

**President's Desk**

by *Glenn Miller*

Dear Colleagues:

We are pleased to announce that the Substance Abuse in Vocational Rehabilitation—Screener2 (SAVR-S2) is now available through our new automated **Scoring & Report Service (SRS)** [www.sassi.com/srs](http://www.sassi.com/srs).

The SAVR-S2 is a brief screener specifically developed and validated for use with clients who have disabilities, including those receiving vocational rehabilitation services. SAVR-S2 results identify high or low probability of substance use disorders involving alcohol, illicit drugs, and misuse of prescription medications.

Through the SRS, counselors have online access to the SAVR-S2 standard and large print questionnaires, and accompanying support materials. Information at [www.sassi.com/srs](http://www.sassi.com/srs) describes how registered counselors can: download the SAVR-S2, fax in completed questionnaires for automated scoring and receive a screening result report via email or fax.

Coming soon to the SRS is the *Substance Abuse Screener in American Sign Language (SAS-ASL)* which is validated to screen for substance use disorders among Deaf and Hard of Hearing clients in vocational rehabilitation, mental health, and social service settings. In addition to the SAS-ASL, the Spanish SASSI auto-score report will be available through the SRS by the end of the year. It will include automated scoring of the Spanish SASSI, a report on client screening results, and access to support materials.

We would like to take this opportunity to appreciate all of our colleagues for your support of the SASSI Institute during this new phase of growth and development and for all your wonderful efforts on behalf of those with alcohol and other drug problems.

Warm regards,

*Glenn & Margie Miller*

**Web-based Administration of the SASSI now offered through new platform**

by *Mindy Caron*

**S·A·S·S·I  *online***  
***New Features and Lower Pricing***

Moving to **Electronic Health Records (EHR)** can pose many challenges. In response to our customers' needs to use technology to improve the delivery of behavioral health care and help them in their adoption of an EHR system, we have engineered our own internet testing site.

The **NEW SASSI Online** is a state-of-the-art web-based system for the administration and analysis of SASSI questionnaires. Through a password-protected, SSL-secured workspace you can order and administer questionnaires, receive immediate scoring of clients' responses, and review client results and profile reports, all using a standard web browser and an internet connection.

You may choose to have the client take the questionnaire on a computer in your office or a notification by e-mail can be sent to the client for remote administration, streamlining the screening process. SASSI Online provides you with the ability to print and save completed questionnaires and reports as portable document files (.pdf) which can easily be included in an EHR.

Other features of the NEW SASSI Online include:

- o Lower Pricing – counselors can purchase single administrations and receive discounted pricing for large volume purchases.
- o Ability to sort client reports by over 20 data fields for easier organization (such as: Client ID, Gender, BAC, etc.).
- o Administrative functions that give the purchaser the ability to manage and distribute questionnaires to counselors throughout an organization.

For additional information on SASSI Online please visit [www.sassionline.com](http://www.sassionline.com).

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## Criminal Offenders and the SASSI-3

The SASSI has been used successfully in correctional screening in multiple settings since its release in 1988. These include outpatient evaluations of offenders as well as assessment of incarcerated individuals in federal, state, and local correctional centers.

Many clients served in behavioral health and substance abuse treatment programs have histories of involvement with the criminal justice system in addition to mental health and substance use disorders. Half of the samples included in the SASSI-3 validation study were from behavioral health programs that routinely assess and treat clients with criminal violations. Variables such as number and types of arrests, prior incarcerations, and probation status in addition to completed SASSIs and DSM diagnoses were included for these cases. Findings showed SASSI-3 screening accuracy of 92% in the offender sample, and this accuracy rate did not differ significantly from the screening accuracy rates in the other samples in the validation study.

Interestingly, of those who had been diagnosed with a substance use disorder, criminal offenders acknowledged significantly less illicit drug use and consequences on the SASSI-3 face valid scales than did clients with diagnosed substance use disorders but no criminal histories -- suggesting offenders minimized reported use and substance-related problems, particularly of illegal substances. By contrast, offenders with substance use disorders also had significantly higher Subtle Attributes (SAT) and Defensiveness (DEF) scores than did those with substance use disorders but no criminal histories. Despite offenders' attempts at minimization, SASSI-3 accuracy in the offender sample was 92%. Together these findings illustrate strengths of using SASSI-3 to screen criminal offenders as compared to entirely face valid screens such as the AUDIT, CAGE or DAST. That is, the inclusion of subtle items on the SASSI-3 as well as a scale to identify clients' defensive responding strengthens the ability of the SASSI-3 to accurately identify clients with substance use disorders.

