

Chapter 6—Adapting the Addiction Severity Index, Fifth Edition

The clinician who is adapting the ASI to increase cultural sensitivity may choose to adapt either the research version of the ASI (see chapter 1) or the Clinical/Training Version (see chapter 7). The following general guidelines for adapting the ASI apply to both versions.

GUIDELINES FOR ADAPTING THE ASI

Items currently on the ASI should not be eliminated or replaced with substitute questions, particularly if the items are included in the composite scores. The ASI items have been tested for reliability and validity as individual items and as part of the composite and/or severity scores. To eliminate or substitute existing items could significantly reduce the reliability and comparability of these data.

However, it is possible to eliminate an entire section of the ASI—that is, a section dealing with a single topic area. In some cases, a section of the ASI may not be applicable for a specific population, is not the focus of the assessment, or may duplicate some other instrument already in use by a treatment program. In these cases, it is possible (and even desirable) to eliminate that entire section of the ASI dealing with a particular problem area.

The needs of your particular population, research study, or governing agency will dictate the specific need for additional instructions, questions, or sections. To adapt the ASI adequately, some projects may only need to add additional instructions or some new questions. As an example, ASI-ND/NAV adds an instruction in the psychiatric section concerning the assessment of hallucinations in this Native American population. Additional questions may be needed for a variety of purposes. For example, in a pregnant women's version of the ASI, additional questions may be added about prenatal care. For the ASI/JCAHO Version, the authors added sections on leisure-time activities and on spirituality.

Adding Instructions to the ASI

When adding instructions to the ASI instrument, you need to be clear about the intent of the ASI question. The intent of the original ASI question should not be altered. Information on the intent of each question can be found in the *ASI User's Guide*, available from the authors. It is also possible to determine the intent of questions from the *Revised User's Guide* in this volume, although all of the questions may not be applicable to your target audience. If you wish to use a question that was not included in the ASI-ND/NAV version of the instrument, see the end of the *Revised User's Guide*.

To return to an example from the North Dakota/Native American Version, the intent when documenting the occurrence of hallucinations in the psychiatric section is to show a history of this psychiatric symptom. Since the cause of hallucinations experienced by Native Americans

during religious practices is not consistent with the intent of this question, additional instructions are added. Otherwise, these experiences may be coded on the ASI in a way that would suggest psychiatric impairment.

Adding Questions to the ASI

To properly place new questions in the ASI, it is necessary to determine whether or not the response should affect the severity ratings for that particular problem. When adding questions to the ASI instrument, the preferable method is to place questions specific to each given topic at the end of the pertinent section, just after the ASI confidence rating. In this way, the additional information does not alter the severity rating. However, *if the severity ratings are not being used*, questions can be added within each section, grouped with related items, to maximize the conversational nature of the interview.

An example would be questions about visits to a physician for prenatal care, which could be added in the medical section just after questions about hospitalizations. The addition of questions within the section will clearly affect the severity ratings; however, this is of minimal concern for evaluators or researchers, since the severity ratings are not used for evaluation or research purposes. The composite scores, used for research, are never altered by the addition of pertinent questions regardless of where they are placed.

Groupings That Should Not Be Altered

Each section of the ASI has several interrelated groupings of questions that should not be altered or interrupted. These are:

- General Information:
Questions G14-G15 and Questions G19-G20
- Medical Status:
Questions M1-M2 and M6-M8
- Employment/Support Status:
Questions E4-E5, E8-E9, E11-E17, and E19-E21
- Drug/Alcohol Use Status:
Questions D14-D16, D19-D22, and D26-D31
- Legal Status:
Questions L16-L17, L21-L23, L24-L25, and L28-L29
- Family/Social Relationships:
Questions F1-F3, F4-F6, F7-F8, F9-F10, and F30-F35.
- Psychiatric Status:
Questions P11-P13

In each section, the final questions asked of the person being interviewed follow the same sequence. These final questions pertain to the number of days in the past 30 days that the client has experienced problems, the client's rating of how bothered he or she is by these problems, and the interviewer's rating of the client's need for treatment for these problems. The flow of these "final three" questions, seen at the end of each section, should not be interrupted by the insertion of additional questions.

Adding Sections to the ASI

When adding entire sections to the ASI, the best place to add them is at the end of the instrument. It is helpful to the flow of the interview if the questions are similar in design to existing ASI sections. For example, new questions should be designed to ask about problems within a timeframe of the past 30 days and lifetime, or to ask the number of days in the past 30 days that the particular behavior or symptom is exhibited. For this reason, and for ease of analysis, we also suggest that the number of open-ended questions be limited.

This format of the ASI was created as a result of requests from the field for a more "clinician friendly" document. If you add questions in the ASI-Clinical Training Version, you should add hints about coding your questions similar to those found in the instrument for the original ASI questions. This will keep the format of the questions consistent.

**Chapter 7—Addiction Severity Index, Fifth Edition,
Clinical/Training Version**

Addiction Severity Index, 5th Edition

Clinical/Training Version

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INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive the same standard interview. All information gathered is **confidential**.

We will discuss two time periods:

1. The past 30 days
2. Lifetime data

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 in the area being discussed.

The scale is: 0—Not at all

- 1—Slightly
- 2—Moderately
- 3—Considerably
- 4—Extremely

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!
Remember: This is an interview, not a test.

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of comments and include the question number before each comment. If another person reads this ASI, that person should have a relatively complete picture of the client's perceptions of his or her problems.
3. X = Question not answered.
N = Question not applicable.
4. Stop the interview if the client misrepresents two or more sections.
5. Tutorial and coding notes are preceded by •.

INTERVIEWER SCALE: 0–1 = No problem
2–3 = Slight problem
4–5 = Moderate problem
6–7 = Severe problem
8–9 = Extreme problem

HALF TIME RULE: If a question asks for the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:

- Last two items in each section.
- Do not overinterpret.
- Denial does not warrant misrepresentation.
- Misrepresentation is overt contradiction in information.

PROBE AND MAKE PLENTY OF COMMENTS!

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Painkillers = Morphine; Dilaudid; Demerol; Percocet; Darvon; Talwin; Codeine; Tylenol 2, 3, 4
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sedatives/ Hypnotics/ Tranquilizers	Benzodiazepines, Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown Chloral Hydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Freebase Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, etc.

Just note if these are used:

- Antidepressants
- Ulcer Medications—Zantac, Tagamet
- Asthma Medications—Ventoline Inhaler, Theo-Dur
- Other Medications—Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

This section looks at two time periods: the past 30 days and years of regular use, or lifetime use. Lifetime use refers to the time prior to the past 30 days.

- 30-day questions require only the *number* of days used.
- Lifetime use is asked to determine extended periods of *regular* use. It refers to the time prior to the past 30 days.
- Regular use = 3+ times per week, 2+ day binges, or problematic, irregular use in which normal activities are compromised.
- Alcohol to intoxication does not necessarily mean "drunk"; use the words "felt the effects," "got a buzz," "high," etc. instead of "intoxication." As a rule of thumb, 5+ drinks in one day, or 3+ drinks in a sitting defines intoxication.
- How to ask these questions:
 - ✓ How many days in the past 30 days have you used...?
 - ✓ How many years in your life have you *regularly* used...?

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