

ASSESSMENT RESEARCH PRESENTATION

Welcome!

All lines have been muted. We will get started shortly.

INTRODUCTIONS

Alacia Handy

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- Clinician, IDOC District 7 Probation and Parole Office in Idaho Falls, ID

GOALS OF TODAY'S WEBINAR

- Project Overview:
 - Initial survey in 2016
 - Clinical Workgroup
 - Additional Research
 - Presentation to Stakeholders
 - Stakeholder Feedback – follow-up survey
- Discuss research on 3 assessments:
 - ASAM Continuum
 - ASI
 - CAAPE-5
- Feedback opportunity – online follow-up survey

PROJECT OVERVIEW

Fall 2016: Initial
Stakeholder
Survey

Spring 2017:
Clinical Workgroup

Fall 2017-Spring
2018: Additional
Research on ASI,
CAAPE-5, and
ASAM Continuum

Summer 2018:
Presentation to
Stakeholders

Late Summer
2018:
Recommendation
to partner agency
leadership

ASAM CONTINUUM INTRODUCTION

- Computer guided biopsychosocial assessment
- DSM 5 criteria for diagnoses
- CIWA-Ar & CINA withdrawal scores
- Addiction Severity Index (ASI) composite scores
- ASAM Level of Care recommendations addressing all 6 dimensions
 - Including co-occurring disorder sub-levels

ASAM CONTINUUM HIGHLIGHTS

- Designed to develop a working rapport
- Assessment is conversation driven relying on the clinician's ability to conduct a clinical interview
- Officially endorsed by ASAM
- Severity is determined on some questions with a Likert scale
- Makes a provisional recommendation for level of care at the conclusion of the interview, but the clinician does have the ability to override if it is justifiable.
- Allows clinician flexibility to ask questions to rephrase them in language the patient can understand

ASAM CONTINUUM HOME SCREEN

continuum
THE ASAM CRITERIA DECISION ENGINE

Question and Answer Knowledgebase
David Gastfriend
Change Password Log Out
ASAM-David

Home Assessment Patient

General Information

Section	% Complete
General Information	0%
Medical History	
Employment and Support History	
Drug and Alcohol	
Legal Information	
Family and Social History	
Psychological	
Interview Completion	

Alex Smith
Birth Date: 03/01/1979 Gender: Female Religion: Catholic Ethnicity: Caucasian
Edit
Created By: bmcarter@asam.org Print

General Information

Class of Assessment

This interview was conducted

Special Interview Circumstances

"How long have you lived at your current address?"
Years Months

"Is this residence owned by you or your family?"
Yes No

"Have you been living in a hospital, rehab, jail or other controlled environment within the past 6 months? In the past month? How many days ago did that end?"

Has patient been in penal or chronic care setting within the past 14 days or is the patient within 6 months after release from such a setting?
Yes No

Intake Notes

This is a Demo Site do not enter any actual PHI.

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Terms and Conditions

HELPING THE CLINICIAN STAY ON TRACK

continuum
THE ASAM CRITERIA DECISION ENGINE

Question and Answer Knowledgebase
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Home Assessment Patient

Medical History
Employment and Support History
Drug and Alcohol

Section	% Complete
Used Substances	100%
Alcohol Use	9.1%
Heroin Use	14.3%
CINA Scale for Opioids	0%
Opioids and a Controlled Environment	0%
Opioid Treatment Services	0%
CIWA Sedative and Alcohol Scale	28.6%
Drug Consequences	0%
Addiction Treatment History	80%
Additional Addiction and Treatment Items	0%
Alcohol and Drug Interviewer Rating	0%

Legal Information
Family and Social History
Psychological
Interview Completion
Terms and Conditions

Alex Smith
Birth Date: 03/01/1979 Gender: Female Religion: Catholic Ethnicity: Caucasian
Created By: bmcstee@asam.org

In the past year, think about your use of alcohol. (If the patient has not used in the past year, enter "No" for each of the following items.)

