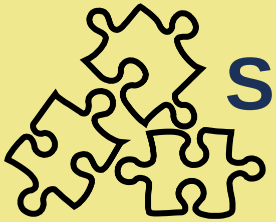


S.M.A.R.T. Treatment Planning Utilizing the Addiction Severity Index (ASI):

Making Required Data Collection Useful

Panelists

–Deni Carise, Ph.D., Treatment Research Institute, Philadelphia

–Ron Jackson, MSW, Evergreen Treatment Services, Seattle

–Pat Stilen, LCSW, CADAC, Mid-America ATTC, Kansas City

blending initiative
NIDA • SAMHSA

NIDA Blending Teams

Who?

- **NIDA Researchers**
- **SAMHSA's Addiction Technology Transfer Centers (ATTCs)**

What do they do?

- **Work together to develop ‘products’ based on research conducted within NIDA's Clinical Trials Network (CTN) and other supported research**

Why do they do it?

- **To give treatment providers the necessary tools to adopt science-based interventions in community-based programs**

NIDA Blending Teams

- Create necessary tools to allow for the trouble-free adoption of science-based interventions in community-based programs.

blending initiative
NIDA • SAMHSA

Are NIDA Blending ‘Products’ Available?

Products Completed

1. Buprenorphine Treatment: Training for Multidisciplinary Addiction Professionals
2. Short-Term Opioid Withdrawal Using Buprenorphine
3. S.M.A.R.T. Treatment Planning: Utilizing the Addiction Severity Index (ASI)

In Development

4. Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP)
5. Promoting Awareness of Motivational Incentives (PAMI)

blending initiative
NIDA • SAMHSA

NIDA Researchers

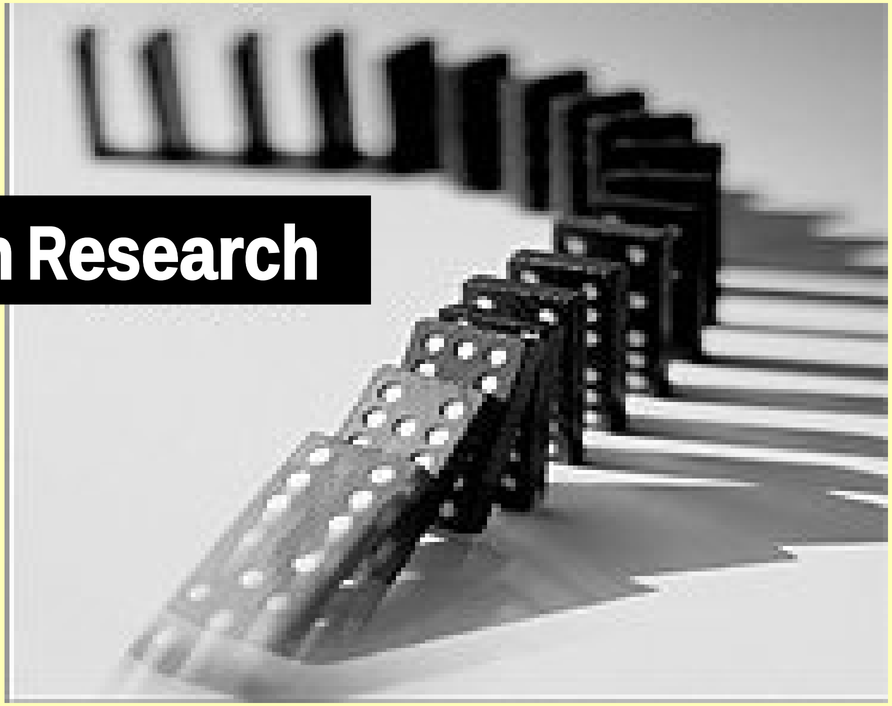
- –Deni Carise, Ph.D., Treatment Research Institute
- –Meghan Love, Treatment Research Institute
- –Tom McLellan, Ph.D., Treatment Research Institute

ATTCs

- –Nancy Roget, Mountain West ATTC
- –Dick Spence, Gulf Coast ATTC
- –Pat Stilen, Mid-America ATTC

blending initiative
NIDA • SAMHSA

Working with Research



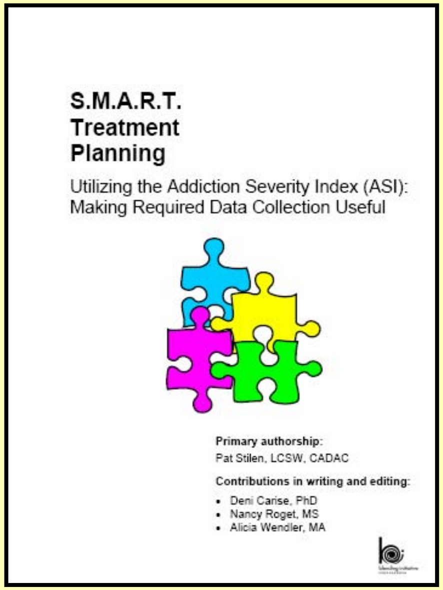

Official Rules


Canon


Hell

NIDA Approved Products

6-hour classroom



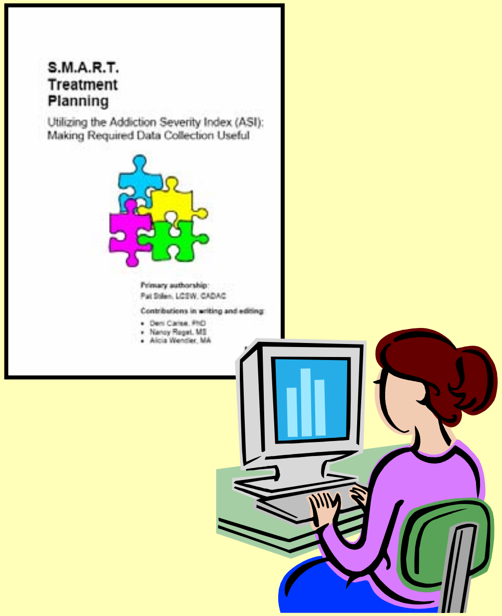
- **Trainer script**
- **PowerPoint slides (CD-Rom)**
- **Handouts**
- **Reference Lists/Examples**

4-week online version

- **Designed in Moodle course management system (CMS)**

(Free, open source software!)

The Training Package

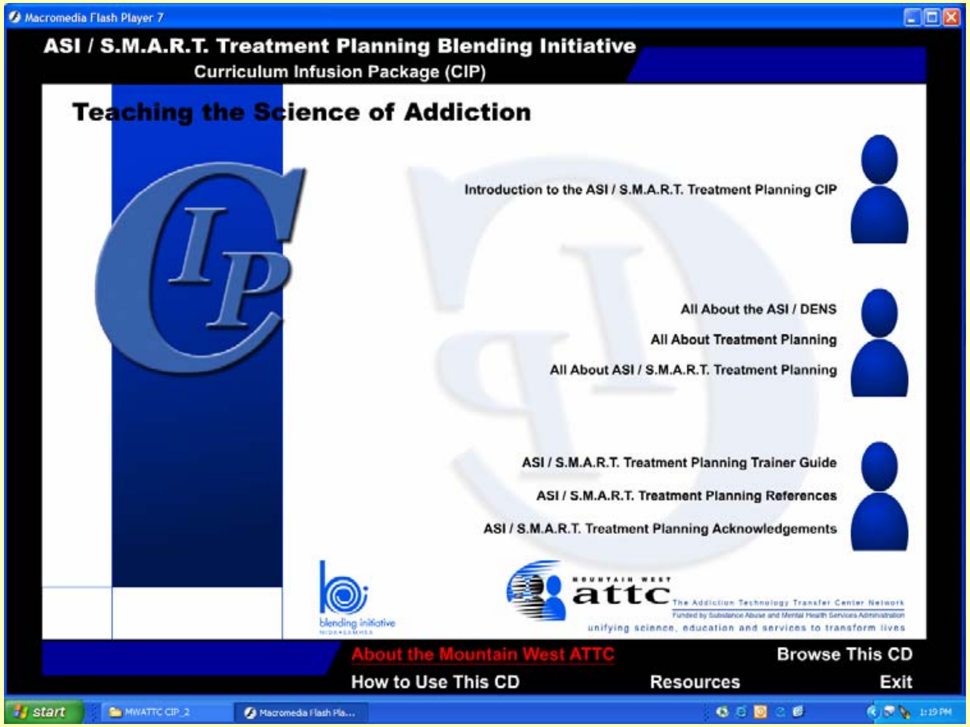


- **How ASI can be used in clinical and program evaluation activities**
- **Identifies differences between program-driven and individualized treatment planning processes**
- **Focus on process of treatment planning**
- **Defines guidelines and legal considerations in documenting client status**

