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Clear classification

Simple service evaluation

An evaluation tool is available that satisfies research requirements and is easily used by busy practice workers.

Drug services are under pressure to demonstrate how effective their treatments are. They generally have qualitative data from client notes and assessment interviews, but descriptions of client are difficult to analyse, compare and present.

Questionnaires can provide uniform sets of information, but existing questionnaires take a while to complete, require the client to be present, and cannot combine subsections to produce a single total score for easy analysis. Additionally, clients are sometimes difficult to contact, may be reluctant to fill in questionnaires and some may be illiterate.

Most services don't have the time or expertise to elicit, code, analyse and report on complex multiple outcomes of questionnaires – something simpler is required.

Simple system

The Christo Inventory for Substance-misuse Services (CISS) has been developed to quantify workers' impressions of their clients quickly, in a standardised reliable way. It is a relatively simple system based on straightforward ideas.

Filling in the CISS form is quick, is compatible with current assessment procedures and uses routinely collected information. Workers should be familiar enough with their clients to fill in a CISS assessment form.



The CISS is not just about client assessment. Routine use and monitoring of the CISS could usefully indicate weakness in services, showing where change and improvement may be required

Although the information is subjective, and difficult to validate, a competent worker should produce a reasonable impression of their client's status.

Variables in the CISS are scored on a three-point scale of severity (0 = none, 1 = moderate, 2 = severe). Each area is illustrated with an example, for guidance. Usually outcome questionnaires (the Opiate Treatment Index, the Addiction Severity Index, and the Maudsley Addiction Profile) measure seven variables:

- social functioning
- general health
- HIV risk behaviour
- psychological well being
- occupation
- criminal involvement
- drug/alcohol use

The literature indicates three further variables, which have an effect on outcome:

- engagement with ongoing support

(counselling, support groups, AA or NA)

- treatment compliance
- worker-client relationship

So the CISS assesses outcome over 10 areas of clients' functioning. A total score of 0 indicates no problems, a maximum score of 20 indicates severe problems in all areas. This evaluation also allows simple comparison of clients.

Testing CISS

A trial of CISS evaluated treatments purchased by Hammersmith and Fulham Social Services. The trial looked at CISS' usefulness, sensitivity to change and ease of completion. Its success has led to the incorporation the CISS as part of routine procedure.

For the trial CISS forms were completed by workers at the first client assessment interview, then again at two-month and six-month follow ups.

Standardisation of the score system

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Christo Inventory for Substance-Misuse Services

Assessor Date.....
Client DOB..... M F Intake assessment.....
Drugs of choice (eg, alcohol, opiates, etc.) or
Residence (eg, hostel, prison, residential treatment, home, hospital, NFA) Follow-up assessment.....
Service name Date in Date out Reason left

This form is for evaluation / clinical audit purposes only and is a rough indicator of professional impression of recent drug / alcohol related problems in the past month. Specific situations / behaviours are listed only as guiding examples and may not reflect the exact situations / behaviours of the client.
(Please ring a number under each heading)

Social functioning

- 0... eg, client has a stable place to live and supportive friends or relatives who are drug / alcohol free.
- 1... eg, client's living situation may not be stable....., or they may associate with drug users / heavy drinkers..... (Tick one)
- 2... eg, living situation not stable, and they either claim to have no friends or their friends are drug users / heavy drinkers.

General health

- 0... eg, client has reported no significant health problems.
- 1... moderate health problems eg, teeth / sleep problems, occasional stomach pain, collapsed vein, asymptomatic hep B / C / HIV.
- 2... major problems eg, extreme weight loss, jaundice, abscesses / infections, coughing up blood, fever, overdoses, blackouts, seizures, significant memory loss, neurological damage, HIV symptoms.

Sexual/injecting risk behaviour

- 0... eg, client claims not to inject, or have unsafe sex (except in monogamous relationship with longstanding partner, spouse).
- 1... eg, may admit to occasional 'unsafe' sexual encounters, or suspected to be injecting but denies sharing injecting equipment.
- 2... eg, client may admit to regular 'unsafe' sexual encounters, or has recently been injecting and sharing injecting equipment.

Psychological

- 0... eg, client appears well adjusted and relatively satisfied with the way their life is going.
- 1... eg, client may have low self-esteem, general anxiety, poor sleep, may be unhappy or dissatisfied with their lot.
- 2... client has a neurotic disorder eg, panic attacks, phobias, OCD, bulimia, recently attempted or seriously considered suicide, self-harm, overdose or may be clinically depressed. Or client may have psychotic disorders, paranoia (eg, everybody is plotting against them), deluded beliefs or hallucinations (e.g. hearing voices).

Occupation

- 0... client is in full time occupation eg, homemaker, parent, employed, or student.
- 1... eg, client has some part-time parenting, occupation or voluntary work.
- 2... eg, client is largely unoccupied with any socially acceptable pastime.

Criminal involvement

- 0... eg, no criminal involvement (apart from possible possession of illicit drugs for personal use).
- 1... eg, client suspected of irregular criminal involvement, perhaps petty fraud, petty theft, drunk driving, small scale dealing.
- 2... eg, suspected of regular criminal involvement, or breaking and entering, car theft, robbery, violence, assault.

Drug/alcohol use

- 0... eg, no recent drug / alcohol use.
- 1... eg, client suspected of periodic drug / alcohol use, or else may be socially using drugs that are not considered a problem, or may be on prescribed drugs but not supplementing from other sources.
- 2... eg, client suspected of bingeing or regular drug / alcohol use.

