



**Government
of South Australia**

SA Health



Drug and Alcohol Services South Australia

**Instructions for Clinicians:
How to administer the ASSIST-Y
and linked intervention to young people
*aged 15-17 years.***

December 2011

Introduction: Brief summary of the ASSIST-Y

The ASSIST-Y is a variation of the adult Alcohol, Smoking and Substance Involvement Screening Test (ASSIST V3.1), and is intended for use with young people aged 10-14 years and 15-17 years. A review of the research literature suggests that the adolescent substance use screening measures that are currently available have a number of limitations. Specifically, measures tend to either focus on the use of one substance (eg. alcohol or cannabis), or simply quantifying adolescents' substance use in terms of frequency and amount consumed. Furthermore, screening measures validated for use with young people aged 12 years and under are virtually non-existent. Moreover, few screening measures link clients' scores to a brief intervention or provide guidance as to how health workers should respond to a positive screen. The research literature cites this as a key barrier to the routine screening of young people for problematic or harmful substance use. The ASSIST-Y addresses some of these limitations, and aims to provide a method to screen for substance use among young people within primary care and other healthcare settings, and link into an intervention.

Administering the ASSIST-Y in 15-17 year old clients

1. Modifications to the ASSIST V3.1

Similarities

Prior experience and familiarity with administering and scoring the adult ASSIST and linked brief intervention will be helpful in informing use of the ASSIST-Y. The formatting of both the ASSIST-Y Questionnaire and Feedback Report Card are similar to that of the adult ASSIST V3.1. In addition, the questions asked have similarities but are tailored for young people, and the method for scoring remains unchanged.

- Please refer to the World Health Organization guide '***The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for use in primary care***' for more detail on the administration and scoring of the ASSIST. It is essential that this manual is read and understood before embarking on use of the ASSIST-Y. The manual can be downloaded from the SA Health website on the ASSIST page. (www.sahealth.sa.gov.au/ASSIST)

Differences

A number of modifications have been made to the ASSIST-Y to increase its developmental appropriateness and the relevance of questions and feedback for use with younger people.

- There are two age-bands with a different Questionnaire and Feedback Report Card for each age-band (ie. 10-14 years and 15-17 years). This reflects the fact that the same pattern and/or frequency of substance use across different age groups places young people at varying risk levels depending on their developmental stage.
- The 'low-risk' category has been eliminated (with an exception for low use alcohol), given young people's increased vulnerability to the negative effects of substance use. In addition, the cut-off scores are more conservative compared to the adult ASSIST, reflecting young people's increased risk of associated negative effects and of developing dependence in the future.
- Question 3 has been re-worded to assess context and/or reasons for use rather than screen for the direct experience of craving. Cravings are indicative of dependence and may be less relevant to young users. Specifically, question 3 aims to determine if a young person has progressed from using substances for their positive reinforcing effects - such as for recreation and social integration - to using substances for their negative reinforcing effects (eg. to dampen memory or produce a sleepy state, in order to avoid unpleasant emotions or situations).
- Question 7 which asks about failed attempts to control, cut-down or stop use has been removed. Again this question, which is a reflection of a loss of control and dependence, was thought to have less relevance to younger users, who are less likely to have a long-term history of use and hence are less likely to be dependent users. In addition, question 7 is conceptually more complex than the other questions, which may provide some difficulty for young people.
- Overall, the language used has been simplified, and a few additional prompts have been included. In addition, questions 3 to 6 on the clinical form have been broken down into two parts, to maximise clarity and understanding.
- A number of changes have also been made to the ASSIST Feedback Report cards to increase both clarity and relevance. The risks associated with each substance have

been classified as 'short-term' versus 'long-term' to help facilitate discussion. There is also more of an emphasis on the immediate risks associated with substance use and on those issues identified as most relevant or salient to young people.

2. Guidelines around disclosure and duty of care in young people

When working with young people, issues surrounding personal safety, disclosure and duty of care become particularly relevant. Prior to administering the ASSIST-Y, it is essential that the young person is made aware of the limits to confidentiality. Clients should be provided with specific examples regarding the circumstances under which confidentiality may be broken. This is important for ethical reasons and will increase the chances of maintaining rapport with the young person if disclosure to parents and/or others is required. The prefacing paragraph on the ASSIST-Y Questionnaire (ie. clinical forms) addresses confidentiality issues specific to 15 to 17 year olds, and can be read to the client. Issues related to disclosure and duty of care also are relevant when administering the intervention.

Clients aged **15-17 years old** may be deemed "competent minors" and should be treated as such should with respect to their judgment and maturity. Consequently, the decision to involve parents/family is ultimately at the discretion of the health worker, and should be made following careful consideration of the potential costs and benefits of involving family. It would be preferable to contact family with the agreement of the client in these circumstances. In some cases, involvement of parents/others may escalate the situation, and increase the likelihood of harm. If the immediate safety of the client and/or others is threatened, however, then parents/guardians should be promptly informed.

