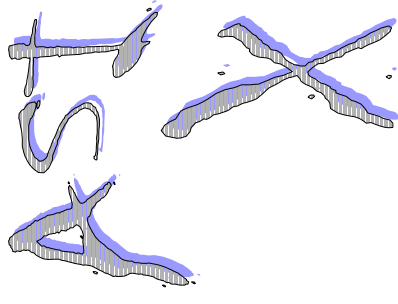
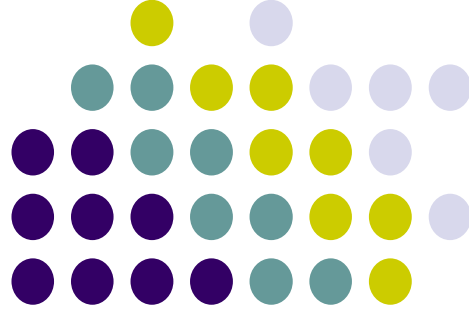
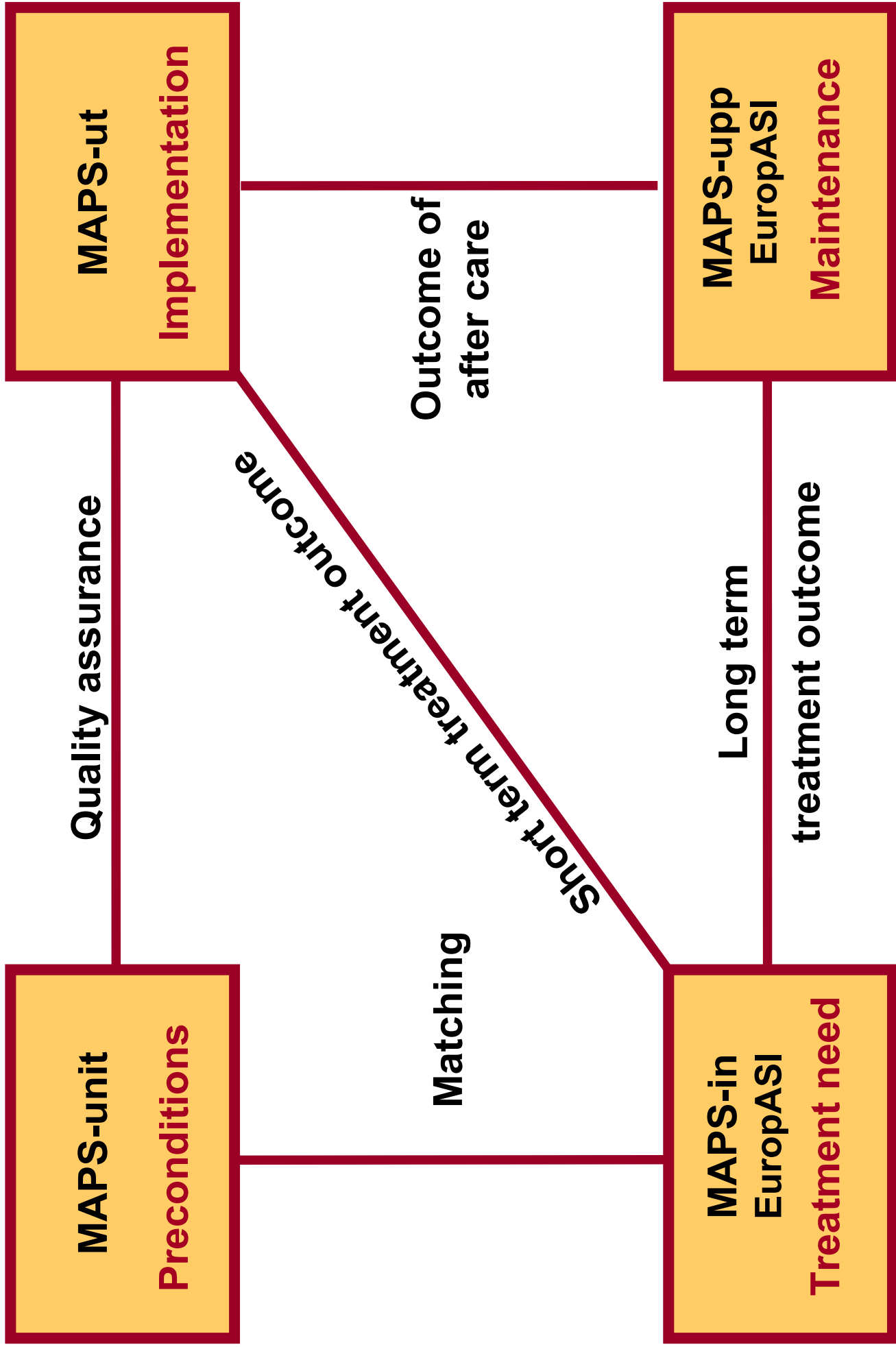


