

# Adolescent ASAM Screening & Assessment Tool

## USER'S MANUAL

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# USER'S MANUAL

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## GENERAL INFORMATION

### 1.1 System Overview

Welcome to the Adolescent ASAM Screening and Assessment Tool (Adol-ASAT). I would like to start by recognizing the following friends and colleagues that offered their ideals and feedback during the development of the Adol-ASAT: Tangi Landers, Kim Harden, Ashley Simon, Brandy King-Johnson, Tracy Harris, Jim Herring, Kathy Seifried, and Julie Hensel. I would also like to thank Tim Naugher for allowing me to work on this project for more hours than he probably realizes.

The Adol-ASAT is an efficient and intuitive electronic version of the CRAFFT<sup>1</sup>, URICA<sup>2</sup>, Alabama's ASAM assessment for adolescents and ASAIS data information. The application was built utilizing Excel 2010. This manual will help you make the most of what the application has to offer and to turn the task of screening and assessment documentation into an efficient and smooth task.

The purpose of this manual is to provide an overview of the application and its numerous functions. It assumes users of the application have an understanding of the CRAFFT, URICA and ASAM dimensions and levels of care.

### 1.2 Authorized Use Permission

Usage of this application is provided free of cost to all Alabama Department of Mental Health contracted providers via the permission of its developer Mark Spurlock. The ASAT is wholly owned by Mark Spurlock, and may not be used or referenced without express consent.

### 1.3 Points of Contact: For additional information, contact:

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<sup>1</sup> <http://www.ceasar-boston.org/CRAFFT/index.php>

<sup>2</sup> [http://www.umbc.edu/psyc/habits/content/ttm\\_measures/urica/description.html](http://www.umbc.edu/psyc/habits/content/ttm_measures/urica/description.html)

## SYSTEM SUMMARY

### 2.1 System Configuration

The application is contained entirely within a single Excel file. The application was built using Excel 2010. If you have an earlier version of Excel the application marked Excel 2010 will not open on your computer. You will need to download the application marked Excel 97-2003. The 97-2003 version of Excel will not support all of the features built into the application, but the differences are very minor (not worth the investment to buy Excel 2010 in my opinion).

### 2.2 User Access Levels

No distinct user access levels are defined. The sheets are protected to prevent accidental deletion of codes and macros that have been built into the application. Under normal circumstances, the person(s) performing the screens and assessment activities would have no need to unprotect the sheets.

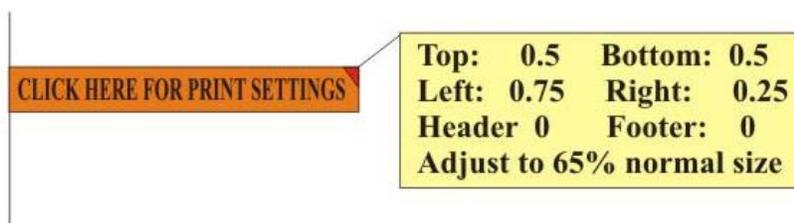
System maintainers or developers using or modifying the application would require access to the configuration to make simple replacements or tweaks to coincide with any unique to their organization functions. Each organization choosing to use this application should make these types of changes initially and protect the sheet with a new password. At that point the application can be made available to those performing screens and assessments. The password to unprotect the sheet upon download is 2011. Be extremely careful when making changes; what appears to be a blank cell may be loaded with code and/or a macro that you don't see. Depending on the size of the changes the print settings may also be affected.

### 2.3 Modes of Operation and Print settings

The application can be loaded on an individual's hard drive and/or on the organization's network. It is recommended that a copy of the original template being implemented be kept separate from the template being used each day. This will keep the source document safe.

