

Diagnoses in the GAIN

5.1 Diagnosis of Substance Related Disorders

DSM -IV-TR Substance Use Diagnoses	GAIN Substance(s) in S2
303.90 Alcohol Dependence 305.00 Alcohol Abuse	S2a. Any kind of alcohol (such as beer, wine, whisky, gin, scotch, tequila, rum, or mixed drinks)
304.40 Amphetamine Dependence 305.70 Amphetamine Abuse	S2p. "Speed," "uppers," amphetamines, methamphetamine, ecstasy, MDMA or other stimulants (such as Biphphetamine, Benzedrine, crystal, Desoxyn, Dexedrine, ice, Methedrine or Ritalin)
304.30 Cannabis Dependence 305.20 Cannabis Abuse	S2c. Marijuana, hashish, blunts or other forms THC? (herb, reefer, weed)
304.20 Cocaine Dependence 305.60 Cocaine Abuse	S2d. Crack, smoked rock or free base cocaine S2e. Other forms of cocaine
304.50 Hallucinogen Dependence 305.30 Hallucinogen Abuse	S2m. Acid, LSD, ketamine, special K, mushrooms or other hallucinogens (such as mescaline, peyote, psilocybin or shrooms)
304.60 Inhalant Dependence 305.90 Inhalant Abuse	S2f. Inhalants or huffed (such as correction fluids, gasoline, glue, lighters, or spray paints)
304.00 Opioid Dependence 305.50 Opioid Abuse	S2g. Heroin or heroin mixed with other drugs S2h. Nonprescription or street methadone? S2j. Pain killers, opiates, or other analgesics (such as codeine, Darvocet, Darvon, Demerol, Dilaudid, "Karachi," OxyContin, OXYs, Percocet, Propoxyphene, morphine, opium, Talwin, or Tylenol with codeine).
304.90 Phencyclidine Dependence 305.90 Phencyclidine Abuse	S2k. PCP or angel dust (Phencyclidine)
304.10 Sedative, Hypnotic, or Anxiolytic Dependence 305.40 Sedative, Hypnotic, or Anxiolytic Abuse	S2n. Anti-anxiety drugs or tranquilizers (such as Ativan, Deprol, Equanil, Diazepam, Klonopin, Meprobamate, Librium, Miltown, Serax, Valium or Xanax) S2q. "Downers," "sleeping pills," barbiturates or other sedatives (such as Dalmane, Donnatal, Doriden, Flurazepam, GHB, Halcion, liquid ecstasy, methaqualone, Placidyl, "quaalude," Secobarbital, Seconal, Rohypnol or Tuinal)
304.80 Polysubstance Dependence	See text, reported by drug.
304.90 Other Substance Dependence 305.90 Other Substance Abuse	S2r. Some other drug (Please describe) (such as amyl nitrite, cough syrup, nitrous oxide, Nyquil, "poppers" or Robitussin)

Source: Column 1 based on American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (DSM-IV-TR)* (4th - text revision ed.). Washington, DC: Author.

5.2 Supporting Other Axis 1 Disorders

The GAIN also includes check boxes, text statements (via the GAIN-Recommendation and Referral Summary or GRRS discussed further below) and code (via the Individual Clinical Profile or ICP discussed further below) to create diagnosis impressions from the self-reported pattern of symptoms. Below is a list of the other Axis I conditions that can be identified (criteria and page numbers in [brackets]).

(Other) Substance Related Disorders

- **Rule out 304.90 Substance Dependence with other information** [13+ days of use in S2d1, p16, and 3+ Sx in S9c-u, p35]
- **305.10 Nicotine Dependence w/Physiological Sx.** [(3+ Sx in R4n-u) & (n or p), p49]
- **305.10 Nicotine Dependence w/out Physiological Sx.** [(3+ Sx in R4q-u), p49]
- **Rule Out 305.10 Nicotine Dependence** [R4a GT 12, p39]

Mood Disorders

- **296.90 Major Depressive Disorder (MDD)** [(5+ symptoms on M1a2, M1b1, M1b2, M1b3, M1b4, M1b5, M16, M1b7, M1b8, M1b9, M1b10, M1c2, M1d3) and (1+ symptoms on M1b1, M1b6, M1b8), p53]
- **Rule out 296.90 Mood Disorder** [5+ Sx in M1b or 3+ Sx in M1c & M1f GT 12 or M1g > 1, p53]

