

Clinician Alcohol and Drug Use Scales

The Clinician Alcohol Use Scale (CAUS) and the Clinical Drug Use Scale (CDUS) were constructed to assist clinical case managers in assessing substance use by persons with severe mental illness. They were developed to help in organizing such multimodal data as medical examinations, self-reports, or reports from significant others into ratings of the severity of addiction. The instruments are scored on a 5-point scale. Ratings of 1 and 2 describe none and mild nonproblematic substance use. A score of 3 is given to individuals with moderate substance use problems and corresponds to DSM-III-R (APA 1987) alcohol/drug abuse. Ratings of 4 and 5 indicate severe and extremely severe substance use and correspond to DSM-III-R alcohol/drug dependence. Time periods that can be assessed by the scales vary from several months to an individual's entire life.

The validity and reliability of the scales have been shown by several studies whose results are summarized in table 4. In addition, a study by Drake et al. (1990) demonstrated that case managers' ratings on the CAUS were more sensitive measures of current alcohol use disorder in persons with schizophrenia than research interviews using such standard alcohol assessment instruments as the Alcohol Dependence Scale (ADC; Horn et al 1984), the CAGE (Mayfield et al. 1974), and the Michigan Alcoholism Screening Test (MAST); Selzer 1971).

Table 4

Study	Subjects	Rating Period	Raters	Convergent Validity: Kendall=s tau-c (t-c)	Inter-rater Reliability; kappa Coefficients (k)	Sensitivity & Specificity
Drake et al, 1989	<p>⊆ Persons with DSM-III based primary diagnosis of schizophrenia</p> <p>⊆ (N=115)</p>	<p>Over the previous six months</p>	<p>Primary clinicians trained in substance abuse counseling; psychiatrists</p>	<p>t-c of .32 (p<.001) between the CAUS and hospitalization discharge summaries containing information on alcohol abuse as a second diagnosis</p>	<p>k of .80 for the CAUS and of .95 for the CDUS between primary clinicians and psychiatrists ratings (N-18)</p>	
Drake et al. 1990	<p>⊆ Rural persons with DSM-III-R based diagnosis of schizophrenia or schizoaffective disorder receiving outpatient care</p> <ul style="list-style-type: none"> • (N=75) 	<p>⊆ Current use: over the previous twelve months;</p> <p>⊆ Lifetime use: over the subjects=lifetime</p>	<p>⊆ Case managers;</p> <p>⊆ Research interviews were conducted by the authors</p>	<p>The CAUS (current use) had t-c</p> <p>⊆ of .51 with the ADC;</p> <p>⊆ of .44 with current DSM-III-R diagnosis based on a research interview;</p> <p>⊆ of .60 with current consensus DSM-III-R diagnosis assigned by both case managers and the authors based on all available clinical and research data; the CAUS (lifetime use) had t-c</p> <p>⊆ of .65 with lifetime interview-based DSM-III-R diagnosis;</p> <p>⊆ of .79 with lifetime consensus DSM-III-R diagnosis; of .44 with hospital discharge summaries;</p> <p>⊆ of .60 with the CAGE questionnaire; and of .66 with the MAST</p>		<p>In relation to current and lifetime consensus DSM-III-R diagnoses, respectively,</p> <p>⊆ the CAUS (current use) had sensitivity of 94.7% and specificity of 100%, and</p> <p>⊆ the CAUS (lifetime use) had sensitivity of 84.2% and specificity of 100%</p>
Mueser et al. 1995	<p>⊆ Persons with DSM-III-R based diagnosis of schizophrenia or schizoaffective disorder</p> <p>⊆ (N=30)</p>	<p>⊆ Current use: over the previous twelve months;</p> <p>⊆ Lifetime use; over the subjects=lifetime</p>			<p>Intraclass correlation coefficients for the CAUS and the CDUS for current and lifetime use ranged from .58 to .82</p>	