The Treatnet ASI Checkers Manual

Prepared by Deni Carise, PhD.
Treatment Research Institute

Adapted from materials developed at the Univeristy of Pennsylvania

TREATNET ASI CHECKING MANUAL

Part I: Introduction

As with any procedure where judgement is involved, the Treatnet ASI works most successfully within an environment where a mechanism exists for the individuals administering it to have their work regularly checked for accuracy, consistency and completeness. The purpose of this manual is to provide guidelines for the individuals who are responsible for the integrity of the data collected.

Time Frame for Checking a Treatnet ASI Each ASI interview should be checked as soon as possible after its completion. This provides an opportunity for the interviewer to answer any questions while the memory of the interview is still fresh. It may be necessary to schedule some time each day to review completed ASI interviews. At the very least, completed ASI interviews should be checked within a week of administration.

Part II. What should be addressed? (The 3 C's)

During a checking session, the checker should discuss with the interviewer any information that seems questionable or incomplete. By combining the numerical codes in the boxes and the written comments, the checker should be able to "read" an ASI back to the interviewer who originally administered it. The Treatnet ASI checker should concentrate on the following issues (the three C's of ASI checking), to insure that the interview has been efficiently recorded.

Coding: The Treatnet ASI checker should review the form for completeness (no missing values) and simple coding errors. An individual with only minimal training could probably find most coding errors on a completed ASI interview. For example, sometimes interviewers record a "0" in the general information section, item #G19, rather than a "1", if the client has not been in any controlled environment in the past 30 days. This type of coding error is easy to spot and correct.

Consistency: Another type of error a Treatnet ASI checker should look for is the inconsistency between related items. There are some items on the Treatnet ASI which should be answered a certain way depending on the responses to other items either within the problem section or across sections. For example, if a client reports during the Legal Status section (item #L27), that he has engaged in illegal activities for profit during the past 30 days, then the dollar amount received from the illegal activities should be recorded in Employment/Support Status #E17.

In some instances, an apparent inconsistency may be explained by a comment recorded by the ASI interviewer. For example, in the situation just described, the individual engaging in the illegal activity may have actually received no money in the past 30 days (as in the case of an illegal gambler who has not made any money in the past month). A comment recorded by the interviewer could explain why the information in the boxes was correct, although it appeared inconsistent.

Completeness (Comments): The most important bits of information that a checker can use to verify the accuracy of a completed ASI interview are the comments. The information recorded in the comments section should help to qualify the quantifiable data collected in the boxes

throughout the Treatnet ASI. As described above, a checker may have a difficult time judging which, if any, of a number of items should be crossed out because of an apparent inconsistency. A comment may also help the checker to uncover apparent coding errors. A comment can help to clarify whether either a coding or a consistency error exists. A Treatnet ASI checker should consider an ASI interview with no comments incomplete and therefore, incorrect.

PART III: Sample TREATNET ASI Sections

Below you will find two samples of Treatnet ASI sections, which you can compare to each other. The first column includes comments, whereas the second one includes just the numerical codes. Only when one attempts to "read" an ASI does he or she understand the importance of comments in providing the client's complete story.

While reviewing a completed ASI, the ASI checker should consider the "story" which has been recorded on the ASI. Imagine that a checker was asked to tell a story about the individual interviewed for the ASI which was recorded on the previous page. Given the completed interview, a checker might tell the following story:

Story 1: Mr. Smith has been hospitalized overnight four times in his life. He was hospitalized as a child when he broke his arm playing football. In high school, he was hospitalized for appendicitis. A few years ago, he was stabbed in the side. He spent a day in the emergency room after the stabbing, because it was a deep wound. Two months ago, he spent a day in the hospital because he had severe chest pains. He says that he was on a cocaine binge when the chest pains started. Mr. Smith has chronic allergies which flare up throughout the summer months from May and September. He is prescribed Theodur which he uses regularly during the allergy season. He also has an inhaler which he uses in emergencies. He receives no pension for physical problems. In the past thirty days, he reports no significant medical problems. His allergy medication seems to be controlling his problems. He reports no interest in any additional treatment for medical problems.

