

Colorado Alcohol and Drug
Abuse Division (ADAD)
Approved
Evaluation Instrumentation
For
Substance Using Adolescents
and Adults

Revised February 2007

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February 2007 via reference material from the Alcohol and Drug Abuse Institute of the
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feedback from counselors in the field.

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ADAD Approved Evaluation Instrumentation for Substance Using Adolescents and Adults

INTRODUCTION

This compendium is directed toward improving client care quality by providing a resource to assist counselors, therapists, and agencies in meeting and maintaining compliance with sections 219.21 (Screening) and 219.23 (Assessment) of the ADAD Substance Use Disorder Treatment Rules (6 CCR 1008-1). This document is the seventh version of the list of approved instruments for client evaluation. Unlike previous editions, in addition to evaluation tools for alcohol or other drug using adult clients, this issue includes instrumentation for use with minors, as well as a section on Co-occurring disorders. This is not intended to be an exhaustive or extensive list; but, rather, this edition contains a limited menu of instruments from which clinicians/agencies may select without being overwhelmed by volume. This edition of the compendium has been expanded to include more instruments and updated information, as necessary, on a number of the instruments contained in previous editions.

The decision to include each instrument in this manual was based on the following:

- 1) The instrument must be directly related to alcohol and/or other drug problems;
- 2) The instrument must be available in English;
- 3) The instrument must be quantitative (Placement Criteria excepted);
- 4) Psychometric characteristics must be adequate (LOCI 2-R excepted);
- 5) There is a consensus of opinion by experts on utility; and
- 6) The literature supports the instrument.

The above process led to the paring of a lengthy list available to the menu that is included. All screening, diagnostic, motivation and assessment instruments (LOCI 2-R excepted) on the list have acceptable reliability and validity data associated with them and all have, to some degree, been independently evaluated. Instruments highlighted by ♦ are on the list of tools required by MSO contracted programs/agencies.

This document has instruments listed alphabetically by section. There are six sections - Screening, Assessment, Diagnosis, Motivation, Placement, and Co-occurring Disorders. Assessment and screening cover the mandatory areas in which ADAD requires that if instruments are used, the Division must approve them. Each section is divided, where appropriate, into two sections, one of which lists instruments for use with adolescents, and the other lists instruments appropriate for adults. Any instrument listed for use with both populations is listed in the adult section. Each instrument listed has the following information included: name and acronym of the tool, author(s), populations, administrative details (number of items - time to administer, etc.) source and copyright, and whether there are costs involved. There is one instrument listed per page.

ADAD will update this guide on a regularly scheduled basis utilizing the same procedures previously stated. It is the Division's intent to provide practitioners with a listing of acceptable instruments which are among the best currently available. In the revision process instruments may be deleted as well as added.

APPROVAL OF OTHER INSTRUMENTS

If you are currently using or perhaps considering using an instrument or instruments not currently listed, ADAD has a procedure to follow for having it/them reviewed for purposes of inclusion in this compendium. The procedure is as follows:

- 1) Submit the instrument to ADAD along with information and data supporting its purpose and efficacy with the reason(s) you believe it ought to be included.
- 2) Submit, along with the above, a written rationale explaining how you are either using or planning to use the instrument and whether the staff has, or will be trained in the use of the instrument.

Upon receipt of the above information, ADAD will conduct a review and inform you whether your request has been approved. If such approval is granted, use of the instrument(s) in question may begin immediately and it/they will be added to the next edition of this compendium. Denials may be appealed in writing to the Division Director.

CLIENT EVALUATION COMPONENTS

Current thinking indicates that there are five components that need to be included in any evaluation of alcohol or other drug clients. They are: screening, diagnosis, motivation, assessment and placement. Our primary focus, within the ADAD treatment rules and within this compendium, is upon the screening and assessment process. The other areas of evaluation (such as diagnosis) may require advanced training and/or licensure.

Presently ADAD Rules require that approved instruments and/or procedures be used in the areas of screening, motivation, assessment and placement (sections 15.219.21, 15.219.22, and 15.219.23 of the Alcohol and Drug Abuse Division Substance Use Disorder Treatment Rules). While ADAD Rules do not require screening and assessment for mental health disorders, current research indicates that a significant portion of the substance use disorder client population also suffers from both diagnosed and undiagnosed mental health disorders. For this reason, to this compendium has been added screening and assessment tools that can be used to determine the existence of co-occurring disorders in substance use disorder clients, and help guide the treatment planning process. Some of these instruments can be costly and, in many instances, require administration and analysis by professionally trained personnel. They are included here as a source of information for treatment providers.

SCREENING

Screening is required for all clients/patients except for those who have been screened and referred by the criminal justice system for either an alcohol or other drug involved offense, including DUI/DWAI, and those who have been previously screened, diagnosed or assessed as having an alcohol or other drug problem. Screening can be binary (yes/no) or differential (a, b, c, or d, for example) and is used to determine whether further information should be explored to ascertain the presence of problematic substance use.

DIAGNOSIS

This is the process of determining whether an individual meets currently established criteria for Substance Abuse or Dependence according to the current edition of the Diagnostic and Statistical Manual (DSM) or Incipient or Problem Drinker according to the former ADDS classification criteria. Diagnosis is optional under ADAD Treatment Rules.

MOTIVATION

This is the process of determining the individual's motivation to change. The individualized treatment plan should take into account the client's stage of change with respect to substance use disorders, and an assessment of motivation for change is an important piece of this. Please note that per Section 15.228.1.D, of the ADAD Substance Use Disorder Treatment Rules (pertaining to non-hospital detoxification): "Assessments of client readiness for treatment...shall be documented in client records."

ASSESSMENT

Please note that the completion of an assessment tool (or several) is a part of the assessment process, but does not by itself constitute an assessment. Assessment involves the interpretation of information provided by the client and by other information sources. Per ADAD Substance Use Disorder Treatment Rules, "assessment" is defined as: " the process of gaining an understanding of the person's unique situation via systematic collection and analysis of data on a number of dimensions including:

- functional and dysfunctional aspects of psychological patterns and family and social structures including histories of physical and social structures including histories of physical, emotional and sexual abuse;
- biological systems including current physical and mental health status and client and family histories;
- client and family alcohol and other drug use/abuse histories; factors affecting client, family and community safety; leisure time activities;
- education and vocational history; religious or spiritual life; legal status;
- life skill acquisition;
- information from previous treatment experiences;
- cultural factors including racial and ethnic background;
- age;

- gender; sexual orientation;
- linguistic abilities;
- personal strengths and motivation.

It is required that the results of the assessment be incorporated into the treatment plan for all clients screened as having an alcohol or other drug problem.”

PLACEMENT

This is the process of determining what level and setting of intervention is needed and what is/are likely to be most effective. It is based on diagnosis, motivation and assessment. A placement assessment is required of all persons who have been screened as having an alcohol or other drug problem. Criminal Justice, including DUI/DWAI referrals have usually had this done in connection with the SOA or ADDS Program procedures. Programs should verify the Placement level by reviewing either the SOA-PC-R or ADDS-PC-R.

ADAD rules require that either instruments and/or client interview procedures be used in the areas of screening, motivation and assessment; they do not require both. (Section 15.219.23.B) However, the great preponderance of research evidence indicates that significantly more valid client evaluations result when both instrumentation and procedures involving clinical judgment are utilized in the process. ADAD, therefore, recommends that both be used in the pursuit of best clinical practice.

In addition to the areas and related instruments listed in this product, certain treatment approaches such as Cognitive- Behavioral (CB) require the use of additional instrumentation. The listing of these is beyond the scope of this publication.

CO-OCCURRING DISORDERS/DUAL DIAGNOSIS

These evaluation tools are provided as a resource base for those counselor/therapists with experience and training in the use of screening and assessment tools for Co-Occurring Disorders (COD). In carrying out these processes, counselors should understand the limitations of their licensure or certification authority to assess and/or diagnose mental disorders. Generally, however, collecting assessment information is a legitimate and legal activity even for unlicensed providers, provided they do not use diagnostic labels as conclusions or opinions about the client. Information gathered in this way is needed to ensure the client is placed in the most appropriate treatment setting and to assist in providing mental disorder care that addresses each disorder.

In addition, there are a number of circumstances that can affect validity and test responses that may not be obvious to the beginning counselor, such as the manner in which instructions are given to the client, the setting where the screening or assessment takes place, privacy (or the lack thereof), and trust and rapport between the client and counselor. Throughout the process it is important to be sensitive to cultural context and to the different presentations of both substance use and mental disorders that may occur in various cultures. *(Adopted from [SAMHSA/CSAT Treatment Improvement Protocols 42 \(TIP 42\). Substance Abuse Treatment for Persons with Co-Occurring Disorders](#))*

COMBINING AND PACKAGING OF INSTRUMENTS

A trend that started a number of years ago and continues on a somewhat expanded basis at the present is the combining of instruments either within a category or among categories. The purpose is to strengthen the particular component of client evaluation and/or to create a comprehensive complementary package of client evaluation instrumentation and procedures.