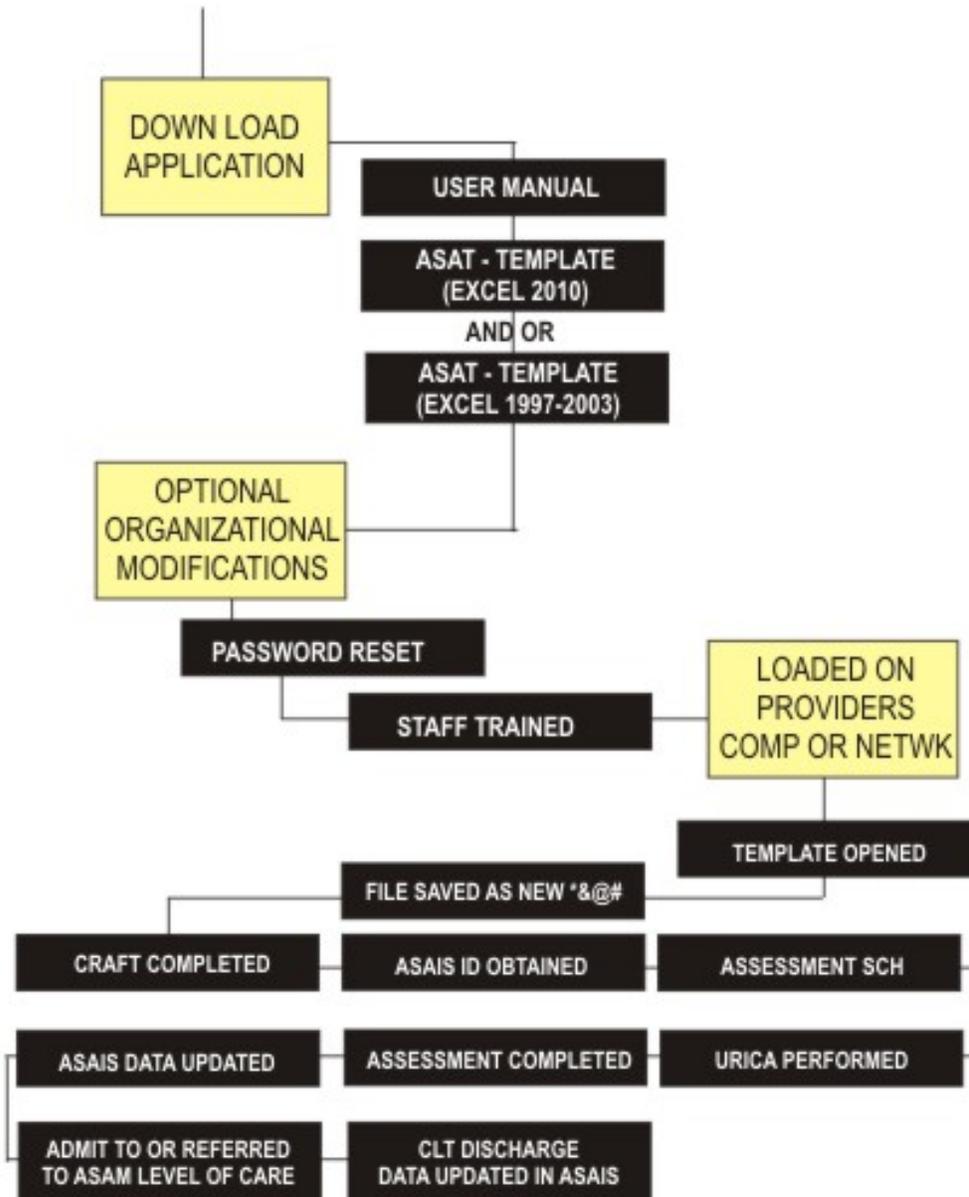
Each end user will initially have to adjust the print settings to those specified on each page of the template (see picture below). In some cases they may have to adjust the page break slightly. This does not require the page to be unprotected. Match your print settings to those on each page then "print preview." Depending on your computer the page break may still be slightly off. To adjust the page break click on view "page break," and move the blue line to adjust the setting then click "save". Your form will print correctly each time.

