INSIGHT: Alcohol and Other Drug Training and Education Unit

Induction Module 4
AOD Clinical Assessment

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Queensland Government
Australia

Published by InSight: Alcohol and Other Drug Education and Training Unit, Metro North Mental Health - Alcohol and Drug Service, Brisbane Queensland

August 2013

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Welcome to Alcohol and Other Drugs Sector Induction Material

Learning Material

This series of modules is designed to service health staff interested in addressing alcohol and other drug (AOD) issues with their clientele. The introductory material seeks to provide information to new workers in the alcohol and drug sector. The modules are based on best practice, and contain the most recent information available.

About InSight

InSight is a clinical support service that provides AOD clinical education and training, and clinical education services. Insight sits within the ADS which has a mission to minimise alcohol and other drug related harm and improve the health and well being of the Queensland people we serve.

Contact InSight

InSight can be contacted by phone or email if you have any queries or comments regarding this module, or for general information regarding training opportunities.

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How to use Module Materials

- The module contains a study guide (PDF) that can be downloaded. Please be aware this is copyrighted material. If a colleague requests this module, direct them to the web page for their personal module download.
- There are suggested readings and references for further study which are located at the end of this module.
- There is no recommended text for this module.
- The module is designed as a 2 - 4 hour short course.
- A short multiple choice assessment can be submitted to InSight to enable us to forward your completion certificate.
- You may contact InSight regarding this module at any time.

Introduction to AOD Clinical Assessment

Aim

The aim of the AOD Clinical Assessment module is to provide health workers with the knowledge required to conduct an AOD assessment with clients' who are experiencing AOD problems. The module will also introduce health workers to a number of standardised assessment tools for use with clients with AOD problems.

Objectives

The objectives for this module are to:

- Understand the value of assessment for clients with AOD problems
- Identify the components of a biopsychosocial AOD assessment
- Differentiate between screening and assessment
- Describe contemporary assessment instruments used in the AOD sector
- Identify what is needed to conduct a comprehensive AOD assessment
- Describe the difference between subjective and objective assessment data

Introduction

A fundamental element of any drug treatment intervention is a comprehensive assessment. In the AOD field, this assessment aims to identify clients who use alcohol or other drugs (AOD) at hazardous or harmful levels. In this way assessment not only assists with early problem detection, it also facilitates appropriate treatment interventions to be delivered to reduce the harms associated with drug use. Ideally, assessment for AOD problems should be incorporated into routine clinical practice (Dawe, Loxton, Hides, Kavanah & Mattick, 2002). By conducting an assessment interview and using standardized assessment tools the health worker is well placed to plan effective AOD treatment for their clients.

General Information

Confidentiality

Before conducting an assessment interview, the health worker needs to outline the limits of confidentiality regarding any information offered by the client. Any questions or concerns the client may have with respect to confidentiality need to be addressed before the assessment begins. The health worker also needs to explain the interview process and clarify any concerns the client may have with it.

The health worker explains that they are bound by confidentiality and therefore will not disclose information that is received from the client in confidence, unless the information given falls outside the limits of confidentiality. The limits to confidentiality include:

- The clients issue will be examined in team case review and clinical supervision
- If the client threatened to harm himself/herself or someone else
- If a child is currently at risk of abuse or neglect
- If the clinician or case notes are subpoenaed to court
- Disclosing information about clients during the course of supervision.

The health worker also needs to consider the following in relation to confidentiality:

- Health workers may be required to disclose information regarding coerced clients, or clients who are minors
- Health workers need to be honest regarding the limits of confidentiality prior to an agency or clinician sharing any related information with associated professional or otherwise.
- Health workers should consider the potential for confidentiality to be compromised when sharing information about clients' when posting and emailing information.

What is an Assessment?

In the health care setting, assessment refers to the systematic process of collecting, analysing and disseminating information regarding health status, psychosocial problems, risk and general concerns relating to individuals. The general purpose of an assessment is to collect

information to define clinical problems, understand how these problems may be related to each other, and make decisions about how to proceed with treatment.

An assessment usually takes place at the commencement of the treatment episode when the client presents to a service. This assessment can take up to an hour to complete, depending on the nature of the service and the initial presentation of the client. An assessment is usually conducted in a face to face session between the health worker and the client. Occasionally, telephone or teleconference assessments may be necessary due to an individual's personal circumstances (eg. geographical distance). However, it is preferable that the initial assessment is a face to face meeting so that other factors such as the client's non verbal behaviour and physical state can be accurately observed and documented. Face to face sessions also facilitate the building of rapport.

An assessment takes the form of an interview during which time the health worker obtains the client's history and uses standardised assessment tools to obtain specific information. The health worker selects the appropriate biopsychosocial assessment tools required to enhance the quality of the information being collected.

All assessment procedures should be conducted:

- In areas that are conducive to confidentiality and privacy
- In a relaxed, friendly, non-judgmental and empathic manner
- In a manner which builds rapport and puts clients at ease
- By the most appropriate team member
- With sensitivity given for cultural and religious issues.

A comprehensive AOD assessment includes all of the following:

- A semi structured clinical interview to elicit essential information regarding the client's history of substance use
- History of physical, psychological and social issues associated with their use
- Knowledge of the reasons why the client is seeking help
- Goals of treatment
- Raising issues which may be considered sensitive or taboo with the client
- Assessment of risk
- Current patterns and context of AOD use
- Current physical and psychosocial issues.

It is best to use a range of methods to obtain information. These sources provide further evidence and ensure decisions are not based on incorrect assumptions. Information collecting methods include:

- Previous chart notes/entries if available
- Clinical interview, usually semi structured
- Self-report measures
- Collateral information from partner or family
- Self-monitoring of the client
- Objective information gathered, such as vital signs and diagnostic tests.

