Appendix B—Instrument Summaries

Appendix B summarizes recommended instruments and fundamental information about each one: purpose, content, administration, time required for completion, training needed by the assessor, how the instrument can be obtained, its cost, and persons to contact for further guidance. Some of the instrument summaries are updates of those that appeared in the original TIP 3, and others are new instruments that the Revision Panel identified. Most measures included were developed specifically for young people, and all have established reliability and validity. Full citations to the Mental Measurements Yearbook and Lecceese and Waldron, 1994, appear in Appendix A.

Part I: Summary of Screening Instruments for Substance-Using Adolescents

<table>
<thead>
<tr>
<th>Title of Instrument:</th>
<th>Adolescent Drinking Index (ADI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction:</td>
<td>ADI is a 24-item rating scale that quickly assesses alcohol use disorders in adolescents.</td>
</tr>
<tr>
<td>Developer/Address:</td>
<td>Adele V. Harrell, Ph.D. Philip W. Wirtz, Ph.D.</td>
</tr>
<tr>
<td>Inquiries:</td>
<td>Psychological Assessment Resources, Inc. Post Office Box 998 Odessa, FL 33556 (800) 331-8378</td>
</tr>
<tr>
<td>Purpose:</td>
<td>ADI quickly assesses alcohol use in adolescents with psychological, emotional, or behavioral problems. It also identifies adolescents who need further alcohol evaluation or treatment. ADI defines the type of drinking problem and can help develop treatment plans and recommendations.</td>
</tr>
<tr>
<td>Type of Assessment:</td>
<td>ADI can be administered to individuals or groups.</td>
</tr>
<tr>
<td>Life Areas/Problems Assessed:</td>
<td>Alcohol use disorders in adolescents</td>
</tr>
<tr>
<td>Reading Level:</td>
<td>5th grade</td>
</tr>
<tr>
<td>Completion Time:</td>
<td>5 minutes</td>
</tr>
<tr>
<td>Credentials/Training:</td>
<td>Minimum of a bachelor's degree in psychology or a closely related field and relevant coursework or training in the interpretation of psychological tests and measurement at an accredited university or college</td>
</tr>
<tr>
<td>Scoring Procedures:</td>
<td>On the bottom page of the two-part carbonless answer sheet, the user sums the appropriate values to calculate raw scores. The raw scores are then converted into T scores through the use of tables and plotted on the profile sheet.</td>
</tr>
<tr>
<td>Scoring Time:</td>
<td>Approximately 10 minutes</td>
</tr>
<tr>
<td>Access and Source of Psychometrics:</td>
<td>Psychological Assessment Resources, Inc. See address above</td>
</tr>
<tr>
<td>Pricing Information:</td>
<td>$59.00 per introductory kit (includes manual and 25 test booklets) $22.00 per professional manual only $40.00 per set of test booklets (25 each)</td>
</tr>
<tr>
<td>Reviewed in:</td>
<td>Mental Measurements Yearbook, 12th ed., and Lecceese and Waldron, 1994</td>
</tr>
<tr>
<td>Title of Instrument:</td>
<td>Adolescent Drug Involvement Scale (ADIS)</td>
</tr>
</tbody>
</table>
**Introduction:** ADIS is a 12-item research and evaluation tool developed as a brief measure of the level of drug involvement in adolescents. The scale is an adaptation of Mayer and Filstead's Adolescent Alcohol Involvement Scale (AAIS).

**Developer/Address:** D. Paul Moberg, Ph.D.
Center for Health Policy and Program Evaluation
University of Wisconsin at Madison
2710 Marshall Ct.
Madison, WI 53705-2279
(608) 263-1304
dpmoberg@facstaff.wisc.edu

**Inquiries:** D. Paul Moberg, Ph.D.
See address above

**Purpose:** To provide a brief paper and pencil screen which assesses level of adolescent use of drugs other than alcohol. Higher scale scores represent higher levels of drug involvement. Intended as a research instrument and/or a screening tool, it has not been validated as a clinical measure. Positive results when used for screening should be followed with an independent clinical assessment process.

**Type of Assessment:** Paper and pencil questionnaire for self-administration by adolescents. It can be used in groups or individually. While there are nominally 12 items, the "check all that apply" nature of many of the questions in fact yields answers to 53 discrete questions.

**Life Areas/Problems Assessed:** As scored, ADIS should be interpreted as a unidimensional operational measure of drug involvement. The items making up the scale cover drug use frequency and recency, perceived reasons for use, social context of use, effects of use in multiple life areas, and self- and others' appraisal of the subject's drug use.

**Reading Level:** Not ascertained

**Completion Time:** 4-5 minutes

**Credentials/Training:** No specific requirement

**Scoring Procedures:** Additive scoring by adding the weights to highest positive answer to each of 12 items. Optional drug use grid (item 13) can also be scored as an index of multiple drug use.

**Scoring Time:** 2-3 minutes

**Related Tests:** The Adolescent Alcohol Involvement Scale (AAIS), developed by John Mayer and William Filstead, is a parallel instrument measuring alcohol involvement. For more information on AAIS, see


**Access and Psychometrics:** ADIS is in the public domain. The complete scale and source of scoring details are available in Moberg, D.P., and Hahn, L. The adolescent drug involvement scale. *Journal of Adolescent Chemical Dependency* 2(1):75-88, 1991.

Note: This journal has been renamed *Journal of Child and Adolescent Substance Abuse*.

**Pricing Information:** Not applicable

**Title of Instrument:** Drug and Alcohol Problem (DAP) Quick Screen, pencil/paper test

**Introduction:** This is a 30-item test with four key items.

**Developer/Address:** Richard H. Schwartz, M.D.
410 Maple Avenue West
Vienna, VA 22180
**Title of Instrument:** Drug Use Screening Inventory-Revised (DUSI-R)

**Introduction:**
DUSI-R is a 159-item instrument that documents the level of involvement with a variety of drugs and quantifies severity of consequences associated with drug use. The profile identifies and prioritizes intervention needs and provides an informative and facile method of monitoring treatment course and aftercare.

The DUSI-R is a self-administered instrument. A Spanish version is available.

**Developer/Address:**
Ralph E. Tarter, Ph.D.
Department of Psychiatry
University of Pittsburgh School of Medicine
3811 O'Hara Street
Pittsburgh, PA 15213
(412) 624-1070

**Inquiries:**
Ralph E. Tarter, Ph.D.
See address above

**Purpose:**
To comprehensively evaluate adolescents and adults who are suspected of using drugs; to identify or "flag" problem areas; to quantitatively monitor treatment progress and outcome; and to estimate likelihood of drug use disorder diagnosis

**Type of Assessment:**
A decision-tree approach is used: The information acquired from the DUSI-R should be viewed as implicative and not definitive in that the findings should generate hypotheses regarding the areas requiring comprehensive diagnostic evaluation by using other instruments. DUSI-R is structured and formatted for self-administration using paper and pencil or computer. It can also be group-administered.

**Life Areas/Problems Assessed:**
- Substance use behavior
- Behavior patterns
- Health status
- Psychiatric disorder
- Social skill
- Family system
- School work
- Peer relationship
- Leisure
Recreation

Reading Level: 5th grade

Completion Time: 20 to 40 minutes (depending on the subject)

Credentials: Available to drug counselors and other qualified users

Training: Usual standards for administration of educational and psychological tests and questionnaires. Since the DUSI-R is self-administered and instructions are provided, no training program is essential for either administering or scoring of the instrument.

Scoring Procedures: First, the Lie Scale score is tabulated to determine validity of the response to the questionnaire. Next, the "Absolute Problem Density" score is obtained for each of domains 1-10, indicating the severity of problem. The "Relative Problem Density" score is then calculated to indicate the severity of problems in each domain relative to the severity of overall problems. The "Summary Problem Index" represents the overall severity of problems from the total universe of DUSI problems. This index or summary score indicates the absolute severity of problems of all types without reference to particular problem areas. Two graphical profiles are constructed based on the absolute and relative problem density scores. Scoring can be done manually or by computer.

Scoring Time: 15-20 minutes

General Commentary: The adolescent and adult versions are homologous, thereby enabling tracking of individuals on the same dimensions over time. The "Relative Problem Density" score enables ranking of the relative severity of problem types across the 10 domains and thus is an aid to developing an individualized treatment plan. An adult version of DUSI is available.

Access: Dave Gorney
The Gordian Group
P.O. Box 1587
Hartsville, SC 29950
(843) 383-2201
www.dusi.com


Pricing Information: $2.00 each for DUSI paper questionnaires; call for price of DUSI software for computer administration and scoring. DUSI is copyrighted.

Reviewed in: Leccese and Waldron, 1994

Title of Instrument: Personal Experience Screening Questionnaire (PESQ)

Introduction: PESQ is a 40-item questionnaire that screens for the need for further assessment of drug use disorders. It provides a "red or green flag problem" severity score and a brief overview of psychosocial problems, drug use frequency, and faking tendencies.

Developer/Address: Ken Winters, Ph.D.
Center for Adolescent Substance Abuse
Department of Psychiatry
University of Minnesota
Box 393, Mayo Building
Minneapolis, MN 55455
(612) 626-2879
winte001@tc.umn.edu

Inquiries: Ken Winters, Ph.D.
See address above

Tony Gerard, Ph.D.
Senior Project Director
Western Psychological Services
### Purpose
To provide at a screening level an indication of the need for a comprehensive drug use evaluation and to briefly screen for select psychosocial problems and faking good and faking bad tendencies.

