



AUI

Alcohol Use Inventory

Interpretive Report

John L. Horn, Kenneth W. Wanberg, & F. Mark Foster

ID Number: 10101011
Age: 30
Gender: Female
Setting: Inpatient (Public, incl. VA)
Marital Status: Married
Years of Education: 13
Date Assessed: 04/21/2009

PEARSON

PsychCorp

Copyright © 1973, 1974, 1983, 1986, 1993, John L. Horn, Kenneth W. Wanberg, and F. Mark Foster. All rights reserved.

Pearson, the **PSI logo**, and **PsychCorp** are trademarks in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s). **DSM-IV** is a registered trademark of the American Psychiatric Association. **Antabuse** is a registered trademark of Wyeth-Ayerst Laboratories. **Librium** and **Valium** are registered trademarks of Roche Products, Inc.

TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

DEMOGRAPHIC INFORMATION

ID No:	10101011	Ethnic group:	White
Date:	04/21/2009	Years of education:	13
Age:	30	Marital status:	Married
Gender:	Female	Employment status:	Unemployed

Employed during the last 6 months:	No
Usual occupation:	Clerical Worker
Alcohol treatment in immediate family:	Yes
Age drinking interfered with daily living:	20-29
Treatment setting:	Inpatient (public, incl. VA)
No. of previous inpatient treatments:	1-2
No. of previous outpatient treatments:	3-5

DURATION AND FREQUENCY OF USE OF ALCOHOL

<u>Alcohol consumed:</u>	<u>Beer</u>	<u>Wine</u>	<u>Liquor</u>
last 24 hr. period	11 - 15 cans	None	None
usual 24 hr. period	11 - 15 cans	None	None
most in 24 hr. period	16 or more cans	1 - 3 glasses	1 pint - 1 quart

No. of days/month alcohol used in past 3 months: 20
No. of days/month alcohol used when using alcohol most: 30

REPORTED USE AND PROBLEMS WITH DRUGS

<u>Drugs</u>	<u>Use Over Past 12 Months</u>	<u>Problem With Recent Use</u>
Caffeine	Very much use	Minor problem
Nicotine	Very much use	Moderate problem
Alcohol	Much use	Major problem
Marijuana/Hashish	No use	No use or no problem
Tranquilizers	Some use	Minor problem
Barbiturates	No use	No use or no problem
Amphetamines	No use	No use or no problem
Cocaine	No use	No use or no problem
Opiates	No use	No use or no problem
Hallucinogens	No use	No use or no problem

The client did not omit or double-mark any responses to the administered items.

Critical Items

The following items were answered in a way that is often considered to be critical for understanding extreme conditions or particular circumstances.

Item No. Response Critical Information

Duration Of Drinking

28	B	Item Content Omitted
66	B	Item Content Omitted

Disruption(s) In Behavioral Control

11	D	Item Content Omitted
87	C	Item Content Omitted
199	C	Item Content Omitted

Disruption(s) In Mentation

29	D	Item Content Omitted
143	C	Item Content Omitted

Physical Withdrawal Symptom(s)

89	C	Item Content Omitted
108	C	Item Content Omitted
165	B	Item Content Omitted

Physical Problem(s) Related To Drinking Or When Sober

52	B	Item Content Omitted
71	D	Item Content Omitted
109	B	Item Content Omitted
127	D	Item Content Omitted

Prior Treatment

112	B	Item Content Omitted
190	B	Item Content Omitted



Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

INTERPRETIVE REPORT

This interpretive report is based on the Alcohol Use Inventory (AUI) and provides hypotheses concerning an individual's use and misuse of alcohol. This information should be considered confidential and should be made available only to properly qualified persons.

Because the AUI is a self-report instrument, this report is dependent on the respondent's ability and willingness to validly respond to the questions. The interpretations arise from both research results and

clinical judgments.

Other information about the respondent should be considered in addition to the information in this report, particularly if the profile and report will be used to make important life decisions for the respondent.

The term "alcoholic" masks several distinct conditions of maladjusted and maladaptive alcohol use. The authors feel that it is better to seek an understanding of such separate conditions than to put the label "alcoholic" on any of them. For these reasons, this report should not be used for diagnosing a respondent as "alcoholic."