Two examples in the Screening area would be the combination of the Alcohol Use Disorders Identification Test (AUDIT) with the Mortimer-Filkins (M-F). Mississippi is using this combination with great success in its DWI programs at minimal cost in terms of time and money. This is a practical approach to strengthen a simple screening procedure. Another is use of the Simple Screening Inventory (SSI) followed by the administration of the Adult Substance Use Survey (ASUS). This approach combines a simple screen with a differential screen to create a very strong screening package. This combination is used in Colorado as well as in several other states as part of a standardized offender assessment system.

An example of a very strong, comprehensive package for client evaluation is that used by the criminal justice system prior to treatment admission for non-DUI offenders. They use the Simple Screening Inventory (SSI), Adult Substance Use Survey (ASUS) and the Standardized Offender Assessment Placement Criteria, Revised (SOA PC-R). The treatment agency would in turn, utilize the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) for measuring motivation, the DSM-IV Brief Checklists to confirm the diagnosis. They would then use the Adult Clinical Assessment Profile (ACAP), the Alcohol Use Inventory (AUI) and the Drug Use Self Report (DUSR) for the in- depth differential assessment.

OVERALL EVALUATION PROCESS

There are two steps in the entire evaluation procedure. First is the process of gathering the results of the screening, diagnostic determination, motivation measurement and assessment, and utilizing this information with the placement criteria to determine the appropriate level and setting of care. Second is the process of using the information to develop an individual treatment plan with measurable goals and objectives.

It is also important to note that staff performing client evaluations of any type or scope be fully trained and be able to demonstrate competence in the use and interpretation of the instruments and related procedures. Persons conducting client evaluations must have a solid background and knowledge base in the field of alcohol and other drug misuse. The best clinicians should be doing evaluations and/or directly supervising with close scrutiny those who do such work. Demonstrated competence in Motivational Interviewing is a must. The assigning of entry-level people to do evaluations is not in keeping with the tenets of best practice.

SCREENING INSTRUMENTS



Adolescent Screening Tools

Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)

This is a brief screening test for alcohol and other drug use in adolescents. It is a 6-item test with yes-no answer choices. Its title is an acronym for the main concepts in each item, which spell out CRAFFT. The items are as follows:

1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was high or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself (**A**lone)?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your **F**riends or family ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

Population:

Adolescents

Administration:

This test takes about 3 minutes to complete and can be administered as an interview or a self-report. Each positive answer to an item counts as 1 point. The optimal cut off score for identifying substance use, abuse and dependence has been set at 2. Others have found that a cut-off score of 3 is optimal for identifying substances other than alcohol or cannabis.

Availability:

The questions from the CRAFFT are printed above, and are also widely available on the Internet. The CRAFFT study web site is:

http://www.slp3d3.com/rwj_1027,

Personal Experience Screening Questionnaire (PESQ)

The PESQ was developed by Ken Winters, PhD. as 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. Its purpose is to provide 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. The PESQ should not be used as a replacement for a comprehensive assessment.

Population:

Adolescents

Administration:

This is a 40-item questionnaire which takes approximately 10 minutes to administer, and whose scoring takes approximately 3 minutes with scoring instructions to be found in the questionnaire booklet. A wide range of health professionals can use PESQ.

Copyright/Source:

This instrument is copyrighted and there is a price for the manual and test forms available from:

Tony Girard, Ph.D.
Senior Project Director
Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025
(310) 478-2061

Problem Oriented Screening Instrument for Teenagers (POSIT)

POSIT was developed by a panel of expert clinicians at the National Institute on Drug Abuse (NIDA)_as part of a more extensive assessment and referral system for use with adolescents) 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 follow-up questionnaire that was derived from items on POSIT to screen for potential change in 7 out of the 10 problem areas represented on POSIT.

Adolescents ages 12-19 years

Administration:

POSIT is a self-administered 139-item "yes/no" screening questionnaire, which 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. It takes 20-30 minutes to administer, and requires no special qualifications to use. 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. Scoring takes 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 follow-up questionnaires.

Source/Copyright:

To obtain a copy of the POSIT, call Dr. Elizabeth Rahdert at NIDA/NIH: 5600 Fishers Lane, Room 10A-10 Rockville, MD 20857; (301) 443-0107;

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 follow-up, contact the following for pricing information on the currently available computer software:

PowerTrain, Inc. 8201 Corporate Drive Suite 1080 Landover, MD 20785,
(301) 731-0900

Adult Screening Tools

Alcohol Dependence Scale (ADS)

Horn, Skinner, Wanberg and Foster and the Addiction Research Foundation, Toronto developed the ADS. It is a set of 25 questions developed from the larger Alcohol Use Inventory, (AUI), (Horn, Wanberg, Foster, '1 987). This instrument is well accepted by clients. In standard form it asks about the previous 1 2 months, however, it is easily adaptable to 6 or 24 months. The ADS is a simple (binary) screening instrument.

Population:

Adults - though some studies have included older adolescents

Administration:

The instrument includes 25 items. It is available in both pencil and paper and computerized versions. It is a self-administered test and can be completed in approximately five minutes. Spanish available. Very minimal training is required.

Copyright/Cost/Source:

Horn, Skinner, Wanberg, Foster and the Addiction Research Foundation, Toronto copyright this instrument. The ADS may not be copied. A kit containing a User's Guide and questionnaires is available for a small fee. To purchase or for more information, please contact:

Paper and Pencil:

Center for Addiction and Mental Health
33 Russell Street
Toronto, Ontario
Canada M5S 2S1
1-800-661-1111

Computerized:

Computerized Lifestyles Assessment
Multi-Health Systems
1-800-456-3003

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

The ASSIST is an 8-item questionnaire developed in 2000 by an international group of substance abuse researchers (Henry-Edwards, Sue; Humeniuk, Rachel; Ali, Robert; Poznyak, Vladimir; Monteiro, Maristela; and World Health Organization) for the World Health Organization. Its purpose is to detect psychoactive substance use and related problems among primary care patients. The ASSIST provides information about: the substances people have ever used in their lifetime; the substances they have used in the past three months; problems related to substance use; risk of current or future harm; level of dependence; and injecting drug use. Substances addressed include: tobacco, alcohol, cannabis, cocaine, amphetamine type stimulants, sedatives, hallucinogens, inhalants, opioids, and other drugs.

The ASSIST is especially designed for international use by health care workers in a range of health care settings. It may also be useful for professionals who work with people at high risk of problems related to substance use. It can be linked to a brief intervention to help high-risk substance users to cut down or stop their drug use and so avoid the harmful consequences of their substance use. The ASSIST extends the WHO efforts that led to development of the AUDIT, with a focus on drugs other than alcohol.

The ASSIST provides information about: the substances people have ever used in their lifetime; the substances they have used in the past three months; problems related to substance use; risk of current or future harm; dependence; and injecting drug use.

Population:

This instrument is designed for use with Adults.

Administration/Scoring:

This instrument should be administered and scored/interpreted by trained practitioners. A clinician can quickly score the ASSIST by using the scoring key or a computer. Norms are available for this instrument, and it has also been normed on the following subgroups: normals, substance abusers, and psychiatric patients. Scoring instructions in the Guidelines.

Copyright/Cost/Source:

This instrument was copyrighted in 2000 by World Health Organization and can be downloaded for free from the web. The document may, however, be freely reviewed, abstracted, reproduced, and translated, in part or in whole but it may not be sold or used in conjunction with commercial purposes.

Copies of this instrument and use guidelines are available at http://www.who.int/substance_abuse/activities/en/Draft_The_ASSIST_Guidelines.pdf. Or contact WHO at Programme on Substance Abuse; World Health Organization; 1211 Geneva, Switzerland; email: Publications@who.int.

Adult Substance Use Survey (ASUS)

The ASUS, developed by K. Wanberg, is a self-report survey designed to assess an individual's perceived alcohol and other drug use. It also provides a brief mental health screen by including questions that might indicate problems of emotional or mood adjustment nature. Scales measuring antisocial tendencies, perceptual defensiveness and motivation are also included. It is a multivariate instrument and is part of the Standardized Offender Assessment package in a number of states, including Colorado. The ASUS is an in-depth differential screening tool.

Population:

Adults, general substance abusing populations and criminal justice clients (non-driving offenders)

Administration:

This instrument may be self administered or given in interview format, and is available in Spanish. An automated version has been developed and field-tested and should be ready soon. There are 64 questions covering the seven scales. It takes approximately 8-10 minutes to administer and less than five minutes to score. Training is required and available from Dr. Wanberg (see source). There is a Users Guide, which is helpful and complete. The ASUS, when used in combination with the Level of Supervision Inventory (LSI) prescribes education and treatment levels.

Copyright/Cost/Source:

There is a copyright. Instead of a cost for materials, there is a site license fee and then materials may be copied.

Center for Addiction Research and Evaluation, Inc. (CARE) 5460 Ward Road, Suite 140
Arvada, CO 80020 303-421-1261

Alcohol Use Disorders Identification Test (AUDIT)

The AUDIT is a screening procedure developed for the World Health Organization by Thomas Babor, Ph.D. that is used to identify drinkers who show evidence of alcohol involvement that has become hazardous or harmful to their health. It is quickly and easily administered. The AUDIT is a simple screening instrument.

Population:

Adults

Administration:

The instrument is paper and pencil and has 10 questions, with 3 on the amount and frequency of drinking, 3 on alcohol dependence and 4 on problems caused by alcohol. It can be administered in as little as two minutes. Minimal training is required to administer and a training video is available for a fee.