Anxiety Disorders

- **300.02 Generalized Anxiety Disorder (GAD)** [(3+ symptoms on M1a2, M1a4, M1b3, M1b6, M1b7, M1d3, M1d11) and (M1d1=1) and (M1d12=1), p53]
- **Rule out 300.00 Anxiety Disorder** [5+ Sx in M1d & M1f GT 12 or M1g > 1, p53]
- **Rule out 309.81 Posttraumatic Stress Disorder, 308.30 Acute Stress Disorder or other disorder of extreme stress** [5+ Sx in M2a-p or M2q = 13+ Days, p54]

Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence

- **314.00 Attention Deficit Hyperactive Disorder - Inattentive Type** [(6+ Sx M3a1-9 & 1+ in M3c, p42-3) or (M3d =2), p56]
- **314.01 Attention Deficit Hyperactive Disorder - Combined Type** [(6+ Sx M3a1-9 & 6+ Sx M3a10-18 & 1+ in M3c, p42-3) or M3d=1, p56]
- **314.01 Attention Deficit Hyperactive Disorder - Hyperactive Type** [(6+ Sx M3a10-18 & 1+ in M3c) or M3d =3, p42-3, p56]
- **312.80 Conduct Disorder, Severe** [9+ Sx in M3b1-15, M3b17-19 and 1+ days in M3c, p56]
- **312.80 Conduct Disorder** [3+ Sx in M3b1-15, M3b17-19 and 1+ days in M3c, p56]

Other Axis I Disorders

- **Rule out 300.81 Somatoform Disorder** [4 Sx in M1a & M1f GT 12 or M1g > 1, p53]
- **Rule out 296.90 Mood Disorder, 300.00 Anxiety Disorder , or 300.81 Somatoform Disorder** [13+ Sx in M1a-d, M1f GT 12 or M1g > 1, p53]
- **312.31 Pathological Gambling** [5+ Sx in V9a-k, p89]

Like any initial diagnosis, these should be treated as provisional. Symptoms of ADHD, for instance, could also be substance induced or caused by other things like petit mal seizures.

Thus, these reports should be combined with other available information and interpreted by a qualified clinician.

5.3 Axis 2, 3, 4 and 5 Diagnoses

Axis 2 Personality Disorders. The GAIN only screens for the presence of severe personality problems and does not try to differentiate specific diagnoses. Thus, there is no “check box” for hand scoring. The GRRS and ICP, however, will generate one of two statements related to personality disorders:

- **Rule out 301.70 ASPD and/or 301.83 BPD** [(3+ Sx in M3b1-15 & 1+ days in M3c, p57) or (3+Sx in M4z1-3 or M4z>0, p57), and (16+ in M4a-x, p57)] and
- **Rule out 301.90 Personality Disorder NOS** [(16+ in M4a-x, p57) or (3+Sx in M4z1-3, p57), or (M4z>0, p57)]

While they are still experimental for individuals, the GAIN’s personality complexity scale is divided into three subscales based on earlier work by Chestnut Health Systems (2001). The subscales for three personality clusters (and their associated DSM-IV’s axis II diagnoses) are listed below.

- **Cautious Personality Index (CPI) for Cluster A** (Paranoid, Schizoid, and Schizotypal personality disorders) that characterizes people who often appear odd or eccentric.
- **Impulsive Personality Index (IPI) for Cluster B** (Anti-social, Borderline, Histrionic, and Narcissistic personality disorders) that characterizes people who often appear dramatic, emotional, or erratic and have a hard time picking up on social cues.
- **Worrying Personality Index (WPI) for Cluster C** (Avoidant, Dependent and Obsessive-Compulsive personality disorders) that characterizes people who often appear anxious or fearful.

The questions in M4z are related to cutting, burning and other forms of self-mutilation. While most prototypical of BPD or other cluster B diagnoses, it is important to realize that these behaviors may represent important problems even if they are below the clinical threshold for a diagnosis. Besides the obvious risk of harm to self, others may also quickly imitate such behaviors in treatment (particularly adolescents).

Axis 3 Biomedical Conditions that Might Complicate Treatment. The GAIN includes a general health screener for the past year (question P3) and the past 90 days (P9), checks for disabilities (P4), pregnancy (P5), infectious diseases (P6), and lifetime histories of medical problems by ICD-9 (P10). There are also questions related to spreading infections through needle use and sexual behaviors, contraceptive use, and participation in prevention/testing

programs. In addition to reporting back specific medical problems, the ICP red flags several interactions between substance use and health problems, including:

