

## How To Fix SUD Assessments

Partick N. Moore LPC

### INTRODUCTION

Counselors rely on assessments. Conventional Substance Use Disorder (SUD) assessments convert quantity, frequency and negative outcomes into a score that is interpreted by the counselor to the client. Depending on the score, the counselor does nothing, provides a brief intervention or referral to treatment. This screen, brief intervention and referral to treatment (SBIRT) process was formed and tested in the 1980s, almost 40 years ago. In spite of huge investment, research and advocacy - predictable negative outcomes continue. Can this approach be improved by recent research? Yes it can.

The addition of risk response factors complements any assessment. Below is the model used in Prehab research at Kennesaw State University in the Southeastern U.S. (Moore, 2016). The research, measurement, data, analysis, outcomes and Prehab presentation can be seen at [www.prehabmapp.com](http://www.prehabmapp.com).

Measuring risk response development in a SUD assessment is a paradigm shift in the following ways. Understanding the cause of addiction. Shifting assessment interpretation to the client. Intervention on the prevention paradox. The following paragraphs expand on these findings.

Addiction is confusing a dependent development pattern with an autonomous development pattern. This finding is consistent with all high correlation environmental and genetic predisposition theories. The outcomes (autonomy or dependence) of risk response development (Y) are a function (f) of risk response patterns over time (X). Risk response attributes cannot be changed. Development patterns can be identified and intervened on by the Prehab presentation and MAPP model long before symptoms. This is the opposite objective of conventional SUD assessments bound by symptoms.

Who is the smartest person in the room? Experienced counselors know. Shifting interpretation of risk from counselors to clients puts responsibility where it belongs, on the client. In terms they understand best - their own behavior and development. This negates the power of social proof. Because Prehab educated clients know themselves better, they also know the difference between those that know what they are doing and those that appear to know what they are doing, a very important advantage for the low risk users. Intervention is instantly measurable. Change of the underlying problem, not just behavior, is measurable from one intervention if using the (optional) Temporal Assessment Variable (TAV).

Prehab is the only assessment that intervenes on all risk levels including the low risk group; the largest and most at risk group. More low risk people die or require hospitalization due to substance use than all other risk levels combined. This group is symptom free and therefore ignored by assessments and misunderstood by conventional prevention programs that promote caution. Being careful is no substitute for judgment or the effect of social proof on risk/benefit choices. Every year 5% of the population proves they can carefully achieve dependence.

From this perspective conventional assessments based on symptoms delay intervention and therefore prevention and treatment. Adding a causal factor like risk response development allows a more meaningful measurement to the client when it is needed most - before symptoms or tragedies. If widespread enough the old objective of attempts to control SUDs by symptom warning will be replaced by a better objective - the eradication of SUDs through learning and developing autonomous risk response patterns.

Stage	Physical	Mental	Perception	Outcome
0	No tolerance issues	No obsession issues	Constructive Paranoia Stable Risk / Benefit	No progression No smoking / No drunks Mature judgment
1	No tolerance issues	No obsession issues	New / Good Social Proof	Acute deaths & Accidents Or to Stage 0 or 2
2	Tolerance adjustment	Impulse	Value Attribution Group Polarization Euphoric Recall Excitation/Commitment	Acute deaths & Accidents Or to Stage 0 or 3
3	Tolerance peaks	Preoccupation	Familiar / Good Confirmatory Bias Optimistic	Addiction progression Or to Stage 0 or 4
4	Withdrawal	Obsession	Desperate for change - Cling to familiar Pain and Suffering Loss Acceptance	Dependence Recovery (abstinence) or Jails, Institutions, Death

Copyright © 2013, 2016, Duncan Park Press all rights reserved

Duncan Park Press owns and publishes materials based on the Motivational Assessment  
Correspondence Author : Partick N. Moore LPC, Email : [pnm867@gmail.com](mailto:pnm867@gmail.com)



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact [reprints@pulsus.com](mailto:reprints@pulsus.com)