

Addiction Severity Index (ASI): The Treatnet Version!

Goal of this workshop

Develop and or enhance interviewer competencies in the administration of the Addiction Severity Index (ASI)

Objectives

- **Identify the specific intention of each question**
- **Consistently apply correct coding in response to client's answers**
- **Phrase each question, adapt the questionnaire to the client**

Addiction Severity Index

- **Standardized**, semi-structured, multi-focused screening and assessment tool
- Used to collect information regarding the nature and severity of problems substance abusers often have
- Clinical, program evaluation, and research applicability

Purpose of the ASI

- **Provides a comprehensive intake assessment**
- **Provides clinical information necessary for treatment planning**
- **Collects necessary data for system-wide or national projects to track trends, answer questions, and set policy**

Clinical applicability

- **Guides substance abuse treatment intake**
- **Helps in design of intake summaries**
- **Helps in development of treatment plans**
- **Assists in identifying when to make referrals**

Program Evaluation

- **Identifies types of patients presenting for treatment**
- **Quantifies level of problems**
- **Identifies nature and amount of change**
- **Can be used to monitor treatment outcomes**
- **Assists in managing resources**
- **Provides content for reports to funding sources**

7 Sections of the ASI

- 1. Medical**
- 2. Employment/Support**
- 3. Drug**
- 4. Alcohol**
- 5. Legal**
- 6. Family/Social**
- 7. Psychiatric**

Interviewer Instructions 1 - 7

- 1. Leave no blanks.**
- 2. Make plenty of comments. When noting comments, please write the question number. Probe and clarify!**
- 3. X = Question not answered.**
- 4. N = Question not applicable.**
- 5. End the interview if client misrepresents or cannot understand two or more sections.**
- 6. Half Time Rule! If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.**
- 7. Hints and clarifications in the ASI are bulleted, "●".**

1. No Blanks!

- **Code all boxes, leave no blanks!**
- **Comments, comments – make plenty of comments!**
- **Indicate item number when making comments**
- Probing is essential for valid information
- You need not ask questions exactly as written – use paraphrasing and rephrasing as appropriate for the client

3. Coding “X”

For items client refuse to answer

4. Coding “N”

- Code “N” when item does not apply to client**
- Must see instruction on the ASI to insure that a code of “N” is appropriate**
- Review your “Coding N Reference Sheet”!**

5. End the interview?

End the interview if:

- **client misrepresents two sections**
- **it is clear client cannot understand the questions after two sections**

6. The Half-Time Rule

1. If item asks about months, round periods of 14 days or more up to 1 month
2. If item asks about years, round periods of 6 months or more up to 1 year

7. Hints and Clarifications

READ YOUR HINTS!

- Many questions on the ASI have hints or clarification notes right under the question!
- Hints and clarification notes in the ASI are bulleted (“•”).

Why “Introduce” the ASI?

- Gives the client a clear idea of what to expect
- Sets the tone
- Helps build rapport

Introducing the ASI

As seen on your ASI “face page”
and in your manual, Pages 13 &
14.

INTRODUCING THE ASI:

1. All clients receive this **same standard interview**.
2. **Seven Potential problem areas or Domains:** Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.
3. The interview will take about **30-40 minutes**
4. **Patient Rating Scale:** Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.
The scale is:
0 - Not at all
1 – Slightly
2 – Moderately
3 – Considerably
4 – Extremely
5. All information gathered is **confidential**
6. **Accuracy** - You have the right to refuse to answer any question, if you are uncomfortable or feel it is too personal or painful to give an answer, just tell us, “I want to skip that question.” We’d rather have no answer than an inaccurate one!
7. There are **two time periods** we will discuss:
 1. The past 30 days
 2. Lifetime

Seven Points

1. All clients receive the same interview
2. Seven Problem Areas
3. Takes approximately 30-40 minutes
4. Your input is important – use of Patient Rating Scale
5. Confidentiality
6. You may choose not to answer
7. Two timeframes: past 30 days & lifetime

1. Standard Interview, 2. Seven Areas,
3. Length of Interview

INTRODUCING THE ASI:

- 1. All clients receive this same standard interview.**
- 2. Seven Potential Problem Areas, or Domains: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.**
- 3. The interview will take about 30-40 minutes.**

4. Your input is important - PRS

4. Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

0 - Not at all

1 – Slightly

2 – Moderately

3 – Considerably

4 – Extremely

5. Confidential, 6. Accuracy, 7. Time

5. All information gathered is **confidential**

6. Accuracy - You have the right to refuse to answer any question, if you are uncomfortable or feel it is too personal or painful to give an answer, just tell us, “I want to skip that question.” We’d rather have no answer than an inaccurate one!

7. There are **two time periods** we will discuss:

1. The past 30 days
2. Lifetime

- What will confidentiality mean for your program?
- Tell client: “Accurate information better equips us to help you.”
- Time Periods – Important in Family and Psychiatric sections.

Segue – After introducing the ASI

“Are you ready? Let’s get started with some general information about yourself.”

Introduction to General Section

- **Gather identifying & demographic information about the client**
- **Determine if client has been in a living situation which restricted freedom of movement and access to alcohol and other drugs in the past 30 days**



G1 & G2 & G3: International Version

• G1. Patient ID _____

• G2. Country G2a. Centre

• G2b. Program G2c. Modality

• G3. Will this treatment be delivered in a corrections facility?