Profile Trustworthiness and Consistency

Overall, this profile appears to be highly valid. The client reports that the information she provided is very accurate, that she was open and frank on almost all items, and that the AUI questions enabled her to describe her alcohol use patterns moderately well. The trustworthiness of the client's responses may be reduced somewhat because she was encouraged to complete the AUI. This client's responses appear to be consistent and reliable.

DESCRIPTION AND ASSESSMENT OF ALCOHOL USE CONDITIONS

Background and General Alcohol Involvement

This 30-year-old white female is currently being seen in an inpatient setting. Beer is her beverage of choice. In a typical 24-hour period, this person reports that she drinks eleven to fifteen cans of beer. The largest amount of alcohol consumed in any particular day is reported to be sixteen or more cans of beer, one to three glasses of wine, and one pint to one quart of liquor. On the last day she drank, this person reports that she consumed eleven to fifteen cans of beer.

This person acknowledges moderate involvement in the use of alcohol. This involvement includes disruptions in social role functioning, and expressions of psychological and physical withdrawal. The specific nature of these negative consequences will be discussed in later sections of this report.

Manner of Drinking

Individuals differ in the ways they use alcohol. This person is a convivial, gregarious, and socially involved drinker. Drinking is most often done with friends, in bars, and in social settings. She describes herself as a somewhat periodic drinker who does without alcohol for periods of time. She may go on drinking binges during which she sustains use over a period of several weeks. She says her alcohol-free periods usually last less than a week.

Beliefs About Benefits Associated With Drinking

Alcohol is often used to enhance positive experiences, neutralize the effects of negative experiences, manage interpersonal conflict, alter mood, or reduce psychic or physical pain. It is important to understand how a person rationalizes her use of alcohol.

Overall, this person is highly committed to the use of alcohol to derive psychological and social benefits. Specifically, she says that alcohol is very important in enhancing her social involvement--to

help her get along with others, and improve sociability. To a lesser degree, she uses alcohol to improve her mental functioning. To a considerable extent, this individual reports using alcohol to relieve depression, anxiety, and stress.

This individual says she uses alcohol to cope with problems in her marital or intimate-partner relationships. This is an important condition in her profile. Jealousy is often a central feature of this condition. She reports drinking to deal with tension in the relationship, and arguments and fights with her partner. This condition may have existed prior to the onset of alcohol use. This person also reports that her drinking has caused serious problems in her intimate-partner relationship.

Preoccupation With Alcohol

An individual can become preoccupied with thinking about alcohol. This focus can occur in both the sustained or periodic user.

This does not seem to be characteristic of this client however. She does not think obsessively about alcohol, but she uses alcohol on a somewhat periodic basis.

Disruptions

Disruptions can take on different patterns and characteristics which will differ from individual to individual.

This particular individual is reporting some very specific signs and symptoms which indicate a moderate range of life-functioning disruptions due to alcohol use. This suggests definite alcoholic problems related to drinking and signs of alcohol dependence or abuse.

She reports a high degree of disruption related to her loss of control over behavior when drinking. She is very unpredictable with respect to her behavioral acting out when drinking. The specific loss-of-control behaviors when drinking as reported by this individual include getting irritable and agitated, getting belligerent or mean, smashing or breaking objects, stumbling and staggering, passing out, and having blackouts.

Furthermore, she is experiencing disruptions of her interpersonal relationships and social-role functioning in several areas at a level indicating moderate severity. For this individual such social-role dysfunctions due to drinking include being irresponsible toward herself or others, breaking up a marriage or intimate-partner relationship, living alone because of drinking, being drunk in public several times, receiving a citation for drunken driving, breaking the law other than an alcohol-related driving offense, and being unemployed during the last year.

She reports having had noteworthy symptoms of cognitive-perceptual disruption as a result of withdrawal from alcohol. The specific symptoms of disruption this person reports as a result of drinking include fuzzy or unclear thinking.

She is also reporting a history of physical withdrawal symptoms in the moderate range. It appears that this individual has experienced these kinds of episodes and symptoms on a number of occasions. The more specific physical or hangover symptoms this person reports having had in the past include severe

headaches, shakes or trembling hands, tachycardia or rapid heart beat, inner shakes, diaphoresis or sweatiness, and chills or cold sweats.