Adapted Products

Mountain West ATTC

Curriculum Infusion Package



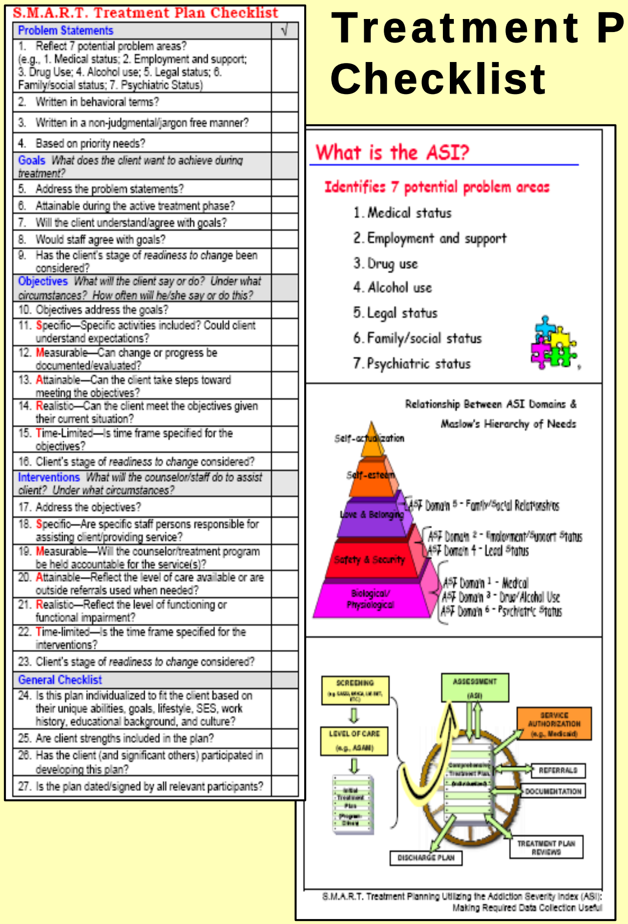
Version 2

http://casat.unr.edu/mwattc/ASISMART_Products.php

Adapted Products

Mid-America ATTC

Treatment Plan Checklist



S.M.A.R.T. Treatment Plan Checklist

Problem Statements	√
1. Reflect 7 potential problem areas? (e.g., 1. Medical status; 2. Employment and support; 3. Drug Use; 4. Alcohol use; 5. Legal status; 6. Family/social status; 7. Psychiatric Status)	
2. Written in behavioral terms?	
3. Written in a non-judgmental/jargon free manner?	
4. Based on priority needs?	
Goals *What does the client want to achieve during treatment?*	
5. Address the problem statements?	
6. Attainable during the active treatment phase?	
7. Will the client understand/agree with goals?	
8. Would staff agree with goals?	
9. Has the client's stage of *readiness to change* been considered?	
Objectives *What will the client say or do? Under what circumstances? How often will he/she say or do this?*	
10. Objectives address the goals?	
11. Specific—Specific activities included? Could client understand expectations?	
12. Measurable—Can change or progress be documented/evaluated?	
13. Attainable—Can the client take steps toward meeting the objectives?	
14. Realistic—Can the client meet the objectives given their current situation?	
15. Time-Limited—Is time frame specified for the objectives?	
16. Client's stage of *readiness to change* considered?	
Interventions *What will the counselor/staff do to assist client? Under what circumstances?*	
17. Address the objectives?	
18. Specific—Are specific staff persons responsible for assisting client/providing service?	
19. Measurable—Will the counselor/treatment program be held accountable for the service(s)?	
20. Attainable—Reflect the level of care available or are outside referrals used when needed?	
21. Realistic—Reflect the level of functioning or functional impairment?	
22. Time-limited—Is the time frame specified for the interventions?	
23. Client's stage of *readiness to change* considered?	
General Checklist	
24. Is this plan individualized to fit the client based on their unique abilities, goals, lifestyle, SES, work history, educational background, and culture?	
25. Are client strengths included in the plan?	
26. Has the client (and significant others) participated in developing this plan?	
27. Is the plan dated/signed by all relevant participants?	

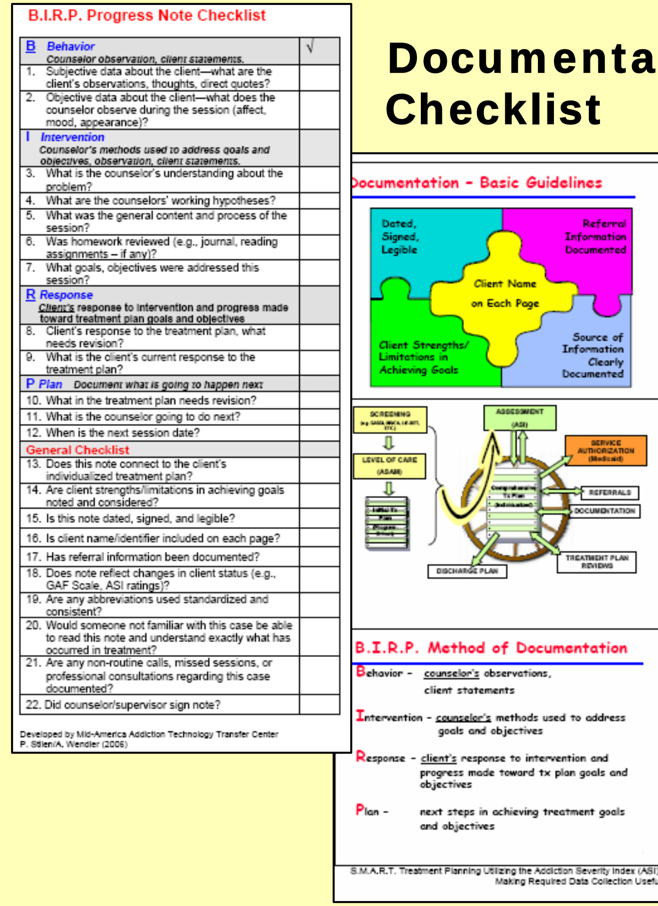
What is the ASI?

Identifies 7 potential problem areas

1. Medical status
2. Employment and support
3. Drug use
4. Alcohol use
5. Legal status
6. Family/social status
7. Psychiatric status

S.M.A.R.T. Treatment Planning Utilizing the Addiction Severity Index (ASI): Making Required Data Collection Useful

Documentation Checklist



B.I.R.P. Progress Note Checklist

B Behavior *Counselor observation, client statements.*	√
1. Subjective data about the client—what are the client's observations, thoughts, direct quotes?	
2. Objective data about the client—what does the counselor observe during the session (affect, mood, appearance)?	
I Intervention *Counselor's methods used to address goals and objectives, observation, client statements.*	
3. What is the counselor's understanding about the problem?	
4. What are the counselors' working hypotheses?	
5. What was the general content and process of the session?	
6. Was homework reviewed (e.g., journal, reading assignments – if any)?	
7. What goals, objectives were addressed this session?	
R Response *Client's response to intervention and progress made toward treatment plan goals and objectives*	
8. Client's response to the treatment plan, what needs revision?	
9. What is the client's current response to the treatment plan?	
P Plan *Document what is going to happen next*	
10. What in the treatment plan needs revision?	
11. What is the counselor going to do next?	
12. When is the next session date?	
General Checklist	
13. Does this note connect to the client's individualized treatment plan?	
14. Are client strengths/limitations in achieving goals noted and considered?	
15. Is this note dated, signed, and legible?	
16. Is client name/identifier included on each page?	
17. Has referral information been documented?	
18. Does note reflect changes in client status (e.g., GAF Scale, ASI ratings)?	
19. Are any abbreviations used standardized and consistent?	
20. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
21. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	
22. Did counselor/supervisor sign note?	

Developed by Mid-America Addiction Technology Transfer Center
P. Stilen/A. Wendler (2006)

Documentation – Basic Guidelines

B.I.R.P. Method of Documentation

Behavior – counselor's observations, client statements

Intervention – counselor's methods used to address goals and objectives

Response – client's response to intervention and progress made toward tx plan goals and objectives

Plan – next steps in achieving treatment goals and objectives

S.M.A.R.T. Treatment Planning Utilizing the Addiction Severity Index (ASI): Making Required Data Collection Useful

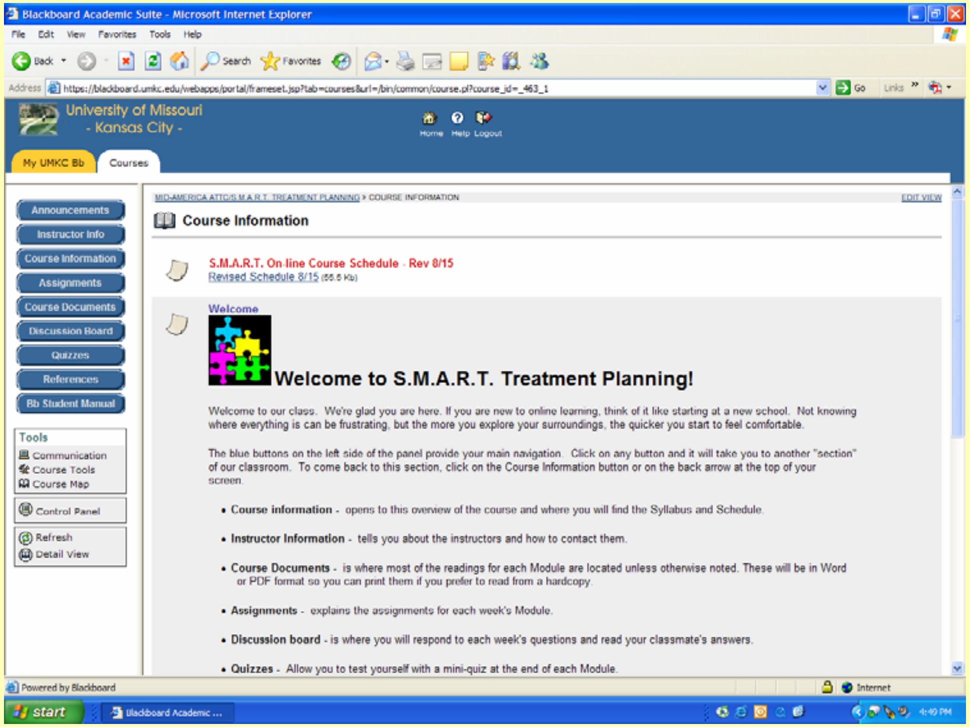
http://www.mattc.org/information/smart/ASI-SMART%20BIRP%20CHECKLIST.pdf

