



Addiction Severity Index

The Great State of Tennessee
November 2017

Training Provided By: The Tennessee Association of Alcohol, Drug and Other
Addiction Services (TAADAS)

Training Delivered By: Thomas H. Coyne, Ed.D., LCSW

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Introductions

- Name
- What Do You Like or Dislike About the ASI? ?
- Agency Success Rate?
- Hopes and Expectations?

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GOAL

To develop and or enhance interviewer competencies in **Correctly** utilizing the Addiction Severity Index (ASI), a standardized screening and assessment instrument.

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Objectives

- Purpose and Clinical Significance of the Addiction Severity Index.
- Purpose and Clinical Significance of at least 3 of the seven sections of the ASI.
- How to introduce the ASI interview and each of the seven sections to the client.
- Purpose and Clinical Significance of the items in at least 3 sections of the ASI.

4

Objectives (con.)

- How to phrase each question in the most efficient way while remaining flexible enough to adapt the instrument to make it more gender, cultural, and population sensitive.
- The importance of the use of additional probes (questions) to augment the minimal set of items in the ASI, and the information provided by the client.
- Coding conventions to correctly code client's responses to each item in the section.
- Recommended probes and additional questions suggested for each item.

5

Objectives (con.)

- Common errors made when interviewing or coding the item.
- Understand the process of using the interviewer severity rating procedure.
- Verify patient/client/consumer self-report through the use of cross checking.
- Begin to develop a better understanding of the functionality of the data collected using the ASI for making patient placement decisions and treatment planning.

6

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Critical Thinking Practitioners

Practitioners who are willing to call into question the assumptions underlying their customary, habitual ways of thinking and acting, and are ready to think and act differently on the basis of critical questioning.....

(Stephen D. Brookfield, 1987)

7

What It's Not

The Training Is Not:

- To convince you that the ASI is the best assessment tool and the answer to all your screening and assessment problems.
- To completely change your interviewing style or technique.
- To change your program/ agency intake policies and procedures.

8

QUESTIONS

?

9

STANDARDIZED TOOLS

- κ Facilitate the collection of accurate information in a reliable and consistent manner.
- κ Provide clinicians and treatment agencies with increased accountability.
- κ Identify change and or lack of it, in order for clinicians to better match clients to treatment.

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What is the ASI?

The ASI has multiple applications:

1. Clinical
2. Program Evaluation
3. Research

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CLINICAL

ASI → ?

General Information

Medical

Employment

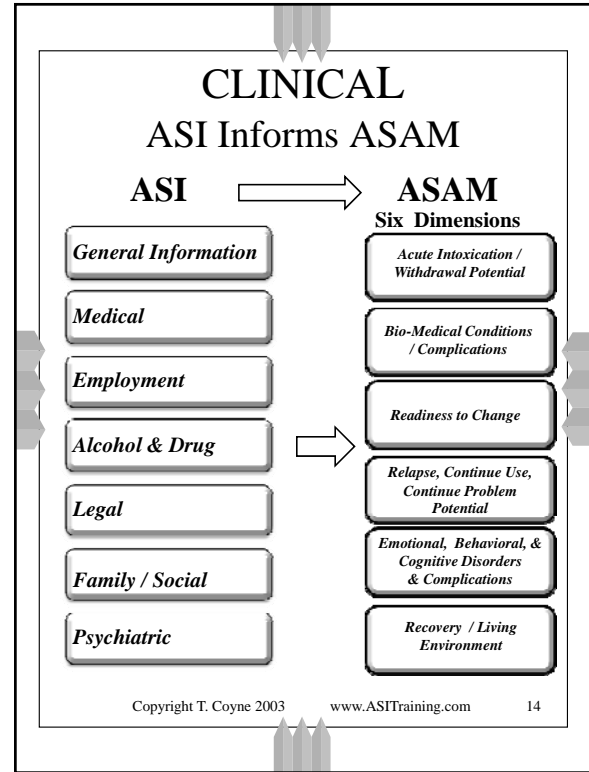
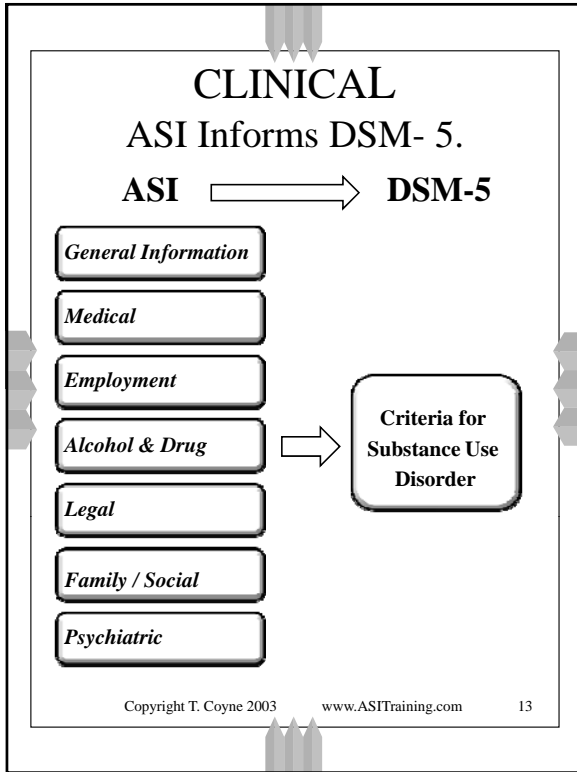
Alcohol & Drug

