



## ii. Preparing a Report Based on Assessment

Based on the information obtained during the interview, it will be possible to summarize the client's problem and identify different areas for intervention. The summary should include:

- Personal details
- Main drug of use and pattern of such use (dependence)
- Major consequences of drug use
- Significant past, treatment and family history
- Attempts at abstinence
- Last drug use
- Current problems (physical, psychological and social)
- Reasons for seeking help, and assessment of motivation.

## iii. Assessment of Motivation

Motivation is the individual's desire to give up drugs.

Guidelines to assess motivation include:

- The client's expressed desire to give up drug use
- Reasons the person gives for the same (whether only because of family pressure, or out of concern of the consequences of continued use)
- Attempts made in the past to stop drug use
- The making of definite plans to change lifestyle.

A low level of motivation does not necessarily mean that treatment will not be effective. However, a well-motivated individual is likely to do well in treatment. A good intake assessment itself will get the client thinking about the various problems emerging from drug use, and thus improve his/her motivation to change.

## iv. Deciding on Type of Intervention

This is the process of deciding what kind of intervention will be most effective for the client. If a junior staff member of the team is doing the intake assessment, it is advisable to discuss the case with a supervisor. Intervention decisions include the following:

### Decisions on whether to admit the client or treat as an outpatient

This decision is based on consideration of the severity of the problem, past treatment failures, social support, the presence of severe craving in the person, as well as the admission regulations of the treatment center.

### Decisions on the need and type of detoxification (overcoming the effects of withdrawal)

For example, a client with significant alcohol dependence in severe withdrawal is best managed only with active medical support. A patient with a history of psychiatric disturbance should be under psychiatric care.

### Setting up the Assessment Component

A comprehensive Assessment Component of the training program should ensure that there is:

- Adequately trained and informed staff to carry out the assessment
- An easy to use proforma for intake and assessment
- Adequate supervision of the staff
- A system of proper guidelines for admission, and a definition of the kind of problems the treatment center can handle and those it cannot
- Maintenance of individual case records. Ideally, case records should be computerized, but access to the information must be limited to maintain confidentiality

- Periodic review and improvement of the assessment procedures.

### Summary

Intake assessment thus helps the counselor to understand not just the client's drug use patterns, but also to establish the context and

consequences of use. It allows the counselor to assess the client's personal strengths and deficits. It helps to identify both the supports and the risks that the client is likely to face in the community. Intake counseling can provide the opportunity to establish a good working relationship with the client. A good intake assessment also helps to generate potential solutions to the problems that the client faces.

## Developing Community Drug Rehabilitation and Workplace Prevention Programme

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# Assessing a Person

## with Drug Dependence

### What is assessment?

Assessment is the process of gathering information about the person's drug use patterns, and his/her drug-related as well as other associated problems in order to make decisions about intervention.

### Why is assessment important?

Assessment helps us to:

- Understand the severity of the drug use problem and current situation
- Develop a clearer picture of the user's background
- Understand associated problems of the drug user
- Determine the circumstances in which the user sought or was brought for help
- Decide what intervention is likely to work for the person
- Anticipate effectiveness of intervention and its likely outcome.

### What are the steps in assessment?

- Intake
- Preparing an assessment report based on intake
- Assessment of motivation
- Deciding on type of intervention.



## i. Intake

Intake refers to the actual procedure of collecting information in a standard and systematic manner. This information should be very sound, as the decisions about admission and intervention depend on a good assessment.

### Issues in Interviewing for Intake Information

#### Whom to interview?

- i. *The drug user:* The user (client) himself or herself can provide much of the information pertaining to drug use. This information may not always be adequate or complete because the user:
  - a. May not wish to share accurate information, often out of 'fear' (of victimization and ridicule), 'shame' (from revealing some of the aspects of drug use, such as stealing, or high-risk sexual behavior), or 'a feeling of anger' at being brought forcibly for treatment;
  - b. May be unable to recollect all the information, e.g. behavior when intoxicated, physical problems such as fits or unconsciousness, or because he/she is very anxious and tense; and/or
  - c. May be able to provide only his/her own perception of the problem. A detailed intake also looks at the way others perceive the drug user and drug-related problems.

A good intake and assessment procedure lays the right foundation for a successful treatment and rehabilitation program.

Very often, family members accompany the drug user and can be interviewed for additional information, or for clarification. If the client has come alone, it is desirable to call other informants at a later date.

- ii. *Other family members:* This commonly includes parents, spouse, children or a relative. Family members may also be extremely upset, either because they have only recently come to know of the drug use, or because of its consequences - violence, health problems, etc. They may also be hesitant to provide information (out of fear of shame and stigma) or may have an inadequate knowledge of the problem (e.g. when the drug user has been staying in a hostel, or working in a different city).

- iii. *Other sources of information:* Referring professionals or agencies, employers, police, legal reports, friends and colleagues may often be able to provide useful information for an intake assessment and should be contacted wherever possible.

#### Skills for intake and assessment

Some of the difficulties described earlier in interviewing clients (on account of fear, shame, anger or stigma) can be overcome in the following ways:

*Helping the client to relax:* A relaxed and trusting client is more likely to provide useful information than one who is nervous and on his/her guard. Explaining the purpose of the interview, expressing warmth and concern, expressing encouragement and support, and instilling confidence in the client can help to establish a rapport.