The information taken during the assessment is recorded on an assessment form and in the client's clinical record. Ongoing assessment is conducted at appropriate intervals during treatment and used to monitor the client's progress towards achieving their AOD goals.

Why Conduct an Assessment?

When a client presents to a service, their visit is generally prompted for a reason. The health worker conducts a clinical assessment so that they can define the client's AOD problems and gain an understanding of the context of their client's AOD use. Therefore, the general purpose of a clinical assessment is to collect information to define problems, diagnosis, and understand how they relate to each other, so that decisions can be made on how best to proceed with treatment that is tailored to the needs of that individual.

What Information is Collected?

During the assessment, the health worker seeks the following information:

- A determination of the principal drug of concern and any other drugs of concern
- An assessment of the quantity, frequency and patterns of AOD use to:
    - Determine a baseline of drug taking behaviours / levels
    - Make an assessment of the client's level of dependence on alcohol or other drugs
- Identify cues that might trigger drug use
- Identify any social and physical problems related to the client's AOD use
- Identify past life events and trauma that may be contributing to use of drugs
- Screen for intention to harm self or others

- Identify special needs of the client with regard to physical access, the use of interpreters, as well ensure cultural, religious and gender needs are met
- Screen for comorbid psychological issues. If the screen reveals that a psychological issue is present, engage in a full assessment if it is within your scope of practice
- The client's stage of change.

The Intoxicated Client

Difficulties can arise when dealing with intoxicated clients. If the client is intoxicated when the health worker performs an assessment, it is difficult to ensure that the information provided is reliable. The best option in this case, is to focus only on developing rapport, and enquire about the substances that have been used in the previous 24 hours. This will help to determine whether any safety issues exist, such as risk of overdose or attempting to drive whilst still intoxicated. The health worker should display skills of empathy and listen to what the client says, but postpone the formal assessment until the next session. Remind the client of the importance of refraining from being intoxicated for the second session. It is not necessary for them to present in uncomfortable withdrawals, however an intoxicated state is not recommended so that accurate information can be gathered.

Raising the Issue

Healthcare workers who work in the alcohol and drug sector are provided with the opportunity to talk openly about alcohol and drug use during their sessions with the client. Some clients express direct concern about their substance use. However, for many people the connection between substance use and health or social problems may not be immediately obvious. The health worker can assist the client to recognise the connections that exist between their substance use and any presenting concerns. For example, alcohol use may seem irrelevant when a client is reporting having financial difficulties, yet this issue may be directly associated with their spending on alcohol each week.

Raising a sensitive issue can be simplified by asking open-ended questions that encourage the client to speak freely about their concerns without feeling pressured. The opening strategies below can be effective when raising the issue of alcohol or drug use (Jarvis, Tebbutt, Mattick, & Shand, 2005):

- Inquire about the possibility that drug use may be associated with current lifestyle or stresses. Talk generally about the client's current lifestyle. For example, "Where does

alcohol use fit in your life?" or "What sort of strategies do you use to cope with daily stresses?"

- Ask the client to help you identify the cause of their specific health concern. Ask an open-ended question like: "I wonder what is causing your ongoing nausea…could it be related to… (list possible causes, including diet, stress, alcohol, medication use, etc.)".
- Incorporate questions about alcohol or other drug use throughout routine assessments that include other potentially sensitive behaviours, for example: eating/drinking, diet, smoking, exercise, sleeping habits, sexual health, and medication use.
- Explain to the client that raising questions about alcohol and drug use is routine practice and is undertaken to ensure the assessment is comprehensive. This may be particularly important for those in the pre-contemplation stage of change (see motivational interviewing induction module) where the benefits of substance use outweigh any costs the client may be experiencing in association with their AOD use.

Establishing Reasons for Seeking Help

At the outset of the initial interview the health worker needs to determine what has motivated the client to present to the service. That is, what are the client's reasons for seeking help in the first place? For example:

- Has the contact been initiated by the client?
- Have they been coerced by family, friends, a partner or another service provider?
- Are there any legal requirements attached to their treatment and care?

Having this knowledge early in the session can assist the health worker to determine which stage of change the client may be at their initial presentation.

Self Generated Reasons

Clients often experience unpleasant effects associated with their AOD use. The reasons behind these negative experiences can provide the motivation for them to seek help to find ways to ease their discomfort. A number of self-generated reasons for clients' seeking help can include:

- Physical: Poor health, poor sleep, infected injection sites, concern about blood borne viruses, physical complications of drug use, experience of withdrawal symptoms
- Psychological reasons: Anxiety, depression, or a sense of not being able to cope and being overwhelmed with a situation.

Social Concerns

Over a period of time, regular AOD use can lead to social problems for clients'. When these problems start to have an uncomfortable impact on a client's lifestyle, they will often seek help to address their issues. These social concerns can include the following:

- An inability to maintain payment of rent, bills and other financial commitments
- Poor work attendance
- Child safety issues
- Domestic violence
- Relationship problems.

Legal Issues

Clients often present for treatment as a result of having experienced legal issues associated with their AOD use. Legal issues which often prompt clients to seek help include:

- Drink driving charges
- Public nuisance charges
- Possession or dealing charges
- Break and enter, stealing
- Domestic violence.

Biopsychosocial Components of Assessment

Components of the Biopsychosocial AOD Assessment

Taken together, each component of a biopsychosocial assessment provides a holistic view of the client's current situation with respect to their AOD use and any problems directly associated with it. The counsellor then draws on this information to develop a treatment plan that addresses the specific needs of the client.