Issues that the checker might consider when recording the details in the medical status section, include:.

> (1) the circumstances surrounding the stabbing that was discussed.
> (2) the source of the money to binge.
> (3) the amount of money spent during the binge period.
> (4) the length of the binge period.
> (5) the circumstances surrounding the binge period.

Contrast the minimal information available throughout the Medical status section which includes only the numerical codes. The story told by the checker who has read the incomplete ASI reveals much less about the client, and therefore is less helpful for cross-checking.

Story 2: Mr. Smith has been hospitalized four times. He has a chronic medical problem. He takes prescribed medicine for the problem. He has had no medical problems in the past 30 days.

He isn't troubled or bothered by medical problems. He isn't interested in getting treatment for medical problems.

PART IV: What if an error is spotted?

Changing information - It may become necessary during a checking session for the checker to alter data which was collected on the Treatnet ASI. However, data should not be changed without discussing it with the interviewer who collected it. Each site using the Treatnet ASI should adopt a standard method for changing incorrect information on the ASI. We have recommended that liquid paper (white-out correction fluid) not be used, because it might appear that data is being falsified. A single pen line through the incorrect response should be used. The correct information should be recorded and initialed on the form beside the crossed-out, incorrect response.

Checkers should resist the temptation to alter information before consulting the interviewer who originally collected it. Below find some examples of responses that appear to be incorrect, with an explanation about what should be done.

Example #1:
Drug/Alcohol Section, Item #D26:
How many days in the past 30 have you experienced alcohol problems?
#D26=00 (No days of alcohol problems)

Drug/Alcohol Section, Item #D28:
How troubled or bothered have you been in the past 30 days by these alcohol problems?
#D28=0 (Not at all bothered by alcohol problems)

Drug/Alcohol Section, Item #D24:
How important to you now is treatment for these alcohol problems?
#D30=3 (Considerably important to get treatment for alcohol problems)

The responses to the three questions are inconsistent. The interviewer recorded that although the client had no alcohol problems in the past 30 days (item #26=0), he reported considerable interest (item #30=3) in treatment for alcohol problems. Therefore, one could assume that either the client or the interviewer misunderstood the response to at least one of the two questions.

For example, perhaps the client felt that the alcohol use was leading him to use other substances. Therefore, he didn't identify the alcohol use as problematic, but reported an interest in treatment.

Maybe the client had been feeling guilty about drinking but didn't think that the interviewer was including guilt this as a problem.

Perhaps the client misunderstood question #D30, and feels that although he doesn't have a problem with alcohol, he is willing to be educated about alcohol related problems.

Regardless...because the interviewer did a poor job of clarifying and documenting what occurred during the interview, it made the checker's job difficult.

Therefore, the checker should attempt to contact the interviewer to discuss whether he can provide the checker with any insight any which item (if any) should be changed.

Example 2:
Employment/Support Status, Item #E17
How much money did you receive from illegal activity in the past 30?
#L17=0000 (No illegal income this month)

Legal #L27=10
How many days in the past 30 have you engaged in illegal activities for profit?
#L27=10 (10 days of illegal activity)

The responses to these two questions seem inconsistent. A checker might be tempted to immediately cross out item #17 in the Employment/Support section, without checking first with the interviewer. By crossing out item #17, however, the checker is assuming that either the client misled the interviewer or the interviewer didn't listen for inconsistent responses. However, the information may be correct. For example, the client may have earned no money through his illegal activity. The interviewer should have included comments to clarify the apparent inconsistency.

Example 3:
General Information #19, #20
Have you been in a controlled environment in the past 30 days?
How many days?
#D19=2, #G20=10 (Ten days in jail this month)

Drug/Alcohol Use #8, How many days in the past 30 have you used cocaine?
#D8 (Past 30 Days)=30

The responses to these two questions seem inconsistent. If drugs were used on all thirty days, the interviewer should have documented the information concerning the drug use, so that the checker knew the item code was accurate.

PART V: Specific Points for Checking a TREATNET ASI
Please Note: This is partial list of what Checker's should be looking for!