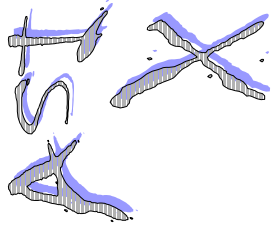
# ASI-X



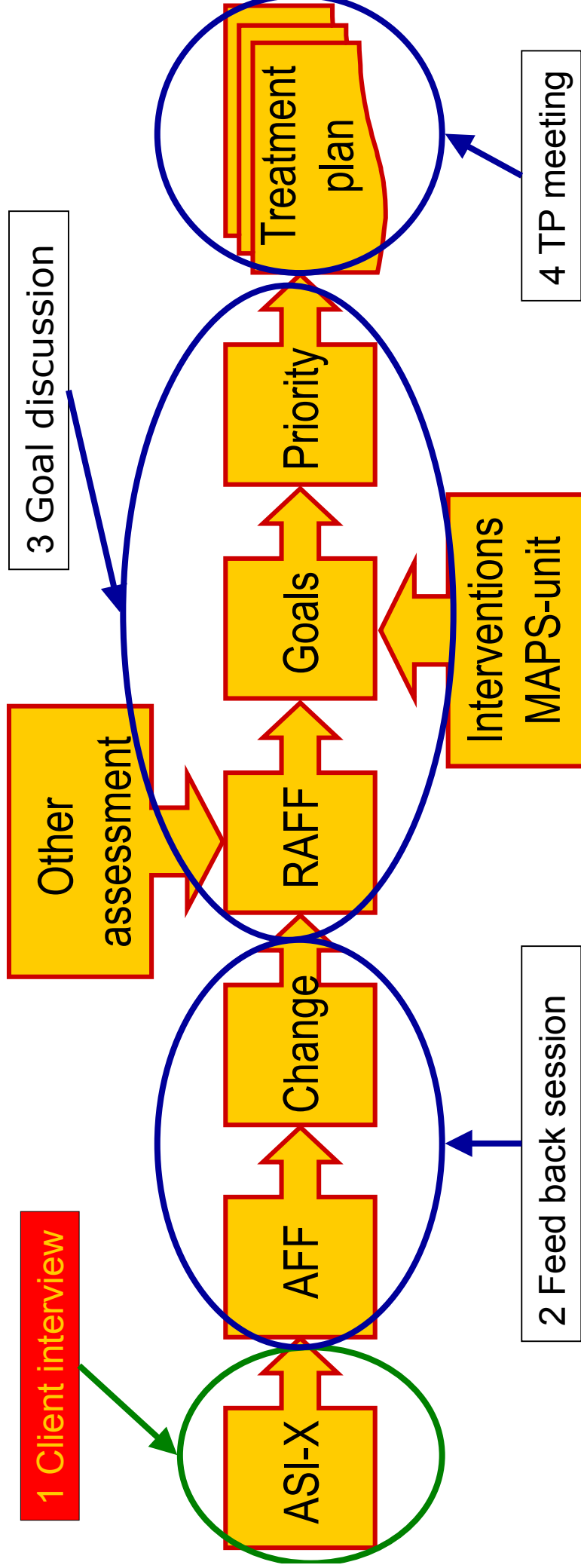
## Training manual

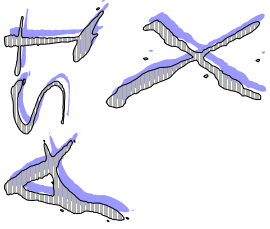






# 4 meetings to a treatment plan

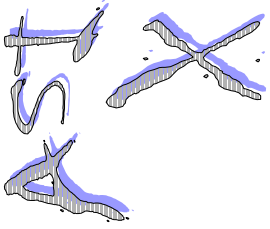




# The training manual

---

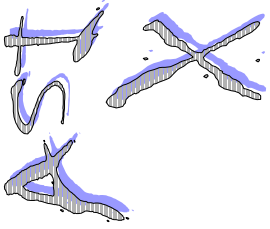
- Complements the EuropASI manual
- General guidelines for the interview
  - Introduction to the client
  - General coding of questions
  - Severity ratings
- Instructions for specific items
  - Comments and interpretation of specific questions