There are three components to a comprehensive biopsychosocial assessment being:

- A biological component which assesses physical impacts on the client's health as well as their drug use history
- A psychological component which assesses the client's mental health status and includes thoughts, emotions and behaviour
- A social component which assesses the client's current social situation, such as their relationships, employment, financial and legal status.

Multidisciplinary teams working in the AOD field are able to develop a comprehensive treatment plan based on information obtained following a biopsychosocial assessment. Health workers from a medical discipline would mainly be interested in treating a medical or biological problem, but will still want to know how psychosocial features contribute to it. Likewise, a psychologist may be assisting a client with a psychological issue, but will still want information on social and physical issues the client is experiencing. A social worker may be assisting the client to overcome their social problem and would be interested in how the biological and psychological aspects that could be exacerbating it. The course of a physical illness can influence social interaction or psychological function, and a social and familial background can have an impact on a biological or psychological problem. By asking a series of questions that may establish the most important elements in each of these spheres, a better understanding may be derived, as well as a better treatment plan. This method of assessment is part of holistic care whereby we seek to understand the whole person.

Biological Assessment

During an assessment, the health worker determines if there have been any impacts on the client's health (either directly or indirectly) due to their substance use. The essential information collected as part of the biological component of the client's assessment includes:

- The client's personal medical history and current physical health
- The degree of physical harm experienced as a result of substance use
- Whether the client is using drugs to alleviate a physical issue (e.g. taking opiates for pain)
- The client's lifestyle history including risk taking behaviors such as sharing injecting equipment, poly drug use and unprotected sex.

Table 1 below outlines the elements of a comprehensive biological assessment.

BIOLOGICAL MEASUREMENT ITEMS		
Pathology	**Physical Examination**	**Self & Collateral Reports**

• Blood alcohol level (BAL)
• Urine Drug Screen
• Liver function test
• HIV* status Hepatitis C status, Hepatitis B status/ immunisation
• Pregnancy status
• Nutrition
  o Vitamin deficiency
	• Vital Signs
	  o Blood Pressure
	  o Pulse Rate
	  o Respiration rate
	  o Temperature
	  o Bilateral pupil size and reaction – dilated, constriction, or unusual involuntary movement
	  o Co-ordination
	• Height and weight (BMI)*
	• Levels of Consciousness (e.g. Glasgow Coma Scale Rating - clinician rated). *Particularly in case of head injury or suspected cognitive impairment.*
	• Distinguishing characteristics
	  o Scars
	  o Tattoos
	  o Birthmarks
	• Skin
	  o Complexion
	  o Presence of scarred surface veins, track marks, tunnelling
	  o Rashes, sores, abscesses or signs of infection
	  o Evidence of fresh or healing injection sites.
	• Peripheral neuropathy
		• Current Treatment and Services
		• Current GP*
		• Other treatment services
		• Medications (prescribed, not prescribed)
		• Previous quit attempts / periods of abstinence
		
		Risk behaviours
		• Blood Borne Virus Risk Assessment.
		• Drug use history; all substances (including injecting)
		• History of past/current injecting drug use
		
		Medical History
		• Alerts and Allergies
		  o drug reactions,
		  o history of seizures, violence, or self harm
		• Periods of memory loss "blackouts"

HIV = Human Immunodeficiency Virus, GP = General Practitioner, BMI = Body Mass Index.

Table 1. Elements of a Biological Assessment.

Psychological Assessment

A psychological assessment aims to identify whether a relationship exists between the clients current mental health status and their AOD use. The health worker screens the client for any signs of risk, or mental health issues by administering a standardised screening tool. Should a risk or mental health issue be detected, a full mental health assessment is then conducted using clinical interview and specific standardised assessment tools to provide mental health diagnoses. Table 2 below outlines elements of a comprehensive psychological assessment.

<table>
<tr><th colspan="3">PSYCHOLOGICAL MEASUREMENT ITEMS</th></tr>
<tr><th>Observation</th><th>Screening Tools</th><th>Self & Collateral (Reports)</th></tr>
<tr>
<td>Mental & Mini Mental Status Examination (MSE and MMSE)
• Appearance and behaviour (incl. hygiene and grooming)
• Speech (rate and clarity)
• Mood (reported current feelings)
• Affect (expression of feeling)
• Thoughts – form and content
• Perception (i.e. disturbances such as auditory or visual hallucinations
• Intelligence and cognitive functioning (incl. concentration).
• Judgment and insight</td>
<td>Mental Health
• Depression, anxiety & stress (DASS & DASS 21)
• Trauma history and adjustment (CAPS*, PC-PTSD*, Impact of Events Scale)
• General profile of mental health symptoms (Kessler 10, GHQ*)
• IRIS* mental health subscale (Indigenous)
• Subjective quality of life (WHOQol)

AOD Use
• AUDIT* (Alcohol)
• IRIS AOD subscale (Indigenous)</td>
<td>Family History
• Family history of mental health problems
• Parental marital separation
• Alcohol and drug history
• Family violence
• Child abuse
• Loss or bereavement

Personal History
• Mental Health &Treatment History
  o Current mental state
  o Current/past diagnosed conditions
  o Current/past professional treatment
  o age of onset
  o diagnoses
  o inpatient admissions
  o medication current/past
• Serious accidents or injury

Risk Behaviours/Assessment
• Suicide
• Aggression and violence
• Self harm
• Psychosis</td>
</tr>
</table>

*IRIS = Indigenous Risk Impact Screen, GHQ = General Health Questionnaire, CAPS = Clinician administered Post-traumatic Stress Scale, PC-PTSD = Primary Care Post Traumatic Stress Disorder Screen, AUDIT = Alcohol Use Disorders Identification Test.

Table 2. Elements of a Psychological Assessment.

