

**JUVENILE AUTOMATED
SUBSTANCE ABUSE EVALUATION
REFERENCE GUIDE**

**DEVELOPED AND OWNED
BY
ADE INCORPORATED**

The JUVENILE AUTOMATED SUBSTANCE ABUSE EVALUATION (JASAE) is a computer-assisted instrument for assessing adolescent alcohol and other drug use behavior. The JASAE is an "offspring" of the adult instrument, the SUBSTANCE ABUSE/LIFE CIRCUMSTANCE EVALUATION, known as the SALCE.

The JASAE evaluates adolescent alcohol and drug use experiences, as well as attitude and life stress issues to determine if, and to what degree, problems exist in these areas. Based on these JASAE test results, recommendations for appropriate interventions are presented.

The JASAE is a 107 item self-administered questionnaire, which can be administered individually or in groups. It takes respondents an average of 20 minutes to complete the JASAE. The counselor or staff member then keys the question answers into a computer containing the JASAE program. It takes five minutes to access the JASAE computer program, key in the responses and receive the printed JASAE evaluation - a total of 25 minutes.

Question items not only focus on issues and attitudes, which are unique to the age and life situations of the adolescent population, but also incorporate items which reflect society's broader values and beliefs as well.

The JASAE approaches the assessment of an individual's substance use/abuse by examining a broad range of behavior. This model simulates the techniques and procedures that would be employed in the personal interview process. It focuses on, and examines, patterns of respondent answers rather than relying primarily upon answers to individual questions in formulating the JASAE evaluation. The goal of this examination is to arrive at the most appropriate intervention to bring about the required behavior change.

The JASAE report presents assessment information that can be used in a broad range of decision-making situations. The JASAE report includes specific identifiers for making quick decisions for referral to treatment or education, as well as providing detailed information useful in conducting personal interviews.

The JASAE report addresses and includes the following assessment issues:

- a) Test Taking Attitude
- b) Life Circumstance Evaluation
- c) Drinking Evaluation Category
- d) Alcohol Addiction Evaluation
- e) Drug Use Evaluation
- f) Recommended Interventions
- g) Important Symptoms
- h) Demographics
- i) Summary Score
- j) BAC and Driving Record

TEST TAKING ATTITUDE

Since there is generally some concern as to the degree to which a respondent's attitude is impacting upon the test results, The JASAE provides a TEST TAKING ATTITUDE score (TTA).

JASAE TTA scores are associated with one of the following attitude definitions:

- 0 - 7 Suggests an unusual identification with negative or unflattering characteristics. Further investigation into possible emotional vulnerability may be needed.
- 8 - 11 Suggests a somewhat self-critical attitude or low self-esteem. The possibility of a "non-caring" attitude could also be considered, depending on the circumstances.
- 12 - 17 Suggests a confident manner, little or minimal attempt to misrepresent the answers to the test items.
- 18 - 23 Suggests a moderate inclination to appear in a favorable light. A naive appraisal of him/herself and/or the situation may be indicated.
- 24 - 26 Suggests an inappropriate attempt to appear in a favorable light.
- 27 + Suggests a very strong attempt to appear in a favorable light. This report should definitely be viewed from the position that this person has a very naive and/or immature evaluation of him/herself and the situation.

LIFE CIRCUMSTANCE EVALUATION

The JASAE measures several areas of life circumstance stresses. This information increases the accuracy of the substance use/abuse assessment, and provides meaningful direction for establishing relevant individualized interventions. The JASAE evaluates life circumstance stresses in two ways. One way is based on the average evaluation of life circumstances reflected by one of the four classifications below. The other is to identify specific areas of stress, which are listed under Low or Unusual Life Circumstance Ratings at the end of the JASAE report.

- LCE I A score of 8.2 and higher.
High Life Circumstance Ratings may suggest a strong desire to present a favorable image of one's life situation, or a naive or unrealistic appraisal of it.
- LCE II A score of 5.5 and lower.
Low Life Circumstance Ratings may suggest the possibility of considerable stress or instability in the person's life.
- LCE III A score of 5.6 + with some stressful areas identified.
Although the Life Circumstance Rating is positive, there are certain possible areas of stress listed at the end of this report that may require further investigation.
- LCE IV A score of 5.6 to 8.1.
This Life Circumstance Rating is positive without any significant areas of stress indicated.