Criminal offenders differ in adjustment and functioning that may affect performance on other tests. Research has shown the accuracy of the SASSI-3 to be unaffected by wide variations in clients' levels of adjustment and functioning, ethnic background, or other demographic variables such as age and education.

*For information on integrating the SASSI-3 into correctional programs, please contact Customer Service at 800-726-0526.*

## An overview of FRISK – Friends-Family Risk Scale

*Our last Issue of News & Reports contained an article about using SASSI questionnaires for case finding with family members titled: Protecting Deer and Dears. The article discussed bringing family members into an identified client's treatment process. If the client is a parent of teenagers, or a teen who has other teen siblings, this presents an opportunity for these additional family members to take the SASSI-A2 or another relevant SASSI measure. Many teens who misuse substances perceive their usage as normal because they are part of a group or family that supports this pattern of misuse. Identifying substance use disorder in the family system helps ensure that all might receive treatment; putting them in a better position to support each other in recovery. The following provides a more in depth explanation of the FRISK scale and how it can be used to aid you in identifying this familial pattern of addiction in teens.*

When the SASSI-A2 for Adolescents was released it included 5 new scales of which one was the FRISK – Family & Friends Risk Scale – a measure of the extent to which an adolescent is part of a family/social system that is likely to enable substance misuse.

An elevated Frisk score (above the 85th percentile, i.e., one standard deviation above the normative mean score) may be of value in directing the ongoing course of assessment and treatment planning and may also be an indicator that the adolescent is part of a substance misuse-oriented social environment that openly supports and promotes substance misuse as the norm.

Direct questions such as the face valid items in the FRISK scale can be examined individually. The client's responses may reveal more information relating to the context in which the adolescent may be misusing substances.

As with all the face valid scales, it is important to bear in mind that clients' responses reflect what they choose to acknowledge. Responses on FRISK items may be indicative of awareness and acknowledgement of problems, or they may reflect more complex motivation to attribute and/or misattribute problems. The FRISK scale provides the client the opportunity to endorse items that reflect: substance misuse within the family, alienation from the family, and involvement with a substance misusing peer group.

Feedback can begin by asking clients to talk more about some of the endorsed items – “Tell me more about what you mean when you say that you have felt bad or scared because of the drinking and drug use in your family.” Try to elicit

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# Enhancing your clients' insight and motivation using the SASSI

by Nancy Winningham, M.A.

*Through the years, we have had the opportunity to share inspirational stories with our colleagues about their experience using the SASSI. One such story came recently from a psychologist who uses the SASSI in his practice. This was a gratifying story for us to hear and we are pleased that he has allowed us to share it with you in this issue.*

## The referral:

The mother of a 22-year-old woman called me because she felt very strongly that her daughter Aimee\* had an alcohol problem. But Aimee was adamant, no question about it, "I don't have a problem."

[\*Name changed for confidentiality purposes.]

## The interview:

After some persuasion, Aimee agreed to come into my office, and I invited her mother to stay in the office during the interview, with Aimee's permission. I really think Aimee was very certain that there wasn't a problem, and that having Mom there during the process would convince her mother of this, too. I said, "You know, Mom can be a bit of a reality check here, but I'm listening to what YOU are saying." Aimee's mother agreed to just listen, since she had had her say when making the referral.

We talked about it, and Aimee restated that she didn't have a problem. She was just not aware of any bad consequences coming from drinking. Aimee really seemed to believe what she was saying, "My friends and I, we don't have any consequences; we just enjoy drinking."

I told her that was fine and asked, "Would you like to find out if you, in fact, do have a problem, or would you rather not know?" Of course, this is right in front of Mom. And she thought about it, seeing herself as being free to say "no." But she did say, "Yeah, I think I would want to know." When asked about each of the DSM-IV diagnostic criteria for substance dependence

and abuse, Aimee answered no to all symptom questions, including those regarding substance abuse.

## The SASSI:

Then, I brought out the SASSI-3, and told her a little bit about how it would compare her responses to two known groups of people: those who have a problem and know it, own it, and the other group that is just as aware that they do not have a problem, and own that. And we will see how your responses go. She agreed that that sounded good. She took the SASSI-3, and lo and behold, it showed high probability of having a substance dependence disorder. This was very surprising to her. Then I went back and showed Aimee her

scores on the FVA and the SYM. There didn't seem to be a reason, based on the other scale scores, for her to question the accuracy.

