

Parent Child Assistance Program (PCAP)

FADU, University of Washington
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Date of ASI (A): _____

Adv #: _____

ADDICTION SEVERITY INDEX – INTAKE INTERVIEW

Family I.D. # _____ Mother's birthdate: _____
Interviewer: _____ Enrollment date: _____ Delivery Hospital: _____
Child's Gender: _____ Gestational Age: _____ weeks
Mother's PIC # _____
Child's Due Date/Birthdate: _____

Name of child: (first) _____ (last) _____ (middle) _____ (other) _____
Name of mother: (first) _____ (last) _____ (middle) _____ (maiden/other) _____
(nicknames/aliases) _____
Name of father: (first) _____ (last) _____ (middle) _____ (other) _____
Who are you living with? Names and relationship: _____
Address: _____ City _____ State _____ Zip _____
Phone: () _____ Name phone listed under: _____

Do you have any plans to move in the next few months? _____ (Where to?) _____
Are you employed outside the home now? _____ Where? _____
Type of work: _____ Phone: () _____
Are you in school? _____ What/where? _____
Where did you go for prenatal care? _____
Where do you plan to take the baby for checkups and medical care? _____

INTERVIEWER: ASK FOR REFERENCES AT END OF INTERVIEW:

Could you give me the names of relatives or friends who might know your whereabouts if you move and we lose contact with you, or if there's an emergency?

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

Father of Baby Name: _____
Address: _____
City, State, Zip: _____
Phone: () _____
Name listed under: _____
Relationship to you: _____
Place of Employment: _____
(& phone) () _____

When you're using, where are you likely to go, where might we find you? _____

Addiction Severity Index 5th Edition

University of Washington Modification for Pregnant & Postpartum Women (UWASI)

The UWASI is a modified version of the 5th edition of the ASI. It includes all items from the 5th edition ASI along with additional questions specific to pregnant and postpartum women. It contains 9 potential problem areas, as well as family/childhood history.

INTRODUCING THE ASI: Introduce and explain the nine potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, Psychiatric, Children and Family Planning, and Community Services and that some questions will also be asked about childhood history. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

- 1) The past 30 days
- 2) Lifetime

Client Rating Scale: Client input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not give inaccurate information!

When you interview, do not simply record information. Be sure that you understand the intent of every question on the ASI so that you can accurately convey that intent to the client. Probe, repeat, paraphrase until you are sure the client understands what is being asked. Remember that as the interviewer, you are responsible for the integrity of information collected on the ASI.

Monitor the consistency of information provided by the client throughout the interview. It is not acceptable to simply record what is reported.

—Paraphrased from the Preface to the Fifth Edition of the ASI Workbook (Barbara Fureman, Gargi Parikh, Alicia Bragg, and A. Thomas McLellan, University of Pennsylvania/Veterans Administration Center for Studies of Addiction).

INTERVIEWER INSTRUCTIONS:

- 1) Leave no blanks.
- 2) Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
- 3) -7 = Question not answered.
-8 = Question not applicable
- 4) When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month.
Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES (Licit work only):

1. **Higher execs, major professionals, owners of large businesses**
2. **Business managers, proprietors of medium-sized businesses** (\$60,000-\$175,000), **lesser professionals** (e.g., optician, pharmacist, social worker, teacher [licensed], personnel manager, registered nurse).
3. **Administrative managers and personnel**, (e.g., appraiser, chief clerk, insurance agent, private secretary, major sales representative), **owners/proprietors of small businesses** (value under \$60,000; e.g., bakery, beauty shop, cigarette machines, convenience store, engraving business, florist, decorator), **minor professionals** (e.g., actor, commercial artist, credit manager, oral hygienist, piano teacher, reporter, travel agent).
4. **Clerical and sales** (e.g., bank clerk or teller, bill collector, bookkeeper, car sales person, clerical worker, ferry worker, post office clerk, sales clerk, shipping or warehouse clerk, secretary), **technician** (e.g., camp counselor, dental technician, inspector, investigator, PBX operator, window trimmer), **proprietor of little business** (e.g., flower shop, food vendor, newsstand, sewing/tailor).
5. **Skilled manual (usually having had training)**. Baker, chef, cosmetician, barber, chef, electrician, fireman, hair stylist, lineman, locksmith, machinist, massage therapist, mechanic, paperhanger, painter, plumber, policeman, postal carrier, repairman, tailor (trained), word processing.
6. **Semi-skilled**. Apprentice (electrician, printer, etc.), assembly line worker, bartender, bus driver, checker, childcare in home (licensed, trained), cocktail waitress, convenience store clerk, cook (short order), daycare in a center (trained), delivery person, dressmaker (machine), housekeeper (some training), meter reader, trained nursing home aide, practical nurse, painter, security guard, taxi driver, truck driver, waitress (at one of the "better" places).
7. **Unskilled**. Amusement park workers (bowling alleys, pool rooms), attendant, cafeteria worker, car wash attendants, childcare in home (no training), construction helper, counterperson, domestic, home aide (unlicensed), home piecework, hotel maid (little training), hospital worker (unspecified), janitor, labor (unspecified), laundry worker, messenger, parking lot attendant, porter, telephone solicitor, stock handlers, waitress ("hash house"), **welfare recipient**. Include unemployed.
8. Never employed.