"Do you need to use more alcohol to get the same feelings you used to by using less? Or do you get less of a high by using the same amount? (Tolerance indicates either need for increased dose for same effect or reduced effect with same dose.)" Yes No

"Do you ever get physically sick when you stop using alcohol? (Indicates characteristic physical or psychological withdrawal symptoms.)" Yes No

"When you are using alcohol, do you ever feel that you don't stop when you want to or feel that you should? Indicates substance often taken in larger amounts or over longer period than was intended." Yes No

"Have you ever tried to cut down? Indicates persistent desire or unsuccessful effort(s) to control substance use." Yes No

"Does alcohol take up a lot of your time? Indicates much time is spent obtaining, using, or recovering from substance." Yes No

Have you been unable to do the things that you need to do at work, school or home because of your alcohol use again and again?

Work	Yes No	Home	Yes No
School	Yes No	More than once in dangerous situations	Yes No

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ASAM CONTINUUM AND MENTAL HEALTH

- Mood disorders
- Anxiety
- Thought and behavioral personality disorders
- Examines symptoms during the past 24 hours, past month and patient's lifetime
- Helps determine symptoms that might be related more to intoxication and/or withdrawal
- Identifies risks related to harming self or others and medication compliance

ASAM CONTINUUM WITHDRAWAL SYMPTOMS

- Does have an extensive section regarding withdrawals (CIWA-Ar & CINA withdrawal scores).
- Allows clinician to give a nursing quality assessment on withdrawal symptoms. Requires clinician to make a simple medical observation, which was designed specifically for the clinician to do without having a nursing degree.

ASAM CONTINUUM NARRATIVE REPORT



Joanne Jones
Interviewer: gastfriend@gmail.com
Assessment Start: 1/12/2017 12:25 PM
Assessment End: 5/29/2017 10:52 PM



Patient: Joanne Jones

Interviewer: gastfriend@gmail.com
Admission Date: 1/12/2017 12:25 PM
Assessment Begun: 1/12/2017 12:25 PM
Assessment Ended: 5/29/2017 10:52 PM

NOTE: This report contains an automated narrative summary of the patient's condition, derived from selected structured interview items. This instrument is not a replacement for individual provider assessment and sound clinical judgment. ASAM and FEI Systems assume no direct or indirect liability for improper care or negative outcomes that may ensue from the use of this instrument. Consider your patient's needs carefully, using this instrument as one of many clinical tools in your determination of proper care. The Criteria may not encompass all levels and types of services which may be available in a changing health care field. Therefore, the Criteria may not be wholly relevant to all levels and modalities of care.

This summary is based on the patient's self-report regarding lifetime and recent Medical, Employment, Alcohol, Drug, Legal, Family/Social and Psychiatric involvement and/or problems. Included in each of these sections is the interviewer's severity rating, suggesting the client's need for treatment (or additional treatment beyond what the patient is already receiving). This is based on the information provided by the client and other sources as available at the time.

Class of Assessment:
Intake
Interview Was Conducted:
In person



Joanne Jones
Interviewer: gastfriend@gmail.com
Assessment Start: 1/12/2017 12:25 PM
Assessment End: 5/29/2017 10:52 PM

IDENTIFYING INFORMATION

Name: Joanne Jones
DOB: 2/5/1959
Gender: Female
Ethnicity: Caucasian

GENERAL INFORMATION SECTION

The following is a clinical summary based on an in-person interview with Joanne, on 1/12/2017.

Joanne is a 57 year old female who did not specify a racial category. She states she is Caucasian. She states her religious preference is Protestant. She has lived at her current address for approximately 2 years. Neither the client nor her family owns this residence. Joanne has not spent any time in any kind of a controlled environment in the past 30 days. Therefore her ability to use alcohol, or other drugs and have interaction with her family and/or others has not been compromised for the reporting period of the past 30 days.

MEDICAL SECTION

Medical History

Joanne was hospitalized once for medical problems. This hospitalization was 3 years ago. She has a chronic medical problem and is prescribed medications for this problem. Joanne specified "Headache" as the chronic medical problem(s). She specified "Ibuprofen" as the prescribed medication. She does not receive any financial compensation for physical disabilities.