Legal

Family / Social

Psychiatric

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- ### ASI interviewing suggestions
- u Know the intention of each question
 - u Rephrase Questions
 - u Use additional Probes
 - u Crosscheck
 - u Don't make assumptions
 - u Write plenty of comments
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- ### 3 Ways to Ask ASI Questions
- NO way is wrong, however each way is better than the next helping increase the validity of the clients response.
1. Read questions exactly the way they are and follow up with recommended additional probes.
 2. Ask question while explaining intention in the asking of the question.
 3. Ask questions while explaining the intention in the asking of the question and prompt with examples.
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Basic Coding Rules

Leave no blanks

Code items as followed
 X= question not answered
 N = question not applicable

Use only one character per item

Ask circled items at follow-up.

Items with asterisk should be rephrased at follow-up.

Space is provided after sections for comments.

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INTRODUCING THE ASI

- All clients receive the same standard interview.
- The interview will take approximately 60 - 90 minutes.
- All information gathered is confidential.
- There are two time frames we will discuss;
 1. The past thirty (30) days
 2. Lifetime
- Clients may choose to not answer certain questions.
- Encourage honesty versus misinformation.
- Accurate information better equips us to help the client.
- Seven Potential Problem Areas: Medical, Employment/Support, Alcohol, Drug, Legal, Family/Social, Psychiatric

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Interview Review Questions

u What did you like that the interviewer did?

u _____

u What would you have done differently?

u What additional probes could you have used?

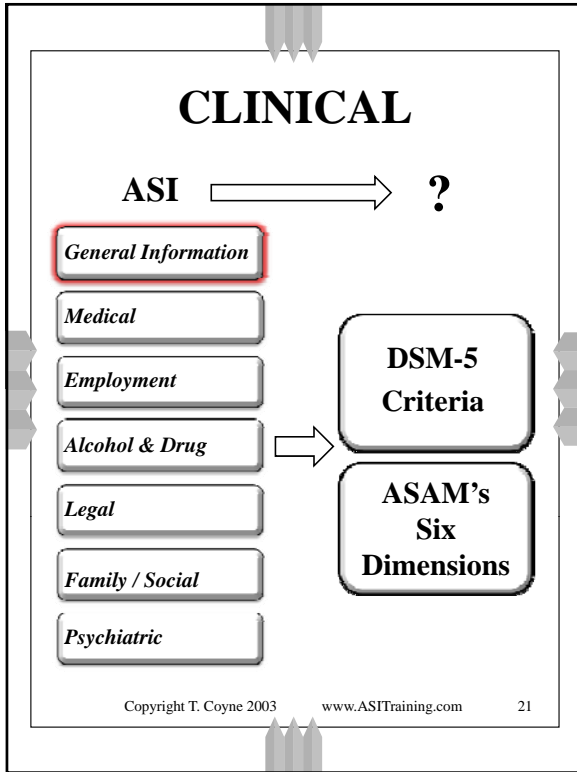
u How would you have rephrased any of the questions?

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General Information Section

- To provide demographic information..
- To determine if he or she has been in a living situation which restricted freedom of movement and access to alcohol and other drugs.

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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

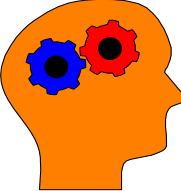
What additional probes could you have used?

How would you have rephrased any of the questions?

