



The European version of the  
Adolescent Assessment Dialogue

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# The Manual

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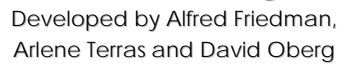
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# I Introduction

## a How to use the manual

This manual to the EuroADAD is designed to be used as both training material and for the daily work with the EuroADAD. The outline of the manual follows the course of the training in the instruments. The illustrations presented are identical to the overhead pictures used in the training. To facilitate the course of the training, a field for individual notes are provided in the right column of each page. Comments and clarifications can be noted here as an aid for later use of the EuroADAD.

The manual contains the general rules for the administration of the EuroADAD, procedures for coding the interview, as well as the basic concepts utilized in the development of the instrument.

The manual is concluded with four appendices.

## Appendix 1 Critical and composite questions

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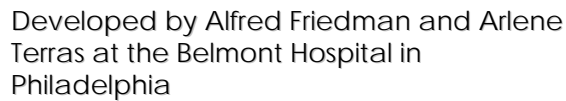
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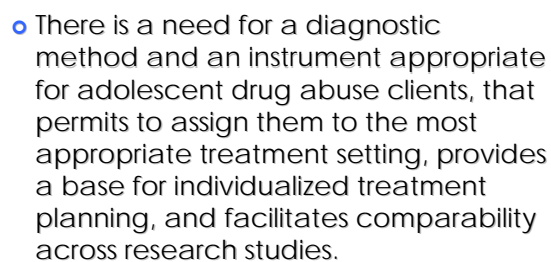



## The Manual

- o General guidelines for the EuroADAD-interview
  - Introduction to the adolescent
  - General coding of questions
  - Severity ratings
- o Manual for specific items
  - Comments and interpretation of specific questions
- o The EuroADAD instrument
- o Country codes
- o Critical, composite and follow-up items



While the ADAD was originally developed for the purpose of assessing adolescents entering substance abuse treatment, because of its comprehensive nature, the ADAD has proven to be useful as a general assessment tool and is currently utilized widely in Australia, Europe and the United State, in agencies which provide more inclusive social services and assistance to adolescents.





- ADAD developed by Friedman and Terras 1989 and modelled after the Addiction Severity Index
- EuropASI, 1994
- EuroADAD development of ADAD is started by Friedman, Terras and Öberg in 2000
- The EuroADAD group was constituted in 2001 and included 8 European countries
- In March 2002 the development of the first version of the EuroADAD is finalized.

## The development of the EuroADAD

The ADAD came to Europe through Greece, Sweden and Switzerland. In those countries, the instruments were translated and adapted to the specific needs of the countries and organizations that translated them. This was done without any collaboration between the countries. When the interest for the ADAD grew in several other European countries, initiative was taken to create a standard European version. Experiences from the European version of the Addiction Severity Index (EuropASI, Blanken *et al.*, 1994) has shown that a common standard is a precondition for the instrument to spread and to guarantee the quality of the method. The original authors Alfred Friedman and Arlene Terras started the development together with David Öberg from Sweden. The work was based on experiences from the American as well as the European national versions of the ADAD. The EuroADAD was developed in collaboration with partners from many European countries. This involvement provides possibilities for the EuroADAD to be of use in all European countries. EuroADAD can be seen as a method to describe, communicate and compare young clients over borders of countries and institutions. With time EuroADAD will be available in different language versions. This will make it possible to interview clients in their native tongue and thereby avoid translation errors.

In the development of the EuroADAD, mainly three types of problems were addressed.

### 1. Problems related to the heritage from ASI.

**a: Client ratings.** The questions of “*troubled or bothered*” have been hard to interpret and of limited predictive value in statistical calculations. Furthermore, in reality, the item does not influence the severity rating, since the score on “*need for help*” always is the one to be considered. Hence, the questions of “*troubled or bothered*” have been excluded. This simplifies both trainings and the rating of severity.

**b: Severity ratings.** The old descriptions of need for treatment in the severity ratings are easily interpreted as whether treatment is needed or not. The new definitions of the steps focus on a continuum from “no need for treatment/help” to “extreme need for treatment/help”.

**c: The interviewer items** have generally been considered as a deviation from the structure of the ASI. Items concerning in-



## The European version of ADAD

- Upgraded and adapted for European context:
  - Comprehensive core
  - Items are more general
- Differences concerning:
  - Areas: Employment is incorporated into School
  - Items
    - 25 % reduction
    - Some original items are changed or deleted based on research and clinical experience
    - Database for complementary items will be established

interviewer clinical judgement and the severity ratings at the end of each area disturbs the flow of the interview and can easily be misunderstood as a necessary task to perform during the interview. These questions are no longer a part of the EuroADAD-interview section.

**d. The focus on problems.** The ASI Feedback Form (AFF) is an integrated part of the EuroADAD. AFF concentrates on positive and negative aspects within every life-area, in order to lift forward strengths and the absence of problems when summarizing the interview and calculating the severity ratings.

### 2. Problems related with the construction of the original American ADAD.

**a: The name.** Since the instrument does not provide diagnoses in any of the areas, the original name (“Adolescence Drug and Alcohol Diagnosis”), was misleading. The acronym “ADAD” is now an abbreviation of The ADolescent Assessment Dialogue, to stress that this is an assessment in close dialogue with the client

**b: Inconsistencies.** The original instrument does not systematically use the 30-days measure in all life areas. This is now introduced into all areas for increased consistency of the EuroADAD.

**c: The areas.** Studies have concluded that the area of “work” does not contribute to predictive value of the instrument. Furthermore, “work” is seldom of general relevance for the population of clients assessed with ADAD. “Work” is now briefly addressed in the ADAD with the recommendation to complement the interview with the area of Employment/ support” from the ASI, when relevant.

### 3. To get beyond the cultural context.

A great deal of developmental work has been focused on changes in the language of the interview items. The ambition has been to be more general, where the intention, not the exact phrasing of the question, has been in focus. This has been necessary in order to generate cross-cultural comparability and to facilitate translations from English. This work, more time-consuming than expected, has included close collaboration between the original authors, the European coordinator and the European representatives and field experts.