Copyright/Cost/Source:

The test is copyrighted, however the tests and manuals are free. There is a charge for the training video.

Program on Substance Abuse
World Health Organization
1211 Geneva, Switzerland

or

Thomas F. Babor
Alcohol Research Center
University of Connecticut
Farmington, CT 06030-1410

Beck Depression Inventory (BDI-1A)

Originally developed in 1961 by Beck et al, the Beck Depression Inventory is a 21-item, multiple-choice questionnaire designed to measure common symptoms and characteristics of depression. The completion of this tool provides a numerical score in which the high scores are indicative of a greater level of depression, and the lower scores less so. The scale was updated in 1978 and renamed (BDI-1A).

Population:

Adolescents and adults

Administration:

This can be done as a clinician-administered interview or a self-administered questionnaire.

Copyright/Source:

The BDI questionnaire is copyrighted and may be obtained from PsychCorp Assessment Center at the address below:

PsychCorp Assessment Center
555 Academic Court
San Antonio, TX 78204-2498
Tel: 800-211-8378
Web: <http://PsychCorpCenter.com>

Brief Symptom Inventory (BSI)

Developed in 1983 by Derogatis and Melisaratos, the BSI is a 53-item self-report questionnaire which can be used in initial evaluation of clients. It is described as an objective method of screening for psychological problems. It is useful in situations in which time is limited to gather information about a client as well as with clients who have limited stamina for the evaluation process, as well as for research.. It is recommended by the Alcohol and Drug Abuse Institute of the University of Washington, as well as by NIDA's Clinical Trials Network and the American Psychological Association.

Population:

Adults

Administration:

The BSI requires only a brief introduction and a minimal amount of instruction to ensure validity. It takes 8-10 minutes to complete. This instrument is the brief version of the Symptoms Checklist (SCL-90-R) discussed later in this compendium. The BSI is also available in Spanish and French, as well as other languages.

Availability:

Use of this instrument is regulated by Pearson Assessments, who can be reached at: <http://www.pearsonassessments.com>, on Pearson Assessments' BSI page.

Cutting Down, Annoyance, Guilt, and Eye Opener (CAGE)

The CAGE is a brief, (four item) relatively non-confrontational questionnaire that can be paper and pencil, computer self administered or done by interview. It has become widely used both for the simplicity of the instrument and ease of administration. The acronym refers to the questions; C-cutting down, A-annoyance, G-guilt, and E-eye opener (Have you used alcohol drink as an eye-opener?). The CAGE is a simple screening instrument.

Population:

Adults and older adolescents

Administrative Comments:

There are only four items on this test. Either The professional clinicians or technicians can administer the CAGE. No training is required to administer or score.

Copyright/Cost/Source:

This instrument is not copyrighted. It was published in the American Journal of Psychiatry and is widely available.

Mayfield, D., McLeod, G., and Hall, P. The CAGE questionnaire: Validation of a new alcoholism instrument. American Journal of Psychiatry, 131:1211-1223, 1974.

Clinical Opiate Withdrawal Scale (COWS)

The COWS was developed by Wesson and Ling in 2003. It is a clinician-administered, pen and paper instrument that rates eleven common opiate withdrawal signs or symptoms. The summed score of the eleven items can be used to assess a patient's level of withdrawal and make inferences about their level of physical dependence on opioids.

Population:

Adults

Administration:

Clinician administered pen and paper instrument

Availability/Copyright:

The COWS may be copied and used clinically. It can be obtained at:
<http://adai.washington.edu/instruments/pdf/COWS2.pdf>

Drug Abuse Screening Test (DAST-20)

The DAST-20 provides a brief (20 item) simple and practical method for identifying individuals who are abusing psychoactive drugs. This instrument contains no questions pertaining to alcohol use. Neither does it attempt to differentiate types of drugs used. The DAST-20 is a refinement of the original 28 item version and correlates almost perfectly with it (R=99). This is a simple screening instrument.

Population:

Adults

Administration:

The DAST-20 may be given in either a self-report or structured interview format. The construction is similar to the Michigan Alcoholism Screening Test (MAST). It takes approximately five minutes to complete and the same to score. No formal training is necessary however, careful reading and adherence to the instructions in the DAST-20 Guidelines for Administration and Scoring (provided with the tests) is required.

Copyright/Cost/Source:

This is copyrighted, however it is available at nominal cost. The Center for Addiction and Mental Health
Marketing Department 33 Russell Street
Toronto, Ontario, Canada M5S-2S1
1-800-661-1111

Driver Risk Inventory (DRI)

The DRI was developed by H. Lindeman, Ph.D. to be an effective and non-offensive method of screening problem drinkers, substance (alcohol and other drug) abusers and high-risk drivers. It is brief, easily administered and scored. Within five minutes of completion, the DRI can generate a comprehensive report explaining risk levels and making specific recommendations. The reports also summarize a structured interview. The DRI is a differential screening tool.

Population:

Adults and older adolescents convicted of DUI/DWAI offenses

Administration:

The DRI consists of 139 items covering five scales and can be completed in 20 minutes. It is computer administered and scored. A paper and pencil booklet is available that also is computer scored. The DRI is available in a Spanish language version. There is a brief DRI (56 items) that is designed for reading impaired clients. The DRI report summarizes a vast amount of information at a glance. Compared to other assessment instruments the DRI is easy to use, quick and more expensive than most.

Copyright/Cost/Source:

There is a copyright. All computer disks remain the property of Behavioral Data Systems (BDS), and must be returned even if damaged. The cost increases periodically. For current information, including ordering and cost, contact;

Behavioral Data Systems, Ltd.
P.O. Box 32938
Phoenix, AZ 85064
1-800-231-2401

Fagerstrom Test for Nicotine Dependence (FTND, FTN, FTQ)

The Fagerstrom Test for Nicotine Dependence was developed in 1991 by Fagerstrom, Heatherton, Kozlowski and Frecker, to measure nicotine dependence related to cigarette smoking. It measures the quantity of cigarettes consumed, compulsion to use, and dependence. This instrument is a revision of the Fagerstrom Tolerance Questionnaire (FTQ).

Population:

Adults, smokers

Administration:

This questionnaire takes 2 minutes or less to administer and 2 minutes or less to score it. It can be administered either as a clinician interview or as a pencil and paper self-test.

Availability/Copyright:

This instrument is copyrighted, but can be reproduced without permission. It is available in this article: Heatherton, T.F., Kozlowski, L. T., Frecker, R. C., and Fagerstrom, K.O. (1991) The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire. *British Journal of the Addictions* 1991; 86:1119-1127. A French translation is available. The instrument can be viewed at <http://lib.adai.washington.edu/> under Special Projects section in the section titled "Screening and Assessment Instruments."

Massachusetts Youth Screening Inventory (MAYSI-2)

The MAYSI-2 is a 52-item brief screening instrument designed to identify potential mental health needs or emotional disturbances, including alcohol or drug use, for youths aged 12-17 years old at any entry or transitional placement point in the juvenile justice system.

Population:

Adolescents within the juvenile justice system

Administration:

The MAYSI (and MAYSI-2) consists of 52 items and takes approximately 8-10 minutes for administration. It is a pencil and paper self-report inventory. Scores for scales are the number of "yes" responses circled by the youth. A scoring key is used by the scorer and then transferred to a Scoring Profile. The Scoring Profile indicates if score is beyond two levels called "Caution" and "Warning." These levels indicate need for special attention, evaluation, or intervention.

No specific training is required for test administration

Cost/Availability/Copyright:

Spanish language paper-and-pencil version and English language CD-ROM are available. If you would like to use the MAYSI-2, you may do so if you complete and send in the form (the MAYSI-2 registry) that is provided in the manual. Once you have registered, however, you may use the instrument without any charges.

Contact:

Professional Resource Press
P.O. Box 15560
Sarasota, FL 34277-1560

<http://www.maysiware.com/MAYSI2.htm>

Lovelace Institutes Comprehensive Screening Instrument (LCSI)

The LCSI was developed by Lapham, Wanberg, Timken and Barton, and was designed to evaluate convicted DUI offenders. It accurately assesses alcohol/drug related problems and other factors associated with high risk driving behaviors. It is a fast, easy way to screen for further evaluation, and is to be used in conjunction with an in-depth personal clinical interview. The LCSI is a differential screening tool.

Population:

Adults and older adolescents convicted of DUI/DWAI offenses

Administration:

This is a self-report questionnaire administered using a computer or instantly scannable answer sheet filled in with a pencil. Scoring is fast and accurate. The questionnaire contains 21 8 items. While the authors report that it can take up to 45 minutes, most clients are able to complete in 1 0-1 5 minutes. The package includes test booklets, administration manual/users guide, and computer generated output, program support, Spanish language version, cassette tapes to assist poor readers and scheduling and tracking software. The LCSI is prescriptive for education and treatment. The use of the LCSI is limited to professionals in psychology, addictions, or certified addictions counselors.