Client Perception of Severity of Medical Problems and Desire for Treatment

Although Joanne experienced symptoms on 15 of the past 30 days, she is not at all troubled or bothered by them. Help obtaining treatment is not important to her at this time.

Interviewer Impressions and Recommendations – Medical

It is my impression that Joanne understood all of the questions, and that she did not deliberately misrepresent her medical information. Joanne has a medical problem of substantial concern, and help obtaining appropriate treatment is necessary at this time.

Interviewer Comments

The interviewer did not have any comments for this section.



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Interviewer: gastfriend@gmail.com
Assessment Start: 1/12/2017 12:25 PM
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ALCOHOL & DRUG SECTION

Lifetime and Recent Alcohol Use

In her lifetime, Joanne drank regularly for a period of 30 years. For approximately 20 years, her drinking was regular and heavy (generally defined as 5 or more drinks in one day). In the past 30 days, she drank 30 days, and has drunk heavily, having more than five drinks per day, on each of those days. She reports having spent \$700.00 on alcohol in the past 30 days. She has never experienced alcohol delirium tremens.

Lifetime and Recent Drug Use

Joanne does not appear to have any lifelong problems with heroin or methadone, and she reports no periods of ongoing use. Joanne has used other opiates habitually for a period of approximately 15 years, and she has no history of ongoing use of barbiturates. She has no history of regular or ongoing use of sedatives, hypnotics, or tranquilizers. Joanne has never regularly used cocaine or amphetamines. Joanne has no history of ongoing or problematic cannabis or hallucinogen use. She has no history of regular or ongoing use of inhalants. Joanne has a history of using multiple substances, on an ongoing basis, for a period of approximately 10 years. She has never overdosed, either intentionally or unintentionally, on drugs. Joanne has not used any heroin or methadone in the past 30 days. Joanne has not used sedatives in the past 30 days, but has used other opiates on 15 days this month, and either will not discuss or cannot remember if she has used any barbiturates during this time. Joanne has not used any cocaine or amphetamines in the past 30 days. Joanne has not used any cannabis or hallucinogens for the past 30 days. She has not used any inhalants in the past month. In the past 30 days Joanne has used two or more drugs together (or drugs and alcohol) on 15 days in the past month. In the past 30 days, Joanne reports that she spent \$700.00 on alcohol and \$20.00 on other drugs.

Alcohol and Drug Treatment History

Joanne has received treatment 8 times for alcohol problems, all her treatments were limited to brief withdrawal management. Joanne has never received treatment for her drug problems. Joanne's last period of continuous abstinence from alcohol lasted for 3 months, ending approximately 3 months ago. She has not received any outpatient treatment, including attendance at AA, NA, or CA, for any drug or alcohol problems in the past 30 days.

Client Perception of Severity of Alcohol and Drug Problems and Desire for Treatment

Joanne experienced alcohol related problems on 30 of the past 30 days, and is profoundly bothered by these problems. Obtaining alcohol treatment is of profound importance to Joanne. Joanne experienced drug related problems on 5 of the past 30 days, and is slightly bothered by these problems. Obtaining drug treatment is of some importance to Joanne.

Interviewer Impressions and Recommendations - Alcohol and Drugs

ASAM CONTINUUM NARRATIVE REPORT CONT'D



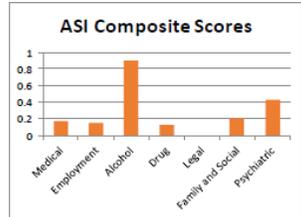
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ADDICTION SEVERITY INDEX COMPOSITE SCORES

The ASI Composite scores rate severity in seven areas of the patient's life. Analysis of her ASI responses revealed the following composite scores:
 (NOTE: The same score in different ASI Composite Subscales does not necessarily denote a similar extent of severity.)