0 = No 1 = Yes

G1: Patient ID

G1 is an “open item.” This means that it can be used as needed. Record any ID number assigned to the client by your program.

G2: Treatnet Country Codes

Country #	Country Name		Country #	Country Name
1	Australia		12	Kenya
2	Brazil		13	Mexico
3	Canada		14	Nigeria
4	China		15	Russia
5	Colombia		16	Spain
6	Egypt		17	Sweden
7	Germany		18	UK
8	India		19	USA
9	Indonesia			
10	Iran		20	Open
11	Kazakhstan		21	Open

These codes are found on the back of the ASI.

G2a: Treatnet Site Codes

	Codes for item G2		Codes for item G2
1	Asociación Proyecto Hombre, Spain	11	Mudra, Germany
2	Carisma Centre for Attention and Integral Mental Health, Colombia	12	National Research and Clinical Centre on Medical and Social Problems of Drug, Kazakhstan
3	Centre for Addiction and Mental Health CAMH, Canada	13	Neuropsychiatric Hospital Aro, Nigeria
4	Centros de Integración Juvenil A.C., Mexico	14	Brazil
5	Cranstoun Drug Services, United Kingdom	15	St. Petersburg Pavlov State Medical University, Russia
6	Drug Rehabilitation Unit, Mathari Hospital, Kenya	16	RS Ketergantungan Obat Drug Dependence Hospital, Indonesia
7	Fayette Companies, U.S.A.	17	Shanghai Drug Abuse Treatment Centre, China
8	General Secretariat of Mental Health, Egypt	18	Stanley Street Treatment & Resources (SSTAR) Inc., U.S.A.
9	Iranian National Prison Organisation /Iranian National Centre for Addiction Studies INCAS, Iran	19	TT Ranganathan Clinical Research Foundation, India
10	Maria Ungdom, Sweden	20	Turning Point Alcohol and Drug Centre Inc., Australia

G2b: Treatnet Program Codes

- **These codes are specific to each Centre.**
- **See manual for details.**

G2c: Treatnet Modality Codes

G2c. Modality Codes:

1=Outpatient (<5 hours per week)

2=Intensive Outpatient (≥ 5 hours per week)

3=Residential/Inpatient

4=Therapeutic Community

5=Half-way house

6=Detox – Inpatient (typically 3 – 7 days)

7=Detox Outpatient/Ambulatory

8=Opioid Replacement, OP (Methadone, Buprenorphine, etc)

9=Other (low threshold, GP, spiritual healers, etc.)

Specify _____

G3: Treatment in Corrections

G3. Will this treatment be delivered in a corrections facility?

0=No 1=Yes

- Answer “yes” if the treatment will be delivered within a corrections facility such as a prison-based setting.
- Answer no if the treatment is not being provided within a criminal just setting.

G4-G7: Recording Interview Date and Length

G4. Date of Admission	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G5. Date of Interview:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G6 Time Begun: (Hour: Minutes)				*Day	/	Month	/		:Year	
G7. Time Ended: (Hour:Minutes)									:	

- **G4 and G5 track time between the interview and admission. For example: John may have been assessed on 30/11/2005, but may not have begun attending treatment until 9/12/2005**
- **G6 and G7 track the length of the interview**
 - Longer interview times may indicate a difficult client
 - Helps to flag exceptionally long or short interviews

G8 & G9: Intakes and Contact Code

G8. Class:	1. Intake	2. Follow-up	<input type="checkbox"/>
G9. Contact Code:	1. In person	2. Telephone (Intake ASI must be in person)	<input type="checkbox"/>

- **G8:**
 - **Most ASI' s are “intakes” and are completed on or near the admission date**
 - **Follow-up ASI' s are generally used when conducting outcome studies**
- **G9:**
 - **All intake ASI' s are conducted in person**

Address (“G12 & G13”)

- **Although not numbered, “Address” is actually questions 12 & 13.**
- **The place where you enter the address has been altered to be more internationally applicable – there are no specific instructions, each user should enter an address as it is understood in his/her culture.**

Address information

- **If the client is currently incarcerated or living in a recovery house, record the address to which he/she expects to return.**
- **If the client is homeless, record an address where they can be reached (i.e. a shelter, or friend or relative's address)**
- **Record homelessness in the comments section.**

G14: Living place

G14. How long have you lived at this address?

Years

Months

G14: Intent

- To evaluate the stability of the client's living situation
- To probe to determine the "actual" time a client has spent at this address

G16–18: DOB, Race & Religion

G16. Date of birth:

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16a. Age

<input type="text"/>	<input type="text"/>
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 Years old

G17. What race/ethnicity/nationality do you consider yourself?
Specify _____

G18. Do you have a religious preference?

- | | | |
|---------------|-------------------|-------------------------------|
| 1. Protestant | 4. Muslim | 7. Hindu |
| 2. Catholic | 5. OtherChristian | 8. Buddhist |
| 3. Jewish | 6. None | 9. Other(specify in comments) |

G19 & G20: Controlled environment

G19. Have you been in a controlled environment in the past 30 days?

1. No
2. Correctional Facility
3. Alcohol/Drug Treat.
4. Medical Treatment
5. Psychiatric Treatment
6. Other: _____

• A place, *theoretically*, without access to drugs/alcohol.

G20. How many days?

