

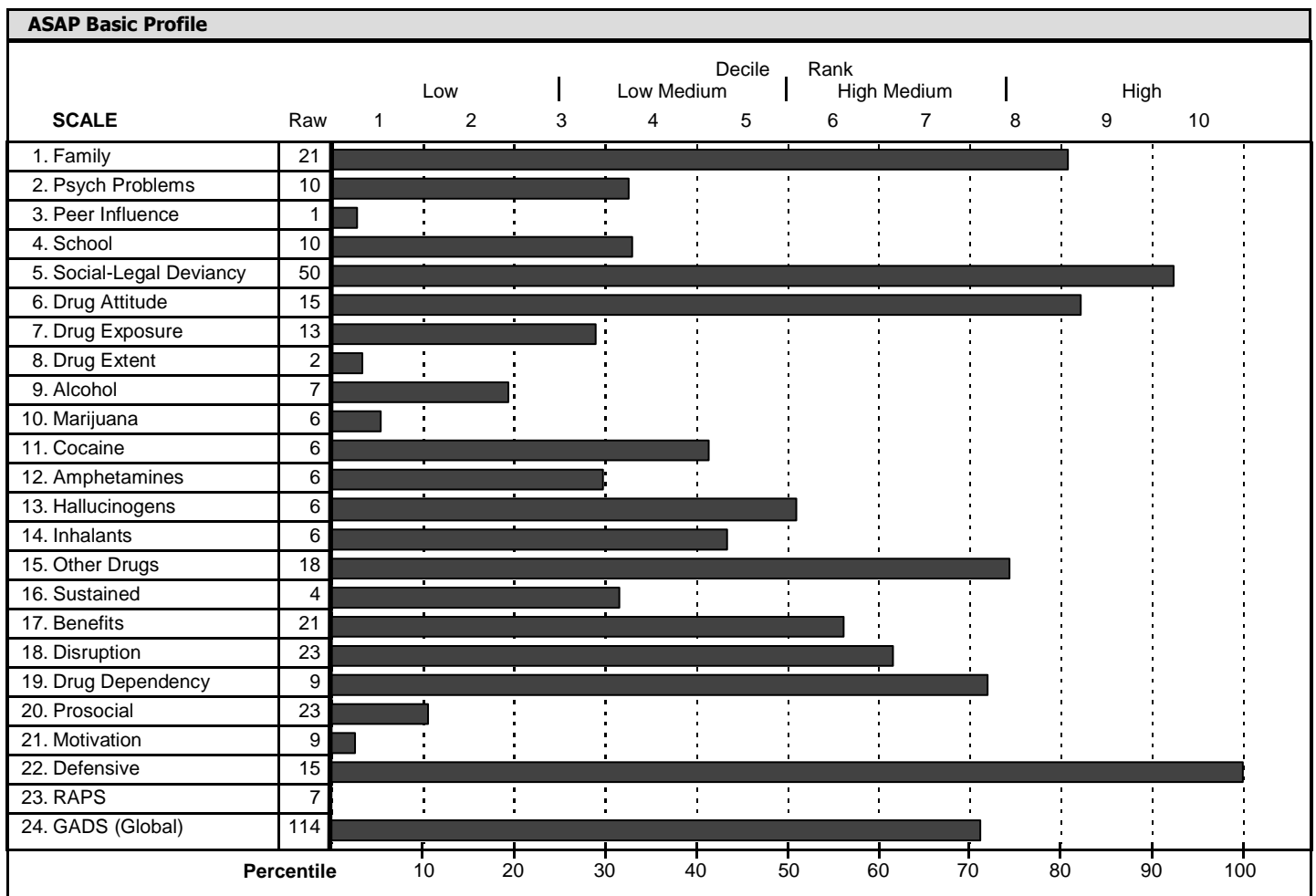
## ADOLESCENT SELF ASSESSMENT PROFILE II - (ASAP II)

ASAPII Author: K. W. Wanberg Copyright © 2007

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Client Information/ASAP II Information		
Name STEVE MCMASTERS	ASAP II ID 000001	Prior Alcohol/Drug Outpatient TX 1 or 2
DOB/Age	DYC 2340394059	Prior Alcohol/Drug Inpatient TX 1 or 2
Gender	Printed On 12/17/07	Prior Mental Health Outpatient TX 1 or 2
Ethnicity	Taken On 12/14/07	Prior Mental Health Inpatient TX 1 or 2
Region Central Region	Rated On 12/11/07	
	Rated By Ken Wanberg	

Drug Use History					
Drug Category	Times Used Lifetime	Days Used in Last 30 Days	Drug Category	Times Used Lifetime	Days Used in Last 30 Days
Alcohol Intoxication	1 - 10	8 - 14	Inhalants	Never	2 - 3 days
Marijuana	Never	8 - 14	Heroin	Never	2 - 3 days
Cocaine	Never	2 - 3 days	Pain Killers	Never	2 - 3 days
Amphetamines/Speed/Meth	Never	2 - 3 days	Tranquilizers/Sedative	Never	2 - 3 days
Hallucinogens	Never	2 - 3 days	Cigarettes (Tobacco)		Do not use