### Type of Assessment
Fixed-format self-report questionnaire

### Life Areas/Problems Assessed:
- Drug use problem severity (18 items)
- Psychosocial problem (8 items)
- Drug use frequency and onset (6 items)
- Faking tendencies (8 items)

### Reading Level
4th grade

### Completion Time
10 minutes

### Credentials/Training
PESQ is appropriate for use by a range of health professionals.

### Scoring Procedures
Hand scoring instructions are provided in the questionnaire booklet.

### Scoring Time
3 minutes

### General Commentary
PESQ should not be used as a replacement for a comprehensive assessment.

### Access
Order from Western Psychological Services (see "Inquiries"). PESQ is copyrighted.

### Source of Psychometrics


### Pricing Information
- $70.00 per PESQ Kit (including manual and 25 tests)
- $42.50 per manual
- $25.20-$29.50 per package of 25 test forms (cost depends on size of order)

### Reviewed in

### Title of Instrument
**Problem Oriented Screening Instrument for Teenagers (POSIT)**

### Introduction
POSIT was developed by a panel of expert clinicians as part of a more extensive assessment and referral system for use with adolescents ages 12-19 years (Rahdert, 1991). POSIT was designed to identify problems and potential treatment or service needs in 10 areas, including substance abuse, mental and physical health, and social relations. Related is the POSIT followup questionnaire that was derived from items on POSIT to screen for potential change in 7 out of the 10 problem areas represented on POSIT.

### Developer/Address
National Institute on Drug Abuse (NIDA), National Institutes of Health

### Inquiries
Elizabeth Rahdert, Ph.D.
National Institute on Drug Abuse
National Institutes of Health
5600 Fishers Lane, Room 10A-10
Rockville, MD 20857
(301) 443-0107

### Purpose
POSIT is a screening tool designed to identify potential problem areas that require further indepth assessment. Depending on the results of the indepth assessment, early therapeutic intervention or treatment and related services may be necessary. POSIT can be utilized by school personnel, juvenile and family court personnel, medical and mental health care providers, and staff in substance use disorder treatment programs. When used in conjunction with POSIT, the POSIT followup questionnaire can be used as a
<table>
<thead>
<tr>
<th><strong>Type of Assessment:</strong></th>
<th>POSIT is a self-administered 139-item &quot;yes/no&quot; screening questionnaire.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Areas/Problems Assessed:</strong></td>
<td>- Substance use and abuse&lt;br&gt;- Physical health&lt;br&gt;- Mental health&lt;br&gt;- Family relations&lt;br&gt;- Peer relations&lt;br&gt;- Educational status (i.e., learning disabilities/disorders)&lt;br&gt;- Vocational status&lt;br&gt;- Social skills&lt;br&gt;- Leisure/recreation&lt;br&gt;- Aggressive behavior/delinquency</td>
</tr>
<tr>
<td><strong>Reading Level:</strong></td>
<td>5th grade</td>
</tr>
<tr>
<td><strong>Completion Time:</strong></td>
<td>20-30 minutes</td>
</tr>
<tr>
<td><strong>Credentials/Training:</strong></td>
<td>No special qualifications are necessary to administer POSIT and POSIT followup questionnaires as their formats are very clear and straightforward.</td>
</tr>
<tr>
<td><strong>Scoring Procedures:</strong></td>
<td>Two scoring systems are available, the original system presented in the Adolescent Assessment-Referral System (AARS) manual and the newer scoring system available from NIDA. The original scoring system includes &quot;red flag&quot; items and one expert-based cut-off score that indicates either a high or low risk for each of the 10 problem areas. In contrast, the newer scoring system does not consider red flag items but includes two empirically based cut-off scores that indicate low, medium, or high risk for each of the 10 problem areas. In the newer system, the total raw score for each problem determines the level of risk for that area.</td>
</tr>
<tr>
<td><strong>Scoring Time:</strong></td>
<td>Two seconds for computerized scoring; 2-5 minutes when using the scoring templates placed over the paper and pencil versions of the POSIT and POSIT followup questionnaires</td>
</tr>
<tr>
<td><strong>General Commentary:</strong></td>
<td>POSIT and POSIT followup questionnaires are brief, easy to use, and specific to the problems and concerns of adolescents. They are not diagnostic instruments and require additional tests for full assessment. Some literacy is required.</td>
</tr>
<tr>
<td><strong>Related Tests:</strong></td>
<td>Each problem area identified on POSIT is addressed indepth by one or more of the assessment tools listed in the Comprehensive Assessment Battery (CAB). The POSIT questionnaire and the CAB are available in the Adolescent Assessment/Referral System Manual.</td>
</tr>
<tr>
<td><strong>Access and Source of Psychometrics:</strong></td>
<td>To obtain a copy of the POSIT, call Dr. Rahdert (see &quot;Inquiries&quot; above) or order the Adolescent Assessment-Referral System Manual, Stock #BKD-59, through National Clearinghouse for Alcohol and Drug Information P.O. Box 2345 Rockville, MD 20847-2345 (800) 729-6686 To obtain the computerized POSIT and POSIT followup, contact the following for pricing information on the currently available computer software: PowerTrain, Inc. 8201 Corporate Drive Suite 1080</td>
</tr>
</tbody>
</table>
Title of Instrument: **Rutgers Alcohol Problem Index (RAPI)**

Introduction: RAPI is a 23-item self-administered screening tool for assessing adolescent problem drinking. It was developed to create a conceptually sound, unidimensional, relatively brief, and easily administered instrument to assess problem drinking in adolescence. Its empirical development involved factor analyses conducted of test-retest data on frequencies of a total of 53 symptoms and/or consequences of alcohol use, as reported by a nonclinical sample of 1308 males and females. The resulting 23-item scale has a reliability of .92 and a 3-year stability coefficient of .40 for the total sample. The advantages of this short, self-administered screening tool are its ease of administration and its standardization, which make it possible to compare problem drinking scores across groups. Please note, however, that RAPI is only a measure of adolescent drinking problems, and additional information about intensity of use, motivations for use, and contexts of use is desirable when conducting a full assessment of problem drinking.

Developer/Address: Helene Raskin White, Ph.D.  
Erich Labouvie, Ph.D.  
Center of Alcohol Studies  
Rutgers University  
P.O. Box 969  
Piscataway, NJ 08855-0969  
(732) 445-3579

Inquiries: Helene Raskin White, Ph.D.  
See address above

Purpose: To screen for adolescent drinking problems

Type of Assessment: Self-administered paper and pencil instrument. Respondents simply circle the number that corresponds to the number of times they have experienced each problem. Items can also be read aloud by an interviewer to clients with reading difficulties or it can be used as a springboard for a discussion of problems related to the client's alcohol use.

Life Areas/Problems Assessed: Negative consequences of drinking

Reading Level: 7th grade

Completion Time: 10 minutes or less

Credentials/Training: There is no training required for the administrator.

Scoring Procedures: The coded numbers (0-4) are added together across items to form a scale ranging from 0 to 69. It can be normed on any sample. In a clinical sample (age 14 to 18) means ranged from 21 to 25 and in a nonclinical sample (age 15 to 18) means ranged from 4 to 8 depending upon age and sex. (Please note that in these analyses items were coded 0-3 with the last two categories combined.) The time frame for responses can be made smaller (e.g., last year or last 6 months rather than last 3 years).

