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



VOLUME A

INTRODUCTORY MODULE

Basics of Addiction

MODULE 1

Screening and Brief Intervention Using ASSIST

Rationale for screening and brief intervention

ASSIST screening basics

ASSIST brief intervention basics

Planning and implementation of ASSIST

MODULE 2

Addiction Severity Index

Interviewing instructions and coding

Employment section. Drug and alcohol

Legal and family sections

Psychiatric section, review and competency measures

MODULE 3

Treatment Planning M.A.T.R.S.

Assessment tools in treatment planning

Prioritising problems

Putting treatment planning M.A.T.R.S. into practice



Module 2

Training goals

- Learn about Addiction Severity Index (ASI) as an assessment instrument
- Develop and/or enhance interviewer competencies in the administration of the ASI
- Become well familiar with how to adapt questions to particular clients/patients and how to use coding system of ASI

Module 2

ASI: administering and coding



Interviewing instructions and coding



Employment section. Drug and alcohol



Legal and family sections



Psychiatric section, review and competency measures





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Today's workshop



Interviewing instructions and coding

The ASI: administering and coding

- Interviewer instructions
- Introducing the ASI
- Coding:
 - General information
 - Medical section

Training objectives

At the end of this workshop, you will be able to:

- 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, multifocused screening and assessment tool
- Used to collect information regarding the nature and severity of problems, which people who misuse substances 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 systemwide 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 coming to 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



- Medical
- Employment / Support
- ▶ Drug
- ► Alcohol
- Legal
- Family / Social
- 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! and 2. Comment!

- 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"

Code "X" when client can't or won't 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

- If item asks about months, round periods of 14 days or more up to 1 month
- ▶ 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

INTRODUCING THE ASI:

- 1. All clients receive this same standard interview.
- Seven Potential problem areas or <u>Domains</u>: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.
- 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

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

Seven points



- All clients receive the same interview
- 2. Seven Problem Areas
- 3. Takes approximately 30-40 minutes
- 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 and 3. Length of Interview

Introducing the ASI:

- All clients receive this same standard interview
- Seven potential problem areas/domains:
 - Medical
 - Employment/Support Status
 - Alcohol
 - Drug
 - Legal
 - Family/Social
 - Psychiatric
- 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**
- <u>6. Accuracy</u> 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 d	3. Will this treatment be delivered in a corrections facility? $0 = \text{No} \boxed{1} = \text{Yes}$	

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.

G2b: Treatnet program codes

- ► These codes are specific to each centre
- See manual for details

G2c: Treatnet 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 justice setting.

G4-G7: Recording interview date and length

G4. Date of Admission	/	/
G5. Date of Interview:	/	/
G6 Time Begun: (Hour: Minute	*Day / Month	/ Year
G7. Time Ended: (Hour:Minute	es)	

- ► G4 and G5 track time between the interview and admission. For example: John may have been assessed on 30/11/2017, but may not have begun attending treatment until 9/12/2017
- ►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	
G9. Contact Code	1. In person2. Telephone (Intake ASI must be in person)	

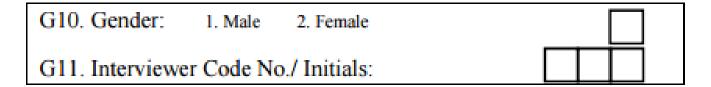
► G8:

- 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

► **G**9:

All intake ASI's are conducted in person

G10 & G11: Gender & interviewer



- ► G10: Interviewing Techniques
 - Can you always assume a client's gender?
- ▶ G11: Record your assigned interviewer number given to you by your program

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 16a. Age 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. Other Christian	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	4. Medical Treatment	
2. Correctional Facility	5. Psychiatric Treatment	
3. Alcohol/Drug Treat.	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

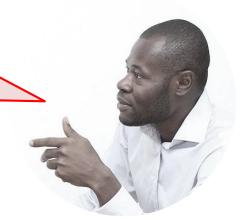
➤ To record whether the client has "theoretically" had restricted access to drugs and/or alcohol

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

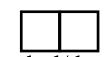
To gather basic information about:

- 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, <u>early retirement for</u> <u>medical disability</u>
- 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

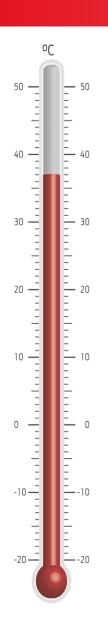
M7: Troubled or bothered

- 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
- Emphasise medical problems (not psych or drug / alcohol problems)
- ▶ USE PATIENT 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.