ASAP Supplemental Profile											
SCALE	Raw	Decile Rank									
		Low 1	2	3	Low 4	Medium 5	High 6	Medium 7	8	High 9	10
25. Family Disruption	2										
26. Family Distance	19										
27. Anxiety/Depression	10										
28. Impulsive	0										
29. Self-harm	0										
30. Minor Deviancy	18										
31. Major Deviancy	32										
32. Social Benefit	5										
33. Mental Benefit	4										
34. Altermood	8										
35. Excitement	4										
36. Behavioral Disruption	5										
37. Psychophysical	10										
38. Social Role Disruption	5										
	Percentile	10	20	30	40	50	60	70	80	90	100

**Critical Items**

**LIVING ARRANGEMENT AND FAMILY**

Current living at home. Both of my birth parents are living. My birth or adopted mother is living in my home. My birth or adopted father is living in my home. My stepmother is living in my home. My stepfather is living in my home. Birth or adopted parents are (were) separated or divorced. Have one sibling living at home. Have never been placed out of the home. My birth mother may have an alcohol or other drug problem. My birth father may have an alcohol or other drug problem. My birth grandmother or grandfather may have an alcohol or other drug problem. I have an aunt or an uncle that may have an alcohol or other drug problem. My mother has been in jail or prison. My father has been in jail or prison. My stepmother has been in jail or prison. My stepfather has been in jail or prison. I have a sibling that has been in jail or prison. I have an aunt or uncle that has been in jail or prison. I plan to continue living at (or return to) home. My childhood was very happy. Have lost three or more close family members through death.

**PSYCHOLOGICAL CONCERNS**

Reports having been physically abused. Have had personal and emotional problems all the time.

**SCHOOL ADJUSTMENT**

Have been suspended from school from one to five times. Have been expelled from school from three to four times.

**DEVIANCY AND CRIMINAL BEHAVIOR**

Hit or threatened to hit a school teacher, parent, or another adult three to five times. Have broken into someone's home or building more than five times. Have stolen a motor vehicle three to five times. Have carried a concealed weapon other than a small pocket knife more than five times. Have been involved in gangs or taken part in gang activities three to five times. More than five times, have hurt another person on purpose so that they had to see a doctor or go to a hospital. Have sold drugs or have been involved in selling drugs or dealing drugs from three to five times.

**DRUG USE PATTERN**

Would use alcohol or other drugs four to ten days in a row before stopping. Longest time gone without using alcohol or other drugs in the past year was about one or two months.

**DISRUPTIONS AND SYMPTOMS WHEN USING OR COMING OFF THE USE OF ALCOHOL OR OTHER DRUGS**

Blackouts four to six times. Passed out or became unconscious four to six times. Saw or heard things not there one to three times. Became mentally confused four to six times. Had physical shakes or tremors one to three times. Had a seizure or convulsion four to six times. Had a rapid or fast heart beat four to six times. Felt feverish, hot, sweaty one to three times. Did not eat or sleep four to six times. Became very upset/emotional one to three times. Unable to go to school or work four to six times. Broke the law/committed a crime one to three times.

**MOTIVATION AND NEED FOR HELP**

Maybe I need help with an alcohol problem at this time. Do not need help with problems having to do with the use of drugs other than alcohol. I have not been honest in the answers given to these questions.

## Assessment Summary

### DEFENSIVENESS

Very high defensiveness in disclosing psychosocial problems and personal-emotional information. This level of defensiveness may impact on client's self-disclosure of past psychosocial and AOD problems.

### FAMILY

Reports high degree of past or current family problems or disruption. Evaluator should definitely explore this area to determine if counseling or other services are needed since problems in this area may have a definite impact on client's risk for future AOD and judicial problems.

### MOOD AND PSYCHOLOGICAL ADJUSTMENT

Reports low to moderate degree of mood and psychological distress. Evaluator may want to explore this area with client in more depth to determine more accurately the level of client's psychological issues and if there is a need for services in this area. Although these problems appear to be at a lower level, they could impact on and increase client's risk for future AOD and judicial problems. Client reports having been physically abused a lot of the time of all of the time. This should definitely be explored with client.

### NEGATIVE INFLUENCE OF PEERS ON CLIENT

Client reports a low degree of involvement with and/or influence by peers who have problems with their parents, who are involved in substance use or get into trouble with the law or have problems at school. This could be considered to be a strength for client in preventing relapse or recidivism. Or client may be defensive around self-disclosure in this area.

### SCHOOL ADJUSTMENT AND PROBLEMS

Client reports low to moderate past or current school adjustment problems. The report is low enough to indicate that this could be a strength and protective factor in preventing future AOD or judicial problems. Evaluator may want to assess this level of problems or strengths in this area.