Copyright/Cost/Source:

There is a copyright. Information on cost or to purchase, contact:

Behavioral Health Research Center of the Southwest
6624 Gulton Court, NE
Albuquerque, NM 87109
505-830-3099

Michigan Alcoholism Screening Test (MAST)

The MAST is one of the most widely used measures for assessing alcohol abuse. It is simple and inexpensive. The MAST contains a broad mixture of items asking about problems, drinking styles, dependence symptoms, perceptions and help seeking. The MAST is a simple screening instrument.

Population:

Adults

Administration:

This instrument is either self-administered paper and pencil or can be done in an interview format. There are 25 items. The nature of the questions makes it useful in assessing the extent of lifetime alcohol-related consequences. The time required to take the test is approximately ten minutes, with five minutes required for scoring. It is also available in several versions, the brief ten-question BMAST, the short thirteen-item SMAST, a nine-item version called the Malmo modification, Mm-MAST, and a geriatric version - G-MAST. There is no training necessary for use.

Copyright/Cost/Source:

There is no copyright. There is a minor cost to obtain original materials, which may then be copied for use. Contact:

Melvin L. Selzer, MD
6967 Paseo Laredo La Jolla, CA 92037

Mini-Mental State Examination (MMSE)

The MMSE is a brief, easily administered, quantitative measure of cognitive status in adults. The score for this is 30 possible points, grouped into the following categories:

1. Orientation to place and time;
2. Registration,
3. Attention and concentration;
4. Recall language; and
5. Visual construction

Population:

Adults

Administration:

The test is designed to be easily administered by any health care professional or trained technician who has received minimal instruction in its use.

Availability/Copyright/Access:

The copyright for the MMSE is wholly owned by Mini Mental LLC. Published by Psychological Assessment Resources (PAR), Inc. Cost for individual test forms (50) is \$48.00. A comprehensive kit includes the MMSE Clinical Guide, Pocket Norms Card, User's Guide, and 50 test forms for \$105.

Mini-Mental State Examination web site:

<http://www.minimental.com/>

Mortimer-Filkins (M-F)

The Mortimer-Filkins (M-F) was developed at the University of Michigan by Mortimer and Filkins. The M-F is intended for use in detecting problem drinking among drivers charged with DUI/DWAI. This instrument covers both alcohol substance use and emotional behavior. This instrument was part of the DUI/DWAI screening package in Colorado. However, the M-F was replaced as of July 1, 1999. It is a simple screening instrument.

Population:

Adults and older adolescents charged with DUI/DWAI

Administration:

The M-F consists of two scales, covering 58 questions. It is a self-administered paper and pencil test, and may be done individually or in groups. A Spanish version is available. Even allowing for extra time in groups, it takes no more than 15 minutes to administer. Scoring is simple and easily done. Minimal training is required and is available from Dr. Timken. (See source).

Copyright/Cost/Source:

There is no copyright.

Paper and Pencil:

Psychosocial Systems
2601 Robins Street
Endwell, NY 13760

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

303-442-5780

Rapid Alcohol Problems Screen (RAPS4)

The RAPS4 is another brief (four item) relatively non-confrontational instrument that can be done via interview, paper and pencil or computer self-administered. Like the CAGE and TWEAK, it is simple and easy to administer. The acronym refers to the questions: Remorse; Amnesia; Perform and, Starter. It is a simple screening instrument that has been found to be very useful in medical settings where a quick, simple screen is needed.

Population:

Adults and older adolescents. It performs well for both genders in terms of sensitivity, but not quite as well in terms of sensitivity for women. It has been found adequate for Hispanics and Whites, but somewhat better for Blacks.

Administration:

There are just four items. It is one of the few screens that can be administered by technicians as well as professionals. No special instrument specific training is needed.

Copyright/Cost/Source:

It is not copyrighted. It was published in the Journal of Studies on Alcohol and is widely available.

Cherpitel, C. A brief screening instrument for problem drinking in the emergency room: the RAPS4. Journal of Studies on Alcohol, 61. #3: 447-449, 2000.

Research Institute on Addictions Self Inventory (RIASI)

The RIASI was developed for the New York State Drinking Driver Programs, by Nochajski and Miller. It is an extremely accurate and cost effective method to screen those offenders who need to be referred for further diagnosis and treatment. The RIASI is a simple screening instrument.

Population:

Adults and older adolescent DUI offenders Administrative

Comments:

The RIASI consists of 52 items and covers specific risk factors as well as family history associated with alcohol and drugs. It is a self-administered paper and pencil test that takes only minutes to administer and score. Scoring is a simple transparent overlay. The RIASI is available in Spanish. A training manual is available.

Copyright/Cost/Source:

There is a copyright. Information on cost and materials may be obtained from:

Thomas Nochajski, Ph.D.
Research Society on Addiction 1021 Main Street
Buffalo, NY 14203-1016
716-887-2500

Subjective Opiate Withdrawal Scale (SOWS)

This instrument measures presence and intensity of symptoms of opiate withdrawal, including musculoskeletal, psychic, autonomic, gastrointestinal and motoric signs and symptoms of opiate withdrawal, from the patient's perspective. The scale is simple and practical to administer.

Population:

Adults

Administration:

The SOWS is a self-administered 16-item questionnaire that yields a score between 0 and 64. The items are scored on a 5-point Likert scale: 0=not at all, 1= a little, 2 = moderately, 3 = quite a bit, and 4 = extremely.

Access/Availability/Copyright:

This instrument is copyrighted by Taylor and Francis, who can be contacted at:

Taylor & Francis, Inc.
325 Chestnut St.
Philadelphia, PA 19106

Tel:

215-625-8900

Substance Abuse Subtle Screening Inventory (SASSI) ♦

The SASSI was developed by Glenn Miller, Ph.D. in part because of a perceived need for a screening instrument that would be fairly accurate when the client was trying to minimize a drinking problem. It is brief and easy to understand. In earlier versions, there were questions concerning the psychometrics and it is hoped that the current (third) edition addresses and corrects the problems. The SASSI is a differential screening tool.

Population:

Adults and adolescents (separate versions)

General substance misusing populations and criminal justice clients including DUI/DWAI offenders.

Administration:

The SASSI is available as both a paper and pencil self-administered test and computerized. It is recommended that you order a starter kit (either paper and pencil or computer). It includes a users guide, 25 questionnaires and profiles, scoring key and manual. The test itself contains 62 true/false questions and 25 questions specific to alcohol or other drug use. The SASSI is strictly a screening tool and should not be used for assessment.

Copyright/Cost/Source:

There is a copyright and test booklets must be purchased, not copied. To purchase or for more information, concerning costs, contact:

The SASSI Institute
Rt. 2, Box 134
Springfield, IN 47462
800-726-0526

♦ *This instrument is approved for use by MSO funded programs.*

Simple Screening Inventory (SSI)

The SSI was developed by a panel of expert clinicians for the Center of Substance Abuse Treatment (CSAT). Though it encompasses a broad spectrum of signs and symptoms of substance abuse, it contains only 16 questions. In addition, four of the questions are printed in bold face and may, in some circumstances, be used as a short form of the test. However it will, of course, not reveal as complete a picture as using the 16 items. The SSI is part of the Standardized Offender Assessment package in Colorado. This is a simple screening instrument.

Population:

Adults and older adolescents

Administration:

This instrument may be given as a self-administered test or in interview format. Because of the length of this instrument, it is quickly administered and scored. Scoring is easy and no real training is required. Spanish language version is available.

Copyright/Cost/Source:

There is no copyright on this instrument and there is no charge. To obtain, contact:

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

CO. Department of Human Services
ADAD
4055 S. Lowell Blvd.
Denver, CO 80236

303-442-5780

303-866-7480

Tolerance, Annoyance, Cutting Down, and Eye Opener (T-ACE)

The T-ACE is a brief (four item) questionnaire useful in a clinical practice setting in assessing pregnant clients for at risk drinking. It is based on the CAGIE and is non confrontational. The acronym refers to the questions themselves. The T - tolerance, A - annoyance, C - cutting down, and E - eye opener. The T-ACE is a simple screening instrument.

Population:

Adults, especially those who are pregnant.

Administration:

The T-ACE is administered interview style. Because of its simplicity (four yes/no items) it takes approximately one minute to administer and the same to score. No computerized version is available.

Copyright/Cost/Source:

There is a copyright, and permission is necessary to copy. There is no cost. Contact:

S. Martier, MD, OB/GYN
4707 Saint Antoine
Detroit, MI 48201

Triage Assessment for Addictive Disorders (TAAD)

The TAAD is a brief, (31 item) instrument. It is best offered as an interview. The TAAD can identify obvious alcohol and drug problems (corresponds to the DSM-IV criteria), and provides support for the diagnosis. This is an ideal follow-up to breath or urinalysis to determine whether a current diagnosis is likely. The TAAD is not intended as a definitive diagnostic instrument; rather it shows whether further in-depth testing is required, and thus may be part of a screening package.

Population:

Adults and older adolescents

Administration:

The TAAD may be administered by any staff person with good interviewing skills, but interpretation is reserved for qualified licensed professionals. The instrument typically takes fewer than 10 minutes to administer and 2-3 minutes to score. A tentative diagnosis of Abuse or Dependence is possible based on the client's responses, however the clinician should make the final diagnosis based on all the evidence available, not solely on the TAAD.