There are no secondary modes of operation in this application.



## 2.4 Function Flow Chart Example

The below diagram depicts the normal flow of the loading screening and assessment process.



## GETTING STARTED

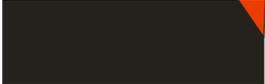
*At this point the Adol-ASAT has been loaded to your computer or you are accessing it through your organization's network. You should have opened each page of the application and matched the print settings as described in 2.3 of this manual.*

*The following is an overview of some of the unique features built into the application that will assist you in carrying out the important task of screening and conducting a thorough assessment.*

### 3.1 Common Features Overview

**3.1.1 Forward filling and back filling:** Common information needed by other page(s) will automatically forward fill or back fill for you. An example of forward filling is when the client's name is entered on the Craft Screen page it will automatically forward fill that information to all of the other pages of the application.

When you open the application you will encounter a number of fields that have been blacked out (see example below). These fields will not allow you to input information. The application attempts to eliminate duplicate entry of any information as well as eliminating having to ask clients the same question more than once. As pages of the application are being completed this information will back fill these areas automatically. Once you have completed your second or third assessment you will appreciate how much time this feature of the application saves.

Date of entry? 

**3.1.2 Comment box:** There are a number of fields in the application that will have a red triangle in them (see example above). This indicates a comment has been added to that field. When you click on the field the comment will be displayed. In the above example it simply lets you know that the date of entry on page 8 of the assessment will automatically back fill to this area. In other cases, the comment may give you the definition of a term or additional information about a substance. The purpose for providing definitions of certain terms on the assessment is to increase consistency among clinicians.

**3.1.3 Drop down menu:** Drop down menu boxes are provided on a number of fields. If a field has a drop down menu, one of the menu items must be selected. If a non-menu item is attempted an error message will occur. If you choose to type in a menu item instead of selecting it, it must match the option in the drop down box exactly. For example Yes is a menu choice and you type in yes, an error message will occur.

### 3.2 Pages Found in the Adol-ASAT

When you open the application you will see at the bottom of the page the following folders and our pages: Craft Screening, A & D URICA, Assessment, ASAIS Data, and Profile - Discharge. Simply click on the page you want to work in. If you are working on the assessment and want to look at something on the URICA you do not have to save your work before doing so. Just click on the URICA page and when you are ready to go back to the Assessment it will take you back to where you were in the assessment.



### 3.2.1 CRAFFT Screening Page

The following is an overview of the CRAFFT Screening page.

- All the required information to perform the screen and obtain an ASAIS number is on this page. As this information is collected it forward fills to any information needed by the other pages.
- The client’s age will automatically calculate for you once the date of screen and client’s date of birth fields are entered (Date of screen – Date of Birth = Client’s Age).
- The CRAFFT will self-score.

Each organization will have their own system of how a service is to be delivered, by whom, and how that information is communicated to ASAIS and ultimately billed. When the screen is completed the information needed to obtain the ASAIS ID number is on the ASAIS Data page. When the ASAIS ID number has been received it should be entered on the ASAIS Data page. Once it is entered it will back fill through-out the application. If your organization assigns a case number to the file it should be entered on the ASAIS Data page as well. It will also back fill through-out the application. Click on the ASAIS Data page and type in a sample number in the ASAIS ID field and then click on any other page of the application to see how the back fill function works.

The person completing the screen should click on the ASAIS data page and specify the type of request being made from the drop down menu. In the example below the request type is for “Screen Only.” This indicates that based on the screen performed an assessment will not be performed.



