

## 2010 Web Seminar Series



**Welcome to the  
Addiction Severity Index  
Booster Training  
August 18, 2010**

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*Produced by Liz Buttrey, NIDA CTN CCC Training Office*

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# **History:**

**The Addiction Severity Index (ASI) was first developed 28 years ago (1980) as a semi-structured clinical-research tool to measure client status in seven functional domains:**

- **Alcohol and Drug use**
- **Medical**
- **Employment/Self Support**
- **Family Relations**
- **Illegal Activity**
- **and Psychiatric Health**

# **History:**

**In each of the functional domains two time frames are sampled:**

**Lifetime information - designed to help evaluate the duration and severity of each problem**

**Knowledge of the frequency and intensity of recent problems (past 30 days) in each of these domains is also used for these purposes;**

**and for monitoring change in client status through subsequent re-administrations**

# **History:**

**Using a ten point scale from 0 to 9, interviewer severity ratings indicate the degree of client problems in each of the seven problem areas, based on historical and current information. This scale is not used in the CTN-Lite version of the instrument.**

**Composite scores are based entirely on current information and are indicators of the present status of the client; they are thus useful for treatment outcome studies, since successive Composite scores can be used to summarize changes in client status.**

# Objectives:

- Review coding issues
- Review rephrasing and probing
- Review intent of items
- Review writing general comments



# **Introducing the ASI**

**Items to include:**

- 1) The 7 areas-**
  - Medical**
  - Employment**
  - Alcohol**
  - Drug**
  - Legal**
  - Family Social**
  - Psychological**



# **Introducing the ASI**

- 2) All Clients Receive the same standard Interview
- 3) Purpose of Interview
- 4) Length of Interview  
(45 to 60 minutes)
- 5) Confidentiality
  - Where is data stored?
  - Who has access?
- 6) Two Time Frames
  - The past 30 days
  - Lifetime
- 7) Patient Rating Scale
- 8) The right to not answer rather than giving inaccurate information



# Introducing the ASI/Anchoring

- **Medical**

- Some of the questions in medical will cover hospitalizations you've had and any medical problems you may be having now.

- **Employment**

- I'm also going to be asking you about your finances, your education and your job skills.

- **Alcohol and Drug**

- In the drug and alcohol section, I'm going to be asking you about drug and alcohol use, and any problems associated with that use.



# Introducing the ASI/Anchoring

- **Legal History**

- In the legal section, we will be talking about any legal issues that you may have had such as incarcerations, arrests and charges, and other legal problems.

- **Family Social**

- In the Family/Social section, we will be talking about your relationships with others, and any problems you may be having relating to that.

- **Psychiatric**

- Lastly, I'll be asking you questions about your emotional functioning, with things like depression and anxiety. And whether you have taken any medications to help you get through it.



