

# ***SHORT REFERENCE GUIDE***

***for the***

***Addiction Severity Index***

***ASI***



***ASITraining.com***  
Online Resource Center  
for the  
Addiction Severity Index

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**The Short Reference Guide is designed to be used in conjunction with but not instead of the full instructional manual for the Addiction Severity Index.**

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## POINTS TO INCLUDE WHEN INTRODUCING THE ASI

- All patients get this same interview.
- All information gathered is confidential and will be used only by the treatment or research staff.
- The interview consists of seven parts, i.e. medical, legal, drugs, alcohol, etc.
- There are two time periods expressed, the past 30 days and lifetime data.
- Patient input is important. For each area I will ask you to use a scale to let me know how bothered you have been by any problems in each section.
- Also, I will ask you how important treatment is for you for the area being discussed.

### **The client rating scale is:**

0	not at all
1	slightly
2	moderately
3	considerably
4	extremely

- If you are not comfortable giving an answer, simply decline to answer.  
**Please do not give inaccurate information!**

The interviewer should mention each of these points.

The most important considerations are that the patient understands the purpose of the interview and that it is confidential.

\*\*\*\*

**Inform the patient of any follow-up interviews that will occur at a later date**

## **PLACEMENT OF THE "N" ON THE ASI**

### **General Information:**

If #G19 is coded "1" for "no", then #G20 is an "N".

### **Medical Section :**

If #M1 is coded "00", then #M2 is coded "N N".

### **Employment/Support :**

If #E8 is coded "0" for "no", then #E9 is coded "N".

### **Drug/Alcohol Section :**

If #D15 is coded "00", Then #D16 is coded "N".

If #D19 "Alcohol Abuse" is coded "00", then #D21 "Alcohol Abuse" is coded "N"

If #D20 "Drug Abuse" is coded "00", then #D22 "Drug Abuse" is coded "N".

### **Legal Section :**

If #L3 through #L16 are all coded as "00", then #L17 is coded "N".

If #L21 is coded "00", then #L22 and #L23 are coded "N".

If #L24 is coded "0" for "no", then #L25 is coded "N".

### **Family/Social Section :**

Items #F12-#F17 and Items #F18-#F26 are the only items in this section where an "N" may be used. To understand when to use an "N" think in terms of the client's opportunity to have a relationship with the person/people referred to in each item. For Items #F12-#F17 an "N" would be coded only if the relative didn't exist (as in the case of a client who has no children). For items #F18-#F26, the rule of thumb is that if there was no opportunity to experience the relationship in question (e.g.. if someone in a particular category is deceased or if there has been no contact), then an "N" is coded. If the client reports that there has never been a relationship in a particular category (like no children, never any friends, never a relationship with father, etc.), then an "N" would be coded in both the "Lifetime and "Past 30 Days" boxes.

If #F11 in the F/S section is coded "0" , then #F24 in the "Past 30 Days" column is coded "N". In such cases, the interviewer probes to see whether there had ever been any close friends to determine if an "N" is also be coded under "Lifetime" in #F24.

If #E11 in the E/S Section is coded "00" or if the client is self-employed with no employees or co-workers, then #E26 in the F/S section is coded "N" for the past 30 days.

### **Psychiatric Section :**

There are no circumstances under which an "N" would be coded in this section.

### **Close ASI Section :**

If the interview has been completed, code G12 as "N".

## **LIST OF COMMONLY USED DRUGS:**

**Alcohol:** Beer, wine, liquor

**Methadone:** Dolophine, LAAM

**Opiates:** Pain killers: Morphine, Dilaudid, Oxycontin, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups, Robitussin, Fentanyl

**Barbiturates:** Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol

**Sed/Hyp/Tranq:** Benzodiazepines: Valium, Xanax, Librium, Ativan, Serax, Quaaludes, Tranxene, Dalmane, Halcion, Miltown,