General Information
Some of the information gathered throughout the general information section can be used to verify other information collected throughout the rest of the interview. For example, the client's years of alcohol or drug use should not exceed his age. In addition, as noted below, the controlled environment question has implications for information gathered throughout the rest of the interview.

G19. Have you been in a controlled environment in the past 30 days?
G20. How many days?

The number of days that the client stayed in a controlled environment should be accounted for throughout the rest of the interview. For example, if the client spent ten days in jail in the past 30, there should be twenty days or less of substance abuse in the past thirty days. The interviewer should include a note.to explain the circumstances surrounding the time spent in a controlled environment that overlaps with the time in which a client used a substance.

Medical Status
The Treatnet ASI checker should pay particular attention to the comments recorded throughout the medical status section. These comments may be used to verify information gathered in the other six problem sections. For each item listed below, note the section and the item number which may be cross-referenced.

M1. How many times have you been hospitalized for medical problems?

Details of hospitalizations could reveal information concerning:
    a.) chronic medical problems, (Medical Status #3, possibly).
    b.) overdoses, which could appear in Drug/Alcohol Use #18.
    c.) car accidents, which might also be referred to in the Legal Status section (major driving violations, driving while intoxicated).
    d.) substance abuse (chest pains from using cocaine, chronic pain which may have led to opiate abuse, organ damage due to alcohol use, abscesses due to needle use, nasal problems from snorting cocaine, lung problems from smoking).
    f.) violent activity, which might also be referred to in: Legal Status #10(assaults), #18 (disorderly conduct), Psychiatric Status #8(violent behavior).

M6. How many days have you experienced medical problems in the past 30?

If #6=00, then Medical Status #s 7 and 8 should be coded 0 also.
In most cases, if #6>00, then #s 7 and 8 should be greater than 0 also.

Employment/Support Status
Within this section, an ASI checker should focus on comparing the amount of financial support that the client reports receiving, to their other statements about financial support made

throughout the interview.

E6. How long was your longest full-time job?

Details of the patient's last job could reveal information concerning #10, the patient's usual employment pattern.

E11. How many days in the past 30 did you work for pay?

If Employment/Support Status #11=00, then #12 shois generally 00 also.

E12-E17. How much money did you receive from the following sources in the past 30 days?

In most cases, the amount of money recorded in Employment/Support status item #s 12-17 should exceed the amount of money that the client reports spending for drugs and alcohol in the past 30 days. Discussion of illegal income (as recorded in # E17) could reveal information which might also appear in the Legal Status, item #L27(number of days that the client engaged in illegal activity in the past 30).

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

Details concerning dependents could reveal information regarding:
    a.) marital status (Family/Social Status section, #s 1 and 3).
    b.) usual or current living arrangements, (Family/Social Status section, #s 4 and 6).

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

Details of recent employment problems could reveal information about recent substance use, as recorded in the D/A Use section, #s 1-13)

If E/S Status #11=00 and #19=00, then 20 should be coded 0

Drug/Alcohol Use
The checker should focus on whether the years of substance use reported in the drug "grid" (Item #s 1-12) conflict with any periods of abstinence reported or elsewhere on the interview..

D1-12: Drug and Alcohol Use *Past 30 Days*.
Details of recent substance use could reveal information concerning Drug/Alcohol #23, #24 (amount of money spent on daily substance abuse multiplied by the number of days substances are used.

D1-12: Drug and Alcohol Use, *Lifetime Use*
Details of lifetime substance use could reveal information concerning Periods of abstinence, which might be recorded in D/A status #15.

D1-12: Drug and Alcohol Use, *Route of Administration*
Information about the route of administration might uncover possible reasons for medical problems. (HIV, hepatitis, abscesses might be related to needle use; Nasal problems may be related to snorting; breathing difficulties may be related to smoking).

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

D16. How many months ago did this abstinence end?

Details of voluntary abstinence could reveal information concerning treatment experiences, which could appear in the drug/alcohol section or the psychiatric section.

D23/24. How much would you say you spent during the past 30 days on alcohol/drugs?

Details of the money spent on alcohol or drugs could reveal information cconcerning recent substance use, which should be recorded in D/A #s 1-13.