DRINKING EVALUATION CATEGORY

The JASAE assessment utilizes patterns of question responses to identify five categories of drinking behavior. These category evaluations are based upon many different indicators of problem drinking, including symptoms of addiction:

CATEGORY I	No indication of a drinking problem.
CATEGORY II	Some indication of irresponsible drinking reported without evidence of a drinking problem.
CATEGORY III	Irresponsible drinking behavior with a possible or potential drinking problem indicated.
CATEGORY IV	Sufficient evidence to indicate a drinking problem.
CATEGORY V	Strong indication of a severe drinking problem.

ALCOHOL ADDICTION EVALUATION

In addition to the Drinking Evaluation Category, The JASAE provides a specific Alcohol Addiction Evaluation. This evaluation reports the degree to which respondent identifies with symptoms of tolerance, loss of control and withdrawal.

DRUG USE EVALUATION

The JASAE Drug Use Evaluation measures if and when the respondent has used drugs other than alcohol, and the results of this use. Based upon the outcome of this assessment, one of the following drug use evaluations will appear on the JASAE report:

DRUG LEVEL 1	No drug use reported.
DRUG LEVEL 2	Drug experimentation or use reported without any problems associated with this use.
DRUG LEVEL 3	Drug use reported with a minimum of difficulty associated with this use.
DRUG LEVEL 4	Drug use reported with sufficient associated problems to indicate a drug use problem.
DRUG LEVEL 5	Physical or psychological addiction to drugs indicated.

JASAE RECOMMENDED INTERVENTIONS

The recommended intervention section of the JASAE report presents the following information to help guide referral decisions:

- I. Overall SUMMARY SCORES
- II. Current Substance Abuse Status
- III. Suggested DSM-IV CLASSIFICATIONS
- IV. Substance Abuse Referrals based on ASAM Guidelines
- V. NOTES on specific issues to be considered

I. SUMMARY SCORES

SUMMARY SCORES give a quick reflection of a respondent's total results. Since there are many items, which make up the JASAE report, such as Test Taking Attitude Score, Life Circumstance Evaluation, Drinking Category, as well as driving record information, the SUMMARY SCORE provides a helpful reference for all of this information.

SUMMARY SCORES represent a range of problematic involvement with alcohol and drugs, and the attitudes and life style patterns, which surround this involvement. This range of involvement is represented by scores from 0 to over 50.

The following descriptions address the respondent's needs to seek assistance in changing one's use of alcohol and drugs to stop continued substance abuse and to prevent future problems. The Substance Abuse Referrals, discussed in section V below, address the level of intervention needed to achieve the behavior change.

- 0 - 6 SUMMARY SCORES in this range indicate that the information provided by the respondent suggest that a Substance Abuse Education Program regarding alcohol and drugs would be an appropriate referral.

These individuals may be drinking or using drugs irresponsibly because of attitude, life-style, and/or lack of knowledge. This could be a one time experience, or the beginning of a pattern forewarning future problems with alcohol and/or drug use.

Although, for the majority of respondents in this range, education focusing on lifestyle and attitude patterns will be the appropriate intervention, there will be some respondents who are better served by a more advanced substance abuse education program. As the SUMMARY SCORES increase, the need for more intensive intervention increases.

- 7 - 13 SUMMARY SCORES in this range indicate that the information provided by the respondent suggests that a more intensive and comprehensive level of education may be needed.

Most individuals with SUMMARY SCORES in this range will need help to clearly evaluate their use of alcohol and/or drugs, as well as their attitudes and life stress

issues.

There is usually more than just occasional use of alcohol and/or drugs by these individuals and there may be underlying issues contributing to the inappropriate use of them.

Again, as the SUMMARY SCORES increase, the intensity of intervention may also need to increase. This could mean a range of possibilities, from post-intervention monitoring, to even some type of treatment, depending on the issues identified.