PSYCHIATRIC DIAGNOSES:

See appendix in UWASI manual (listing by category: p. xii - p. xvii; alphabetic listing: p. xviii - p. xxii).

Note that FAS is a medical, not a psychiatric diagnosis.

ALCOHOL/DRUG USE INSTRUCTIONS:

Alcohol and Commonly Used Drugs: Drug terms and amounts. See appendix in UWASI manual (p. vi - p. xi).

Code alcohol amounts by equivalent drinks:
Generally, 1 drink = 1 12-oz beer = 1 4-oz wine = 1 1.5-oz hard liquor (i.e., a "single"). A single 40-ouncer is not 1 drink!

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk." Use the words "to feel or felt the effects," "got a buzz," "high," etc. instead of intoxication. As a rule of thumb, 3+ drinks in one sitting, or 5+ drinks in one day defines "intoxication."
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used....?"
 - "How many years in your life have you regularly used....?"

| <u>LEGAL STATUS</u> | |
|---|---|
| L1. | Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)? _____ 0 - No 1 - Yes <i>Not CPS. Record CPS condition in item G21.</i> |
| L2. | Are you on probation or parole? _____ 0 - No 1 - Yes |
| How many times in your life have you been arrested and charged with the following? (Not necessarily convictions) | |
| L3. | Shoplifting/Vandalism _____ |
| L4. | Parole/Probation Violations _____ |
| L5. | Drug Charges _____ |
| L6. | Forgery _____ |
| L7. | Weapons Offense _____ |
| L8. | Burglary/Larceny/Breaking & Entering _____ |
| L9. | Robbery _____ |
| L10. | Assault _____ |
| L11. | Arson _____ |
| L12. | Rape, Sexual Assault _____ |
| L13. | Homicide/Manslaughter _____ |
| L14. | Prostitution _____ |
| L15. | Contempt of Court _____ |
| L16. | Other: _____ <i>Include only formal charges, not times when client was simply picked up and questioned. Code failure to appear as Other and note original charge in comments. Do not include juvenile charges (<18 yrs) unless she was tried as an adult (but do note juvenile charges in comments).</i> |
| L17. | How many of these charges resulted in convictions? _____ <i>Include charges in L3–L16 above. Do not include charges in L18–L20. Convictions include fines, probation, suspended sentences, charges for probation/parole violations, as well as incarceration. If L3 through 16=00, then L17=-8</i> |
| How many times in your life have you been charged with the following: | |
| L18. | Disorderly conduct, vagrancy, public intoxication _____ <i>Generally a public annoyance without the commission of a particular crime.</i> |
| L19. | Driving while intoxicated _____ |
| L20. | Major driving violations _____ <i>Reckless driving, speeding, no license, etc. Does not include non-moving violations.</i> |
| L20a. | How many times in your life have you been incarcerated? _____ |
| L21. | How many months were you incarcerated in your life (total months)? _____ <i>Whether or not charge resulted in a conviction. Includes jail, detention center, prison.</i> Mos <i>2 weeks or longer=1 month. <2 wks=000.</i> |
| L22. | How long was your last incarceration? (most recent) _____ <i>Code -8 if never incarcerated.</i> Mos |
| L23. | What was it for? _____ <i>Use codes 3–16, 18–20 If multiple charges, code most severe Code -8 if never incarcerated.</i> |

LEGAL COMMENTS

(Include the question number with your notes)

FAMILY HISTORY (BIOLOGICAL RELATIVES ONLY)

Have any of your relatives had what you would call a significant drinking, drug use or psychiatric problem — one that did or should have led to tx?

- 0 - Clearly NO for all relatives in the category
- 1 - Clearly YES for any relative within category
- 7 - Uncertain or "I don't know"
- 8 - Never was a relative in that category

In cases of more than one family member per category, code most problematic (most severe case).

