

## Development of the Treatnet ASI

### **The Need:**

Although numerous published studies have shown the ASI to be both reliable and valid, it has generally been tested only in “majority” populations in the United States (McLellan et al. 1985). When deciding to use the ASI with other populations or in other cultures, it is important to know some history behind its development. The ASI was originally created to enable a group of clinical researchers to evaluate treatment outcomes in six substance abuse treatment programs in the Philadelphia area (Pennsylvania, USA). Because these program modalities and treatment services varied, this original ASI had to be generic. Also, there was a need to collect the data as part of the clinical process and within a relatively short period of time. For this reason, the instrument had to focus on a minimum number of questions relevant to treatment care planning. Finally, since a major purpose of the original project was to measure outcome, the questions had to cover a broad range of potential areas that could be affected by substance abuse treatment. The format of these questions had to be suitable for repeat administration at follow-up contacts.

Treatment centers across the globe need assessment instruments that are capable of meeting multiple purposes. Treatment providers face an increasing need to collect clinically valid data that can also be used as a baseline for outcome studies. The ASI, used for both clinical and research purposes, has a number of specific strengths and limitations as an assessment tool in this complex environment.

### *Why Adaptations or ASI Modules are Needed:*

As discussed previously, the ASI was originally designed to capture the minimum amount of information necessary to evaluate the nature and severity of patients' problems when they present for treatment and at follow-up. For this reason, the ASI developers have always encouraged clinicians to add questions and/or additional instruments in the course of evaluating their clients. A number of modifications to the ASI have been developed for special populations. For example, sets of questions or “modules” have been developed to assess the special needs of women (Brown et al. 1995), the chronically mentally ill (Cacciola and McLellan 1995), gamblers (Lesieur and Blum 1992) and the Clinical Training Version of the 5<sup>th</sup> edition of the ASI, (Urshel et al. 1996), has been translated to provide a version for use with patients of Hispanic descent. In fact, we are quite sure that versions for use with all manner of other populations in many other cultures and languages have been developed.

Treatment providers can have a variety of reasons—including clinical, research, accreditation, and cultural reasons—for needing to adapt or norm the ASI. For clinical purposes, adaptations can be necessary because the ASI does not cover some areas important for particular populations (Brown et al. 1993 and Carise and McLellan, 1996). For example, the medical section of the ASI is adequate for gathering the most basic medical

information in the general population. However, treatment centers that work exclusively with pregnant women or with individuals who are severely medically ill will need to add certain medical questions that are particularly important for these populations. Adding questions to the ASI will enable the provider to adequately assess the needs of patients in these programs. Additionally, there may be types of medical services that can be received in different cultures that are not asked about in the ASI such as traditional healers or tribal healers.

With these issues in mind, the lead author, Juana Thomas and a host of researchers and clinicians from various countries and treatment programs met for 5 days in Nigeria (July 2006), to discuss the varying needs of each participant with regards to using the ASI for assessment in the UNODC-funded Treatnet project. Further work was completed with meetings in Cairo (September 2006) and California (December 2006) discussed below.

Over the course of these 3 separate weeks of meetings and numerous email contacts, members of the Treatnet system, as well as staff from the United Nations Office on Drugs and Crime, University of California, Los Angeles, and Treatment Research Institute, met or corresponded and discussed the varying needs of the Treatnet participants with regard to completing a standardized evidence-based assessment across providers. Important additional input was received from members of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) regarding adaptations of the ASI that had been developed for use by multiple countries in Europe.

Participants from Moscow, India, China, Egypt, Nigeria and Mexico as well as staff from the UNODC and TRI met in Nigeria for 5 working days in July 2006. The meetings lasted 8-10 hours each day. Participants first heard a presentation about the development, clinical use, research findings, benefits and limitations of the Addiction Severity Index. After this presentation, the group then reviewed the overall structure of the instrument. The group discussed every item on the ASI, evaluating the intent of the question, the reading level needed, the wording and translation issues and the response options available.

### **Nigeria Training (July 2006).**

The first meeting was a 5-day working meeting from July 23<sup>rd</sup> through July 28<sup>th</sup> held at the Neuropsychiatric Hospital, Drug Abuse Treatment, Education and Research (DATER) Unit in Aro, Abeokuta, Ogun State, Nigeria.

The goal of this task was to work with members of the TreatNet to review the ASI and discuss both the cultures and languages of the clinicians and patients who will be using the ASI in this project leading to the development of either 1) an agreed upon ASI to be used by all of the collaborating sites as well as small adaptations or addendums for items that are not able to be identical across sites or, 2) two or more versions as required if the diversity of cultures does not allow for a common version.

### **Cairo ASI Training – September 2006**

The second meeting was a 5-day training from September 17<sup>th</sup> through September 21<sup>st</sup> held at the Cairo Hilton, Cairo, Egypt.

All members from Treatnet Focal Points met in Egypt for exposure to the Treatnet Training Modules over a period of 9 days including a complete 2-day ASI training course. The 14-hour ASI training was delivered over the course of 2 days. Additional time was spent on each item regarding its use in the Treatnet Project. Again, participants contributed a great number of suggestions, asked questions about the items and spoke about areas they felt were important during assessment if substance abuse problems were to be appropriately addressed within the context of their culture. This data, combined with discussions from the first meeting led to the development of a revised version of the "Treatnet ASI."

### **Los Angeles, CA, USA Training of Trainers – December 2006**

The third meeting was a training of trainers (TOT) lasting for 3 weeks with the scheduled Treatnet ASI Training of Trainers held from December 4<sup>th</sup> through December 6<sup>th</sup> and individualized ASI review meetings on December 7<sup>th</sup> & 8<sup>th</sup>. It should, however, be noted that other members of the group met in November and December in the United Kingdom and in Australia.

The goal of this meeting was to train promising trainees to be Treatnet ASI trainers. The LA event was one of three meetings (noted above) on the delivery of training during a 3-week period that included all training on all components of each training volume. At this meeting, participants who had already been trained in the ASI were trained to be trainers of the ASI.

### **Summary**

After these meeting, a consensus document was developed reviewing the 17 items that were each wanted by some portion of the participants but not universal to all participants. Based on a majority vote, 10 of these items were kept on the Treatnet ASI and the remaining we placed on an optional Treatnet ASI Supplement document. The initial work of the smaller group in making the ASI more customized to different cultures, and the input from other groups (the European TDI group and others) has led to the most recent revision: The Treatnet ASI version 3 and the Treatnet ASI Supplement version 3, both released on May 9<sup>th</sup> 2007.

We hope you will find this instrument and this information useful. We are currently seeking funding to complete reliability and validity studies on the Treatnet ASI.

Sincerely,

Deni Carise, PhD.