Ongoing support

- 0... eg, regular attendance of AA / NA, drug free drop-in centre, day centre, counselling, or treatment aftercare.
- 1... eg, patchy attendance ie, less than once a week contact with at least one of the above.
- 2... eg, client not known to be using any type of structured support.

Compliance

- 0... eg, attends all appointments and meetings on time, follows suggestions, or complies with treatment requirements.
- 1... eg, not very reliable, or may have been reported as having an 'attitude' problem or other difficulty with staff.
- 2... eg, chaotic, may have left treatment against staff advice or been ejected for non-compliance eg, drug use, attitude problem.

Working Relationship

- 0... relatively easy going eg, interviews easily, not time consuming or stressful to work with.
- 1... moderately challenging eg, a bit demanding or time consuming, but not excessively so.
- 2... quite challenging eg, very demanding, hard work, time consuming, emotionally draining or stressful to see.

CISS Total Score =

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Comparisons for interpreting CISS scores

Abstinence based treatment outcomes: six-month outcomes for 90 treated drug users from abstinence based treatment centres. (sd is statistical standard deviation)

In the month before follow-up:	good outcome: 48 were abstinent poor outcome: 42 had used drugs	average CISS score was 2.9 (<i>sd</i> = 1.9) average CISS score was 10.6 (<i>sd</i> = 4.3)
Over entire six month period:	good outcome: 33 remained abstinent* good outcome: 22 had a lapse* poor outcome: 35 had a relapse*	average CISS score was 2.9 (<i>sd</i> = 2.0) average CISS score was 4.5 (<i>sd</i> = 2.9) average CISS score was 11.2 (<i>sd</i> = 4.5)

* lapse assessed using an eight-level scale of lapse / relapse outcomes defined by Walton et al.² Drug use over the entire six-month follow-up period was assessed using the principle of Timeline Follow Back³, as adapted for drug use.⁴

NB: a CISS score of 6 or less is used to indicate 'good outcome' for abstinence based treatment. This correctly identified 88 per cent of outcomes where drug use was assessed only in the month before follow-up, and 84 per cent of outcomes where drug use was assessed over the entire six-month follow-up period.

Harm reduction prescribing based service score distribution:

Average CISS score among 243 clients at a London community drug service = 9.1 (<i>sd</i> = 3.4)
16 per cent had CISS scores in range 0 to 5 = low problem severity
67 per cent had CISS scores in range 6 to 12 = average problem severity
17 per cent had CISS scores in range 13 to 20 = high problem severity

Outpatient alcohol service score distribution:

Average CISS score among 102 clients at a London community alcohol service = 8.1 (<i>sd</i> = 3.4)
15 per cent had CISS scores in range 0 to 4 = low problem severity
70 per cent had CISS scores in range 5 to 11 = average problem severity
15 per cent had CISS scores in range 12 to 20 = high problem severity

Alcohol users generally score one CISS point less than drug users, as they are likely to score less on social functioning, HIV risk behaviour and criminal involvement, but they are more likely to score on psychological problems.

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of the CISS was by comparison of three groups of people: 243 drug users in harm minimisation treatment, 90 drug users in abstinence treatment, and 102 community alcohol service users. These comparison scores show practitioners how their clients are doing relative to a 'typical' group of people.

The comparison allows for the CISS outcome score to be assessed directly as 'good or poor outcome' or 'low / average / high problem severity'.

A study to validate the reliability and consistency of the CISS is currently in press.¹ The results look good, and the CISS has acceptable correlation with more complex standard questionnaires.

1. Christo G. et al. 'Validation of the Christo inventory for substance-misuse services (CISS): a simple outcome evaluation tool.' *Drug and Alcohol Dependence*: to be published.

2, 4. Walton M. A. et al. 'The role of attributions in abstinence, lapse and relapse following substance abuse treatment.' *Addictive Behaviours*: 1994, 19(3), p.319-331.

3. Sobell L. C. et al. 'Reliability of a timeline method: assessing normal drinkers' reports of recent drinking and a comparative evaluation across several populations.' *British Journal of Addiction*: 1988, 83, p.393-402.

Pro and Con

Apart from quantifying assessment, most advantages of the CISS over other assessment forms are practical. The single-sided A4 form is easily photocopied and won't clutter client files. It can be completed face-to-face or from client's notes and takes about five minutes to do. The single numerical score means services can produce a useful report without using a research-statistician.

It can monitor client improvement over time, and ensure keyworkers and counsellors have approximately equal caseloads. It measures areas of the relationship between client and support services, which are not often covered.

But the CISS may not be suitable for research examining individual outcome areas. Each individual area, with its three point scale, is not very sensitive to change. It is only sensitive when the 10 items are combined into the 0-20 CISS outcome score.

Results from the CISS are only as good as the information recorded.

Routine assessment should be sufficient, gaps in the information may indicate a weakness of assessment procedure and/or of the staff. The accuracy of the CISS does rely on the competence and judgement of the workers using it. Ideally, CISS score should periodically be cross-checked by other workers.

The CISS is not just about client assessment. Routine use and monitoring of the CISS could usefully indicate weakness in services, showing where change and improvement may be required.

For those who had not already noticed CISS is similar to the admonitory acronym KISS, meaning Keep It Simple, Stupid – the editor is assured that this is pure coincidence.

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Copies can be currently obtained at no charge from Dr George Christo at the Royal Free Drug Service, 457 Finchley Road, London NW3 6HN, phone 020 7431 1731 ■