Adapted Products

Mid-America ATTC

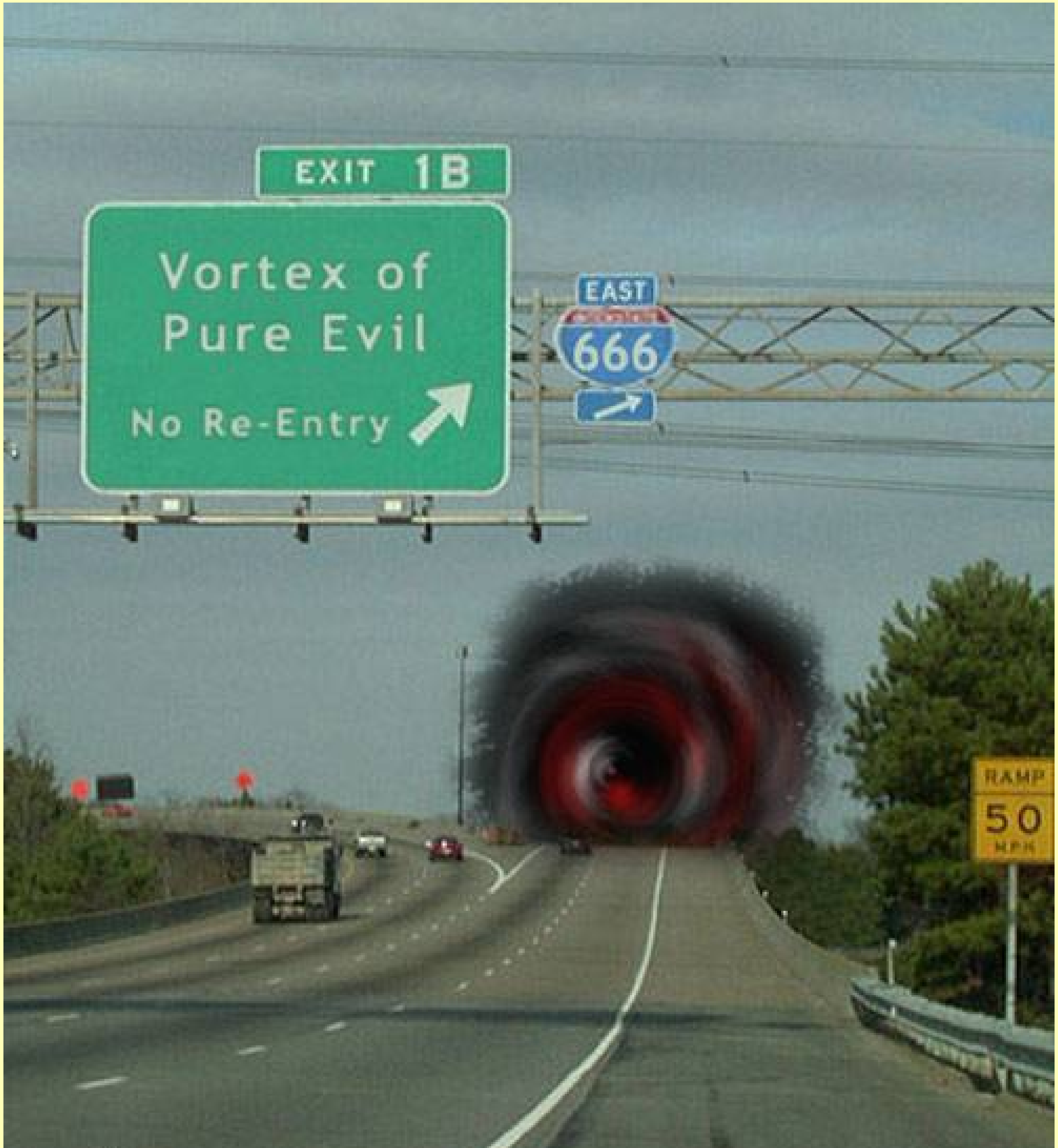
Version 3 On-line Course – 6 week course

- Designed in Blackboard
- Focus on skill development and application in clinical setting (12 hours)



Training Participant Comments

- The client has a better understanding & feels more in control
- Staff has more clarity & understanding regarding the mechanics of paperwork
- This course reminded me to not leave out other issues like employment, medical problems, etc
- I actually had to go back to the ASI and review because I had forgotten some of those issues
- I have always considered strengths & stage of change when writing plans but this course helped me to focus


EXIT 1B
Vortex of
Pure Evil
No Re-Entry
EAST
666
RAMP
50

The ASI?

But…Before we get to the ASI….

Additional activities with

S.M.A.R.T. Treatment Planning

R01 Submission

S.M.A.R.T. TP Software

International Uses

R01 Grant Submission

For submission Winter 2007
Carise, Stilen, Roget, Freeze

	No supervision sessions	Plus 12 ½ hour supervision sessions
In-person Training	TAU	TAU +
Web-Based Training	WEB	WEB +

UNODC, UCLA & TRI

The Treatnet Project International Network of Treatment and Rehabilitation Resource Centers

www.tresearch.org and

Capacity Building Plan

Goal: Develop capacity building and training for substance abuse (SA) treatment and rehabilitation in 20 resource centers, 12 in disadvantaged regions

Treatnet Group

Brazil	Iran
Colombia	Kazakhstan
China	Kenya
Egypt	Mexico
India	Nigeria**
Indonesia	Russia

**Researchers gone wild

Back to "Why use the ASI?..."

Top 10 Reasons to Use the ASI for Clinical and Treatment Care Planning Purposes

Reason # 10

- Reliable and valid measures of patients' problems

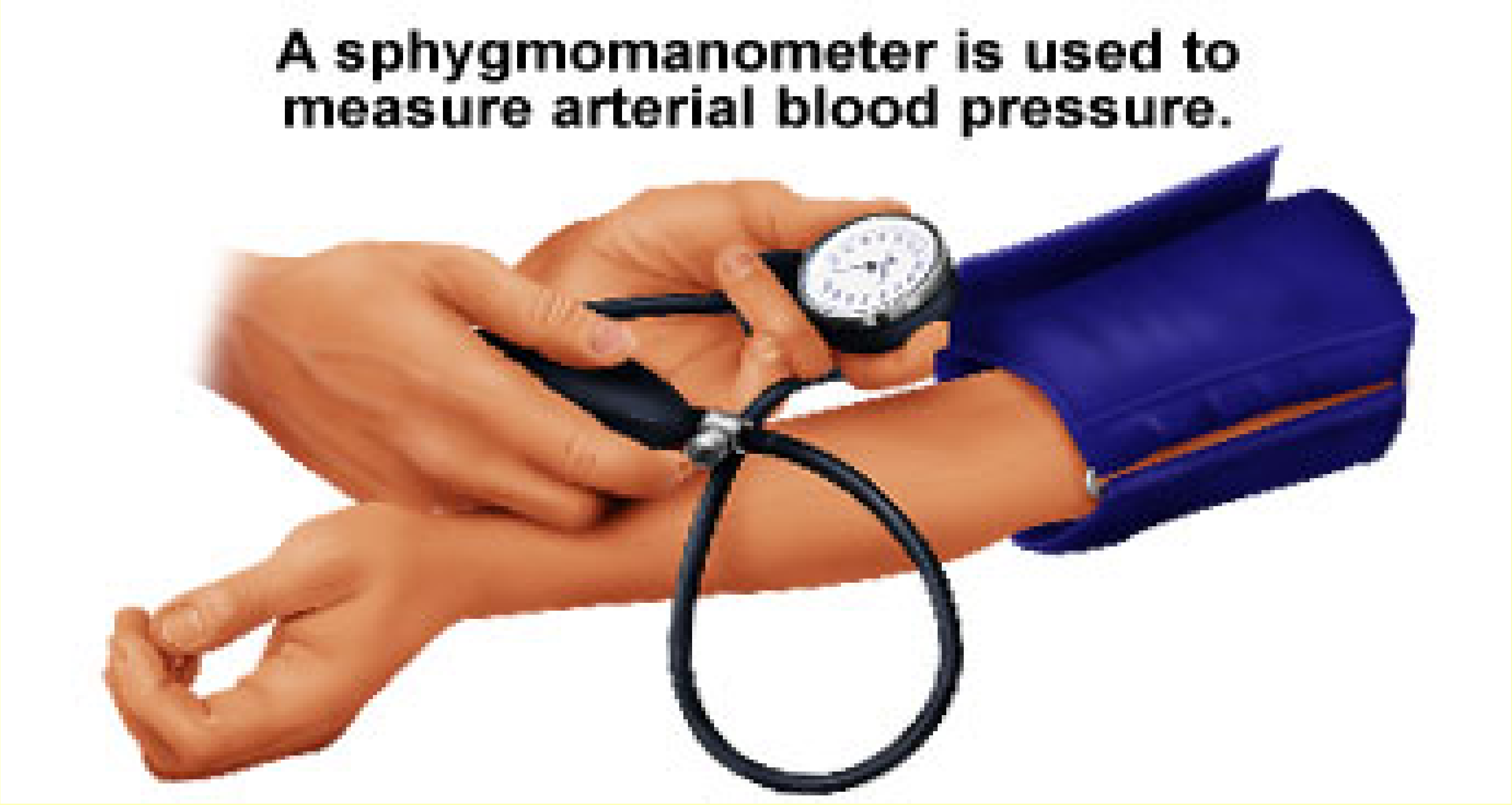
(McLellan, et. al., 1980; 1985; 1992; Kosten, Rounsaville & Kleber, 1987)