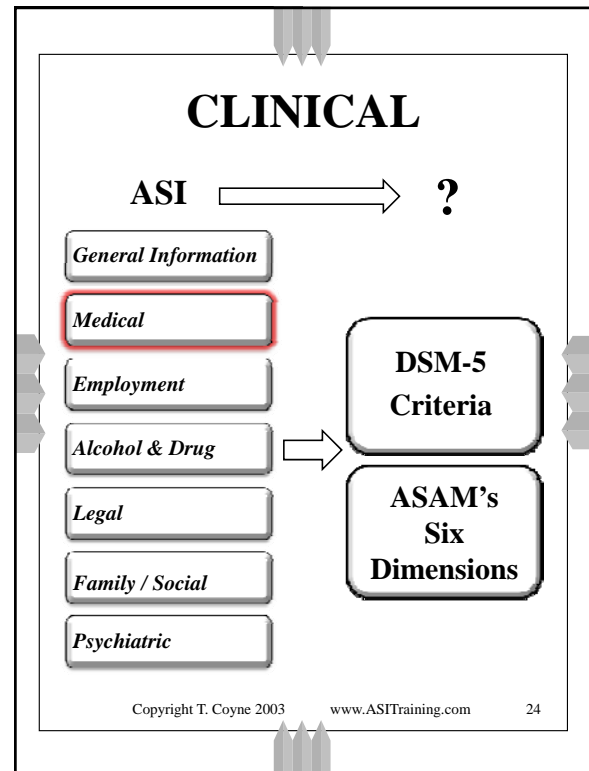
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Medical Status Section Key Issues

- u Clients Medical History
- u Lifetime Hospitalizations
- u Long Term Medical Problems
- u Recent Physical Ailments



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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

What additional probes could you have used?

How would you have rephrased any of the questions?

The Big Three

Medical Status #6
How many days in the past 30 have you experienced medical problems?

Medical Status #7
How troubled or bothered have you been by medical problems in the past 30 days?

Medical Status #8
How important is treatment for medical problems in the past 30 days?


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Employment Support Status

Key Issues

- u Resources a client can record on a job application
- u Current Sources of Income

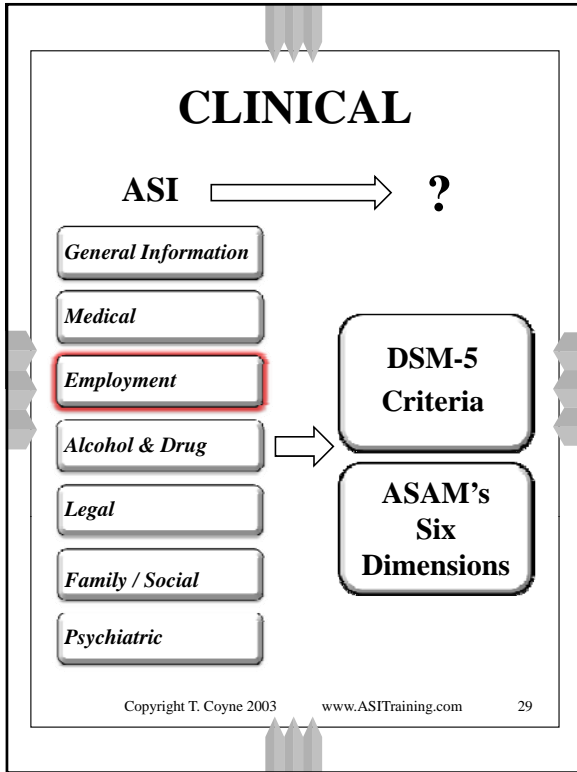


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Hollingshead Scale

- 1 - Higher Executives, Major Professionals, Owners of Large Businesses
- 2 - Business Managers (medium sized businesses), Lesser Professionals (nurses, opticians, pharmacists, social workers, teachers)
- 3 - Administrative Personnel, managers, Minor Professionals, Owners/Proprietors of small businesses (eg. bakery, car dealership, engraving business, plumbing business, florist, decorator, etc.) actor, reporter, travel agent.
- 4 - Clerical and Sales, Technician, Little Businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson)
- 5 - Skilled Manual- Usually Having Had Training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber)
- 6 - Semiskilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage, guard, checker, waiter, spot welder, machine operator)
- 7 - Unskilled (attendant, janitor, construction helper, unspecified labor, porter, Include unemployed)

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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

What additional probes could you have used?

How would you have rephrased any of the questions?

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Severity Ratings & Confidence Ratings

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INTERVIEWER SEVERITY RATING QUESTION

- u How would you rate the patient's/client's need for treatment, counseling or referral for these problems ?

- ü Evaluate non-drug/alcohol problems independently

- ü Critical objective items

Need = **Unmet** needs

Need = *Additional* needs

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CLIENT RATING SCALE

In the past thirty days, how troubled or bothered have you been by these _____ problems ?