ASI Composite Scores

Category	Value
Medical	0.167
Employment	0.152
Alcohol	0.898
Drug	0.128
Legal	0.000
Family and Social	0.200
Psychiatric	0.432



Joanne Jones
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PROBLEM LIST

ASAM DIMENSION 1 - ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL	
Item ID	Item Statement
AS1d1-13b	Substance(s) used within the past 3 days: <i>Alcohol, Other Opiates.</i>
CIWA-7b1	Sum of CIWA items 1-10: <i>16</i>
AS1d99	Is the patient experiencing significant withdrawal, or is there evidence that withdrawal is imminent? Consider substance intake, age, gender, previous withdrawal history, symptoms, physical, emotional, behavioral and cognitive conditions. <i>Withdrawal OR evidence of imminent withdrawal AND no risk of severe withdrawal syndrome AND moderate withdrawal is safely manageable at Level 3</i>

ASAM DIMENSION 2 - BIOMEDICAL CONDITIONS AND COMPLICATIONS	
Item ID	Item Statement
AS1m3	Do you have any chronic medical problems which continue to interfere with your life? <i>Headache</i>
AS1m6	Medical problems in past 30 days? <i>Dental, teeth, gums, Digestive, stomach, bowel, liver, pancreas, diabetes, .</i>
AS1m6q	Would the patient's continued substance use endanger his/her medical condition? <i>Not sure or possibly</i>
AS1m8a	How much medical or nursing care or physical rehabilitation do you need? <i>1 Visit per Month</i>
AS1m9	How would you rate the patient's need for medical treatment? <i>Moderate problems require close outpatient follow-up (e.g. diabetes)</i>

ASAM DIMENSION 3 - EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS	
Item ID	Item Statement
AS1p4a	Trouble falling asleep, staying asleep, or sleeping too much? <i>Considerably</i>
AS1p10a	Are you currently receiving the psychiatric care and services that you need? (Don't include any alcohol or drug service needs with this item) <i>No</i>
AS1p12	How much have you been troubled or bothered by the previously discussed psychological or emotional problems in the past 30 days? <i>Extremely</i>



Joanne Jones
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ASAM DIMENSION 5 - RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL	
Item ID	Item Statement
AS1g23a	How troubled or bothered have you been in the past 30 days by these drug problems? <i>Slightly</i>
AS1g24a	How important at this time is treatment for your drug problem (if any)? <i>Slightly</i>
AS1g25a	How would you rate the patient's need for treatment for drug use problems? <i>6</i>
AS1g28	Comments: <i>Already in some withdrawal, has elevated blood pressure, chronic headaches with opioids in some withdrawal, and hasn't continued into rehab in past.</i>

ASAM DIMENSION 6 - RECOVERY/LIVING ENVIRONMENT	
Item ID	Item Statement
AS1f5	Marital Status: <i>Divorced</i>
AS1f9	Are you satisfied with this situation? <i>No</i>
AS1f7a	Tell me about alcohol and drug use in your work (or school) How will your work (or school) affect your treatment and recovery? <i>Will discourage or hinder treatment/recovery</i>
AS1e20	How troubled or bothered have you been by these employment problems in the past 30 days? <i>Moderately</i>
AS1e21	How important to you now is counseling for these employment problems? <i>Moderately</i>
AS1e22	How would you rate the patient's need for employment counseling? <i>4</i>
AS1e23	Comments <i>Patient worries her boss will freak out if she requires a work absence for inpatient detox.</i>
AS1f8a	Tell me about alcohol & drug use in your free time activities... How will your free time affect your treatment & recovery? <i>Will discourage or hinder treatment/recovery</i>
AS1f8	Are you satisfied with spending your free time this way? <i>No</i>
AS1f9	How many close friends do you have? <i>None</i>
AS1f8a	Tell me about alcohol & drug use among your friends... How will your friends affect your treatment and recovery? <i>Will often expose patient to substance use</i>

ASAM CONTINUUM ADMINISTRATION CONSIDERATIONS

- Time to complete
 - Interview 60-75 minutes
 - Editing-0. Typically no additional edits required after interview
- Clinician credentials: CADC or higher
- WITS compatibility: Yes
- Population suitable: Adults. Some entities have tried to adapt it for adolescents.
- Languages: English but it is written to be translated to other languages
- Other states using tool: California and Massachusetts
- Training requirements: Free online webinar or option of in person training at a cost

