



# TREATMENT PLANNING M.A.T.R.S.:

## UTILIZING THE ADDICTION SEVERITY INDEX (ASI) TO MAKE REQUIRED DATA COLLECTION USEFUL

**Your Challenge:** Using resources more effectively to address the unique problems of each client.

**An Evidence-Based Approach:** Use ASI data to develop customized treatment plans and to monitor outcomes.

**Where to Start:** Get the tools and training resources you need online at no cost from the NIDA/SAMHSA Blending Initiative.

**T**reatment Planning M.A.T.R.S.—measurable, attainable, time limited, realistic, and specific—is a package of tools and training resources that can help substance abuse treatment providers transform required “paperwork” into clinically useful information. The package shows providers how to use data collected via the Addiction Severity Index (ASI) to assess patients’ substance abuse, to develop effective treatment plans, and to monitor outcomes. ASI data can be used to ensure that treatment objectives are measurable, attainable, time limited, realistic, and specific.

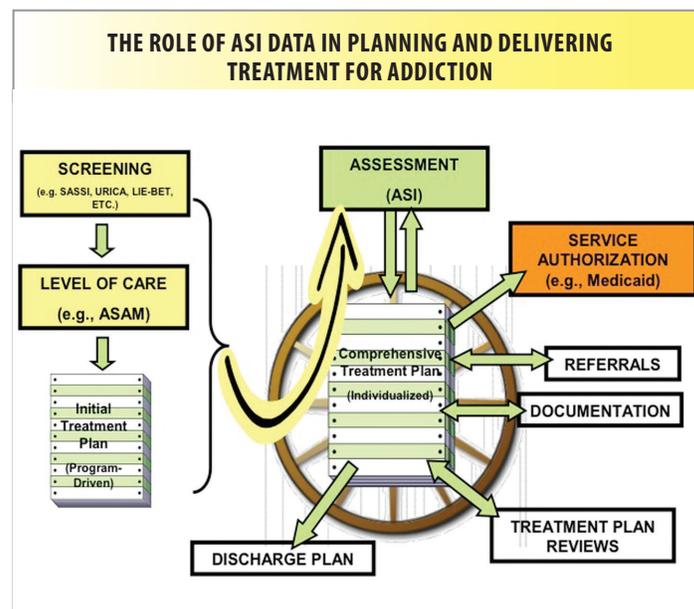
*“Treatment programs are choking on data collection requirements . . . [and] almost none of the data collected are used in clinical decision-making or program planning—it is just paperwork.”*

—McLellan et al., 2003

### Why Treatment Planning M.A.T.R.S.?

Research shows that after providers administer the ASI, they often file the findings instead of using them to customize effective treatments for their clients. *Treatment Planning M.A.T.R.S.* is designed to change this practice and help clinicians, supervisors,

and managers make good use of ASI data. After all, the ASI is one of the most reliable and valid measurements of the nature and severity of substance use-related problems. Universally used in clinical settings, it provides patient-specific information in six key areas: medical status, employment and support, alcohol and drug use, legal status, family/social status, and psychiatric status. Using this information appropriately can help treatment providers address the needs of individual clients and improve treatment outcomes.



### The ASI: What It Can Do for You

The ASI’s semi-structured interview format (1) enables clinicians to gather required information, (2) helps the client and clinician identify problems and agree on goals, objectives, and interventions, (3) provides information useful in justifying the need for continued services, and (4) provides a basis for documentation and discharge planning.

As stated in *Principles of Drug Addiction Treatment: A Research-Based Guide*, “To be effective, treatment must address the individual’s drug abuse and any associated medical, psychological, social, vocational, and legal problems.” Practitioners can use ASI to match services to clients’ individual problems, which helps improve retention in treatment. Clients “whose problems are identified at admission and then receive services that are matched to those problems, stay in treatment longer.”

The ASI can help you

- Identify client problems not addressed by in-house services;
- Quantify the severity of client problems or needs over time;
- Provide a quantifiable measure of program success;
- Document unmet client service needs; and
- Capture the data needed in reports for TEDS, CARF, JCAHO, grants management, managed care, and other stakeholders.

## How This Resource Can Improve Your Practice

*Treatment Planning M.A.T.R.S.* was designed to help practitioners understand and adopt evidence-based assessment, planning, and evaluation practices. This training and resource package

- Shows you how to use ASI data for clinical applications and program evaluation;
- Identifies differences between program-driven and individualized treatment planning processes;
- Addresses the process of treatment planning;
- Defines basic guidelines and legal considerations in documenting client status; and
- Provides tools and resources to help you include information from the ASI in your documentation activities.