### SOCIAL-LEGAL DEVIANCY

Client reports very high degree of past involvement in social or legal non-conforming behaviors and history of antisocial and criminal conduct. This represents a very high level of risk that warrants very structured interventions so as to prevent recidivism. Client is very self-disclosing around his/her social and legal misconduct which is a positive factor in change. There is indication that client's social/legal non-conformity might extend beyond adolescence unless effective and timely interventions are applied.

### ALCOHOL OR DRUG USE ATTITUDES AND PATTERNS

Client's report indicates an approving, favorable and condoning attitude towards AOD use. This attitude can enhance potential future AOD use unless it changes during the course of intervention and should be a focus in treatment. Indicates a frequent and fairly sustained AOD use pattern.

### ALCOHOL OR DRUG USE BENEFITS

Indicates moderate and quite significant self-reported psychosocial benefits from AOD use which could strengthen the client's AOD use and abuse pattern. This should be a focus in treatment. There is some indication that client may have used alcohol or other drugs to alter or change moods, such as to reduce stress, calm self, feel less depressed, manage emotional or personal problems. This use benefit should be addressed since it may increase the probability of relapse and future AOD use.

### ALCOHOL OR DRUG USE DISRUPTION AND NEGATIVE OUTCOMES

Reports very significant and moderate-high past occurrences of a number of negative consequences or disruptive symptoms; definite indication of a past pattern of AOD use problems; and indication of past substance abuse. This level of past AOD negative outcomes will increase the client's probability for future AOD use and other adjustment problems. Client is self-disclosing in this area which is a positive factor in change.

### GLOBAL ADJUSTMENT

Reports a very high level of overall past psychosocial and AOD problems and disruption. This level of global adjustment problems very significantly increases client's risk for future adjustment problems and warrants significant interventions and treatment to decrease chances of relapse and recidivism. Client's very high level of openness increases chances of a positive response to treatment services.

### PROSOCIAL ATTITUDES AND BEHAVIOR

When compared with a prosocial group of youth, client's self-report indicates a low range of prosocial attitudes and behaviors. Even at this level, many of the clients responses to prosocial questions are "sometimes" and some are "often." Yet, this self-view is more compatible with the fact that this client has a significant level of judicial involvement that depends on a significant history of legal misconduct. This level of honesty can be a strength in helping client confront his/her level of deviancy and antisocial attitudes and behaviors. Client's score on Social-Legal Deviancy (Scale 5) should be evaluated in reference to the score on the prosocial scale.

### MOTIVATION FOR HELP AND CHANGE

Indicates low motivation and desire to change and may show an initial strong resistance to get help for AOD problems. This indicates a need for an initial structured motivational enhancement effort and program to prepare client for positive treatment involvement.

<b>Alcohol/Drug First Usage</b>							
<b>Alcohol/Drug Type</b>	<b>Age of First Use</b>	<b>Alcohol/Drug Type</b>	<b>Age of First Use</b>	<b>Alcohol/Drug Type</b>	<b>Age of First Use</b>	<b>Alcohol/Drug Type</b>	<b>Age of First Use</b>
Beer		Wine	14	Hard liquor	18	Marijuana	
Cocaine		AMphetamines		Acid		Mushrooms	
PCP		Huffed glue		Huffed gasoline		Huffed paint	
Huffed white out		Sniffed rush		Heroin		Opium	
Pain killers		Barbiturates		Tranquilizers		Cigarettes	

<b>ASAP Recommended Referral Guidelines</b>		<b>Level</b>
Based on client self-report: Guidelines suggest regular alcohol and other drug (AOD) treatment (e.g., 1 to 3 session per week) plus evaluation for more enhanced AOD services, e.g., more than three sessions per week, more structured, more intensive		3B

<b>Evaluator's Ratings</b>			
<b>Family disruption</b>	1 - Minimal/Low	<b>Deviant behaviors</b>	1 - Minimal/Low
<b>Mental health problems</b>	1 - Minimal/Low	<b>Involvement in alcohol or other drug use</b>	1 - Minimal/Low
<b>Peer influence</b>	1 - Minimal/Low	<b>Disruption due to alcohol or other drug use</b>	1 - Minimal/Low
<b>School problems</b>	1 - Minimal/Low	<b>Motivation and readiness for services</b>	1 - Minimal/Low

<b>Evaluator Recommendation</b>
Alcohol and other drug early intervention program

<b>Evaluator Comments</b>
Client would benefit from an intervention with family and friends. Needs intensive outpatient sessions to allow client to provide for family.

Information in the ASAP II summary is based on the client's self report. It is dependent on his or her ability to validly respond to the questions. It represents the individual's perception of self regarding alcohol and other drug use, concerns about self and relationship to others, and willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources when making referral or treatment decisions. No one piece of information from this or any other source should be used solely to make such decisions. It is always best to engage the client in a partnership when making referral and treatment decisions. Final referral recommendations are always made by the evaluator.