

The Final Report

After the individual leaves, each clinician at the CDE site will validate their respective report. These reports may include:

- History & Physical
- Psychosocial
- Psychiatric Assessment
- Psychological Evaluation
- and the definitive report
- The Integrated Discharge Summary
- Circling the Diagnostic Wagons
- The Integrated Discharge Summary
- Patient Identification
- Substance Use and Treatment History
- Evaluation Team Members
- Psychological Testing Summary
- Psychiatric Assessment
- Medical History (including Laboratory Studies)
- Drug Screens
- Significant Findings – Summary
- Final DSM-5 Diagnosis
- Recommendations (including fitness for-duty)

If treatment is recommended, you are not required to attend treatment at the same site you received an evaluation. You also have the right to a second opinion. In either of these cases please contact the Southworth Associates staff for a list of approved evaluation/treatment center options.

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Clinical Diagnostic Evaluations*



SOUTHWORTH
ASSOCIATES INTERNATIONAL

Lending a hand....any time, any place

*Courtesy of John Pustaver, CDE Director,
Seasons In Malibu - in memory of Garrett
O'Connor, MD

What Does a Clinical Diagnostic Evaluation (CDE) Accomplish?

The Purpose of a Clinical Diagnostic Evaluation is to:

1. Determine whether or not the individual meets DSM-V criteria warranting a diagnosis of a substance use disorder or another psychiatric condition.
2. Determine whether or not the individual requires treatment, and if so, what type.
3. Determine whether or not the individual is currently fit for duty or safe to return to practice (i.e. medicine, pharmacy, dentistry, or nursing).

If someone meets DSM criteria for a substance use disorder the evaluator will make recommendations about the type of treatment (residential, dual diagnosis, length of stay). There is NO expectation that the patient is required to complete treatment at the same location as the evaluation. You have choices! We have a list of preferred providers to choose from.

The CDE Program was NOT designed to:

- Convince individuals diagnosed with a substance use disorder that they are “alcoholics” or “addicts”
- Take the place of an intervention
- Fill beds
- Help referents (e.g., a physician health program, medical board, airline) get their clients into treatment

The Team and the Evaluation Process

When receiving a Clinical Diagnostic Evaluation

The Team Consists of:

- An addiction medicine physician.
- An addiction psychiatrist.
- A neuropsychologist.
- And a program coordinator/director.

A CDE is a team effort – every member of the Team does their individual part, but the final diagnosis is only made AFTER we have received and reviewed ALL the available information.

The process: will consist of:

- Pre-admission assessment.
- Demographic information.
- Who is asking for the evaluation and why.
- Request collateral information in advance whenever possible.
- Assure the individual that we NEVER make assumptions about any diagnosis until the evaluation is complete.
- Nursing assessment.
- History and physical and lab work.
- Drug screening (UDS with EtG/EtS, hair sample test and PEth).
- Psychological testing (MMPI-2-RF, MCMI-III, MicroCog and, if needed, WAIS-IV).
- Psychiatric assessment.
- Psychological evaluation.
- Psychosocial.
- Request for a family member or friend to accompany the individual to the evaluation.
- Telephone interviews.
- Exit Interview – usually on the morning of the 3rd day.
- And then further collection and review of collateral information not available to us during the time (usually 3 days) the individual was with us.

Collateral Information

Collateral information

The importance of receiving and reviewing any and all pertinent collateral information cannot be overstated.. The evaluator will receive collateral information from:

- Psychiatric/psychological reports.
- Treatment records.
- Letters of support.
- Information related to licensure from the licensing agency’s website.
- Presence of a family member.
- Collateral telephone interviews with peers, employer, close friends.
- Polygraph test results.
- And sometimes sponsors (although they try to avoid involving members of 12-Step groups).

Fitness-for-duty collateral information

- If the evaluation is for a licensed professional, a refusal to allow us access to pertinent collateral information terminates the evaluation.
- Two principles regarding collateral information:
 1. the evaluator cannot be blocked from receiving pertinent information.
 2. (he evaluator tries to avoid unnecessarily disrupting the individual’s personal life or their professional life.

After the patient leave the evaluation, the evaluation team validates their respective reports.