Scoring Time: 3 minutes

General Commentary: RAPI is appropriate for use in clinical and nonclinical samples of adolescents and young adults. It has been validated on a clinical sample of male and female adolescents aged 14 to 18 years from a treatment program for youth with substance use disorders and on a household sample of 1,308 male and female adolescents aged 12 to 21 years. RAPI can be used to assess the level of problem drinking among adolescents and young adults. It can also be part of a clinical interview in which the clinician addresses each problem related to drinking with the client and uses the results to discuss life disruptions due to drinking and denial of problems. Clinicians may find shorter time frames (e.g., last year or last 6 months) more useful than the last 3-year time frame which was used. RAPI can also be used as an interval scale of problem drinking in research studies.
| Access: | Helene Raskin White, Ph.D.  
See address above  
(The developers request that persons who use RAPI send them their age/sex norms as well as a description of their sample.) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricing Information:</td>
<td>It is free, and there is no copyright.</td>
</tr>
<tr>
<td>Reviewed in:</td>
<td>Lecceese and Waldron, 1994</td>
</tr>
<tr>
<td>Title of Instrument:</td>
<td><strong>Teen Addiction Severity Index (T-ASI)</strong></td>
</tr>
<tr>
<td>Introduction:</td>
<td>This is a relatively brief assessment instrument developed for use when an adolescent is being admitted to inpatient care for substance use-related problems.</td>
</tr>
</tbody>
</table>
| Developer: | The Adolescent Drug Abuse and Psychiatric Treatment Program  
Division of Child and Adolescent Psychiatry  
Western Psychiatric Institute and Clinic  
2811 O’Hara Street  
Pittsburgh, PA 15213 |
| Editors: | Yifrah Kaminer, M.D.  
Oscar Bukstein, M.D.  
Ralph Tarter, Ph.D. |
| Inquiries: | Western Psychiatric Institute  
See address above  
Yifrah Kaminer, M.D.  
263 Farmington Ave.  
University of Connecticut Health Center  
Farmington, CT 06030-2103  
(860) 679-4344  
(860) 679-4077 (fax)  
kaminer@psych.uchc.edu or www.uchc.edu |
| Purpose: | The purpose of this instrument is to provide basic information on an adolescent prior to entry into inpatient care for substance use-related problems. |
| Type of Assessment: | Objective face-to-face interview combined with opportunity for assessor to offer comments, confidence ratings (indicating whether the information may be distorted), and severity ratings (indicating how severe the assessor believes is the need for treatment or counseling). |
| Life Areas/Problems Assessed: |  
- Chemical use  
- School status  
- Employment/support  
- Family relationships  
- Peer/social relationships  
- Legal status (involvement with criminal justice program)  
- Psychiatric status  
- Contact list for additional information  
The questions asked for each area are fewer in number than many other instruments described in this document. |
| Reading Level: | Not applicable |
| Credentials/Training: | Assessors will require training in interviewing troubled youth with substance use problems. |
General Commentary: T-ASI is an interview instrument providing baseline information on adolescents prior to entering inpatient care for substance use disorders. Information is collected in the following eight areas: (1) demographic, (2) chemical use, including consequences of use and treatment experiences, (3) school status, (4) employment/support status, (5) family relationships, including physical abuse and sexual abuse, (6) peer/social relationships, (7) legal status, and (8) psychiatric status, including treatment experiences. At the end of topic areas 2 through 8, space is provided for assessor's comments, a problem severity rating, and "confidence ratings" (assessor's ratings regarding subject's misrepresentation or inability to understand the questions).

Reviewed in: Leccese and Waldron, 1994

Part II: Summary of Comprehensive Assessment Instruments for Substance-Using Adolescents

Title of Instrument: Adolescent Drug Abuse Diagnosis (ADAD)

Introduction: ADAD is a 150-item instrument for structured interviewer administration that produces a comprehensive evaluation of the client and provides a 10-point severity rating for each of nine life problem areas. Composite scores to measure client behavioral change in each problem area during and after treatment can be calculated.

Only 83 items of the 150 ADAD items are used for measuring change: posttest, followup tracking in an evaluation of clients after treatment, and evaluation of treatment outcome. These 83 items are circled on the ADAD form.

Developer/Address: Alfred S. Friedman, Ph.D., and Arlene Terras (Utada), M.Ed.
Belmont Center for Comprehensive Treatment
4081 Ford Road
Philadelphia, PA 19131
(215) 877-6408
(215) 879-2443 (fax)

Inquiries: Alfred S. Friedman, Ph.D., and Arlene Terras, M.Ed.
See address above

Purpose: To assess substance use and other life problems, to assist with treatment planning, and to assess changes in life problem areas and severity over time

Type of Assessment: Structured interview

Life Areas/Problems Assessed:
- Medical
- School
- Employment
- Social relations
- Family and background relationships
- Psychological
- Legal
- Alcohol use
- Drug use

Checklists: A special feature of ADAD is three problem checklists in the medical, school, and family sections. These lists, which require only a yes or no response from the adolescent, enable the interviewer to gather a considerable amount of information from the youth in an easy
and efficient manner. The items on the problem checklists were selected from longer lists of items of an open-ended instrument that had been administered to several different populations of adolescent substance users. The items that were found to predict treatment outcome to the most significant degree were selected for inclusion in the ADAD.

Reading Level: Not applicable; a staff person interviews the client.

Completion Time: 45-55 minutes

Credentials/Training: A 1-day training session is recommended. As an alternate minimal training method, a training videotape is available at a cost of $25.00. Technical assistance for this training procedure is available at no cost by telephone.

The videotape shows an actual ADAD interview which can be used as (1) a simple model for the administration of the instrument, and (2) a means of developing proficiency with assigning severity ratings (by comparing the trainee's severity ratings with those of the trainer).

Scoring Procedures: Each life problem area is scored for problem severity on a 10-point scale. Collectively, these scores are referred to as the Interviewer Severity Ratings and comprise a comprehensive adolescent life problem profile.

The interviewer's ratings usually reflect the judgment of the severity of the problems based on the historical perspective of the client's behavior and life conditions over a period of time that is longer than the most recent 30-day period covered by the items that are included in the formulas for deriving the composite scores.

Mathematically derived composite scores (based on a formula for weighting selected item scores) can be used to assess changes in problem severity over time. These scores are independent of both the interviewer's clinical judgment of the "severity" of each life problem area, as well as the adolescent client's problem severity and treatment need self-ratings.

Scoring Time: Less than 10 minutes

General Commentary: Although ADAD was originally developed for use with adolescents in substance use disorder treatment settings, it has proved useful as a general assessment tool for adolescents in school settings, youth social service agencies, mental health facilities, and facilities and programs within the criminal justice system. Formal ADAD training sessions have been provided to intake workers, drug counselors, and therapists in 12 States. It has also been translated into French, Swedish, and Greek.

A computerized version for administration of ADAD, which has been developed by the Target Cities Research Project at the University of Akron in Akron, Ohio, is now available on disk. This software version of ADAD provides a narrative summary of the data collected from each individual client that is intended to facilitate report writing and treatment planning.

Normative Information: The standardization sample consists of 1,042 clients admitted to six outpatient programs (n=683), three residential, nonhospital programs (n=157), and three hospital programs (n=202). Some of the demographics of this standardization sample are

- Mean age: 15.6 years
- Sex distribution: 73 percent male, 27 percent female
- Race distribution: 53 percent white, 25 percent African-American, 20 percent Hispanic, and 2 percent other
- Mean school grade completed: 8.1
- There were an insignificant number of Native Americans in the standardization sample; therefore, ADAD may not be appropriate for use with Native Americans.
<table>
<thead>
<tr>
<th>Psychometrics:</th>
<th>Good two-year rater interrater reliability ($r=0.85-0.97$) was demonstrated for the interviewers' severity ratings of the nine life problem areas. Good test-retest reliability was shown for interviewer severity ratings ($r$ between .83 and .96) and for the composite scores ($r$ between .91 and .99), except for the employment of life problems area ($r=.71$). Adequate concurrent (external) validity ($r$ between .43 and .67) was established for all but two life problem areas (by correlating with scores obtained on other previously validated instruments that purported to measure the same life problem area). The exceptions were the medical and social relations life problem areas; obtained correlations were lower.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access:</td>
<td>From developers (see above for address)</td>
</tr>
<tr>
<td>Pricing Information:</td>
<td>$15.00 per instruction manual $25.00 per training videotape $40.00 per computerized version of the ADAD with a manual for installing and using software</td>
</tr>
<tr>
<td>Reviewed in:</td>
<td>Lecceese and Waldron, 1994</td>
</tr>
<tr>
<td>Title of Instrument:</td>
<td>Adolescent Diagnostic Interview (ADI)</td>
</tr>
<tr>
<td>Introduction:</td>
<td>ADI is a structured interview designed to assess DSM-III-R and DSM-IV criteria for substance use disorders. It also measures several domains of level of functioning including peers, opposite sex relationships, school behavior and performances, home behavior, and life stress events. ADI also screens for several coexisting mental/behavioral disorders, and it screens for memory and orientation problems.</td>
</tr>
<tr>
<td>Developer/Address:</td>
<td>Ken Winters, Ph.D. Center for Adolescent Substance Abuse Department of Psychiatry University of MinnesotaBox 393, Mayo Building Minneapolis, MN 55455 (612) 626-2879 <a href="mailto:winte001@tc.umn.edu">winte001@tc.umn.edu</a> George Henly, Ph.D. Department of Counseling University of North Dakota Box 8262 University Station Grand Forks, ND 58202</td>
</tr>
<tr>
<td>Inquiries:</td>
<td>Ken Winters, Ph.D. See address above Tony Gerard, Ph.D. Senior Project Director Western Psychological Services 12031 Wilshire Boulevard Los Angeles, CA 90025 (310) 478-2061</td>
</tr>
<tr>
<td>Purpose:</td>
<td>To provide diagnostic and level of functioning information for adolescents suspected of drug use and to screen for mental/behavioral problems that often accompany adolescent drug use</td>
</tr>
<tr>
<td>Type of Assessment:</td>
<td>Structured interview</td>
</tr>
</tbody>
</table>
### Life Areas/Problems Assessed:
- Substance use diagnostic criteria (DSM-III-R and DSM-IV)
- Demographics
- Psychosocial stressors
- Level of functioning; screening for other disorders
- Screening for memory/orientation

### Completion Time:
30-90 minutes

### Credentials/Training:
ADI is available to "qualified professional users" as defined by the ethical standards of the American Psychological Association.

