Chapter 12
Psychological Evaluation in Users of Psychoactive Substances: The Psychodiagnosis Process

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Introduction

Psychoactive drugs are substances that act on the central nervous system (CNS) and generate physical, cognitive, and behavioral changes. Among the various types of classification (licit or illicit, natural, semi-synthetic or synthetic), we can highlight the classification according to their action in the CNS: (a) *depressants*, which reduce the functions, generating sensations of relaxation, sleepiness, among others (e.g., alcohol, inhalants, benzodiazepines, opioids); (b) *stimulants,* which accelerate the activity and cause euphoria, agitation, and other effects (e.g., alcohol, inhalants, benzodiazepines, opioids, amphetamines, caffeine, cocaine/crack, nicotine); and (c) *disturbing,* which modifies the functioning of the CNS, both quantitatively and qualitatively, and may cause perceptual alterations and/or hallucinations (e.g., ecstasy, marijuana, LSD) (Andrade et al., 2016; American Psychiatric Association (APA) 2014; De Micheli et al., 2016; DiClemente, 2018; Lopes, Andretta, & Oliveira, 2019).

A proportion of people who use psychoactive substances develop consumption patterns that can lead to other mental disorders (Frade et al., 2014; Schulden, Lopez & Compton, 2012). These disorders are clinical comorbidities associated with disability in social and occupational activities on a continuous or recurring basis (World Health Organization (WHO) 2019) and identified through significant disorders in mood, cognition, emotional regulation, and/or behavior (American Psychiatric Association (APA) 2014).

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Mental disorders consist of patterns of behavior (such as the use of psychoactive substances) that (a) occur at (1) very high frequencies and/or intensities or (2) very low and/or (b) occur in an inappropriate context and therefore generate personal injury and/or harm to the person or others (Bedendo et al., 2017; Banaco, Zamignani, Martone, Vermes, & Kovac, 2015). In this sense, the diagnostic criteria for mental disorders related to the use of psychoactive substances include (a) minimum number of signs and symptoms presented, (b) minimum period of manifestation of the same, and (c) duration of the phenomena reported and/or observed (American Psychiatric Association (APA) 2014; Barlow & Durand, 2015). These criteria for DSM-5 are (American Psychiatric Association (APA) 2014):

1. The substance is often consumed in larger quantities and for longer than expected;
2. There is persistence of a desire or unsuccessful attempts to reduce or control use;
3. Abundant time is dedicated to activities related to obtaining the drug, using it or restoring its effects;
4. There is a crack or a strong desire or need for the use of the substance;
5. There is recurrent use, affecting work, study, interpersonal relations, and family;
6. The use of the substance is continued even in the face of social or interpersonal problems caused or amplified by the effects of the drug;
7. There is the abandonment or reduction of engagement in social, professional, or recreational activities due to drug use;
8. The substance is consumed in situations/contexts that pose risks to physical integrity;
9. The use is maintained even with the presence of physical or psychological problems;
10. Tolerance, defined by:
    a. Requirement of successively greater amounts of the substance to generate intoxication or achieve the desired effects;
    b. The effects are gradually reduced with the continuous use of the same amount of the substance;
11. Abstinence, expressed by:
    a. Abstinence syndrome and/or
    b. The substance (or other, with similar effects) is consumed to ease or avoid withdrawal symptoms.

For the diagnosis of mental disorders due to the use of psychoactive substances, according to DSM-5, it is necessary that at least two of the criteria are manifest, occurring during a period of twelve months. The severity of the disorder should be examined according to the number of symptoms found: (a) mild, with two to three symptoms; (b) moderate, with four to five symptoms; and (c) severe, with six or more symptoms (American Psychiatric Association (APA) 2014). However, it is possible to establish an accurate diagnosis through a series of procedures that in

psychology constitutes the field of psychological evaluation or assessment (Araújo, 2007).

Psychological Evaluation

Psychological evaluation is a field of study that focuses on the comprehension of psychological phenomena aiming to establish a diagnosis to subside a therapeutic plan. For this, psychological evaluation uses methods and instruments for the observation and measurement of psychological phenomena, as well as theoretical foundations that aim to explain them (Alchieri & Cruz, 2003; Cruz, 2002). Thus, psychological evaluation is guided by the demand or interest of specific investigation (e.g., executive functions, mood, personality characteristics, emotional states, or cognitive processes), by its purpose (checking aptitude, performance, clinical hypothesis, diagnosis, or prognosis) and based on the state of the art guided by theoretical models and procedures of data and information collection (Cruz & Sardá Jr., 2019; Fernández-Ballesteros, 2014).