Copyright/Cost/Source:

There is a copyright and materials must be purchased. There is an introductory kit (manual + 5 interview forms) and packets of 25 interview forms. For information or to purchase:

Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917

800-755-6299

Tolerance, Worry, Eye-Openers, Amnesia, (K)cut Down (TWEAK)

The TWEAK was developed by M. Russell to screen for risk drinking during pregnancy. It is one of the few alcohol screening instruments that has been developed and validated among women. Like the CAGE and the T-ACE the TWEAK is an acronym. T - tolerance, W - worry, E - eye-openers, A - amnesia, K (k)cut down. The TWEAK is a simple screening instrument.

Population:

Women who are pregnant, however it has been adapted to screen for heavy drinking (4-6 or more drinks per day) and alcohol dependence in male as well as non pregnant female samples.

Administration:

The TWEAK is a five item, paper and pencil test that takes approximately five minutes to administer and score. It can also be administered interview style. The TWEAK provides a quick and easy method of targeting both outpatients and inpatients in need of more thorough assessment. No specific training is necessary.

Copyright/Cost/Source:

There is no copyright or cost for the instrument. Copies may be obtained from:

Marcia Russell, Ph.D.
Research Institute on Addictions
1021 Main Street
Buffalo, NY 14203

716-887-2507

Used, Neglected, Cut Down, Objected, Preoccupied, Emotional Discomfort (UNCOPE)

The UNCOPE was developed by N. Hoffman, Ph.D. Like the CAGE, it is an acronym formed by the questions contained. U - used (have you used drugs more than you meant to?), N - neglected, C - cut down, O - objected (has anyone objected to your drinking), P - preoccupied, E - emotional discomfort (have you used to relieve emotional discomfort?) This is a simple screening instrument.

Population:

Adults and older adolescents

Administration:

Because of the brevity, the UNCOPE is easy to administer and score. This may be done as either paper and pencil or interview style. There is no automated version. Training is not required. When scoring, two or more positive responses indicate abuse or dependence, and four or more positive responses strongly indicate dependence.

Copyright/Cost/Source:

There is no copyright or cost for this instrument. It is available from:

Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917

800-755-6299

DIAGNOSTIC INSTRUMENTS



Practical Adolescent Dual Diagnostic Interview (PADDI) ♦

This instrument was developed in 2000 by Estroff and Hoffman as a comprehensive diagnostic assessment interview for adolescents. It documents both DSM-IV substance abuse/dependence diagnoses and major mental health conditions. The PADD I focuses most on the mental health conditions most likely to interfere with recovery from substance abuse or dependence. The interview questions are intended to be objective, simple and easy to understand.

Population:

Adolescents/Clients with co-occurring mental health and substance use disorders.

Administration:

The PADDI is a clinician-administered interview, which can be scored within 5 minutes of a 20 – 40 minute interview. Professionals can use the PADDI without special training. Technicians and paraprofessionals can administer the instrument with minimal training and supervision.

Availability/Copyright:

The PADDI is copyrighted by Norman G. Hoffmann, Ph.D. and may not be adapted or photocopied. It can be ordered from the Change Companies in packets of 25 forms for \$67.50 (the manual is an additional \$20).

Contact information:

The Change Companies
5221 Sigstrom Drive
Carson City, NV 89706
Tel: 888-889-8866
Fax: 775-885-0643
Email: Info@changecompanies.net
Web: <http://www.changecompanies.net>

♦ *This instrument is approved for use by MSO funded programs.*

Comprehensive Addictions and Psychological Evaluation (CAAPE)

The Comprehensive Addictions and Psychological Evaluation (CAAPE) was developed by N. Hoffman, Ph.D. Though designed as a diagnostic tool, the CAAPE can aid in motivational enhancement and assessment of relapse potential. This instrument is also useful when helping clients accept referral and treatment plans.

Population:

Adults

Administration:

The CAAPE is an ideal tool for performing a substance and mental health related diagnostic work-up as part of any clinical intake. It provides a lifetime history of drug and alcohol use, and is broken down to show individual substances used. This instrument is designed to be administered interview fashion, and is divided into sections and may be administered in one session, or over several sessions if necessary. This is useful if the client is easily distracted, or unable to focus for long. No formal training is required. A manual is available with instructions.

Copyright/Cost/Source:

The instrument is copyrighted. There is a cost for materials and manual. For information or to purchase, contact:

Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917

800-755-6299

Diagnostic Interview Schedule DIS (Alcohol Section)

The DIS was developed by Robbins, Cottler and Keating (Department of Psychiatry, Washington University School of Medicine) at the request of the National Institute of Mental Health. It is a highly structured interview to diagnose various mental disorders according to the Diagnostic and Statistical Manual, IV (DSM-IV). It is simple to use and allows lay personnel (non-clinicians with adequate training) to administer. Use of the alcohol section only is necessary here.

Population:

Adults and older adolescents

Administration:

The DIS is given during a structured interview. Interviewers must first complete a three or five-day (didactic or practical) training program and a week of field practice. Interviewers should have at least a high school diploma. Two computer programs are available as well as a hand-scoring manual. The alcohol section contains 30 items, (most have subsections). It takes approximately 15-20 minutes to complete the alcohol section. The DIS is available in English and nine other languages.

Copyright/Cost/Source:

There is a copyright and a fee for computer programs and related materials. For information regarding cost or to order, contact:

Paper and Pencil
Judy Kulterman or Susan Keating
Department of Psychiatry
Washington Univ. School of Medicine
4940 Audobon Ave.
St. Louis, MO 63110

Computerized
Dr. J.H. Greist
Department of Psychiatry
University of Washington
600 Highland Ave.
Madison, WI 53792

DSM IV Brief Interview for Substance Abuse or Dependence

The instrument was developed by D. Timken, Ph.D. It is a self-report tool designed to provide a quick diagnosis of either Substance Abuse or Dependence, and the severity of the problem. It further provides the Course Specifiers as set forth in DSM-IV.

Population:

All substance using populations

Administration:

This instrument consists of 12 items, and can be completed and scored in ten minutes. This is an interviewer based paper and pencil test. The clinician must have a sound working knowledge of DSM-IV, have a clinical masters degree, and be a licensed professional or a CAC III. Currently there is no automated version available. Training is available from Timken and Associates (see source).

Copyright/Cost/Source:

There is a copyright. An original is available from Timken and Associates, Inc. and copies may be made. For information:

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

303-442-5780

Diagnostic & Statistical Manual Checklists

The DSM-IV checklists were developed by D. Timken, Ph.D. There are separate lists for Abuse and Dependence and one for Course Specifiers. Utilization of them incorporating self-report, instrumentation and background data including official records and collateral data can provide information leading to a decision concerning diagnosis.

Population:

All substance using populations

Administration:

This is an interviewer based paper and pencil tool. The Abuse checklist contains six questions, the Dependence checklist has ten questions and the Course Specifiers checklist has six questions. The length of time to administer and score depends on the completeness of the information. The interviewer/clinician must have a sound working knowledge of DSM-IV, and must have a clinical masters degree, be a licensed professional or CAC III. Training is available from Timken & Associates, Inc. (see source).

Copyright/Cost/source:

There is a copyright. An original is available from Timken & Associates, Inc., and copies may be made.

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

303-442-5780

Structured Clinical Interview for DSM IV Personality Disorders (SCID-11) (Alcohol Section)

The SCID-11 was developed by Spitzer, Williams, Gibbon and First. It is a semi-structured interview designed to diagnose 12 DSM-IV personality disorders. As with DIS, only the alcohol section is used. A diagnosis of 'Alcohol Abuse' or 'Alcohol Dependence' can be determined, with the latter classified as mild, moderate, or severe, or as being in partial or full remission.

Population:

All

Administration:

Only clinicians who have experience evaluating personality disorders and are familiar with DSM-IV Criteria should administer the SCID-11. The package contains, in addition to test booklets, a 1 -1/2 hour videotape and a users guide. Unfortunately, due to copyright limitation, the entire booklet must be purchased even though you intend to use only the alcohol section. The alcohol section takes 15-20 minutes to complete. The SCID-11 is available in Spanish.

Copyright/Cost/Source:

There is a copyright. You can purchase the entire package, which includes the videotape and users guide. The videotape is available separately. For information regarding price or to order, contact:

Biometrics Research Department
New York State Psychiatric Institute
722 W. 168th Street
New York, NY 10032

212-960-2200

Substance Use Disorder Diagnosis Schedule (SUDDS IV)

The SUDDS-IV was developed by Harrison and Hoffman. It is an objective structured diagnostic interview that gives information for the diagnosis of Alcohol and Other Drug Dependence according to DSM-IV. Unlike the DIS and the SCID-11, the SUDDS-IV focuses only on substance use. The instrument is dual purpose. It is not only a diagnostic tool, but is a comprehensive assessment instrument that can aid in motivational enhancement and assessing relapse potential, information that is useful to individual treatment planning.

Population:

Adults, especially alcohol/other drug abuse/dependent and dual diagnosis populations.

Administration:

The interview takes 30-45 minutes to complete and must be administered by qualified chemical dependence personnel. Training is required. The SUDDS-IV is available as a paper and pencil test. The SUDDS-IV has recently been revised and now contains 64 items. (The previous version contained 99). The structure of this instrument makes it useful in working with clients who are distractible or unable to focus for very long. The instrument has been translated into Swedish.