Social Factors

A health worker needs to collect information about a client's social situation when performing a biopsychosocial assessment. Clients' social circumstances can be significantly impacted by AOD use. This impact may be secondary to their use or may be directly affected by it. Some examples of how social factors can be related to AOD use include:

- Social factors may predict substance use (e.g. adolescents hanging out with substance using friends may be pressured to use with these peers)
- Substance use impacts on social factors (e.g. a relationship may breakdown as a person can't tolerate their partner's drinking, and/ or the behaviours associated with it)
- Social factors can play a role in a client presenting for treatment. A client may seek treatment due to the negative impact on their social circumstances (e.g. losing their job, having major financial difficulties, becoming homeless as a result of their AOD use).

When enquiring about the client's social circumstances, the health worker also needs to ask the client how they believe their substance use may have impacted on those areas. The questions should be constructed such that the client is given the opportunity to reflect on their life circumstances. This may help the client develop a clearer understanding of their situation. Social factors such as those shown in the following Figure 1 overleaf, need to be assessed.

SOCIAL FACTORS MEASUREMENT ITEMS

Self & Collateral Reports

- **Family & Peer Relationships**
  - Relationships, family conflict, and support
  - Domestic violence
  - Peer networks which support substance misuse
  - Children – **legal requirement**
    - Number
    - Age
    - School attendance
    - DChS* involvement
    - Abuse
    - Primary caregiver
    - Alternative carers
    - Risks and protective factors.
- **Legal Issues**
  - Current legal situation (i.e. probation, active warrants, pending trials).
  - Forensic History (previous incarceration, contact with law enforcement).
- **Living Circumstances**
  - Stressful life events
  - Education
  - Employment
  - Living circumstances and accommodation
  - Income
- **Culture and/or Language Issues**
  - Aboriginal or Torres Strait Islander status
  - Ethnicity
  - Primary language spoken (CALD*)?
  - Need for interpreter services
- **Other Agency Involvement**
  - Housing
  - Job placement
  - Welfare agencies
- **Context of AOD Use**
  - When, where, who
  - Triggers associated with use
- **Risk Behaviours Associated with Use**
  - Drink driving
  - Accidents and unintentional injuries
  - Physical and sexual assault
  - Unprotected sexual activity and outcomes (e.g. STD's).*
- **Protective Factors**
  - Strengths including interests (i.e. hobbies and leisure activities).

*DChS = Department of Child Safety, STD's = Sexually Transmitted Diseases, ATSI – Aboriginal and Torres Strait Islander, CALD = Culturally and Linguistically Diverse.

Figure 1. Elements of a Social Assessment

Screening and Assessment Procedures

In the AOD sector, health workers conduct a full assessment of a client's AOD use; this will include screening measures to clarify severity. Health workers will additionally screen for other issues like psychological and social issues. The assessment process begins with screening. In this case, the health worker administers empirically based screening measures to the client with the primary objective of detecting whether a problem exists or whether an individual is at risk in any way. Screening is not designed to diagnose clients, or to detect the nature or extent of any problems. Rather, its purpose is to indicate whether further assessment is required.

Using screening and assessment procedures, the health worker determines the nature and extent of the client's problems, whether additional multidisciplinary input is needed and facilitates subsequent treatment and referral if required. In this way screening is part of assessment and facilitates multidisciplinary input, treatment and referral.

Assessment is a continuous process that allows monitoring of the client's progress during treatment. It also assists with refocusing and re-prioritising treatment goals across time, and allows for treatment outcomes to be measured at the end of treatment.

The Interview

The initial assessment takes the form of a semi structured interview that evaluates the client's current situation with respect to their AOD use. During this interview it is important that the environment is conducive to conducting an assessment and that the client is as comfortable as possible for a confidential discussion to take place. While the interview is central to obtaining information, it is also central to establishing the therapeutic relationship and helping the client to accurately appraise their AOD use. In this way, the client is more likely to be able to link their current problems with their AOD use, which in turn can assist with goal setting and treatment planning.

At the outset of the interview, the health worker addresses the issue of confidentiality as discussed earlier and determines why the client has presented to the service. As there may

be several reasons for the client to seek help for their AOD problems, these issues need to be prioritised in order of importance to the client.

The flow of the interview will also benefit from the health worker asking the client for their permission to ask questions about their alcohol and drug use and explaining why this information is being sought. Skillful use of micro-counselling skills will enhance the interview process and allow for clarification of the information received. It is also important to establish the client's stage of change (see Motivational Interviewing Induction Module), as this will greatly impact the interview itself and how the health worker will progress with the client.

Essential Information Gathered During Interview

Marsh et al (2013) suggests the following information needs to be gathered during the assessment interview:

- The initial source of referral (if applicable)
- Any presenting issues
- Client's presentation and mental state
- AOD use history (past and current including related harms and any harm minimisation strategies in use, previous AOD treatment history)
- The clients stage of change
- Any risks (including suicidal ideation, thought of harming others, experiencing harm from others, sharing injecting equipment and unprotected sex)
- Current and past substance use (age of onset, patterns of use including frequency, duration, route of administration, amount used, last use, level of dependence and periods of abstinence, withdrawal history)
- The client's background and personal history (including physical health, psychological functioning, family situation, living conditions, work, education, hobbies and interests, financial situation, social support networks, legal issues).

Standardised Assessment

To complement the interview process, the health worker conducts a standardised assessment which involves the use of standardised assessment tools. These tools include questionnaires that have been evaluated as being reliable and valid to gather specific information. The aim of standardised tools are to provide an objective measure of the client's circumstances and highlight issues that may not have been apparent during the informal part of the interview.