- Use of Alcohol [S2a>2 or S2a1>0] may exacerbate health problems related to Hepatitis [P6a>0]
- Use of Alcohol [S2a>2 or S2a1>0] may exacerbate health problems related to Pregnancy [P5b=5]
- Use of Alcohol [S2a>2 or S2a1>0] may exacerbate nervous system problems [S3a=1 or P10d=1]
- Use of Analgesics (heroin, methadone, other pain killers) [S2g>2 or S2h>2 or S2j>2 or S2g1>0 or S2h1>0 or S2j1>0] may exacerbate dental problems [P10b=1]
- Use of Analgesics (heroin, methadone, other pain killers) [S2g>2 or S2h>2 or S2j>2 or S2g1>0 or S2h1>0 or S2j1>0] may exacerbate health problems related to injuries [P10c=1]
- Use of Analgesics (heroin, methadone, other pain killers) [S2g>2 or S2h>2 or S2j>2 or S2g1>0 or S2h1>0 or S2j1>0] may exacerbate skeletal problems [P10q=1]
- Use of Analgesics (heroin, methadone, other pain killers) [S2g>2 or S2h>2 or S2j>2 or S2g1>0 or S2h1>0 or S2j1>0 p14] may exacerbate skin problems [P10r=1]
- Use of any drug [S2s1a<90] may exacerbate health problems related to Pregnancy [P5b=5]
- Use of Crack [S2d>2 or S2d1>0 p14] may exacerbate breathing problems [P10f=1]
- Use of Crack [S2d>2 or S2d1>0 p14] may exacerbate health problems related to Tuberculosis [P6b>0]
- Use of Marijuana [S2c>2 or S2c1>0] may exacerbate breathing problems [P10f=1]
- Use of Marijuana [S2c>2 or S2c1>0] may exacerbate health problems related to Tuberculosis [P6b>0]
- Use of Sedatives [S2q>2 or S2q1>0] may exacerbate nervous system problems [S3a=1 or P10d=1]
- Use of Stimulants (cocaine, crack, amphetamines, other stimulants) [S2d, S2e, or S2p >2 or S2d1 or s2e1 or S2p1>0] may exacerbate endocrine (diabetes, thyroid) problems [P10h=1]
- Use of Stimulants (cocaine, crack, amphetamines, other stimulants) [S2d, S2e, or S2p >2 or S2d1 or s2e1 or S2p1>0] may exacerbate heart/blood problems [P10e=1]
- Use of Stimulants (cocaine, crack, amphetamines, other stimulants) [S2d, S2e, or S2p >2 or S2d1 or s2e1 or S2p1>0 p14] may exacerbate nervous system problems [S3a=1 or P10d=1]
- Use of Tobacco [R4>2 or R4a>0] may exacerbate breathing problems [P10f=1]
- Use of Tobacco [R4>2 or R4a>0] may exacerbate health problems related to Pregnancy [P5b=5]
- Use of Tobacco [R4>2 or R4a>0] may exacerbate health problems related to Tuberculosis [P6b>0]

Axis 4 Psycho-Social Stressors. The GAIN has questions targeted specifically at the major psychosocial stressors identified in DSM-IV (see E10 and E11). The ICP checks for these as well as a variety of other major sources of stress, including:

- Academic problems [(B2a<19) & (V1b=>2 or V1b=99)]
- Any substance use among peers [E6d or E7d >1]
- Any Substance use by others in living situation [E5d >0 or E2e >0]