# What you should know...

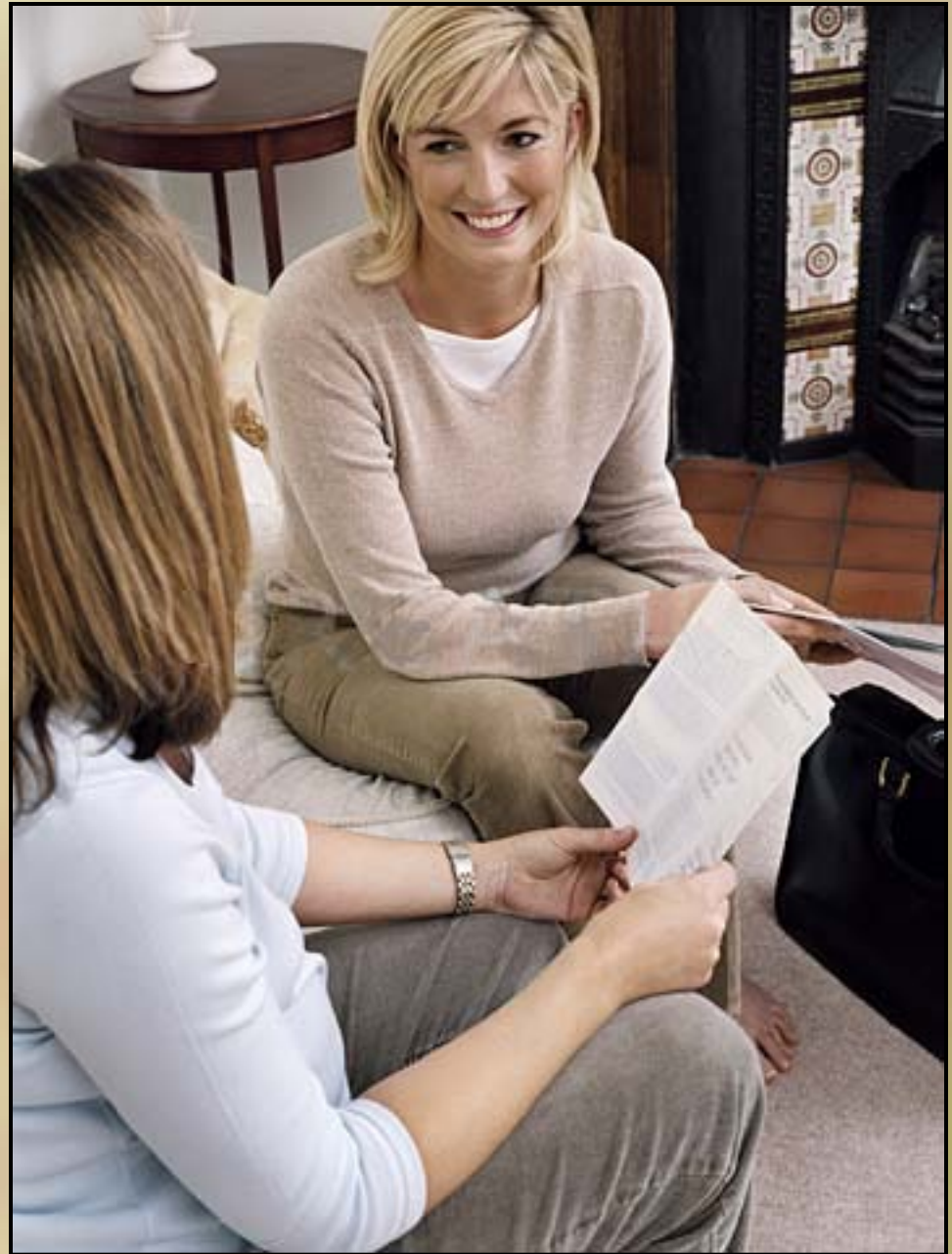
Intention of Questions

Probing

Rephrasing

Crosschecking

Comments



# Segueing each ASI Section

**Example: “Any questions on anything we’ve covered so far, Mr. Smith?”**



**“Okay. Now we’re going to switch gears and I’m going to ask you some general information questions, about your date of birth, your address, etc. Ready?”**

# General Information

<b>John Albert Smith</b>			
Name			
<b>Homeless</b>			
Address 1			
Address 2			
		( )	
City	State	Zip Code	Tel. No.

G14. How long have you lived at this address?

N	N	N	N
---	---	---	---

# General Information

G19. Have you been in a **controlled environment** in the past 30 days?

1. No
2. Jail
3. Alcohol/Drug Treat.
4. Medical Treatment
5. Psychiatric Treatment
6. Other \_\_\_\_\_

• A place, theoretically, without access to drugs/alcohol.

G20. How many days?

• "NN" if Question G19 is No.  
Refers to total number of days  
detained in the past 30 days.

What is a **controlled environment**?

# General Information

G19. Have you been in a **controlled environment** in the past 30 days?

Category:

(2) In jail 3 days Code ??

(3) In detox 7 days Code ??

Code 

3
---

  
Category:

**Drug & Alc Tx**

G20. How many days?

•“NN” if Question G19 is No.  
Refers to total number of days  
detained in the past 30 days.

1	0
---	---

**How many days  
for all of G19**

# What is a **controlled environment**?

A place where the client is restricted in his freedom of movement and theoretically where there is no access to drugs and alcohol.

- Recovery/Halfway houses?
- House Arrest?
- Shelters?
- What about Jail?
- Residential facilities?

# “The Final Three”

(New or Additional Treatment)

- How many days in the past 30, Have you experienced \_\_\_\_\_ problems?

If...