The health worker needs to be sufficiently trained in the use and interpretation of any tools they administer during a standardised assessment.

Factors affecting Drug Measurement

It is worth noting that psychoactive drugs, both legal and illegal, constantly vary in a number of ways:

- Availability
- Purity can fluctuate (particularly in the case of illegal drugs)
- Street names describing different drugs
- Combinations of drugs can have different names across different locations.

If a client is using terminology/street names that you don't understand, ask them to explain what they mean. This will help to provide accuracy of some of the information that is being collected. For example, the term "snow cone" could describe a cone of cannabis with amphetamine sprinkled on it in one area, or a cone of cannabis with heroin sprinkled on it in another area.

Feedback

At the end of the interview, the health worker needs to provide the client with a summary of the results from the assessment. These results need to be interpreted in relation to their client's personal history and presenting problems. This feedback is then delivered without using labels and in a manner that is conducive to the client's understanding. That is, without the use of jargon and including an outline of the client's strengths. Any feedback given to the client should be sensitive to their stage of change and include a positive view of the future, which can provide a sense of hope.

Interdisciplinary Involvement and Shared Care

Many agencies function within a multidisciplinary team. Not only can the disciplines conduct an AOD assessment, they can also offer expertise in different areas of client care. The job of each health worker is not only to conduct a full biopsychosocial assessment and offer expertise in their own disciplinary area; they must also know when to seek interdisciplinary input if necessary. For example, if a nurse is assessing a client showing withdrawal

symptoms, they will then need input from a medical officer who will prescribe the appropriate medication needed for the withdrawal management, and a psychologist to work with the client on relapse prevention.

Documenting the Assessment

Organisations have specific requirements for how the information gathered during the assessment interview is to be documented. In general, any results from the assessment interview will be documented and integrated with the results from other questionnaires and other assessment that was conducted. These are then filed in the client's chart. However, the form of the documentation will vary according to the purpose it is to be used for, i.e. whether it is a record in the clients file or for reports that may be required for external parties. Any Information gained from these sources of assessment should be used as a foundation for the clients tailored treatment program.

Referral

Sometimes the results from an assessment will reveal that a client falls outside the service's scope of practice. At this stage the health worker will refer the client to a more appropriate service. Referrals should include evidence that the client represents an appropriate referral to the new service. The current clinician should facilitate the client gaining access to the new service smoothly, in order to avoid stress and disengagement.

Diagnostic and Screening Tools

Before choosing a diagnostic measure, the clinician must answer two fundamental questions: (i) "What issue needs to be measured?" (ii) "What is the purpose of measurement?" Psychometric evidence is the next important consideration; this means "does this measure actually measure what we need it to measure?"

Data Categories

When the health worker conducts an assessment interview with their client they collect two different categories of information, also known as data. These categories are (i) subjective data and (ii) objective data. Both data types are equally important. At the end of the assessment these are taken together to form a complete picture of the client's individual situation.

Subjective data

Subjective data is collected during the assessment interview as the client describes their interpretation of events and their issue. The client's personal opinions and feelings are offered spontaneously in response to questioning by the health worker. Subjective information can also be provided by significant others such as a partner, family members or care givers if they are asked for input.

Objective data

Objective data is obtained through direct observation and measurement. It is collected via a variety of sources and includes the following:

- Physical examination of the client
- Diagnostic measures
    - Pathology results e.g. urine drug screening and blood test results
    - Breathalyser readings
- Standardised assessment measures.

Introduction to the Use of Standardised Assessment Tools

The health worker always provides the client with a rationale before administering a standardised assessment tool. By giving an explanation of (i) the purpose of each instrument, (ii) how long each will take to administer, and (iii) how the assessment results will be used, helps to keep the client informed as well as build the therapeutic relationship.

Groth-Marnat (2003, cited in Deady, 2009) suggest that when conducting standardised assessment it is important not only to provide the client with a reason for the assessment but also to provide the purpose of each instrument. By explaining that it is a standardised procedure will help to provide information that will be useful for reaching a treatment goal.

Selecting a Screening Tool

Screening instruments need to be short, easily understood by the client, simply scored by the clinician and provide reliable and validated information (explained in the next section) to enable a clinician to decide whether further assessment and intervention is required (Dawe et al., 2002). The particular screening instruments used during a standardised assessment will depend on the particular AOD issues and related problems that the client has presented with.
It is widely accepted that the more sources of information a health worker uses, the more accurate the information collected, which is why we often back up our subjective data with screening tools and questionnaires.

Assessing Screening Measures

Reliability and Validity

There are a variety of screening instruments available for use in the area of alcohol and drugs that are considered to be psychometrically sound. That is, they are both reliable and valid. Any instrument used by the health worker *needs* to be both reliable and valid. To be **reliable** a test needs to yield similar results on repeated occasions. For example, if you were to stand on weighing scales one day and find that you weighed 65 kilograms, and then on the next day you weighed 102 kilograms, it would be quite likely that the scales would be unreliable. That is they cannot measure weight with any consistency. The instrument must be consistent in testing what it is claimed to measure to be reliable.

Validated psychometric instruments are only valid if they are able to measure what we think they are measuring. Imagine one day you stood on the weighing scales and you were told you were 175 cm tall. These scales would be invalid as they are not telling you your actual weight.

For an instrument to be psychometrically sound it **must** be both reliable and valid. Of course reliability and validity is a complex area, but nevertheless we need to understand these concepts when using these instruments with clients. Some of the different types of reliability and validity are listed below for those keen readers.