The request type options to choose from are:

- screen only: Based on screen an assessment will not be performed
- screen & schedule assessment: Screen completed and assessment scheduled
- screen & assessment only: S & A completed not admitted and or referred
- screen/assessment/admit: Screened, assessed and admitted to program
- admit only: Assessment on file and client being admitted
- discharge: Client being discharged

### 3.2.2 A & D URICA

The A & D URICA combines the Alcohol URICA (32 Questions) and the Drug URICA (32 Questions) into one 32 question instrument. Clients with alcohol and drug use are asked to respond to each question twice the first in reference to alcohol and the second to drugs. In the example below the client strongly agrees (SA) to the question as it pertain to their alcohol use but disagrees (D) with the question when referring to their drug use.

Problem:		† In regards to my alcohol and drug use...	SD	D	U	A	SA
1	As far as I'm concerned, I don't have any problems that need changing.	Alcohol Use:	-	-	-	-	5
		Drug Use:	-	2	-	-	-



The **substance abuse history** section provides information about the class of substances in a comment box. This was explained in a section 3.1.2 of this manual. The contents of the comment box cannot be edited while the sheet is protected. If you have information or edits that you believe would be beneficial please email those to me at ([mspurlock@bridgeinc.org](mailto:mspurlock@bridgeinc.org)).

Once the substance abuse history section has been completed click on the button labeled **Populate Ranking Fields**. The button is located to the right of the history section. When you click on this button the information in the SA history will resort according to the rank order assigned. The substance that has been ranked 1 will move to the top of the SA History page followed by 2, 3, etc... It will also forward fill the substances ranked as 1, 2 and 3 to page 8 problem substances **primary, secondary, and tertiary**. When you get to page 8 you will assign the DSM Codes and Specifier for each.

DSM-IV Diagnostic Impression and/or Diagnosis: [See Substance Abuse Background Page 1 for Details](#)

Problem Substances:	Class of Substance	Specific Substance	Route	Age 1st Used	Frequency	DSM Code	Specifier
Primary	Other Dep. (Methamphetamine)	Ectasy	1. Oral	17	Daily	304.90F	With Physiological Dependence
Secondary	Cannabis Dep.	Marijuana	2. Smoking	17	1 to 2 x in past week	304.30B	With Physiological Dependence
Tertiary	Alcohol Abuse	beer & liquor	1. Oral	17	1 to 3 x in past month	305.00	Without Physiological Dependence

All **Date fields** need to have month, day and year. The majority of clients will not be able to recall the actual day of the month they last used a substance. If you type in 3/2010 it will automatically display as 3/1/2010. The first will always be the default day. If the client does report a specific day you can input the month and day and hit enter and the current year (i.e. 2011) will automatically be added. If you need a year other than the current one you will have to type it in.

Date of Screening: **3/30/2011**

**Notes or comment boxes** are provided thru out the pages of the assessment to give you places to document as you go.

Notes or Comments:

The ASAM PPC-2R Diagnostic Summary section of the assessment (page 7) has a **crosswalk** off the page to the right of each dimension. When you select the Substance Abuse and Mental Health Risk Ratings it will automatically import the corresponding crosswalk description for you in the shaded box area. In the example below the SA risk rating of 3 was selected. The information in the shaded box automatically imports from the cross walk (Severe sign & symptoms...).

D I M E N S I O N	ACUTE INTOXICATION AND / OR WITHDRAWAL POTENTIAL: SA <b>3</b>	
	Severe signs & symptoms of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	<i>Client indicated significant withdrawal symptomology before, during and after his use of ecstasy &amp; marijuana. Poor ability to tolerate and cope with withdrawals; prompting him continued use of ecstasy &amp; marijuana to avoid symptoms. Client's excessive use of ecstasy &amp; marijuana and desire to continue use places him in imminent danger to himself &amp; others-however important to note cll does not display suicidal or homicidal ideations at present.</i>
	Substance Abuse Risk Rating: <b>3</b>	

The area to the right of the shaded box is where the assessment specialist individualizes the information which supports the rating.

**ASAM rules** related to the risk rating have also been built into the Adol-ASAT.

The first one occurs in dimension three. If a score of 0 or 1 is given an alert will pop up reminding you that MH Ratings are not required. If the score is greater than 1 MH ratings are required. The alert will only show if a score of 0 or 1 is given.