## Information from EuroADAD

- **Fact based description of the adolescent**
- **“Need of help” rated by the adolescent**
- **Interviewer rating of severity**
  - Subjective measure – for clinical use
  - Measures severity and need for help
- **Composite scores**
  - Objective measure – for research
  - Measures change

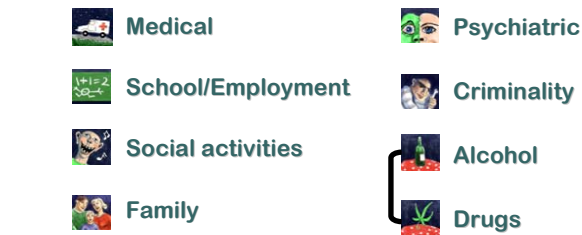
## The instrument

The EuroADAD is a semi-structured interview that yields a multidimensional profile of problems adolescents. The following seven major problem areas are included: physical, work/education, social, family, psychological, criminal and alcohol/drugs. The interview provides an assessment of the life-problems of adolescents and indicates the treatment needs in each area. The quantifiable clinical information gathered through administration of the EuroADAD can be used for clinical, research and organizational purposes.

The instrument is a structured method to obtain information and can also be used to compare groups of adolescents between different countries and sectors of care. With help of the follow-up questions the individual can be followed over time, for example before and after treatment. With EuroADAD information relevant to adolescents' life experiences and current patterns of functioning are obtained. The seven life areas are evaluated separately and rated on the problems reported and the need for help. The EuroADAD also includes a section of general information in addition to the seven life areas.

Each of the life areas is constructed in the same way. Each includes questions that elicit facts pertinent to the adolescent's life for two distinct timeframes: for *lifetime* and for the *last thirty days*. The balance between historical and current information provides a purposeful insight into the intensity and the duration of the reported problems. All areas also include subjective questions on the youth's experience of the intensity and duration of the problems, whether or not the adolescent client wants help or counselling. The interviewer concludes each area with a severity rating that incorporates the objective information obtained, the interviewer's judgment, and the client's self-rating. The composite scores provide a objective measure that is useful in research and in outcome studies.

The EuroADAD is complemented with the EuroADAD Feedback Form — AFF. It was developed for clinicians to make the EuroADAD more useful for clinical practice. For example, client documentation, case-conferences and treatment planning. The AFF helps to make the severity ratings simple and consistent, develops a concise summary of the interview, provides a base for structured feed-back to the client. The global rating connects the different areas and identify patterns between them.



## The Areas of the EuroADAD

In general information, demographic data and relevant background information about the life-situation are asked.

**Physical** aims to estimate the overall health status and note any particular chronic health problems. It identifies selected health problems related to substance use/sexual behavior. Hospital and doctor visits and use of medication are inventoried.

School determines the current school status. The checklist assesses any particular school problems associated with classroom performance, adjustment to the school situation, attendance and motivation. Participation in other educational, training or structured programs for clients not enrolled in regular school are determined.

Social aims to assess current interests, social activities and peer relationships, with particular attention to substance-use, anti-social, and criminal related behaviors. It also is sensitive to the lack of social interaction, social withdrawal and peer-group victimization. The social area also seeks to determine high risk sexual behaviors.

Family assesses serious problems (alcohol, psychiatric etc) or handicaps of the parents and siblings. It gathers information about current inter-family relationships and screens for emotional, physical and sexual abuse of the client. The area also identifies selected negative household roles and behaviors of the adolescent client, which may forecast potential risk.

Psychology assesses current and past experience with emotional/psychological treatment services. Psychological health is assessed by responses to a checklist of 18 current psychological problems and by responses to a list of 10 more serious symptoms, psychiatric conditions and behavior patterns.

Criminality refers to problems with the law and criminal behavior. It inventories current problem status with police and courts. A checklist of 16 different offences, including 7 violent offences, provides information on the age of debut of each activity, as well as the frequency of commission during the preceding the three months.

Alcohol and Drugs assesses different kinds of substance use/abuse and addiction by eliciting age of first use, frequency of use and duration of use for 13 different substances, including alcohol and tobacco. Symptoms of addiction and risk behavior are inventoried, as is former treatment for substance abuse.





## General guidelines

- The interview should:
  - Be conducted after the adolescent is informed
  - Be conducted at one occasion
  - Be conducted in a calm and separate environment
  - Be properly introduced

## 2 The interview

### Preparation

It is appropriate that the interviewer to introduce him/herself and kindly ask for the client's cooperation for the ADAD interview. To inform the client and book time and place in advance is a good way to show the client respect and let them take the interview seriously. To start the interview it is not only of importance to be acquainted with the interview itself, also issues of confidentiality that apply in the specific situation have to be considered carefully.

### Getting Started

The following is a sample introductory explanation of the ADAD interview process; all, or any part, may be used prior to and during the interview. It is intended only as a guideline and may be varied according to the clinical judgment of the interviewer and the needs of the setting: *"Adolescent clients come to or are referred for social services often have problems in a number of different areas of their lives, such as school, family, as well as with drugs, alcohol and crime.. The ADAD interview is designed to develop a comprehensive picture of your experience and behavior in the following eight areas of your life: Medical, School, Employment, Social, Family Psychological, Delinquent/Criminal and Drug/Alcohol. For each section, you will be asked a set of questions. If you don't understand or are unsure about a question, please let me know, and I will explain it further. Then give me the best answer you can. Since almost all the questions deal with your experience or what you think or believe, it should not be hard for you. At the end of each section I will ask you how important you feel help or treatment, for the problems you reported in that particular area, is to you. We want to be sure to do the best we can for you, but we need your cooperation for this, since you are the best person who can tell us about yourself."*

Depending on the client, it may be helpful for the interviewer to introduce each new problem section as the interview proceeds. For example: *"Now I'm going to ask you some questions about your health and medical problems."* The client will then be prepared to concentrate on each of the areas independently.