# ASI and EuropASI

---

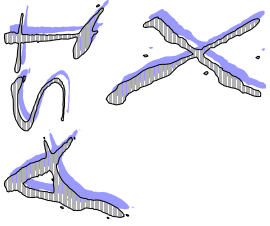
- **Addiction Severity Index**
  - Developed by Thomas McLellan and colleagues in Philadelphia 1975
  - The 5<sup>th</sup> edition 1992
- **EuropASI**
  - Developed within the framework of COST A6
  - Work led by Kokkevi and Hartgers
  - Manual published 1994, Blanken *et al.*



## The basis of the ASI

---

- Should investigate the clients whole situation
- Should concern problems within different life areas
- Should measure both current and lifetime
- Should be a client interview



# The development of ASI-X

---

- ASI-X is a slightly expanded version of the EuropASI.
- The complementary questions are based on the “Expanded female version of the Addiction Severity Index” by Alfred Friedman.
- ASI-X includes complementary questions that mainly concerns children, risk behaviours and social vulnerability.
- ASI-X is used in for example Iran, the Netherlands, Scotland and Sweden, within social services, psychiatry, prison and substance abuse treatment.

ASI



Substance Abuse and Mental Health Services Administration  

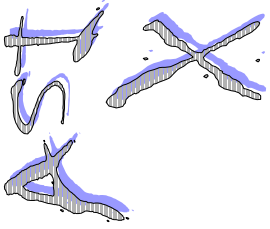
---

Center for Substance Abuse Treatment

# Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument, The ASI - F



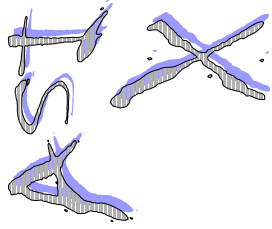
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment



# Information from ASI

---

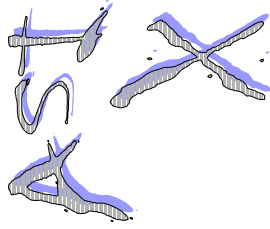
- Fact based description from the client
  - Current situation – occurrence
  - Lifetime - risk
- Subjective estimates by the client
  - “Troubled or Bothered” and “Help” is rated by the client
- Interviewer rating of severity
  - Subjective measure – for clinical use
  - Measures severity and need for help
- Composite scores
  - Objective measure – for research
  - Measures change



# Complementary instruments and tools

---

- ASI Feedback Form
- ASI Crime
- ASI Gambling
- Treatment Service Review
- MAPS
- EuroADAD
- NetMAPS
- MAPS Lifeline



# ASIX:s six life areas

---



C Medical Status



D Employment/Support Status



E Alcohol Use



E Drug Use



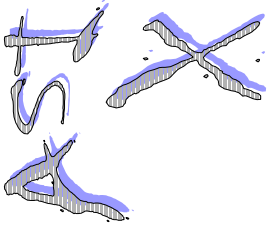
F Legal Status



H Family/Social Relations



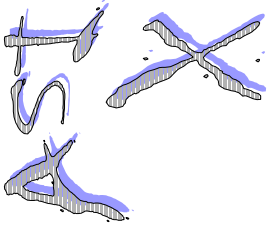
i Psychiatric Status



# General Guidelines

---

- The interview should:
  - Be conducted after the client has been informed
  - Be conducted at one occasion
  - Be conducted in a calm and separate environment
  - Be properly introduced



## Unclear???

---

- Always try to phrase the question so that the client can easily understand it.
- If the client doesn't seem to understand or seems unclear concerning the intention of the question:
  - Reformulate it
  - Exemplify or ask clarifying or complementing questions
  - If it is still impossible, code "X" and make a note under comments
- Do not try to interpret what the client eventually means