- Arrested in the past 90 days [L5c >0]
- Birth or adoption of a new family member [E10_1]
- Death of a family member or close friend [E10_4=1]
- Discrimination in community, work, school or transportation [E11_5=1]
- Fights with boss/teacher or co-workers/classmates [E10_5=1]
- Financially support self from illegal activity [L3w = 1+/90 Days]
- Hard work or school schedule [E11_3=1]
- Health problem of family member or close friend [E10_2=1]
- Illegal activity among peers [E6b or E7b > 0]
- Illegal activity in living situation [E5b >0]
- In jail, detention or prison in the past 90 days [L6c or f >0]
- Interruption or loss of housing, job, school or transportation [E11_7=1]
- Involved in illegal activity [L3v = 1+/90 days]
- Isolated from other people in living situation and peer groups [E5 + E6 + E7 < 2]
- Lifetime History Acute/Traumatic Victimization [4+ Sx in E9a-r]
- Lifetime history of combat exposure [V4a=1]
- Lifetime history of victimization [1+ Sx in E9a-d]
- Major change in housing or bad housing [E11_1=1]
- Major change in relationships (marriage, divorce, separations) [E10_3=1]
- New job, position or school [E11_2=1]
- No high school degree or GED [(B2a>19) & (V2_1 & V2_2 = 0)]
- Not close to anyone who has been to treatment before [E5f & E6f & E7f = 4]
- On parole [L7_7 =1]
- On probation [L7_4 =1]
- Other changes or problems in family or primary support groups [E10_99=1]
- Other CJ system involvement [(L7_1-3, 5-6 or 8-99) =1]
- Other environmental demands [E11_99=1]
- Participant DCFS Involved [B2b =7]
- Probation or parole violations in the past 90 days [L5v >0]
- Problems with transportation [E11_4=1]
- Special or alternative education program [(B2a <19, p7) & (V1a)= 1)]
- Substance related arrest in the past 90 days [L5r, s or t >0]
- Threat of losing current housing, job, school or transportation [E11_6=1]
- Weekly fighting among peers [E7e > 0]
- Weekly fighting in living situation [E5e >0]
- Weekly illegal activity [L3v = 13+/90 days]
- Weekly intoxication among peers [E6c or E7c > 1]
- Weekly intoxication by others in living situation [E5c > 1 or E2d > 12]
- Weekly substance use by others in living situation [E2e >12]
- Currently pregnant [P5b1=5]
- Uncertain if currently pregnant [P5b1=4]
- Successful pregnancy within the past year [P5a1 <5 and P5b1=1]
- Miscarriage within the past year [P5a1 <5 and P5b1=2]
- Abortion within the past year [P5a1 <5 and P51b=2]
- Pregnancy within the past year [P5a1 <5 and P5b1=6]
- Had low birth weight baby within the past year [P5a1 <5, P5b1=1, P5c1<5 pounds]

Axis 5 Ratings. After the participant's responses have been reviewed, the clinician will also make three ratings of the participant's functioning using the main and two provisional scales of DSM-IV's Axis 5:

- **Global Assessment of Functioning (GAF, Exhibit 5-4)** to rate the participant's functioning in terms of mental health/illness (e.g., danger to self, cognitive impairment, symptom severity, degree of remission), including substance use disorders. Some programs substitute the Children's General Assessment Form (CGAF; Shaffer et al., 1996) rating scale for the GAF.
- **Global Assessment of Relational Functioning (GARF, Exhibit 5-5)** to rate the participant's functioning in terms of the quality of their core relationships, interaction and problem solving with family members and other very close friends (e.g., negotiating skills, communications, conflict resolution, boundaries), including the emotional climate in which they live (e.g., caring, mutual respect, satisfactory sexual relations); and
- **Social and Occupational Functioning Assessment Scale (SOFAS; Exhibit 5-6)** to rate the participant's functioning in terms of their ability to meet social and occupational expectations (e.g., hygiene problems, isolation, inappropriate interactions, problems, ability to interact/perform according to expectations in social, school and work settings).

Each scale goes from 1 to 100, with 1 being low functioning and 100 high functioning. The use of "0 - inadequate information" should only be used if there are major data quality problems. While related, past research has demonstrated that functioning in these three areas can vary considerably (i.e., someone who is physiologically dependent, but still able to perform at home, work or school). Within a given program, however, participants at intake will often be clustered in a narrow range on each scale by design of the placement process (e.g., the lowest functioning will end up in psychiatric, medical or short-term detoxification; the next higher in inpatient; the next in intensive outpatient; and the highest in outpatient). To be useful, a group of clinicians should cross rate several cases, resolve any differences, and repeat this process until they are largely consistent. Ideally this should be done in conjunction with a presentation of the diagnosis and symptoms in the rest of the GAIN so that the whole time increasingly anchors their ratings to levels of functioning.

Exhibit 5-4 Global Assessment of Functioning (GAF)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness (*including substance abuse*). Do not include impairment in functioning due to physical (or environmental) limitations. How would you rate the individual's global functioning in the periods? (Use intermediate codes when appropriate, e.g., 45, 68, 72.)

