PURPOSE

This bulletin is to provide information to counties and other providers of alcohol and other drug (AOD) treatment/recovery services regarding use of a standardized tool to assess adult populations. Specifically, the Department recommends that publicly funded AOD service providers in California administer the Addiction Severity Index (ASI) for treatment planning purposes within the first ten days of an adult client’s admission to treatment. As a minimum, the Department recommends use of the Addiction Severity Index, Fifth Edition; Lite, Clinical Factors Version; University of Pennsylvania (ASI).

DISCUSSION

A standardized client assessment can assist the clinician in identifying the presence or absence of an AOD-related condition or disease and in planning services to address the condition. For instance, the ASI can be used to match appropriate services to clients’ specific treatment/recovery needs, and to increase the effectiveness of treatment/recovery.

BACKGROUND

Tom McClellan, et al, developed the ASI in 1980 to assess the problems observed in persons seeking AOD treatment. The instrument focuses on a number of areas relevant to treatment planning, and measures client functioning in seven life domains: alcohol, drugs, legal, psychiatric, medical, family/social, and employment.

The reliability and validity of the ASI in profiling client functioning in these seven life domains has been verified for many substance-abusing populations. The ASI has been translated into many different languages and has been used in large scale studies.
focused on drug-abusing prisoners, mentally ill AOD abusers, homeless persons, pregnant addicts, and AOD-addicted mothers. Versions of the ASI tool have been developed to conform to the needs of these and other special populations. While all versions maintain the use of the standard ASI questions, these versions of the ASI have additional population-specific questions.

The fifth, and most recent, edition of the ASI was created to address areas of client functioning that were not adequately covered by previous editions. The ASI includes items that help describe patterns of functioning in the seven life domains during the client’s lifetime, as well as recent changes in functioning of clients in these domains.

Because the ASI used for adults is not appropriate for adolescents, four versions were developed for adolescent clients: the Adolescent Problem Severity Index, Comprehensive Addiction Severity Index for Adolescents, Teen Addiction Severity Index, and Adolescent Drug and Alcohol Diagnostic Assessment.

The Department’s decision to use the ASI in the California Treatment Outcome Project (CalTOP) was based on the recommendation made in the Department’s Managed Care Policy Advisory Committee’s Strategic Implementation Proposal (1997) and a second study entitled Screening, Placement, and Assessment Instruments Used by California Alcohol and Drug Service Providers. Both reports cited a number of reasons to recommend the ASI:

- The ASI is capable of providing valid measures in the seven domains of client functioning.
- Other standardized assessment tools used by AOD service providers do not produce measures with the same level of validity.
- The ASI is a credible tool, widely used and respected nationally.
- It is a frequently used instrument among California AOD providers and can be used along with other instruments.

Staff that participated in the CalTOP study reported improved quality of treatment services when using the ASI as an assessment tool. The staff stated the ASI provided more comprehensive, insightful information on their clients; this enabled staff to develop appropriate treatment plans resulting in improved service delivery.

SUMMARY

Client assessment is an essential component of a sound treatment plan. Various studies, as well as ADP’s experience with the ASI during the CalTOP study, suggest it is a practical and valuable tool.

Therefore, the Department recommends that publicly funded AOD service providers in California administer and use the Addiction Severity Index, Fifth Edition; Lite, Clinical Factors Version; University of Pennsylvania for client assessment.
QUESTIONS

If you have any questions, please contact Ken DaRosa, Program and Fiscal Policy Branch, at (916) 322-1241, or via e-mail to kdarosa@adp.state.ca.us.

This bulletin is available through the Department’s web page at www.adp.ca.gov.

EXHIBITS

None

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