## Unclear???

- Always try to phrase the question so that the client can easily understand it.
- If the client does not seem to understand or seems unclear concerning the intention of the question:
  - Reformulate it
  - Ask clarifying or complementing questions
  - If it is still impossible, code "X" and make a note under comments
- Do not try to interpret what the client eventually means

## Conducting the interview.

The questions in EuroADAD are not meant to be read to the client literally. That's why it is important for the interviewer to be well acquainted with the interview and to understand the intent of the questions well. The intent of the questions should be delivered to the client in a way that the specific client can answer the question. To perform the interview in an accurate way it is important to be able to when necessarily reformulate the questions so that the intent is understandable. In some cases it is especially hard, like when the client lacks the ability to grasp the concept or when they can't handle the language well. Sometimes it is recommendable to check if the client really understood the question with a complementary question.

**Unclear** When the client does not seem to understand or is unclear with the intention of the question:

- Reformulate the question
- Ask a clarifying or complementing question.
- If the client still can't understand, code "x" for question not applicable, and make a note under comments.

**Termination** Normally the interview takes about 45 minutes to one hour and should be conducted at one occasion. If the client is not able to perform the interview in one session, it can be split up in 2 or more sessions. The interview should be terminated if the client obviously can not or will not answer many of the questions. If the client does not understand the interview because of language problems it is possible to conduct the interview with help of an interpreter. In those cases it is important to note that the quality of the interview and the comparability will be reduced if the interpreter is forced to translate the interview. If a suitable language version is available it should be used.



## Reliability

- If the information is significantly (extremely) distorted on purpose by the adolescent
  - Stress on the importance of the interview for the adolescent
  - Stress the possibility to not answer the question
  - Terminate the interview and resume it at a better moment



## Coding

- 0 = No
- 1 = Yes
- N = Not relevant
- X = No answer

## Coding

The coding in EuroADAD normally follows the pattern of 0 = No and 1 = Yes. There are also codes for when the question is not applicable (n) or not answered (x).

**Date:** Always code the date when something happened (not how many months that has passed since it happened) The coding of dates follows the international standard ISO 8601, that means

Year - Month - Day. (YYYY-MM-DD or YY-MM-DD).

*Example: When was the last time you stayed in a hospital for physical or medical problems: YY MM=0108=August, 2001*

**Country code:** Also the country codes follows international standard and consists of three digits. The name of the standard is ISO 3166. A code list with country codes could be found in the appendix. Note that clients that are without citizenship will be coded "000". Country code concerns questions AB and B3.

**30 day measurement:** Several questions in the interview concerns current situation, that is the last 30 days. Normally they are counted from the day of the interview. In those cases where the client has been in secure environment part or all of the last 30 days, count the 30 days from the day before he got into secure environment. This puts an extra emphasis on conducting the interview as close as possible to intake since the info. can be less reliable with time.



## 30-day measurement

When the client is interviewed in:

- Normal environment
  - Count the last 30 days before the interview day
- Secure environment
  - Count the last 30 days before the client got into secure environment



## Rules for coding

- Do not leave any fields empty, when necessary code:
- X = Question not answered
  - Can not answer
  - Will not answer
  - Question not asked
- N = Question not relevant
  - Ascending questions, i.e.. questions that start with "if Yes, ..." etc.
  - Consequence questions, f.ex. if single child, questions about brothers or sisters are not relevant

### Estimates/clarification

Several questions require the client to estimate the "number of days" he/she experienced a particular problem during the preceding period. These items can be difficult for adolescent clients, and it may be helpful to offer a time structuring mechanism; e.g., fractional periods (one-half the time, or weekends only, etc.). During the interview, there are opportunities for clarification of questions and responses. If a client does not understand the question, you can rephrase the question or give examples.

NOTE: When it is firmly established that the client does not or cannot understand a particular question, that response should not be recorded. Enter an "X" in the response box of that item.

### Missing values

It is absolutely necessary not to leave any fields empty. When you are unsure about the coding make a preliminary coding and write down a note under comments. After the interview, contact somebody who could help you to write down the correct code. Two codes are available to avoid empty fields.

**Don't know (X).** The client should be informed before the start of the interview that it is no problem if the client does not want or cannot answer a question. In those cases it is better that the client answers with "no comment" than with a lie or an incorrect answer. This code also applies when the client does not know or understand the question. In those cases that the interviewer do not ask a question, it should also be coded with X. If you have to use X, please make a note under comment

**Not Relevant (N).** Sometimes it is not possible to answer a question because the question is not relevant. There are two reasons why a question can be not relevant.

**Ascending questions.** is questions were the answer depends on the answer on the **preceding** question. They are often numbered a, b, c. for example "If yes on a ..." If the client answers No=0 on question a, the code will be "N" on question b.

**Consequence questions.** The answer depends on how the client has answered on a **previous** question. If the client says that he is engaged in school on D1a then should questions D12 to D14 be coded "N". This kind of questions are often found within a bold square.

## Comments

- In the end of each area
- If information of importance comes up under the interview, use the comments field.
- Extra information of relevance for the severity rating should here be noted and explained
- Further explanations that provides a context to the interview could here be noted together with other information of clinical relevance

## Comments

In the end of each section there is a section for comments. This section has several purposes. Here should be noted any information of importance that comes up during the interview and that is not coded in any of the questions. Further explanations that provide a context to the interview could here be noted together with other information of clinical relevance.

[illegible]



### A. Administrative information

## Administrative information

### Aim

These questions aim to identifying the interview, the interviewee, the interviewer and the interview situation.

They can be filled in by the interviewer or by administrative staff.

### Instructions for specific items

AA I.D. number is the file number given to the client by the unit. If applicable, the number given for research purposes is noted on the upper left box of each page.

AB Country code: Use three digits, see appendix

AC Unit code is given by the organization, responsible for data collection of EuroADAD

AD Interviewer code number is given by the organization, responsible for data collection of EuroADAD

AF Date of admission is the date that the client is subscribed at the unit and treatment officially is started.

AG Date of interview is the date that the EuroADAD interview is conducted. If the interview is conducted at several occasions, code the first date.

### Optional Questions

Only when the EuroADAD is utilized for research purposes only, should this section, which asks for client-identifying information such as name, address, and nearest relative, be omitted. When the EuroADAD is used for clinical, as well as research purposes and the confidentiality procedures must be maintained, it is possible to blank out this section.

[illegible]



## General information

### General Information

#### Aim

This section collects general, background information on the client's situation.