0	0
---	---

- How troubled or bothered are you by these \_\_\_\_\_ problems?

then...

0
---

- How important is treatment for these \_\_\_\_\_ problems?

then...

0
---

(Except for the Legal and Family/ Social Relationship Sections where there is no 30 day problems question.)

Note: coding variation in employment section for E21.)

# “The Final Three”

(New or Additional Treatment)

- How many days in the past 30, Have you experienced \_\_\_\_\_ specific concerns?

If...

--	--

- How troubled or bothered are you by these \_\_\_\_\_ specific concerns?

then...

--

- How important is treatment for these \_\_\_\_\_ specific concerns?

then...

--

Patients often report problems but when they get to these items, say they have none ( may not recognize as a problem - especially in D/A Section.)

# **Medical Status Segueing**

**Example: “Are you ready to go on to the next section, Mr. Smith?”**

**“Okay. Now we’re going to switch gears from your general information, and in this next section we are going to be talking about your medical history. Ready?”**

# Medical Status

M1. How many times in your life have you been hospitalized for medical (physical) problems?

--	--

Admissions?

Child births?

Multiple Txs?

ODs & DTs?

What about overdoses that were not admissions into the hospital?

# Medical Status

**M3. Do you have any chronic medical problems which continue to interfere with your life?**

**(Rephrase, give examples)**

**What is Chronic?**

**What if being treated?**

**Do they take medication for it? Do they see a doctor?**

**M4. Are you taking any prescribed medications on a regular basis for a physical problem?**

**(Intent-verify M3, Compliance issues, concomitant status issues)**

**No short term; Cold medications, etc., No psych.**

**Code “yes” if prescribed but not taking it**

# Medical Status

How do you code:

M3. Do you have any chronic medical problems which continue to interfere with your life?

**What if it is Asymptomatic HIV?**

Do you have any chronic medical problems which continue to interfere with your life?

**What if it is Asymptomatic Hep B/C?**

# Medical Status

## MEDICAL COMMENTS

**M1.** Document in comments; where, diagnosis, year occurred, length of stay, what happened as a result, and medications, if any.

**M3.** Document in comments; what is the condition, year diagnosed, current status, medications, if any.

**M4.** Document in comments; dosage, when prescribed, who prescribed it, compliance issues.

Include  
Question  
number  
In comment



# Medical Status

M4. Crosscheck with  
drug/Alcohol  
D1 through D13.



# **Employment Status Segueing**

**Example: “Ready to go on to the next section  
Mr. Smith?”**

**“Okay. Now we’re going to be  
talking about your education and  
finances. Ready?”**

# Employment Status

E2. Training or Technical education  
completed:

(E8 asks if someone contributes to your support  
in anyway?) – regular basis, no institutions

E9. Does someone contribute the  
majority of your support?

E10. Usual employment pattern, past  
three years?

- |                                |                           |
|--------------------------------|---------------------------|
| 1. Full time (35+ hours)       | 5. Service                |
| 2. Part time (regular hours)   | 6. Retired/Disability     |
| 3. Part time (irregular hours) | 7. Unemployed             |
| 4. Student                     | 8. Controlled Environment |

Months

Formal, completed.  
Give examples.

0= No    1=Yes

Financial Support; food,  
Clothes, shelter, cash.

Majority of  
last 3 years. If equal,  
most recent.

# Employment Status

## E12. (Earned Income)

### What about “child support”?

Will alimony and child support payments be included as regular income?

**Where should it go?**

## E18.

### What about “child support”?

Are alimony and child support payments included as indications of persons depending on the patient?

# Employment Status

How much money did you receive from the following sources in the past 30 days?

E16. Mate, family, or friends?

0	0	0	5	0
---	---	---	---	---

E18. How many people depend on you for the majority of their food, shelter, etc.?

Zero front fill.

--	--

Include alimony/child support,  
Do not include patient,  
self-supporting spouse.

# Employment Status

**E19. How many days have you experienced employment problems in the past 30 ?**

**E20. How troubled or bothered have you been by these employment problems in the past 30 days?**

**What constitutes an employment problem on the ASI?**

# Employment Status

## Rephrase E19...

“Mr. Smith, you said that you are currently employed with Verizon. How many days in the past 30 have you experienced problems that have jeopardized your job, such as a receiving a verbal or written warning or being placed on probation?”

