

VOLUME A

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

Treatnet

The logo for Treatnet, featuring a stylized globe icon composed of several colored segments (blue, green, yellow, orange, red) arranged in a circular pattern.

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**



Workshop 4

**Psychiatric section,
review and competency**

Training objectives

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



A black and white photograph of a hand reaching upwards towards a bright, circular light source. The hand is silhouetted against the light, with the fingers spread. The background is a textured, slightly rippled surface, possibly fabric or paper. A red rectangular box is overlaid on the lower left side of the image, containing white text.

**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 Past 30 Days	1-Yes 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 > 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?

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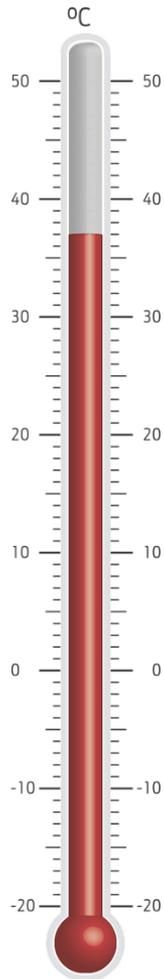
- This refers to problems noted in Questions P4-P10.

- ▶ 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?

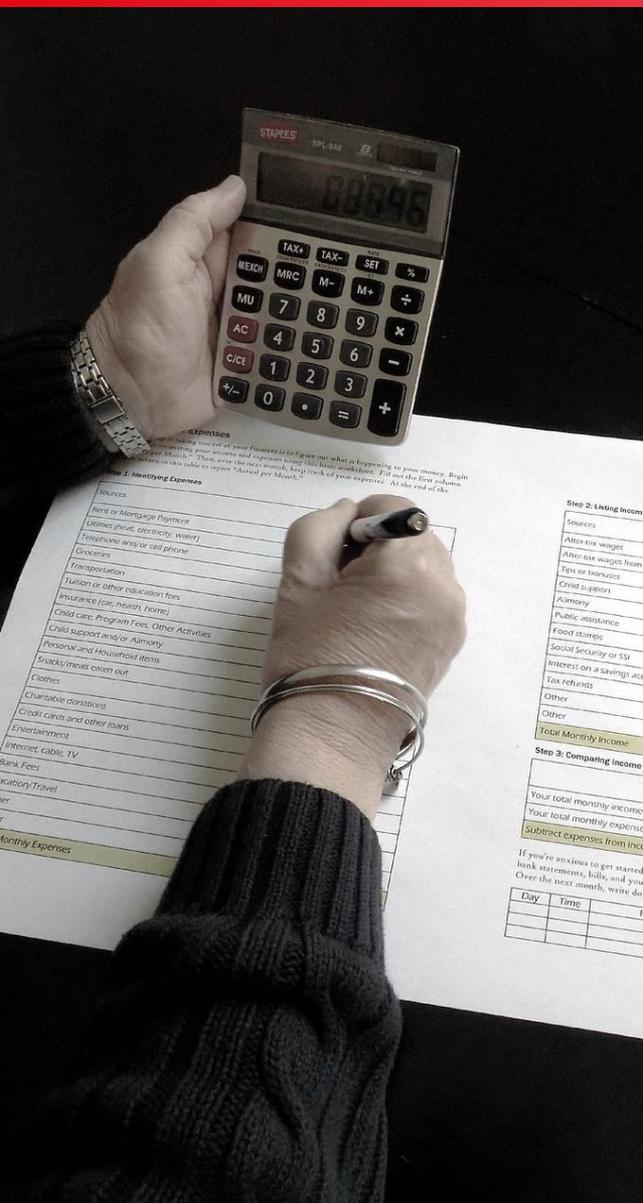
- Patient should be rating the problem days from Question P12.

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 $P12 = 0$, 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

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



Wrap-up



- ▶ 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

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