Copyright/Cost/Source:

There is a copyright. For current information concerning cost or to order, contact: (This information is new since 1999).

Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917

800-755-6299

Triage Assessment for Addictive Disorders (TAAD)

The TAAD is a brief, (31 item) instrument that may be used as a screen as well as a brief diagnostic tool. It is best offered as an interview. The TAAD can identify obvious alcohol and drug problems (corresponds to the DSM-IV criteria), and provides support for the diagnosis. This is an ideal follow-up to breath or urinalysis to determine whether a current diagnosis is likely. The TAAD is not intended as a definitive diagnostic instrument; rather it shows whether further in-depth testing is required.

Population:

Adults and older adolescents

Administration:

The TAAD may be administered by any staff person with good interviewing skills, but interpretation is reserved for qualified licensed professionals. The instrument typically takes fewer than 10 minutes to administer and 2-3 minutes to score. A tentative diagnosis of Abuse or Dependence is possible based on the client's responses, however the clinician should make the final diagnosis based on all the evidence available, not solely on the TAAD.

Copyright/Cost/Source:

There is a copyright and materials must be purchased. There is an introductory kit (manual + 5 interview forms) and packets of 25 interview forms. For information or to purchase:

Evince Clinical Assessments
P.O. Box 17305
Smithfield, RI 02917

800-755-6299

MOTIVATION MEASUREMENT INSTRUMENTS



Adult Self-Assessment Questionnaire (ADSAQ)

The ADSAQ was developed by Wanberg and Milkman, specifically for AOD offenders. This instrument, like the SOCRATES and URICA is based on a trans-theoretical model that measures progressive steps in the readiness for change. This is a testing component of the Strategies for Self Improvement and Change (SSC). This instrument provides information on where the offender is in regard to change relating to the three phases of SSC, i.e., challenge, commitment and taking ownership of change.

Population

Adult and older adolescents

Administration:

The ADSAQ has 48 items and 8 scales that lead the clinician to determine where the offender is in regard to the stage of change. It takes approximately 15 minutes to administer and perhaps five minutes to score. It is a self administered paper and pencil test. Minimal training is required.

Copyright/Cost/Source:

There is a copyright. The test is available at no cost for providers of SSC. For information concerning cost to others or for ordering, contact:
Center for Addictions Research and Evaluation (CARE)
5460 Ward Road, Suite 140
Arvada, CO 80002

303-421-1261

Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)

The SOCRATES was developed by Miller and Tonigan at the University of New Mexico. It was designed to assess motivation for change in problem drinkers (7, 8-A) and other drug abusers (7, 8-B). The SOCRATES assesses the individual's stage of readiness for change within the framework proposed by Prochaska and DiClemente as well as modifications of their own work. All versions of the instrument are based on the trans-theoretical approach that posits a series of progressive stages of change readiness. Specific treatment techniques should be tailored to fit the clients' stage of change.

Population:

Adults and older adolescents

Administration:

All versions of the SOCRATES are self-administered paper and pencil tests and take approximately ten minutes. Scoring of each takes 3-5 minutes. The versions 7 (A-D) consist of 40 items, with five scales measuring pre-contemplation, contemplation, determination, action and maintenance. There is a shorter version consisting of 20 items. SOCRATES 8 (A & D) has 19 items, measuring recognition, ambivalence and taking steps. Several versions for significant others are available. No training is necessary, however the clinician must be familiar with Stages of Change and Motivational Interviewing.

Copyright/Cost/Source:

There is no copyright. For information and/or to order, contact:

Wm. R. Miller, Ph.D.
Distinguished Professor Emeritus
Department of Psychology
University of New Mexico
Albuquerque, NM 87131

505-925-2380
wrMiller@unm.edu

University of Rhode Island Change Assessment (URICA)

The URICA was developed by Prochaska and DiClemente. Like the SOCRATES, which it preceded, it is based on a trans-theoretical approach that posits a series of steps or progressive readiness for change. It is a general instrument that can be directed to address alcohol/drug problems.

Population:

Adults and older adolescents

Administration:

The URICA is a short, 32 item (also available - a 28 item version) test that encompasses four scales, pre-contemplation, contemplation, action and maintenance. Each question can be answered on a five point Likert scale. It takes just a few minutes to administer and may be scored by hand or computer in minutes.

Copyright/Cost/Source:

There is a copyright. Generally there is no cost for a few copies and they may be copied. For information, contact:

Dr. Carlo DiClemente, Professor and Chair
University of Maryland, Baltimore County
Department of Psychology
1000 Chilpot Circle
Baltimore, MD 21250

410-455-3121

ASSESSMENT INSTRUMENTATION



Adolescent Assessment Tools

Adolescent Drug Abuse Diagnosis (ADAD)

This instrument is a 150-question item structured interview designed to assess substance use and other life problems, to assist with treatment planning, and to measure changes in life problem areas over time. The domains covered in the ADAD are: medical status, drug and alcohol use, legal status, family background and problems, school/employment, social activities and peer relations, and psychological status.

Population:

Adolescents

Administration:

The interview can be conducted in 40 – 55 minutes. The interviewer must be trained.

Availability/Copyright/Access:

The ADAD is in the public domain and can be found at:
<http://washington.edu/instruments/pdf/ADAD.pdf>.

Adolescent Self-Assessment Profile (ASAP) ♦

This instrument provides a differential assessment of an adolescent's substance use along with other risk factors that can contribute to the development and maintenance of a substance use disorder. It provides measurements of different aspects of an adolescent's life and drug use via 20 basic scales and 15 supplemental scales.

Population:

Adolescents

Administration:

This is a 225-multiple-choice questionnaire, which can either self-administered, or administered in interview form, depending upon the reading level of the adolescent. Completion of the instrument takes between 20 and 50 minutes, depending upon whether it is completed by the adolescent or via the interview..

Availability/Copyright/Access:

The ASAP is copyrighted and there is a fee for its use. It is available from:

Center for Addictions Research and Evaluation
5460 Ward Road, Suite 140
Arvada, CO 80002
Tel: 303-421-1261
Fax: 303-467-1985

♦ *This instrument is approved for use by MSO funded programs.*

Comprehensive Adolescent Severity Index (CASI) ♦

The CASI was developed in 1995 by Myers, McLellan, Thomas and Pettinati. It is a comprehensive, semi-structured, clinical assessment and outcomes interview for use with adolescents. It consists of 10 independent modules, which include:

- Health
- Family
- Stressful Life Events
- Legal Status
- Sexual Behavior
- AOD Use
- Mental Health Functioning
- Peer Relationships
- Education and
- Use of Free Time

Each module also measures the adolescent's perception of the existence of the problem, as well as its severity. The instrument also contains items that measure the client's strength. The instrument is recommended by the National Institute on Alcoholism and Alcohol Abuse.

Population:

Adolescents

Administration:

The instrument should be administered by a trained professional, and the cost of a training is \$2000 as of this writing. Contact System Measures, Inc. at the address below for more information about training. The CASI is available in regular interview format or in a computer-administered format. It takes approximately 45 – 90 minutes to administer. Scoring takes approximately 15 minutes, using a scoring key.

Availability/Copyright:

The instrument is copyrighted. The pencil-and-paper version is available free of charge; contact System Measures at the address below for the cost of the computer program.

System Measures, Inc.
P.O. Box 506
Spring Mount, PA 19478
Tel: 610-287-2786
Email: myershagen@erols.com

♦ *This instrument is approved for use by MSO funded programs.*

Drug Use Screening Inventory-Revised (DUSI-R)

The DUSI-R is a 159-item questionnaire developed to measure severity of problems in 10 domains: substance abuse, mental health disorders, behavior problems, school adjustment, health status, work adjustment, peer relations, social skills, family adjustment and leisure/recreation. The DUSI-R also contains a “lie scale” designed to identify inconsistency in responses.

The DUSI-R also provides in its scoring a ranking of problems in order of their severity, to facilitate emphasis on the highest areas of need in the treatment planning process.

Population:

Adults/Adolescents

Administration:

This instrument is available in three formats: a pencil and paper self-administered questionnaire, a structured clinical interview, or a computer-based self-administered questionnaire. It takes approximately 20 – 40 minutes to administer. . No special training is required for the administration of this instrument.

Scoring can be done by examiner, computer, or optical scan.

Availability/copyright/cost:

The DUSI-R is copyrighted. Prices and additional information are available at the Gordian Group DUSI website: <http://www.dusi.com>

Personal Experience Inventory (PEI)

This instrument was developed by Winters and Henly. It is a self-report inventory which measures the onset, nature, degree and duration of chemical involvement in 12- to 18-year-olds. It also measures the possibility of family substance use disorders, sexual or physical abuse, eating disorders, suicide potential and the need for psychiatric referral. There is an adult version of this instrument, the PEI-A, the discussion of which follows.

Population:

Adolescents

Administration:

This instrument should be administered by a trained professional, but only minimal training on the use of the instrument itself is required. The PEI contains 56 items and takes 45-60 minutes to administer. It can be scored by computer or via a mail-in (or fax) answer sheet.

Copyright/Availability:

The PEI is copyrighted. Cost is \$135 per test kit, which includes the manual, cost of computer scoring and interpretation for five administrations.