• "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

G19 and G20: Intent

- To record whether the client has “theoretically” had restricted access to drugs and/or alcohol

G19 and G20: Controlled environment

- **“Controlled Environment” = Restriction of Movement**
 - Suggested interviewing technique:
“Mr. Smith, in the past 30 days have you spent any time in a controlled environment that might have restricted your access to alcohol and drugs, such as prison, detox, or a medical hospital?”

G19 and G20: Controlled environment

- If a client was in 2 different types of controlled environments, enter the number corresponding to that which he / she spent the majority of time
- In these cases, G20 will reflect the **total time in all settings**
- If G19 = 1 (No), then G20 = N

G21: Referral source

- **This is an open-ended item that programs can use as they see fit. Many will enter the name and contact information of a referring physician, legal official, or employer. You can also enter that the client is self-referred.**

Segue to Medical Section

“Okay. We’ ve finished with the general information section. Let’ s go next to the medical section, where I’ m going to ask you questions about your health status, for example, whether you’ ve been hospitalized and what medications you may be taking.”

Medical Section

To gather basic information about:

- Client's medical history
- Lifetime hospitalizations
- Long-term medical problems
- Recent physical ailments



M1: Hospitalizations

M1. How many times in your life have you been hospitalized for medical problems?

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of *overnight* hospitalizations for medical problems.

Coding issues:

- Must be overnight
- Only code for medical problems
- Include ODs, DTs
- Exclude **detox**, inpatient alcohol/drug and psychiatric treatment, and normal childbirth
- Number of times, not number of days

M3: Chronic problems

M3. Do you have any chronic medical problems which continue to interfere with your life?

0=No 1=Yes

- If "*Yes*", specify in comments.
- A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

- **Describe “chronic problems” to client as those that interfere with their life or require ongoing care**
- **Provide examples such as diabetes, hypertension, asthma**
- **Specify in comments & probe**

M4: Medications

M4. Has a health care provider recommended you take any medications on a regular basis for a physical problem?

- Do not include various remedies given by a non-healthcare Provider.
- Must be for a medical condition; don't include psychiatric medicines.
- Include medicines prescribed whether or not the patient is currently taking them.
- The intent is to verify chronic medical problems.

- **Emphasise “Regular Basis” – don't include temporary meds (e.g., antibiotics)**
- **Emphasise “prescribed for you”**

M5: Physical Disability Support

M5. Do you receive financial support for a physical disability?

- If Yes, specify in comments.
- Include Workers' compensation, early retirement for medical disability
- Exclude psychiatric disability.

- Must be **medical**, not **psychiatric** disability
- Does not include support from family or friends

M6: Days of Problems

M6. How many days have you experienced medical problems in the past 30 days?

- Include flu, colds, injuries, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, HIV, HCV, HBV abscesses from needles, etc.).

- **Refer to physical medical problems discussed from M1 - M5, or any other problems they might not have mentioned**
- **Emphasise number of days**

M7: Troubled or bothered

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

- Restrict response to problem days of Question M6.

- **Refers to problems in M6**
- **Emphasize **medical** problems (not psych or drug / alcohol problems)**
- **USE PATIENT RATING SCALE!**

Patient/Client Rating Scale

PATIENT/CLIENT RATING SCALE

- | | |
|----------|---------------------|
| 0 | NOT AT ALL |
| 1 | SLIGHTLY |
| 2 | MODERATELY |
| 3 | CONSIDERABLY |
| 4 | EXTREMELY |

M8: Need for treatment

M8. How important to you now is treatment for these medical problems?

- If client is currently receiving medical treatment, refer to the need for *additional* medical treatment by the patient.

Note: The patient is rating their need for additional medical services or referrals from your agency, above any services they may already be getting.

- Refers to treatment needed for problems reported in M6
- Emphasise treatment for **medical** problems
- **USE PATIENT RATING SCALE!**

The “Final 3” - Medical

- **M6: “How many days have you experienced medical problems in the past 30?”**
- **M7: “How troubled or bothered have you been by these medical problems in the past 30 days?”**
- **M8: “How important to you now is treatment for these medical problems?”**

M10 & M11: Confidence ratings

Last two items in every section of the ASI:

Is the above information significantly distorted by:

- Patient's misrepresentation?
- Patient's inability to understand?

M10: Patient's misrepresentation?

The judgment of the interviewer is important in deciding the veracity of the patient's statements.

The **Misrepresentation Code is not to be used as a “denial meter” or to code a client's minimisation” of their problems.**

Code a “Yes” in the Misrepresentation question if you are assured (not simply “have a hunch”) that the majority of the answers are inaccurate or contradictory.

M11: Patient's inability to understand?

Three reasons to code “unable to understand”

1. Language barrier
2. Client is under the influence of drugs or alcohol and cannot understand the questions
3. Client is cognitively limited or psychiatrically impaired and cannot understand the questions

M12: New question - Hepatitis

M12. Have you ever been tested for hepatitis?

0 = No, 1 = Yes

M12a. If Yes, what was the result?

1 = Hep Negative (not infected)

2 = Hep positive (infected)

3 = Don't Know

• If M12 = No, M12a = "N"

M12b. Would you like help obtaining a Hepatitis test?

- **New items on the Treatnet ASI!**
- **M12b: Does not necessarily mean that you will provide the test on-site; you may make a referral for testing.**

M13: New question – HIV/AIDS

M13. Have you ever been tested for HIV?