**OR**

“Mr. Smith, you said that you have been unemployed for the past 3 months. How many days in the past 30 have you actively looked for work, such as sent out resumes or contacted potential employers?”

**What about E20 and E21?**

# **Drug/Alcohol Status**

## **Segueing**

**Example: “Any questions on anything we’ve covered so far, Mr. Smith?”**

**“Okay. Now we’re going to switch gears from the support section, and in this next section we are going to be talking about substance use.**

**Ready?”**

# Drug/Alcohol Status

Helping the Client to remember...

How is "Regular Use" defined?

3 Days a week or more for  
more than a month

Problematic irregular use in  
which normal activities are  
compromised

Binges



# Drug/Alcohol Status

	Past 30 Days	Lifetime (Years)	Route of Admin
<b>D1. Alcohol (any use at all)</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>D2. Alcohol (to intoxication)</b>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

For D2: Check drink rule. Don't say "to intoxication".  
Say, "Until you felt a buzz."

**Drink Rule:**

**3 drinks in a sitting,  
5 drinks in a day.**

# Drug/Alcohol Status

## ALCOHOL/DRUGS COMMENTS (Include question number with your notes)

---

D1. AFU \_\_\_\_\_ 20

---

ARU \_\_\_\_\_ 21 – 25, 6 pack (12 oz) beer and couple of shots

---

per day on the weekends (Fri-Sunday), every weekend, no absts.

---

Past 30 days, 6 pack (12 oz) beer per day, every weekend

---

(Fri-Sat).

# Drug/Alcohol Status

	Past 30 Days	Lifetime (Years)	Route of Admin
D5. Other Opiates (any use at all)	<input type="text"/>	<input type="text"/>	<input type="text"/>

D7. Sedatives/Hypnotics/  
Tranquilizers

- Give examples to the client.
- Include Prescription Medications.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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“Have you ever used any opiates other than heroin (even prescriptions) on a regular basis, you know, 3 days a week or more for more than a month?”

Things like pain killers; percocets, darvons, codeine, morphine?”

# Drug/Alcohol Status

D15. How long was your last period of voluntary abstinence from this major substance(s)?

hospitalizations?  
incarcerations?  
methadone tx?

--	--

months

D16. How many months ago did this abstinence end?

If D15 = "0", then D16 = "N"

If still abst, then D16 = "0"

--	--

months

# Drug/Alcohol Status

How many times in your life have you been treated for:

D19. Alcohol Abuse?

0	1
---	---

D20. Drug Abuse?

0	1
---	---

same



Include detoxification, halfway houses, in/out pt counseling, and AA or NA (if 3+ meetings within 1 month period).

# Drug/Alcohol Status

## ALCOHOL/DRUGS COMMENTS (Include question number with your notes)

---

**D19. Only treatment was alc detox directly followed by alc and**

---

**drug outpt. for 2 months at Riverside clinic in Bronx, NYC,  
(2000). Quit, didn't like groups.**

---

**D20. Same treatment as D19.**

---

---

# ALCOHOL/DRUGS

## Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

• *Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

	Past 30 Days	Lifetime (years)	Route of Admin
D1 Alcohol (any use at all, 30 days)	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2 Alcohol - to intoxication	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3 Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4 Methadone	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5 Other Opiates/Analgesics	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6 Barbiturates	<input type="text"/>	<input type="text"/>	<input type="text"/>
D7 Sedatives/Hypnotics/ Tranquilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
D8 Cocaine	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9 Amphetamines	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10 Cannabis	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11 Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12 Inhalants	<input type="text"/>	<input type="text"/>	<input type="text"/>
D13 More than 1 substance per day (including alcohol)	<input type="text"/>	<input type="text"/>	<input type="text"/>

D14 According to the interviewer, which substance(s) is/are the major problem?

• Interviewer should determine the major drug or drugs of abuse. Code the number next to the drug in questions D1-12, or "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance?

• Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration do not count. Periods of antabuse, methadone, or naltrexone use during abstinence do count.  
• "00" = never abstinent

D16. How many months ago did this abstinence end?

• If D15 = "00", then D16 = "N/A".  
• "00" = still abstinent.

