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Co-Occurring Disorders (COD) Assessment Guidelines

Introduction

This document provides guidance on the important elements to include in the assessment process to ensure that it is responsive to the needs of individuals with co-occurring mental health and substance use disorders. Assessments need to examine all factors necessary to establish a mental health and substance use diagnosis and to determine the level of care and nature of treatment to ensure the best outcomes. In addition, assessments must be completed by persons who have knowledge of the characteristics and nature of substance use and mental health disorders, how situational factors can affect an assessment and of stages of change/motivational factors.

Definition of Assessment

“Assessment gathers information and engages in a process with the client that enables the provider to establish (or rule out) the presence or absence of a co-occurring disorder. It determines the client’s readiness for change, identifies client strengths or problem areas that may affect the processes of treatment and recovery, and engages the client in the development of an appropriate treatment relationship.” (SAMHSA COCE, Overview Paper 2)

Assessment Process

The assessment process includes the following general steps:

1. Engage the client
2. Upon receipt of appropriate client authorization(s), identify and contact collaterals (family, friends, other treatment providers) to gather additional information
3. Screen for and detect COD
4. Determine severity of mental and substance use disorders
5. Determine appropriate care settings (e.g., inpatient, outpatient, day-treatment)
6. Determine diagnoses
7. Determine disability and functional impairment
8. Identify intrinsic and extrinsic (environmental) strengths and supports for each functional domain or target behavior
9. Identify cultural, linguistic, and disability related needs, supports and assets.
10. Identify additional problem areas to address (e.g., physical health, housing, vocational, legal involvement, educational, social, spiritual, cognitive, etc.) and corresponding assets, supports, or opportunities.
11. Determine readiness for change
12. Identify client’s expressed hopes, preferences, desires regarding life goals, outcomes for treatment
13. Determine client’s wishes as to others they may want involved in their treatment & support process
14. Plan treatment

(adapted from SAMHSA COCE, Overview Paper 2)

Guiding Principles of Assessment as it relates to Individuals with Co-Occurring Disorders

Assessment:

1. Defines the nature of a problem and develops specific treatment recommendations.
2. Is an ongoing process that is repeated to detect changes in a client's status and needs.
3. The use of traditional standard tools should be individually selected to be responsive to client needs and history.
4. Recognizes that all disorders are primary and each proceeds independently.
5. Should gather information useful in developing recovery plans including:
 - a. Information concerning relationships, life experiences, health challenges, financial and housing needs, strengths, resources (Recovery Capital) and other background information.
 - b. Substance use and mental health history including diagnosis, severity, treatment and family history.
 - c. Periods of time and /or situations when the identified problems are not present or are markedly less severe and the corresponding context or coping factors present during those times.
6. Is person centered and sensitive to culture, gender, sexual orientation, chronological and developmental age, level of literacy, and history of trauma.
7. Ascertains nature and severity of substance use and mental health disorders to determine appropriate level of care
8. Realizes that diagnoses and severity of disorders change and that gathering information from clients that includes a specific historical timeline of symptoms and diagnoses is essential.
9. Determines *stage of change for each problem and motivation for change*, and identifies external contingencies that might help to promote treatment adherence.
10. Takes into consideration the interactive nature of Co-occurring Disorders
 - a. that substance use can be a catalyst for mental illness and can increase the severity of symptoms, and
 - b. that mental illness can be a catalyst for substance use and can lead to increased use and poly-substance use.
11. Considers the situational factors that may be present and may make it difficult to establish if a person has co-occurring disorders.
 - Intoxication – individual is intoxicated at the time of the assessment
 - Withdrawal – individual is experiencing the physical and mental symptoms of withdrawal
 - Substance induced disorders – effects of substances mimic mental health symptoms such as depression, anxiety and hallucinations
 - Physical health issues and status including:
 - ▶ Medical problems
 - ▶ Medications
 - ▶ Aging process
 - ▶ Pregnancy
 - Motivation – factors influencing an individual's willingness to accurately answer assessment questions for both mental health and substance use
 - Stress related to family, employment, financial and other problems
12. Considers a person's history of trauma including physical and sexual violence and identifies symptoms that may constitute coping mechanisms.
13. Recognizes that therapeutic rapport is a fluid, relational process. Client disclosure may unfold overtime necessitating the need to revisit some assessment topics. A client may

initially be reluctant to discuss or may minimize trauma experiences, sexual or gender identification issues, or their victimization of others, for instance.

Characteristics of Assessment Process as it relates to Individuals with Co-Occurring Disorders

1. Individuals conducting the assessment should, at minimum, possess the following competencies:
 - Knowledge of the substance use and mental health diagnostic categories in the DSM V
 - Ability to determine severity of disorders
 - Knowledge of current street names of various drugs
 - Capable of assessing stage of change for both disorders
 - Ability to complete a functional assessment
 - The necessary skills to document mental health and substance use disorder diagnoses
 - Basic knowledge of physical health issues and medications used to treat such conditions
 - Knowledge leading to an understanding of differences among feelings, symptoms and disorders
2. The five basic principles of Motivational Interviewing should guide all interactions related to assessment:
 - expressing empathy
 - avoiding argument
 - supporting self-efficacy
 - rolling with resistance
 - developing discrepancy
3. Assessments must include consideration of motivational factors and stage of change, their impact on the assessment and gather information to plan effective treatment plans:
 - Determine if someone is motivated to change as opposed to motivated to seek/accept help.
 - Consider whether the client is in the Precontemplation, Contemplation, Preparation or Action Stage of Change for each target behavior (i.e. treatment, employment, social affiliations)
4. Co-occurring disorders are present in many different combinations. The assessment process must include the capacity to determine the level of substance dependence and the severity of the mental health disorders(s) present. This information should also be used to determine the appropriate level of care.
5. Individuals should develop a personal Recovery Resource Inventory. This includes examining the strengths and supports a person has at his or her disposal.

Sources:

COCE Overview Paper #2 Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders, 2006
Connecticut DMHAS: Competencies for Providing Services to Individuals with Co-Occurring Mental Health and Substance Use Disorders Version 1.1, 2008
CSAT Treatment Improvement Protocol #42, 2005
Hazelden Co-Occurring Disorders Program: Screening and Assessment, 2008

Appendix 1

Standardized tools tailored to the needs of the client are recommended. These include, but are not limited to the following tools:

- ▶ Addiction Severity Index (ASI)
- ▶ Alcohol Use Disorder and Associated Disabilities Interview Scale (AUDADIS)
- ▶ American Society of Addiction Medicine Patient Placement Criteria – 2nd Edition Revised (ASM PPC-2R)
- ▶ Composite International Diagnostic Interview (CIDI)
- ▶ Global Appraisal of Individual Needs (GAIN)
- ▶ Hamilton Anxiety Schedule
- ▶ Hamilton Depression Schedule
- ▶ Patient Health Questionnaire 9 (PHQ-9)
- ▶ Psychiatric Research Interview for Substance Use and Mental Disorders (PRISM)
- ▶ Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
- ▶ Structured Clinical Interview for DSM-IV (SCID)
- ▶ University of Rhode Island Change Assessment Scale (URICA)
- ▶ Zung Self-Rating Depression Scale