

A Model of Cognitive Assessment in Community Drug and Alcohol Services: Why, What, and How?

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Introduction and Aims: Cognitive impairment (CI) in individuals with substance use disorders is common, impacting one to two thirds of individuals attending treatment. Despite this, cognitive assessment has not traditionally formed part of Drug & Alcohol (D&A) treatment. This project reviews 1) the role of cognitive assessment within community Drug & Alcohol treatment, and 2) the outcomes of a standardised screening process.

Method: Clinical data from a cognitive screening program developed by South-Eastern Sydney and Hunter New England Local Health District D&A Services was reviewed for the years 2015 to 2020.

Key Findings: 480 clients participated in cognitive screening as part of routine clinical care. This included 1) initial risk factor screening; 2) brief cognitive screening via the Montreal Cognitive Assessment (MoCA) and a contextual questionnaire; 3) secondary neuropsychology consultation, and where appropriate, 4) neuropsychological assessment (NPA). Collated data indicated high rates of self-reported CI risk factors (loss of consciousness, chronic substance use), psychological trauma and current mental health conditions. Around half of clients scored below the MoCA cut-score, attributed to modifiable and non-modifiable factors. Common outcomes of neuropsychological consultation included psychoeducation, secondary referrals (e.g. psychiatry) and ongoing monitoring of cognition. Only a minority of clients (15%) were appropriate for comprehensive NPA. Predictors for progression to NPA were examined.

Discussions and Conclusions: Screening for CI in D&A clients should form part of routine care. Given the contribution of modifiable causes, CI should be considered from a biopsychosocial model. Not all clients with risk factors for CI require comprehensive neuropsychological assessment.

Implications for practice: A brief standardised cognitive screening process is a useful early intervention that can alter D&A treatment recommendations. Adoption and implementation of this model by frontline D&A clinicians is enhanced by top-down service endorsement and support. The neuropsychology consultation component is a valuable element to the model.

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