Car, Relax, Alone, Forget, Friends, Trouble**.
- Patterned after the CAGE for age 14 years and up.
- Works well with diverse cultural groups.
- Has equal or better accuracy compared to MAST and CAGE.
“persons diagnosed with mood or anxiety disorders are about twice as likely to suffer also from drug use disorder compared with respondents in general”, Dr. Nora Volkow\(^\text{15}\). About 40% of admissions have a co-ocuring disorder.

- Intoxication and withdrawal from alcohol can mimic other disorders.
- Disorder may precipitate SUD or SUD precipitates Disorder.

**Psychiatric Co-Morbidity**
Co-Occurring Disorders-Assessment

- Family history: genetics of mental illness and SUD.
- Trauma history: ACEs are a primary risk factor.
- Dangerousness: suicide and terroristic threats/behavior.
- Psychiatric history: especially visit to a mental health professional.
- Mental status: current.

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Co-Occurring Disorders\textsuperscript{16,20}

- Mood disorders.
- Anxiety disorders, especially Post Traumatic Stress Disorder.
- Personality disorders less common: antisocial (began in childhood and not just arrests), borderline, narcissistic.\textsuperscript{8}
- Suicide: protective factors ask directly will not precipitate.
- Of admissions 20-30\% have made a suicide attempt.\textsuperscript{8}
**PAI**<sup>16,17</sup>

- This instrument has 344 questions and 22 scales (three validity).
- It takes roughly one hour to complete online—results immediately.
- It is extremely accurate and provides mental health and SUD info.
- For ages 18 to 89 years old and good reliability and validity.
- Con-Uses DSM-IV-TR diagnostic format and diagnoses.

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**Millon**<sup>16</sup>

- Adults 18 and up and uses DSM-5.
- Takes ½ hour to administer on computer and briefer format.
- 175 Items, 24 scales ..and results almost immediately.
- Has 24 scales and one for alcohol and one for drugs.
- Has 5 scales about how the individual approached the inventory.
- Con: Stilted language
Among Patients with Untreated Substanced Abuse Disorders...

45% commit suicide

Source: PsychologyToday.com

Columbia Suicide Severity Rating Scale\textsuperscript{20}

- Preparatory behavior, Aborted attempt, Interrupted attempt.
- Excellent validity and reliability.
- Short and long version; easy to administer rapidly.
- Client easily understands a version for all age ranges.
- In the public domain and free; includes extensive training.
General Ethical Concerns

- Boundary Issues.
- Confidentiality.
- Poor Practice.
- The right to refuse treatment.
- Labeling/Stigma and mandated clients.
- Uncertain state of diagnosis, medications, off-label prescribing.

Values using Kitchener’s model (1984)

- **Autonomy**-Respect independence.
- **Nonmaleficence**-Do no harm.
- **Beneficence**-Taking action or non-action for good.
- **Justice**-Fairness and non-discrimination…multi-cultural.
- **Fidelity**-Loyal and dependable.
- **Veracity**-Behave honestly and be truthful.
Ethical Decision Making Steps

- What is the nature of the dilemma? Legal, Institutional, etc.
- Consult ethics codes and laws; seek consultation.
- Identify multiple courses of action.
- Implement one.
- Evaluate outcome.

References

References, Continued


References, Continued


Slides

- Slide co-occurring first (round) Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health SAMHSA from https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm


- Slide length of detection NIVHA (2012) Workplace services; The process http://www.nivha.net/workplace-solutions/testing/procedures


Resources


Ethical Vigenettes from https://www.cnsproductions.com/pdf/casestudies.pdf

https://www.ethicalpsychology.com/p/vignette-warehouse.html

Resources, Continued

- SASSI.com

- http://www.tresearch.org/products/assessment-and-evaluation (ASI and significant other)