The psychological evaluation could be guided, in conceptual terms, by the identification of four elements (Alchieri & Cruz, 2003; Cruz, 2002): (a) the object, which specifies the psychological phenomenon or process to be investigated; (b) the objective, which defines the purpose of the psychological evaluation; (c) the method, which guides the direct or indirect access (procedures) through which it is possible to access the phenomenon or psychological process to be investigated—observation, inquiry techniques, psychological tests, document analysis (Araújo, 2007; Krug, Trentini, & Bandeira, 2016); (d) the theoretical field, which supports the process of comprehension, analysis, and interpretation of the findings. Figure 12.1 summarizes the conceptual framework of psychological assessment (Cruz, 2002), with examples related to the assessment of psychoactive substance use disorders.

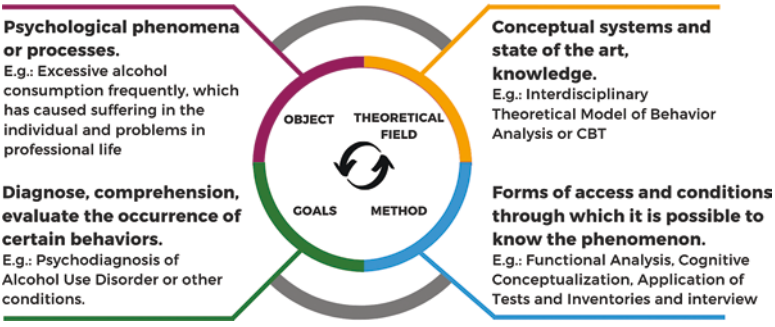

Fig. 12.1 Configuration of the defining scheme of the field of psychological assessment, with examples related to the assessment of disorders due to the use of psychoactive substances. Source: Adapted from Cruz (2002)

In the psychological evaluation process, the psychologist is responsible for identifying the object or demand, drawing up a plan of activities that address the objectives of the evaluation process, examining the presumed hypotheses, describing the psychological characteristics identified, interpreting them in the light of updated scientific knowledge, and, when under clinical demand, presuming diagnosis and supporting possible interventions (Cruz & Sardá Jr. 2019).

Psychological evaluation is understood, therefore, as a scientific-professional activity of psychologists, which involves procedures of collection, analysis, and interpretation of psychological data (Federal Council of Psychology, 2007). These data and information are collected to test hypotheses, elaborate diagnoses, describe cognitive and behavioral aspects, describe profiles, make predictions, and indicate possibilities of interventions. Therefore, psychological evaluation is a modality of professional procedure used in practically all areas of psychology (organizational and work, hospital, school, health and clinical processes, traffic and mobility, legal, sports, among others), for several purposes, either to characterize a professional profile, evaluate the skills needed to drive a vehicle, or examine clinical hypotheses, as in the case of clinical psychodiagnosis.

In relation to the use of psychoactive substances, psychological evaluation assists in the identification of the personal and environmental variables involved and also of potential losses in terms of cognitive functioning, emotional disorders, humor alteration, and maladaptive behavior (Almeida et al. 2017; Andrade et al. 2016, 2017a b; Barbosa et al. 2018; Lopes et al. 2019; Santos, Santiago, Oliveira, Lima, & Melo, 2018). In this sense, it is important to define the objectives of the evaluation process, which is permeated by the different dimensions of the object to be evaluated and its characteristics (Table 12.1).

By understanding the dimensions involved in mental disorders through the use of substances described in the scientific literature, the objectives of the evaluation process can be more clearly defined. For example: if one wants to investigate the presence of psychiatric comorbidities, or if the focus of evaluation is the functioning of cognitive processes in an individual (e.g.: executive functions) or, still, the presence of dysfunctional beliefs or thoughts that sustain the use of psychoactive substances. In addition, it is relevant to investigate the presence of risk and protective factors,

Table 12.1 Dimensions of the object of evaluation and repercussions on mental health

Dimensionality	Repercussions on mental health
Humoral/affective	Mood, depression, anxiety, psychophysiological reactivity
Cognitive	Attentional, cognitive, and belief dysfunctions in the use of psychoactive substances Dysfunctions in the processing of executive functions/memory
Functional capacity	Low self-efficacy, adaptive and stress management constraints, social isolation, loss of autonomy, and quality of life management
Risk factors	Chronic diseases, precarious health care structure
Social and family factors	Restrictions on social skills and family relationships, low social and family support for health care and treatment

Source: the authors

such as the absence/presence of a support network. Conversely, not every evaluation process of psychological problems related to drug use is aimed to assess quality of life. Therefore, it is important that in each context, or even based on a theoretical model of drug dependence, the objective of the psychological evaluation process is defined.