How important to you **now** is treatment, counseling or referral for these _____ problems ?

- 0 Not at all
- 1 Slightly
- 2 Moderately
- 3 Considerably
- 4 Extremely

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Interviewer Severity Rating Numbers and Definitions

- 0-1 No real problem, treatment not indicated
- 2-3 Slight problem, treatment probably not necessary
- 4-5 Moderate problem, some treatment indicated
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

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Severity Rating Procedure

Two Step Method:

Using the interviewer rating scale, the interviewer makes a preliminary rating of a 2 - 3 point range, i.e., 5-6-7, based only on the objective items, paying particular attention to the critical objective items.

Interviewer looks at subjective items (client ratings), and fine tunes the rating to a single digit.

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Severity Rating Derivation Method

Step 1: Select 3 point range on the following scale
(Use objective items)

0	1	2	3	4	5	6	7	8	
No problem									Extreme problem

- 0-1 No real problem, treatment not indicated
- 2-3 Slight problem, treatment probably not necessary
- 4-5 **Moderate problem, some treatment indicated**
- 6-7 **Considerable problem, treatment necessary**
- 8-9 Extreme problem, treatment absolutely necessary

Step 2: Client assesses problem severity and need for treatment on following scale:

- 0 Not at all
- 1 Slightly
- 2 **Moderately**
- 3 **Considerably**
- 4 Extremely

Step 3: Determine severity rating by selecting one point of three-point range. Selection guided by patient's rating.

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Selecting a Rating in Your Range

If the client chooses higher in the client rating scale 3 or 4, than this guides the interviewer to choose higher in their range

Client Rating	Interviewer Range
0 Not at all	Lower end of range
1 Slightly	Lower end of range
2 Moderately	Middle of range
3 Considerable	Higher end of range
4 Extremely	Higher end of range

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Selecting a Rating in Your Range


Client Rating Scale
 0 - 1 - 2 - **3 - 4**
 Low - Mid - High
 =
 Interviewer Range
 5 - 6 - **7**
 Low - Mid - High

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Drug and Alcohol Section Key Issues

- Clients Substance Abuse History
- Lifetime Substance Abuse History
- Consequences of Abuse
- Periods of Abstinence
- Treatment Episodes
- Financial Burden of Abuse



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Alcohol & Drug Section Coding Conventions

Regular Use Definitions:

3 Days a week or more.

Problematic irregular use in which normal activities are compromised.

Binges.

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Alcohol & Drug Section Coding Conventions

Alcohol to Intoxication:
Does **not** necessarily mean drunk.

To feel or felt the effects.
Drank heavily.
3 drinks in a sitting.
5 drinks in a day.

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CLINICAL

ASI → ?

- General Information
- Medical
- Employment
- Alcohol & Drug
- Legal
- Family / Social
- Psychiatric

**DSM-5
Criteria**

**ASAM's
Six
Dimensions**

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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?


What additional probes could you have used?

How would you have rephrased any of the questions?

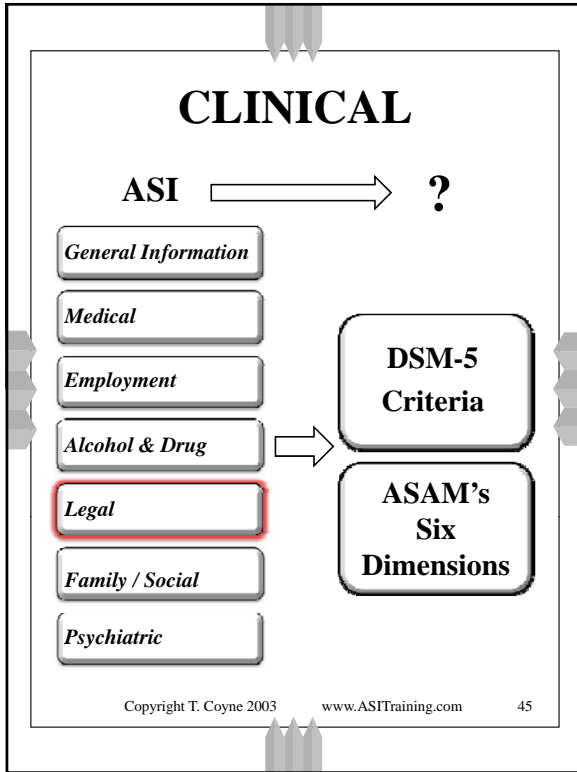
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Legal Section Key Issues

- Clients Legal History
- Information About Probation & Parole
- Charges, Convictions Incarcerations
- Detainment's, & Illegal Activities



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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

What additional probes could you have used?

