Screening and Assessment for Substance Use, Mental Health and Co-Occurring Disorders in Adolescents

Screening and Assessment procedures are vital tools for gathering information in order to identify areas of service need; to aid in diagnosis; and to best design and match treatment. While this is true in general, it is especially important when working with adolescents since adolescence is known to be the time when mental health and substance abuse disorders are frequently first manifest (5). Symptoms and problem areas can be unrecognized, hidden or periodic/situational during adolescence. Screenings therefore - and identified areas for assessment - are best incorporated periodically throughout treatment during adolescence. This also emphasizes the importance of obtaining comprehensive information and reports from collateral sources, which may include: parents and caregivers; teachers; pediatricians; previous treatment providers and others (1).

**Screening** is a formal process of testing to determine if a youth does or does not warrant further attention for a particular disorder at the current time (3, 6). Screening does not establish the presence of a specific disorder, but identifies the need for a more comprehensive assessment (2). Screening tools that are short, quickly completed, and do not require licensure are available (free) in the public domain.

**Assessment** is a formal and comprehensive process that provides specific diagnostic information about an individual youth. Assessment requires administration and interpretation by licensed and trained professionals. The purpose is to: establish a formal diagnosis, evaluate the youth’s current level of functioning, determine readiness for change and make initial decisions about the appropriate level of care or services (2).

**Integrated Screening and Assessment**

It is increasingly recognized that the co-occurrence of mental health disorders and substance use disorders (i.e. co-occurring disorders (COD)) in youth is quite common and should not be considered the exception (5, 7). Studies have found that over 70% of youth entering substance use treatment had co-occurring mental health needs (8, 9) and over 40% of youth entering mental health treatment were found to have substance abuse issues (10). COD greatly increase the complexity and difficulty of diagnosing accurately (1). This complexity is further complicated when considering youth with COD tend to have more severe issues, multiple family problems, more systems involvement and lower treatment engagement and retention rates (5). With such a wide range of potential problem areas, differential diagnosis and need identification is greatly enhanced by the incorporation of regular and broad-based screening tools to aid the clinician in identifying symptoms for additional attention and in ruling out those not present (1).
**Integrated screenings and assessments** address mental health and substance abuse needs, each in the context of the other disorder (2). A comprehensive, integrated screening will attempt to identify areas for more in depth assessment that include not just mental health and substance use needs, but also needs regarding: acute safety; physical health; housing; education; victimization and trauma, etc. (2).

**Resources for the Screening and Assessment of Adolescents**

Screening and assessment tools must be used in a manner mindful of the cognitive abilities of the youth, as well as the youth and family’s ability and willingness to engage, and the youth, family and any supervising referral source’s expectations and readiness for change (11). Two commonly used and validated Screening and Assessment tools for adolescents are presented below. While these tools have been selected for their wide use and acceptance, there are a great number of other reliable tools available that provide a broad range of targeted symptom identification. Additional resources for screening and assessing youth for COD appear at the end of this brief.

**Screening Tools**

**Global Appraisal of Individual Needs – Short Screener (GAIN-SS)**
- Used with both adolescents and adults, the GAIN-SS takes about five minutes to administer.
- It consists of 23 questions with four subscales that measure: Internalizing Disorders, Externalizing Disorders, Substance Disorders and crime/violence.
- The tool may be self or clinician administered.
- English and Spanish versions available.
- GAIN-SS is not a public domain tool: licensing is required for use.

*Additional information:* [http://www.gaincc.org/GAINSS](http://www.gaincc.org/GAINSS)

**CRAFFT**
- Developed specifically for screening adolescents for risky drug and alcohol use behaviors, the name is a mnemonic acronym representing the first letter of the key words in each of the six questions (e.g. “Have you ever ridden in a Car...?”). The CRAFFT takes approximately one minute to administer.
- The tool may be self or clinician administered. It consists of 6 questions.
- English, Spanish, Chinese, Hebrew and nine additional language versions are available.
- CRAFFT is a public domain tool: it is free to use.

Comprehensive Assessment Tools

**Teen Addiction Severity Index (T-ASI)**
- A semi-structured interview targeting adolescent substance use disorders, psychiatric disorders and co-occurring disorders, the T-ASI is completed with a trained clinician, in 30 to 45 minutes.
- It consists of 154 items with 7 subscales which include: Chemical use; school status; employment/support; family relationships; peer/social relationships; legal status, and psychiatric status.
- English, Spanish and Portuguese versions are available (other versions are reportedly in development).
- T-ASI is not a public domain tool; it is available for research and non-profit use.

*Contact:* kaminer@psych.uchc.edu

**Comprehensive Adolescent Severity Inventory (CASI)**
- A comprehensive, semi-structured assessment and outcomes measure that includes strength-based questions. The CASI can be administered in 45 to 90 minutes by a trained clinician.
- It is comprised of 10 independent modules that include: Health; family; stressful life events; legal status; sexual behavior; drug and alcohol use; mental health functioning; peer relationships; education, and use of free time.
- CASI is not a public domain tool; it is copyrighted and its use requires a 2-day training.

*Contact: System Measures, Inc.* meyershagan@erols.com
Additional Resources

**Mental Health and Substance Use/Co-Occurring Disorders**

http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Disorder


Screening for Concurrent Substance Use and Mental Health Problems in Youth. Concurrent Disorders Knowledge Exchange Area.

TIP 42: Substance Abuse Treatment for Persons with Co-Occurring Disorders.
http://store.samhsa.gov/product/TIP-42-Substance-Abuse-Treatment-for-People-With-Co-Occurring-Disorders/SMA13-3992

TIP 31: Screening and Assessing Adolescents for Substance Use Disorder.
http://store.samhsa.gov/product/TIP-31-Screening-and-Assessing-Adolescents-for-Substance-Use-Disorders/SMA12-4079

**Trauma and Victimization**


http://www ptsd.va.gov/professional/assessment/child/index.asp

**Juvenile Justice**

References


2. Center for Substance Abuse Treatment. Screening, Assessment and Treatment Planning for Persons with Co-Occurring Disorders. COCE Overview Paper 2. DHHS Publication No. (SMA) 06-4164 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services. 2006


ABOUT THE TECHNICAL ASSISTANCE NETWORK FOR CHILDREN’S BEHAVIORAL HEALTH

The Technical Assistance Network for Children’s Behavioral Health (TA Network), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch, partners with states and communities to develop the most effective and sustainable systems of care possible for the benefit of children and youth with behavioral health needs and their families. We provide technical assistance and support across the nation to state and local agencies, including youth and family leadership and organizations.

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