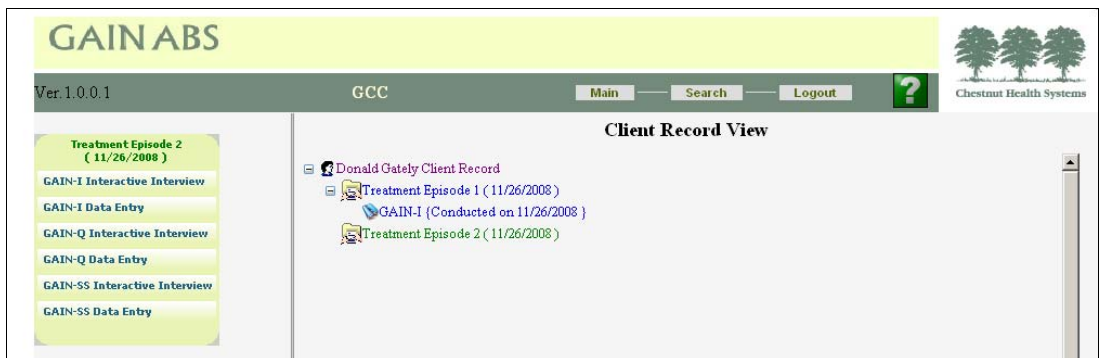




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New web-based GAIN ABS makes long-awaited debut



The *GCC Insider* is a publication of the GAIN Coordinating Center, part of Chestnut Health Systems' Lighthouse Institute. Edited by Tim Feeney. Photography by Dave Glacinski and Joan Unsicker. Proofreading by Kate Moritz and Kayla Aylward. Thanks to Janet Titus for help with her article and Sarah Knecht and Dionna Christian for the inside look into the administration protocol.

We'd love to hear from GAIN users, from new users to experienced National Trainers, with suggestions for the *GCC Insider*: ideas for articles, questions you'd like answered, and other things you're interested in learning about from us. We also welcome ideas about use of the GAIN, such as strategies for maximizing use of the GAIN and its reports, tips on successful implementation, ways to ensure high rates of follow-up, and other findings from the field. All comments, suggestions, and inquiries can be sent to GAINInfo@chestnut.org or 448 Wylie Drive, Normal, IL 61761.

The GAIN Coordinating Center: Improving assessment to facilitate evidence-based practices.

After several years in development, the web-based GAIN Assessment Building System (GAIN ABS) has finally been released. The GAIN has been available in a computerized form (now referred to as Legacy ABS) since 2001, but now GAIN users are able to administer the GAIN through a secure online server (or, if internet connectivity is unavailable, as a stand-alone module that can be uploaded once the interview is complete). The basic concept of an interactive assessment will be familiar to users of the old Legacy ABS, but GAIN ABS updates and improves the application in a number of ways. All major GAIN instruments (GAIN-I, GAIN-Q, and GAIN-SS, among others) are available in GAIN ABS.

- Some of the major features:
- GAIN ABS is interactive: items appear on-

screen, and the interviewer enters the participant's responses. GAIN ABS calculates skips automatically, ensuring that important items aren't missed and that unnecessary items aren't accidentally administered.

- GAIN ABS tracks the participant's responses throughout the interview and notifies the interviewer whenever a possible inconsistency arises.
- Users can run the GAIN's clinical reports (including the GAIN Recommendation and Referral Summary and the Personalized Feedback Report) to aid in diagnostic and treatment decisions. These reports are fully customizable and can be printed or saved in a

See GAIN ABS next page

Lighthouse Institute moves to Normal

In addition to this fall's release of GAIN ABS and instrument update (see inside), in October Chestnut Health Systems' Lighthouse Institute, of which the GCC is part, moved offices. It's been a busy year. The GCC's new contact information:

**GAIN Coordinating Center
Lighthouse Institute
Chestnut Health Systems
448 Wylie Drive
Normal IL 61761
(309) 451-7700**

number of formats, including Microsoft Word and Adobe pdf.

- GAIN data can be exported to SPSS, SAS, and other software for analysis.
- Client records track each GAIN administration across a client's complete treatment history.
- Security features (such as a secure server, password protection, and automatic logout after periods of inactivity) ensure compliance with HIPAA requirements.
- Messages and updates from the GCC are easily disseminated to users through messages on the GAIN ABS homepage.

We're very glad to welcome GAIN ABS to the world. For questions about purchasing a GAIN ABS web account, please contact GAINInfo@chestnut.org, and for technical questions please contact ABSSupport@chestnut.org.

GAIN ABS improves the GAIN Recommendation and Referral Summary (GRRS)

By Laverne Hanes-Stevens, GAIN Senior Clinical Consultant

The new GAIN ABS includes a significantly enhanced GAIN Recommendation and Referral Summary (GRRS). The 2003 version included diagnostic impressions based on DSM and prompts to add general treatment recommendations for each ASAM dimension. The report came out as an editable MS Word document and could be easily revised, but it did not allow the clinician to override and select alternative diagnoses from the Legacy ABS database and it lacked the ability to provide the clinician with specific treatment plan statements that reflected each client's needs. Recognizing these obstacles, a collaborative team of substance abuse and mental health experts came together to make suggestions for enhancing the report.