3. Scoring

As previously stated, the scoring method for the ASSIST-Y is similar to that of the adult ASSIST. The score corresponding with each frequency category (eg. 'never' to 'daily or almost daily') for each question is identical to that specified on the adult ASSIST. As with the adult version, clients may require help determining the appropriate frequencies, and prompts are included on the ASSIST-Y Questionnaire as a reminder. As previously summarised, the main differences lie in the cut-off scores classifying client's use as '*Moderate*' or '*High*' risk. In addition, maximum total scores for each substance used will also differ given the removal of question 7.

Intervening with young people using substances

As with the adult ASSIST, the risk level corresponding with clients' substance use scores provides an indication as to how health workers may then progress to assist the client. Specifically, risk levels provide an indication as to whether a brief intervention in the context of a broader assessment may be sufficient, or whether a referral for more specialised assessment and treatment may be required. It is important to note that although scores for alcohol *may* fall within the 'low' risk range, healthcare professionals are encouraged to initiate conversation regarding the motivation or reason for use as well as the risks associated with alcohol use.

1. Management of clients in the 'Moderate' risk range

- For young clients' whose substance use scores fall within the 'Moderate' risk range, a brief intervention in the context of broader psycho-social screening is recommended. It is important to determine if the substance use is indicative of, or associated with, other co-morbid factors (eg. mental health issues), or if use may lead to future problems.
- The term broader psycho-social screening refers to a more comprehensive psychosocial screening conducted by a healthcare professional experienced in screening and working with young people. Specifically, such healthcare professionals should be aware of how substance use and other problems present in young people. It is essential that screening explores mental health related issues (eg. symptoms of anxiety, depression etc), and that it covers a range of issues relevant to young people including social and family functioning, physical health, housing and financial issues, legal issues, academic and cognitive performance. If screening for other risk factors returns positive, movement to assessment and diagnosis (where relevant) should occur.
- For those scoring within the 'Moderate' risk range, it is recommended that health workers seek advice and consultation from a third party, preferably someone with relevant expertise in working with young people such as clinicians from either CAMHS (Child and Adolescent Mental Health Service), Women's and Children's Hospital or a psychiatrist via Child and Adolescent Hotline.
- As with the adult ASSIST, the term Brief Intervention describes a brief (3 to 15 minute) motivational interviewing based intervention designed to encourage clients' to reflect on their current substance use (ie. positive and negative aspects), as well as increase their awareness of the risks associated. Broadly, the BI aims to facilitate reductions in

substance use by increasing clients' motivation and confidence for behaviour change. The ASSIST-linked Brief Intervention should be administered using the 'ASSIST Feedback Report Card for 15-17 year olds'.

- When delivering the BI, it may also be helpful to provide clients with population norms around the level of substance use in similar aged peers, particularly if the client has the belief that a significant proportion of their peers are using or experimenting with substances.
- Please refer to the World Health Organization guide to '*The ASSIST-linked Brief Intervention for problematic substance use: A manual for use in primary care*' for more detail on the administration of the ASSIST-linked Ten-Step Brief Intervention. It is essential that this manual is read and understood before embarking on the ASSIST-Y linked Brief Intervention. The manual can be downloaded from the SA Health website on the ASSIST page. (www.sahealth.sa.gov.au/ASSIST)

2. Management of clients in the 'High' risk range

- The ASSIST-Y-linked Ten Step Brief Intervention and feedback about risk can be given using the *ASSIST-Y Feedback Report card for 15-17 year olds*. However young people in the 'High' risk group may not necessarily be substance dependent, but are likely have a range of co-occurring problems requiring coordinated management and assessment. It is recommended that in addition to a brief intervention, a referral for more specialised assessment and treatment be made.
- However, *High* risk smokers in the older group (15 to 17 years old) are most likely dependent on the substance, and should be treated in the primary health care setting as adults. (ie. motivational Interviewing and pharmacotherapy).
- Specialist treatment refers to the delivery of evidence-based therapies/treatments for young people demonstrating problematic or 'harmful' substance use patterns, as well as reporting problems associated with substance use. Treatment may include motivational interviewing, cognitive behavioural therapy (CBT), as well as family based approaches (ie. family therapy). It is anticipated that in most cases a coordinated approach to assessment and management of substance use and other associated problems will be required.

- Co-occurring problems/issues may include: mental health issues, significant family disharmony, exposure to abuse, poor performance at school, suicidal ideations, homelessness, significant externalising behaviours (eg. bullying others) or significant weight loss (particularly in female clients). Referral to health workers with specialist training of assessment and management of broader issue problems aside from AOD is required for these clients.
- In South Australia relevant agencies regarding immediate referral include 'Head Space' and Child and Adolescent Mental Health Services.
- Again while the decision to inform parents/others of the clients' substance use is at the discretion of the health worker, parental involvement and support may be particularly important if further assessment and treatment is required. It is preferable to have the client's consent for this to occur.
- When delivering the brief intervention it is important to maintain a balanced and non-judgmental approach (ie. a client-centered approach).