Teen Treatment Services Review (T-TSR)

BRIEF DESCRIPTION

The T-TSR is a self-report or an interview that measures Health Services Utilization for adolescents with alcohol and drug abuse. This instrument was designed to examine the type and number of in-program and out-of-program services provided for the adolescent. The T-TSR is complementary to the Teen Addiction Severity Index (T-ASI), because the same subscales are employed.

TARGET POPULATION

□ Adults
☒ Adolescents (over 16 years)

Groups for which this instrument might be especially helpful?

Adolescents with alcohol and other drug abuse and dependence who are presently or have been in treatment or after (continued) care

ADMINISTRATIVE ISSUES

Number of items: 42
Number of subscales: 7
Format(s): ☒ Pencil-and-paper self-administered
☒ Interview (preferred format)
□ Observation
□ Computer self-administered
□ Other

Time required for administration: 10 to 15 minutes
Administered by: Technician or clinician
Training required for administration? ☒ yes ☐ no
Comments: Minimal training is required, particularly if the technician is familiar with the T-ASI subscales

SCORING

Time required to score/interpret: 5 minutes
Scored by: Administering person
Scoring key? ☒ yes ☐ no
Computerized scoring or interpretation available? ☒ yes ☐ no
Norms available? ☒ yes ☐ no
Instrument normed on subgroups? ☒ yes ☐ no
PSYCHOMETRICS

Have reliability studies been done? □ yes □ no

What measure(s) of reliability was used?
□ Test-retest
□ Split half
□ Internal consistency

Have validity studies been done? □ yes □ no

What measures of validity have been derived?
□ Content
□ Criterion (predictive, concurrent, “postdictive”)  
□ Construct

CLINICAL UTILITY OF INSTRUMENT

The clinical utility of the T-TSR has been supported.

RESEARCH APPLICABILITY

Good; however, when there are many 0 (zero) scoring the data analysis needs to be tailored appropriately to prevent skewed results.

SOURCE, COST AND COPYRIGHT ISSUES

Copyright: □ yes □ no

Cost: None

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SOURCE REFERENCE


SUPPORTING REFERENCE