Reliability	**Description**
Test-retest	The instrument can be administered on two separate occasions to a similar client group with high correlation of scores.
Parallel	Two versions of the instrument can be administered on the one occasion yielding similar results
Split half	The instrument is divided into two and the test is administered on two separate occasions and correlated
Inter-rater	Different clinicians may score the instrument yielding a similar result for the one client

Validity	**Description**
Face	Does the instrument measure the construct it claims to measure?
Content	To what degree does the instrument cover all aspects of the construct that it claims to measure?
Construct	To what degree does the instrument measure psychologically meaningful constructs?
Criterion-related	To what degree does the instrument measure against the results of a similar instrument validated to measure a similar construct?

Commonly used Screening Instruments

Within the alcohol and drug setting there are a number of screening tools that are commonly used to assess clients. Having a general understanding of what these tools are and what they

are used for is important information for any AOD health worker. The following section provides a list of instruments that are commonly used in the AOD field; however, this list is not exhaustive.

General Drug Use

There are a number of tools used to measure an individual's general drug use. Some commonly used tools are listed below:

- Alcohol Use Disorders Identification Test (AUDIT) (Saunders, et al, 1993): A 10 item screening instrument designed to screen for a range of drinking problems and in particular for hazardous and harmful consumption.
- Indigenous Risk Impact Screen (IRIS) (Schlesinger et al., 2007) (drug component): The IRIS screening instrument Is a two factor screen that assesses alcohol and other drug use and associated mental health issues in Indigenous populations. The screening instrument allows for the assessment of risk factors for alcohol and other drug use and associated mental health issues in a culturally appropriate and timely manner.
- Severity of Dependence Scale (SDS), (Gossop et al., 1995): This 5 item questionnaire tool is used for assessing psychological dependence on a variety of drugs including heroin, cocaine, amphetamine, cannabis and benzodiazepines (Dawe et al., 2002).
- Leeds Dependency Questionnaire (LDQ) (Raistrick et al., 1994): This 10-item, multiple choice self completion questionnaire measures dependence on a variety of substances and has been used with alcohol and opiates.
- The Revised Fagerstrom (RTQ) (Tate & Schmidt 1993): is a ten-item questionnaire designed to measure the severity of nicotine dependence.
- BBV TRAQ (Fry, Rumbold, & Lintzeris 1998): This is a 34 item questionnaire that assesses the frequency with which injecting drug users have participated in specific injecting, sexual and other risk-practices in the previous month that may expose them to blood-borne viruses.
- The Drug Abuse Screening Test (DAST-20) (Gavin, Ross & Skinner, 1989): Is a 20 question screening instrument designed to identify individuals who have experienced issues and concerns associated with illicit drug use in the past 12 months.
- CAGE (Ewing, 1984): this 4 item screening tool was designed to identify problem drinking.
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): This screening for alcohol and drug use, developed by the World Health Organization (2002) to screen for problem or risky use of a number of psychoactive drugs.

Mental Health

There are a number of tools available to measure an individual's mental health. Some commonly used tools include:

- Kessler Psychological Distress Scale (K10) (Andrews & Slade, 2001): is a widely used, simple self-report measure of psychological distress which can be used to identify those that may be in need of further assessment for anxiety and depression.This scale is also validated in a youth population.
- Depression, Anxiety and Stress Scale 21 (DASS21) (Lovibond & Lovibond, 1995): Is a valid and reliable measure of the dimensions of depression, anxiety and stress separately but also collectively evaluates a more general psychological distress.
- General Health Questionnaire 28 (GHQ-28) (Goldberg & Williams, 1988): Is a 28 item screening tool developed to detect persons likely to be at risk of developing a psychiatric disorder.
- Mental Status Exam (MSE): A systematic appraisal of the appearance, behaviour, mental functioning and overall demeanour of a person, such that it reflects a "snapshot" of a person's psychological functioning at a given point in time.
- Psycheck (Lee et al., 2007): This is a mental health screening instrument that detects the likely presence of mental health symptoms that are often seen, and can feasibly be addressed, within specialist AOD treatment services.
- Self harm / Suicidal ideation.
- Aggression risk / homicidal ideation.
- Indigenous Risk Impact Screen (IRIS) (Schlesinger et al., 2007) (mental health component): The IRIS screening instrument Is a two factor screen that assesses alcohol and other drug use and associated mental health issues in Indigenous populations. The screening instrument allows for the assessment of risk factors for alcohol and other drug use and associated mental health issues in a culturally appropriate and timely manner.

Quality of Life

There are a number of tools used to measure an individual's quality of life. Some commonly used tools are listed below:

- World Health Organisation- Quality of Life (WHOQoL) (Murphy et al. 2000): The full version has 100 items that assesses individuals' perceptions of their position in life in the context of their culture and value systems.

- Short Form 36 (SF36) (Ware & Sherbourne, 1992): This questionnaire asks 36 questions designed to measure functional health and well-being.

Readiness to Change

There are a number of tools used to measure readiness for behaviour change. Some commonly used tools are listed below:

- Socrates 8D (Miller & Tonigan, 1996): This 19 item questionnaire measures a person's stage of readiness to change.
- Readiness Ruler: tool for measuring client's motivation to change their substance use behaviour.

Alcohol, Tobacco and Other Drugs Services Information System (ATODS-IS)

ATODS-IS in the Course of Assessment

The ATODS-IS is an online assessment tool used to support best-practice treatment decisions for all clients who attend ATOD services in Queensland Health settings. All staff should note that a new Initial Assessment record must be completed using the ATODS-IS system during the first service contact between a client and a service provider. The assessment collects information such as: blood borne virus status; medical and mental health history; living arrangements; high risk, behavioural and social issues related to drug taking; all drugs of concern; details of dependants and any child protection concerns.