Different methods are needed to evaluate psychological phenomena and their various forms of manifestation and association with other phenomena (biological or social, for example). Adopting more than one method, technique, or instrument allows to access different or complementary dimensions of the phenomena, covering the accessed object in a whole. The methodological rigor and the use of different data collection procedures are necessary to ensure the quality of the gathered information. The use of valid and reliable psychological measures, techniques, and instruments widens the possibilities of access to the analyzed phenomena and, at the same time, reduces the probability of errors or operational biases.

The Psychodiagnosis Process

Psychodiagnosis is a modality of psychological evaluation for clinical purposes (Cruz, 2002) and is of paramount importance for decision-making in terms of clinical picture framing, treatment conduct, and case evolution. The process of psychodiagnosis promotes the detection of clinical complaints, psychological compromises, or mental comorbidities associated with disorders in general which may interfere with health care and treatment (Krug et al., 2016). This process of evaluation may include personal, family, and social information regarding the health conditions of patients. Thus, once the evaluation process has been carried out, specific interventions can be performed (Capitão, Scortegagna, & Baptista, 2005).

In order to discuss and highlight the importance of reliability in psychodiagnosis, an example is given: a psychology professional receives a call to attend to a 30-year-old individual, who requests an appointment to do a psychological evaluation. In the first meeting, it is observed that the individual presents communicational skills, is lucidity, presents good eye contact and absence of signs of confusion or psychotic symptoms, but complains of intense psychological suffering. There is an attempt to establish a *rapport* for the initial interview for data collection. At the end of the first session, the brief formulation of the case identified several symptoms initially reported by the individual: reduced willingness to leave home and perform daily activities, apathy, and frequent concern when remembering that there are college work to be done, emotional reaction to minimal signs of stress, thoughts of self-injury, discouragement, and sense of failure when noticing that his grades are decreasing during the semester, marked difficulties in making new friendships, feeling of hopelessness, sadness most of the day in the last 6 months, and deep-rooted beliefs that he will never be able to complete graduation.

What should the psychologist's attitude be in the face of this information? Systematize the symptoms and relate them in terms of a diagnostic hypothesis?

Summarize the evaluation process, with a view to the possible framing in a diagnostic picture? What about the important information that the individual consumes between four and six beers a day, throughout the week, and possibly other alcoholic beverages, since the age of seventeen? Would this information be relevant when associated with the symptoms presented?

Despite the available knowledge about contemporary psychopathological theories, many professionals tend to conclude with erroneous or hasty diagnoses. Considering the example, despite a few symptoms described, the technical knowledge would lead to believe that the diagnostic hypothesis of the exemplified case could be that of major depression disorder (MDD). However, with the inclusion of information on alcohol use for almost thirteen years, the initial hypothesis of MDT may not be as appropriate, i.e., incomplete. Thus, it is clear that there is a need to deepen the examination/comprehension of the case, with a psychological interview and/or anamnesis, as well as the use of psychological tests or screening instruments to produce a more comprehensive psychodiagnosis and a conclusion with a higher degree of assertiveness. In general, this is one of the problems encountered when relying only on isolated aspects for conducting a psychodiagnosis: the difficulty of perceiving the function that these symptoms have in the context in which the individual is inserted (Cunha, 2003). So, we return to the milestone of the concept of psychodiagnosis.

In general, psychodiagnosis refers to a set of procedures that aim to decode in a systematic, orderly, scientific, and comprehensive way the cognitive-behavioral, psychosocial, and functional functioning of an individual, in order to, later, and from the formulation of the case, draw a treatment plan focused on solving problems and improving the quality of life of the subject (Krug et al., 2016). It is, therefore, a psychological evaluation oriented to the characterization of a diagnosis, prognosis, and possible referral to treatments directed to the identified needs.

Although it is a traditional definition in psychology, there are conceptual misunderstanding about the definition of psychodiagnosis and psychological evaluation. Several authors in the Brazilian scenario (Castro et al. 2009; Cunha 2003; Castro, Campezatto & Saraiva, 2009; Krug et al., 2016; Ocampo & Arzeno, 2009) suggest that, as a priority, a psychodiagnosis should involve interview techniques and psychological tests validated by the psychological test evaluation system (SATEPSI), while psychological evaluation is more comprehensive, i.e., it can have different goals, be used in different areas of psychology, and need not involve the application of tests, or at least not exclusively those validated by SATEPSI. Thus, for didactic and organizational purposes, when referring to psychodiagnosis we are referring to a process of psychological evaluation for clinical purposes.

It is understood therefore that psychodiagnosis is not a process that should be carried out in a simplistic, intuitive, and restricted manner. The brief example of case X, described above, portrays the situation of other individuals who are diagnosed on the basis of limited or shallow investigation procedures. The detailed search for personal, family, clinical, conduct, and social habits data, in the case of disorders associated with the use of psychoactive substances, requires the joint use of technical resources and specialized materials (survey techniques, screening,

psychological tests, functional and cognitive analyses, scientific literature of similar cases) that enable not only a diagnostic reading, but also training procedures or modification of attitudes and strategies to confront the patient in the face of the problems experienced, which, therefore, could generate greater probabilities of efficacy in the medium/long term treatment.

