

Screening Tools for Adolescent Populations

RAFFT: Relax, Alone, Friends, Family, Trouble (Adolescent Populations)

Bastiaens and colleagues(23) found that 2 positive answers on RAAFT had a sensitivity of 89% and a specificity of 69% in screening for substance abuse or dependence in a cohort of 226 adolescents. It is important to mention that those participating in this study were referred for a psychiatric assessment at a hospital center known for its addiction services and, therefore, may not be representative of the adolescent population at large. In this study, Bastiaens et al. used the DSM-IV criteria to define abuse and dependence; however, since adolescents were being researched, this may not have been the best method of diagnosis.

Comment: See preceding comment in adult section.

Drug Abuse Screening Test for Adolescents (DAST-A)

The DAST-A has 27 items, with 2 items from DAST-28 combined into 1, and questions adapted to better suit adolescents. For example, questions refer to “school” rather than “work.” Martino et al. (25) found the DAST-A to have an internal consistency of 0.91, and 1-week test-retest reliability of 0.89 in a cohort of 42 adolescents. Using a cutoff of 6, the sensitivity, specificity, and positive predictive value were 78.6%, 84.5%, and 82.3%, respectively.

Comment: See comment in adult section. DAST-A has not been validated in pain populations.

Problem-Oriented Screening Instrumentation for Teenagers (POSIT)

The POSIT is a 139-item yes-or-no self-report questionnaire that takes 20 to 30 minutes to complete. It is designed to screen for problems in adolescents aged 12 to 19 in 10 areas: substance use and abuse, physical health status, mental health status, family relations, peer relations, educational status, vocational status, social skills, leisure/recreation, and aggressive behavior/delinquency. There are 3 types of questions in POSIT: general-purpose items, age-related items, and red-flag items. If there is a positive score, a scale total score, or a red-flag item, then a problem may exist and further assessment in these areas is recommended.

Knight et al. (26) evaluated the internal consistency and 1-week test-retest reliability of POSIT in a cohort of 173 adolescents aged 15 to 18 years during a routine medical visit. In a 1 week test-retest reliability study, the POSIT was tested in an adolescent medical setting. Of the sample (n = 173), 93 completed the retest. Knight et al. (26) found that the Cronbach’s alpha coefficient of the test ranged from 0.40 to 0.79, and the alpha coefficient of the retest ranged from 0.45 to 0.87. A possible explanation for this range is that those items with low alphas are also those that have fewer items. this is noteworthy because Cronbach’s alpha coefficient is partly a function of scale length. All alphas, with the exception of the Family Relations scale, increased substantially at retest. Kappa

coefficients had good reproducibility in all 10 scales; 68.2% of red-flag items also had good reproducibility.

Dembo et al. (27) evaluated the POSIT test-retest reliability in a juvenile assessment center in a cohort of 558 subjects. Average age was 15 years (range, 12-19), and subjects were mostly male (87%) and black (62%). Only 13% were living with both of their biological parents. Retesting took place during 1 of 4 time intervals: weeks 1 to 4, 5 to 8, 9 to 12, or 13 to 33. Concordance rates were high for all periods, but were somewhat higher when the retest occurred 2 weeks later. The findings of this study reinforced that the POSIT is a good tool for identifying youth who may need in-depth assessment, counseling, or treatment services for potential substance abuse or mental health issues..

An 11-item substance use/abuse scale has been derived from the 17 items found in the original standard scale. Latimer and colleagues (28) evaluated this 11-item POSIT scale in 342 adolescents aged 12 to 19 years in school, clinical, and correctional settings. When the cutoff score was set at 2, the drug abuse diagnosis classification accuracy was 85% with a sensitivity of 91% and specificity of 82%. These values compared favorably for the standard 17-item scale, which showed classification accuracy of 84%, and sensitivity and specificity of 95% and 79%, respectively.

Comment: The 11-item POSIT appears to be a viable screening tool for identifying adolescents who need additional assessments. The original POSIT is far too long for most clinical applications. Nevertheless, if the measure were to be normalized and validated in samples of adolescents with pain, it could play a very important role in treatment planning beyond concerns about addiction-related outcomes.