### Scoring Procedures:
Hand-scoring instructions are provided in the booklet.

### Scoring Time:
10-15 minutes

### General Commentary:
ADI provides diagnostic coverage for all the major psychoactive substances.

### Pricing Information:
- $75.00 per ADI kit (including manual and five administration booklets)
- $45.00 per ADI manual
- $29.90-$32.00 per package of five administration booklets (cost depends on size of order)

### Source of Psychometrics:


### Reviewed in:

### Title of Instrument:
**Adolescent Self-Assessment Profile (ASAP)**

### Introduction:
ASAP is a 225-item self-report instrument comprising 20 basic scales and 15 supplemental scales that provides primary order and broad scale measurement of (1) six major risk-resiliency factors; (2) assessment of drug use benefits, involvement, and disruption; and (3) degree of drug use involvement in nine drug use categories. The core common factor structure of ASAP is based on the six primary risk-resiliency factors identified in the literature--family, mental health, school adjustment, peer influence, deviancy, and drug use symptoms--and has been validated across independent samples.

### Developer:
Kenneth Wanberg, Ph.D.
Center for Addictions Research and Evaluation
5460 Ward Road
Suite 140
Arvada, CO 80002
(303) 421-1261
(303) 467-1985 (fax)

### Inquiries:
Kenneth Wanberg, Ph.D.
See address above

### Purpose:
To provide a differential assessment of the adolescent's psychosocial adjustment and substance use involvement, benefits, and disruption to provide a basis for differential treatment planning. Can be used for, during, and after treatment assessment to determine changes in perception of the adolescent's psychosocial and substance use problems.
### Type of Assessment
ASAP is a self-report instrument that may be either self-administered or administered through an interview structure. It provides a broad-based assessment of the major risk factors and an indepth assessment of involvement in substance use. It is composed of broad scales that measure the general areas of psychosocial adjustment and substance use and primary scales that provide more specific measurements of family and mental health problems and drug use benefits and drug use disruption.

### Life Areas/Problems Assessed:
- Family adjustment
- Mental health symptoms
- Negative peer influence
- School adjustment
- Deviancy and conduct problems
- Substance use comprising the following measures:
  - Attitude toward drug use
  - Drug use exposure and extent (number of drugs)
  - Involvement in nine drug categories (alcohol, marijuana, amphetamines, cocaine, inhalants, hallucinogens, heroin, pain killers, and tranquilizers and sedatives)
- Substance use symptoms and disruption
- Substance use benefits
- Substance dependence (based on DSM-IV criteria)

### Reading Level
6th to 7th grade

### Credentials and Training:
Certified addictions counselors, psychologists, social workers, physicians, licensed professional counselors

### Completion Time:
Self-administered, 25-50 minutes depending on client reading level, degree of involvement in different drugs, and degree of psychosocial problems

### Scoring Procedures:
All items are grouped by scoring domain, and thus hand scoring is easy and quick. Raw scores are converted into decile and percentile scores through a user-friendly profile. Several reference or normative groups are available, including adolescents admitted to both rural and urban outpatient treatment centers (n=3,500), juvenile justice probation clients, (n=1,500) and committed juvenile offenders (n=1,200). Computer administration and scoring is available.

### Scoring Time:
5 to 10 minutes including plotting profile. Automated scoring version is currently being developed.

### General Commentary:
ASAP was developed using multivariate methods and procedures. Factor patterns of the 20 broad and 15 primary scales have been replicated across a variety of samples. All scales have good to excellent reliabilities. ASAP manual provides good evidence of content and construct validity. Several scales of ASAP can be used to test for treatment outcome through a repeated measures model. Scales can be interpreted from both a risk- and strength-based perspective.

### Access:
Center for Addictions Research and Evaluation
5460 Ward Road
Suite 140
Arvada, CO 80002

### Pricing Information:
ASAP is distributed on the basis of restricted-license use. Original material (test booklet, answer sheets, profiles) and a manual are provided to the user. Cost is as follows:
- $50.00 for fewer than 100 administrations per year
- $100.00 for 100 to 299 administrations per year
$200.00 for 300 to 500 administrations per year
More than 500 administrations per year negotiated with distributor

Reviewed in: Leccese and Waldron, 1994

Title of Instrument: The American Drug and Alcohol Survey (ADAS)

Introduction: ADAS is a self-report inventory of drug use and related behaviors that is administered in school classrooms. Two versions of ADAS are available: the Children's Form (4th-6th grade) and the Adolescent Form (6th-12th grade). In addition, supplemental inserts are available for the 6th-12th grade version. One of these provides an in-depth measure of tobacco use, and the other assesses a variety of factors relevant to planning and evaluating prevention programs.

Developer/Address: E.R. Oetting, Ph.D.
Ruth W. Edwards, Ph.D.
Fred Beauvais, Ph.D.
Rocky Mountain Behavioral Science Institute, Inc. (RMBSI)
419 Canyon Avenue, Suite 316
Fort Collins, CO 80521

Inquiries: Patricia Waters, Director of Professional Services
RMBSI, Inc.
See address above
(800) 447-6354

Purpose: ADAS is used by schools and school districts to assess the levels of substance use among their students. The results are used to create community awareness of the magnitude of drug use among youth, to assist in targeting prevention efforts toward existing local drug use patterns, to evaluate prevention program effectiveness, and to serve as a needs assessment in seeking prevention resources.

Type of Assessment: Self-report, paper and pencil

Life Areas/Problems Assessed:
Children's Form (4th-6th grade) drug survey:
- Drug and alcohol prevalence (5 classes of substances)
- Lifetime, annual, last-30-day use
- Peer encouragement and sanctions
- School adjustment
- Family sanctions and caring

Adolescent Form (6th-12th grade) drug survey:
- Drug and alcohol prevalence (21 classes of substances)
- Lifetime, annual, last-30-day use
- Peer and family encouragement and sanctions
- Drug use consequences
- Location of drug use
- High-risk drug behaviors
- Perceived harm and availability
- Future intent

Prevention Planning Survey (available only as a supplement to the Adolescent ADAS):
- School adjustment
- Family adjustment
- Peer relationships
- Violence and victimization
- Gang involvement
- Emotional adjustment/distress
- Prevention program involvement

Completion Time: 30 to 50 minutes depending on whether inserts are used

Credentials/Training: Instructions are provided for classroom teachers (or others selected to administer the survey) and students. No additional training required.

Scoring Procedures: Surveys are returned to RMBSI for scanning and data analysis. RMBSI prepares complete reports for each participating school or district including an executive summary, detailed report, press release, overhead transparencies, and a presentation script. Supplementary reports are prepared when survey inserts are used.

Scoring Time: RMBSI ships reports to schools approximately 30 days after receipt of completed questionnaires.

General Commentary: The experience of RMBSI is that the data are most useful at the local level when provided on an individual school basis. A special feature of the ADAS is the development of a typology of nine "styles" of drug use based on various combinations of types of drugs. These styles are hierarchically listed in order of decreasing severity of drug involvement. ADAS has been thoroughly tested on over 1 million students, including substantial numbers of minority students, and has excellent psychometric properties.

Access: Patricia Waters
See address above

Pricing Information: $75-$200 per report; $0.80 to $1.10 per survey form depending on the volume of the order. Each customer is billed for each completed survey form and for each report requested. Call for details.


Title of Instrument: The Chemical Dependency Assessment Profile (CDAP)

Introduction: CDAP is a 232-item, multiple-choice and true-false self-report instrument to assess substance abuse and dependency problems. The 11 dimensions measured include quantity/frequency of use, physiological symptoms, situational stressors, antisocial behaviors, interpersonal problems, affective dysfunction, attitude toward treatment, degree of life impact, and three "use expectancies" (that is, the client's expectation that use of the substance reduces tension, facilitates socialization, or enhances mood).

Developer/Address: Psychologistics, Inc.
268 N. Babcock St., Suite B-1
Melbourne, FL 32935

Inquiries: See address above

Purpose: The questionnaire covers chemical use history, patterns of use, reinforcement dimensions of use, perception of situational stressors, and attitudes about treatment, self-concept, and interpersonal relations.

Type of Assessment: A structured self-report inventory that obtains detailed information useful for treatment and planning.

Life Areas/Problems Assessed: Chemical use history, patterns of use, reinforcement dimensions of use, perception of situational stressors, attitudes toward treatment, self-concept, interpersonal relations

Reading Level: 9th grade

Completion Time: 40 minutes

Scoring Procedures: Not applicable
**Title of Instrument:** Comprehensive Adolescent Severity Inventory (CASI)

**Introduction:** This instrument is designed to measure 10 life issues in an adolescent’s life, including substance use severity.

**Inquiries:** Alicia Webb  
Center for Studies of Addiction  
VA Medical Center  
University and Woodland  
Building 7  
Philadelphia, PA 19104  
(215) 823-4674  
awebb@mail.med.upenn.edu

**Purpose:** To provide a comprehensive, indepth assessment of the severity of an adolescent's substance use and other related areas

**Type of Assessment:** Includes objective face-to-face interview combined with urine drug screen results and observations from the assessor. (After each area is assessed, there is space for comments as well as "confidence ratings": the degree to which the assessor believes the information may be distorted.)