This individual is reporting considerable disruption in the area of psychological or emotional functioning due to the use of alcohol. This individual has experienced emotional and affective disruptions associated with drinking in the areas of worry over drinking occurring at unaccustomed times, guilt or remorse after getting drunk, significant depression, fears and anxieties, suspicion and mistrust of others, and decreased ambition. This individual is also experiencing severe anxiety and depression associated with alcohol use.

This person has also experienced some significant and possibly serious disruptions in marital or intimate-partner relationships due to drinking. The specific nature of these disruptions include that her partner gets angry over her drinking, her partner nags her about her drinking, she gets irritated when her partner makes comments on her drinking, she argues and fights with her partner when she is drinking, and there have been periods of separation due to drinking.

Concerns

The extent to which a person feels guilty or concerned about her drinking can be identified by the individual's report of feeling remorseful over the use of alcohol or by her having had a prior treatment experience.

This individual is very concerned about conditions and problems associated with her alcohol use. She is ego-dystonic in that she feels something is very wrong and she must take action to correct her problem. Specific concern(s) of this person include drinking occurring at unaccustomed times, guilt or remorse after a drunk, fearing that drinking is getting worse, noticeable fear caused by drinking, avoiding talking to others about her drinking, and making excuses or lying to cover up drinking. This individual is acknowledging that she has sought help on numerous occasions to deal with problems associated with alcohol use. More specifically, this individual is reporting that she has been concerned about her past alcohol use problem to the extent that she has attempted to stop drinking by taking tranquilizers to calm down, seeking medical help to sober up, using Antabuse®, and attending Alcoholics Anonymous in the last few months.

Acknowledgment and Awareness

This person is aware that alcohol has created significant problems in her life and has caused life disruptions; she is acknowledging a loss of control over alcohol use. Associated with this awareness is a high degree of emotional disruption and distress around the problems related to drinking.

She says that recent notable events have made her feel a need for help. She reports that she would like assistance with her drinking problem.

Other Drug Involvement

This individual is acknowledging the use of one or more psychoactive drugs in the past 12 months in addition to the use of alcohol. She reports some use of tranquilizers such as Librium® or Valium® with recent minor problems due to use.

Somatic/Medical Complaints

It is also common for alcohol clients to report medical and physical problems that may or may not be directly associated with alcohol use.

This particular client reports having been unsteady on her feet even when having had little or nothing to drink, five or more times; having experienced numbness or tingling in her hands (fingers) or feet (toes) that continued for a day or more, once or twice; having developed swelling or puffiness in her hands, feet, or other parts of the body, once or twice; having had stomach pains or disruptions of digestion that continued for several days, five or more times; and having had blood in her stools or coughing up blood, once or twice.

SUMMARY OF ASSESSMENT

Summary of Major Conditions

Based on the previous descriptive analysis, this 30-year-old female client has several alcohol-related conditions which should be addressed.

This client is reporting that the overall influence of alcohol in her life is moderate with clear disruptive impact of use on life functioning.

With respect to the specific conditions of disruption from alcohol use, they are clearly apparent and moderately symptomatic of alcoholic problems. More specifically, because of drinking this client has had serious problems in controlling behavior, definite disruptions in social role and interpersonal functioning, moderate physical withdrawal symptoms, serious emotional disruptions, and disruptions in her marriage or intimate-partner relationship.

This client has a high need for social involvement and peer interaction in a drinking setting. She finds a sense of self-worth and importance by drinking in a gregarious setting. This setting is very reinforcing to her. She is very dependent on alcohol to meet her social-involvement needs. Overall, alcohol is very important to this person for enhancing her sense of self-worth and importance.

This client may be indicating a pattern of antisocial and irresponsible behavior in relationship to drinking. Further assessment needs to be done to determine if this pattern is independent of drinking. She may have serious acting out problems of an aggressive nature. Because of her gregarious drinking pattern there is increased risk of involvement in verbal or physically aggressive behaviors to others that could result in physical harm.

This individual indicates considerable anxiety and depression and has used alcohol to manage her moods. Her emotional distress has also resulted from the alcohol use.