D17. How many times have you had Alcohol DTs?

• *Delirium Tremens (DTs):* Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

D18. Overdosed on Drugs?

• *Overdose (OD):* Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

# Drug/Alcohol Status

How many days in the past 30 have you experienced:

D26. Alcohol problems?

0	0
---	---

How troubled and bothered have you been in the past 30 days by these:

D28. Alcohol problems?

0	0
---	---

How important to you now is treatment for these:

D30. Alcohol problems?

0	0
---	---

Assuming use, if D26 is “00”, do not skip D28 and D30. Instead, rephrase and ask, “Then you aren’t troubled and bothered by any alcohol problems?”  
“And it’s not important for you get treatment for any alcohol problems right now?”

# Drug/Alcohol Status

How many days in the past 30 have you experienced:

D27. Drug problems?

0	0
---	---

How troubled and bothered have you been in the past 30 days by these:

D29. Drug problems?

0	0
---	---

How important to you now is treatment for these:

D31. Drug problems?

0	0
---	---

Assuming use, if D27 is “00”, do not skip D29 and D31. Instead, rephrase and ask, “Then you aren’t troubled and bothered by any drug problems?”

“And it’s not important for you get treatment for any drug problems right now?”

# Legal Status

## Segueing

Example: “Okay, we’re halfway through the assessment, Mr. Smith? You’re doing great.”

“So now I want to talk to you about your legal history. We will be talking about arrests, charges, incarcerations, and a few other things. Ready?”

**Note: You may want to have a legal pad ready for notes**

# Legal Status

L1. Was this admission prompted or suggested by the Criminal justice system?



- Judge, probation/parole officer, etc.  
Not lawyers who suggest client comes to look good.



# Legal Status

**L3 -L16. How many times in your life have you been arrested and charged with the following:**

- Include total counts, not just convictions. Do not include juvenile (pre-age 18 crimes), unless they were charged as an adult.
- Include formal charges only.
- Include attempts.

**L3. Shoplift/Vandal**

**L4. Parole/Probation**

**L5. Drug Charges**

**L6. Forgery**

**L7. Weapons Offense**

**L.8 Burglary/Larceny/B&E**

**L9. Robbery**

**L10. Assault**

**L11. Arson**

**L12. Rape**

**L13. Homicide/Mansl.**

**L14. Prostitution**

**L15. Contempt of Crt**

**L16. Other**

# **Legal Status**

**What about domestic violence?**

**Where would you code it?**

# Legal Status

## LEGAL COMMENTS

(Include question number with your notes)

---

**L3. Arrested 3 times for shoplifting. 1x (of 3) as a juvenile, age 16.**

---

**18 y/o, paid a fine. 20 y/o, charges dropped.**

---

**L13. Attempted murder, still pending, hasn't gone to court yet.**

---

**Court date pending. Happened 2 months ago.**

---

# Legal Status

**L17. How many of these charges resulted in convictions?**

--	--

- If L3-L17 = "00", then L17 = "NN".
- Do not include offenses from L18-L20.
- Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas, and house arrests.

**L24. Are you presently awaiting charges, trial or sentence?**

- If "No", L28 has to be "0"

--	--

# Legal Status

L28. How serious do you feel your present legal problems are?

- Do not code for prospective problems
- Do not code for civil legal problems



# Legal Status

L28. How serious do you feel your present legal problems are?

What constitutes legal problems?

- If a patient is not awaiting trial or sentencing, what is L28?
- Does the patient have current legal problems?
- If not, how do you code L29?  
(Client Rating question: Importance of referral for legal help)



# **Family/Relationship Status Segueing**

**Example: “Okay, we’re done with the legal section, Mr. Smith.”**

**“Now I want to talk to you about your relationships with other people, including your family and significant other. Ready?”**

# Family/Social Status

- Assumes the Client has had a relationship to be Placed in jeopardy
- If friend is considered spouse, must be spouse throughout the rest of this section's questions
- If client were cleaned up from alcohol and drug problems, Relationship problems would still be there; i.e., "trust issues"
- Separate drug and alcohol related conflicts from Relationship conflicts

# Family / Social Status

## F1. Marital Status:

- Most COMMON error. If the client says “single” this does not mean “not married”. You should ask, “Have you ever been married before?”
- Second most COMMON error. If the client says “married” this does not mean “the only time he has been married”. You should ask, “Is this your first marriage?”
- Now we code “married” as what the client reports (not just common law)

# Family/Social Status

F3. Are you satisfied with this situation?