**Life Areas/Problems Assessed:**
- General screening overview (including urine drug screen results). Indepth assessment of the following areas:
  - Education
  - Substance use
  - Use of free time (time not spent in school, includes employment and sources for financial support)
  - Leisure activities
  - Peer relationships (including sexual activity)
  - Family relationships
  - Psychiatric status

**Reading Level:** Not applicable. A staff person interviews the client.

**Credentials/Training:** Training in interviewing troubled youth with substance use problems

**General Commentary:** CASI is a general screening interview (including Breathalyzer™ and urine drug test results), providing an indepth assessment of the severity of an adolescent's substance use and related problems. Information is collected in 10 areas: (1) psychological, (2) significant life changes, (3) educational experiences and plans, (4) substance use, effects of use, and treatment experiences, (5) use of free time, including employment and sources of financial support, (6) leisure activities, (7) peer relationships, including sexual activity and related diseases, (8) family history and relationships including physical and sexual abuse, (9) legal history, and (10) psychiatric status, including treatment experiences. At the end of topic areas 3 through 10, space is provided for assessor's comments and "confidence ratings" (assessor's ratings regarding subject's misrepresentation or inability to understand the questions). Preliminary psychometric data are available on the CASI.
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Instrument:</td>
<td>Hilson Adolescent Profile (HAP)</td>
</tr>
<tr>
<td>Introduction:</td>
<td>HAP consists of 310 &quot;true or false&quot; items grouped into 16 separate scales. The contents of these 16 scales correspond to characteristics found in psychiatric diagnostic categories. The HAP directly questions adolescents and documents their admitted behaviors rather than infer those behaviors from statistically or theoretically derived personality indicators.</td>
</tr>
<tr>
<td>Developer/Address:</td>
<td>Robin E. Inwald, Ph.D. Hilson Research, Inc. P.O. Box 150239 82-28 Abingdon Road Kew Gardens, NY 11415 (800) 926-2258</td>
</tr>
<tr>
<td>Inquiries:</td>
<td>Robin E. Inwald, Ph.D. See address above</td>
</tr>
<tr>
<td>Purpose:</td>
<td>HAP is a behaviorally oriented assessment measure geared for use by professionals who work with troubled youth. This instrument was designed as a screening tool to assess the presence and extent of adolescent behavior patterns and problems. In short, the purpose of HAP is to help mental health practitioners, school personnel, and administrators in the juvenile justice system identify adolescents at risk.</td>
</tr>
<tr>
<td>Type of Assessment:</td>
<td>HAP is a &quot;true or false&quot; inventory that can be administered individually or in a group setting. Questions are printed in the HAP test booklet, and responses should be made on the computer-readable answer sheets provided. It is appropriate for individuals between 9 and 19 years of age. Information is provided on how the adolescent scored in relation to clinical patients, juvenile offenders, and adolescent students.</td>
</tr>
</tbody>
</table>
| Life Areas/Problems Assessed: | • Alcohol use  
• Drug use  
• Educational adjustment difficulties  
• Law/society violations  
• Frustration tolerance  
• Antisocial/risk-taking  
• Rigidity/obsessiveness  
• Interpersonal/assertiveness difficulties  
• Home life conflicts  
• Social/sexual adjustments  
• Health concerns  
• Anxiety/phobic avoidance  
• Depression/suicide potential  
• Suspicious temperament  
• Unusual responses  
• Guarded responses |
<p>| Reading Level:           | 5th grade                                                                 |</p>
<table>
<thead>
<tr>
<th>Credentials/Training:</th>
<th>HAP is appropriate for use by psychologists, school administrators, adolescent counselors, etc. Trained Hilson Research staff members are available to all users when there are questions regarding test administration or interpretation of any Hilson test.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scoring Procedures:</td>
<td>HAP is completely computer scored, eliminating the type of accidental errors that are often the result of hand-scoring and allowing a much greater quantity of information to be provided to the test user. An important advantage of the HAP computer scoring system is the ability to store all test data for later retrieval, rescoring, and/or analysis.</td>
</tr>
<tr>
<td>Scoring Time:</td>
<td>Three scoring services currently are available for HAP. It can be scored online using Hilson Research remote system software (2-3 second online scoring time per test), by the Hilson Research fax service (same day processing), or by the Hilson Research mail-in service (same day processing).</td>
</tr>
<tr>
<td>Related Tests:</td>
<td>The Inwald Survey 2-Adolescent Version (IS2-A) is used to aid in the identification of adolescents who may disregard rules and/or societal norms. IS2-A focuses on characteristics that have been associated with antisocial/violent behavior patterns. Some of the IS2-A scales are for alcohol use, drug use, unlawful behavior, lack of responsibility, and disciplinary difficulties.</td>
</tr>
<tr>
<td></td>
<td>The Hilson Adolescent Profile-Version S (HAP-S) is a shortened version of HAP containing seven original HAP scales. HAP-S was developed to identify adolescent emotional adjustment difficulties, depression and/or suicidal tendencies, homelife conflicts, and other behavioral patterns.</td>
</tr>
<tr>
<td></td>
<td>The Hilson Adolescent Profile-Version D (HAP-D) is a hand-scored inventory that can help identify adolescents who are depressed and/or at risk for suicide attempts. It also can be used to assess antisocial behaviors and to diagnose conduct disorders.</td>
</tr>
<tr>
<td></td>
<td>The Hilson Parent/Guardian Inventory (HPGI) assesses a parent/caregiver's attitudes/behaviors toward his or her children. HPGI can be used alone or in conjunction with the above-mentioned Hilson Research tests for adolescents. When used with other Hilson tests, HPGI can provide a comprehensive view of family difficulties, parental attitudes, and the child's behavioral problems.</td>
</tr>
<tr>
<td>Pricing Information:</td>
<td>$7.50-$12.00 each per test using Hilson Research remote system software (research rates are available for some Hilson Research tests) $15.00 per test using the Hilson Research fax service $15.00-$21.50 per test using mail-in scoring $2.00 per reusable test booklet and $0.25-$0.30 per answer sheet</td>
</tr>
<tr>
<td>Reviewed in:</td>
<td>Mental Measurements Yearbook, 11th ed.</td>
</tr>
<tr>
<td>Title of Instrument:</td>
<td>Juvenile Automated Substance Abuse Evaluation (JASAE)</td>
</tr>
<tr>
<td>Introduction:</td>
<td>JASAE is a computer-assisted substance use disorder screening/assessment instrument that consists of the following:</td>
</tr>
<tr>
<td></td>
<td>• Self-report JASAE survey containing 108 items</td>
</tr>
<tr>
<td></td>
<td>• Copyrighted JASAE program that performs a computer-assisted evaluation of each client's responses</td>
</tr>
<tr>
<td></td>
<td>• Print-out of JASAE report for each client evaluated</td>
</tr>
<tr>
<td></td>
<td>• Accumulation of an ongoing database for clients evaluated using JASAE</td>
</tr>
<tr>
<td>Developer:</td>
<td>Bryan R. Ellis, President ADE Incorporated P.O. Box 860 Clarkston, MI 48347</td>
</tr>
</tbody>
</table>
### Purpose:
Based on adolescent norms, JASAE evaluates alcohol and drug use/abuse by juveniles, generally between the ages of 12 and 18. It also examines respondent attitude and life stress issues to determine if, and to what degree, problems exist in these areas.

### Type of Assessment:
Modeling the techniques and procedures of the personal interview process, the JASAE goal is to arrive at the most effective intervention to bring about the needed behavior change. In its recommendations, JASAE provides a suggested DSM-IV classification and a suggested referral based on American Society of Addiction Medicine guidelines.

### Life Areas/Problems Assessed:
Patterns of substance use/abuse, including drug of first and second choice, and when these drugs were last used. Also measures attitude and life stress issues pertinent to age and life situations of adolescent population.

### Reading Level:
5th grade

### Completion Time:
20 minutes

### Credentials:
Available to substance abuse counselors and other qualified users

### Training:
Demonstration materials, including a JASAE Reference Guide that discusses scores produced on JASAE, are provided at no charge. Group training sessions for statewide usage and other high volume users can be arranged. Telephone support is provided to customers via a toll-free telephone number.

### Scoring Procedures:
Client responses to JASAE Survey are entered into the JASAE software. A JASAE Report can be printed on site immediately.

### Scoring Time:
Manual entry of client responses through computer keyboard takes 3-5 minutes. For high volume users, optical scanners can be used for data entry.

### General Commentary:
Ideally, JASAE is used as a tool in conjunction with a brief followup interview. However, when time and personnel constraints require it, JASAE can be used for making quick first referrals. JASAE is used by mental health agencies, courts, school systems, student assistance programs, and treatment agencies (public and private).

### Related Tests:
The following programs are available for use in conjunction with JASAE:

For clients who have been evaluated using JASAE, ADE's Tracking Program monitors participation and progress in intervention programs.

JASAE Outcome Program can be used periodically throughout intervention to measure effectiveness of intervention from client's perspective.

JASAE汽车行业 is a simple crosstab data analysis program designed specifically for use with the database which accumulates as JASAE evaluations are processed.

### Access:
ADE Incorporated
See address above
JASAE is copyrighted.

### Pricing Information:
$4.50 per evaluation. No start-up costs. Minimum order is 12 evaluations.
$10.00 each for English and Spanish Audio Tapes of the JASAE Survey
JASAE is provided on computer disk for use on disk or for installation. Compatible with DOS (3.3 or higher), Windows 3.1, and Windows 95.

