

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

### Oklahoma City

April 16-17, 2013

June 18-19, 2013

### Tulsa

May 21-22, 2013

### **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.

### **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.

### **Facilitator**

**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 PPC2R Trainer who provided ASI & ASAM training for the ODMHSAS for 6 years in the past.

**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. Specialized Outpatient Services, Inc. has gender specific programs for women, men, and specific programs for families, and adolescents. 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**

#### **Oklahoma City – April 16-17, 2013 or June 18-19, 2013**

ODMHSAS Training Center, Shepherd Mall, Suite 1F, 2401 NW 23<sup>rd</sup> Street, Oklahoma City, Phone: (405) 522-8300. Shepherd Mall is located at the corner of NW 23<sup>rd</sup> and Villa. Park and enter through the north end glass doors. Take the elevator to the 2<sup>nd</sup> floor, exit to the left and follow the hallway to the ODMHSAS Training Center, Suite 1F.

#### **Tulsa – May 21-22, 2013**

The Tulsa trainings will be held at Tulsa Technology Center- Peoria Campus, Room PEO-Council Oak 103. The address is 3850 N Peoria Avenue, Tulsa, Oklahoma 74106. Phone: (918) 828-2000.

### Continuing Education Credits

The ODMHSAS Institute for Mental Health and Substance Abuse Education and Training has approved twelve (12.00) 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 the Licensed Professional Counselors committee.

### How to Receive Your Certificate of Attendance

Certificates of attendance will be distributed at the end of the 2-day training. You must complete the entire 2-day training and the 2-hour follow up coaching session. One-day registrations will not be accepted. Completion of the 2-day training will allow the participant to conduct ASI interviews for sixty (60) days. Successful participation and review of at least one completed and scored ASI is required in order to provide ASI assessments after the 60-day period following the training workshop. Participant evaluation forms must be submitted in order to receive continuing education credit and a certificate of attendance. There is a \$5.00 charge for any reissuing of certificates.

### Program Schedule

#### Day 1

8:00 – 8:30	Registration
8:30 – 9:45	Introductions; Role of ASI in screening and assessment - strengths, benefits, limitations
<b>9:45 – 10:00</b>	<b>Break</b>
10:00 – 12:00	ASI clinical, research, and program evaluation applications; coding and rating, ASI intro, medical section-video
<b>12:00 – 1:00</b>	<b>Lunch on your own</b>
1:00 – 2:30	Employment; interviewer severity rating alcohol and drug section
<b>2:30 – 2:45</b>	<b>Break</b>
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
<b>9:45 – 10:00</b>	<b>Break</b>
10:00 – 12:00	Family history; family social support; psychiatric issues-video
<b>12:00 – 1:00</b>	<b>Lunch on your own</b>
1:00 – 2:30	Coding and rating exercise
<b>2:30 – 2:45</b>	<b>Break</b>
2:45 – 4:30	ASI individual skill assessment; ASI implementation; evaluation and summary

### Training Fees

Current ODMHSAS employees are admitted at no charge. If registering more than one week prior to the workshop, the early-bird registration for non-ODMHSAS participants is \$150. Late or on-site registrations will be charged \$200. *Payment may be made by check, credit card or money order only. No cash please. **There are no refunds.***

### 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)  
Facilitator:**

**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**

**Online:** To register online or for more information, go to <http://www.odmhsas.org/upcomingevents.htm>

**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.

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

**PLEASE CHECK ONE TRAINING DATE ONLY**

**Oklahoma City**                      **Tulsa**  
 April 16-17, 2013                       May 21-22, 2013  
 June 18-19, 2013

**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. No Refunds.

<b>FORM OF PAYMENT</b>	<b>EARLY BIRD RATE</b> <small>(one calendar week or more prior to start date)</small>	<b>REGULAR RATE</b>
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<input type="checkbox"/> Purchase Order # _____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200

Credit card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

**CONTINUING EDUCATION CREDIT REQUESTED**

Physician     LPC     LMFT     Psychologist     LADC     CPS     Under Supervision  
 PRSS     CADC     LADC     LCSW     Case Mgmt     Other \_\_\_\_\_

For information, call Human Resources Development at 405-522-8300.