

Assignment Template | Unit 3

TEMPLATE SECTION EXPLANATIONS

Below are explanations of each of the sections on the ASI-Lite template that you will complete. Remember this information when you write your short summaries under each section of the template. The template follows the explanations below.

General Information

You will find this type of section on every assessment form. The information in this section is important to help you create a profile of the client, to get contact information, and to understand “who” your client is through demographic information. Complete this section using information from the client interview or if the data is missing, make it up. You will find that the questions in this section are straightforward to answer.

Employment/Support Status

The information that you collect in this area helps with determining the severity of the addiction disorder. Clients who have moderate to severe disorders will report significant issues in this section. It is important to know if your client has a driver’s license or reliable transportation because without it, he/she will find it difficult to come to appointments. If information is not included in the audio interview, you may make it up. The information in this section will be used with information in other sections to determine the severity rating and placement recommendation of the substance use disorder. For example, a client who cannot keep a job and spends most of her day getting, using, and recovering from drug use would have a severe diagnosis (compared to mild or moderate).

Alcohol/Drugs

The information collected in this section is critical to making a substance use specific diagnosis. You will note the types of drugs used, frequency, amount, combinations, and anything else related to drug/alcohol use history.

Legal Status

This information is important to know for practical purposes. It helps to identify level of use if the client reports that it is her “fifth DUI” conviction or first arrest. You will also learn if the client is court-mandated (this means your agency needs to bill differently). Of course, it also helps you to understand the level of involvement that the client has with the judicial system.

Family/Social Relationships

This information in this section helps to identify the client’s role in the family. If the client lives alone, social relationships will be important to explore as a form of primary support. Often, family members or close friends will be concerned about the client. The client

might show frustration with others thinking that he/she has a problem. It is also important to know if the quality of those relationships.

Psychiatric Status

While your agency will likely not enroll clients, who have severe mental health disorders, it is important to assess the client’s current status. Clients in crisis often suffer from mental health symptoms and those require treatment. This section is already completed for you on your template, but consider the information when making a diagnosis and placement recommendation.

TEMPLATE INSTRUCTIONS

Remember: This is an interview, not a test

If a response is already provided, use it in your overall analysis. If the client did not give a response for a question, you can make it up. Use that information in your analysis too.

Interviewer Instructions

1. Leave no blanks
2. Make plenty of comments (if another person reads this ASI, he or she should have a relatively complete picture of the client's perceptions of his/her problems).
3. When writing comments in the summary area at the end of each section, please write the question number.

TEMPLATE

General Information

Date of Admission: **1/23 /2017**

Date of Interview: _____

Gender: ~~Male~~
~~Female~~
~~Transgender~~

Name: Cheyenne Smith-Jones

Address: 123 Main Street Madison, WI, 53703

Telephone Number: (414) 343-9948

How long have you lived at this address? Years ____ Months ____

Date of birth: _____ (Month/Day/Year)

What race do you consider yourself?

- | | |
|----------------------|-----------------------|
| White (not Hispanic) | Hispanic-Mexican |
| Black (not Hispanic) | Hispanic-Puerto Rican |
| American Indian | Hispanic-Cuban |
| Alaskan Native | Other Hispanic |
| Asian/Pacific | |

Do you have a religious preference?

- Protestant
- Catholic
- Jewish
- Islamic
- Other
- None

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

- No
- Jail
- Alcohol/Drug Treat.
- Medical Treatment
- Psychiatric Treatment
- Other: _____

How many days (approximately)? _____

Employment/Support Status

Level of education completed (indicate the highest level achieved):

- GED = 12 years
- High School Diploma
- Training or Technical education. Area of specialization: _____
- College completed. Degree and major _____
- Some college

Do you have a valid driver's license? YES NO

Do you have an automobile available? YES NO

Does not require ownership, only requires availability on a regular basis.

How long was your longest full time job (does not necessarily mean most recent job)?

Years _____ Months _____

Full time = 35+ hours weekly;

Usual (or last) occupation? (specify) _____

Does someone contribute the majority of your support? YES NO

Usual employment pattern, past three years?