F6. Are/were you satisfied with these arrangements?

F10. Are you satisfied with spending your free time  
in this way?

0=No    1=Indifferent    2=Yes

- These items are indicators of satisfaction with the situation, not merely being resigned to it. Cross check with F32, F33, F34 & F35.

# Family/Social Status

F18-F26. Have you had significant periods in which you have experienced serious problems getting along with:

	Past 30 Days	Lifetime	
F18. Mother	<input type="text" value="N"/>	<input type="text"/>	<ul style="list-style-type: none"><li>• A serious problem are those that endanger the Relationship</li></ul>
F19. Father	<input type="text"/>	<input type="text"/>	
F20. Brother/sister	<input type="text"/>	<input type="text"/>	<ul style="list-style-type: none"><li>• Must have had contact of some sort</li></ul>
F21. Sexual Partner/spouse	<input type="text"/>	<input type="text"/>	
F22. Children	<input type="text"/>	<input type="text"/>	<ul style="list-style-type: none"><li>• <u>If no contact past 30 days, must code "N"</u></li></ul>
F23. Other Significant Family (specify)_____	<input type="text"/>	<input type="text"/>	
F24. Close Friends	<input type="text"/>	<input type="text"/>	<ul style="list-style-type: none"><li>• Past 30 days and lifetime are mutually exclusive</li></ul>
F25. Neighbors	<input type="text"/>	<input type="text"/>	
F26. Co-Workers	<input type="text" value="N"/>	<input type="text"/>	

• "2 weeks or more" = significant period for lifetime

# Family/Social Status

## FAMILY/SOCIAL COMMENTS (Include question number with your notes)

---

**F18. Mother deceased 3 years. When alive, stopped speaking to client for 3 months because of drug problems and stealing money from her.**

---

---

**F19. Didn't know biological father. Step father and client were pretty close. No problems.**

---

# Family/Social Status

**F30-F31. How many days in the past 30 have you had serious conflicts?**

--	--

- Conflicts require personal or telephone contact. Serious conflicts are serious arguments (not just routine differences of opinion) verbal abuse, physical abuse, and the like. These conflicts would be of such magnitude that they jeopardize the relationship.
- If the conflict occurred solely because the client was under the influence of a substance, they should be recorded in the drug/alcohol days of problems, not in F30/F31.

# Family/Social Status

## Family:

F32. How troubled or bothered .. by family problems past 30 days?

F34. How important is it for you to get counseling for family problems?

## Social:

F33. How troubled or bothered .. by social problems past 30 days?

F35. How important is it for you to get counseling for social problems?

- These items are not tied to exclusively to the number of days of conflicts, but pertain more to general family and social problems (estrangement, social isolation, etc.).

# **Psychiatric Status**

## **Segueing**

**Example: “Okay, Mr. Smith, we’re done with the Family/Relationship section. Ready to go on to the last and final section?”**

**“In this section, I want to talk to you about any emotional problems you may have had, both in the last 30 days and in your lifetime. Ready to go on?”**

# Psychiatric Status

**P1-P2. How many times have you been treated for any psychological or emotional problems, inpatient and outpatient?**

--	--

- One episode of treatment means a continuous period of visits or days in which the client saw a provider.
- If client was on a medical hospital floor for a medical problem and at the same time was being visited by a psychiatrist for an attempted suicide or other emotional condition, it would count in both the medical section M1 and in P1.
- In this section, probe to include, not to exclude. You are asking for self-report of symptoms, not necessarily a diagnosis.

# Psychiatric Status

If the patient has had significant periods of time in which he experienced emotional problems that were not the direct result of alcohol or drug use (P4 - P7), or... was it with drug/alcohol use (P8 - P10)?

