



## *Adolescent SASSI-A3 Guidelines*

### **A. PROFILE VALIDITY**

Validation research findings indicated that 95% of adolescents who were diagnosed with a substance use disorder (SUD) were correctly identified with a HIGH PROBABILITY result in the SASSI-A3 decision rule, and 85% of adolescents who were diagnosed as not having a substance use disorder were correctly identified with a LOW PROBABILITY result. The utility of individual profiles can be checked in three ways:

1. If the paper and pencil version was used, check to determine if the client skipped or double-marked any items. If possible, ask the client to clarify any such items. If the client is not available to clarify ambiguously marked items, determine if a clear response would change the results of the rules (see SASSI-A3 User Guide & Manual, p. 21). If so, do not use the rules as the only basis of further clinical decisions.
2. Contradictory responses to some questions on the SASSI-A3 may be an indication that the client did not respond in a completely meaningful or forthright manner. It is often valuable to discuss inconsistent responses with clients to gain clarity, to stimulate discussion, and to increase self-awareness. Appendix D of the *Adolescent SASSI-A3 User Guide & Manual* provides a guide for identifying inconsistent responding.
3. Elevated VAL scores (5 or more) and elevated DEF scores (10 or more) are an indication that the SASSI-A3 may be missing adolescents who have substance use disorders. Validation research findings indicate that the SASSI-A3 is a highly sensitive instrument in that, overall, it misses only 5% of the adolescents who do have an SUD. Elevated DEF may also reflect situational factors. Depending on the needs of the individual and the available resources, a more comprehensive assessment may be advisable. The defensiveness can also be addressed as a clinical issue. In some instances, it may be valuable to re-administer the SASSI after rapport with a clinician has been established.

### **B. THE DECISION RULE**

The Decision Rule classifies each individual as having a HIGH or LOW PROBABILITY of having a substance use disorder. Validation research findings indicate that 95% of adolescents who have a substance use disorder were correctly identified with a HIGH PROBABILITY result in the SASSI-A3 decision rule, and 85% of adolescents who do not have a substance use disorder were correctly identified with a LOW PROBABILITY result.

Teens who are test positive on the SASSI-A3 have a high probability of having a substance use disorder. If the teen also scores two or more on the SASSI-A3 Prescription Drug (Rx) scale they have a high probability of prescription medication abuse.

Teens who are low probability on the SASSI-A3 decision rule have a low probability of having a substance use disorder.

### **C. TREATMENT CONSIDERATIONS**

The SASSI-A3 includes five scales in which adolescents can self-report substance misuse: FVA, FVOD, FRISK, ATT, and/or SYM. It may be helpful to examine specific questions the client endorsed on these five scales.

1. **FVA (Face Valid Alcohol) & FVOD (Face Valid Other Drugs)**  
Scores on the face valid scales indicate the extent of usage that clients are willing to acknowledge. Examining the client's responses on the face valid items may help form a picture of the client's usage and the consequences. Clients who meet the SASSI-A3 decision rule only on the basis of the face valid scales may have enough awareness of their problem that their treatment does not need to focus on increasing awareness and overcoming resistance.
2. **FRISK (Family-Friends Risk)**  
The FRISK scale is a face valid measure of the extent to which the client is part of a family/social system that is likely to enable substance misuse. Content analysis of the FRISK items suggests that clients who have elevated FRISK scores are likely to be part of a family and social system that may promote rather than prevent substance misuse. Therefore, adolescents with elevated FRISK scores may have difficulty recognizing and accepting the consequences of their substance misuse. They may view the problems associated with substance misuse as trivial or inevitable. They are likely to be particularly resistant to accepting limits and supervision. If intervention and treatment are warranted, it may be necessary to take extra steps to ensure that the adolescent will have adequate support to make and sustain the types of changes that will be necessary to stop substance misuse and promote recovery.
3. **ATT (Attitudes)**  
Content analysis of the ATT items suggests that clients who score high on the scale are likely to be defensive if they are confronted regarding the consequences of their substance use. If the diagnosis and severity of the substance use warrants treatment, it is likely that adolescents who have elevated ATT scores will need relatively intensive structure, supervision, and support to make significant changes in their substance use.
4. **SYM (Symptoms)**  
The SYM scale is a face valid measure of consequences of substance misuse and loss-of-control in usage. While elevated scores on SYM are an indication of substance misuse, they are also an indication of the client's willingness to disclose relevant behavior. Thus, it may not be necessary to spend a lot of time helping clients with elevated SYM scores to recognize and accept the problems associated with their substance use. However, an elevated SYM score is also an indication that the

assessment process should include determination of the severity and recency of use. Further, clients with elevated SYM scores may need a highly structured and supportive treatment plan to assist them in making the difficult changes necessary to avoid continued substance misuse.

5. **OAT** (Obvious Attributes)

Although people with elevated OAT scores are able to acknowledge problems in their lives, it does not necessarily mean that they have the insight to identify causes of those problems such as substance misuse. They also may not be able to recognize and accept that it is within their power to alleviate those problems by changing their behavior. However, they are likely to be able to identify with other individuals who have substance use disorders, including those who are working on overcoming those problems. They may, therefore, respond well to group programs including appropriate self-help groups.

6. **SAT** (Subtle Attributes)

Clinical experience has shown that elevated scores on SAT reflect a tendency for individuals to be detached from their feelings and to have relatively little insight into the basis and causes of their problems. People who have a substance use disorder and high SAT scores often find it difficult to fully accept the significance of substance usage in their lives. Particularly when SAT is the highest elevated scale, the client may be successful in presenting, as well-functioning, with few symptoms. It may be helpful to initially consider individual counseling to help the client connect the consequences of their behavior with their substance use. This could move the client to treatment readiness if a more intensive treatment is warranted.

7. **DEF** (Defensiveness)

Clinical experience has shown that elevated scores on DEF reflect a tendency to avoid acknowledging any signs of personal limitations and faults. Individuals with high DEF scores may focus on blaming other people and external circumstances for their problems. They may, therefore, find it difficult to fully engage in a treatment process. Clinical experience has also shown that a low DEF score is indicative of emotional pain. A DEF score below T-40 may not simply reflect low defensiveness, but rather a tendency to be overly self-critical. This can result from problems with self-esteem and can be related to symptoms of depression such as a loss of energy, a sense of hopelessness, and suicidal ideation.

8. **SAM** (Supplemental Addiction Measure)

SAM scores aid in the accurate identification of people who are likely to have a substance use disorder. When an elevated SAM score is accompanied by an elevated DEF score this is an indication that the client's responses are similar to those given by defensive people who have an SUD.

9. **COR** (Correctional)

The COR scale can be used to assess the client's level of risk for legal problems. Clients who have elevated COR scale scores show response patterns similar to adolescents who have been referred to correctional programs.

**For help with the administration, scoring or interpretation of the Adolescent SASSI-A3,  
call the following toll-free number to speak with our Clinical Department.  
This service is provided by The SASSI Institute at no charge to SASSI users.**

**1-888-297-2774**



201 Camelot Lane  
Springville, IN 47462  
800-726-0526  
[www.sassi.com](http://www.sassi.com)

B-N302G-9/20