### Title of Instrument:
**Personal Experience Inventory (PEI)**

### Introduction:
This is a comprehensive assessment instrument that covers all substances and related problems. PEI consists of two parts, the Chemical Involvement Problem Severity (CIPS)
section and the Psychosocial (PS) section. It provides a list of critical items that suggests areas in need of immediate attention by the treatment provider and summarizes problems relevant for planning the level of treatment intervention. The test also contains five validity indicators to measure faking to appear good or bad.

PEI is part of a three-tool assessment system, the Minnesota Chemical Dependency Adolescent Assessment Package (MCDAAP). MCDAAP also includes a structured diagnostic interview, the Adolescent Diagnostic Interview, and a brief screening tool, the Personal Experience Screening Questionnaire. As an assessment system, MCDAAP is intended to assist with screening, evaluation, and treatment planning.

**Developer/Address:**
Ken Winters, Ph.D.
Center for Adolescent Substance Abuse
Department of Psychiatry
Box 393, Mayo Building
University of Minnesota
Minneapolis, MN 55455
(612) 626-2879
winte001@tc.umn.edu

George Henly, Ph.D.
Department of Counseling
University of North Dakota
Box 8262
University Station
Grand Forks, ND 58202

**Inquiries:**
Ken Winters, Ph.D.
See address above
Tony Gerard, Ph.D.
Senior Project Director
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA 90025
(310) 478-2061

**Purpose:**
- To assess the extent of psychological and behavioral issues with alcohol and drug problems
- To assess psychosocial risk factors believed to be associated with teenage substance involvement
- To evaluate response bias or invalid responding
- To screen for the presence of problems other than substance abuse, such as school problems, family problems, and psychiatric disorders
- To aid in determining the appropriateness of inpatient or drug outpatient treatment

**Type of Assessment:** Fixed-format self-report questionnaire

**Life Areas/Problems Assessed:**
Part I (129 items): The CIPS section includes items on alcohol as well as drug use and problems; it provides problem severity scores for each of five "basic" scales and five "clinical" scales and a history of drug use frequency.

There are also three "Validity Indices" in CIPS: (1) infrequent responses, (2) defensiveness, and (3) pattern misfit.

Part II (147 items): the PS section of PEI includes:
- Eight personal risk or personal adjustment scales
<table>
<thead>
<tr>
<th><strong>Reading Level:</strong></th>
<th>6th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completion Time:</strong></td>
<td>45–60 minutes</td>
</tr>
<tr>
<td><strong>Credentials/Training:</strong></td>
<td>Since PEI is self-administered and instructions are provided, a formal training program is not essential. PEI is available to &quot;qualified professional users&quot; as defined by the ethical standards of the American Psychological Association. Training workshops are offered by Ken Winters, coauthor of PEI (612-626-2879).</td>
</tr>
<tr>
<td><strong>Scoring Procedures:</strong></td>
<td>Western Psychological Services (WPS) provides IBM compatible Windows software for on-site scoring, mail-in service, or fax-in service. The score report from WPS includes the profile of standardized scores obtained by the client and an interpretation narrative.</td>
</tr>
<tr>
<td><strong>Scoring Time:</strong></td>
<td>Mail-in service turnaround time is the same working day after receipt of materials; fax-in service turnaround is within a few hours after receipt of materials. Turnaround time of the PC software is virtually instantaneous.</td>
</tr>
<tr>
<td><strong>General Commentary:</strong></td>
<td>Provides a list of critical items that suggest areas in need of immediate attention by the treatment provider and summarizes treatment indicators. Additional data collected by the authors indicate that the scales appear to be reliable and valid for African American, Hispanic, Asian American, and American Indians.</td>
</tr>
<tr>
<td><strong>Access:</strong></td>
<td>Order from Western Psychological Services (see &quot;Inquiries&quot;). PEI is copyrighted.</td>
</tr>
<tr>
<td><strong>Pricing Information:</strong></td>
<td>$145.00 per PEI kit (including Manual and 5 WPS Test Report forms) $47.50 per PEI manual $9.96-$21.00 per PEI test depending on size of order and scoring method</td>
</tr>
<tr>
<td><strong>Reviewed in:</strong></td>
<td><em>Mental Measurements Yearbook</em>, 11th and 13th eds., and Leccese and Waldron, 1994</td>
</tr>
<tr>
<td><strong>Title:</strong></td>
<td>Prototype Screening/Triage Form for Juvenile Detention Centers</td>
</tr>
<tr>
<td><strong>Introduction:</strong></td>
<td>This instrument gathers information both objectively and subjectively in a number of areas to establish a juvenile's risk and service needs in each information area. The information is based, in part, on the assessor's clinical judgment.</td>
</tr>
<tr>
<td><strong>Developer:</strong></td>
<td>Richard Dembo, Ph.D., and Associates</td>
</tr>
<tr>
<td><strong>Inquiries:</strong></td>
<td>Dr. Richard Dembo Department of Criminology, SOC 107 University of South Florida 4202 E. Fowler Avenue</td>
</tr>
</tbody>
</table>
Purpose: To assess a juvenile’s overall risk and needs within juvenile detention facilities

Type of Assessment: Face-to-face interview, with multiple choice and open-ended questions

Life Areas/Problems Assessed:
- Admission and demographic
- Education and employment/Home/living situation
- Other personal information
- Substance use
- Sexual abuse history
- Physical abuse history
- Family history
- Psychological/medical history
- Mental health information

Reading Level: Not applicable

Credentials/Training: Skilled interviewers whose training includes role playing, mock interviews, and rapport-building techniques

Completion Time: 45 minutes

Scoring: Scoring can take up to 20 minutes depending on problem areas identified

General Commentary:
This form, consisting of subjective and objective questions, collects demographic and reason-for-admission information on juvenile detainees, and obtains information on their status and functioning in 10 areas: (1) education/employment, (2) home/living situation, (3) other personal information (e.g., religious practice, gang membership), (4) substance use, (5) sexual abuse history, (6) physical abuse history, (7) family history, (8) psychological/medical history, (9) mental health information, and (10) legal history.

Title of Instrument: The Texas Christian University Prevention Intervention Management and Evaluation System (TCU/PMES)

Introduction: TCU/PMES forms include three instruments (related to substance use problems) for administration in a structured interview shortly after admission to treatment and at followup. It "provides information considered theoretically significant for adolescent drug use and related problems."

Developer/Address: D. Dwayne Simpson, Ph.D., Director
Institute of Behavioral Research
Texas Christian University
TCU Box 298740
Fort Worth, TX 76129
(817) 921-7226
(817) 921-7290 FAX
www.ibr.tcu.edu

Inquiries: D. Dwayne Simpson, Ph.D.
See address above

Purpose: To assess substance abuse and other life problems of adolescent clients, to assist in planning treatment, and to provide followup assessment and evaluation data on treatment outcome

Type of Assessment: TCU/PMES consists of three main parts: the Client Intake form (CIF), the Family, Friends, and Self (FFS) Assessment form, and the Client Followup (CFU) interview. The information derived is integrated to plan the treatment and determine the appropriate level of care for the client. In the structured interview format, the questions are read verbatim to
Life Areas/Problems Assessed:

<table>
<thead>
<tr>
<th>CIF includes 55 questions covering the following areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Client-identifying demographics</td>
</tr>
<tr>
<td>• The referral source and process</td>
</tr>
<tr>
<td>• Socioeconomic and family background</td>
</tr>
<tr>
<td>• School problems, legal status and problems, substance use history</td>
</tr>
<tr>
<td>• A checklist for the interviewer to indicate in which of ten problem areas the client needs help</td>
</tr>
</tbody>
</table>

CFU interview includes 94 items that cover similar areas.

The 60-item FFS Assessment form includes the following three parts:

<table>
<thead>
<tr>
<th>The Family Relations Scale (22 items), measuring three different parts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Warmth ((=.91))</td>
</tr>
<tr>
<td>• Control ((=.74))</td>
</tr>
<tr>
<td>• Conflict ((=.77))</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Peer Activity Scale (23 items), measuring four dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Peer activity level ((=.82))</td>
</tr>
<tr>
<td>• Peers in trouble ((=.86))</td>
</tr>
<tr>
<td>• Peers' familiarity with parents ((=.77))</td>
</tr>
<tr>
<td>• Peers' conventional involvement ((=.73))</td>
</tr>
</tbody>
</table>

Only the first dimension refers to the client's own activity with peers; the other three refer to the number of close friends involved in each type of activity or problem.

<table>
<thead>
<tr>
<th>The Self Scale (15 items) measures three dimensions of the client's psychological status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-esteem ((=.75))</td>
</tr>
<tr>
<td>• Environment ((=.82))</td>
</tr>
<tr>
<td>• School satisfaction ((=.79))</td>
</tr>
</tbody>
</table>

**Reading Level:** 6th grade

**Completion Time:** Approximately 1 hour for intake and followup interviews and 15 minutes for FFS

**Credentials/Training:** Since TCU/PMES forms are self-administered and contain instructions, no user manual and no specific training program are required by personnel qualified to administer such instruments. While a brief training period of several hours' duration is advisable, it is not essential for adequately qualified personnel (such as drug counselors).

**Scoring Procedures:** Each item of the FFS form is constructed in a Likert-type format in which the client is asked to indicate the degree to which, or the frequency with which, the particular behavior or attitude occurred.