#### Instructions for specific items

**B3** Codes for country of birth , three digits, see appendix

**B5-B7** Clarify for the client the difference between biological/adoptive parents and current family arrangements (B10-B11).

**B7** Don't Know = "X" is used for clients who don't know or never knew their parent's life status. However, if the client is simply not sure, have him/her make his/her best guess.

**B7a** Separated/Divorced means living in separate houses and/or legally being divorced.

**B7b** The client's age when the parents divorced/separated

**B8** With whom have you lived

#### C Lifetime

For clients who have had multiple arrangement in their lifetime code their primary living arrangements or, alternatively, the arrangement in which they spent the most time.

**7** Other relatives = blood relatives first and second degree. More distant relatives should be coded under 14=Other and a note is made

**B9** What do your parent figures currently do

For this item, the parent figures are those who had primary responsibility for the client during the last year.

**B10** How many brothers/sisters do you have

Includes also step-and half siblings. In this case, make comment at the end of this section. Only mention those that the youngster has contact with and has some influence on his/her life.

**B11** Do you have any children.

Includes all children not deceased. Children may be living elsewhere. For male adolescents: if unsure, code "X", and make comment

**B12** How many people altogether live in your household. (Refers to the situation on question B8b; include client in total of people) Includes all people whose primary residence is the same as that of the client. If the client attends boarding school, is in residential care, or is incarcerated (codes 9 or 10), this item refers to the residence of the client when on leave.

**B15** How many times have you run away from home. A client is considered to have run away if he stays away overnight without permission from parent figures and has the intention to run away.

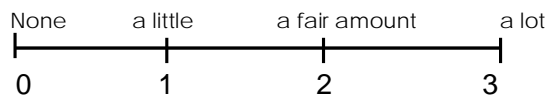
### ●●● The client rating scale

0 = None/Not at all

1 = A little

2 = A fair amount

3 = A lot



## Client's Rating scales

This 4-point client rating scale (which appears at the end of each problem section) will be used by the client to estimate the importance of counselling or treatment in each problem area. The interviewer may describe the use of the scale prior to beginning the interview, but it is not required. The rating scale ranges from 0 to 3. If the client reports that treatment is not at all important, code 0 = none. If the client reports that treatment is a little important, code 1 = a little; similarly, code 2 = a fair amount and 3 = a lot, according to the client's report. It may be helpful for the interviewer to restate the code descriptors for the client after the "importance of treatment or help" question is asked. For example, "How important to you now is help medical problems? None? A little? A fair amount? or A lot?"

The client should be directed to make the ratings on the basis of his/her reactions to the current problem situation, i.e. to the problems the client actually experienced in the preceding 30 day period. (see 30 days measurement, page 10)

### ●●● The client rating scale

- Concerns current situation
- Concerns problems expressed in the interview
  - That why it is of utter importance that complementing information are noted under comments
- Concerns the need for further or continues help



- ISR provides a summary of the client's problems at intake
- ISR could be used for:
  - Matching client-unit
  - Treatment planning
  - Prediction of treatment outcome

## Interviewer severity ratings

The severity ratings derived by the interviewer in each of the problem areas are important to both research and clinical goals. All ratings are to be based on responses to both the objective and subjective questions within each area. Although it is recognized that the interviewer's opinions will affect the severity ratings, and are often important, they introduce a non-systematic source of variation, lowering the overall utility of the scale. In order to reduce these variations, the interviewer must develop a systematic method for estimating the severity of each problem. The common use of this standard method will increase the reliability of the severity estimates.

A two-step method for estimating severity has been established (similar to the ASI). In the first step, the interviewer considers only the objective data from the problem area, giving particular attention to the critical items (marked in bold and underscored) in each area. These items have been found to be consistent with higher levels of severity. The interviewer then makes a preliminary rating (2-3 digit) of the client's problem severity (need for treatment) based only upon this objective data. Next, the Client's Ratings of his/her need for help are considered; and than the interviewer narrows the range to a single, final digit.

## Interviewer Severity Ratings

- An estimation concerning the need for treatment, independent on the availability or even existence of treatment.
- Treatment is a combination of “objective” and “subjective” information
- Provides a structured method to summarize and “understand” the nature of the client’s situation

If the client suggests that he/she feels that treatment is “extremely important” to him/her, then the interviewer chooses the higher value in his/her final rating. Similarly, in situations where the client convincingly reduces the need for help, the interviewer may reduce the final rating. Quite often, however, adolescents understate, minimize and deny their need for help. In these cases, the final rating should reflect their verbal report, including their views on the current importance of help and interventions for their problems.

For the purposes of this interview, severity will be defined as need for additional treatment and will be based upon reports of amount, duration, and intensity of symptoms within a problem area. (The word “additional” here means treatment that is needed beyond that which the client may already be receiving. In most cases, however, the client is not receiving any other treatment.)

One of the most important benefits of the ISR system is that it provides the interviewer with a structured method for analyzing the information in the interview. This method enhances the clinical value of the interview and facilitates communication with the client, colleagues and others involved.



## Interviewer Severity Ratings

- Interval 0 - 9
  - 0 = No real problem/need for help
  - 9 = Extreme problem/need for help
- The interviewer rates the need for help based on strict rules
- The rating is based on both objective and subjective information – a two step method

For the purpose of making the severity ratings, the interviewer uses the interviewers rating scale (IRS). This is a 10 point scale divided into five categorical explanations or definitions. Each represent the client's need for treatment and the level of treatment appropriate to the client's need.

- 0-1 No real problem/need for help
- 2-3 Slight problem/need for help
- 4-5 Moderate problem/need for help
- 6-7 Considerable problem/need for help
- 8-9 Extreme problem/need for help

It is important to note that these ratings are not intended as estimates of the client's potential benefit from treatment, but rather the extent to which some form of effective intervention is needed, regardless of whether that treatment is available or even in existence. For example, a client with terminal cancer would warrant a medical severity rating of 9, indicating that treatment is absolutely necessary for this life threatening condition. A high severity rating is recorded in this case even though no effective treatment is currently available.