To understand the stages of the process of psychodiagnosis it is strictly necessary to understand the most assertive concept of psychopathology. Although the term itself generates the notion of illness, Dalgalarrondo (2018) defines psychopathology, in the broadest sense, as a grouping of knowledge regarding people's mental health, to the extent that this knowledge is not permissive to inference by dogmas or truths, but rather, in a systematic and elucidative manner, being permanently open to the changes brought about by scientific findings. This notion reflects directly on the path of psychodiagnosis, allowing the dynamism and flexibility necessary for this practice.

In this sense, when examining at the substance use disorders criteria, both in DSM-5 and ICD 10, an accurate look should be taken about the diagnostic criteria related to the amount of the drug ingested, since this aspect is extremely variable and is related to genetic, environmental, functional, and learning differences (American Psychiatric Association (APA) 2014; World Health Organization (WHO) 2019). Even so, although there are guidelines, there are several means that end up becoming causal arguments among health professions, one of the most recurrent are the socio-cultural aspects (Dalgalarrondo, 2018; Whitbourne & Halgin, 2015). These influences can be treated as social stigmas, that is, labels that segregate people who have some body variation, or those who express behaviors, cognition, and wills discrepant from others. Conversely, these socio-cultural arguments are commonly used in the daily practice of many professionals, a paradigm that needs to be shifted when practices based on scientific evidence are highlighted. This is a caution that any health professional, with the power of decision to define a diagnostic hypothesis, should pay attention to (Cunha, 2003).

In psychotherapy practice, signs and symptoms expressed by an individual are categorized into two major groups: syndromes and nosological entities. Syndromes are characterized mainly by constant groupings of stable signs and symptoms; however, these cannot yet be etiologically identified as a result of a pathological process. In general, syndromes are a recurrent and momentary grouping of signs and symptoms, which may or may not be associated with a mental disorder. Conversely, nosological entities are states from which one can presume, from the semiology presented, their path in general and the possible treatments. This predictability is possible due to their genetic, neurological, biochemical, and psychological mechanisms that are known, that is, they have a well-defined etiology (Assumpção, 2008).

Briefly, there is an effort to identify these nosological entities concisely, because it is possible to apply potential treatments and measure their effectiveness in a more precise manner, making their generalization presumed for other cases, and thus advance the construction of interventional practices based on scientific data (Dalgalarrondo, 2018). However, this is not an easy task. In general, cases in which cognitive-behavioral and psychosocial changes are exacerbated, intense and

maintain a stable course are not difficult for the development of a diagnostic hypothesis; however, there are cases in which the delineation of these boundaries is complex, especially when it comes to the manifestation of behaviors considered pathological and the ways of "feeling normal," such as the cases related to disorders by the use of psychoactive substances (Whitbourne & Halgin, 2015).

Independently of the disorder, this discussion leads to a sandy field of health areas in general, the dichotomy between what is normal and what is pathological. This theme has been fostered for decades and has led to the construction of diversified criteria related to normality/abnormality, outlined from ideological, philosophical, and functional positions.

Specifically, in psychopathology, nine are the criteria usually used to characterize the concept of normality: normality as absence of illness, ideal normality, statistical normality, normality as well-being, functional normality, normality as process, subjective normality, and normality as freedom and operational normality (Dalgalarrondo, 2018; Whitbourne & Halgin, 2015).

Far from being a simple subject, it is possible to observe the complexity of conforming psychodiagnosis, especially in its practical application, after all, there are human beings who depend on the results of this reflection. It is important to point out that we would prefer the use of the term dysfunction, which could be defined as the loss of function of an organ or system. Thus, the diagnostic process is a dialectic relationship between the particular and the universal, so that the conceptual conception of diagnosis must be understood from basic general constructs for scientific work (Whitbourne & Halgin, 2015).

With this in mind, it becomes essential to understand the basic outline in order to reach a psychodiagnosis that precisely helps in the formulation of TUS cases and in the occasional interventions for each individual, since this is the main objective of a psychodiagnosis: to design a treatment plan focused on problem-solving and changes in the general functioning of the subject (Krug et al., 2016).

The Psychological Interview as a Methodological Resource

Silvares and Gongora (1998) define interview as a verbal interaction between people. From the clinical point of view, the interview is a method used to obtain information that enables a later effective intervention, taking into account the complexity and particular characteristics of the subjects and also psychological disorders (Macedo & Carrasco, 2005). In view of this, the procedure aims at collecting data that make possible a thorough analysis of cases and situations.