ADDICTION SEVERITY INDEX (ASI) INTRODUCTION

- Brief, semi structured interview
- Covers important areas including:
 - Medical
 - Employment/support
 - Drug and alcohol use
 - Legal
 - Family/social
 - Psychiatric
- ASI was the first research instrument in addictions that used a clinical approach
- Focuses on 30 days prior to the assessment and lifetime
- Captures minimal information necessary
- Requires clinical judgement to know when follow up questions are necessary
- ASI 5th edition is not suitable for all adolescents; however adolescent versions exist

ADDICTION SEVERITY INDEX (ASI) OVERVIEW

- ASI uses patient rating scale:
- Rates patient severity items as
 - 0 – Not at all
 - 1 – Slightly
 - 2 – Moderately
 - 3 – Considerably
 - 4 – Extremely

ADDICTION SEVERITY INDEX (ASI) OVERVIEW CONT'D

- Interviewer rating scale:
- Each section give an overall score with is interpreted as:
 - 0-1 No real problem, treatment not indicated
 - 2-3 Slight problem, treatment probably not necessary
 - 4-5 Moderate problem, some treatment indicated
 - 6-7 Considerable problem, treatment necessary 8-9 Extreme problem, treatment absolutely necessary
 - 8-9 Extreme Problem, treatment absolutely necessary

ADDICTION SEVERITY INDEX (ASI) AND MENTAL HEALTH

- Depression
- Anxiety or tension
- Hallucinations
- Concentrating or remembering
- Violence
- Suicidal ideation

ADDICTION SEVERITY INDEX (ASI) HIGHLIGHTS

- Following the ASI interview, composite scores are created
- ASI does not auto generate a summary report
 - Clinician would develop an ASAM summary report with the overall treatment recommendation and DSM 5 diagnosis
- Some counties in Idaho use ASI for DUI evaluations
 - Extra documentation required

ADDICTION SEVERITY INDEX (ASI) ADMINISTRATIVE CONSIDERATIONS:

- Time to complete
 - Interview 30-60 minutes
 - Editing-30-60 minutes.
- Clinician credentials: CADC or higher
- WITS compatibility: Yes, as an upload
- Population suitable: Adults and adolescents over the age of 16. Other versions exist for adolescents under age 16.
- Languages: English and Spanish
- Other states using tool (not necessarily exclusively): New Hampshire, New Jersey, Utah, Montana, Colorado, Michigan, North Dakota and Oregon.
- Training requirements: No formal training required; however, it is likely the State would organize something to measure competency.

CAAPE-5 INTRODUCTION

- Comprehensive Addictions And Psychological Evaluation
- Utilizes criteria from DSM 5
- Aims to document drug/alcohol related issues
- Gathers information to see if there is an indication of common mental health conditions

CAAPE-5 OVERVIEW

- Goes over each diagnostic criteria for substance use disorders
- Screens for some mental health
- Allows the patient to rate some questions on number of days or based on timeframes
- Does not give an actual mental health diagnosis, but identifies areas where more screening might be appropriate
- Might need additional questions for dimensions 2, 4, 5, and 6 to determine an overall level of care
- Does not have a function that automatically generates a summary report

CAAPE-5 AND MENTAL HEALTH

- Screens for:
 - Major Depressive Disorder
 - Manic episodes
 - Panic Disorder
 - Anxiety and phobia indications
 - Posttraumatic Stress Disorder
 - Obsessive-Compulsive Disorder
 - Psychosis
 - Antisocial Personality Disorder
 - Paranoid Personality Disorder
 - Schizoid Personality Disorder
 - Borderline Personality Disorder
 - Dependent Personality Disorder
 - Obsessive-compulsive Personality Disorder

CAAPE-5 PREVIEW

PREVIEW COPY

10. When did you last use [name substance]?

Name each substance group including local terminology where appropriate.

Code according to the most recent use:

0 = Never used
 1 = Not used for more than 12 months
 2 = Used within the past 12 months, but not during past 6 months
 3 = Used within the past 6 months, but not during past month
 4 = Used in past month
 5 = Used within the past week
 6 = Used within the past 24 hours

For each substance used in the past month, record number of days used.

