Detection, Assessment, and Diagnosis of Alcoholism

Current Techniques

George R. Jacobson

Abstract. The need for a continuing evolution in methods of detection, assessment, and diagnosis of alcohol abuse and alcohol dependence disorders is emphasized as a necessary step toward altering the stagnating effects of several static and outdated constructs and practices which, despite their humanitarian benefits, may actually be impediments to progress in prevention and treatment. Distinctions are drawn among the purposes and techniques of detection, assessment, and diagnosis; although all three activities are vital, it is the last that must provide a logical basis for understanding causes, courses, and treatment for health problems. Thus far, there has been little genuine progress beyond simply naming the problems we attempt to treat. To illustrate the promising directions that progress might take and to recommend research advances, recent developments in detection, assessment, and diagnosis over the past 5 years are reviewed and critiqued. Special attention is paid to the NCA Diagnostic Criteria and its newest modifications, the Michigan Alcoholism Screening Test and its derivatives, the MacAndrew Scale, the Mortimer-Filkins test, the Essential-Reactive Alcoholism Interview Schedule, and the Alcohol Use Inventory. All of these approaches have demonstrated their utility, but none has yet fulfilled its potential. Their relative advantages are discussed, their flaws are identified, and suggestions are given as to how researchers and clinicians might better use the available tools.

1. Introduction

When invited to prepare a “state of the art” manuscript bringing readers up to date on recent developments in the detection, assessment, and diagnosis of alcoholism, I found that 5 years had passed since a comprehensive review had been published.\(^1\)\(^2\) Despite frequent pronouncements about the importance of earlier detection, the need for identification of latent or incipient alcohol problems among women, youth, and ethnic minorities, and the potential value of bringing people to treatment at the earliest possible time, little had been done to develop bold and meaningful innovations in approaches to alcoholism, innovations that could evolutionize, if not revolutionize, our

George R. Jacobson • De Paul Rehabilitation Hospital, Milwaukee, Wisconsin 53211; Department of Psychiatry and Mental Health Sciences, Medical College of Wisconsin, Milwaukee, Wisconsin 53226; and Department of Psychology, University of Wisconsin, Milwaukee, Wisconsin 53211.

entire field. By and large, the diagnosis, assessment, and detection of alcoholism have been a sluggish area of study. Why has this potentially dynamic and enormously important topic failed to keep pace with other areas of research? Two reasons in particular seem especially important. The first has to do with the deterioration of the diagnostic process as a meaningful precursor to treatment into an often empty and sometimes counterproductive and even destructive process of labeling. As Forrest has observed,

all too frequently . . . diagnosis has unfortunately resulted in an individual being labeled for life, . . . [leading to] a process of social disengagement which these labels both facilitate and maintain. . . . Finding a job, social acceptance, and similar essentials to effective interpersonal relations often become significantly more difficult. . . . While a select few individuals learn to transcend the stigma associated with the label, countless others give up or use the label as a means of validating their lack of personal responsibility. In this respect being labeled an alcoholic, a schizophrenic or whatever amounts to a license to continue the inappropriate or "crazy" behaviors which happen to be associated with the particular label" (pp. 56-57).

Forrest attributes this debasement of the diagnostic process to both the negative effects of labeling and changes in philosophy and treatment approaches in the entire field of mental health. I believe that a far more influential factor is the static nature of the concept of alcoholism itself. There has been much public promotion of alcoholism as a treatable illness, a disease that fits a medical model, one that is predictably progressive and fatal if untreated, with the development of increasing tolerance for alcohol and the eventual loss of control over drinking, accompanied by deterioration in physical, psychosocial, and spiritual status, and for which in most quarters, it is believed that abstinence is the only acceptable treatment goal.

There can be no question that it is better, and closer to the truth, to view alcoholism as a disease amenable to the ministrations of modern medicine and allied health sciences than to view the alcoholic as a sinner, a moral degenerate, a weak-willed person, or a criminal. A problem arises, however, when a construct of alcoholism—a "complex image or idea resulting from a synthesis by the mind"—becomes a stereotype of alcoholism, "fixed or settled in form, hackneyed, conventional." And I believe that that is what has happened. We have traded the old stereotype of alcoholism for a new one, somewhat enlightened and certainly more humanitarian, but a stereotype nonetheless. We have moved, imperceptibly but inexorably, from a rational position to an emotional position regarding alcoholism, and some of us have become dogmatic, intolerant of ambiguity and uncertainty, and have insisted on closure before an appropriate gestalt is warranted.

What I would like to attempt here is not a destruction of the gestalten but merely a temporary disruption of it, a modification, one that will admit the addition of several new components and thereby permit the formation of multiple gestalten, all bearing some resemblance to the initial one but also