Table 12.2 presents some aspects listed by Silvares and Gongora (1998) to be addressed during the psychological evaluation, more specifically during the initial clinical interview. The content of the chart was adapted for the assessment in users of psychoactive substances.

The aspects presented in Table 12.2 are important for a thorough assessment in the field of substance dependence. General health conditions, for example, need to

Table 12.2 Aspects to be considered in the initial clinical interview for the description and application of criteria related to substance use disorders

Items	Description and application to substance use disorders
General health conditions	One of the diagnostic criteria for substance use disorders is continuity of use despite physical or psychological problems (American Psychiatric Association (APA) 2014). In addition, studies indicate that there is a high prevalence of psychiatric comorbidities associated with substance use (Schulden et al., 2012; Vujanovic et al., 2017). Therefore, it is essential to evaluate the general health of the subjects in order to verify and perform a differential diagnosis. The investigation of possible comorbidities is determinant for more assertive diagnosis, treatment, and prognosis
Biography	The etiology of substance use disorders involves a complex interaction of factors (Schulden et al., 2012). The evaluation of phylogenetic, ontogenetic, and cultural variables is necessary for the understanding of behaviors (Barlow & Durand, 2015; Marçal, 2010). For this, the subjects' life history must be investigated
Historical data of the phenomena	Historical data include when and how the use and the resulting problems associated with the use of substances began, in what context and under what conditions, what factors were associated with the installation of this behavior, what were the positive and negative reinforcing consequences, etc. This information is important to understand the behavior from a molar functional analysis[a] (macroanalysis), i.e., to understand it from the function it acquired during the history and the experiences of the subjects
Dimensions	Information related to the intensity, frequency, and duration of the phenomena is essential for both the diagnosis and the measurement of the severity of the picture (American Psychiatric Association (APA) 2014; Barlow & Durand, 2015). In relation to substance use, the dimensions measured can be the amount of time devoted to use, the frequency (number of times it occurs), the magnitude of the covert responses that predispose to use and the feelings after behavior, etc.
Related events	It refers to a molecular functional analysis (microanalysis) with the objective of identifying and describing specific contingencies (Nery & Fonseca, 2018)—contexts, circumstances, environmental conditions, i.e., the discriminatory stimuli predisposing to the use of substances
General consequences caused	Behavior is maintained to the extent that it produces positive consequences or avoids negative consequences for subjects. In this sense, it is valid to state that every behavior has a function (corresponding to the consequences derived from actions). The use of substances provides access to positive (pleasurable sensations and greater social interaction, for example) and negative (such as the relief of unpleasant feelings) reinforces. In other words, the behavior of using substances is functional and is maintained because it generates adaptive effects to the subjects, despite possible adverse consequences (which also need to be raised to reach a psychodiagnosis)

(continued)

Table 12.2 (continued)

Items	Description and application to substance use disorders
Potential boosters	Functional analysis is used to identify the function of behaviors (Nery & Fonseca, 2018). Thus, we try to identify the strengthening potentials (stimuli that increase the probability of responses), responsible for maintaining the target behaviors. Regarding the use of drugs, we seek to identify the consequences that maintain their occurrence (examples: relaxation, relief of anxiety, proximity and contact with people, sense of well-being, etc.)
Positive and negative points of the environment	Environmental (variable) stimuli that influence the recurrence of substance use should be identified, as well as factors related to the reduction or cessation of use. According to Monteiro (2010, p. 130), "*it is necessary to discriminate the healthy and unhealthy, adaptive and nonadoptive aspects of the patient, as well as his parents and relatives*." For example: family conflicts increase the probability of recurrence of drug use by Y (fictional person); conversely, involvement in academic activities, harmony within the family, and interpersonal relationships in other contexts help to control this behavior. The identification of these positive and negative points (which refer to whether or not they contribute to the emission of problem behaviors, and not to moral judgments) facilitates the intervention, the psychoeducation process, and the management of contingencies that maintain the behavior
Perceptions and reactions of others	Substance use disorders are characterized by harm (e.g., reduction, abandonment) at work, in studies, in interpersonal relationships, among other activities (check all diagnostic criteria in the introduction of this chapter). Thus, knowing the perception of spouses, relatives, friends, and work colleagues, for example, is one of the possible means to understand the impacts of substance use on the functioning of the subjects' lives and also to ascertain the severity of the condition
Associated emotional responses/ perception of the subjects themselves	Emotional responses must be considered in the evaluation process, since the definition of psychological disorders includes clinically significant suffering on the part of the subjects. This item also avoids classifying common behaviors as "abnormal" or pathological without considering people's own perception of them. In view of this, it should be evaluated whether the recurrent use of substances is associated with aversive feelings, i.e., whether adverse consequences are perceived and felt. It is worth noting, however, that in some cases there may be no awareness of possible harm. Positive responses associated with the use should also be considered, as they allow the identification of possible functions that the behavior performs (for example: feeling relaxed or happy)

