

Clinical Diagnostic Evaluation (CDE) Program*

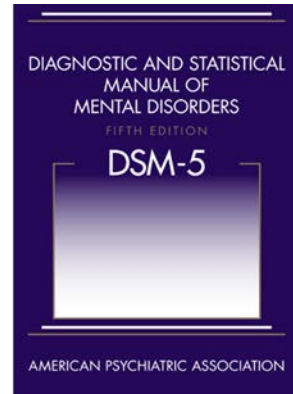
*Courtesy of John Pustaver, CDE Director, Seasons In Malibu - in memory of Garrett O'Connor, MD

Clinical Diagnostic Evaluation (CDE) Program

- The CDE Program was designed to accomplish three goals:
- 1. Determine whether or not the individual meets DSM-5 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 the practice of (medicine, dentistry, nursing, etc.).

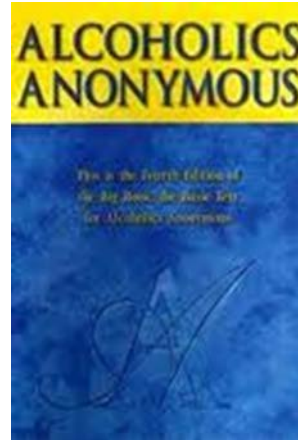
Clinical Diagnostic Evaluation (CDE) Program

- Diagnoses are based on this text.



Clinical Diagnostic Evaluation (CDE) Program

- Not these.



Clinical Diagnostic Evaluation (CDE) Program

- 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.
- IF someone meets DSM criteria for a substance use disorder we make recommendations about the TYPE of treatment (residential, dual-diagnosis, length of stay, etc.) – there is no expectation that they will stay with us.
- Help referents (e.g., a physician health program, medical board, airline) get their clients into treatment.

Clinical Diagnostic Evaluation (CDE) Program

The CDE 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.

Clinical Diagnostic Evaluation (CDE) Program

- The process:
- 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.

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The process:

- 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.

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The process:

- 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.

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Collateral information

- The importance of receiving and reviewing any and all pertinent collateral information can not be overstated.
- 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 we try to avoid involving members of 12-Step groups).

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- 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) we can not be blocked from receiving pertinent information.
 - (2) we avoid unnecessarily disrupting the individual's personal life or their professional life.

Clinical Diagnostic Evaluation (CDE) Program

- After the individual leaves, each clinician validates their respective report:
 - History & Physical
 - Psychosocial
 - Psychiatric Assessment
 - Psychological Evaluation
 - and the definitive report
 - The Integrated Discharge Summary
 - Circling the Diagnostic Wagons
 - We assume this final report will be scrutinized by attorneys

Clinical Diagnostic Evaluation (CDE) Program

- 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)

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- DSM-5
- Severity measured by number of criteria met.
- Tolerance.
- Withdrawal.
- Used in larger amounts...over a longer period of time.
- Persistent desire to cut down...unsuccessful attempts..
- A great deal of time obtaining, using or recovering from...
- Reducing or abandoning social activities
- Continuing to use despite knowledge of....
- Failure to fulfill major role obligations....
- Recurrent use in physically hazardous situations.
- Continued use despite recurrent interpersonal difficulties.
- Craving.

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“Despite all we can say, many who are real alcoholics are not going to believe they are in that class. By every form of self-deception and experimentation, they will try to prove themselves exceptions to the rule, therefore non-alcoholic. If anyone, who is showing inability to control his drinking, can do the right-about-face and drink like a gentleman, our hats are off to him.” - AA Big Book

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“We do not like to brand any individual as an alcoholic, but you can quickly diagnose yourself... try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide...It may be worth a bad case of jitters if you get a full knowledge of your condition.” - AA Big Book

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“Now about health: A body badly burned by alcohol does not often recover overnight, nor do twisted thinking and depression vanish in a twinkling. We are convinced that a spiritual mode of living is a most powerful health restorative...But this does not mean that we disregard human health measures. God has abundantly supplied this world with fine doctors, psychologists, and practitioners of various kinds.”

Clinical Diagnostic Evaluation (CDE) Program

- Circling the Diagnostic Wagons:
- Establishing and Substantiating
- SUD Diagnoses
- As a Means to a Greater End