The new GRRS is based on the feedback and requests of those GAIN users. It expands the clinician's ability to use the tool for supporting accurate problem definition and diagnostic impressions based on all five axes of DSM and for developing highly individualized treatment plans that flow directly from the diagnostic assessment.

Support for Diagnostic Impressions. The GRRS continues to generate DSM diagnostic impressions based on client

self-report, and now it also provides clinicians with the option to easily select *alternative* DSM diagnoses. Any, yes *any* DSM-IV TR diagnosis and code can be selected from an on-screen drop-down menu, which includes diagnoses that the GAIN does not identify. With the entire DSM-IV TR diagnostic list literally at their fingertips, clinicians can quickly select and add any diagnostic impression based on their clinical judgment. Rule-out (provisional) designations can be easily added with the new software, too. And the diagnostic impressions can be reordered based on clinical severity at the clinician's discretion.

Treatment Planning. The enhanced GRRS generates highly individualized treatment planning statements for each ASAM dimension. Then it gives the clinician the option to override, modify, delete, or add to those recommendations based on their clinical judgment. The report includes client requests for services or help in a particular area and specific recommendations for special needs anytime the participant's responses to key

See GRRS next page

GAIN-I Recommendation and Referral Summary (GRRS)

Name: Donald
Date of Birth: 2/3/1982

Staff: Tim Feeney
Screening Date: 11/26/2008

Substance use Diagnoses and Treatment History (ASAM criteria A)

Donald reported first using any alcohol or other drugs at age [NO AGE GIVEN] and liking to use "Dilaudid" the most. Donald thinks that treatment is most needed for Dilaudid, alcohol, marijuana, demerol use. Donald reported last using alcohol to intoxication ; pain killers, opiates, or other analgesics 3 to 7 days ago. Donald reported last using marijuana, hashish, blunts or other forms of THC 1 to 4 weeks ago. Donald reported last using crack, smoked rock or free base cocaine; cocaine (other than crack, smoked rock or free base cocaine); heroin or heroin mixed with other drugs; anti-anxiety drugs or tranquilizers 4 to 10 days ago. Donald reported last using anti-anxiety drugs or tranquilizers 4 to 10 days ago. Donald reported last using anti-anxiety drugs or tranquilizers 4 to 10 days ago.

View Unedited

questions suggest that they are in a priority population or in high-risk situations.

Additionally, the new GRRS helps clinicians look not only at the presence of a particular problem but at the severity of the problem and the client's service utilization history. As a result, the recommendations for each ASAM dimension include more detailed intervention statements. Typically, more severe problems indicate the need for a higher level of care, particularly if current or prior interventions have been unsuccessful. Lower-severity problems may be addressed with a lower-intensity intervention, unless there is a prior history of intervention. Past problems for which a person is still receiving services would call for an assessment of the current intervention to determine the appropriateness of discharge or stepping down to a lower-intensity level of care. In the absence of any prior treatment history, a less invasive treatment intervention would generally be suggested. Reporting the same level of problems while already in treatment, in contrast, may lead to a recommendation to increase the services, intensity, or level of care.

GAIN ABS does this evaluation for the overall need for substance abuse treatment and for each of the specific ASAM dimensions (e.g., intoxication/withdrawal problems and detoxification services history; physical health problems and health care service utilization history; emotional/behavioral problems and mental health/legal intervention; readiness for change and motivational interventions; relapse potential and relapse prevention interven-

tions; recovery environment and residential/environmental factors/interventions).

Using the treatment grid presented at GAIN trainings, each combination of problem severity and intervention history represents a different computer-generated "cell" placement, which triggers the unique combination of recommendation and referral statements for that client. Those recommendations can be edited or overridden by the clinician, thus completely repopulating all of the recommendations and referral statements for that dimension.

The enhanced GRRS is just one way that GAIN ABS is helping to provide treatment planning tools for addiction professionals. The next step for development of the GRRS is to provide clinicians with placement-decision information developed from over 20,000 clients that have used the GAIN in recent years. This information will help suggest level of care placements based on the decisions of colleagues with similar cases. To that end, the GCC is currently evaluating several methods for making actuarial estimates of expected outcomes by level of care based on patient characteristics, severity, and treatment planning needs. This enhancement to the report is not intended to replace clinician judgment but rather to provide guidance with level of care placement, particularly for newer clinicians. Foremost, however, among the GCC's next steps for clinical reports is the redesign of the Individual Clinical Profile (ICP) to serve as an information bridge from the GAIN to the new GRRS, expected in the next 12 to 24 months.