Source: Based on Silvares and Gongora (1998)

[a]For more information on molecular and molar functional analysis, see Nery and Fonseca (2018)

be assessed, as they can influence differential psychodiagnosis. For example, Beck (2013) cites cases of hyperthyroidism that are confused with depression; and in cases of substance use disorders, psychiatric comorbidities are common. The evaluation of these comorbid problems contemplates cognitive-affective processes underlying substance use disorders and enables a more effective clinical approach (Vujanovic et al., 2017). Therefore, the subjects' life history needs to be carefully evaluated, listing the genetic, ontogenetic, and social factors involved and

potentially determining the installation and maintenance of problem behaviors. When not observed correctly and not taken into account such aspects may lead to erroneous diagnosis, treatment, and prognosis, so as to generate more damage to individuals and others involved.

Barlow and Durand (2015) propose an integrated approach in the investigation of psychological phenomena, as well as psychopathologies, in order to cover their biopsychosocial variables. Regarding substance use disorders, the authors consider the following aspects: *biological*: genetics, heredity, neurobiology; *psycho-behavioral*: positive and negative reinforces; *cognitive*: expectations, beliefs; *social*: exposure in the family, peer influence; and *cultural*: traditions, values. Therefore, a careful analysis of the phenomenon and associated factors is required, in addition to a theoretical explanatory model and a set of techniques that consider relevant information and results to a greater accuracy and effectiveness in diagnosis, treatment, and prognosis (Araújo, 2007; Santos et al. 2018).

Instruments for the Evaluation of Substance Use Disorders

Due to the complexity involved in behavioral dependencies, a complete psychological evaluation should include the investigation of predisposing factors (genetics), precipitants (triggers of use), and behavioral maintainers (role of the drug in the life of individuals, in the network of friends, etc.), as well as cognitive, emotional, and socio-environmental aspects, such as intellectual resources, socio-emotional abilities, ease of access to the drug and resources to acquire it (De Micheli et al. 2020). It is also suggested that other aspects of the patient's functioning that may be related to drug use be investigated, such as family, relational, or occupational aspects (Petry, Kolling, & Melo, 2011).

Considering the ambivalence present in the thought/conduct of substance use disorder (SUD) patients, who are often referred to psychodiagnosis against their own will, instruments such as scales and psychological tests can help the professional to obtain information that complements the interview and contribute to referral to a more personalized treatment (Lopes et al., 2019). Table 12.3 presents the main scales used in Brazil (adapted or validated for use at the national level) in order to investigate patterns of consumption, cleftness, motivation for cessation and expectations of drug effects, aspects that are relevant when working with psychological evaluation of patients with problems due to the use of psychoactive substances.

A fairly frequent issue among users of substances who want to stop consumption is relapses. In the evaluation that precedes treatment, it is important, therefore, that "trigger" situations (crack triggers, which is the intense desire to consume the drug) and coping strategies are identified. In this sense, tools such as the *temptation use drugs scale* (TUD), *drug abstinence self-efficacy scale* (DASE), and the Knapp and Bertolote (1994) may be useful (Lopes et al., 2019). The TUD and DASE, adapted for Brazilian samples (Freire, Silva, Ávila, DiClemente, & Oliveira, 2017), are

Table 12.3 Tools for evaluating aspects of drug use

Instrument	Objective	Development or adaptation to Brazil
Alcohol, smoking, and substance involvement screening test (ASSIST)	To evaluate the frequency and problems related to the use of nine classes of psychoactive substances (tobacco, alcohol, marijuana, cocaine, stimulants, sedatives, inhalants, hallucinogens, and opiates)	Henrique et al. (2004)
Addiction severity index (ASI-6)	Assess the severity of alcohol and other drug dependence in a multidimensional manner, including medical history, employment, involvement with legal issues, family and social history	Kessler (2011)
Teen addiction severity index (Teen-ASI)	Evaluate the use of alcohol and other drugs by adolescents, including school status, employment/support, family relationships, friends/social relationships, legal status, and psychiatric status	Sartes et al. (2009)
Drug use screening inventory (DUSI)	To evaluate the frequency and problems related to the consumption of alcohol and other drugs by adolescents, including evaluation of behavior, health, psychiatric disorders, sociability, family system, school, work, relationships, and leisure	Micheli and Formigoni (2000)
Cutting down, annoyance by criticism, guilty feeling, and eye-openers (CAGE)	Perform screening for alcohol abuse or dependence	Gaya (2011)
Short-form alcohol dependence data (SADD)	Assess the severity of alcohol dependency	Jorge and Mansur (1986)
Alcohol use disorder identification test (AUDIT)	Perform a tracking of problematic alcohol use	Santos et al. (2012)
Fagerström test for nicotine dependence (FTND)	Assess the severity of nicotine dependence	Carmo and Pueyo (2002)
Questionnaire of smoking urges-brief (QSU-B)	Assess the crack in smokers	Araujo et al. (2007)
Modified smoking reasons (EMF) scale	Evaluate seven domains of smoking behavior: addiction, pleasure of smoking, tension reduction or relaxation, social interaction, activation or excitability, habit or automatism, and hand-to-mouth movement	Souza et al. (2009)
Marijuana expectancy questionnaire (MEQ)	To evaluate beliefs regarding the use of marijuana, including cognitive and behavioral impairment, reduction of tension and relaxation, social and sexual facilitation, increased perception and cognition, negative global effects, cracking, and physical effects	Pedroso et al. (2004)