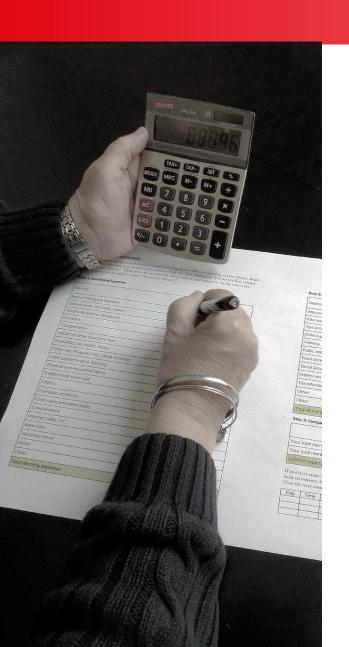
Note: The patient is rating their need for additional medical services or referrals from your agency, above any services they may already be getting.

- Refers to treatment needed for problems reported in M6
- Emphasize 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?"

The final 3 scoring - medical



- \blacktriangleright If M6 = 0, then
 - M7 = 0 and
 - M8 should be 0
- ► If M6 > 0, then
 - M7 > 0, and
 - M8 can be any number

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 judgement 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

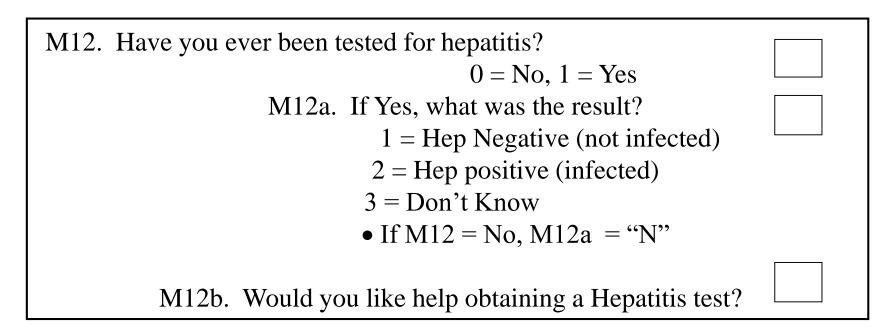
M11: Patient's inability to understand?

Three reasons to code "unable to understand"

- Language barrier
- Client is under the influence of drugs or alcohol and cannot understand the questions
- Client is cognitively limited or psychiatrically impaired and cannot understand the questions

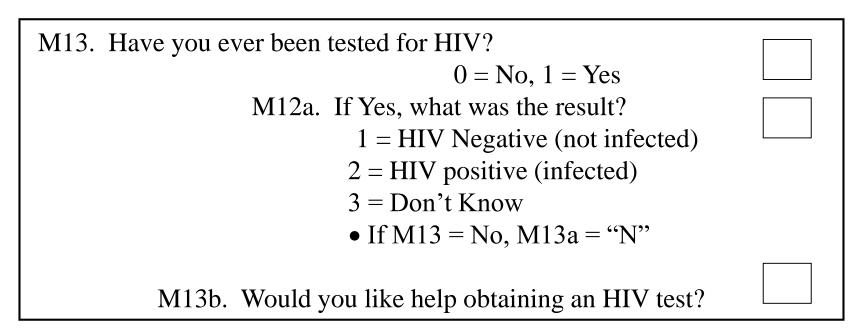


M12: New question - hepatitis



- 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



- 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 M14b. If unsure; would you like a pregnancy test?	<u> </u>
 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



Wrap-up



- Do you understand the logic and intention behind each question?
- Can you give an example on how to code in response to client's answers?
- Can you give an example, how to adapt the questionnaire to the client?