0 = No, 1 = Yes

M12a. If Yes, what was the result?

1 = HIV Negative (not infected)

2 = HIV positive (infected)

3 = Don't Know

- If M13 = No, M13a = “N”

M13b. Would you like help obtaining an HIV test?

- **New items on the Treatnet ASI!**
- **M13b: Does not necessarily mean that you will provide the test on-site; you may make a referral for testing.**

M14: New Questions – Pregnancy

If patient is Male, code all “N”

0=No, 1=Yes, 2=Unsure

M14. Are you currently pregnant?

M14a. If pregnant; do you have prenatal care?

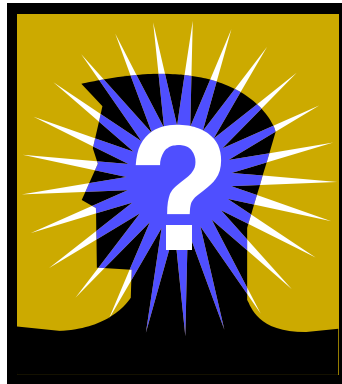
M14b. If unsure; would you like help obtaining
a pregnancy test?

- If M14= 0 or 2 (No or Unsure), M14a = N
- If M14= 1 (Yes), M14b = N

- **New item on the Treatnet ASI!**
- **M14b: Does not necessarily mean that you will provide the test on-site; you may make a referral for testing.**



Questions?



Comments?

Transition to Drug & Alcohol Sections

List of Commonly Used Drugs

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor, grain (methyl alcohol)
Heroin:	Smack, H, Horse, Brown Sugar
Methadone:	Dolophine, LAAM
Opiates:	Opium, Fentanyl, Buprenorphine, pain killers Morphine, Dilaudid, Demerol, Percocet, Darvon, etc.
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Doriden, etc.
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, FreeBase Cocaine, Crack, Rock, etc.
Amphetamines/:	Monster, Crank, Benzedrine, Dexedrine, Ritalin,
Stimulants	Preludin, Methamphetamine, Speed, Ice, Crystal, Khat
Cannabis:	Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp, Bhang, Charas, Ganja, Mota, Anasha
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, PCP, MDMA, Ecstasy, Angel Dust
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Treatnet
International
List of
Commonly
Used Drugs

Alcohol / Drug Use Instructions

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

⇒ 30 day questions **only** require the number of days used.

⇒ Lifetime use is asked to determine **extended periods of regular use**.

⇒ Regular use =

1. Three or more times per week
2. Binges
3. Problematic irregular use

⇒ Ask these questions with the following sentence stems -

→ “How many days in the past 30 have you used....?”

→ "How many years in your life have you regularly used....?"

D2. Alcohol to intoxication does not necessarily mean "drunk", use the words “to where you felt the effects”, “got a buzz”, “high”, etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, 4 or more drinks in one day for women (5 or more for men) is coded under “intoxication” to designate heavy drinking

Alcohol & Drug Grid: Coding

- **Past 30 days:**

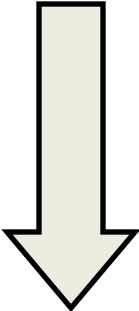
- The number of days the client reports **using** in the past month, regardless of amount of use.

Lifetime:

Code Extended Periods of Regular Use

- **Extended Periods: 6+ months in one year**
- **Regular Use:**
 - **Three or more times per week OR**
 - **Problematic irregular use OR**
 - **Binge use**

Routes of administration

- | | |
|---------------------|---|
| 1. Oral | Least Severe |
| 2. Nasal |  |
| 3. Smoking | |
| 4. Non-IV Injection | |
| 5. IV Injection | |
| | |

If client reports routinely utilizing two or more ROAs, **code the most severe** and note the alternate route(s) in your comments.

Alcohol and Drug Use Grid

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

• Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

		Past 30 Days	Lifetime (years)	Route of Admin
(D1)	Alcohol (any use at all, 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D2)	Alcohol - to intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D3)	Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D4)	Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D5)	Other Opiates/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D6)	Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D7)	Sedatives/Hypnotics/ Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D8)	Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D9)	Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D10)	Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D11)	Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D12)	Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D13)	More than 1 substance per day (including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Coding D13: >1 Substance Per Day

- Start with the highest number of days / years.
- For example: “I know you said you used alcohol 15 of the past 30 days and pot on 20 of the past 30 days. Would you have used the alcohol and pot on the same days?”
- If so, count these days / years in D13.
- If not, do not include the days/years in D13.

		Route of Administration Types:				
		1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV				
		•Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.				
		Past 30 Days		Lifetime (years)		Route of Admin
(D1)	Alcohol (any use at all, 30 days)	1	5	1	0	<input type="checkbox"/>
(D2)	Alcohol - to intoxication	0	5	1	0	<input type="checkbox"/>
(D3)	Heroin	0	0	0	0	<input type="checkbox"/>
(D4)	Methadone	0	0	0	0	<input type="checkbox"/>
(D5)	Other Opiates/Analgesics	1	0	0	5	<input type="checkbox"/>
(D6)	Barbiturates	0	0	0	0	<input type="checkbox"/>
(D7)	Sedatives/Hypnotics/ Tranquilizers	0	0	0	0	<input type="checkbox"/>
(D8)	Cocaine	0	0	0	0	<input type="checkbox"/>
(D9)	Amphetamines	0	0	0	0	<input type="checkbox"/>
(D10)	Cannabis	2	0	1	5	<input type="checkbox"/>
(D11)	Hallucinogens	0	0	0	0	<input type="checkbox"/>
(D12)	Inhalants	0	0	0	0	<input type="checkbox"/>
(D13)	More than 1 substance per day (including alcohol)	1	5	1	0	<input checked="" type="checkbox"/>