## Tools Included in the Package

*Treatment Planning M.A.T.R.S.* is available online and includes a variety of research-based resources, such as

- A 6-hour training program supported by a step-by-step training manual.
- A PowerPoint presentation reviewing the research and history of the ASI and its applications in treatment planning.
- Information about Drug Evaluation Network System (DENS) software.
- Treatment planning handouts, forms, and exercises.
- Much more! ■

Sample: Individualized Treatment Plan  
(ASI/DENS Format)

Client Name: John Smith Date: July 7, 2007 Counselor Name: B. Smart "New Method"

Date	Problem Statement
07/07/2007	John reports having a chronic medical problem that requires ongoing care.
07/07/2007	John reports regular use of alcohol "to intoxication" during his lifetime.
07/07/2007	John reports that he had significant problems with depression during the past month.

**Goals**  
Ensure John is obtaining medical care and taking necessary medications.  
John will examine his recent drinking patterns and how those patterns may have contributed to his current legal problems and family problems (or other presenting problems).  
John will explore his options and motivation for treatment of his depression.

DIC Criteria	Objectives
Required	John will visit a medical center/clinic for assessment and treatment of his medical problems.
Required	John will complete the "Drinking Pattern Checklist" and share his answers in group therapy session on (date).
Required	John will talk about how his alcohol and drug use has helped and hurt his mood and energy level.
Optional	John will invite his children to participate in family education sessions within 3-4 weeks.

**Interventions**  
What will the counselor/staff do to assist client? Under what circumstances?

Intervention	Service Codes	Target Date	Resolution Date
Staff will assist John in calling the Jones Medical Clinic to make an appointment for necessary medical services.	R	07/10/2007	
Counselor will review John's "Drinking Pattern Checklist" and discuss John's comfort level in sharing with peers	G	07/12/2007	
Counselor will educate John on co-occurring conditions of depression and alcohol dependence and provide referral information on mental health clinics accepting sliding scale fees.	I	07/25/2007	
Counselor will check-in weekly with John to ask how he feels about involving his children in his treatment	I	09/07/2007	

John reports that he did contribute to this plan, but it is unclear if he agrees with it.  
Family members participated and agreed with this plan.  
Significant others were invited to participate in the treatment planning process but were unable to do so.  
Note: All participants may not have participated in every area.

Client Signature/Date  
Counselor Signature/Date

Legend:  
I=Individual R=Reading G=Group M=Media F=Family V=Videotape C=Couples A=Audiotape P=Psychoeducational Re=Referral H=Homework

## References

- Hser, Y. I., Polinsky, M. L., Maglione, M., & Anglin, M. D. (1999). Matching clients' needs with drug treatment services. *Journal of Substance Abuse Treatment*, 16(4), 299-305.
- Kosten, T. R., Mason, J. W., Giller, E. L., Ostroff, R. B., & Harkness L. (1987). Sustained urinary norepinephrine and epinephrine elevation in post-traumatic stress disorder. *Psychoneuroendocrinology*, 12(1),13-20.
- McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment*, 25(2), 117-121.
- McLellan, A. T., Hagan, T. A., Levine, M., Meyers, K., Gould, F., Bencivengo, M.,...Jaffe, J. (1999). Does clinical case management improve outpatient addiction treatment? *Drug and Alcohol Dependence*, 55(1-2), 91-103.
- National Institute on Drug Abuse. (2009). *Principles of drug addiction treatment: A research-based guide* (2nd ed., NIH Publication No. 09-4180). Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment>
- National Institute on Drug Abuse. (2011). *Lessons from Prevention Research* (NIDA fact sheet). Retrieved from <http://www.drugabuse.gov/publications/drugfacts/lessons-prevention-research>

## THE BLENDING INITIATIVE

Accelerating the dissemination of research-based drug abuse treatment into clinical practice is a priority for the National Institute on Drug Abuse (NIDA) and represents the core mission of the **Blending Initiative**. NIDA and the Substance Abuse and Mental Health Services Administration (SAMHSA) joined together to create the **Blending Initiative** in 2001 to reduce the gap that exists between the publication of research results and impact on treatment delivery. This initiative incorporates collaboration between clinicians, scientists, and experienced trainers to catalyze the creation of user-friendly treatment tools and products and facilitate the adoption of research-based interventions into front-line clinical settings. Through this initiative, NIDA and SAMHSA's Addiction Technology Transfer Centers (ATTCs) disseminate treatment and training products based on results from studies conducted by the National Drug Abuse Clinical Trials Network (CTN) as well as other NIDA-supported research.

### Get the Products and Additional Resources from:

National Institute on Drug Abuse: <http://www.drugabuse.gov/blending-initiative>

SAMHSA ATTC: <http://www.attcnetwork.org/blendinginitiative>

U.S. Department of Health and Human Services  
National Institutes of Health

**NIDA** NATIONAL INSTITUTE  
ON DRUG ABUSE  
NIH... Turning Discovery Into Health

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
www.samhsa.gov • 1-877-SAMHSA • 1-877-726-4721