EXCEPT FOR BABY'S FATHER, BIOLOGICAL RELATIVES ONLY.

| <u>Mother's Side</u> | | | | <u>Father's Side</u> | | | | <u>Siblings</u> | | | |
|----------------------|-----|------|-------|----------------------|-----|------|-------|--------------------|-----|------|-------|
| | Alc | Drug | Psych | | Alc | Drug | Psych | | Alc | Drug | Psych |
| H1. Grandmother | ___ | ___ | ___ | H6. Grandmother | ___ | ___ | ___ | H11. Brother | ___ | ___ | ___ |
| H2. Grandfather | ___ | ___ | ___ | H7. Grandfather | ___ | ___ | ___ | H12. Sister | ___ | ___ | ___ |
| H3. Mother | ___ | ___ | ___ | H8. Father | ___ | ___ | ___ | | | | |
| H4. Aunt | ___ | ___ | ___ | H9. Aunt | ___ | ___ | ___ | | Alc | Drug | Psych |
| H5. Uncle | ___ | ___ | ___ | H10. Uncle | ___ | ___ | ___ | H13. Baby's Father | ___ | ___ | ___ |

FAMILY HISTORY COMMENTS

(Include the question number with your notes)

Client #: _____

Date: ___ / ___ / _____

CHILDHOOD HISTORY (cont)

CONFIDENCE RATINGS

Is the above information significantly distorted by:

- C13. Client's misrepresentation?** _____
0 - No 1 - Yes
- C14. Client's inability to understand?** _____
0 - No 1 - Yes

CHILDHOOD HISTORY COMMENTS

(Include the question number with your notes)

COMMUNITY SERVICES (cont)

For questions S18-S24, code 0 - No, 1 - Yes

S18. Are you currently receiving medical coupons or Medicaid? _____

S19. Do you have a private source of medical insurance? _____
Through work, partner's work, etc.
Specify: _____

S20. Are you currently receiving food stamps? _____

S21. Are you currently enrolled in the WIC program? _____

S22. Have you had an open case with CPS (Child Protective Services) in the last 3 years? _____
For your own children, not the children of someone else.

S23. Do you have an open CPS case now? _____

S24. Have you taken a parenting class in the last year? _____
At clinic, as part of treatment, co-ops.

S24a. Was this mandated? 0 - No 1 - Yes _____
If S24 is No, then code -8

S24b. Did you complete the course? _____
0 - No 1 - Completed 2 - In progress
If S24 is No, then code -8

S25. Are you in school/training now? _____
0 - No 4 - GED program
1 - High school 5 - Community college
2 - Trade/vocational program 6 - Back-to-work program
3 - College/university (4 yr) 7 - Other
Specify other: _____

S25a. Have you been involved in any (other) schooling in past 3 years? 1. _____
Code types from S25 above, whether or not completed.
2. _____
3. _____

S25b. Which of these programs have you completed (or are currently in progress) 1. _____
Code types from S25 above.
2. _____
3. _____
All programs coded here should also be coded in S25a.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

S26. Client's misrepresentation? _____
0 - No 1 - Yes

S27. Client's inability to understand? _____
0 - No 1 - Yes

COMPLETE AFTER CLIENT LEAVES

V1. Anyone else present during interview? _____
0 - No 1 - Yes
Who? _____

V2. Client cooperation _____
1 - Very uncooperative 3 - Somewhat cooperative
2 - Somewhat uncooperative 4 - Very cooperative

V3. Client under influence? _____
0 - No 1 - Yes, appeared so
2 - May have been, uncertain

V4. Special (for part A only) _____
1 - Usual, one session interview
2 - Interrupted, multi-session

COMMUNITY SERVICES COMMENTS

(Include the question number with your notes)

COMMENTS ON VALIDITY:

Interviewer Comments on Interview/Client/Situation

**PROFILE OF CLIENT NEED BASED ON
INTERVIEWER'S SUBJECTIVE ASSESSMENT**

Codes here should match those in interview.

| | No Problem/Issue 0 | Problem/Issue But currently stable with current services 1 | Problem/Issue Unaddressed need, but not urgent Lower priority 2 | Problem/Issue Has urgent, immediate need High priority 3 |
|------------------|----------------------------------|---|---|--|
| Problems | | | | |
| MEDICAL | | | | |
| EMPL/SUPP | | | | |
| ALCOHOL | | | | |
| DRUG | | | | |
| LEGAL | | | | |
| FAM/SOC | | | | |
| DOM VIOL | | | | |
| PSYCH | | | | |
| FAM PLAN | | | | |
| OTHER | | | | |

Specify Other: _____