(continued)

Table 12.3 (continued)

Instrument	Objective	Development or adaptation to Brazil
Marijuana users expected results inventory (IERUM)	Evaluate expectations of results regarding marijuana use, including emotional aspects, perception, sexuality, cognitive aspects, and cleft	Pedroso et al. (2010)
Cocaine craving questionnaire-brief (CCQ-B)	Assess the intensity of the desire (crack) to use crack	Araujo et al. (2011)
Cocaine selective severity assessment (CSSA)	Assess crack and symptoms related to cocaine/crack abstinence	Kluwe-Schiavon et al. (2015)
Crack use relapse scale (CURS)	Evaluate family and relational conflicts, negative feelings, pleasurable feelings, crack for crack, crack after using another drug, and other losses related to crack use	Pedroso et al. (2016)

composed of 24 items each, in which subjects must mark how tempted they feel to use the drug in certain situations (TUD) and how confident they feel about resisting the drug (DASE), on a numerical scale ranging from one (minimum) to five (maximum), providing data on self-efficacy.

The ability to deal with risk situations inventory aims to identify the most dangerous situations and assess the individual's most prominent vulnerabilities to drug use. Several situations of risk to abstinence are listed and the patient must score how self-efficacy he or she considers to face each one. The situations mix external stimuli, such as "going to parties," and internal stimuli, such as "being anxious or depressed," being important to record the most difficult times of the day and/or week. Such diagnosis of situations will serve for the development of personalized coping strategies to maintain abstinence (Knapp & Bertolote, 1994; Souza & Araújo, 2010).

In addition to the instruments specifically aimed at investigating aspects related to the use/abuse of substances presented in Table 12.3, others instruments that evaluate cognitive functions and executive functions may also be useful, considering that studies have shown a relationship between behavioral dependencies and harm to these functions (REF). Table 12.4 presents some of the instruments that can be indicated when there is suspicion of damage in cognitive functions (such as memory, attention, intelligence) or executive functions, such as judgment, decision-making, cognitive flexibility, and impulsiveness control.

From the instruments described in Tables 12.3 and 12.4, it can be seen that there is a relatively significant variety of measurement instruments useful for investigating aspects related to substance use and dependence. It is important to emphasize the importance of paying attention to the psychometric properties of these instruments and their standardization process. Finally, it is important to emphasize that the application of the instruments described in this section involves specialized

Table 12.4 Cognitive function evaluation tools and executive functions

Instrument	Objective	Development or adaptation in Brazil
Montreal cognitive assessment (MOCA)	Evaluate mild cognitive impairment through the analysis of eight cognitive domains: short-term memory, visuospatial abilities, executive functions, attention, concentration, work memory, language, and orientation	Memória et al. (2013)
Wechsler intelligence scale for adults (WAIS-III)	Assess intellectual capacity and overall cognitive functioning in adults between 16 and 89 years	Nascimento (2000)
Iowa gambling task	Evaluate decision-making capacity	Schneider and Parente (2006)
Rey's complex figures test	Evaluate planning ability, perception, organization, fine motor skills, and immediate reproduction memory	Oliveira and Rigoni (2010)
Trail testing	Assess complex visual processing, motor speed, inhibitory control, and cognitive flexibility	Rabelo et al. (2010)
Wisconsin letters classification test (WCST)	To evaluate the capacity of abstract reasoning and cognitive flexibility; to trace lesions in the frontal lobe	Miguel (2005)

training, as well as it is recommended that none of them be used in isolation, but in a complementary manner to the clinical interview.

The Returning Interview

In the scientific literature that underlies the professional performance in psychology, the relevance of the clinical interview in the processes of psychological evaluation and psychodiagnosis, as well as a variety of psychological examination techniques, is highlighted. Regardless of the process and the number of stages of a psychodiagnosis, it is important to communicate the results produced. A devolutive interview is called the *feedback of the* psychodiagnosis process, a way of returning the results obtained, as well as the understanding of the aspects evaluated, to the patients and other interlocutors (Araújo, 2007; Silvares & Gongora, 1998).