D14a & D14b: Major Problems

D14a. Identify the primary substance of abuse:

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D14b. Identify the secondary substance of abuse:

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- Interviewer should determine the primary and secondary drugs of abuse. Code the number next to the drug in questions 01-12

- **Interviewer determines problem substance (not client)**
- **Code the number next to drug on grid**
 - (Example: Cocaine = 08)

D15 & D16: Abstinence

D15. How long was your most recent period of voluntary abstinence from these major substance(s)?

Months

- Most recent sobriety lasting at least one month.
Periods of hospitalization/incarceration *do not count*.
Periods of antabuse, methadone, or naltrexone use *do count*.
- Code 00 = never abstinent.

D16. How many months ago did this abstinence end?

Months

- If D15 = 00, then D16 = NN.
- Code 00 = still abstinent.

- Refers to the drug / alcohol problem coded in D14a & b
- Asks “How long?” not “How long ago?”
- Refers to most recent attempt, not longest period of abstinence
- Time in a controlled environment is not included
- If D15 = 00, then D16 = NN. If still abstinent, then code D16 = 00

D17: DT's

D17.* How many times have you had:
Alcohol DT's?

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- ***Delirium Tremens*** (DT's): Occur 24-48 hours after last drink, Or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

- **D17 - Define DT's – they usually occur 24 - 48 hours after last drink or major decrease in drinking**
- **Usually requires medical attention**
- **Not just “the shakes”**
- **>5 DT episodes very unlikely**

D38 & 38a: Risky drug use

If any item D3 - D11 Route of Administration = 4 or 5 (injection)

Past 30 days Lifetime

D38. Have you ever used needles or works
after someone else had used them?

D38a. How many times in the past 30 days?

- If D38 past 30 days = 0, then D38a = N

- Intent – Assess medical risk associated with drug use
- Code any use of needles, works, or other materials that could result in transmission of a virus

D19a: Treatment history

D19a. How many times in your life have you been treated for Alcohol or Drug abuse?

--	--

• Include detoxification, halfway houses, in/outpatient counseling, and AA (if 3+ meetings within one month period).

- **Include detox, halfway houses, and inpatient or outpatient counseling**
- **Include Alcoholics or Narcotics Anonymous (AA/NA) if the client attended 3 or more meetings / month**
- **Do not include needle exchange programs**
- **One continuous episode of care should be counted as “01”**
 - **Example: if a client was in an inpatient setting and then immediately moved to outpatient counseling, this is considered one continuous episode of care**

D21a: Detox Treatment

D21a. How many of these treatments were detox only:

- If D19a = "00", then question D21a is "NN" or Not Applicable
- Note: Code the number of treatments listed in D19a that consisted only of Detoxification and no other treatment.

- **“Detox only” is not linked to any other treatment**
 - We ask this so we can determine whether the client received any care outside of detox treatment
- **If D19a = 00, then D21a = NN**
 - If no treatment, then no detox, only treatment.

D23 & D24: Financial burden

D23. How much would you say you spent during the past 30 days on alcohol?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Only count actual *money* spent. What is the financial burden caused by alcohol?

D24 How much would you say you spent during the past 30 days on drugs?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Only count actual *money* spent. What is the financial burden caused by drugs?

- **Must be actual money spent, not trades / bartering**
 - **The purpose of the question is to determine the amount of financial burden on the client**
- **Generally restricted to money spent on personal consumption**

D25: Outpatient treatment

D25. How many days in the past 30 have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?

- Include days attended AA/NA, other support groups, OP detox, methadone or treatment, etc.

- **Asks about the last 30 days – do not enter a number more than 30**
- **Include AA/NA**
 - If attended more than one meeting in a day, still code as one day
- **Must be outpatient**

D26, D28, D30 Alcohol: “Final 3”

D26. How many days in the past 30 have you experienced
Alcohol problems?

- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

**For Questions D28+D30, ask the patient to use the Patient Rating scale.
The patient is rating the need for additional substance abuse treatment.**

D28. How troubled or bothered have you been in the past
30 days by these alcohol problems?

D30. How important to you now is treatment for these
alcohol problems?

- **These are the “Final Three” questions for alcohol problems**

D27,D29,D31 Drug: “Final 3”

D27. How many days in the past 30 have you experienced
. Drug problems?

- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

**For Questions D29+D31, ask the patient to use the Patient Rating scale.
The patient is rating the need for substance abuse treatment.**

D29. How troubled or bothered have you been in the past 30 days
by these drug problems?

D31. How important to you now is treatment for these
drug problems?