This client is experiencing (or has recently experienced) problems or distress in her marital or intimate-partner relationship. This client appears to be using or has used alcohol to manage her marital or intimate-partner relationship problems. Her marital or intimate-partner relationship problems appear to have preceded the onset of alcohol use and also have resulted from alcohol use.

There is some indication that this client may be using alcohol to manage physical discomfort. This individual is reporting a number of medical symptoms which may or may not be related to alcohol use but which should be evaluated medically.

Diagnostic Impression - *DSM-IV*® Criteria

According to *DSM-IV*, a diagnosis of substance dependence is appropriate if the individual exhibits three or more of the specified symptoms at any time in the same 12-month period. The individual's clinician(s) must determine whether the symptoms occurred in the same 12-month period.

This individual's responses on the AUI indicate that she meets four of the *DSM-IV* criteria for substance dependence. These criteria are listed below.

DSM-IV Criterion Two. With continued use, the client experiences characteristic withdrawal symptoms associated with the cessation or reduction of the intake of alcohol, or alcohol is used by the client to relieve or avoid withdrawal symptoms.

DSM-IV Criterion Three. Alcohol is often taken in larger amounts over longer periods than the client intended. She is tending toward sustained, consistent, or daily use.

DSM-IV Criterion Four. The client acknowledges a persistent desire or one or more unsuccessful efforts to cut down or control alcohol use.

DSM-IV Criterion Six. The client has given up or reduced important social, occupational, or recreational activities because of alcohol use.

These results suggest a diagnosis of Alcohol Dependence with physiological dependence. One should not take this conclusion as final, however, as further clinical assessment may disclose that a different diagnostic impression is more appropriate for this person.

Further assessment through other methods, such as a clinical interview, should be done to determine whether or not a client does meet *DSM-IV* criteria for diagnosis of Alcohol Dependence or Alcohol Abuse.

INTERVENTION AND TREATMENT RECOMMENDATIONS

Suggested Treatment Strategies

Based on the conditions described by this client through the AUI self-report, the following treatment strategies may be relevant. Depending on circumstances, any of several specific kinds of treatment approaches or methods (e.g., relaxation therapy, group therapy, marital therapy, cognitive restructuring) may be employed with each strategy.

1. Structure awareness of the past harmful effects and influences of alcohol on this client's life and restructure her defenses which may prevent her awareness that alcohol use has potential to cause further problems.

2. Structure a pattern of alcohol-abstinence maintenance, in order to gain the control needed to resolve issues that would allow for a sustained effort to accomplish treatment goals. This would include structuring a mental set of living alcohol-free. Although it may be necessary to establish this through a highly structured daycare or residential setting, circumstances and factors may dictate that the client be treated in an outpatient setting.
3. Structure an awareness of the realities and danger of loss of control over her behavior when drinking and help the client develop outlets for the expression of angry and destructive behaviors and mental control over these feelings and behaviors without the use of alcohol.
4. Although the indications of obsession with the use of alcohol and sustained use are not extreme, there is sufficient indication for the need to structure time involvement in nondrinking activities to replace most of the large amount of time spent in drinking activities.
5. Restructure the marital or intimate-partner relationship (if the client is in such a relationship) to resolve problems in this relationship resulting from alcohol use. Involvement of her spouse/partner/family in treatment may be appropriate, although many factors not indicated in the AUI need to be considered in making this kind of decision.
6. Restructure the individual's marital or intimate-partner relationship (if the client is in such a relationship) to deal with the dysfunction of that relationship which tends to lead to this client's drinking. Marital conjoint therapy may be called for, but in making such a decision, one will want to consider factors not indicated in the AUI.
7. Restructure the emotional disturbances of guilt and worry caused by alcohol use. The goal is to help the client resolve these emotional disturbances while allowing her to experience healthy concerns that motivate involvement and effort in treatment.
8. The evidence of gregarious drinking calls for a strategy which recognizes the rewards which the client experiences from convivial use of alcohol, yet which restructures the social involvements and peer interactions which provide potent alcohol-reduced or alcohol-absent alternatives for realizing these rewards. The strategy is to intervene in the alcohol-related peer-dependent needs of this client where these involvements and needs have led to alcohol use problems.
9. Restructure a self-attitude which will increase self-esteem, self-confidence, and self-worth. Because this client has developed a strong belief in the value of alcohol to enhance her self-worth, a number of different treatment approaches may have to be used to help her build social competence without alcohol use.
10. The presence of substantial levels of anxiety associated with the use of alcohol, coupled with evidence of using alcohol to medicate depression and anxiety, point to the treatment strategy of restructuring the management of anxiety and depression without the use of alcohol. Specific treatment methods, such as relaxation therapy, may be helpful in achieving this strategy.
11. Structure an awareness of the client's past involvement in the dangerous alcohol use pattern of drinking and driving, and restructure this individual's pattern of use to assure total abstinence when