The ATODS-IS also provides access to a number of screening and assessment questionnaires. The following screening instruments approved for use in ATODS-IS includes:

- Substance Use
- Fagerstrom (Nicotine Dependence)
- DASS-21
- WHOQoL Bref (Quality of Life)
- Kessler 10 (Mental Health Screen)
- AUDIT (Alcohol Misuse)
- Socrates (Stages of Change)
- BBV-Traq (Blood Borne Virus Risk)
- Nicotine Dependence (Other)

For information on ATODS-IS go to: http://qheps.health.qld.gov.au/atodsis/home.htm

Dual Diagnosis

As discussed in “The Big Picture: Alcohol and Other Drugs” induction module, many clients presenting to AOD treatment services also experience co-existing mental health issues with their substance use problems. For this reason it is vital that AOD health workers include screening for mental health disorders in any routine comprehensive assessment. By providing an early diagnosis, effective treatment can begin and potentially improve the client’s treatment outcomes.

Common mental health disorders identified in clients with problematic AOD use include:

- Bipolar disorder
- Psychotic disorders
- Depressive disorders
- Anxiety disorders
- Severe borderline personality disorder.

Mental State Examination (MSE)

A Mental State Examination is a systematic approach to evaluating an individual’s mental state at a particular point in time. It is an important component of a comprehensive mental health assessment, and provides a sound structure for documentation on a client’s mental health situation in the clinical case notes and referral.

As psychoactive drugs and mental illness may affect cognition, emotions and behaviour, conducting a MSE helps to provide insight into the mental health status of a client including their cognitive processes, feeling states and general level of functioning. An MSE can also provide information to support diagnoses.

The areas assessed during a MSE are:

- Appearance and behaviour (e.g. physical description, level of personal hygiene and grooming)

- Behaviour during interview (e.g. rapport, engagement, psychomotor activity, interactions at assessment)
- Speech and language (is it pressured, normal rate etc.)
- Mood and affect (how do they feel – do they report feeling depressed, anxious etc., how they act out how they feel – e.g. do they look flat, excitable)
- Thought content (e.g. logical, tangential, blocked, concrete; obsessions, delusions, suicidal or homicidal ideation, view of future)
- Perception (any perceptual disturbances e.g. hallucinations)
- Cognition (orientation to time/place/person, memory, attention/concentration, planning)
- Insight and judgment (if insight into their drug use or mental status is impaired or intact. Whether the client has irrational judgment of a particular situation).

Conducting an MSE does not exclude further assessment. It is still necessary for the health worker to collect information from the client about:

- Family history of mental health symptoms
- Trauma history - particularly prevalent with this population (e.g. physical or sexual abuse, violence at home as a child, separation of parents, age of incidents): the presence of a trauma history may indicate the need for further trauma screening for possible post traumatic stress disorder (this depends on your expertise in the area, and referral may be recommended)
- Bereavements - including recent and/or past losses of loved ones
- Past and current treatment and the effectiveness – including hospital admissions and prescribed medications
- Names of current / previous practitioners / case managers / Doctors / GP
- Mood symptoms including neuro-vegetative symptoms e.g. sleep, energy levels
- Suicide / aggression risk.

Assessing Psychotic Symptoms

The presence of psychotic symptoms, especially florid symptoms, is often an indication of a psychiatric emergency. An assessment of risk and safety with possible referral for specialised psychiatric intervention is then a priority for such a client.

Symptoms can include:

- Delusions – extreme beliefs that are unsupported by evidence such as the client is invincible or can receive messages from unusual sources such as a television, or radio or computer; or Paranoia – unwarranted suspicions about friends and acquaintances and even treatment providers. They may believe people plotting to harm them.
- Hallucinations – seeing, hearing, smelling or feeling things that other people can not (e.g. hearing people commenting on their actions in a derogatory way).

Assessing for Risk

Risk Assessment for Suicide and Deliberate Self Harm

Part of the comprehensive assessment involves the assessment of risk. AOD clients are at risk of suicide (Maloney et al., 2007, cited in Mills et al., 2009). This risk increases should a coexisting mental health condition also be present (Mills et al., 2009). To ascertain this risk, the health worker asks the client directly whether they have experienced any of the following:

- Thoughts of suicide – frequency, intensity, plans, intent
- History of suicidal behaviour, self harm
- Current stressors
- Hopelessness
- Protective factors- whether there are any present

(Mills et al 2009, p.44)

A common misconception is that any discussion about suicide will increase the risk of it occurring. This is not the case, as often a discussion can lead to an opportunity for the client to access help.

Risk and Protective Factors

Risk factors do not necessarily indicate that a client *is* suicidal or homicidal. However, when a client has multiple risk factors, it is especially important for the practitioner to assess the situation further. Static factors describe factors which have happened in the past, and cannot be changed. Dynamic factors describe factors which are indicative of a potential risk occurring. Health workers can assist the client to modify some dynamic factors; however static factors can not be modified.

Risk factors for suicidal behaviour include:

Static:

- Being male and aged between 15-30 years of age
- Being an Indigenous youth

- Previous history of deliberate self harm
- Previous history of suicide attempts
- Recent stressful events such as divorce, loss of employment, breakdown of a relationship, death of a loved one
- Anniversaries of previous losses
- History of domestic violence or other trauma

Dynamic:

- Psychiatric disorder: primarily depression and schizophrenia
- Current substance abuse
- Dual diagnosis of mental illness and substance abuse
- Poor relationship with family and lack of social supports
- Feelings of worthlessness and hopelessness with vulnerable personality traits
- Socioeconomic status

Protective factors that would reduce suicide risk include:

- Good social network
- Educational and social skill adequacy
- Reasonable levels of self esteem
- Stable housing
- Stable employment or prospects of
- Financial stability
- Cognitively intact
- Hobbies, interests and aspirations

Level of Risk

The level of risk (low, medium, high) determined by the health worker following an assessment of each risk factor will indicate the most appropriate action plan to follow. Where possible, a risk assessment should be discussed within the team at the earliest opportunity.