By totaling item scores, separate scores are derived for the life areas assessed. The scoring instructions are available, together with TCU/PMES questionnaire forms, including all items and factors (see pricing information below).

**Scoring Time:** 10-15 minutes

**General Commentary:** A strength of TCU/PMES is that the score obtained for an individual client can be compared to the scores obtained by the normative sample. A relative weakness of the TCU/PMES is that it has not as yet had quite the indepth psychometric development for
establishing test-retest reliability and validity that some other instruments for assessing adolescent substance users have had. Some assessors may like the fact that, compared to some of the other instruments, TCU/PMES is not as long and complicated, and the items are relatively simple and easy to understand.

Access: 
See pricing information. TCU/PMES is not copyrighted and permission to photocopy is granted without special permission.

Pricing Information:
$5.00 per copy of the full set of PMES forms (for printing and mailing)
Several TCU data collection instruments are available, without charge, from the Internet web site for the Institute of Behavioral Research at TCU (www.ibr.tcu.edu). These instruments include the PMES FFS, referred to as the "TCU Adolescent Assessment" forms on the Internet. Scoring procedures and psychometric references are also included.

Part III: Adolescent Measurement Instruments for General Functioning Domains

**Delinquency/Illegal Behavior Domain**

**Title of Instrument:** Supervision Risk/Classification Instrument

**Introduction:** This instrument is used throughout Florida to assess the risk and needs of juveniles involved with the criminal justice system.

**Developer:** Florida Department of Health and Rehabilitative Services

**Inquiries:**
Stephen Ray, Program Administrator
Florida Department of Juvenile Justice
Department of Children and Families
Alcohol, Drug, Mental Health Program
2737 Centerview Drive
Tallahassee, FL 32399-3100
(850) 487-9818

**Purpose:** This instrument is designed for use within government agencies to classify the risks, service needs, and appropriate levels of commitment for youth involved with the criminal justice system. The instrument also includes an attachment used to reclassify youth on community control or furlough supervision. Reclassification is to be done every 60 days or whenever there are significant changes in a youth's supervision (e.g., additional law violations). Instrument is intended to be filled out by case managers.

**Type of Assessment:** This assessment is completed by the case manager through the rating of risks within particular categories. There is no need for the youth to be present when the instrument is filled out. However, the instrument requires the case manager to be knowledgeable about the youth's situation.

**Life Areas/Problems Assessed:**
- Section I—Identifying data
- Section II—Risk Assessment (most serious illegal offense, prior history of illegal offenses, other factors)
- Section III—Needs Assessment (assessing the needs in regard to family relationships, parental dysfunction, peer relationships, significant adult relationships, education, employment, developmental disabilities, health and hygiene, mental health, and substance abuse)

Notes "mitigating factors" (e.g., successful completion of program) and "aggravating factors" (e.g., youth has a felony violation), which should be taken into account when deciding the youth's appropriate level of commitment.

**Reading Level:** Not applicable
### Credentials/Training
The assessor needs minimal training in how to score the instrument and evaluate the youth's behavior and/or records. This instrument does not require interviewing skills.

### Scoring
Each response to be made by the assessor is designated with a point. The points for each response appear directly on the form (e.g., one violent felony offense gets 17 points, one prior misdemeanor gets one point). The total risk score is added up, as is the total needs score. The scores are then used to make placement recommendations regarding the youth's status.

### General Commentary
This instrument is completed by the case manager of a youth involved in the juvenile justice system. It is designed for use in recommending a level of program structure and commitment for the youth. Reclassification is to be completed every 60 days or whenever there is a significant change in the youth's supervision status (e.g., a new law violation). Information included in the form covers the following topic areas:

- Identifying data of youth and case manager
- Risk assessment (instant offense, prior legal history, other scoring factors [e.g., previous technical violations of supervision, history of escape/absconding, substance use involvement]), consideration of mitigating factors (e.g., no new referrals, successful program completion) and aggravating factors (youth has a felony law violation, returned to supervision status from absconder status)
- Needs assessment (family relationships, parental dysfunctions [including a history of abuse/neglect], peer relationships, significant adult relationships, educational problems, employment experiences, developmental disabilities, physical health and hygiene, mental health, and substance use)

### Family Domain

<table>
<thead>
<tr>
<th>Title:</th>
<th>Family Assessment Measure (FAM-III)</th>
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<tbody>
<tr>
<td>Introduction:</td>
<td>Provides a multilevel (within family) assessment of family functioning</td>
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</table>
| Developer: | Harvey A. Skinner, Ph.D.  
Paul D. Steinhaues, M.D.  
Jack Santa-Barbara, Ph.D.  
Multi-Health Systems  
908 Niagara Falls Blvd.  
North Tonawanda, NY 14120-2060  
(416) 424-1700  
(416) 424-1736 FAX  
http://www.mhs.com |
| Inquiries: | Jerry Smith, Marketing Manager  
Multi-Health Systems  
See address above  
(800) 456-3003 |
| Purpose: | FAM-III provides a new dimension in work with families because it measures family strengths and weaknesses. FAM-III is based on the Process Model of Family Functioning and can be completed by preadolescent, adolescent, and adult family members. |
| Type of Assessment: | Two types of profiles are available for FAM. FAM-III Colorplot™ of Family Perceptions is color coded and can be used to present results to clients in an easy-to-understand way. The Progress Colorplot™ is specifically designed for displaying changes in family functioning over time. |
| Life Areas: | A unique feature of FAM-III is its ability to provide a multilevel (within-family) assessment of family functioning across seven universal clinical parameters: task accomplishment; role performance; communication; affective expression; involvement; control; values and norms. Also included are two performance (or validity) scales: social desirability and defensiveness. |
| Reading Level: | Not applicable |
Completion Time: 20-60 minutes

Access: Multi-Health Systems
See address above

Pricing Information: $125.00 for Brief FAM Starter Kit (includes FAM-III Manual, 25 Brief FAM General Scale QuikScore™ Forms, 25 Brief FAM Dyadic Scale QuikScore™ Forms, 25 Self-Rating Scale QuikScore™ Forms, and 15 Progress ColorPlot™)

Title of Instrument: **Family-Crisis Oriented Personal Evaluation Scales (F-COPES)**

Introduction: This instrument features 30 coping behavior items that focus on the two levels of interaction outlined in the Resiliency Model: (1) Individual to family system, or the ways a family internally handles difficulties and problems between its members, and (2) family to social environment, or the ways in which the family externally handles problems or demands that emerge outside its boundaries but affect the family unit and its members. It was hypothesized that families operating with more coping behaviors focused on both levels of interaction will adapt to stressful situations more successfully.

Developer: Developed by H.I. McCubbin, D. Olson, and A. Larsen.

Purpose: To identify problem solving and behavioral strategies utilized by families in difficult or problematic situations

Type of Assessment: Self-report survey questionnaire

Life Areas/Problems Assessed: The five subscales or dimensions assessed by F-COPES are
- Acquiring social support
- Reframing the problem
- Seeking spiritual support
- Mobilizing family to acquire and accept help
- Using passive appraisal techniques to cope with difficulties

Reading Level: 6th grade

Credentials and Training: None necessary to administer or fill out the questionnaire

Completion Time: 15-20 minutes

Scoring Procedures: Response to items are on a 5-point scale ranging from "strongly disagree" (1) to "strongly agree" (5). The scores for each item are simply summed for all items in a subscale to obtain a scale score, or for all items to obtain a total score.

Scoring Time: 5 minutes

Related Tests: There are also a young adult version (Young Adult-Coping Orientation for Problem Experiences) and an adolescent version of this instrument (Adolescent-Coping Orientation for Problem Experiences).

Access: Permission to use the instrument is obtained by purchasing the book: *Family Assessment, Resiliency Coping and Adaptation: Inventories for Research and Practice* by McCubbin, H.I., A. I. Thompson, and M.A. McCubbin (1996) The book is available from The University Book Store
711 State Street
Madison, WI 53703
(800) 993-2665 x344
(608) 257-9479 FAX
info@univbkstr.com

Inquiries: Family Stress, Coping and Health Project
University of Wisconsin-Madison
School of Human Ecology
HIV/AIDS Risk Domain

The instruments recommended in this document do not include detailed assessment of HIV/AIDS risk behavior. Because applicants for drug abuse treatment who are intravenous (IV) drug users or who engage in certain types of sexual behavior are particularly at risk for the HIV infection and subsequently for AIDS, administration of an HIV/AIDS risk behavior questionnaire is recommended as a supplement to one of the comprehensive alcohol or drug problem screening instruments. The Revision Panel recommends an instrument developed by the National Institute on Drug Abuse (NIDA), the Risk Behavior Assessment Questionnaire (RBA). The RBA sections are sexual activity, sex for money/drugs, sex-related diseases, health status, and IV and needle use behavior. The RBA instrument is available from the Community Research Branch of NIDA, 301-443-6720, 5600 Fishers Lane, Rockville, Maryland 20857.