driving a motor vehicle.

Recommendations for Further Evaluation

The client's responses to the AUI indicate specific workups that could be done. Other clinical data also should be considered in making these referral decisions.

1. Several of the client's responses suggest that a medical workup might be needed--particularly if this is not already part of the client's treatment program.
2. Because of responses pertaining to being unemployed either currently or during a part of the past year, the need for involvement in a vocational development or job placement program should be explored.
3. Further assessment of this client's stress and anxiety condition is indicated.
4. Further assessment of this client's level of self-esteem and self-confidence is indicated.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

ITEM RESPONSES

1: 1	2: 1	3: 2	4: 2	5: 1	6: 1	7: 1	8: 2	9: 1	10: 3
11: 4	12: 3	13: 1	14: 4	15: 1	16: 1	17: 2	18: 4	19: 4	20: 2
21: 2	22: 1	23: 1	24: 2	25: 1	26: 1	27: 1	28: 2	29: 4	30: 2
31: 1	32: 2	33: 2	34: 5	35: 2	36: 1	37: 3	38: 2	39: 2	40: 1
41: 2	42: 1	43: 2	44: 2	45: 1	46: 2	47: 4	48: 2	49: 1	50: 1
51: 2	52: 2	53: 1	54: 2	55: 2	56: 3	57: 3	58: 2	59: 1	60: 2
61: 1	62: 2	63: 1	64: 1	65: 2	66: 2	67: 2	68: 2	69: 1	70: 1
71: 4	72: 1	73: 2	74: 1	75: 3	76: 1	77: 2	78: 1	79: 2	80: 1
81: 2	82: 1	83: 1	84: 1	85: 2	86: 2	87: 3	88: 1	89: 3	90: 1
91: 1	92: 2	93: 2	94: 2	95: 3	96: 2	97: 1	98: 2	99: 2	100: 2
101: 2	102: 1	103: 1	104: 2	105: 2	106: 1	107: 1	108: 3	109: 2	110: 1
111: 2	112: 2	113: 3	114: 3	115: 2	116: 2	117: 2	118: 1	119: 1	120: 4
121: 2	122: 2	123: 1	124: 2	125: 1	126: 1	127: 4	128: 1	129: 3	130: 2
131: 3	132: 2	133: 4	134: 2	135: 3	136: 2	137: 2	138: 3	139: 1	140: 3
141: 2	142: 2	143: 3	144: 1	145: 1	146: 2	147: 2	148: 2	149: 2	150: 2
151: 2	152: 2	153: 2	154: 2	155: 3	156: 2	157: 1	158: 2	159: 2	160: 1
161: 2	162: 1	163: 1	164: 4	165: 2	166: 3	167: 1	168: 2	169: 1	170: 2
171: 2	172: 4	173: 2	174: 4	175: 2	176: 2	177: 2	178: 2	179: 4	180: 1
181: 1	182: 3	183: 4	184: 2	185: 3	186: 1	187: 3	188: 4	189: 1	190: 2
191: 4	192: 4	193: 4	194: 2	195: 1	196: 1	197: 1	198: 3	199: 3	200: 3
201: 2	202: 3	203: 4	204: 3	205: 1	206: 2	207: 1	208: 3	209: 2	210: 2
211: 2	212: 2	213: 2	214: 1	215: 2	216: 2	217: 3	218: 2	219: 2	220: 2
221: 2	222: 1	223: 1	224: 2	225: 3	226: 2	227: 2	228: 2		