- 14 - 20 SUMMARY SCORES in this range indicate that the information provided by the individual demonstrates an inability to change their use of alcohol and drugs and the patterns and attitudes regarding this use appear to be established. Certainly, the possibility of addiction needs to be determined.

These individuals will need to be in a structured intervention program where they are accountable for meeting and maintaining behavior in accordance with prescribed intervention goals and objectives. Some respondents in this range will need further evaluation to determine if the need exists for intensive outpatient treatment.

- 21 + SUMMARY SCORES at this level and higher indicate a severe substance abuse problem along with ingrained patterns and attitudes supporting this problem. Individuals with SUMMARY SCORES in this range need intensive alcohol and drug treatment, and will most likely need to make a lifetime commitment and plan for continued abstinence. Residential treatment may need to be considered depending upon the individual circumstances.

II. Current Substance Abuse Status

A description of the respondent's current substance abuse status is provided focusing on alcohol and other drugs, last use, history of treatment and AA/NA. This description summarizes the DSM-IV and Substance Abuse Referral Sections that follow. The following is an example of a Current Substance Abuse Status description:

“This person identifies with behavior and symptoms associated with both a drinking and drug use problem. Cross dependence appears likely. His recent use of alcohol and other drugs indicate a need to evaluate the possibility for detoxification.”

III. Suggested DSM-IV Classifications

Based on all the information available, suggested DSM-IV Diagnostic Classifications of substance dependence and abuse are made. When indicated by drug use disclosure, these suggested classifications are then tied to the first and second most frequently used drugs during the past year, and when these drugs were last used. Both alcohol and drug dependence and abuse are reported.

SUGGESTED DSM-IV CLASSIFICATION BASED ON REPORTED DRUG OF CHOICE.

303.90 Alcohol Dependence. HE reports HIS most frequently used drug as ALCOHOL and reports HIS last use of it YESTERDAY.

SUGGESTED DSM-IV CLASSIFICATION BASED ON SECOND DRUG OF CHOICE.

304.30 Cannabis Dependence. HE reports HIS second most frequently used drug as MARIJUANA and reports HIS last use of it YESTERDAY.

IV. Substance abuse referrals based on ASAM Guidelines

In addition to a SUMMARY SCORE, which indicates a general level of substance abuse severity, the JASAE also suggests a more specific substance abuse referral based on American Society of Addiction Medicine (ASAM) guidelines. The JASAE provides the following referral recommendations based on respondent answers to the JASAE survey.

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| LEVEL IV | Medical managed care is suggested because of this person's apparent cross addiction and his history of substance abuse treatment, and his current emotional and environmental vulnerability. (ASAM IV) |
| LEVEL III | Medical monitoring is suggested because of this person's apparent substance abuse addiction and his history of substance abuse treatment, and his current emotional and/or environmental vulnerability. (ASAM III.5-III.7) |
| LEVEL IIa | Although this person may not require medical monitoring beyond detoxification, his emotional and environmental circumstances may be too unstable for him to function without close monitoring. Some type of day care, halfway house or residential milieu may be needed. (ASAM III.3) |
| LEVEL IIb | Although this person's substance abuse may not appear to require medical monitoring, his emotional and environmental circumstances may be too unstable for him to function without close monitoring. Some type of day care, halfway house or residential milieu may be needed. (ASAM III.1) |
| LEVEL IIc | Referral to intensive outpatient treatment is recommended after the need for detoxification has been addressed. (ASAM II.5) |
| LEVEL II | Referral to intensive outpatient treatment is recommended. (ASAM II.1) |

