

## Correct Administration and Application of the Addiction Severity Index (ASI)

### Purpose

This competency based workshop will consist of the 2-day ASI workshop. The 2-day training will provide workers with the knowledge, skills, and support materials required to administer the ASI correctly in their clinical settings. It is highly recommended that all participants observe a minimum of two ASI interviews prior to the 2-day training. The class will also include homework on the first evening of class.

The ASI is a structured clinical interview that has clinical, program evaluation, and research applications. It has been used for evaluating a client's need for treatment. The instrument has been very helpful in standardizing the assessment process and has been used for treatment planning, outcome studies, and overall program evaluation. The goal of the training is to develop and/or enhance interviewer competencies in correctly administering and utilizing the ASI instrument. While the Addiction Severity Index (ASI) is one of the most widely used assessment instruments in the substance abuse field, it is also widely misused and misunderstood.

**An exam will be given at the end of the training, in order for participants to administer the ASI they must pass the exam.**

### Objectives

Upon completion, participants involved in the ASI training will be able to:

1. Identify and describe the specific intention of each question asked in the ASI;
2. Phrase each question in the most efficient way while remaining flexible enough to adapt the instrument to make it more gender, culture, and population sensitive;
3. Verify patient/client self-report through the use of cross checking;
4. Explain the importance of using additional probes (questions) to augment information provided by the client;
5. Consistently apply the correct numerical codes in response to client answers; and
6. Utilize the severity rating procedure.

### Facilitators

**Steve Stewart**, LPC, LADC, SAP has worked in the substance abuse field & mental health field for the last 26 years. He is a certified ASI & ASAM Trainer who has provided ASI & ASAM training for ODMHSAS for over 6 years. He has a Masters in Counseling Psychology. He is a licensed professional counselor and a licensed alcohol and drug counselor.

**James Patterson**, ICADC, is the founder and Executive Director of Specialized Outpatient Services, Inc. in Oklahoma City, OK, which provides drug screening, DUI, early intervention, extended outpatient, and intensive outpatient substance abuse services to adults, adolescents, and families. James is a certified substance abuse (ICADC) counselor, certified case manager, DUI instructor, DUI assessor, and ASI trainer in the state of Oklahoma and has been working in the field of chemical dependency since 1988.

### Dates and Locations

- August 21-22, 2014 at Tulsa Tech-Riverside Campus, 801 E. 91<sup>st</sup> St., Tulsa, OK 74132
- September 29-30, 2014 at Shepherd Mall, 2401 NW 23<sup>rd</sup> St. Ste. 1F, Oklahoma City, OK 73107
- October 30-31, 2014 at Tulsa Tech-Riverside Campus, 801 E. 91<sup>st</sup> St., Tulsa, OK 74132

## Agenda

### Day 1

- 8:00 – 8:30 Registration  
8:30 – 9:45 Introductions; Role of ASI in screening and assessment - strengths, benefits, limitations  
9:45 – 10:00 Break  
10:00 – 12:00 ASI clinical, research and program evaluation applications; coding and rating, ASI intro, medical section-video  
12:00 – 1:00 Lunch on your own  
1:00 – 2:30 Employment; interviewer severity rating alcohol and drug section  
2:30 – 2:45 Break  
2:45 – 4:30 Alcohol and drug- interviewing video; homework assignments

### Day 2

- 8:00 – 8:30 Registration  
8:30 – 9:45 Review; coding quiz review; legal section-video  
9:45 – 10:00 Break  
10:00 – 12:00 Family history; family social support; psychiatric issues-video  
12:00 – 1:00 Lunch on your own  
1:00 – 2:30 Coding and rating exercise  
2:30 – 2:45 Break  
2:45 – 4:30 ASI individual skill assessment; ASI implementation; evaluation and summary

## Training Fees

Registration for participants is \$170.00 for the full two-day training. A rate of \$220.00 will apply for all registrations received within one week of the workshop. Payment may be made by check, credit card or money order only. Current ODMHSAS employees are admitted at no charge. No refunds.

## Continuing Education Credits

The ODMHSAS Institute for Mental Health and Substance Abuse Education and Training has approved twelve (12) continuing education hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Licensed Marital and Family Therapist committee, Licensed Alcohol and Drug Counselors and Licensed Professional Counselors committee. Continuing education hours are also approved for Certified Behavioral Health Case Managers and credentialed Peer Recovery Support Specialists.

## How to Receive Your Certificate of Attendance

Participants who pass the exam will be given a certificate of competency to administer the ASI; participants who do not pass the test will be given a certificate of attendance. One-day registrations will not be accepted.

## Special Accommodations

Sign interpreters and/or other special accommodations required by disabled participants will be available upon advance request (please allow one week's notice). Please indicate on the registration form the type of special accommodations, if any, you require. For requests, call 405-522-8300.

# REGISTRATION FORM

## Correct Administration and Application of the Addiction Severity Index (ASI)

### HOW TO REGISTER

**By Mail:**

ODMHSAS, Human Resources Development  
2401 NW 23rd Street, Suite 1F  
Oklahoma City, OK 73107

**By Fax:** Faxed registrations are accepted at 405-522-8320

**REGISTRATION INFORMATION:**

**Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Occupation or Job Title:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\*\*Note: If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you one week prior to the training.

I require special accommodations as follows: \_\_\_\_\_

**DATES**

- August 21-22, 2014 – Tulsa
- September 29-30, 2014 – Oklahoma City
- October 30-31, 2014 – Tulsa

**PAYMENT**

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply.

FORM OF PAYMENT	EARLY- BIRD RATE	REGULAR RATE	ODMHSAS EMPLOYEE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$170	<input type="checkbox"/> \$220	<input type="checkbox"/>
Purchase Order # _____			
Credit Card (circle one):			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Credit card # _____ Expiration Date: _____ Cardholder signature: _____			

**CONTINUING EDUCATION CREDIT REQUESTED**

- |                                    |                               |                               |                                       |                              |  |
|------------------------------------|-------------------------------|-------------------------------|---------------------------------------|------------------------------|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> LPC  | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> CPS | <input type="checkbox"/> Under Supervision |
| <input type="checkbox"/> PRSS      | <input type="checkbox"/> CADC | <input type="checkbox"/> LADC | <input type="checkbox"/> LCSW         | <input type="checkbox"/> CM  | <input type="checkbox"/> Other _____       |