D I M T E H N R S E I E O N	EMOTIONAL / BEHAVIORAL / COGNITIVE CO	
	There is a diagnosed EBC condition that requires intervention, but does not significantly interfere with TX. Relationships are being impaired but not endangered by substance use.	
	MH Rating Not required if risk rating = 0 or 1	
Substance Abuse Risk Rating:		1

The second alert occurs if a MH Risk Rating of 4 is given. The alert is requesting that in your description you clarify if the client is a four A or B. In the example to the right no immediate action required if an “A” but is for a “B”.

A **crosswalk for the DSM-IV Diagnostic Impression or Diagnosis criteria** for substance abuse, dependence and physiological dependence is also provided off the page to the right of Axis I, II, III of the assessment (page 8).

A. No immediate action required. Unable to follow through/little to no awareness of a MH disorder or neg. consequences. Sees no connection between suffering and m-disorder. B. Immediate Action Required; behavior represents imminent danger.	
If rated 4 (severe) specify A or B	
Mental Health Risk Rating:	
4	

The crosswalk gives the DSM-IV definition and criteria for substance abuse. The four questions used in the assessment to determine if the criteria for substance abuse has been met will forward fill to this section. In the example below “Yes” responses = 3 therefore substance abuse criteria has been met.

DIAGNOSTIC CRITERIA FOR SUBSTANCE ABUSE:		Substance Abuse Criteria Met	
A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by ONE (or more) of the following, occurring at within a 12-month period:		Yes Responses = 3	
1	0	1	1
Yes	No	Yes	Yes
Have you used AOD to the point that you have neglected important obligations?	Have you continued use despite placing yourself and others in dangerous or unsafe situations?	Have you had problems with the law because of your use (directly or indirectly)?	Have you continued using AOD even though your use affected you socially (fights, problem relationships, etc.)?
Client neglected obligations to his family and relationship with my younger sister due to continued drug use	0	Client reported having used the night or day his gmother called the police-ectasy & charged with DV; cont'd beh issues & drug use prompted gmother to request help frm Crt recently.	"not as talkative not as friendly as I use to be"

The same design as above is provided in a crosswalk for **substance dependence** and the specifiers **with or without physiological dependence**.

The **crosswalk results** (see page eight) will be summarized for you. In the example below criteria for SA Abuse & Dependence met with Physiological Dependence. It would be helpful to scan over the clients responses in the crosswalk before assigning the diagnostic impression or diagnosis.

CROSSWALK RESULTS:	Substance Abuse Criteria Met	Dependence Criteria Met	With Physiological Dependence
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The rest of the items on the assessment pages of the Adol-ASAT should be easily understood.

### 3.2.4 ASAIS Data

All the information needed to obtain an **ASAIS ID** number has forward-filled to this page. When the ASAIS Id has been obtained it should be entered on this page at which time it will back fill to all the other pages of the application.

ASAIS ID:	325767	Status*	Approved	Center Case No:	
-----------	--------	---------	----------	-----------------	--

The **status** field has a drop down menu with options of pending, approved or denied. Once the ASAIS has issued the ID the status should be checked approved.

If your organization assigns a **center case number** it should be entered on this page. Like-wise it will back-fill thru to all of the pages of the application.

Unless you are discharging the client the only field to input data into is **Request Type**. A drop down menu gives you the options to select from. In the example below a Screen Only choice was made. This indicates that the screen did not indicate that an assessment should be performed.

<b>Request Type:</b>	Screen Only
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At the **time of discharge** the date, request type, and type of discharge should be completed and communicated to ASAIS system to close out file.

Client Discharge Date:		Request Type:	-	
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-

### 3.2.5 ASAIS Profile or Discharge

This page is completely forward filled and is used as the client's profile sheet in their record and printed out at time of admission and again at time of discharge.