Clients presenting few controlled symptom levels should be rated as having a low level of problem severity. As amount, duration, and/or intensity of symptoms increase, so should the severity rating. Very high severity ratings indicate high levels of problem symptoms and a correspondingly high need for treatment. Lower ratings do not necessarily mean that help is not needed, but more that the kind of help could be of a lesser intensity and/or kind than with a higher rating.



## Interviewer Severity Ratings

- 10 degree scale
  - 0-1 No real problem/need for help
  - 2-3 Slight problem/need for help
  - 4-5 Moderate problem/need for help
  - 6-7 Considerable problem/need for help
  - 8-9 Extreme problem/need for help



## Interviewer Severity Ratings



Objective information

Preliminary rating - 2 to 3 digits

Clients rating of need for help

Choose 1 digit from prel. rating

### EuroADAD FeedbackForm (AFF) at

EuroADAD Feedback Form (AFF), in appendix 2, facilitates the procedure of deriving the interviewer severity ratings. The AFF is a document of the interviewer's thoughts and impressions when making the ratings. Utilizing the information the client provided in the course of the interview, the AFF guides the interviewer through the process of making the severity ratings. While it is not necessary to use the AFF to generate the severity ratings, it provides a standard methodology which we have found leads to more consistent ratings. AFF has been particularly helpful to new interviewers as a step-by-step method through the rating process, and it has been found to be a good pedagogical tool for training activities.

The EuroADAD Feedback Form (AFF) was developed for clinicians and for the purpose of expanding the clinical applications of the EuroADAD. As such, it may be utilized for client documentation, case-conferences and treatment planning, etc. The AFF has four main purposes:

- Provide a simple and consistent severity rating method
- Develop a concise summary of the interview
- Provide a structure for feed-back to the client
- Provide an overview of the different areas and an opportunity to identify patterns



## ADAD Feedback Form

- Make the severity ratings simple and consistent
- Develop a concise summary of the interview
- To provide structured feed-back to the client
- Connect the different areas and identify patterns



## ISR Step 1.

1. Look over the interview.
2. Items are considered of more importance (+ positive or - negative) if they are:
  - Critical questions (**bold and underlined**)
  - Close in time
  - Over a longer period
  - Acute
  - Chronic
  - Severe

### Interviewer Severity Rating, Step 1.

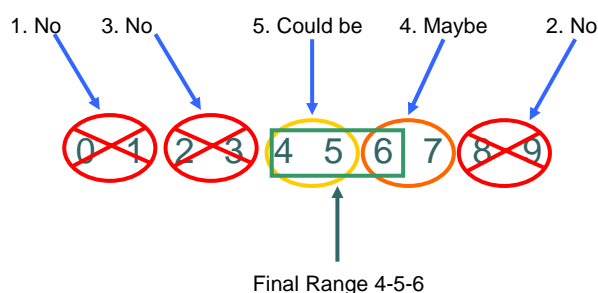
1. Look over the interview.
2. Consider what is positive for the client, which gives a lower rating, and what is negative, which gives a higher rating. The absence of problems is considered positive. Items are considered to be more important (+ positive or - negative) if they are:
  - Critical questions (**bold and underlined**)
  - Close in time
  - Have a longer duration
  - Acute
  - Chronic
  - Severe

Take in consideration if adequate treatment is already in use. Information reported by the client **not** in response to a EuroADAD question, but is factored into the derivation of a severity rating, must be recorded in the "Comments" section.

3. Create a range of 2-3 digits which express the interviewer's (your) views on the nature and severity of the problem and rate the client's need for help. The procedure is to narrow down from the end points into a range of two to three digits. Ask yourself, for example, if the severity is 0-1. If not, is it 8-9? If not, is it 2-3, etc., until you find the range of 2-3 digits that (in your view) best reflect the client's need for help. The operational definitions of each severity category may be helpful in establishing a range.



## Closing in the Range



## Severity rating - Step 2

- Use the subjective information from the clients rating for help to choose a value in from the preliminary interval.
  - For 2 digit interval
    - If client rating is 0 or 1 – choose the Lower value
    - If client rating is 2 or 3 – choose the Higher value
  - For 3 digit interval
    - If client rating is 0 – choose the Lower value
    - If client rating is 1 or 2 – choose the Middle value
    - If client rating is 3 – choose the Higher value

### Interviewer Severity Rating, Step 2.

4. Next, the Client's Ratings of his/her need for help are considered, and the interviewer narrows the range to a single, final digit. If the client suggests that he/she feels that help is "extremely important" to him/her, then the interviewer choose the higher value in his/her final rating. Similarly, in situations where the client convincingly reduces the need for help, the interviewer may reduce the final rating.

#### Guideline for final rating

- **For 2 digit interval**  
If client rating is 0 or 1 – choose the Lower value  
If client rating is 2 or 3 – choose the Higher value
- **For 3 digit interval**  
If client rating is 0 – choose the Lower value  
If client rating is 1 or 2 – choose the Middle value  
If client rating is 3 – choose the Higher value

## Interviewer Severity Ratings

- How would you rate the client's need for help or counseling for ...



8-9	Extreme problem/need for help
6-7	Considerable problem/need for help
4-5	Moderate problem/need for help
2-3	Slight problem/need for help
0-1	No real problem/need for help



## B Physical health

### C Physical

C5 This item refers physical illness which is not the direct result of alcohol/drug abuse. It asks the client's subjective perceptions of serious illness.

C6 A chronic condition is a serious, or potentially serious, physical or medical condition that requires continuous care on the part of the client (e.g., medication, dietary restrictions, inability to perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps.

C7 b If medication is prescribed for psychological problems, code under G3 k and describe under G7, comments.

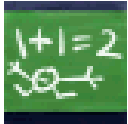
C9 Refers to both current and past problems.

C9 a Eating problems can be problems with swallowing, vomiting, eating too little and overeating, lasting longer periods.

C9 e Give examples of sexually transmitted diseases, e.g., gonorrhea, chlamydia, syphilis, genital warts, genital herpes etc., or describe the symptoms: visible sores, warts, discharge from penis/vagina, painful urination

C9 f: To make the client feel more comfortable, ask first if he/she was ever tested for HIV, and if yes, if he/she will share the status.