- **These are the “Final Three” questions for drug problems.**

D28 – D31: Patient / Client Rating scale

PATIENT/CLIENT RATING SCALE

- | | |
|----------|---------------------|
| 0 | NOT AT ALL |
| 1 | SLIGHTLY |
| 2 | MODERATELY |
| 3 | CONSIDERABLY |
| 4 | EXTREMELY |

The Final 3 – Alcohol / Drug

- **D26/27: “How many days in the past 30 have you experienced alcohol / drug problems?”**
- **D28/29: “How troubled or bothered have you been in the past 30 days by these alcohol / drug problems?”**
- **D30/31: “How important to you now is treatment for these alcohol / drug problems?”**

D34 & D35: Drug & Alcohol Confidence Ratings

CONFIDENCE RATINGS	
Is the above information significantly distorted by:	
D34. Patient's misrepresentation?	0-No 1-Yes <input type="checkbox"/>
D35. Patient's inability to understand?	0-No 1-Yes <input type="checkbox"/>

- **Remember: Misrepresentation = you have legitimate proof that the majority of the section has been misrepresented**
- **This does not include “denial”!**

D36: Quit without treatment?

D36. How many times have you tried to quit using substances without treatment?

--	--

- Code the number of times the patient has tried to quit using drugs or alcohol without treatment.
- This would include any attempt at behavior change with or without support groups.

D37: Nicotine

D37. Nicotine		
Lifetime (years)	Past 30 Days	Route of Admin
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

**Code the same way
the Drug & Alcohol
grid is coded.**

- 1. Oral / Chew**
- 2. Nasal**
- 3. Smoking**
- 4. Non-IV injection**
- 5. IV**

D39a-e: Motivation questions

D39. Using the patient rating scale, how would you rate your level of agreement with the following statements?

a. I am ready to decrease my drinking.

b. I am ready to decrease my drug use.

c. I believe I can manage my alcohol use.

d. I believe I can manage my drug use.

e. I know I have a drinking or drug problem
and I am motivated to work on it!

Intent – Assess motivation for decreasing drug or alcohol use. Note: This is not assessing motivation for treatment.

Addiction Severity Index (ASI)



Treatnet ASI Workshop 3

The ASI: Administering and Coding

- **Legal Section**
- **Family Section**

Transition to Family/Social Status

Family Social / Status

- This section examines the nature of the client's personal relationships and marital and living status
- Determines if the client has relationship problems with family, friends, or others
- Documents the client's satisfaction with their current status

F1 – F3: Marital Status

FAMILY/SOCIAL STATUS

F1. Marital Status:

1-Married 3-Widowed 5-Divorced
2-Remarried 4-Separated 6-Never Married

- Common-law marriage = 1. Specify in comments.

F3. Are you satisfied with this situation?

- Satisfied = generally liking the situation.
- Refers to Questions F1 & F2.

0-No 1-Indifferent 2-Yes

Example:

- “What is your present marital status?”
- “Are you currently married?”
- “Is this your first marriage?”

F4 & F6: Living arrangements

F4. Usual living arrangements (past 3 years):

1-With partner & children

6-With friends

2-With partner alone

7-Alone

3-With children alone

8-Controlled Environment

4-With parents

9-No stable arrangement

5-With family

- Choose arrangements most representative of the past 3 years

F6. Are/were you satisfied with these arrangements?

0-No 1-Indifferent 2-Yes

- F6 asks if the patient was satisfied during the time living in category selected (even if not current)
- If F4 is split, then code for the most recent living arrangements in the past 3 years

F4a: Living arrangements

F4a. Living arrangements past 30 days? (Use codes above)

- F4a documents most recent living arrangements
- Use codes from F4

F7 & F8: Living with others who use

Do you live with anyone who:

F7.	Has a current alcohol problem?	0-No	1-Yes	<input type="checkbox"/>
F8	Uses non-prescribed drugs? (or abuses prescribed drugs)	0-No	1-Yes	<input type="checkbox"/>

- Code where the client will be returning to, (if they are in inpatient treatment) or their current living situation (if in outpatient)
- Do not include institutions

F9 & F10: Free time

F9. With whom do you spend most of your free time?

1-Family 2-Friends 3-Alone

F10. Are you satisfied with spending your free time
this way ?

0-No 1-Indifferent 2-Yes

- A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.

Code anyone the client views as a part of their family as “Family.” They do not need to be a blood relative or spouse.

F11a: Close friends

F11a. How many of your close friends use drugs or abuse alcohol?

Note: If patient has no close friends, code “N”

F11a. Stress that you mean **close. Exclude family members.**

- **These are "reciprocal" relationships or mutually supportive relationships. “They would help you move, get to treatment, and you would help them. You can tell them personal things about yourself, and they would do the same, etc.”**

F18 – F26: Problems getting along

Have you had significant periods in which you have experienced serious problems getting along with:	0 – No, 1 - Yes	
	Past 30 days	In Your Life
F18. Mother	<input type="checkbox"/>	<input type="checkbox"/>
F19. Father	<input type="checkbox"/>	<input type="checkbox"/>
F20. Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>
F21. Partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>
F22. Children	<input type="checkbox"/>	<input type="checkbox"/>
F23. Other Significant Family (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>
F24. Close Friends	<input type="checkbox"/>	<input type="checkbox"/>
F25. Neighbors	<input type="checkbox"/>	<input type="checkbox"/>
F26. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person. If no contact code "N" If no relative (ex: no children) Code N.

F18 – F26: Coding Instructions

- **“Significant” periods for lifetime!**
- **Past 30 days, if client has no contact but has lifetime history of problems getting along with them; Last 30 days = “N”, Lifetime = “1.”**
- **Contact in past 30 days means by phone, mail, e-mail, or in person. If no contact, code “N.”**
- **F23. Must have had a significant relationship with this person and specify!**
- **F24. If F11a = 0, then F24 = 0.**
- **F26. If unemployed for past 30 days, F26 = N.**

F28 – F29: Abuse history

FAMILY/SOCIAL (cont.)