Legal Status
Check primarily for consistency within the Legal Status section, not across other sections. For example, if a client reports being convicted of an offense (Item #17>0), then the offense should be recorded in either 3-16.

L1. Was this admission prompted or suggested by the criminal justice system?
L2. Are you on probation or parole?

Details of the client's probation should be included in the appropriate places throughout the Legal Status section (For example, the original offense for which the client was arrested and charged should be recorded in the list from Legal Status item #s 3-16, and the conviction should be included in item #17).

L3-16. How many times have you been arrested and charged with the following?

Details of each of these charges could reveal information that should appear throughout the Legal Status section. For example, the number of charges which became convictions should appear in Legal Status section item #17. The details about the time that the client spent in prison should be recorded in Legal Status section item # 21.

How many times have you been charged with the following?

L18. Disorderly conduct, vagrancy, public intoxication
L19. Driving while intoxicated
L20. Major driving violations

Information concerning these charges might appear in the drug/alcohol section (alcohol related

brawls, disorderly conduct, drunk driving charges).
Related charges might show up in the legal status items 3-16 (assault).
Social problems due to assaultive behavior may appear in the family/social section.

L21. How many months were you incarcerated in your life?

Periods of incarceration over a month should be accounted for throughout the rest of the interview. Generally, long periods of drug use should not overlap with long periods of incarcerations. A record of long periods of jail time in which a client reports drug use occurring should be accompanied by a explanatory note.

L24. Are you presently awaiting charges, trial or sentence? & L25. What for:
L26. How many days in the past 30 were you detained or incarcerated?

Periods of 24 hours or more in which the client was incarcerated should appear on the front page, questions 19 and 20.

L27. How many days in the past 30 have you engaged in illegal activities for profit?

If information regarding illegal activities is revealed here, an amount of money may be recorded in Employment/Support #17.

L28. How serious do you feel your present legal problems are?
L29. How important to you now is counseling or referral for these legal problems?

These question should be coded "0" unless current legal problem exists.

Family/Social Status
The Treatnet ASI checker should focus on consistency within the Family/Social status section, as well as between the Family/Social section and other sections. Relationships that are described as problematic in one part of the Family/Social section should be described similarly throughout the section. Descriptions about marital status and living arrangements should be cross-referenced with other sections. In some case, violent behavior and familial substance abuse described in other sections should also appear in the Family/Social section.

F1. Marital Status & F3. Are you satisfied with this situation?

Information about marital status should confirm the information recorded in the Employment/Support section about the types of financial support available to the client. For example, if the client reports during the general information section that his wife works, then information in this section regarding his marital status should confirm that he is married.

F4. Usual living arrangements?   F6. Are you satisfied with these living arrangements? &
F7 & F8. Do you live with anyone who has a current alcohol problem/uses non-prescribed drugs?

Information about the client's usual living arrangements should confirm the information recorded throughout the Employment/Support section about the types of financial support available to the client.

How troubled or bothered have you been in the past 30 days by:
F32. family problems? & F33. social problems
How important for you now is counseling for these:
F34. family problems? & F35. social problems

A problem rated as troublesome should be identified somewhere else in the section; items #F3, F6, F7, F8, F10, F11a, etc.

Psychiatric Status

Information documented in the psychiatric section may support other information gathered throughout the Treatnet ASI. For example, prescribed Valium reported in the Drug/Alcohol section should be documented here. also. In addition, extreme symptoms (violence, suicide attempts) which were uncovered in other sections should also be included here. Therefore, a checker may want to review the rest of the interview to see if information collected in the Psychiatric section is cross-referenced appropriately elsewhere.

P1. How many times have you been treated for any psychological or emotional problems? In a hospital or inpatient setting.

Details regarding the treatment for psychological or emotional problems could reveal information concerning the specific psychological problem (recorded in Item #s 3-14) or the period in which the treatment was to have taken place.

P3-P10. Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have...?
P7. Experienced trouble controlling: violent behavior (or losing control) rage, or violence.

Details regarding violent behavior could reveal information which could appear in the legal status sections (assaults, perhaps), or the family/social section (serious conflicts with other people).