C9 g: Only applies for girls, code N for boys



## D School

### D School and Employment

D1: “Still in school” (code “1”) means that the client is participating in some kind of “regular”, formal educational process such as public and private junior and senior high schools. It excludes all programs that do not grant a high school diploma upon completion of the program. This response option includes work-study, and training programs, which are structured to provide a high school diploma.

Code 2 In work, means a work that is paid for, not a work-study

Code 3: Educational program includes “special” schools for the socially/ emotionally disturbed,

Code 4: In treatment, when clients are in residential care and do not attend regular school

Code 5: Other structured daytime activities could be voluntary work or “daycare” for adolescents that are expelled from school

Code 6 Not allowed to go to school. Being temporarily extended or permanently expelled.

Code 7 Stopped going. This decision is made by the youngster.

Code 8 Not into any of above. Write down other options, like not able to go to school because of longstanding illness, education at home.

D2 Start counting regular school years at age 6.(schools in different countries start with first class at different ages). Only include schools referred to in D1

D6: If grades were variable during the past school year, the response should reflect the general tendency or average.

D10 –D11: These items are not applicable (“N”) for clients who have not been enrolled in school at anytime in the past 30 days. They are applicable however, to clients who have not attended school in the past 30 days, but are still on roll.

Items D12 – D13: All clients who were not coded as “1” (still in school) on Item D1 are appropriate for this section.

D14 Clients with less than 20???? hours a week of school, educational program or (voluntary) work are considered not to have structured daytime activities.





## E Social

### E Social

E 3: Ask and enter number responses for sub-items a – e, even if client does not have as many as five (5) friends. Enter the total number of friends the client considers for this item in sub-item f.

E4 a: A gang is generally an organized group involved in criminal/illegal/socially unacceptable activities, which may have a certain hierarchy or structure in which the client has a role, for example Hell's Angels or criminal ethnic gangs. There should be more than a loose connection between the gang members.

E5 b: "Partying" at home or outdoors, etc., refers to social activities without parents/supervising adults and where alcohol and drugs may be used.

E7–E15: It can be useful to provide the following brief introduction: Now I am going to ask you some questions about sexuality and relationships.

E7: Code unsure if the client thinks/worries about his/her sexual preference, and is not sure. The question could also be re-phrased.

E8 and Item E11: Please use both male and female terms (e.g. "boy or girl friend") when interviewing either sex to provide a gender-neutral atmosphere and avoid the assumption of heterosexuality.

E8: If the client does not have a partner but has sexual relationships, write down number of sexual partners and make a comment.

E13 a: The question withholds whether the client prevents pregnancy

E13 b: The question withholds whether the client protects him/herself against sexually transmitted diseases

E15 Code unsure if the client has doubts, otherwise code 0



## F Family

## F Family

F1 Refers to biological/adoptive parents and parent substitutes (step, foster, etc.)

F3– F17 Refers to the family with whom the client has been living for the past year (see B10 b). If the client’s answer to B10 b is not a parent or parent figure (codes 1-8), enter “N”.

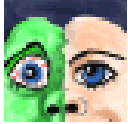
Sometimes the client lives with a stepparent, or only one of the parents, but the biological parent has an important role. The questions can in that case also be asked for the biological parent. A note is made under comments.

F16 Abuse most often occurs within families, but may also abuse involve others in authority positions.

a Beaten up/battered

b Penetration is not necessary for sexual abuse; sexual harassment and intimidation by a person older and more powerful is also included. Rape or unwanted sexual acts by/with peers are noted in the social section, under comments.

c Emotional abuse may include being bullied, verbally degraded and disrespected.



## G Psychological

### G Psychological

G1 a: Refers to the number of treatment episodes or courses of treatment, not the number of counseling or treatment sessions.

b: Refers to the number of individual, separate psychiatric hospitalizations.

G2 Refers to current (past 30 days) feelings and reactions

G2 e Clients often have certain words they use to understand this item (flipping, acting out)

G2 h Client's that have crazy ideas know what you mean, others will ask you what you mean with crazy and than you can let them give an example.

G3 d Trouble controlling violent behavior does not have to be during a significant period of one week, but can be more up and down.

G3 k If clients did not take the medication as prescribed make note.



## H Crime

## H Criminal

H1 Picked up means taken by the police to the police station or a separate room for questioning.

Items H2 b, H5 b, H6 b: If the client is on probation, has been in jail, or is currently awaiting charges, trial or sentence, be sure to enter the appropriate offense code letter (a-q) in the field and explain in words if needed on the line provided. Otherwise, enter "N" = not applicable.

Item H7(3): This sub-item requests the number of times each illegal act was committed by the client **in the past 3 month period**. As such, it is the only use of a 3 month time-frame in the EuroADAD. Please be sure that the client understands that he/she must review his behavior for a 3-month period rather than the usual 1 month period.

Sub-item H7 m: To maintain a comfort level with client, the following question may be used as a lead-in to this item: “Did anyone ever accuse you of rape?”

Sub-item H7 p: Similarly, the following question may be used as a lead-in to this item: “Were you ever involved in someone’s death?”

[illegible]



## I Alcohol/Drugs

### I. Alcohol and Drugs

I (1- 5): Be sure to distinguish between (1) "ever used", (2) "age of first use", (3) "days used the past 30 days", (4) "peak use frequency", and (5) "duration of use".

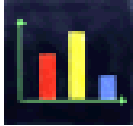
Age of first use alcohol is the age the person for the first time experienced the effects of it

Peak frequency means the number of days of use in the months the client used the most often, irrespective of the amount.

Duration of use means more or less regular use of the different types of alcohol and drugs

I 7: Is only applicable when the client has been drinking/using drugs for a longer period.

I 16: The interviewer must determine the major substance based on the average frequency of use for the past 30 days and the years/months of use. When not clear, ask the client.



## I Severity Ratings

## 8 Recording the Ratings

Although reference is made to seven (7) problem areas, there are actually eight (8) problem areas for which the interviewer makes a Severity Rating and the client makes a rating for help. The eighth section of the EuroADAD instrument subsumes drugs and alcohol, but requires that a separate Severity and client Rating be made for drug abuse and alcohol abuse.