Has anyone ever abused you?		0- No	1-Yes
		Past 30 days	In Your Life
F28.	Physically? • Caused you physical harm.	<input type="checkbox"/>	<input type="checkbox"/>
F29.	Sexually? • Forced any sexual advances/acts.	<input type="checkbox"/>	<input type="checkbox"/>

- Has **anyone** ever abused you, not just family or friends
- Be sensitive. Rephrase the questions using the hints
- Don't probe extensively if you are not the client's treating clinician

Patient/Client Rating Scale

PATIENT/CLIENT RATING SCALE

- | | |
|---|--------------|
| 0 | NOT AT ALL |
| 1 | SLIGHTLY |
| 2 | MODERATELY |
| 3 | CONSIDERABLY |
| 4 | EXTREMELY |

F30, 32, 34: “Final 3” family problems

How many days in the past 30 have you had serious conflicts:

F30. With your family?

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F32. Family problems?

How important to you now is treatment or counseling for these:

F34. Family problems

- Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend

Note: The patient is rating their need for you/your program to provide or refer them to family services, above and beyond any services they may already be getting.

- “Days of conflict” refers to more immediate confrontational actions; yelling, fighting, physical, or verbal abuse and loss of control.

You are rating importance of treatment for family problems, not whether family will attend.

F31, 33, 35: “Final 3” social problems

How many days in the past 30 have you had serious conflicts:

F31. With other people (excluding family)?

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F33. Social problems?

How important to you now is treatment or counseling for these:

F35. Social problems

- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Note: The patient is rating their need for you/your program to provide or refer them to these types of services, above and beyond treatment they may already be getting somewhere else.

- “Days of conflict” also refers to confrontational actions, such as yelling, fighting, physical/verbal abuse, and loss of control.
- F33. Refers to social problems that are defined by ASI questions not related to family.
- F31-F35. Include feelings of loneliness, dissatisfaction with friends, etc.

The Final 3 – Family / support

- The “Final Three” convention does not apply to this section.
- Unlike Medical, D / A, and Psychiatric, the Family / Social questions on “days of problems” are limited to days of “serious conflicts.”
- As a result, it would seem inappropriate to limit a patient’s rating for treatment simply because they had no “serious conflicts.”

The Final 3 – Family / support

- The patient rating items for Family / Social, F32/F34 and F33/35 are independent of the days of conflict items and can refer to **any** problem(s) reported throughout the section.
- Therefore, someone may not have had “serious conflicts” in the past 30 days, but might be troubled or bothered and / or want treatment or counseling for other family problems.

F37 - F38: Confidence Ratings

CONFIDENCE RATING

Is the above information significantly distorted by:

F37. Patient's misrepresentation?

0-No 1-Yes

F38. Patient's inability to understand?

0-No 1-Yes

- Did the client overtly give false information that you caught and asked about?
- Did the client cognitively understand your questions?
- Coding “Yes” will negate entire Family / Social section.

F39 & F39a: Children

	Living with you	Living outside your home
F39. How many children do you have?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
F39a. How many of these are under age 18	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

- F39 Intent: To determine the number of children and their living situation.
- Assists in evaluating family and support issues.

Treatnet ASI Workshop 4



The ASI: Administering and Coding

- Psychiatric Section
- Review
- Competency Measures

Transition to Psychiatric Section

Psychiatric Section



- This section is used to determine **symptoms** of psychological and emotional distress; not provide a diagnosis.
- Symptoms associated **exclusively** with results of ingesting a drug (i.e. hallucinating on acid) or detoxification (“I’ m anxious when I detox.”) **should not** be recorded.

Psychiatric section: Intent

- To determine long-term and recent psychological and emotional functioning
- To document current and past history of treatment
- To explore the potential for the need for further evaluation or referral
 - Mood disorders
 - Anxiety disorders
 - Thought disorders, etc.

P1–P2: Prior Psychological Treatment

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems:

P1* In a hospital or inpatient setting?

P2* Outpatient/private patient?

- Do not include substance abuse, employment, or family counseling.
- Treatment episode = a series of continuous visits or treatment days, not the number of visits.

- **Include treatment for any psychiatric problems; DO NOT include substance abuse, employment, or family counseling.**

P3: Financial support for psychiatric disability

P3. Do you receive financial support for a psychiatric disability? Can be from government or employer, etc.
0-No 1-Yes

- **Coding Issues: Only record pensions received for psychological disorders / disabilities; pensions for disorders such as a heart condition should be recorded in the Medical Section**
 - **If a client does not know the disorder for which they receive the pension, code “X”**

P4 – P7: Psychological symptoms

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:		0-No	1-Yes
		Past 30 Days	Lifetime
P4.	Experienced serious depression-sadness, hopelessness, loss of interest?	<input type="checkbox"/>	<input type="checkbox"/>
P5.	Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
P6.	Experienced hallucinations-saw things/heard voices that others didn't see/hear? Code other psychotic symptoms here also.	<input type="checkbox"/>	<input type="checkbox"/>
P7.	Experienced trouble understanding, concentrating, or remembering?	<input type="checkbox"/>	<input type="checkbox"/>