It is even considered that the devolutive interview in psychodiagnosis is crucial for the following stages of the therapeutic process (Ocampo and Arzeno 2009). Thus, the devolutive interview marks the transition from evaluation and psychodiagnosis to the process of communicating the conclusions obtained to the subjects and then the necessary referrals. This stage is extremely relevant to demonstrate to those involved the importance of the aspects evaluated and the analysis of the situation, as it influences the assertiveness of diagnosis, prognosis, and guidance to those involved (Marques, 2005). For Monteiro (2010, p. 129), the devolutive interview has the role of "contextualizing the lived experience" in psychodiagnosis.

Ocampo and Arzeno (2009) highlight some important issues in the devolutionary process. Among them (a) "If information is not returned, the fantasies of illness, gravity, incurability, madness, etc. intensify" and (b) "If we return information, we give the patient an opportunity to see himself with more criteria of reality, with less idealizing or derogatory distortions" (p. 318). They also consider it essential to return information to family members whenever possible. According to them, it is important that they know the professional's opinion to avoid possible distortions about the case. In addition, it is also important to stress that the devolutive interview, especially when carried out with the involvement of third parties, enables more people to know the situation, who may cooperate in the treatment and help in relation to the patients' complaints, contributing to the resolution of the problems and the reduction of suffering.

During the return, the topics in Table 12.2 can be used to present and explain the variables and their influence on the installation and maintenance of problem behaviors related to substance use, as well as to signal the focus of future interventions. However, it is necessary to discriminate both the healthier aspects of the subject and his/her family group and the less adaptive ones. Therefore, caution is recommended in selecting the aspects to be reported in the return, taking into account the characteristics of each person involved and a prediction of how they may react to the information provided (Krug et al., 2016; Ocampo & Arzeno, 2009).

Macedo and Carrasco (2005) characterize the devolutive step as important for the reduction or cessation of distortions in the situation, while it is a process of providing information on the conclusions and explanations of the next steps. Thus, in addition to conclusions (and answers, if there are any doubts) about the psychodiagnosis, it is essential to clarify the prognosis and the exposure of measures and resources that can help in the minimization or resolution of suffering (Marques, 2005).

Finally, the moment of the devolutive interview is an opportunity for the professional to carry out a process of psychoeducation with the patient and family members, making the devolutive interview, as far as possible, a learning activity and change promoters. The psychoeducation strategy includes psychological and pedagogical instruments in order to elucidate the patients and interlocutors the pathology in question and the prognosis, as well as to guide on possible referrals (Lemes & Neto, 2017).

When it comes to substance use and dependence, people significant to them (such as family) often feel confused and pressured, while their basic task is to help care for people who have drug-related problems. When concerns about the adverse consequences of substance use are properly discussed by providing scientifically based information, the chances of promoting the replacement of blaming attitudes with coping strategies increase. Thus, it becomes possible to build a supportive network that contributes to the reduction of possible harm associated with drug use, and the devolutionary interview is a propitious moment for constructive dialogue (Silva, Noto, De Micheli & Camargo, 2015; Silva, Rodrigues, De Micheli & Andrade, 2015). Therefore, the devolutive interview is an opportunity for the development of assertive attitudes towards prognosis and treatment, aiming at solving problems, not only in relation to drug use and dependence, but also in relation to relationships of family and social coexistence.

Final Considerations

Every psychodiagnostic process aims at understanding the human being in its entirety, based on demands related to the clinical conditions of people, usually associated with restrictions in their psychological functioning. In the case of the use of psychoactive substances, in a pathological manner, it is relevant to identify the symptoms or associated disorders or dysfunctions, as well as the psychosocial repercussions and treatment difficulties.

Furthermore, based on the aspects evaluated, it is possible to perceive that there are consistent theoretical models on the understanding of drug dependence that allow us to understand its etiology, present signs and symptoms, as well as risk and protection factors. It is up to psychologists to define the inherent and specific objectives of each situation to be evaluated, since this can vary in a great manner, given the existence of several dimensions of this phenomenon, as well as the dynamics of this process, as well as therapeutic approaches. Certainly, the definition of the theoretical model adopted will largely guide the objectives to be defined.

The availability of instrumental resources is significant, which provides options for examining psychological constructs relevant to the investigation of disorders and/or dysfunctions related to the use of psychoactive substances. But, undoubtedly, it is the investigative attitude and technical skills of the psychologist that can provide a psychodiagnosis that is equal to the need to understand psychological phenomena in their multidimensionality.

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