Instrument updates

Coinciding with the release of GAIN ABS are updates to the three main GAIN instruments: the GAIN Initial, the GAIN Quick, and the GAIN Short Screener. Here are some of the main improvements:

GAIN-I (5.5 to 5.6)

- General changes were made to match the paper instrument to GAIN ABS, such as changing "circle" (which doesn't make sense on a computer screen) to "select."
- Many wording changes for clarification were made to the items and instructions. For instance, item A4b was changed from "Who referred you to treatment (name)?" to "What is the name of the person who referred you to treatment?"
- Emphasized text has been changed from underlined to bold, which we found was easier to read.
- Many of the coding boxes on the paper version, such as the diagnosis boxes in the Mental Health section, have been eliminated because GAIN ABS calculates those values automatically.
- Verbatim items with multiple response lines (v1, v2, v3) on the paper version, which were needed to accommodate the limited character-entry function in Legacy ABS, have been combined into one variable, v1. (Verbatim fields in Legacy ABS had a limit of 40 characters; GAIN ABS expands that limit to 2,000 characters.)
- Skip instructions on the paper version have been made clearer.
- Date fields have been reformatted to make them easier to read.
- The S9 substance use disorder grid has been simplified, eliminating the polysubstance column and the clinical focus, sub-

stance use diagnosis, and course specifier items (S9x-z), all of which will be calculated automatically in GAIN ABS.

- The initial literacy questions have been expanded.
- An expanded section on self-help meetings has been added to the Substance Use section.
- The End section has been reordered for ease of administration.
- More specific options have been added to the method of administration section (XADMh).

GAIN-Q (2.5. to 2.6)

- Many changes have been made that follow the GAIN-I's improvements, such as reformatting the date fields and bolding emphasized text.
- The wording of many items has been changed to match corresponding items from the GAIN-I.
- Skips have been added after several items to ease administration.
- Anchoring instructions have been added before the SR4 items to anchor the time frame of the participant's most recent 90-day period in the community.
- The Reasons for Quitting supplement, which used to be the main difference between the GAIN-Q Full and the GAIN-Q Core, have been added as part of the standard instrument.
- The End section has been reordered for ease of administration

GAIN-SS (2.0.2 to 2.0.3)

- Slight changes in wording to match corresponding items from the GAIN-I.

Titus, J. C., Dennis, M. L., Lennox, R., & Scott, C. K (2008). Development and validation of short versions of the Internal Mental Distress and Behavior Complexity Scales in the Global Appraisal of Individual Needs (GAIN). *Journal of Behavioral Health Services & Research*, 35(2), 195-214.

Given the prevalence of co-occurring substance use and mental health disorders, there is an increasing need for diagnostic instruments that simultaneously and efficiently assess both issues. Titus et al. set out to develop and validate short versions of comorbidity scales from the GAIN-I Full in an effort to create brief but thorough assessments for use across a variety of settings, which will enable a more efficient use of time and resources.

The short scales were drawn from three longer GAIN-I comorbidity scales: the 43-item Internal Mental Distress Scale (IMDS), the 33-item Behavior Complexity Scale (BCS), and the 31-item Crime and Violence Scale (CVS). Data from the Cannabis Youth Treatment and Early Re-Intervention projects were used to identify items for the short versions of the scales through the application of basic item reduction methods. Psychometric analyses revealed that the reliability of the new short scales corresponded to their full-length counterparts despite the reduction in the total number of items from 107 (across 3 scales and 10 subscales) to 33 items (across 2 scales and 6 subscales). This resulted in a much shorter administration time (from 30 minutes to under 10), saving time and resources for substance abuse treatment and behavioral health care providers.

Behind the scenes

Prior to the release of a new version of the GAIN-I instrument, each suggested change is subjected to rigorous testing by our development team, and not every suggestion is accepted. Below is a proposal for a revision to the administration protocol (item XADMh) that was rejected for the 5.6 update because of a concern over its methodological rigor. Further confirmatory factor analysis is underway, and a variation of this proposed version may yet appear in a future version of the GAIN, but for now it's simply interesting to see what might have been.

For Staff Use Only

XADMh. What administration protocol was followed?

Partial assessment, incomplete to date.....	15
Regular site protocol.....	16
Regular site protocol supplemented with additional questions.....	17
You really wanted to administer the GAIN but lost your GAIN manual in the trunk of your car.....	18
The participant took a nap during the interview.....	19
You thought about taking a nap during the interview.....	20
Snacks were offered but were not chocolate.....	21
The snacks were chocolate but that cheap waxy kind of chocolate that's more like a scented candle.....	22
Wait, these snacks aren't chocolate at all! This is <i>carob!</i>	23
You administered the GAIN but realized that the participant's issues weren't any worse than your own.....	24
The participant recommended the interviewer for mental health treatment.....	25
Other (OTH) (Please describe).....	99

v. _____



Hofstadter's Law

It always takes longer than you expect,

even when you take Hofstadter's Law into account.

—Douglas Hofstadter