What?

What do you mean we're unreliable?

Statistically Speaking....

Why Standardize: The Blood Pressure Model



Example: Non-standardized Reporting

Blood Pressure

Nurse 1 – It's getting better

Better than what??

Nurse 2 – It's much lower than before

Too low??

Nurse 3 – The patient is in denial (???)

Nurse 4 – The patient is non-compliant, lets not treat him until he's really ready.

Example: Standardized Reporting

Blood Pressure

Nurse 1 – It's 120/80

Nurse 2 – It's 116/78

Nurse 3 – It's 122/82

Nurse 4 – The patient is non-compliant, lets not treat him until he's really ready.

Reason # 9

- There are well-specified training procedures

(Fureman, McLellan, & Alterman, 1994)

Reason # 8

- The ASI can be automated: useful for counselors and program directors.

(DENS, Carise et. al. 1999)

Reason # 7

- The ASI can inform patient care and can lead to better outcomes
- Philadelphia Target Cities Project
- Clients received "…significantly more services and significantly better outcomes…"

(See McLellan, Hagan, Levine, et. al. 1999, etc)

Reason # 6

- Research has shown: Problem-Services matching leads to better retention and better outcomes

(McLellan et al, 1999; 1993; Kosten, Rounsaville & Kleber, 1987, Hser et al; 1999)

Reason # 5

- Adequate problem assessment and offer of effective services lead to increased <u>confidence</u> and increased likelihood of participation (<u>retention</u>)

(Higgins et al, 1994, 1995; Meyers & Smith, 1995)

Reason # 4

- Using the ASI, studies have shown that problem-services matching improves outcomes in public addiction treatment.

(McLellan, Hagan, Levine, et. al. 1999;
McLellan, Arndt, et. al., 1993;
Luborsky, McLellan et. al., 1985)

Reason # 3

- If patients' problems are accurately assessed, they may feel "heard" by their counselor potentially leading to greater <u>rapport</u> and stronger <u>helping alliance</u>.

(Luborsky et. al., 1996; Luborsky, Crits Cristoph, McLellan, & Woody, 1986; Barber et.al, 1999, 2001)

Reason # 2

ASI allows for better Patient-Services Matching

- 6 treatment programs and 389 patients
- Superior performance during treatment and 6-month outcomes.

McLellan, Woody, Luborsky, et. al. (1983)
Journal Nervous and Mental Diseases

Reason # 1

- A recent study showed that when counselors use the ASI with a computer assisted resource guide, patients received more and better matched services and stayed in treatment longer.

(Carise, Gurel, Kendig & McLellan. 2005. DAD; Gurel, Carise & McLellan, 2005, JSAT)

What could be done to increase the resources available and the problem-services match at treatment programs?

Transforming DATA into INFORMATION for Patients, Counselors, Program Directors and Policy Makers

THE CASPAR STUDY

Computer Assisted System

for

Patient Assessment and Referrals

 # RO1 DA13134-01

D. Carise at Treatment Research Institute, PI

Background

- Wrap-Around social services have been shown to improve treatment outcomes

But…….

- Finding "wrap-around" services can be time-consuming and costly for counselors
- Computer technology could make a user-friendly resource guide for locating and referring patients to needed services