ASTX

# Coding

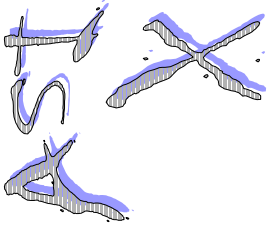
---

0 = No

1 = Yes

N = Not relevant

X = Does not understand/no answer/  
question not asked

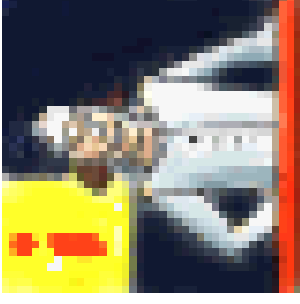


# Rules of coding

---

- **X = Question not answered**
  - Can not answer
  - Will not answer
  - Question not asked
    - Explain the reason for coding X under comments
- **N = Question not relevant**
  - Ascending questions
    - i.e.: If No on questions like "If Yes on ..."
  - Consequence questions
    - As a consequence on answers on earlier questions

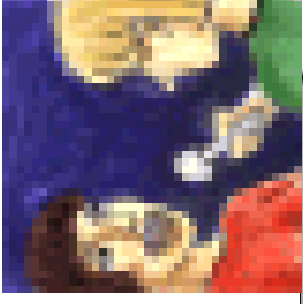
## A. Administrative questions

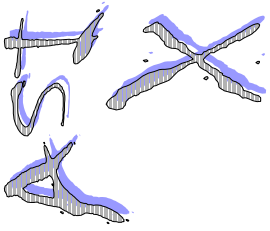


- The questions strives to provide practical information concerning the client, the interviewer and the interview
- They are of administrative type and is not a part of the client interview

## B. General information

- Those questions suppose to collect information of more general type
  - Living situation
  - Current treatment
  - Age and nationality
  - Children and there situation





# Clients Rating Scale

---

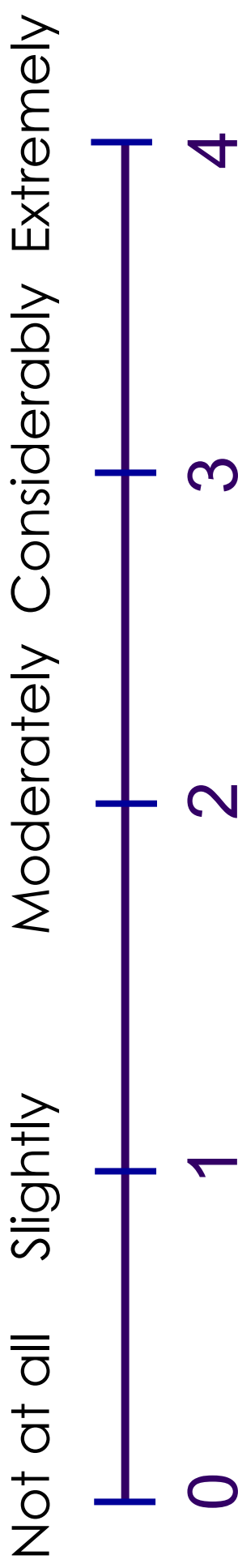
0 = Not at all

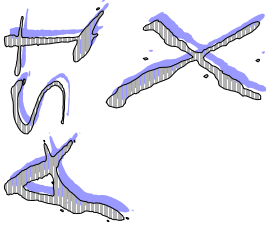
1 = Slightly

2 = Moderately

3 = Considerably

4 = Extremely

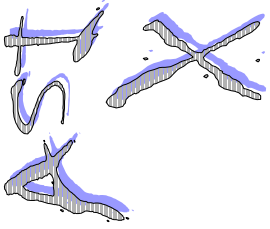




# Clients Rating Scale

---

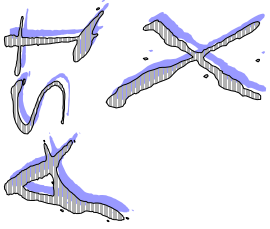
- Concerns current situation
- Concerns problems expressed in the interview
  - That why it is of utter importance that complementing information are noted under comments
- Troubled or bothered
  - Concerns how troubled or bothered the client is about problems within the areas – not how severe they are
- Help
  - Concerns how important further help is for the client