**Cocaine:** Cocaine Crystal, Free-Base Cocaine or "Crack" and "Rock"

**Amphetamines:** Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal

**Cannabis:** Marijuana, Hashish, Pot

**Hallucinogens:** LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy

**Inhalants:** Nitrous Oxide, Amyl Nitrate, Whippits, Poppers, Glue, Solvents, Gasoline, Toluene, Etc.

## **HOLLINGSHEAD CATEGORIES:**

- 1. Higher execs, major professionals, owners of large businesses.**
- 2. Managers of medium sized businesses, nurses, opticians, pharmacists, social workers, teachers.**
- 3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses: bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.**
- 4. Clerical and sales, technicians, bank teller, bookkeeper, clerk, draftsperson, timekeeper, secretary.**
- 5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireperson, lineperson, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, policeperson, plumber).**
- 6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).**
- 7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter ).**
- 8. Homemaker.**

## 9. Student, disabled, no occupation.

### SEVERITY RATINGS

**Severity** -defined as the need for new or additional treatment based on the amount, duration and intensity of symptoms within each area.

All ratings are based on objective and subjective data within each area.

A systematic method has been developed for Severity Ratings.  
Reliability is increased if this method is used.

#### **2 - Step Method:**

1. Consider objective data with particular attention to critical items.  
(Why are these critical - because over time they have been found to be the most relevant to a valid estimate of Severity).

At this point the interviewer makes a preliminary rating, a 2 - 3 point range - based only on objective items.

2. Interviewer looks at subjective items and fine tunes his rating to a single score.

\*\*\*\*

**REMEMBER** We are not rating *potential* benefit but the extent to which treatment is needed (regardless of availability or potential efficacy).

#### **Interviewer Rating Scale:**

#### **Patient Rating Scale**

0 -1	No real problem, treatment not indicated.	0 -None, Not at all
2 - 3	Slight problem, treatment probably not indicated.	1 -Slightly
4 - 5	Moderate problem, some treatment indicated.	2 -Moderately
6 - 7	Considerable problem, treatment necessary	3 - Considerably
8 - 9	Extreme problem, treatment <u>absolutely</u> necessary	4 - Extremely

## CRITICAL OBJECTIVE ITEMS BY SECTION

<u>SECTION</u>	<u>ITEM</u>	<u>DESCRIPTION</u>
<u>Medical</u>	M1	Lifetime Hospitalizations
	M3	Chronic problems
<u>Employment / Support</u>	E1 & E2	Education and Training
	E3	Skills
	E6	Longest Full-time Job
	E10	Recent Employment Pattern
<u>Drug / Alcohol</u>	D1 - D13	Abuse History
	D15 & D16	Abstinence
	D17 & D18	OD's and DT's
	D19 & D20	Lifetime Treatment
<u>Legal</u>	L3 - L16	Major Charges
	L17	Convictions
	L24 & L25	Current Charges
	L27	Current Criminal Involvement
<u>Family / Social</u>	F2 & F3	Stability / Satisfaction - Marital
	F5 & F6	Stability / Satisfaction - Living
	F10	Satisfaction with Free Time
	F12 – F17	Lifetime Problems
	F30 & F31	Serious Conflicts
<u>Psychiatric</u>	P1	Lifetime Hospitalizations
	P4 - 11	Present and Lifetime Symptoms

## COMPOSITE SCORES

There is a composite score for each problem area of the ASI that has been derived from sets of items within each of the ASI problem areas. The same items are used in initial and follow-up scores. We feel the composite scores are better indicators of overall problem severity and change in problem status, than any single item would be. We have also found that the composite scores are highly correlated with interviewer severity ratings. The time period for composite scores is the 30 days prior to the interview.

An example is the composite score for the Alcohol Section:

- 1) Days of alcohol use in the past 30 days.
- 2) Days of alcohol use to intoxication in the past 30 days.
- 3) Days bothered by alcohol problems in the past 30 days.
- 4) How much troubled by alcohol problems in the past 30 days.
- 5) How important is additional treatment for these alcohol problems.
- 6) How much spent on alcohol in the past 30 days.

These items are combined using a mathematical procedure that insures equal weighting of each variable in the total composite score. There is a manual for the derivation of Composite Scores from the ASI (MacGahan et Al., 1985), which details the items from each area to be used and the mathematical procedure to produce the composite scores.