When she looked at that, she could see by the profile that the consequences she was getting were way out of line compared to ordinary people who drink. She runs with folks whose norm is to drink a lot, and there is a history in the family of having chemical dependency. She just said, "It's almost like thinking about it and realizing that you are surrounded, and your best bet is to give up!" And she just sort of surrendered to the idea that, "Yes, I've got a problem."

From there on she was willing to do something about it. Aimee made an appointment to see me again, and we went on from there.

**SASSI-3 Substance Abuse Subtle Screening Inventory**  
 For free consultation on this profile: 1-888-297-2774 To reorder: 1-800-726-0526

Name **Aimee** Gender **F** Age **22**  
 Case Number \_\_\_\_\_ Test date \_\_\_\_\_

**Adult Female Profile**

Face Valid Alcohol	Face Valid Other Drugs	Symptoms	Overt Attributes	Subtle Attributes	Defensiveness	Supplemental Addiction Measure	Family & Controls	Correctional
FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR
13	0	9	2	5	6	6	13	2

**THE DECISION RULE:**

ANY rule answered "yes"?  **HIGH PROBABILITY of having a Substance Dependence Disorder**

ALL rules answered "no"?  **LOW PROBABILITY of having a Substance Dependence Disorder**

Check if DEF is 8 or more. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. Elevated DEF may also reflect situational factors.

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**Conclusion:**

Let's say that the SASSI did not exist, and I would have had only the DSM-IV checklist and her history. I would have had her mother's reflections and thoughts and observations, and—I don't feel certain, but I'm guessing—she would have walked away with the understanding that she did not have a problem. She would have gone on as she had been—because I would not have been able to make a case that she did have a problem, because there would have been no data to base that on. She may well have been one of those who left the interview, and for the rest of her life said, "No, I don't have a problem, so get off my back." In a sense, I really believe that the SASSI saved this young woman's life, or at least spared her significant pain.

I have always been impressed by the accuracy of the SASSI. It picks up on people who really are "sincerely deluded." It's also interesting that her score on the Defensiveness (DEF) scale was not particularly elevated, so it was not that she was being defensive, she was just unaware of how her drinking and symptoms associated with it were beyond the norm. I am very grateful for the SASSI, and I wouldn't do an assessment or a screening without it. I literally would refuse, because just the verbal reports can be so misleading—not intentionally misleading, necessarily. Clients will compare themselves with the people they know who are much further along in the addiction process, and not really understand that their own behavior is a problem, just because their own behavior is not yet as severe as what they see in others. The SASSI can put a client's use into a more realistic context.

**Call: 888-297-2774**  
for FREE assistance with administration, scoring and interpretation of any of our instruments.  
**Training Opportunities!**  
[www.sassitraining.com](http://www.sassitraining.com)



## In Memoriam

**It is with great sadness that we note the passing of our respected colleague, Nancy Winningham, M.A.** Nancy passed away on April 13th, 2011 after a courageous battle with cancer. She was a valued clinician, researcher, writer, teacher, and friend.

Nancy had extensive knowledge on many subjects, not the least of which was clinical and experimental psychology. She loved to teach and was always happy to share her knowledge with coworkers and colleagues who phoned our clinical consultation line. She had a gift for making knowledge accessible – of translating and applying it in such a way that it was easy to understand. She was an inspiration and her valuable contributions will continue to live on through the tireless and unselfish work she did.

Thank you Nancy—you will be missed and remembered.

statements about their feelings in regard to the items they endorsed on the FRISK scale – “It sounds like it must have been hard to have to deal with worrying about your father's drinking.” Try to summarize what you learn from clients in a manner that may increase their recognition that the consequences of substance use are real and painful – and that they can be changed.

Adolescents with an elevated FRISK score 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. Due to their misuse-oriented environment, they are likely to be particularly resistant to accepting limits and supervision. Therefore, 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 misuse and promote recovery.

**Do you work with impaired drivers?**



The Behaviors & Attitudes Drinking & Driving Scale (BADDs) can:

- Determine risk of drinking & driving
- Measure change post intervention
- Evaluate intervention impact
- Identify rationalizations, behaviors and attitudes related to impaired driving

**SASSI**  
INSTITUTE  
*early*  
intervention saves lives

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