Problem-Services Linkage: An example with employment services

- **Alcohol**
- **Drugs**
- **Medical**
- **Employment**
- **Psychiatric**

GED training

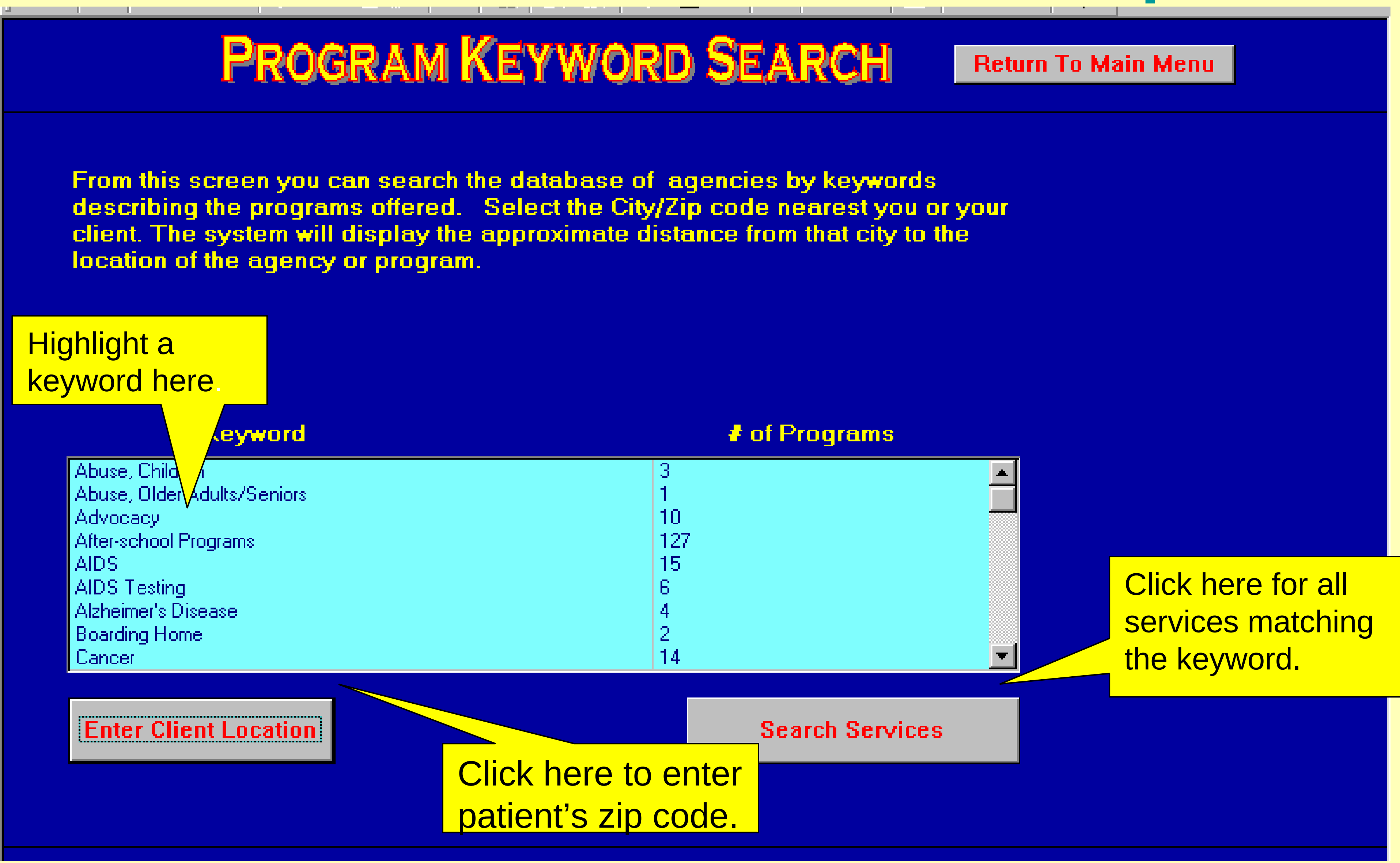
Resume Development

Job Finding

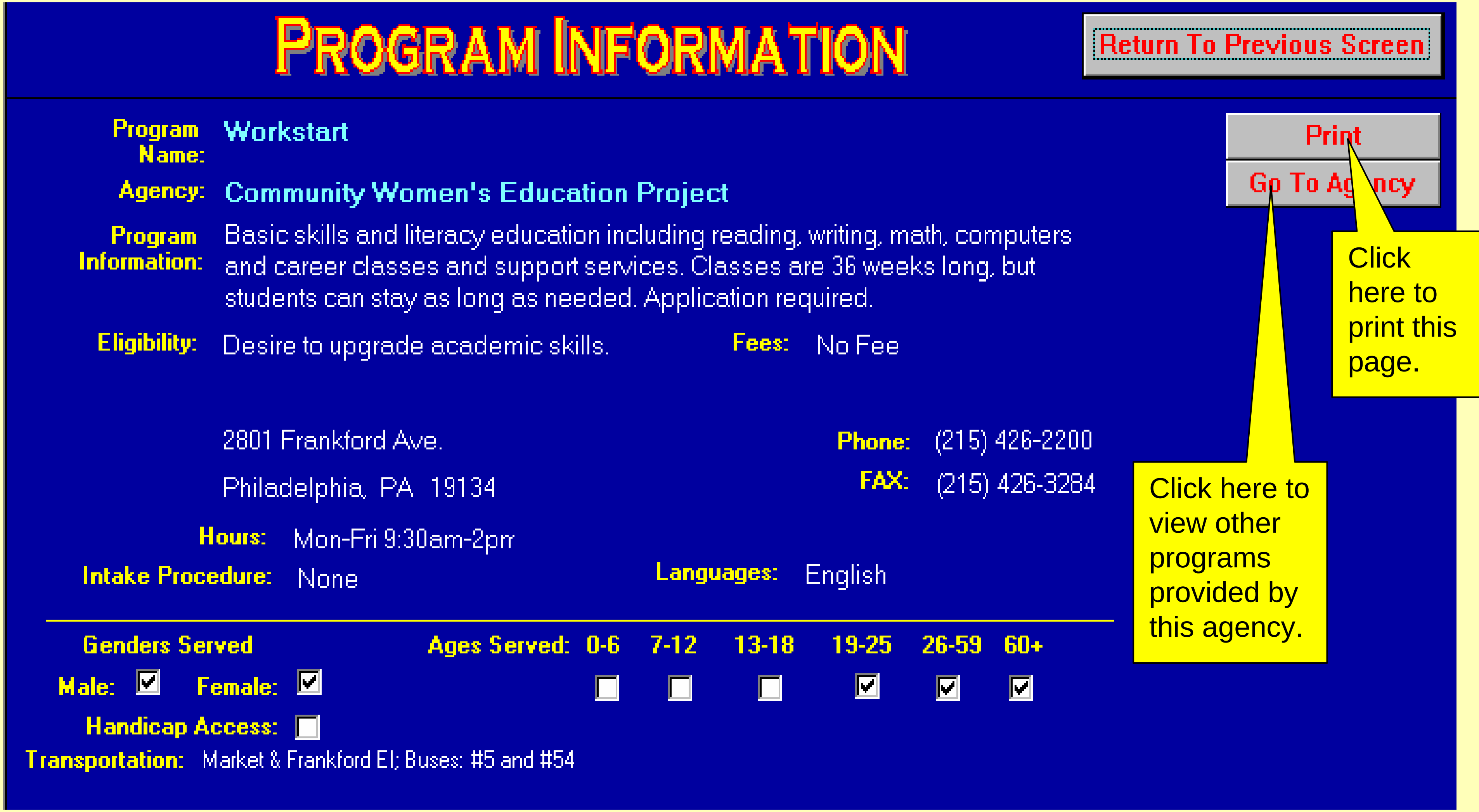
Mentoring Sessions

Training Loans

Software Screen Example



Software Screen Example



Study Design

Group 1 - SA
5 Programs
Standard

15 Counselors

57 Patients

Group 2 - EA
5 Programs
Enhanced

18 Counselors

74 Patients

10 Programs

33 Counselors

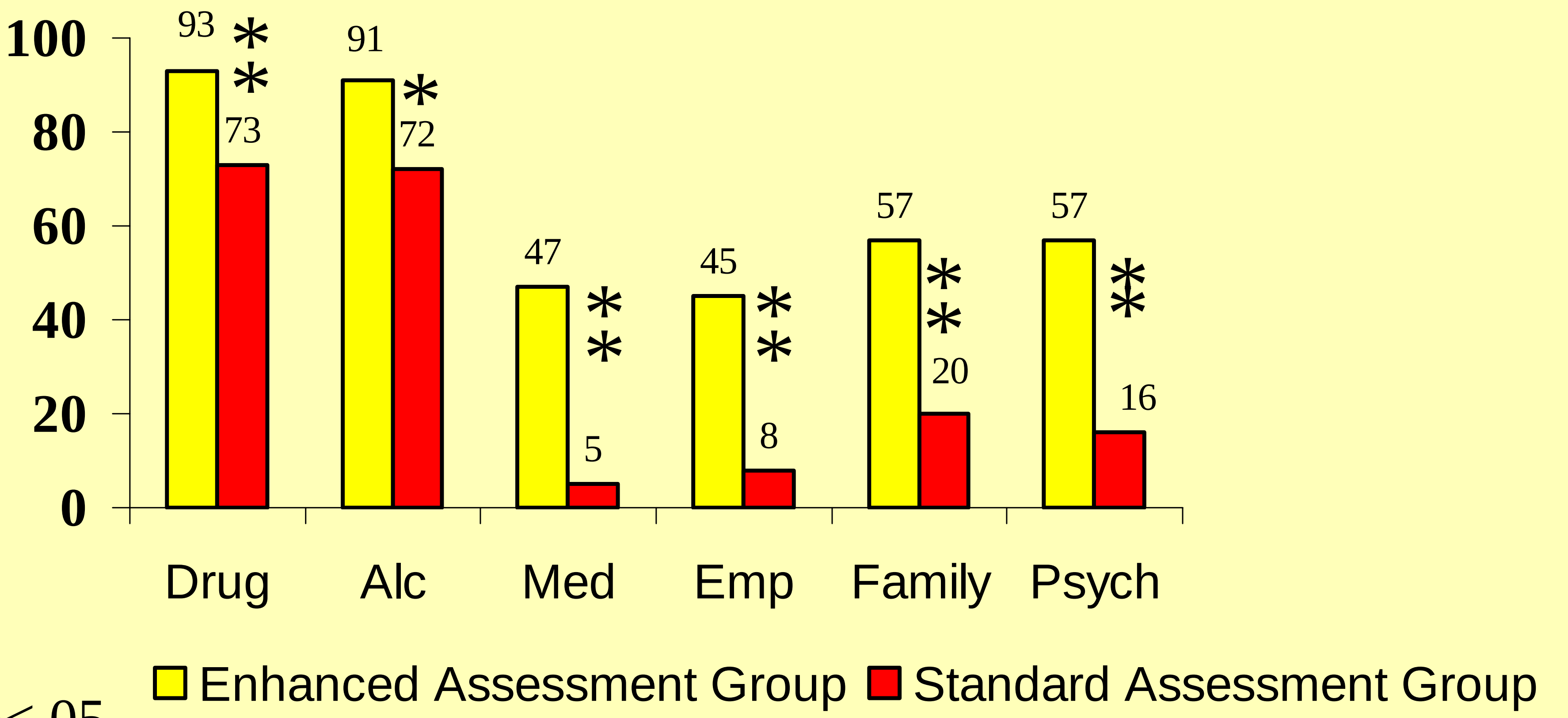
131 Subjects

Hypothesis 1

– Counselors trained in the Resource Guide will develop Treatment Care Plans that are better matched to patients' needs.

% Matched: ASI to TCP

For those who needed services as indicated in their ASI:



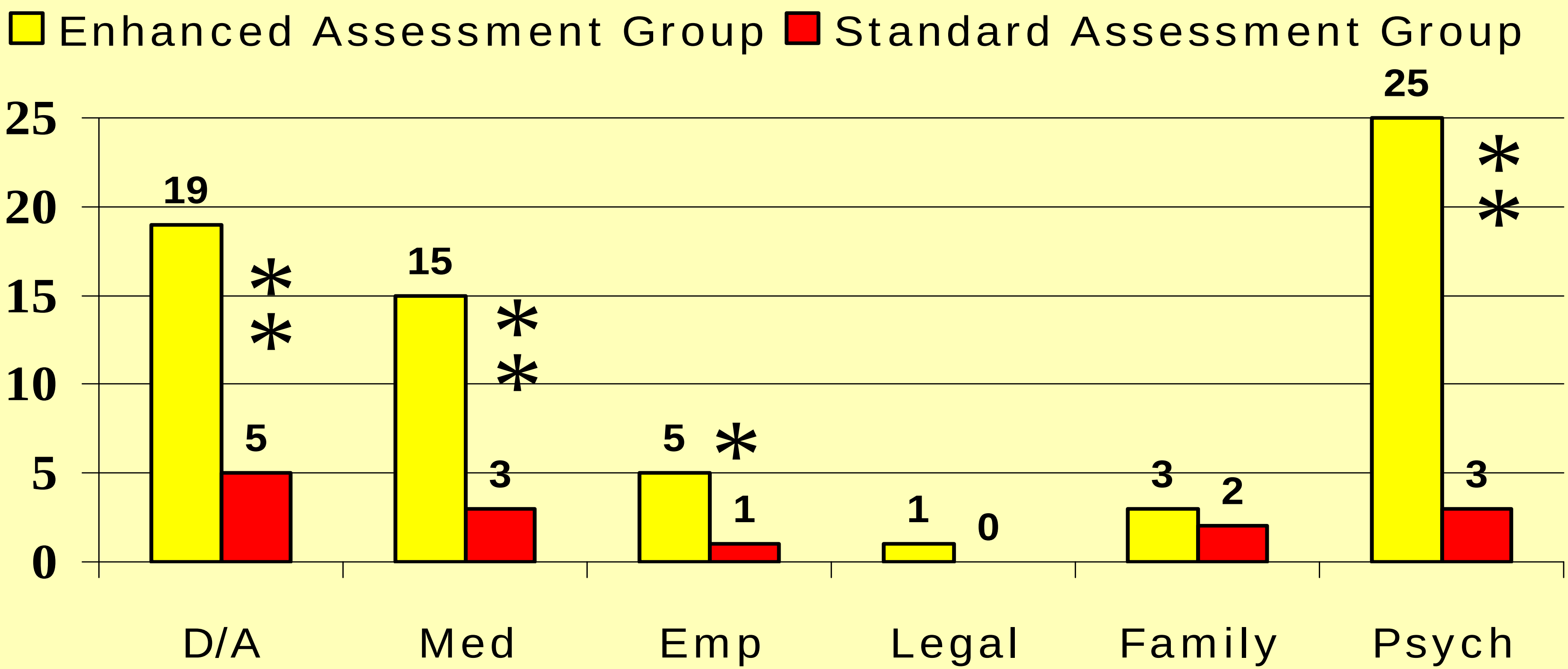
*p<.05

**p<.01

Hypothesis 2

Patients whose counselors receive the EA Training will receive more services

Mean Number of Services Received



*p<.05
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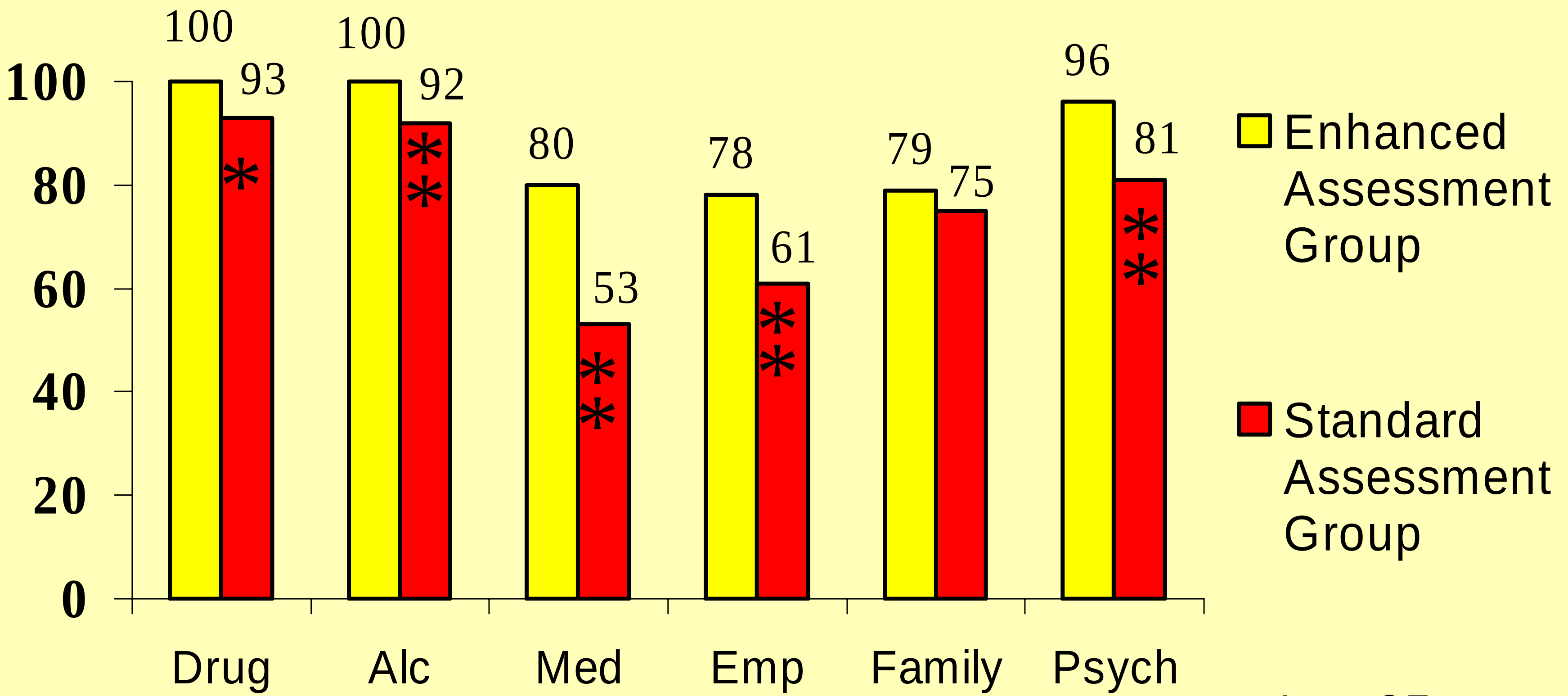
Hypothesis 3

Patients whose counselors receive the EA Training will receive Treatment Services that better match their problems identified at admission.

% Matched: Problems to Total Services Received

For those who needed services as indicated in their ASI:



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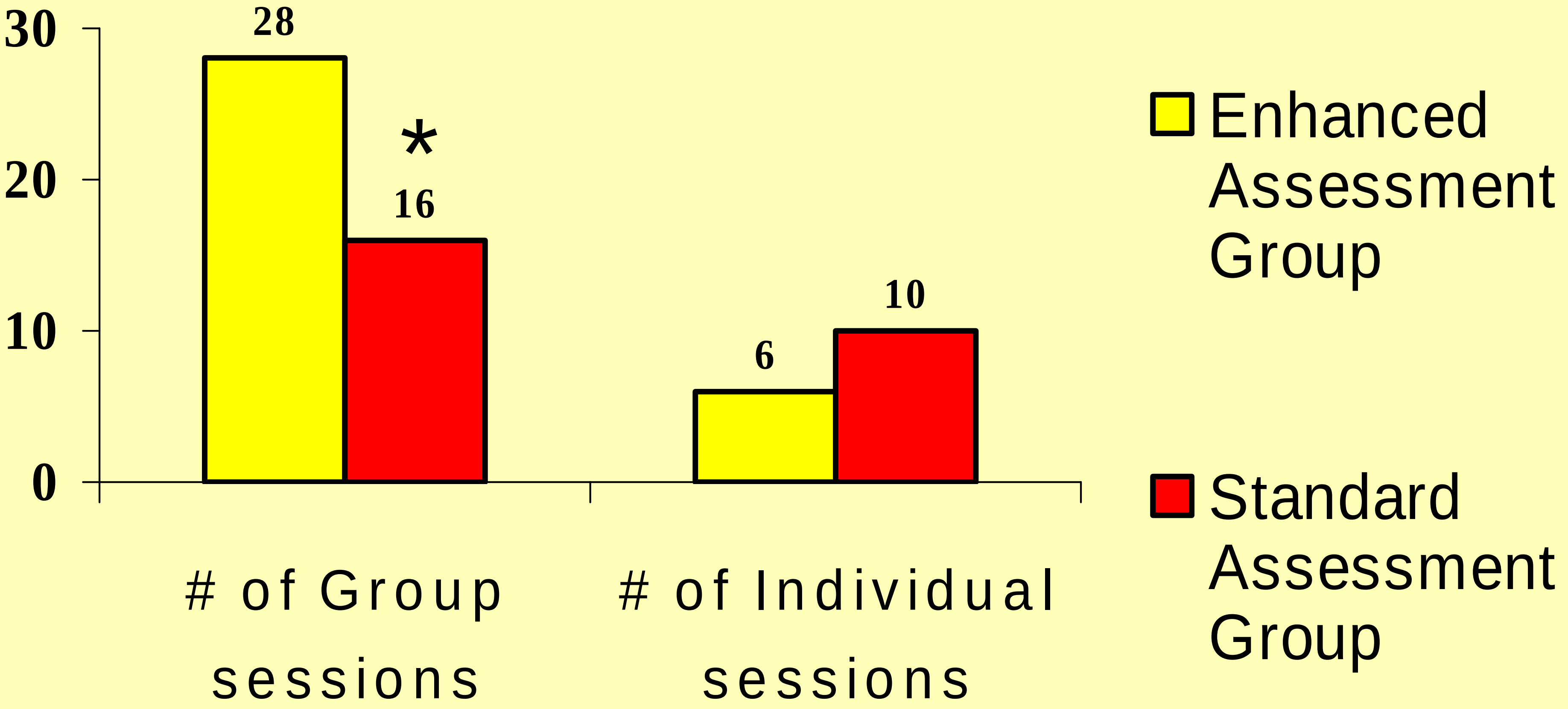
Hypothesis 4