## **RECOMMENDED ITEMS FOR CROSS CHECKING INTERVIEWER ACCURACY OF THE ASI INTERVIEW**

1. If the patient tells you IN THE General Information section, item #G19 that he/she has been in a controlled environment in the last 30 days, make sure this information is reflected in the appropriate area of the ASI (e.g.. if the patient was in jail, this would be reflected under the Legal section; if in the hospital - under the medical section, etc.).
2. If the patient tells you in the Medical section (item #M4) that he/she is taking prescribed medication, check to see that you have noted this medication under the D/A section. Also, where appropriate add the medication under the grid.
3. If the patient tells you in the Medical section (item #M5) that he/she gets a pension, check to make sure you have entered the amount of money he gets under the E/S section (item #E15).
4. If a patient tells you that s/he spent a lot of money on drugs/alcohol (D/A section, items #D23 - #D24) check the E/S section (items #E12 - #E17) to see if the patient reported enough income to cover the amount spent. **EXPLAIN** Sometimes a patient may be living off his/her savings - but not very often.
5. Sometimes patients will inform you in the D/A section (item #D18) of an O.D. that required hospitalization, which they forgot to tell you about under the Medical section. Go back and clarify items #M1 and #M2 under the Medical section.
6. If the patient admits to engaging in illegal activities for monetary benefit (cash) in the Legal section (item #L27) check the E/S section (item #E17) to make sure you entered the amount of money he made illegally in the past month.
7. Sometimes a patient will admit to currently living with someone under the F/S section (item #F4), however they may not have informed you of this under the E/S section. Some probes you may want to ask are, "Does this person work?", "Does this person help out with the bills?", pertaining to E/S section items #E8 & #E9, ).
8. If the patient tells you of a psychiatric pension in the Psychological section (item #P3), check the E/S section (item #E15) to make sure you entered the amount of money received in the past month for the disability.
9. Check the patient's age, against the number of years he/she has been using drugs and alcohol regularly, and with the number of years he/she has been incarcerated. Compare the total years of regular substance use reported (D/A items #D1 - # D13) and the total number of years of incarceration (Legal item #L21) to see if the patient is old enough to have used the substances as long as was reported. If this seems unlikely, an extra probe may be, "Did you use drugs/alcohol regularly while you were incarcerated?"

**\*\* Check to see if the whole interview makes sense.\*\***

## FOLLOW-UP INTERVIEWS

### They differ from initial evaluations in a number of ways:

- ⇒ Only a subset of items are applicable and therefore used.
- ⇒ Thus f/u interviews are briefer - 15 to 20 minutes.
- ⇒ You can even get good information doing follow-ups over the phone.
- ⇒ Interviewer Rating Scales are not used at f/u .
- ⇒ Circled items are used at f/u interview.
- ⇒ Asterisked items need to be rephrased to record cumulative data since the time of the last interview.
- ⇒ Lifetime questions are not asked in D/A items #D1-#13, F/S items #F18-#F26, or Psych items #P4-P11.

### How to achieve high follow-up rates:

1. Inform patient at **initial** interview that f/u evaluation will be conducted X-months later.
2. Get names, addresses and phone numbers of more than one family members and/or friends. Be sure that they are different addresses and numbers. Check these numbers and addresses **immediately**, while the patient is in treatment
3. Get information about other people patient is involved with, like Probation Officer, other Treatment Agencies, etc.
4. Insure confidentiality - a non-revealing telephone number for the patient to call when you leave messages for the patient.
5. Insure patient confidentiality - let patient know that the references will not be questioned concerning patient's status but would only be used in locating the patient. Have a story handy to explain curious relatives the reason for the call to the patient.
6. Keep detailed records of all follow-up attempts including times attempted and the results. This helps to reduce overlap of attempts and aids in spreading out efforts.
7. Can also mail a non-revealing but personalized letter stating times a patient can call you or for him to mail back information when you can contact him.

**Be sure that people who do follow-ups are not involved in patient's treatment**