After making the eight (8) severity and client ratings, with help of the EuroADAD Feedback Form for each area in its appropriate place within the form, complete the ratings grid on the EuroADAD face sheet or the EuroADAD Feedback Form.

[illegible]

**Iso 3166-1: Country codes**

Afghanistan	004
Albania	008
Algeria	012
American Samoa	016
Andorra	020
Angola	024
Anguilla	660
Antarctica	010
Antigua and Barbuda	028
Argentina	032
Armenia	051
Aruba	533
Australia	036
Austria	040
Azerbaijan	031
Bahamas	044
Bahrain	048
Bangladesh	050
Barbados	052
Belarus	112
Belgium	056
Belize	084
Benin	204
Bermuda	060
Bhutan	064
Bolivia	068
Bosnia and Herzegovina	070
Botswana	072
Bouvet Island	074
Brazil	076
British Indian Ocean Territory	086
Brunei Darussalam	096
Bulgaria	100
Burkina Faso	854
Burundi	108
Cambodia	116
Cameroon	120
Canada	124
Cape Verde	132
Cayman Islands	136
Central African Republic	140
Chad	148
Chile	152
China	156
Christmas Island	162
Cocos (Keeling) Islands	166
Colombia	170
Comoros	174
Congo	178
Cook Islands	184
Costa Rica	188
Cote D'ivoire	384
Croatia (Hrvatska)	191
Cuba	192
Cyprus	196
Czech Republic	203
Denmark	208
Djibouti	262
Dominica	212

Dominican Republic	214
East Timor	626
Ecuador	218
Egypt	818
El Salvador	222
Equatorial Guinea	226
Eritrea	232
Estonia	233
Ethiopia	231
Falkland Islands (Malvinas)	238
Faroe Islands	234
Fiji	242
Finland	246
France	250
France, Metropolitan	249
French Guiana	254
French Polynesia	258
French Southern Territories	260
Gabon	266
Gambia	270
Georgia	268
Germany	276
Ghana	288
Gibraltar	292
Greece	300
Greenland	304
Grenada	308
Guadeloupe	312
Guam	316
Guatemala	320
Guinea	324
Guinea-Bissau	624
Guyana	328
Haiti	332
Heard and McDonald Islands	334
Holy See (Vatican City State)	336
Honduras	340
Hong Kong	344
Hungary	348
Iceland	352
India	356
Indonesia	360
Iran (Islamic Republic of)	364
Iraq	368
Ireland	372
Israel	376
Italy	380
Jamaica	388
Japan	392
Jordan	400
Kazakhstan	398
Kenya	404
Kiribati	296
Korea, Democratic People's Republic of	408
Korea, Republic of	410
Kuwait	414
Kyrgyzstan	417
Lao People's Democratic Republic	418
Latvia	428
Lebanon	422

## Appendix a: Country codes

Lesotho	426	Saint Lucia	662
Liberia	430	Saint Vincent and the Grenadines	670
Libyan Arab Jamahiriya	434	Samoa	882
Liechtenstein	438	San Marino	674
Lithuania	440	Sao Tome and Principe	678
Luxembourg	442	Saudi Arabia	682
Macau	446	Senegal	686
Macedonia	807	Seychelles	690
Madagascar	450	Sierra Leone	694
Malawi	454	Singapore	702
Malaysia	458	Slovakia (Slovak Republic)	703
Maldives	462	Slovenia	705
Mali	466	Solomon Islands	090
Malta	470	Somalia	706
Marshall Islands	584	South Africa	710
Martinique	474	South Georgia & South Sandwich Islands	239
Mauritania	478	Spain	724
Mauritius	480	Sri Lanka	144
Mayotte	175	St. Helena	654
Mexico	484	St. Pierre and Miquelon	666
Micronesia, Federated States of	583	Sudan	736
Moldova, Republic of	498	Suriname	740
Monaco	492	Svalbard and Jan Mayen Islands	744
Mongolia	496	Swaziland	748
Montserrat	500	Sweden	752
Morocco	504	Switzerland	756
Mozambique	508	Syrian Arab Republic	760
Myanmar	104	Taiwan, Province of China	158
Namibia	516	Tajikistan	762
Nauru	520	Tanzania, United Republic of	834
Nepal	524	Thailand	764
Netherlands	528	Togo	768
Netherlands Antilles	530	Tokelau	772
New Caledonia	540	Tonga	776
New Zealand	554	Trinidad and Tobago	780
Nicaragua	558	Tunisia	788
Niger	562	Turkey	792
Nigeria	566	Turkmenistan	795
Niue	570	Turks and Caicos Islands	796
Norfolk Island	574	Tuvalu	798
Northern Mariana Islands	580	Uganda	800
Norway	578	Ukraine	804
Oman	512	United Arab Emirates	784
Pakistan	586	United Kingdom	826
Palau	585	United States	840
Panama	591	United States Minor Outlying Islands	581
Papua New Guinea	598	Uruguay	858
Paraguay	600	Uzbekistan	860
Peru	604	Vanuatu	548
Philippines	608	Venezuela	862
Pitcairn	612	Viet Nam	704
Poland	616	Virgin Islands (British)	092
Portugal	620	Virgin Islands (U.S.)	850
Puerto Rico	630	Wallis and Futuna Islands	876
Qatar	634	Western Sahara	732
Reunion	638	Yemen	887
Romania	642	Yugoslavia	891
Russian Federation	643	Zaire	180
Rwanda	646	Zambia	894
Saint Kitts and Nevis	659	Zimbabwe	716





# EuroADAD FEEDBACK FORM

Name \_\_\_\_\_

Client code \_\_\_\_\_

Date of completion (YYYYMMDD) \_\_\_\_\_

Unit code \_\_\_\_\_

Interviewer code \_\_\_\_\_

## Interviewer Severity Ratings

0-1 No real problem

2-3 Slight problem/need for treatment

4-5 Moderate problem/need for treatment

6-7 Considerable problem/need for treatment

8-9 Extreme problem/need for treatment

## Client's Rating Scale

0 Non/Not at all

1 A little

2 A fair amount

3 A lot

ADAD Feedback Form - AFF version 4.1, 2003-05-07  
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## Interviewer Severity Ratings Profile