- LEVEL I Referral to outpatient treatment is recommended. (ASAM I)
- LEVEL I This person appears to have had a substance abuse problem at one time, but reports no use for at least one year. However, his current attitude and/or his high-risk behavior suggest further investigation may be needed. (ASAM I)
- LEVEL I Although this person's history of substance abuse indicates a more intensive intervention could be considered, his reported recent abstinence suggests outpatient treatment may be a possible starting point. Verification of this abstinence and the stability of his life should be substantiated. (ASAM I)
- LEVEL 0 This person appears to have had a substance abuse problem at one time, but reports no use for at least one year. Further investigation may be needed depending upon his circumstances for taking this survey. (ASAM O.5)
- LEVEL 0 This person appears to have had a substance abuse problem at one time, but reports no use for at least one year. However, his current emotional state suggests further investigation may be needed. (ASAM O.5)
- LEVEL 0 This person reports behavior suggesting a potential alcohol use problem. Further investigation, and/or education, may be warranted depending upon the circumstances for this assessment. (ASAM O.5)
- LEVEL 0 This person reports behavior suggesting a potential drug use problem. Further investigation, and/or education, may be warranted depending upon the circumstances for this assessment. (ASAM O.5)
- LEVEL 0 If appropriate for this offender, referral to education should be considered. (ASAM O.5)

V. NOTES on specific issues to be considered in referral

Also, specific issues, which may need consideration in making referrals, appear as NOTES. Areas addressed in these NOTES would be issues such as respondent attitude, unusual life stresses and/or the need for detoxification or residential treatment.

NOTE: There is evidence to suggest that this person may have a naive or uncooperative attitude regarding the seriousness of his/her inappropriate or irresponsible use of alcohol or drugs. This attitude may reflect an immaturity in this person's problem-identification and decision-making abilities.

POSSIBLE AREAS OF CONCERN

A list of important question responses and driving record information is also provided. This list provides further support and clarification for the JASAE evaluations in the body of the report. It also provides valuable information for conducting a personal interview, should one be necessary.

USING THE JASAE REPORT

The JASAE report is designed to assess a respondent's substance use/abuse and to assist in determining the appropriate level of intervention to achieve the desired behavior change. The way in which The JASAE is used to meet these objectives will depend upon many factors, including program philosophy, level of trained staff, time and logistical constraints.

For courts and programs with experienced and available staff, the JASAE report can provide the necessary information for deciding the level of personal interview needed to further clarify the intervention referral. If a personal interview is conducted, the JASAE report can save time and effort by defining, before the interview is started, the probable level of substance use/abuse, the attitude of the respondent, and the specific issues to pursue during the interview itself.

Conducting personal interviews in conjunction with the JASAE report will tend to focus on the specific referral requirements and less on determining if there is a need for treatment or education. This type of interview can usually be accomplished in 15 to 30 minutes.

Where circumstances place limitations on available staff to provide substance abuse assessments, The substance abuse referrals based on ASAM Guidelines and the JASAE Summary Score are often used to make the referrals to resources without first conducting a personal interview.

RESEARCH CONDUCTED AT EAST CAROLINA UNIVERSITY ON THE JASAE

Reliability and validity studies conducted at East Carolina University show no mean difference across time for SUMMARY SCORES, TEST TAKING ATTITUDE AND LIFE CIRCUMSTANCE EVALUATION based on test-retest results. These test-retest results indicate that the JASAE is a reliable instrument. Additional research conducted at East Carolina University on the JASAE:

1. Comparison between the Beck Depression Scale and the JASAE shows the Beck Depression Inventory (BDI) total scores were significantly correlated with the JASAE scales.
2. Comparison between the Zung Self-Rating Depression Scale (SDS) and the JASAE shows significant positive correlation with the JASAE Summary Score and the total SDS score, Pervasive Affect, and Psychological Equivalents. JASAE Test Taking Attitude and Life Circumstance Evaluation scales were significantly negatively correlated with the above Zung scales.
3. Comparison between the JASAE and the Attitude Toward School questionnaire, which is designed to measure school burnout, shows that school burnout was positively correlated to the JASAE Summary Score and negatively related to Test

Taking Attitude and Life Circumstance Evaluation.

4. Comparison between the JASAE and the Piers-Harris Children's Self-Concept Scale shows the JASAE Test Taking Attitude and Life Circumstance Evaluation Scale significantly positively correlated with all Piers-Harris scales.
5. In a County-Wide Assessment of Substance Abuse, Grades 6-12, (n=1016), the JASAE scales were generally strongly validated by the self-reports of respondent substance use.