*Explaining the purpose:* 'I will be trying to understand what the drugs do for you and the effects they have had on you and on others close to you'.

*Expressing warmth and concern:* 'I can understand how difficult things have been for you'. 'I am concerned about the state of your health'.

*Instilling confidence:* 'We will be able to work on solutions once I have understood the situation'.

*Building trust and confidence:* 'I would like to talk about some personal details concerning you. This information will be kept confidential'.

Similar strategies can be used with family members. In addition, a non-judgmental attitude (not taking sides as to who or what is right or wrong) will help in gathering information from the drug user and other informants.

#### Time and setting

It is important to arrange and schedule a separate time slot for intake assessment. A period of about 45-60 minutes is usually required for an intake procedure. In some situations, the procedure may be carried out over two or more sessions (e.g. when additional people have to be interviewed, or when the client is uncooperative). Intake assessment should not be done when a client is intoxicated.

The evaluation should be carried out in a comfortable, well-lit room with adequate privacy. Interruptions such as others walking into the room or phone calls should be avoided.

#### Technique of questioning

It is necessary to have a common set of information on all clients. However, the interviewer must learn how to obtain information without making it a question-answer session.

#### Styles of questioning

Two styles of questions are important in eliciting answers. The first are *open-ended questions*, which often encourage the client to describe different aspects rather than simply say 'yes' or 'no'. At the beginning of the interview, open-ended questions are more useful and provide more information. For example, 'Tell me about your school days' is preferable to 'Did you like school?' The second question is an example of a *closed question*, to which a person only answers 'yes' or 'no'. The first question, an open-ended one, allows the person to narrate details from which information

can be gathered about school performance, problems, relationships with peers etc.

*Directive questions* are useful towards the latter part of the interview, to focus the interview and get factual information, ensure completeness of information, or rule out important problems commonly associated with drug abuse. Some examples are 'How much do you spend daily on drugs?' 'Have you ever injected drugs?' 'Have you had any kind of trouble with the police?' A 'yes' to any of these can be followed up by another open-ended question: 'Can you tell me more about that?'

#### Interview styles

The communication skills of the interviewer, including the ability to build rapport, will affect the quality of information obtained. Non-verbal communication that sends the wrong signals (expressions of disinterest, boredom, lack of concern, sitting in a slouching position, frequently looking at a watch) can all prevent rapport building and thereby affect the quality of information.

#### Content of Intake Assessment

The staff conducting the interview should have an adequate knowledge of drug abuse and be trained in the procedure of conducting an assessment.

What the mind does not know, the eyes do not see.

#### Personal details of the client

- Name, age, sex, address, educational status, occupation, living situation (alone, with family). Any other relevant information
- Key persons for contact: It is useful to identify one or more persons (family member, friend, employer) who are potentially important for assessment, involvement in treatment and aftercare
- Primary reason(s) for seeking help: Common

reasons may include a serious health problem including abnormal behavior, threat of job loss, serious marital or family problems, or legal problems. Identifying these reasons is important, because they can be used later for increasing motivation.

#### Drug use history

- Age at first onset of drug use, personal reasons for initiating and continuing drug use, effects of use (including change in effects over time), change in quantity, route (for injecting use, sites of injection, frequency of injection, safety of injecting practices) and pattern of use, frequency of drug use, last use of drug. If the person is using more than one drug, these details must be obtained for each drug. Details of increasing consumption to intoxication, tolerance (need to increase the amount of drug used to get the desired effect), presence and nature of withdrawal symptoms need to be assessed

#### Typical features of Dependence include:

- Use despite having had definite physical and psychological harm
- Craving to use the drug
- Loss of control
- Tolerance
- Withdrawal symptoms
- Increase in time spent on drug use, procuring the drug, or getting over side effects
- Neglecting all other pleasurable activities because of drug use

- Details of drug-free periods, including reasons for drug discontinuation and reasons for restarting
- Acute and long-term effects of the drug. This should include physical (e.g. injury, accidents, jaundice, tuberculosis, fits, sexually transmitted diseases including HIV/AIDS), psychological (depression, anxiety, behavioral change), family, occupational, financial and legal consequences.

#### Past history

Details of significant physical, or mental problems need to be documented.

#### Treatment history

The client should be asked for details of previous treatment, including reasons for seeking treatment, kind of treatment sought, period of abstinence following treatment, level of functioning after treatment, aftercare including attendance at self-help groups and adherence to follow-up after treatment.

#### Family history

Details of family structure and details of individual family members, including a genogram (a family diagram illustrating relationships and other affected family members), are needed. Roles and relationships between family members, and level of support should be assessed. Family history of drug use, personality problems, psychiatric illness or criminality should be elicited.

#### Personal history

This includes relevant aspects of early development, including childhood and schooling problems and temperament, educational achievement, employment history, including stability and consistency in work and peer relations. Sexual history including high-risk sexual behavior and marital history, where relevant, should be obtained. Details of children, if any, must be sought. Enquire about recent lifestyle components, including leisure activities and social support.

#### Personality prior to onset of drug use

Stability of mood, level of emotionality, expression of anger and frustration, relationship with others, personal strengths and ability to handle stress - these and other points should be covered during intake.

#### Examination of physical and mental state

A physician should perform a detailed examination for physical illnesses/complications, and assessment of withdrawal. Assessment of the mental state should be carried out by a competent and trained professional.