- **Patients of counselors trained on the Resource Guide will have greater session attendance**

of Session Attended (program records)



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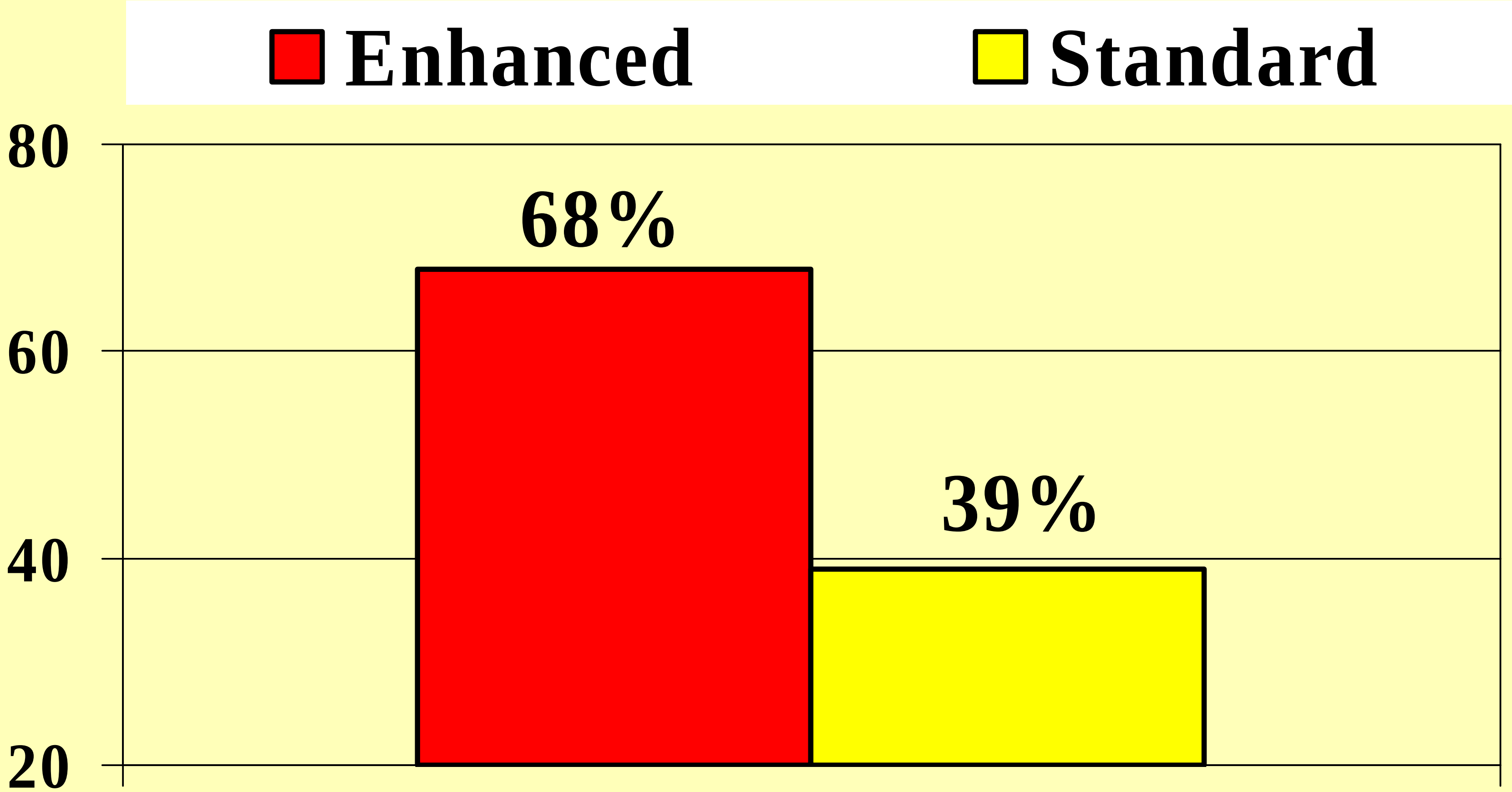
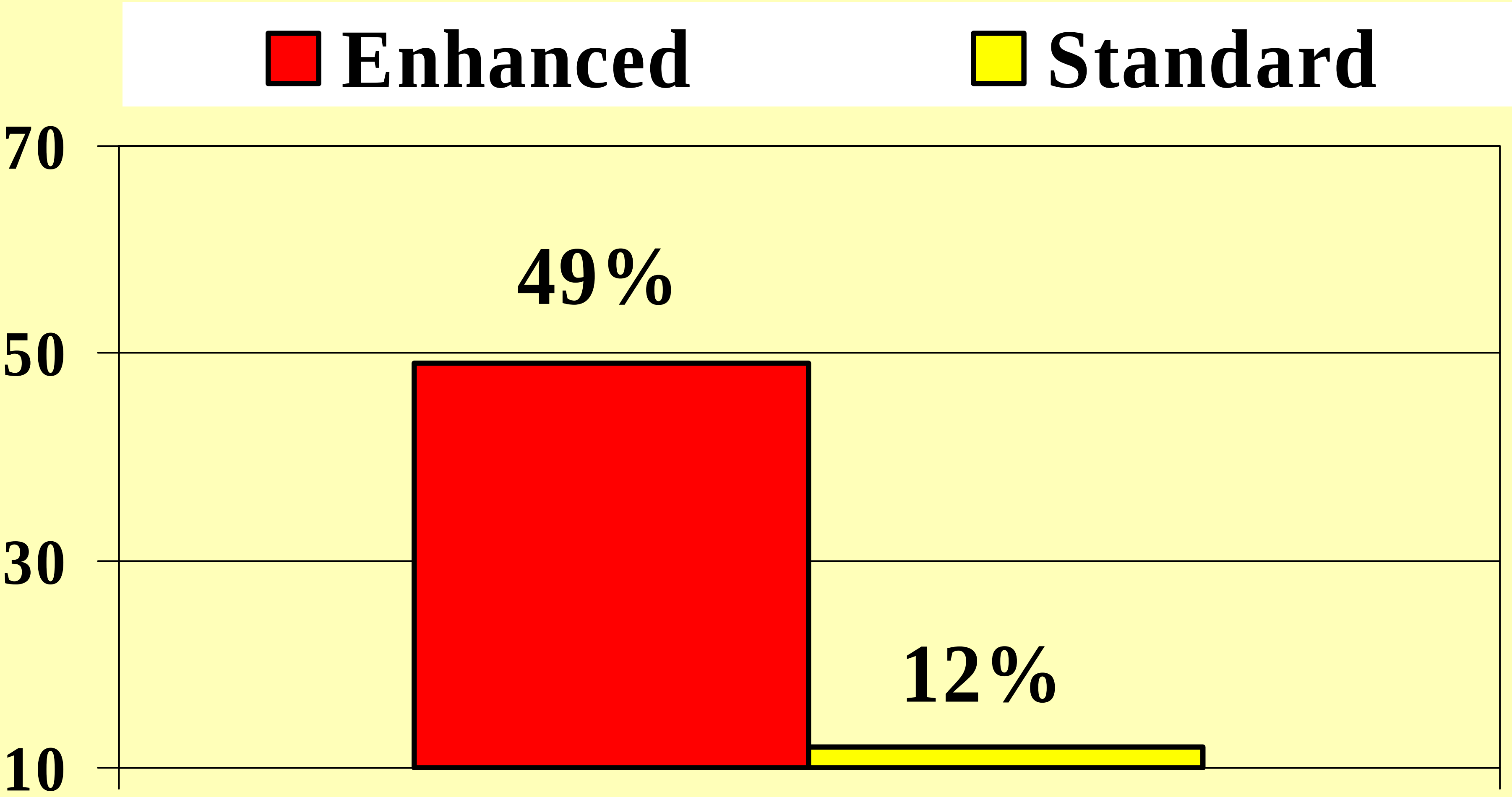
Hypothesis 5

- Patients whose counselors receive the EA Training will remain in treatment longer and be more likely to complete treatment

