



Substance use problem rolling assessment (SUPRA)

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Opinion

There exist many causes to evaluate whether a person uses or abuses substances. In these scenarios, it is typically understood that the assessment results will be used to help make decisions about the individual under study. Some of these decisions can greatly affect an examinee's prospects and livelihood. Due to the potential negative impact of disclosing substance use and/or related problems, it is very likely those who struggle with addiction will deny and minimize such problems to avoid penalty, and many go to great lengths to escape identification. For this reason, it can be challenging to accurately identify those who have actual problems and who may need assistance in cutting back or quitting substance use. It is furthermore essential that examiners are mindful of the impact of both false negatives and false positives, and use methods appropriate to rule out any misuse, abuse, or dependence on substances. At our clinic, we employ a method specially designed for those who deny a substance use problem, which we refer to as a Substance Use Problem Rolling Assessment (SUPRA).

The SUPRA is a multimodal assessment approach that utilizes clinically informative substance-related data gathered over time to yield a contemporary, longitudinal, and monitored sampling of an examinee's substance use behaviors and any problems that may be associated with these behaviors. The process of the assessment "rolls out" across multiple sessions. The SUPRA includes two phase periods: 1) Screening; and 2) Accountability/Monitoring. The Screening phase of the assessment is purposed to determine whether the person examined has a past or current substance use problem. The Accountability / Monitoring phase is used in cases wherein we find no evidence of a current substance use problem during Screening. The purpose of this latter phase is to ensure accountability and monitor maintenance of the examinee's non-problem status.

During the SUPRA's Screening phase, data is gathered from each of five sources of information available to us regarding an examinee's substance-related behaviors, which includes: self-report, collateral information, biomarker testing, analogue observation, and performance of a behavioral challenge task.



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Screening is conducted across four modular sessions, typically spread across four consecutive weeks. Each session is purposed to achieve a specific goal. The session goals are listed below:

- Session 1 Goals: To gauge historical and current substance use behaviors and any related problems, and to compare the balance of the examinee's risk and protective factors for problematic substance use;
- Session 2 Goals: To discuss psychoeducational information and materials that facilitate development and/or refinement of substance-related knowledge and skills to prevent problematic substance use;
- Session 3 Goals: To gauge internal motivation to avoid problematic substance use; and
- Session 4 Goals: To observe the examinee's retention and ability to effectively apply the substance-related knowledge and skills discussed during the earlier phases of the assessment, via analogue (imaginal) scenarios that are personalized to represent elevated risk to the examinee for substance misuse.

Once the sessions are complete, the data gathered during the SUPRA are synthesized by collectively examining the full view of information gained over time. Emphasis during this phase of the evaluation is placed on inspecting the consistency of self-report with the other sources of information (e.g., urine drug screens and biomarker testing). Similar to hypothesis-driven scientific study, the examinee's denial of a substance use problem is treated as a falsifiable statement that can be disconfirmed through observation of empirical evidence that is contrary to the examinee's claim. By way of contrast, this claim of 'no problem' can only be indirectly supported by an absence of disconfirming evidence and the presence of signals presumed to be associated with low-risk for substance misuse. For example, it is expected that if a person who denies any misuse of alcohol truly

does not misuse alcohol, then the examiner should observe:

- No evidence of alcohol misuse when reviewing collateral information thought to be unbiased;
- No evidence of heavy drinking in either a urine or serum test;
- Clear evidence of facility with knowledge and skills associated with low-risk for alcohol misuse in analogue situations, especially after the examinee is primed via review and discussion of psychoeducational information and materials outlining these knowledge and skills;
- Clear evidence of willingness and ability abstain from any alcohol or other illicit drug use for a sustained period, as instructed by the examiner; and,
- No evidence of alcohol misuse from any source of information *throughout the duration of the observation period*.

An important feature of this assessment approach is that it reduces the chances that an examinee can obscure an actual substance use problem through deliberate attempts to mislead the examiner via predictable methods such as simple denial, cherry-picking collateral references, and/or "faking good" for a very short period of time before returning to addictive behaviors. Once complete, the sum of information gathered within the SUPRA is used to estimate an examinee's propensity for substance-related problems. Finally, any recommendations for the Accountability/Monitoring phase are determined through joint consideration of the examinee's propensity for, and potential costs of, substance use and any related problems.