Contact information:

Ken Winters, Ph.D.
University of Minnesota
Department of Psychiatry
420 Delaware St. SE, Box 393
Minneapolis, MN 55455

For the computerized scoring version, contact:

Western Psychological Services
12031 Wilshire Boulevard
Los Angeles, CA 90025-1251
Tel: 310-478-2061

Web: <http://www.wpspublish.com>

Teen Addiction Severity Index (T-ASI) ♦

The T-ASI is an assessment tool that was developed in 1991 by Kaminer, Bukstein and Tarter as a semi-structured, age appropriate modification of the Addiction Severity Index. It yields 70 ratings in 7 domains: Psychoactive Substance Use, School or Employment Status, Family Function, Peer-Social Relationships, Legal Status and Psychiatric Status.

Population:

Adolescents, clients with co-occurring disorders

Administration:

The T-ASI consists of 154 items and can be administered by a trained technician or mental health professional in 20 – 45 minutes. It can be scored in 10 minutes.

Access/Copyright/Availability

This instrument is not copyrighted, and there is no cost for use. Further information is available from:

Dr. Yifrah Kaminer, M. D.
University of Connecticut Health Center
School of Medicine
263 Farmington, CT 06030-2103
Tel: 860-679-4344
Email: kaminer@psychiatry.uhc.edu
Web: <http://www.uhc.edu>

Instrument URL: <http://adai.washington.edu/instruments/pdf/TASI.pdf>

- ♦ *This instrument is approved for use by MSO funded programs.*

Adult Assessment Tools

Addiction Severity Index (ASI) ♦

The ASI, developed by McLellan, et al., now in the fifth edition, is the most widely used assessment instrument available. It is a semi- structured interview designed to provide important information about aspects of a person's life that may contribute to the substance abuse problems. Properly administered and scored, the ASI can help establish the severity of the client's involvement with alcohol and/or other drugs. The ASI is listed as one of the instruments of choice in the SSC Curriculum. Also available is the ASI LITE, containing 22 fewer questions. Interviewer Severity Ratings and the Family History grid are deleted. This may be used for research or clinical purposes.

Population:

Adults - Adolescents version (YAI) available

Administration:

The ASI is an interview-based instrument that has two parts: personal and family background data; and current status and problems in six areas; (medical, employment, alcohol/drugs, legal and psychiatric) for a total of 161 questions. It takes approximately 45 minutes to administer. Because the ASI is in the public domain, there is no cost for reproduction or use. However, training is necessary and personal training is expensive. Spanish version, self-training tapes and manuals are available.

Copyright/Cost/Source:

Paper and Pencil

Treatment Research Institute
600 Public Ledger Building
150 S. Independence Mail W.
Philadelphia, PA 19106

215-399-0980

Computerized

Quick Start Systems
11551 Forest Cntr. Dr.
Suite 132
Dallas, TX 75243

214-342-9020

Computerized

UT Dept. Human Servs.
120 N. 200 W.
Room 201
Salt Lake City, UT 84103

801-538-4696

♦ *This instrument is approved for use by MSO funded programs.*

Adult Clinical Assessment Profile (ACAP)

The ACAP was developed by K. Wanberg. It combines a self-report component (Adult Self Assessment Profile, ADSAP) with another report or rater component (Rating Adults Problem Scales, RAPS) to provide a differential assessment of the major risk/resiliency factors found in adult substance abuse clients. Each component (ADSAP & RAPS) may be used individually, however, when used together the degree of congruency between the two sources of information provides a more valid estimate of the severity level and treatment needs of the client.

Population:

Adults

Administration:

The ADSAP component is a pencil and paper instrument to be completed by the client. The 126 items include questions about childhood and adult years, feelings, family, job, legal status, medical history and alcohol/other drug use and gives the clinician a view of the problems from the client's perspective. The RAPS is the other-rater component, and is comprised of 59 items. This is to be completed by the clinician during a structured interview. When taken together the two sources of information provide a highly valid estimate of the client's true situation and treatment needs.

Copyright/Cost/Source:

There is a copyright on the entire ACAP. For information, and/or training for scoring, contact:

Center for Addictions Research and Evaluation (CARE)
5460 Ward Road, Suite 140
Arvada, CO 80002

303-421-1261

Alcohol Use Inventory (AUI)

The AUI was developed by Horn, Wanberg and Foster, and is one of the prominent instruments used in the assessment of problems related to alcohol use. It was designed to measure patterns of behavior, attitudes and symptoms pertaining to the use of alcohol. The AUI is considered by many experts to be the alcohol use assessment instrument of choice. The AUI is listed as one of the instruments of choice in the SSC Curriculum.

Population:

Adults and older adolescents

Administration:

The AUI is available in paper/pencil and computerized versions. The test consists of three major areas. The 17 primary scales are divided into five sets of measures; benefits from use, styles of use, negative consequences of use, concerns about use and acknowledgment that use is causing problems. The second level consists of six scales that are labeled; enhanced, observed, disrupt 1, disrupt 2, anxconen (anxiety/concern), and reepawar (receptive/awareness). The third level has one scale and measures alcohol involvement. It takes 35-50 minutes to administer and 5-10 minutes to score and interpret. Training is necessary.

Copyright/Cost/Source:

There is a copyright. There is also a cost to purchase.

For Training
CARE
5460 Ward Road, Suite 140
Arvada, CO 80002

303-421-1261

To Purchase
National Computer Systems, Inc.
P.O. Box 1416
Minneapolis, MN 55440

800-627-7271

Behavior and Symptom Identification Scale (BASIS-32)

The BASIS-32 was developed by Dr. Susan V. Eisen and is a part of a performance measurement system approved by the Joint Commission on Accreditation of Healthcare Organizations (JAHCO) and recommended by the American Psychological Association. It is simple and brief. It measures the degree of difficulty experienced by the client across a wide range of mental health and substance use disorder symptoms that occur across the diagnostic (DSM-IV) spectrum. It can measure change over time, and can be used in evaluating outcomes. The instrument can be viewed at: <http://www.basissurvey.org/basis32/view32>.

Population:

Adults, clients with co-occurring mental and substance use disorder issues.

Administration:

Self-administered questionnaire, outcome evaluation, psychological screening. Can be administered in 20-30 minutes (plus self-administered follow-up questionnaire). Provides an overall score with five subscales: Relation to Self and Others, Depression and Anxiety, Daily Living and Role Functioning, Impulsive and Addictive Behavior, and Psychosis.

Source/Copyright:

Developer: Susan V. Eisen, PhD
McLean Hospital Dept. of Mental Health Services Research
115 Mill Street
Belmont, MA 02178

Licensing or JACAHO questions:
Leslile Cahill, MA, MPH
617-855-2190

Clinical Institute Withdrawal Assessment for Alcohol, Revised (CIWA-Ar)

The CIWA-Ar is an 8-item scale designed to measure the severity of alcohol withdrawal, and can be re-administered periodically to monitor the progression of withdrawal symptoms. The CIWA-Ar is required for use in ADAD licensed detoxification facilities, where it is incorporated into the usual clinical care of patients undergoing withdrawal, but can be used in other settings as well where alcohol withdrawal may be a concern.

Population:

Adults

Administration:

This instrument should be administered by trained nurses, doctors, or research associates/detoxification unit workers. Only minimal training is required to facilitate accurate observations (e.g., taking pulse) and to use anchored ratings consistently. Scoring takes approximately 4 – 5 minutes.

Availability/Copyright:

This instrument is copyrighted. Permission is not required for its use. It is available at:

<http://www.asam.org/Addiction%20Medicine%20Essentials/INSERT%20jan-Feb%%202001.pdf>

Contact Information:

E.M. Sellers
Ventana Clinical Research Corporation
76 Grenville St., Suite 947
Toronto, ON M5S 1B2, Canada

Comprehensive Drinker Profile (CDP)

The CDP was developed by Miller and Marlatt. It is a structured interview format, intended to obtain data on client status in the following areas: drinking history, motivation, demographic and self- efficacy. The CDP uses a set of card sorts to help clients specify these areas.

Population:

Adults

Administration:

The CDP is a clinician-administered instrument consisting of 88 items. It takes approximately two hours to complete and 30 minutes to score. There is a brief version available. Scoring is done by the interviewer, and computerized scoring is available for the alcohol consumption section. Training is required.

Copyright/Cost/Source:

There is a copyright. Reproduction is prohibited without permission of the publisher. Various packages are available from:

Psychological Assessment Resources, Inc.
P.O. Box 998
Odessa, TX 33556

800-331-8378

For software and/or training:

Wm. R. Miller, Ph.D.
Distinguished Professor Emeritus
Department of Psychology
University of New Mexico
Albuquerque, NM 87131

505-925-2380
wrmiller@unm.edu

Drug Use Self Report (DUSR)

The DUSR was developed by Wanberg and Horn and provides a differential assessment of drug use. It has the same theoretical underpinning as the AUI. It is the instrument of choice for clients whose primary drug use is not alcohol. The DUSR is listed as one of the instruments of choice in the SSC Curriculum.