# Interviewer Severity Rating - ISR

---

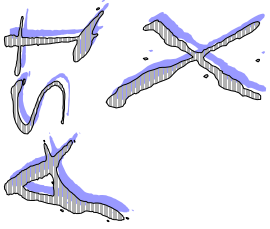
- A subjective interviewer rating based on a structured technique
- IS provides a summary of the client's problem severity and need for help
- ISR could be used for:
  - Matching client-unit
  - Treatment planning
  - Prediction of treatment outcome



# Interviewer Severity Rating - ISR

---

- An estimation concerning the need for treatment, independent on the availability or even existence of treatment
- A combination of “objective” and “subjective” information
- A two step procedure
- Provides a structured method to summarize and “understand” the nature of the client’s situation



# Interviewer Severity Rating - ISR

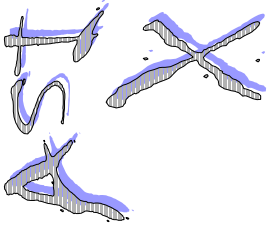


1 Objective information

2 Preliminary rating, 2 to 3 digits

3 Client rating of need for help

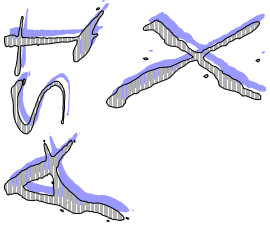
4 Final rating, 1 digit from prel. rating



# Interviewer Severity Rating - ISR

---

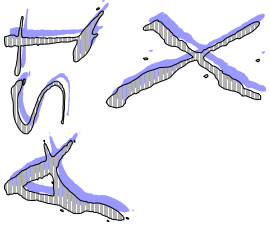
- 10 degree scale with 5 descriptions
  - 0-1 No
  - 2-3 Slight
  - 4-5 Moderate
  - 6-7 Considerable
  - 8-9 Extreme



# ASI Feedback Form

---

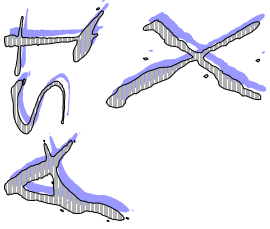
- Pedagogical tool, facilitates learning
- Make the severity ratings simple and consistent
- Connects the different life areas and identifies patterns
- Provides a comprehensive summary of the interview
- Provides a template for structured feedback to the client



# Severity rating, step 1

---

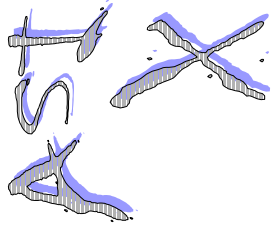
1. Look over the interview.
2. Use objective information
  - Items are considered of more importance (+ positive or - negative) if they are:
    - Close in time
    - Acute
    - Has a history, chronic and duration
    - If they are disabling or life threatening
    - If adequate treatment is already in use
    - **Critical** items (bold and underlined)