P4 – P7: Psychological symptoms

- Describe the symptoms
- Ask about serious symptoms over lifetime first, then ask about the past 30 days
- Lifetime coding symptom \geq 2 weeks
 - **Note:** P6 is of sufficient importance that even its brief existence should be recorded
- Past 30 days code “1-yes” if the client has experienced the symptom **at all**
- Code other psychotic symptoms in P6

P8: Psychological Symptoms

Have you had a significant period of time (regardless of alcohol and drug use) in which you have:

	0-No	1-Yes
	Past 30 Days	Lifetime
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?	<input type="checkbox"/>	<input type="checkbox"/>

- **Coding Issues:**

- **Due to the severity of the symptom, code even if it happened only once in the lifetime section**
- **Further, code even if the patient was under the influence of drugs and / or alcohol, or suffering from withdrawal at the time of the symptom.**

P9 & P10: Suicidal ideology

P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his/her life.	<input type="checkbox"/>	<input type="checkbox"/>
P10. Attempted suicide? • Include actual suicidal gestures or attempts.	<input type="checkbox"/>	<input type="checkbox"/>

- **If a client endorses serious thoughts of suicide:**
 - Ask how recently the client has seriously considered suicide, or attempted suicide
 - Ask details of the suicide plan (i.e., “How were you going to commit suicide?”)

P11: Prescription medications

P11. Has a health care provider recommended you take any medications for psychological or emotional problems?

- Recommended for the patient by a physician or other health care provider as appropriate. Record "Yes" if a medication was recommended even if the patient is not taking it.

- **Don't include temporary medications**
- **Emphasise “prescribed for you”**

P12: Days of problems

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

- This refers to problems noted in Questions P4-P10.

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Note: Use the symptom the patient reports having problems with, not simply the term “psychological problems.”

For example: “Mr. Smith, you mentioned that you were experiencing depression, could you tell me how many days in the past 30 days you felt depressed?”

The “Final 3” - Psychiatric

- **P12: “How many days in the past 30 have you experienced these psychological or emotional problems?”**
- **P13: “How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?”**
- **P14: “How important to you now is treatment for these psychological or emotional problems?”**

Patient/Client Rating Scale

PATIENT/CLIENT RATING SCALE

- | | |
|---|--------------|
| 0 | NOT AT ALL |
| 1 | SLIGHTLY |
| 2 | MODERATELY |
| 3 | CONSIDERABLY |
| 4 | EXTREMELY |

P12 – P14: Psych Final 3

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

- This refers to problems noted in Questions P4-P10.

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How troubled or bothered have you been by these psychological or emotional problems in the past 30 days?

- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems?

Note: The patient is rating their need for you/your program to provide or refer them to psychological/psychiatric services, above and beyond treatment they may already be getting somewhere else.

- **P12 refers to symptoms mentioned in P4-P10**
 - **P12 must be >0 if any past 30-day item in P4-P10 > 0.**

P12 – P14: Psych Final 3

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

- This refers to problems noted in Questions P4-P10.

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How troubled or bothered have you been by these psychological or emotional problems in the past 30 days?

- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for these psychological or emotional problems?

Note: The patient is rating their need for you/your program to provide or refer them to psychological/psychiatric services, above and beyond treatment they may already be getting somewhere else.

- **For P14, stress that “treatment” does not necessarily mean going to a psychiatric ward or being put on medication.**

Final 3 Scoring - Psychiatric

**If $P12 = 0$, then
 $P13 = 0$ and
 $P14$ should be 0.**

**If $P12 > 0$, then
 $P13 > 0$, and
 $P14$ can be any number.**

Psychiatric diagnosis

Specify the patient's diagnosis in the
PSYCHIATRIC STATUS COMMENTS area if
known.

Specify Diagnoses if known:

P22 & P23: Confidence Ratings

CONFIDENCE RATING

Is the above information significantly distorted by:

P22 Patient's misrepresentation?

0-No 1-Yes

P23. Patient's inability to understand?

0-No 1-Yes

- Did the client overtly give false information that you caught and asked about?
- Did the client cognitively understand your questions?

G12: “Special Codes”

G12. Special Code - If ASI is not completed:

1. Interview terminated by interviewer
2. Patient refused to finish interview
3. Patient unable to respond (language or intellectual barrier, under the influence, etc.)



Code “N” if Interview completed.

- **Code “1” if the interviewer terminated the session for any reason (e.g., feeling threatened by client)**
- **Code “2” if the client refused to complete the interview**
- **Code “N” if the interview was completed**

G50: Expected Treatment Modality

G50. Expected Treatment Modality:

1=Outpatient (<5 hours per week)

2=Intensive Outpatient (\geq 5 hours per week)

3=Residential/Inpatient

4=Therapeutic Community

5=Half-way house

6=Detox – Inpatient (typically 3 – 7 days)

7=Detox Outpatient/Ambulatory

8=Opioid Replacement, OP (Methadone, Buprenorphine, etc)

9=Other (low threshold, GP, spiritual healers, etc.)

Specify _____

Wrap-up interview

- Importance of wrap-up
- Acknowledge client's time & work
- Summarize client's strengths and assets, and discuss treatment needs
- Client's next steps...

Finalize the ASI

- Review ASI for completeness
- Leave no empty boxes
- Add additional comments
- When possible, a psychiatric evaluation is always desirable in addition to the ASI



Questions?



Comments?

Thank you for your time!

End of Workshop 4