Population:

Adults and older adolescents

Administration:

The DUSR is a self administered paper and pencil test. It is comprised of 17 clinical scales. They measure extent of drug use (a total of 11 drug categories), conditions of drug use (how often, how recent) a measure of drug use disruption independent of any specific drug(s) and the last scale determines dependence based on DSM criteria. Training is necessary. The DUSR can be administered in 20-30 minutes and takes 5-10 minutes to score. It comes with a users guide.

Copyright/Cost/Source:

There is a copyright. For information, training or to purchase, contact:

Center for Addictions Research and Evaluation (CARE)
5460 Ward Road, Suite 140
Arvada, CO 80002

303-421-1261

Global Appraisal of Individual Needs (GAIN) ♦

Designed in 1999 by Dr. Michael Dennis of Chestnut Health Systems, the GAIN is designed to measure the recency, breadth, and frequency of problems and service utilization related to substance use. It consists of a series of measures designed to integrate research and clinical assessment. The GAIN has 99 scales and subscales, which include measurement of diagnosis, treatment motivation, relapse potential, mental health and risk/protective factors. It can be used as a self-administered questionnaire, a clinician-administered interview, assessment, diagnostic test, treatment planning, or outcome evaluation.

Population:

Adolescents and adults

Administration:

The GAIN consists of 1606 items, set up as modules. It takes 60 – 120 minutes to administer. It can be obtained in the following formats: pencil-and-paper self-administered, interview (structured), computer self-administered (forthcoming) and computer-assisted interview (by staff).

Availability/copyright:

This instrument is available through Chestnut Health Systems at <http://www.chestnut.org/li/gain>. It is copyrighted, and training in its use is mandatory and available. There is a fee for each instrument used.

Contact information:

Michael Dennis, PhD.
Senior Research Psychologist
Chestnut Health Systems
720 West Chestnut
Bloomington, IL 61701
Tel: 309-827-6026
Email: mdennis@chestnut.org

♦ *This instrument is approved for use by MSO funded programs.*

Personal Experience Inventory for Adults (PEI-A)

The PEI-A was developed by K. Winters. It detects signs of substance abuse, pinpoints the nature and style of drug use, documents onset, duration and frequency of use, and identifies behavioral or emotional problems that may accompany drug use. It also helps with treatment planning and outcome measurement.

Population:

Adults ages 19 and over

Administration:

This is a self-report instrument, written at a 6th grade reading level, and takes approximately 45-60 minutes. The paper and pencil forms must be sent to Western Psychological Services to be computer scored. You may also purchase a disk allowing you to computer score on site. You receive a complete interpretive report, which compares the client's scores to those of two norm groups.

Copyright/Cost/source:

There is a copyright, and cost. For information concerning current cost, or to order, contact:

Western Psychological Services, Inc.
12031 Wilshire Boulevard
Los Angeles, CA 90025-1251
800-648-8857

PLACEMENT CRITERIA



The Alcohol Drug Driving (ADDS) Program Placement Criteria Revised for Substance Abusing Drivers

This criterion was developed by D. Timken, and is based on the ASAM PPC-2-R. It is required as part of the ADDS program standardized procedures for screening, referring and placing DUI/DWAI offenders in Colorado. It is multi-dimensional, clinically driven, has variable lengths of service and represents a continuum of care. Levels of service include: Level I Education; Level 11 Education; and Level 11 Education combined with Weekly Outpatient, Intensive Outpatient, Day Treatment, Half-Way House, Transitional, Intensive Residential, Hospital, and Therapeutic Community in various configurations. The final category is No Treatment, (due to severity). Five dimensions are addressed: biomedical, emotional/behavioral, readiness to change (treatment acceptance/resistance), relapse/continued use potential and recovery/living environment.

Population:

Adult and older adolescent DUI/DWAI offenders.

Administration:

All DUI/DWAI offender evaluation data must be utilized in reference to the five dimensions. The amount of time required for use will vary. Training is required. Users should be familiar with ASAM PPC-2-R.

Copyright/Cost/Source:

There is no copyright; there are costs for reproduction, mailing and training. For information, contact:

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

303-442-5780

American Society of Addiction Medicine Patient Placement Criteria Second Edition Revised for the Treatment of Substance Related Disorders (ASAM PPC-2R)

The criteria were developed by a group of experts chaired by Mee-Lee, Gartner, Miller and Shulman. This incorporates earlier work of Hoffman, Halikas, Mee-Lee and Weedman. It is multi dimensional, clinically driven, provides variable lengths of service and represents a continuum of care. Levels of service described are Early Intervention, Outpatient, Intensive Outpatient/Partial Hospitalization, Residential/Inpatient, and Medically Managed Intensive Inpatient. The six dimensions addressed are: acute intoxication and/or withdrawal potential; biomedical conditions or complications; emotional/behavioral conditions and complications; readiness to change (treatment acceptance/resistance); relapse/continued use potential and recover-y/living environment.

Population:

Adult substance user not involved with the criminal justice system

Administration:

All client evaluation data must be utilized in reference to the six dimensions. Training is required. The amount of time required for use will vary and there are no specific time frames.

Copyright/Cost/Source:

The product is copyrighted, and there is a cost. For information on training, cost and ordering, contact:

American Society of Addiction Medicine, Inc.
4601 North Park Ave.
Upper Arcade, Suite 101
Chevy Chase, MD 20815

301-656-3920

Level of Care Index 2R (LOCI-2R)

The LOCI-2R was developed by D. Mee-Lee, G. D. Sherman and N.G. Hoffmann. It was developed to assist in summarizing findings and documenting the reasons for specific treatment decisions. It is useful when it becomes necessary to document multiple assessments during an episode on one form. Each form has room for up to six assessments per individual. All levels of care defined by the ASAM PPC-2R are covered. It may be used with all three of the placement criteria in this document, i.e., the ADDS PC-R, the ASAM PPC-2-R and the SOA-PC-R.

Population:

Adults (LOCI-2RA) and Adolescents (LOCI-2RC)

Administration:

The LOCI-2R is an eight-page paper and pencil instrument designed to be completed by the clinician. The time necessary to complete will vary with the amount of data available. Completion should not increase the time needed for the overall treatment planning and placement process, and should decrease the time required to reach and document decisions. This instrument cannot be used solely as a differential assessment instrument; rather it has to be combined with one or more of the approved instruments in this category in order to be approved by ADAD.

Copyright/Cost/Source

There is a copyright and instrument may not be adapted or reproduced. Each set of booklets (25 forms) may be purchased for \$72.50.

Evince Clinical Assessments
P.O. Box 1 7305
Smithfield, RI 02917

1-800-755-6299

Standardized Offender Assessment Placement Criteria Revised (SOA-PC-R)

This criterion was developed by D. Timken, and is based on the ASAM PPC-2R. It is required as part of the Standardized Offender Assessment package mandated in Colorado. It is multi dimensional, clinically driven, has variable lengths of service and represents a continuum of care. Levels of service include: No Treatment; Education; Outpatient; Intensive Outpatient; Day Treatment; Halfway-House; Transitional,, Intensive Residential; Hospital; Therapeutic Community; and No Treatment (due to severity). Five dimensions are addressed: biomedical conditions or complications; emotional/behavioral conditions and complications; readiness to change (treatment acceptance/resistance); relapse/continued use potential and recovery/living environment.

Population:

Adult felony and misdemeanor drug offenders

Administration:

All offender evaluation data must be utilized in reference to the five dimensions. Training is required. Users should be familiar with the ASAM PPC-11. The amount of time required for use will vary and there are no specific time frames.

Copyright/Cost/Source:

There is no copyright, but there are costs for reproduction, mailing and training. For information, Contact:

Timken & Associates, Inc.
P. O. Box 17624
Boulder, CO 80308-0624

303-442-5780

Standardized Offender Assessment - Revised Supplement (SOA-RS)

In 1992 Colorado passed legislation that developed a standardized procedure for the assessment of the use of substances by offenders. The assessment procedure developed provided an evaluation of the extent of an offender's abuse of substances and recommend treatment which is appropriate to the need of the particular offender. The SOA-R is comprised primarily of three instruments, 1) Level of Supervision Inventory (LSI); 2) Adult Substance Use Survey – Revised (ASUS-R); and 3) the Treatment Recommendation Worksheet (TxRW). The information obtained from these three instruments are not considered a differential assessment since it is missing numerous domains that are needed for effective treatment planning and treatment programming for client's. The addition of the Standardized Offender Assessment – Revised Supplement, includes the missing domains originally not covered by the SOA-R. The combination of ALL FOUR instruments covers all domains of the Addiction Severity Index (ASI) and will be considered a differential assessment. An agency must have ALL FOUR instruments in the client's chart (LSI, ASUS-R, TxRW, and SOA-RS) for it to be approved by ADAD as a differential assessment.

Population:

Adult felony and misdemeanor drug offenders

Administration:

All offender evaluation data must be utilized in reference to the five dimensions. Training is required. Users should be familiar with the ASAM PPC-11. The amount of time required for use will vary and there are no specific time frames. An agency may administer any or all of the SOA-R instruments depending on what they receive from the referral source with the addition of the three-page SOA-RS.

Copyright/Cost/Source:

There is no copyright, but there are costs for reproduction, mailing and training. For information, contact:

Colorado Department of Human Services
Alcohol and Drug Abuse Division
4055 S. Lowell Blvd.
Denver, CO 80236

303 866-7480