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
	Physical	School	Social	Family	Psych.	Crime	Alcohol	Drug	Global Rating
3									
2									
1									
0									

## Client Help Ratings Profile

## General Information

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Medical \_\_\_\_\_  
+ Positive \_\_\_\_\_ - Negative \_\_\_\_\_

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Interval: 0 1 2 3 4 5 6 7 8 9

Help: ☐ Rating: ☐

Rationale \_\_\_\_\_

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School	_____	_____
+ Positive	_____	- Negative _____
_____	_____	_____
_____	_____	_____
Interval:	0 1 2 3 4 5 6 7 8 9	Help: <input type="checkbox"/> Rating: <input type="checkbox"/>

Rationale \_\_\_\_\_  
\_\_\_\_\_

Social	_____	_____
+ Positive	_____	- Negative _____
_____	_____	_____
_____	_____	_____
Interval:	0 1 2 3 4 5 6 7 8 9	Help: <input type="checkbox"/> Rating: <input type="checkbox"/>

Rationale \_\_\_\_\_  
\_\_\_\_\_

Family	_____	_____
+ Positive	_____	- Negative _____
_____	_____	_____
_____	_____	_____
Interval:	0 1 2 3 4 5 6 7 8 9	Help: <input type="checkbox"/> Rating: <input type="checkbox"/>

Rationale \_\_\_\_\_  
\_\_\_\_\_

Psych	_____	_____
+ Positive	_____	- Negative _____
_____	_____	_____
_____	_____	_____
Interval:	0 1 2 3 4 5 6 7 8 9	Help: <input type="checkbox"/> Rating: <input type="checkbox"/>

Rationale \_\_\_\_\_  
\_\_\_\_\_

**Crime**

+ Positive

- Negative

Interval: 0 1 2 3 4 5 6 7 8 9

Help:

Rating:

Rationale

**Alcohol**

+ Positive

- Negative

Interval: 0 1 2 3 4 5 6 7 8 9

Help:

Rating:

Rationale

**Drugs**

+ Positive

- Negative

Interval: 0 1 2 3 4 5 6 7 8 9

Help:

Rating:

Rationale

**Global rating**

Summary interval: 0 1 2 3 4 5 6 7 8 9

Patterns

+ Positive

- Negative

Global rating:

Rationale



# ADAD Feedback Form - AFF an aid for EuroADAD interviewers

## Background

The AFF was developed for clinicians to make the EuroADAD more useful for clinical practice, thus improving their work by giving them a tool they can use. For example, client documentation, case-conferences and treatment planning. The AFF has four purposes:

1. Make the severity ratings simple and consistent
2. Develop a concise summary of the interview
3. To provide structured feed-back to the client
4. Connect the different areas and identify patterns

## Method

The AFF puts on paper the interviewers thoughts and concepts when making the severity rating. Based on the information the client has given in the EuroADAD, it guides the interviewer in a practical way through the process of making the severity ratings. After the form is completed the severity rating is coded in the table on the front page of the EuroADAD form.

## Instructions

### General

Look over the interview. Items are considered of more importance (+ positive or - negative) if they are:

- Close in time
- Over a longer period
- Acute
- Chronic
- Severe
- Critical questions (bold and underlined)

### Severity Rating

- 1) Consider what is positive for the client, which gives a lower rating and what is negative, which gives a higher rating. The absence of problems is considered positive.
- 2) Create a range of 2-3 digits which express the interviewers view on the severity of the clients problems. This can be done by narrowing down from the end points into the range of two to three digits. For example: is the severity 0-1, no. Is it 8-9, no, is it 2-3, maybe, is it 6-7, no, is it 4-5, yes. Here the interval will be 3-4-5.
- 3) Fill in the clients rating for from the EuroADAD and consider those in the final, single digit, rating.
- 4) Write down the rationale. The rationale explains the way the interviewer interpreted the information the client has provided and is the basis of the feedback.

## Global Rating

- 1) Use the information of all the items you considered of importance to make a range of 3 digits that reflects a global problem severity of the client. You can do this by narrowing down from the endpoints.
- 2) Identify the patterns between items in different problem areas. These patterns can be positive or negative. E.g. (+) works, family and friends without problems, (-) alcohol use, conflicts in family, depressive mood.
- 3) Consider the rules written in the general instructions to identify the importance of the (+) protective and (-) destructive patterns. If the patterns are predominantly positive, use the lower value in the range, if they are predominantly negative, use the higher value, otherwise, use the middle value. Write down the final, single digit, rating.
- 4) Write down the rationale.

After all of the ratings are completed. Code the ratings in the table at the first page of the EuroADAD form.

## **EuropADAD Interviewer Severity Ratings and Client Treatment Matching Schedule**

### **0-1 No real problem, treatment not indicated**

*Treatment matching implications:* Primary prevention, provision of information. The level of intensity may range from written materials, informational groups, or a single/or time limited individual session(s).

### **2-3 Slight problem, treatment probably not necessary**

*Treatment matching implications:* Harm reduction, prevention, provision of information, counselling, further screening or assessment, relapse prevention, or ongoing sessions to support and monitor the maintenance of change. Interventions may range from written materials, informational or support groups, short term or limited individual sessions, or individual sessions supporting and monitoring the maintenance of change.

### **4-5 Moderate problem, some treatment indicated**

*Treatment matching implications:* Ongoing outpatient interventions working towards specific therapeutic goals. Sessions may be group or individual with regular therapeutic contact focusing on therapeutic goals, with sessions scheduled fortnightly to multiple times in a week.

### **6-7 Considerable problem, treatment necessary**

*Treatment matching implications:* Ongoing, goal-focused interventions ranging from sessions multiple times in a week to daily contact. These interventions may include intensive outpatient contact, voluntary residential or voluntary inpatient treatment.

### **8-9 Extreme problem, treatment absolutely necessary**

*Treatment matching implications:* Goal focused interventions provided in highly monitored and structured inpatient setting. Due to severity of problems, capacity of client to make decisions has been judged to be affected, with these interventions reflecting less client choice, such as when clients have been hospitalised involuntarily or are otherwise required to participate in intensive treatment.