Medical and Physical Health Domain

Title of Instrument: General Health Rating Index (GHRI)

Introduction: A summary measure of self-evaluated health constructed from 22 items in the Health Perceptions Questionnaire

Developer: John E. Ware, Jr., Ph.D.
NEMCH-345
750 Washington Street
Boston, MA 02111
(617) 636-8098
(617) 636-3229 (fax)
Jware@qmetric.com

Inquiries: John E. Ware, Jr., Ph.D.
Same as above

Purpose: A general health outcome measure that represents perceptions of current and future health as well as health worry

Type of Assessment: Self-evaluated standardized questions and categorical ratings

Life Areas/Problems Assessed:
- Current health
- Health outlook
- Health worry

Reading Level: 6th grade

Completion Time: 3-5 minutes

Credentials/Training: None needed.

Scoring Procedures: Favorably scored (0-100)

General: A sensitive measure of perceived health status and outcome and a good predictor of health care utilization and costs

Related Tests: A 5-item short form of GHRI, referred to as the GH scale, is included in the SF-36 Health Survey

Access: Published in numerous articles and books
## Mental Health Domain

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<th>Pricing Information:</th>
<th>Free</th>
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### Diagnostic Interview for Children and Adolescents (DICA)

**Title of Instrument:** Diagnostic Interview for Children and Adolescents (DICA)

**Introduction:** The adolescent version of this instrument (DICA-R-A), for youth ages 13-18) assesses 19 DSM-IV psychiatric disorders. It features an extremely detailed substance abuse section.

**Developer/Address:**
Wendy Reich, Ph.D.
Division of Child Psychiatry
Washington University School of Medicine
40 N. Kings Highway, Suite #4
St. Louis, MO 63108
(314) 286-2263
(314) 286-2265 (fax)
Wendyr@twins/wust1/edu

**Inquiries:** Same as above

**Purpose:** The Diagnostic Interview for Children and Adolescents (DICA) is a structured interview for children between the ages of 6 and 12 and adolescents. The adolescent version (DICA-R-A) rules out or establishes DSM-IV psychiatric diagnoses for youth from 13 to 18 years of age. (The DSM-IV criteria are currently the most widely utilized systematic method for establishing psychiatric diagnoses.) DICA-R-A is a "lifetime" interview with questions that refer to the entire life span of the subject and determine whether the adolescent has ever had any of one or more of 19 psychiatric conditions. However, certain sections deemed difficult to ask only on a lifetime basis are assessed in both present and past. An extremely detailed section on alcohol and other substance abuse is included.

**Type of Assessment:** Either paper and pencil or computer. The computerized version can be self-administered unless the adolescent has difficulty reading. Parent versions which ask about the adolescent are also used.

**Life Areas/Problems Assessed:** In addition to the above, the interview begins with an overview of the child's functioning at school with friends and in after school activities. Toward the end of the interview there is a section on common psychosocial problems. The parent interview contains prenatal, perinatal, and early childhood development sections.

**Reading Level:** The computer interview is at the 4th grade level.

**Completion Time:** 1 to 1½ hours unless the adolescent has excessive psychopathology

**Credentials/Training:** Available to medical professionals and qualified researchers

**General Commentary:** Although the questions are written out for the interviewer in a typical structured format, the instrument includes features of the semi-structured interviews (such as probes) to be used when the subject does not appear to understand the question or gives a vague response. The interviewer is also allowed to give examples and collect examples from the respondent. There is a DICA-A for interviewing the adolescent respondent and a version for interviewing the parent about the adolescent. Of course, interviews with or about adolescents who manifest a great deal of psychopathology will take longer.

Psychometric data on DICA show good test-retest reliability (Welner et al., 1987; Reich et al., unpublished data, 1997; Reich et al., unpublished data, 1998).

DICA is also available in a computerized version. Adolescents are able to self administer the instrument or have it administered to them.

**Related Tests:** Children's Semi-structured Interview for the Genetics of Alcohol (CSSIGA). Based on DICA but with an even more detailed substance abuse section. Some psychiatric diagnoses are omitted.

**Access:** Wendy Reich, Ph.D. See address above
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<tr>
<td>Title of Instrument:</td>
<td><strong>Revised Behavior Problem Checklist</strong></td>
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<tr>
<td>Introduction:</td>
<td>This is a simple checklist that can be used by anyone.</td>
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</tbody>
</table>
| Developers:             | Herbert C. Quay, Ph.D.  
                          University of Miami  
                          Donald R. Peterson, Ph.D.  
                          Rutgers University |
| Purpose:                | This instrument offers a simple checklist of potential problem behaviors to be filled out by parent, guardian, or anyone who is knowledgeable about the youth. |
| Type of Assessment:     | A two-page checklist of problem behaviors. The person filling out the form is to indicate the extent to which the behavior is mild, severe, etc. |
| Life Areas/Problems Assessed: | Checklist includes behaviors indicating potential problems with self-esteem, peer and family relationships, and school performance. |
| Reading Level:          | 8th grade or below |
| Credentials/Training:   | No training is necessary. |
| Completion Time:        | 5--10 minutes at most |
| General Commentary:     | This form is a simple checklist, to be completed by a parent, guardian, or anyone who is knowledgeable about the youth, regarding potential problem behaviors. The instrument collects information in six problem areas: (1) conduct disorder, (2) socialized aggression, (3) attention problems, (4) anxiety or withdrawal, (5) psychotic behavior, and (6) motor excess. |
| Title of Instrument:    | **Youth Self-Report (YSR)** |
| Introduction:           | This is a 112-item instrument for adolescents (11 to 18 years of age) to report their competencies and problems. It obtains an adolescent’s own views of self-functioning. It yields two competency scale scores (activities and social relationships), eight syndrome scores, plus internalizing, externalizing, and total problems scores for both genders. For males there is an additional syndrome, self-destructive identity problems. The syndrome scores are  
  - Anxious/depressed  
  - Withdrawn  
  - Somatic complaints  
  - Social problems  
  - Attention problems  
  - Thought disorders  
  - Delinquency  
  - Aggressive behavior |
| Developer/Address:      | T.M. Achenbach, Ph.D.  
                          Department of Psychiatry  
                          University of Vermont  
                          1 South Prospect Street  
                          Burlington, VT 05401-3456 |
| Inquiries:              | Child Behavior Checklist  
                          (802) 656-8313  
                          (802) 656-2602 (fax) |
Purpose: To assess behavioral and emotional problems and competencies

Type of Assessment: Self-report

Life Areas/Problems Assessed:
- YSR takes about 15 to 20 minutes to complete and requires a 5th grade reading ability.
- YSR has been found to correctly classify 83 percent of a sample of 1,054 referred and 1,054 non-referred ("normal") children according to Achenbach, 1991. The subscales of YSR that might appear to be most relevant for assessment of drug-using adolescents are "delinquent" and "aggressive." These two problem scales, together with the "social" competence scale, can add to the evaluation of an adolescent's social lifestyle problem area. The remaining seven problem scales of YSR can add to the evaluation of the psychological problem area of the adolescent client.

Reading Level: 5th grade

Completion Time: 15 to 20 minutes

Credentials/Training: Self-administered, but users should have knowledge of standardized assessment at master's level

Scoring Procedures: Hand, computer machine readable, or client entry

Scoring Time: 10 minutes by hand, 4 minutes by computer

Related Tests: Child Behavior Checklist, Teacher Report Forms; Semistructured Clinical Interview for Children and Adolescents

Access: T.M. Achenbach, Ph.D.
See address above

Pricing Information:
- $10.00 for 25 YSR forms
- $25.00 for the manual (221 pages)
- $220.00 for IBM and Apple II computer scoring programs (optional)

Reviewed in: Mental Measurements Yearbook, 13th ed.

School Domain (Achievement)

Title of Instrument: Wide Range Achievement Test-3rd Edition (WRAT-3)

Introduction: This is a well-standardized test that is widely used with children, adolescents, and adults for a quick evaluation of reading, spelling, and arithmetic skills and performance. Two alternate versions of the test are available (blue and tan forms).

Developer: Judith McWatters, Director
Wide Range, Inc.
15 Ashley Place, Suite 1A
Wilmington, DE 19804
(800) 221-9728
(302) 652-1644 (fax)

Inquiries: Judith McWatters, Director
See address above

Purpose: WRAT-3 can be used as pre- and posttest or combined for a more comprehensive test. Items on the two versions are comparable in item difficulty and content but contain different items.

Type of Assessment: Scholastic skills

Reading Level: Age 5

Completion Time: 20 to 30 minutes

Scoring Procedures: Norms are based on national, stratified sample. The manual contains grade equivalents, standard scores, and percentile ranks.

Scoring Time: The test can be scored by hand or computer.
<table>
<thead>
<tr>
<th>Access:</th>
<th>Judith McWatters, Director</th>
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<tbody>
<tr>
<td></td>
<td>Wide Range, Inc.</td>
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<td></td>
<td>See address above</td>
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<tr>
<td>Pricing Information:</td>
<td>$38.00 for the manual (administration and scoring)</td>
</tr>
<tr>
<td></td>
<td>$25.00 for test forms (package/25)</td>
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<tr>
<td></td>
<td>$12.00 for reading/spelling plastic cards for the administration of the reading and spelling tests</td>
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<tr>
<td></td>
<td>$18.00 for profile forms (package/25)</td>
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<tr>
<td></td>
<td>$110.00 for starter set (including each of the above)</td>
</tr>
<tr>
<td></td>
<td>$99.00 for computer scoring software</td>
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