How would you have rephrased any of the questions?

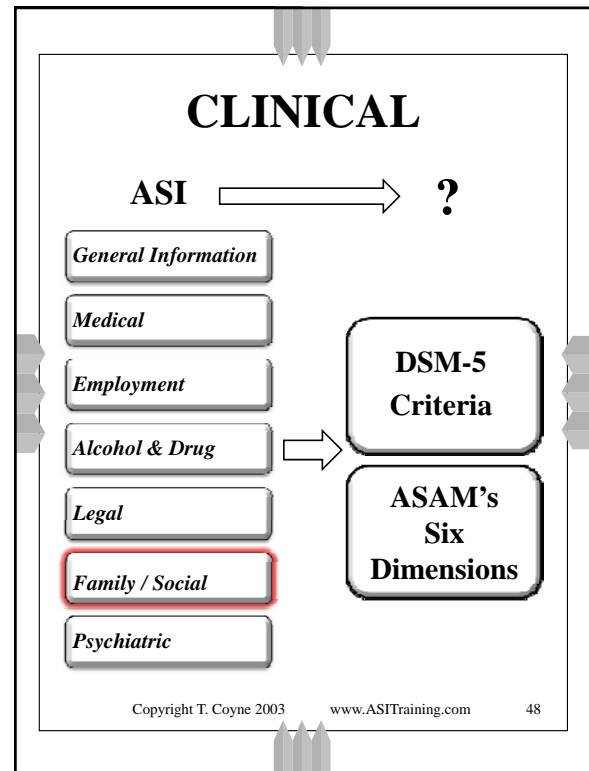
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Family / Social Section Key Issues

To Determine;

- Nature of client’s personal relationships
- Relationship Problems not due to alcohol or other drug use

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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

What additional probes could you have used?

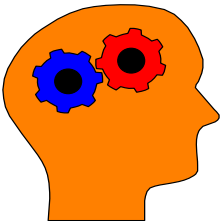
How would you have rephrased any of the questions?

Psychiatric Status Section

Key Issues

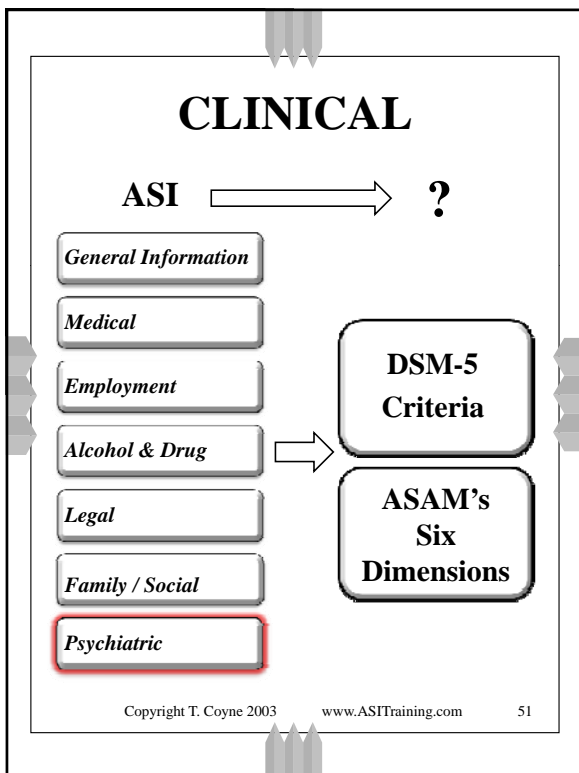
To Determine;

- u Long term & recent psychological & emotional functioning
- u Explore the potential for dual diagnosis



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Interview Review Questions

What did you like that the interviewer did?

What would you have done differently?

What additional probes could you have used?

How would you have rephrased any of the questions?

What if suicidal?

If client responds yes to the last thirty days:

- Suggested additional probes;
- How long ago were you experiencing these thoughts ?
- Was it in the last forty eight hours
- Did you have a plan ?
- Do you have access to the plan ?

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Ending The Interview

- Ask client if there is anything else s/he would like to tell us that would help us help them.
- Thank the client for the time they have spent and all the answers they have given.
- Summarize the "Good and the Not so Good Things" you have discovered during the interview. (strengths the client can build on, and things that may need to be addressed)
- Convey a sense of hope and competence that you can help them with these problems.
- Always give the client a sense of choice regarding their decision for treatment.

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QUESTIONS



55

Thank You!

Thank you for your time, your participation, your commitment to learning and improving the lives of those we serve ☺

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