“Toxic versus Organic”

# Psychiatric Status

If the patient has had significant periods of time that are not the direct result of alcohol or drug, record P4 - P7:

	Past 30 Days	Lifetime
P4. Experienced serious depression, sadness, hopelessness, loss of interest?	<input type="checkbox"/>	<input type="checkbox"/>
P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
P6. Experienced hallucinations-saw things/heard voices that others didn't see/hear?	<input type="checkbox"/>	<input type="checkbox"/>
P7. Experience trouble understanding, concentrating, or remembering?	<input type="checkbox"/>	<input type="checkbox"/>

# Psychiatric Status

If the patient has had significant periods of time despite alcohol or drug use, in which he did the following, record P8 - P10:

	Past 30 Days	Lifetime
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence ?	<input type="checkbox"/>	<input type="checkbox"/>
P9. Experienced serious thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>
P10. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>

**P9 and P10 endorses current suicidal ideation for past 30 days. You should ask “How long ago did you have these thoughts?”**

**If recent, do you have a protocol ready?**

# Psychiatric Status

**P11.** If the patient has received a psychiatric medication, e.g., an antidepressant, etc, either from a primary care provider or a psychiatrist, it is going to be coded in P1, P2 and P11

P1-P2. How many times have you been treated in a hospital or inpatient setting/outpatient or private patient for any psychological or emotional problems?

How many times ever Treated

P11. Been prescribed medication for any psychological or emotional problems? Y/N

Past 30 Days      Lifetime

1       0

· Prescribed for the client by a care provider. Record "Yes" if a medication was prescribed even if the client is not taking it.

# Psychiatric Status

## PSYCHIATRIC COMMENTS

(Include question number with your notes)

---

**P3. Client was depressed for 2-3 months after Mother died ( 3 yrs ago).**

---

**Was seeing a therapist and prescribed Lexapro for 6 months.**

---

**Took every day for 3 months, then stopped meds on his own. Didn't like want to be on any psychiatric medication.**

---

**P9. Had several fleeting thoughts of suicide during**

---

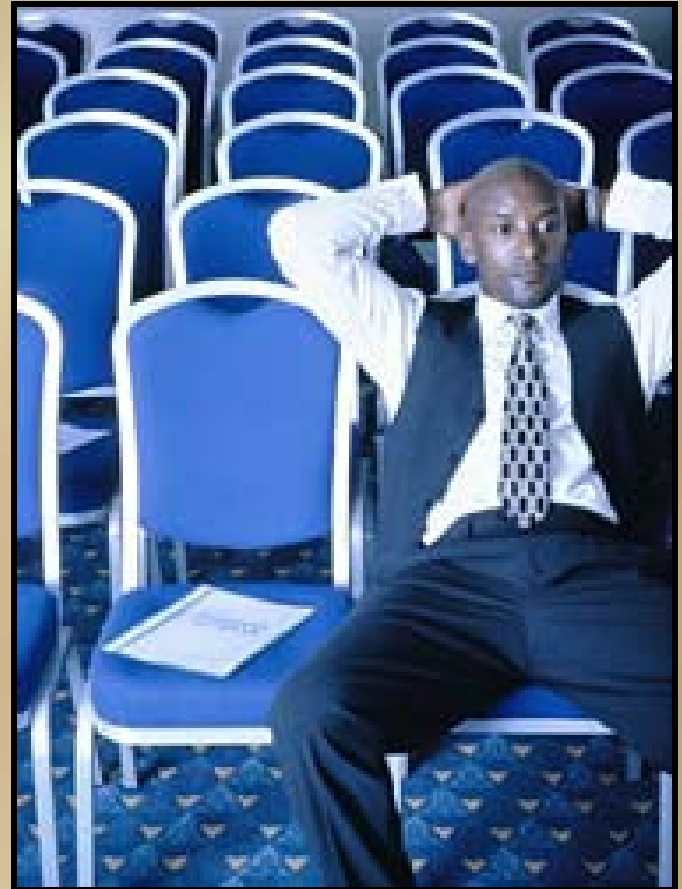
**bereavement depression. Never serious enough to act upon them.**

# Closing the Interview

- Ask client if there is anything else he would like to tell us that would help us in our assessment.
- Thank the client for the time they have spent and all the answers they have given.
- Tell them what happens next.



*Thank you for your  
interest and  
willingness  
to learn  
the correct  
Administration  
of the ASI*



Questions regarding use of the ASI?  
We're here to help.  
Remember you are never alone.