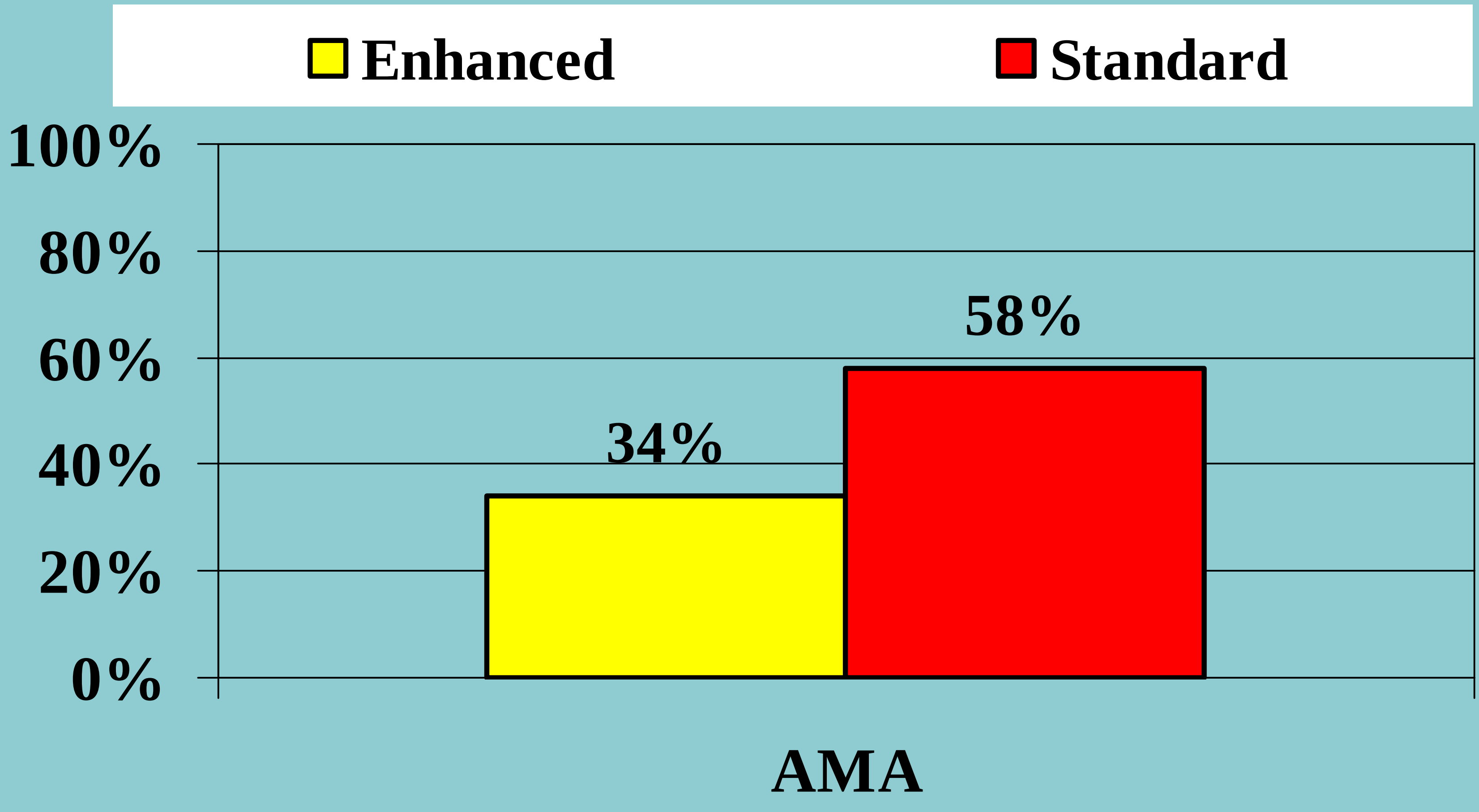
% Retained at 45 Days



% Retained at 90 Days



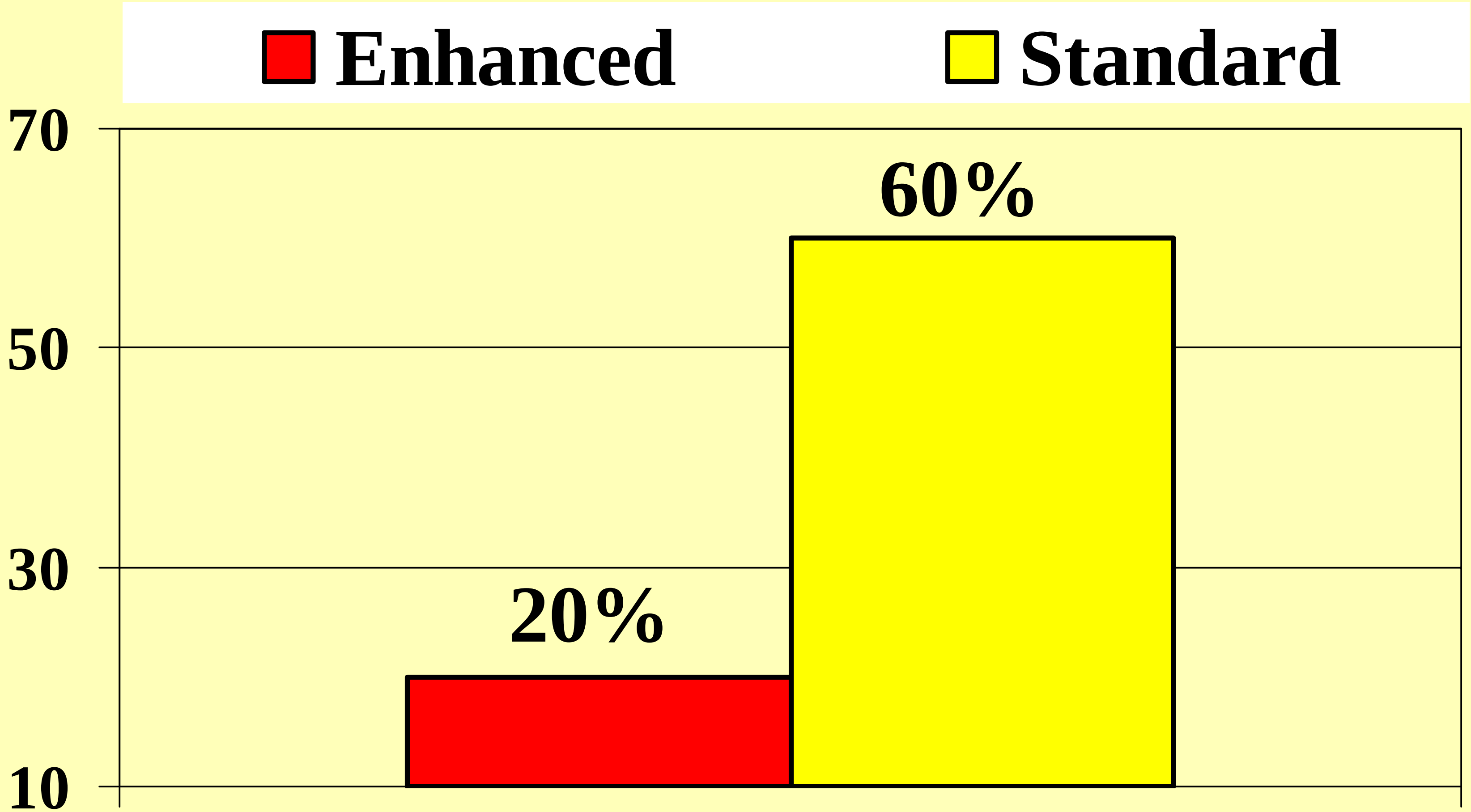
% Left AMA



Interesting Data

- Counselors who received the EA Training remained on the job longer.

% No longer doing intakes 6 months later



Evergreen Treatment Services

- **Private non-profit community-based agency**
- **Provide out-patient opioid treatment since 1973**
- **Approximately 1100 patients in 4 facilities and a mobile van service**

Identify a Problem

"Moving to evidenced-based practices"

- Track systematically the nature of patients and their presenting problems
- Match treatment services to unmet patient needs
- Track patient outcomes for program evaluation and for funding and political purposes

Identify Outcomes

- ✓ **Conduct all intakes using the Addiction Severity Index (ASI) – a multi-dimensional standardized assessment tool**
- ✓ **Have ASI intake data stored in agency database**
- ✓ **Use ASI information as initial treatment planning guide**
- ✓ **Use ASI data for program evaluation**

Assess the Organization

- ✓ All intake workers will need training in ASI administration and then on-going Q.A. for reliability.
- ✓ All intake workers will need training on computerized ASI.
- ✓ Treatment supervisors and counselors will need training in how to interpret ASI assessment.
- ✓ Counselors will need supervision to insure their using unmet need identified at intake in treatment planning and delivery.
- ✓ I.T. Coordinator will need to maintain database.

Assess the Audience

- ✓ **Regulatory agencies**
  - **CSAT – accreditation**
  - **DASA – WAC certification & accreditation**
- ✓ **Funding sources**
- ✓ **Political entities**
- ✓ **Board of Directors**
- ✓ **Staff**
- ✓ **Research Community**

Identify the Approach

- ✓ **Training**
  - **Intake staff**
  - **Counselors & supervisors**
  - **IT Coordinator**
- ✓ **Acquire resources**
  - **ASI Software**
  - **Desktop computers**
- ✓ **Oversight**

Implement the Plans

- ✓ **Training – don’t underestimate time necessary for this component. Skill building can’t be rushed**
- ✓ **Resource acquisition – make sure you forecast all of the necessary expenses**
- ✓ **Pay attention to staff concerns and morale**

Evaluate the Plans

- ✓ Are the systems and processes working as designed?
- ✓ Are the data generated capable of being analyzed as envisioned?
- ✓ Is the information clinically useful?
- ✓ Are the reports useful to management?
- ✓ How has this change benefited the agency and its patients?