Tobacco
 0 1 2 3 4 5 6 ___ days

Alcohol
 0 1 2 3 4 5 6 ___ days

Marijuana
 0 1 2 3 4 5 6 ___ days

Cocaine (powder or crack)
 0 1 2 3 4 5 6 ___ days

Amphetamines / stimulants
 0 1 2 3 4 5 6 ___ days

Sedatives / tranquilizers
 0 1 2 3 4 5 6 ___ days

Heroin / opioids
 0 1 2 3 4 5 6 ___ days

Hallucinogens / PCP
 0 1 2 3 4 5 6 ___ days

Inhalants
 0 1 2 3 4 5 6 ___ days

Other substance (specify) _____
 0 1 2 3 4 5 6 ___ days

If this substance use is reported go to Item 48.

One problem or more than two substances are used, the problem or problems in the past 12 months can be for each substance.

Best option: If multiple substances are used, the first question can be asked without naming a substance. Circle "no" or "yes" above the left column, and go to the next question. Once all the questions in this section are covered, return to the first "yes" question and do the probe for specific substances.

11. [U] - Have you ever spent more time using [name substance] than you intended to?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drugs _____ 0 1 2 3+

12. [N] - Have you ever neglected your usual responsibilities because of using [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drugs _____ 0 1 2 3+

13. [N] - Have you ever wanted to cut down on your use of [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drugs _____ 0 1 2 3+

14. [O] - Has anyone ever objected to your use of [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drugs _____ 0 1 2 3+

21. Have you ever found yourself planning your activities around being able to drink or use drugs?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

22. Have you ever stayed intoxicated on alcohol or high from drugs for more than a day at a time?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

Criterion 4: Craving or strong compulsion (Includes Item 15)

23. Have you ever had a strong craving to use drugs?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

24. Has the desire to drink or use a drug ever been so strong that you couldn't resist drinking or using?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

Criterion 5: Inability to fulfill major role at home, work or school because of your drinking or drug use? (Includes Item 15)

25. Have you ever missed school because of your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

26. Have you ever had any work or school problems related to your drinking or drug use?

If yes, ask: Does that apply to [name substance]?

no yes times in past 12 mo.

0 1 Alcohol _____ 0 1 2 3+

0 1 Marijuana _____ 0 1 2 3+

0 1 Cocaine _____ 0 1 2 3+

0 1 Amphetamines / stimulants _____ 0 1 2 3+

0 1 Sedatives / tranquilizers _____ 0 1 2 3+

0 1 Heroin / opioids _____ 0 1 2 3+

0 1 Hallucinogens / PCP _____ 0 1 2 3+

0 1 Inhalants _____ 0 1 2 3+

0 1 Other drug _____ 0 1 2 3+

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CAAPE-5 ADMINISTRATIVE CONSIDERATIONS

- Time to complete
 - Interview 60 minutes or less
 - Editing-30 minutes.
- Clinician credentials: CADC
- WITS compatibility: Yes, as an upload
- Population suitable: Adults. Adolescent version exists and it is called the PADDI-5.
- Languages: English
- Other states using tool (not necessarily exclusively): Hawaii, North Carolina, and Florida.
- Training requirements: No formal training required; however, it is likely the State would organize something to measure competency.

SIDE BY SIDE COMPARISONS

	ASAM Continuum	ASI	CAAPE-5
Time to complete:	Interview 60-75 minutes Edits 0	Interview 30-60 minutes Edits 30-60 minutes	Interview 60 minutes Edits 30 minutes
Credentials to administer:	CADC or higher	CADC or higher	CADC or higher
WITS compatibility:	Yes	Yes	Yes
ASAM and DSM 5 criteria:	Yes	Yes	Yes
Population:	Adults-could possibly be adapted for adolescents	Adults and adolescents	Adults and adolescents
Language(s):	English-written for translation	English and Spanish	English
Training requirements:	Free online webinar or in person training for cost	No formal	No formal

CLOSING/NEXT STEPS

- Watch for email in the next week or so
- Follow-up electronic survey open until July 8th
- Feedback will be compiled and presented to partner agency leadership (IDOC, IDHW, IDJC, Courts, BPA Health)

THANK YOU!!