VOLUME A
Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination
Module 2

ASI: administering and coding

1. Interviewing instructions and coding
2. Employment section. Drug and alcohol
3. Legal and family sections
4. Psychiatric section, review and competency measures
Workshop 4

Psychiatric section, review and competency
At the end of this workshop you will be able to

- Conduct Psychiatric section of ASI, code, score and calculate the results
- Explain intent of each question and logic behind them
- Review the results of ASI
- Undertake competency measures based on ASI results
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.
## PSYCHIATRIC STATUS

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>P1*</td>
<td>In a hospital or inpatient setting?</td>
</tr>
<tr>
<td>P2*</td>
<td>Outpatient/private patient?</td>
</tr>
<tr>
<td></td>
<td>● Do not include substance abuse, employment, or family counseling.</td>
</tr>
<tr>
<td></td>
<td>● Treatment episode = a series of continuous visits or treatment days, not the number of visits.</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th></th>
<th>0-No Past 30 Days</th>
<th>1-Yes Lifetime</th>
</tr>
</thead>
<tbody>
<tr>
<td>P4.</td>
<td>Experienced serious depression-sadness, hopelessness, loss of interest?</td>
<td>☐</td>
</tr>
<tr>
<td>P5.</td>
<td>Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed?</td>
<td>☐</td>
</tr>
<tr>
<td>P6.</td>
<td>Experienced hallucinations-saw things/heard voices that others didn’t see/hear?</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Code other psychotic symptoms here also.</td>
<td></td>
</tr>
<tr>
<td>P7.</td>
<td>Experienced trouble understanding, concentrating, or remembering?</td>
<td>☐</td>
</tr>
</tbody>
</table>
Describe the symptoms

Ask about serious symptoms over lifetime first, then ask about the past 30 days

Lifetime coding symptom > 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:

<table>
<thead>
<tr>
<th></th>
<th>0-No</th>
<th>1-Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30 Days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?

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

<table>
<thead>
<tr>
<th>Q9. Experienced serious thoughts of suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patient seriously considered a plan for</td>
</tr>
<tr>
<td>taking his/her life.</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10. Attempted suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Include actual suicidal gestures or</td>
</tr>
<tr>
<td>attempts.</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>[ ] No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>P11.</th>
<th>Has a health care provider recommended you take any medications for psychological or emotional problems?</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

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

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

► 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

0 Not at all
1 Slightly
2 Moderately
3 Considerably
4 Extremely
P12 – P14: Psychiatric 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: Psychiatric 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 $P_{12} = 0$, then
  – $P_{13} = 0$ and
  – $P_{14}$ should be 0

► If $P_{12} > 0$, then
  – $P_{13} > 0$, and
  – $P_{14}$ can be any number
Specify the patient’s diagnosis in the PSYCHIATRIC STATUS COMMENTS area if known.

Specify Diagnoses if known:
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

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.)
10. Specify__________________________________
Wrap-up interview

► Importance of wrap-up
► Acknowledge client’s time & work
► Summarise 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
Do you understand how to conduct psychiatric section of the ASI?

Can you explain intent of each question?

How should the results of ASI be reviewed?

What Competency Measures can be undertaken based on ASI results?
Post-assessment
What is your “take-away”? 

► What was the most meaningful to you in this training? 
► What will you take away with you? 
► What did you enjoy the most? 
► How will you use this information? 
► What skill(s) do you think you will begin to practice in your work? 
► What would you like to share in closing?
Thank you for your time!
End of module 2