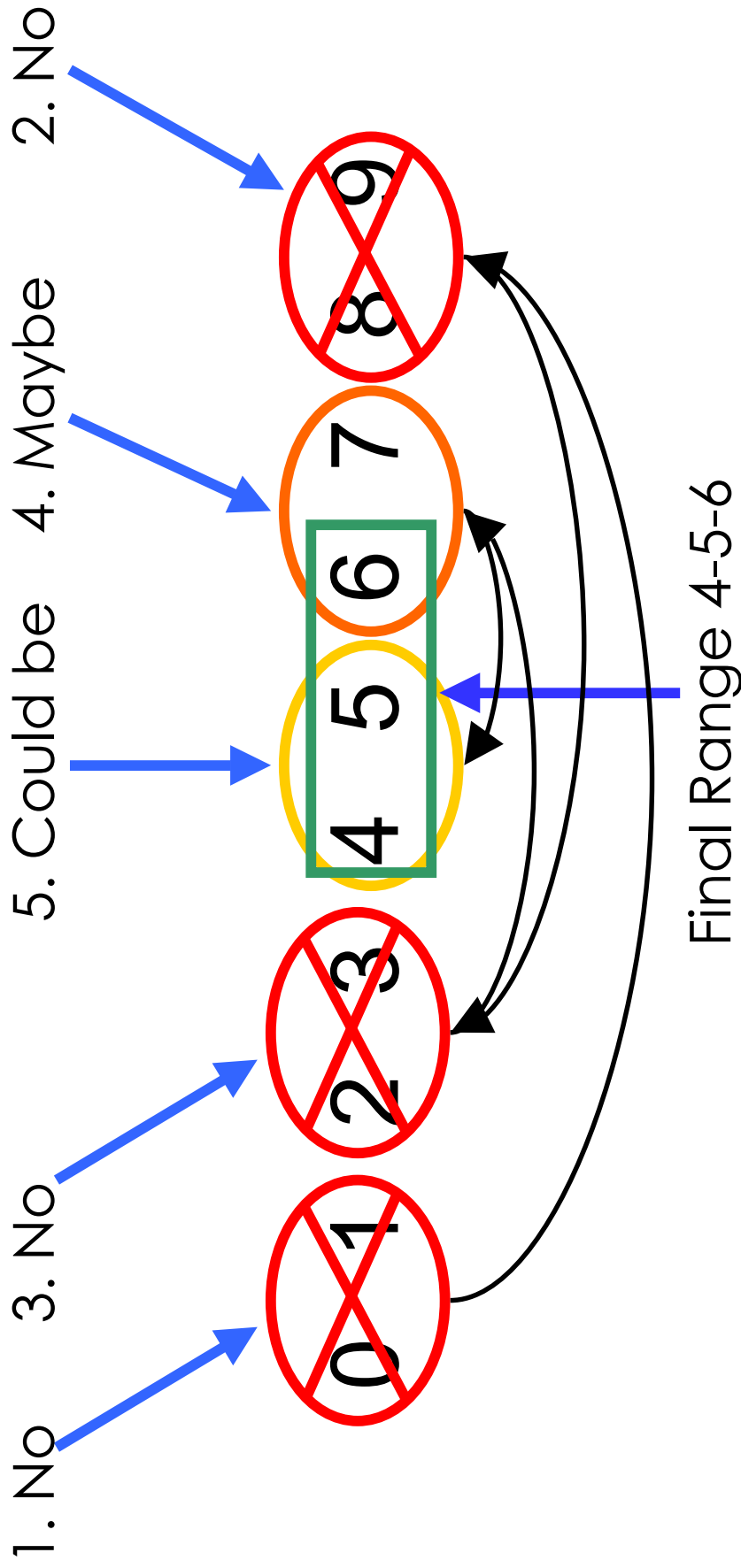
# Severity rating, step 1

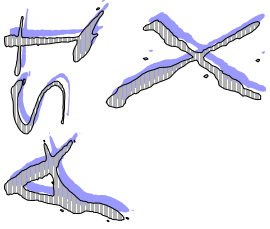
---

2. continues
  - + positive is information that points towards a low rating
  - The absence of problem or symptoms are considered as positive
  - If treatment is considered effective and helps the client to better handle problems, it is considered positive
  - - negative is information that points towards a high rating
3. Write in the information under + and – in AFF
4. Chose a 2 to 3 digit interval
  - Use the whole range between 0 and 9 but be conservative concerning extreme values



# Closing in the Range

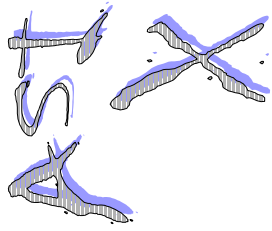




## Severity rating, step 2

---

- Use the subjective information from the clients rating for help to choose a final value in from the preliminary interval.
  - For 2 digit interval
    - If client rating is 0 or 1 – choose the Lower value
    - If client rating is 2 – look at “troubled or bothered”
    - If client rating is 3 or 4 – choose the Higher value
  - For 3 digit interval
    - If client rating is 0 or 1 – choose the Lower value
    - If client rating is 2 – choose the Middle value
    - If client rating is 3 or 4 – choose the Higher value

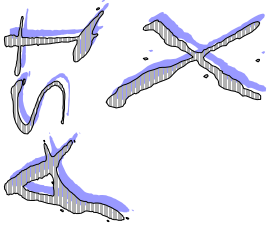


# Final severity rating

o How would you rate the client's need for help or counselling for ...

