

The Teen Addiction Severity Index (T-ASI) Trainings

Program Purpose

The Teen Addiction Severity Index (T-ASI) is a relatively brief structured interview designed to provide important information about aspects of a patient's life which may contribute to their substance abuse and/or dependence syndrome. It is the first step in the development of a patient profile for subsequent use by research and clinical staff. Thus, it is particularly important that the patient and the patient's parents or caretakers perceive the interview as a clinical first step in an attempt to help the patient (Kaminer et al., 1991; 1993). The T-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 T-ASI.

Learning Objectives

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

1. Recognize the purpose of utilizing the T-ASI and when to use it.
2. Restate the content of the T-ASI questionnaire and manual.
3. Describe how to effectively administer this semi-structure interview.
4. Demonstrate how to score the T-ASI questionnaire.
5. Identify their part in an evaluation of the workshop and their relevant professional development needs (pre- test and post-test).

Presenter

Dr. Kaminer received his M.D. from Sackler School of Medicine, Tel Aviv University, Israel in 1976. Between 1976 and 1982, he served as the chief medical officer (Lieutenant Commander) of the Israeli Navy, in the Sharm Al Sheik/Red Sea arena. Dr. Kaminer also practiced hyperbaric medicine with civilian and military divers. He completed a combined General and Child & Adolescent Psychiatry residency training at Tel Aviv University in 1984. In 1994 Dr. Kaminer was appointed as an Associate Professor at the Department of Psychiatry & The Alcohol Research Center, University of Connecticut Health Center, Farmington, CT. In 2003 he was promoted to a Professor of Psychiatry. Dr. Kaminer also has a joint appointment as Professor at the Department of Pediatrics, where he is involved in research at the Injury Prevention Center of the Connecticut Children's Medical Center (CCMC), Hartford, CT.

Dr. Kaminer's main interest has been focusing on clinical research of the assessment, treatment, and aftercare of high-risk behaviors particularly substance abuse, and suicidal behavior in youth with comorbid psychiatric disorders. He has received funding for research from NIAAA, NIDA, CSAT and the Donaghue Foundation. Dr. Kaminer is on the editorial board of several peer review journals. He has been a guest editor of special issues of the Psychiatric Clinics of North America, American Journal of Addictions, and Substance Abuse.

Dr. Kaminer authored/co-authored 130 publications including: articles and book chapters. He also developed rating scales (including the Teen Addiction Severity Index; T-ASI that has been translated into several languages, the Teen Treatment Services Review; T-TSR), and several treatment manuals. Dr. Kaminer's most recent books include "Adolescent Substance Abuse Psychiatric Comorbidity and High Risk Behaviors", (2008), Routledge/Taylor & Francis, NY, and "Clinical Manual of Adolescent Substance Abuse Treatment", American Psychiatric Publishing, (in Press for summer of 2010).

Location

Trainings will be held in Oklahoma City at the ODMHSAS Training Center, Shepherd Mall, Suite 1F. Shepherd Mall is located at 2401 NW 23rd on the corner of NW 23rd and Villa. Park and enter through the far north end of the mall. Take the elevator to the 2nd floor, exit to the left and follow the hallway to the ODMHSAS Training Center, Suite 1F.

Training Fees

Registration for participants is \$85.00 for the full-day training. A rate of \$135.00 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 requested approval of 6.5 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. There is a \$5.00 charge to reissue a certificate.

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.

Program Schedule

8:00 am – 8:30 am	Registration
8:30 am – 10:00 am	<i>Introduction to the Teen Addiction Severity Index</i> <ol style="list-style-type: none">1) Training Evaluation and Professional Development form (pre-session component)2) Assessment and treatment of adolescent substance abusers.3) A thorough review of the instrument and manual
10:00 am – 10:15 am	Break
10:15 am - 11:15 am	<i>A thorough review of the instrument and manual (cont.)</i>
11:15 am - 12:15pm	<i>First Interview</i>
12:15 pm – 1:00 pm	Lunch on your own
1:00 pm - 2:30 pm	<i>Interviews (cont.)</i>
2:30 pm – 2:45 pm	Break
2:45 pm – 3:30 pm	<i>Wrap-up and completion of The Teen Addiction Severity Index Training Evaluation And Professional Development</i>

REGISTRATION FORM

Teen Addiction Severity Index (T-ASI) Training

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 email address is included, you will receive a confirmation email one week prior to the training.**

I require special accommodations as follows: _____

DATES

- September 4, 2014
- December 4, 2014
- March 25, 2015
- June 3, 2015
- September 2, 2015

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

- Check or Money Order
- Purchase Order # _____
- Credit Card (circle one):
 Visa Mastercard

EARLY BIRD RATE

\$85

REGULAR RATE

\$135

ODMHSAS EMPLOYEE

Credit card # _____ Expiration Date: _____ Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

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|-------------------------------|-------------------------------|---------------------------------------|-------------------------------|--|
| <input type="checkbox"/> LPC | <input type="checkbox"/> LMFT | <input type="checkbox"/> Psychologist | <input type="checkbox"/> LADC | <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 _____ |