- 91-100 SUPERIOR FUNCTIONING in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- 81-90 ABSENT OR MINIMAL SYMPTOMS (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members), *and in full remission (e.g., no use or problems for six or more months)*.
- 71-80 TRANSIENT SYMPTOMS ARE PRESENT and are expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work), *and almost in full remission, working a lot on relapse prevention*
- 61-70 SOME MILD SYMPTOMS (e.g., depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships, *the minimum requirement still met for diagnosis of abuse and/or occasional lapses*
- 51-60 MODERATE SYMPTOMS (e.g., flat affect and circumstantial speech, occasional panic attacks) or moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with co-workers), *the minimum requirement for diagnosis of dependence and repeated lapses*.
- 41-50 SERIOUS SYMPTOMS (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) or any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job), *more than the required number of diagnostic symptoms and repeated lapses*
- 31-40 SOME IMPAIRMENT IN REALITY TESTING OR COMMUNICATION (e.g., speech is at times illogical, obscure, or irrelevant) or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed, avoids friends, neglects family, and unable to work; *beats up others, has most or severe symptoms*)
- 21-30 BEHAVIOR IS CONSIDERABLY INFLUENCED by delusions or hallucinations or serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) or inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 11-20 SOME DANGER OF HURTING SELF OR OTHERS (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) or occasionally fails to maintain minimal personal hygiene (e.g., smears feces) or gross impairment in communication (e.g., largely incoherent or mute).
- 1-10 PERSISTENT DANGER OF SEVERELY HURTING SELF OR OTHERS (e.g., recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death **[BRING TO IMMEDIATE ATTENTION OF CLINICAL SUPERVISOR.]**
- 0 Inadequate information
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Source: DSM-IV Axis V (APA, 1994, pp. 30-32) with expansions in italics; see also Endice, H.J., Spitzer, R.L., Fleiss, J.L., et al. (1976). The Global Assessment Scale (GAS). *Archives of General Psychiatry*, 33, 766-771. (NOTE: Italics added to make it more specific to substance use disorders.)

Exhibit 5-5 Global Assessment of Relational Functioning (GARF) Scale

The GARF scale can be used to indicate an overall judgement of the functioning of a family or other on-going social relationship. In particular, it is based on the extent to which these core relationships demonstrate skills in problem solving (e.g., skills negotiating, communications, conflict resolution), organization (e.g., recognizable roles and boundaries), and emotional climate (e.g., quality of caring, empathy, mutual respect, satisfactory sexual relations). How would you rate the Individual's Global Assessment of Relational Functioning in the periods? (Use Intermediate Codes When Appropriate, e.g., 45, 68, 72.)

- 81-100 *SATISFACTORY* relational *social or family* unit is functioning satisfactorily from self-report of participants and from perspectives of observers.
- 61-80 *SOME PROBLEMS* functioning of relational *social or family* unit is somewhat unsatisfactory. Over a period of time, many but not all difficulties are resolved without complaints.
- 41-60 *MAJOR IMPAIRMENT* relational *social or family* unit has occasional times of satisfying and competent functioning together, but clearly dysfunctional, unsatisfying relationships tend to predominate.
- 21-40 *SERIOUS AND PERSISTENT IMPAIRMENT* relational *social or family* unit is obviously and seriously dysfunctional; forms and time periods of satisfactory relating are rare.
- 1-20 *DETACHMENT AND ENDANGERMENT* relational *social or family* unit has become too dysfunctional to retain continuity of contact and attachment.
- 0 *Inadequate information*
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Source: DSM-IV Axis V (APA, 1994, pp. 758-759); (*NOTE: Italics added to make it more specific and delineate ratings more.*)

Exhibit 5-6 Social and Occupational Functioning Assessment Scale (SOFAS)

Consider social and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairments in functioning due to physical limitations, as well as those due to mental impairments. To be counted, impairment must be a direct consequence of mental and physical health problems; the effects of lack of opportunity and other environmental limitations are not to be considered.

- 91-100 SUPERIOR FUNCTIONING in a wide range of activities.
- 81-90 GOOD FUNCTIONING in all areas, occupationally and socially effective.
- 71-80 SLIGHT IMPAIRMENT in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).
- 61-70 SOME DIFFICULTY in social, occupational, or school functioning, but generally functioning well, has some meaningful interpersonal relationships.
- 51-60 MODERATE DIFFICULTY in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
- 41-50 SERIOUS IMPAIRMENT in social, occupational, or school functioning (e.g., no friends, unable to keep a job) *in some areas*.
- 31-40 MAJOR IMPAIRMENT IN SEVERAL AREAS, such as work or school, family relations (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and failing at school).
- 21-30 INABILITY TO FUNCTION *socially or occupationally* in almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 11-20 OCCASIONAL HYGIENE PROBLEMS, fails to maintain minimal personal hygiene; unable to function independently.
- 1-10 PERSISTENT HYGIENE PROBLEMS, inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g. nursing care and supervision).
- 0 Inadequate information.

Source: DSM-IV Axis V (APA, 1994, pp. 760-761) with expansions in italics; see also Goldman, H.H., Skodol, A.E., & Lave, T.R. (1992). Revising Axis X for DSM-IV: A review of measures of social functioning. *American Journal of Psychiatry*, 149, 1148-1156. ; (NOTE: Italics added to make it more specific and delineate ratings more.)