Making GAINs

A snapshot of the use of the GAIN family of tools across Canada

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The GAIN Family

• The Global Appraisal of Individual Needs (GAIN) is a family of evidence-based screening and/or assessment tools developed and copyrighted by Chestnut Health Systems

• There are three GAIN tools used in Canada:

  - **GAIN Initial (GAIN I)**
    - Comprehensive assessment tool

  - **GAIN Quick (GAIN Q)**
    - General assessment tool

  - **GAIN Short Screener (GAIN SS)**
    - Brief screening tool

Goals of the Project

- Which of the GAIN family of tools are being used across Canada

- Who has chosen to use the GAIN tools, and for what purposes the tools are being used

- To obtain feedback on how using the GAIN tools has worked in a variety of settings, from the perspectives of both service managers and front-line staff

- To determine if there are any future prospects related to the use of the GAIN tools across Canada, and what future developments for the use of the GAIN tools are being considered
New Brunswick currently reviewing the GAIN SS as a possible tool to be piloted across the province.
Project Approach: Online Survey

- Contacted participants with an e-mail requesting their participation in an online SurveyMonkey questionnaire, about the use of the GAIN tools at their agency

- Two approaches were used to contact potential participants:
  - **Direct**: Contacted all agencies on the list of Canadian agencies licensed to use the GAIN tools that was provided by Chestnut Health Systems
  - **Snowball approach**: Asked all agencies to forward the survey information on to any additional agency that may also be using the GAIN tools
Several of the participants were not appropriate to complete the online survey,* and were instead asked to participate in a telephone interview.

*The online survey was mainly intended for individual agencies that use the GAIN in daily operations. The online survey is therefore not appropriate for individuals that work in program development, or who may be responsible for coordinating programs for entire regions.
Data Collection

- Data from the online survey were captured by SurveyMonkey; Data from the telephone survey were recorded manually.

- At the end of the data collection period, online and telephone survey data were compiled and analyzed both quantitatively and qualitatively.
Data Collected:
Number of respondents by province for telephone and online surveys (n = 58)

<table>
<thead>
<tr>
<th></th>
<th>AB</th>
<th>BC</th>
<th>NB</th>
<th>NS</th>
<th>NL</th>
<th>ON</th>
<th>QC</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online:</strong> Number of respondents</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>29</td>
<td>1</td>
<td>48</td>
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<tr>
<td><strong>Telephone:</strong> Number of respondents</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>10</td>
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<tr>
<td><strong>Totals</strong></td>
<td>6</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>34</td>
<td>3</td>
<td>58</td>
</tr>
</tbody>
</table>
The GAIN Family of Tools

Treatment Planning
# Use of GAIN Tools by Province

<table>
<thead>
<tr>
<th></th>
<th>Ontario</th>
<th>Quebec</th>
<th>Nova Scotia</th>
<th>Newfoundland and Labrador</th>
<th>New Brunswick</th>
<th>Alberta</th>
<th>British Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAIN SS</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X*</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>GAIN Q</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAIN I</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

* New Brunswick has not yet implemented the GAIN-SS. A tool review is under development, and while the GAIN-SS has been strongly suggested for use, the tool has not yet been implemented.
The GAIN Short Screener (GAIN SS) is an evidence-based screening tool used to:
- Identify clients who would benefit from a more in-depth assessment
- Identify undetected mental health or substance use problems
- Guide clients into more appropriate treatment settings

There are two versions of the GAIN SS:
- Chestnut Health Systems version
- CAMH-Modified version

GAIN SS Version Used (n = 50)

- CAMH modified: 64%
- Chestnut Health systems: 36%
GAIN use Across Regions (n = 52)

- One agency in the region: 83%
- Multiple agencies throughout the region: 13%
- Do not know: 3%
GAIN SS Administration (n = 53)

- Client self-report (paper): 30
- Client self-report (electronic): 5
- Clinician administered: 40
- Other: 0

Mode of GAIN SS Administration

Number of Respondents
GAIN SS Administration by Client Age \( (n = 53) \)

<table>
<thead>
<tr>
<th>Age Categories</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents (Ages 10 - 16)</td>
<td>20</td>
</tr>
<tr>
<td>Young adults (Ages 17 - 24)</td>
<td>45</td>
</tr>
<tr>
<td>Adults (Ages 25 and up)</td>
<td>48</td>
</tr>
</tbody>
</table>

Age categories of clients being administered the GAIN SS
GAIN SS Administration by Disorder \( (n = 53) \)

- Mental Health Disorders
- Substance Use Disorders
- Both Mental Health and Substance Use Disorders
- Other

Categories of the disorders of clients being administered the GAIN SS
Using Other Screening/Assessment Tools in Conjunction with the GAIN SS (n = 52)