- 8-9 Extreme
- 6-7 Considerable
- 4-5 Moderate
- 2-3 Slight
- 0-1 No

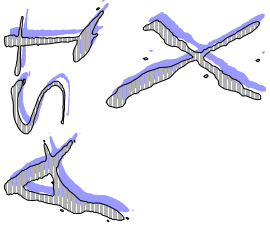




## C Medical Section



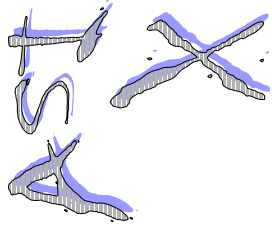
- Concerns health status and risk for future problems
  - Medical History
  - Current medications
  - Hospitalizations
  - Long Term Medical Problems
  - Recent Physical Ailments
- Need for Medical Treatment



## D Employment/Support



- **Concerns support and work situation**
  - Resources a client can record on a job application
  - Schooling/training
  - Current Sources and amounts of income
  - Number of dependents
- **Interest in help with employment problems**



## E Alcohol & Drug Section

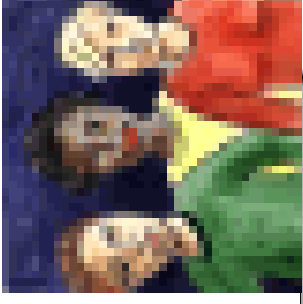
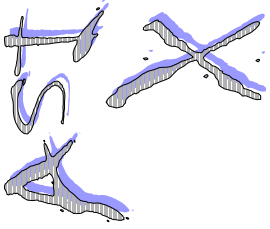


- Provides a picture of both use and abuse
  - Substance Abuse History
  - Recent Substance Use/Abuse
  - Consequences of Abuse
  - Periods of Abstinence
  - Treatment Episodes
  - Financial Burden of Abuse
- Need for Alcohol/Drug treatment

## F Legal Section

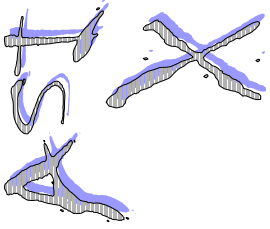


- Concerns the clients trouble with the law
  - Legal History
  - Information about Probation & Parole
  - Charges, Convictions Incarcerations
  - Detainments, & Illegal Activities
- Desire/need for legal counsel

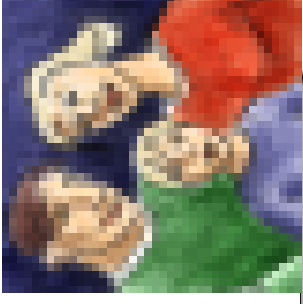


## G Family History Section

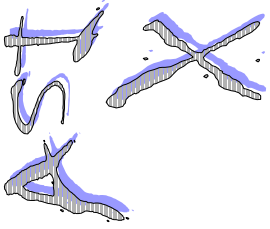
- Covers the family history of different problems that resulted or should have resulted in treatment
  - Alcohol, Drug, Psychiatric and Legal problems
  - Hereditary risk factor for future problems
- No client or interviewer rating



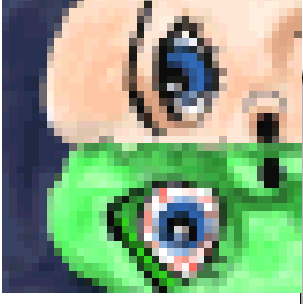
# H Family & Social Status



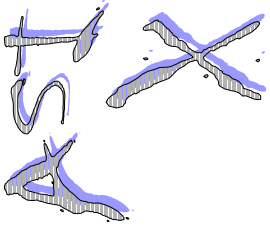
- Maps the clients social life situation
  - To discuss relationships, support systems, and conflict with family and others
  - To document living situations, satisfaction, and experiences of abuse
- Need for help for social problems



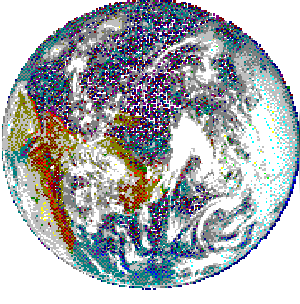
# i Psychiatric Section



- Concerns psychiatric and emotional problems
- To determine long term & recent psychological & emotional functioning
- To Explore the potential for dual diagnosis
  - Mood disorders
  - Anxiety disorders
  - Thought disorders
- Need for help with emotional and psychiatric problems



# Global rating



Provides a possibility for the interviewer to summarize the ASI interview and to get a global rating of the clients need for help

- Documents positive and negative patterns
- Connects items between areas
- Makes it easier for clinicians to follow the rigid separation between the areas
- Provides a concise summary of the complete ASI interview
- The rating could be used for matching clients to treatment level