Where suicide risk is judged to be high, this constitutes a medical emergency and the client should be accompanied to mental health services for a full mental health assessment and potential admission for treatment to ensure their safety.

Violence and Aggression Risk Factors

Clients attending AOD Services should be routinely assessed for risk of violence and aggression. Assessment should include both static and dynamic risk factors. It should also include assessment for protective factors as discussed on the previous page. Violence or homicidal risk factors include:

Static:

- Having a history of violence
- Currently carrying a weapon
- Being known to carry weapons in the past
- Past or present threats of violence
- Young adult male
- Major mental illness negative / antisocial traits.

Dynamic:

- Has access to weapons
- Current threats of violence
- Relationship instability
- AOD use e.g. intoxication or withdrawal
- Impulsivity

Practitioners have the following responsibilities:

- To themselves: to attend to their own safety, to withdraw to safety if unacceptable behaviour is identified, to develop and enhance skills in aggressive behaviour management
- To clients: to inform them of their rights and responsibilities, to treat them with dignity and respect, to advise them of the consequences of threats or aggressive outbursts
- To others: to inform other staff of the current situation, of the action to be taken and to inform management of the situation and action, duty of care to protect other clients and the general public.

An individual's risk of aggression can be de-escalated by utilising communication techniques such as:

- Using the client's name to personalise the interaction
- Calmly asking open-ended questioning to ascertain the cause of the behaviour

- A consistently even tone of voice, even if the person's communication style becomes hostile or aggressive
- Avoidance of the use of 'no' language, opt for statements such as "I'm sorry, our facility does not allow me to do that but I can offer you other help…"

Child Protection

AOD use is often implicated in issues related to child protection. Health workers working with parents who have AOD problems need to assess whether their clients' children are at risk of harm while in the client's care. Given the sensitivity of the issue, child safety needs to be raised gently within a supportive therapeutic relationship. Whether the client directly cares for their children or whether they have access visits, an assessment needs to be conducted.

All health professionals have an obligation to report a reasonable suspicion of child abuse and neglect. This duty of care is a legal principle that requires all clinical staff to exercise proper professional care in their duties, responsibilities, as well as to take all reasonable and practical steps to prevent harm.

Doctors and registered nurses are mandated to report suspected child abuse and neglect directly to Child Safety Services under Section 191 of the *Public Health Act 2005*. This relates only to concerns or suspicions they recognise in the course of their professional practice. Other clinical staff are not mandated to report suspicions of child abuse and neglect. The department's *Protecting Children and Young People Policy* requires that all staff have a responsibility to consider and report reasonable suspicions of child abuse and neglect.

Child abuse can be defined as harm arising from physical abuse and physical neglect, emotional abuse and neglect, and sexual abuse and exploitation. QLD Health (2013, p.12) have operationalised each of the following harms:

- Physical abuse: is any physical injury to a child that is not accidental. It includes any injury caused by excessive discipline, severe beatings, punching, slapping, shaking, burning, biting, throwing, kicking, cutting, suffocation, drowning, strangulation or poisoning (this list is not exhaustive). Physical abuse can result in death.
- Sexual abuse: occurs when a male or female adult, or a more powerful child or adolescent (including a sibling), uses power to involve a child in sexual activity. It can

be physical, verbal or emotional, and includes any form of sexual touching, penetration, sexual suggestion, sexual exposure or exhibitionism, and child prostitution.

- Emotional abuse: occurs when children are not provided with the necessary and developmentally appropriate supportive environment to develop mentally and/or emotionally. Emotional abuse includes constant criticism, restriction of movement, patterns of belittling, denigrating, scape-goating, threatening, scaring, discriminating, exposure to domestic violence, ridiculing or other non-physical forms of hostile or rejecting treatment (this list is not exhaustive).
- Neglect: is depriving a child of their basic needs. These include food, clothing, warmth and shelter, emotional and physical security and protection, medical and dental care, cleanliness, education and supervision (this list is not exhaustive).

For more information about signs of child abuse and neglect visit: www.communities.qld.gov.au/childsafety/protecting-children/what-is-child-abuse/signs-of-child-abuse-and-neglect

For more information about risk indicators and characteristics of child and family, and clinical findings of child abuse and neglect visit: http://qheps.health.qld.gov.au/csu/Factsheets.htm

Management of clients at risk

Government and local policies and procedures are in place to provide health workers with a general framework for the management of clients. They are not designed to replace individual professional judgment on a case-by-case basis. However, in circumstances where a particular client's needs show a variation from the normal situation, best practice would suggest that the clinical reasoning behind such a decision be clearly documented. Therefore, health workers need to ensure that they thoroughly document their clients' assessment and management plans. Additionally, it is recommended that all health workers receive the necessary training to be familiar with Government and local policies and procedures for client management in their workplace.

Conclusion and Course Completion

Conclusion

A comprehensive assessment in the AOD field is conducted by the health worker on their clients during their initial interview. This assessment assists with early problem detection and enables appropriate treatment interventions to be delivered to reduce the harms associated with drug use.

Course Completion Certificate

To complete this module follow the link below to undertake a short quiz, then follow the quiz through to the evaluation. Your certificate will appear when you complete the evaluation. Don't forget to save or print your certificate.

Please note: QLD Health staff please ensure you are using the Firefox browser in order to complete this training online. You must complete the evaluation and enter your details in order to receive your certificate.

http://insightqld.org/aod-clinical-assessment/

BEGIN QUIZ

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