- Yes: Using other tools along with the GAIN SS (13%)
- No: Only using the GAIN SS (87%)
Main Tools Used in Conjunction with the GAIN SS (n = 45)
Why is the GAIN SS being used? (n = 53)

- Guidelines/Best practice
- Recommendation from a tool review
- Mandated
- Other: Piloting the GAIN SS, sat on GAIN SS working groups
Potential Uses for Screening and Assessment Tools

- Clinical decision-making
  - Diagnoses
  - Treatment planning

- Regulatory requirements

- Managing resources
  - At the service/organizational level
  - At the system/network level
Uses of GAIN SS data (n=45)

- Identification of problem areas: 16
- Referrals: 14
- Treatment planning: 12
- Determine if further assessment is needed: 9
- Other: 7
- Do not know: 2

Number of Respondents
Response to the GAIN SS

• Staff response to the tool (n=43):
  – Positive response = 81%

• Client response to the tool (n=13):
  – Positive response = 61%
<table>
<thead>
<tr>
<th>Positive Feedback</th>
<th>Negative Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicians feel that the collection of extra client information helps them better understand the needs of clients</td>
<td>Clients do not always understand the purpose of the GAIN SS</td>
</tr>
<tr>
<td>Clinicians and clients appreciate that the GAIN SS stimulates discussions to help create positive rapport and stronger relationships</td>
<td>Staff are not being trained properly, leading to further confusion as to why the GAIN SS is being used</td>
</tr>
<tr>
<td>The GAIN SS is quickly administered, and does not take up too much client/clinician time</td>
<td>Staff and clients have found that some of the questions being asked are impersonal and offensive</td>
</tr>
</tbody>
</table>
GAIN SS Perceived Limitations

- The versions currently being used do not necessarily reflect a Canadian perspective.

- Although the GAIN SS helps to identify mental disorders, there is currently little to no capacity in the mental health system to support additional referrals.

- Respondents have noted difficulty administering the GAIN SS to younger populations – this may require different interpretation of questions, or may not be appropriate for younger clients.

- As the GAIN is often self-administered, clients may be interpreting the questions in different ways.
GAIN Quick and GAIN Initial

• These two GAIN tools are far more comprehensive than the GAIN SS, but are used less frequently across Canada
  • 8% of respondents (n=58) reported using the GAIN Q
  • 14% of respondents (n=58) reported using the GAIN I

• The GAIN Q and GAIN I are mainly being used throughout Quebec
## GAIN Q and GAIN I: Advantages and Disadvantages

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>Comprehensive tools that provide clinicians and clients with a thorough description of problems</td>
<td>The tools (particularly the GAIN I) are very long and take up a considerable amount of client and clinician time</td>
</tr>
<tr>
<td>The in-depth results allow clinicians to make more educated and more correct client referrals to the proper treatment programs/services</td>
<td>The length of the tools makes it difficult for youth or adults with short attention spans/who have difficulty concentrating, to complete the tools</td>
</tr>
<tr>
<td>Captures both mental health and substance use problems</td>
<td>Long training periods for staff to use the tools</td>
</tr>
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GAIN Q and GAIN I: Current Developments

• Translation and validation of the GAIN I into French is almost complete, for use in Quebec and in other Franco-Canadian populations

• This translation has also helped create a Canadian-based version of the GAIN I
  • e.g. To reflect the Canadian justice, education, etc. systems
GAIN Tools and Outcome Monitoring

• Many of the survey respondents indicated an interest in linking outcome monitoring procedures with the GAIN tools

• Several possibilities for linking outcome monitoring with the GAIN tools as noted by survey respondents:
  • The GAIN SS could be administered continuously throughout treatment to monitor client outcomes
  • The outcome measures built into the GAIN Q could be used
Current directions for the use of the GAIN tools in Canada

• Translation and validation of the GAIN Q and GAIN I into French, and to reflect a Canadian perspective

• Mandating the GAIN tools in certain geographic areas in Canada

• Application of the GAIN tools in allied settings, such as in schools and corrections
Lessons Learned from the Canadian Experience

- Considerations for language and cultural diversity is crucial
  - First Nations and New Canadian populations are key components of Canada’s cultural make-up, and the GAIN tools may need to be modified to address the needs of Canada’s diverse cultural populations

- There have been varying degrees of the success of GAIN tool implementation at the system level

- Outcome monitoring not currently tied into the GAIN tools, but is an area people are very keen on exploring
Conclusions

• The GAIN tools are “GAIN”ing momentum across Canada – they are currently the go-to screening and assessment tools used in many substance use agencies.

• Challenges with web-based versions of the GAIN tools need to be addressed, particularly with respect to sharing data between Canada and the USA.

• System-wide planning and outcome applications need more emphasis but will likely come after more wide-spread clinical use.