S·A·S·S·I INSTITUTE

ADULT SASSI-3 GUIDELINES

A. *PROFILE VALIDITY*

SASSI-3 has a 93 percent rate of accuracy in identifying individuals with substance dependence disorders. There are three ways to check on the utility of individual profiles.

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 decision rules. If so, do not use the decision rules as the only basis of further clinical decisions.

2. If the RAP score is two or greater, the client may not have been responding to the SASSI items in a meaningful manner, and therefore the results may not be clinically useful. In some instances an elevated RAP score may be due to misunderstanding the directions, literacy problems, or other test administration factors that can be corrected if SASSI-3 is administered again. Elevated RAP scores may also reflect noncompliance, which can be addressed as a clinical issue.

3. A DEF score of T-60 or greater suggests defensive responding on the SASSI-3. Elevated DEF scores increase the possibility of the SASSI missing substance dependent individuals. 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. *INTERPRETATION*

Clients who are test positive on the SASSI have a high probability of having a substance dependence disorder. Clients who are not identified by the SASSI decision rules have a low probability of having a substance dependence disorder.

C. *TREATMENT CONSIDERATIONS*

1. Depending on recency of usage, clients who have an FVA or FVOD raw score of 20 or greater may need supervised detoxification.

2. Clients who are not classified as substance dependent but who show moderate elevations on FVA, FVOD, SYM, OAT and/or SAT may be experiencing some problems related to substance misuse. Depending on the needs of the individual and available resources, educational programs related to substance use may be valuable. If there is collateral evidence of a substance dependence disorder, clients should be considered for further evaluation.

3. Clients who are classified as substance dependent only on the basis of the face valid scales (decision rule 2) may do well in education and outpatient programs (following detox, if needed).

4. Clients who are classified as substance dependent and have elevated scores (T greater than 70) on OAT, SAT or DEF are likely to need relatively intensive treatment. Clients in this category who do not have elevated scores on FVA or FVOD may require help in recognizing the pervasive nature of substance dependence disorders.

D. *ADDITIONAL CLINICAL CONSIDERATIONS*

Individual scale scores provide a source of information that can be used in generating ideas for further evaluation and treatment. Elevated or depressed scale scores should not, however, be automatically interpreted as a sign of pathology.

1. **FVA and FVOD (Face Valid Scales)**: The higher the score on either scale, the more the clients are acknowledging usage, consequences of usage, and/or loss of control. Examination of clients' responses on the face valid items gives a sense of the types of substance misuse issues they are facing - Are they using to cope with stress? Are they using to deal with social anxiety? Are they experiencing negative consequences? Are they experiencing loss of control? Etc. It is relatively easy for clients to control the impression they create when responding to the face valid items. Clients who are motivated to conceal evidence of a substance dependence disorder may under-report symptoms on FVA and FVOD; clients who are motivated to demonstrate that they have a substance dependence disorder may over-report symptoms on FVA and FVOD.

2. **SYM (Symptoms)**: SYM is a relatively new scale. It was developed to increase the accuracy of the SASSI-3 decision rules. Examination of the individual SYM items suggests that it is a measure of common causes, consequences and correlates of substance misuse.

3. **OAT (Obvious Attributes)**: Clinical experience has shown that elevated scores on OAT reflect a tendency to acknowledge behaviors and personality characteristics commonly associated with substance dependence, e.g., impulsiveness, low frustration tolerance, impatience, resentment, self-pity. Clients with elevated OAT scores are often readily able to relate to and identify with substance dependent people, including those in recovery (for example, in addictions films and self-help groups). They tend to be open to feedback, although they are not always receptive to the idea that it is in their best interests and within their capabilities to change.

4. **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 dependence 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.

5. **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.

6. **SAM (Supplemental Addiction Measure)**: SAM is used in the decision rules to increase the accuracy of the instrument. There is insufficient information to provide guidelines for its use in clinical interpretations.

7. **COR (Correctional)**: The COR Scale can be used to assess the client's relative risk for legal problems. Clients who have a raw score of 13 or greater on COR are at relatively high risk of having ongoing problems with the legal/judicial system. They should be considered for relatively intense rehabilitative programming and supervision. (See the SASSI Manual for a more comprehensive discussion of the implications of an elevated COR score.)

8. **FAM (Family vs. Controls)**: FAM is an experimental scale that can be used as an aid in treatment planning. Clinical experience suggests that it can be useful in identifying individuals who tend to focus on other people's needs rather than their own. Clients who have elevated scores on FAM are likely to have problems in such areas as establishing a sense of personal power and setting limits with others.