Full time (35+ hours)

Service

Part time (regular hours)

Retired/Disability

Part time (irregular hours)

Unemployed

Student

In controlled environment

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

How important to you *now* is counseling for these employment problems?

Employment/Support Comments

Include any information that was interesting: The client might mention that she started college, but ended drinking too much to complete her degree. Note client's strengths too.

Alcohol/Drugs

Route of Administration Types:

Oral

Nasal

Smoking

Non-IV injection

IV

Past 30 Days Admin- indicate the route of administration

Alcohol (any use at all) # of times in the last 30 days _____

Alcohol (to intoxication) # of times in the last 30 days _____

Heroin # of times in the last 30 days _____

Methadone # of times in the last 30 days _____

Other Opiates	# of times in the last 30 days _____
Barbiturates/Sedatives	# of times in the last 30 days _____
Cocaine	# of times in the last 30 days _____
Amphetamines	# of times in the last 30 days _____
Cannabis	# of times in the last 30 days _____
Hallucinogens	# of times in the last 30 days _____
Inhalants	# of times in the last 30 days _____
More than 1 substance per day	# of times in the last 30 days _____

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

Alcohol use: _____ Drug use: _____

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

How many of these were detox only:

Alcohol: _____ Drugs: _____

How much money would you say you spent during the past 30 days on:

Alcohol: _____ Drugs: _____

How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? (Include AA/NA): _____

How many days in the past 30 have you experienced alcohol problems: _____

How troubled or bothered have you been in the past 30 days by these alcohol problems:

How important to you *now* is treatment for these alcohol problems:

How many days in the past 30 have you experienced drug problems: _____

How troubled or bothered have you been in the past 30 days by these drug problems?

How important to you *now* is treatment for these drug problems? _____

Alcohol/Drugs Comments

Include any contradictions or important notes that relate to the client's substance use.

Legal Status

Was this admission prompted or suggested by the criminal justice system?

YES NO

Are you on parole or probation? Note duration and level in comments. YES NO

How many of these charges resulted in convictions? _____

Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas should be noted in comments area.

Legal Comments

Include anything that the client stated that was important.

Family/Social Relationships

Marital Status:

- Married
- Remarried
- Widowed

Separated
Divorced
Never Married

Are you satisfied with this situation? YES INDIFFERENT NO
Satisfied = generally liking the situation.

Usual living arrangements (past 3 years): Choose arrangements most representative of the past 3 years.

With sexual partner & children	With friends
With sexual partner alone	Alone
With children alone	Controlled Environment
With parents	No stable arrangement
With family	

Are you satisfied with these arrangements? YES INDIFFERENT NO

Do you live with anyone who:

Has a current alcohol problem?	YES	NO
Uses non-prescribed drugs?	YES	NO

With whom do you spend most of your free time?

Family
Friends
Alone

Family/Social Comments

Include important information.

Psychiatric Status

***assume that this part of the form was completed by a licensed mental health professional.**

How many times have you been treated for any psychological or emotional problems:

In a hospital or inpatient setting? * 12/2/2015 after an argument with her ex-husband, threatened suicide and was admitted for evaluation- 3 days then released.

Outpatient/private patient? *saw a psychiatrist for treatment of mild depression (not formerly diagnosed with depressive disorder though). 12/2/2015- 12/5/2016

Enter diagnosis in comments if known.

*Client reported that she did not think that she had a diagnosis, but also thought that she did not need to see a psychiatrist.

For Items P8-10, Patient can have been under the influence of alcohol/drugs.

Experienced trouble controlling violent behavior including episodes of rage, or violence? Client stated that she becomes violent when drinking only if her ex-husband calls her. She stated that this is worse after she has been drinking.

Experienced serious thoughts of suicide? Patient seriously considered a plan for taking his/her life.

Client was hospitalized on 12/2/2015 for suicidal threat/ideation and was held for three days before release. Client does not remember much about this incident. Client is not currently suicidal or homicidal.

Attempted suicide?

Client threatened to swallow pills on 12/2/2015 which resulted in involuntary hospitalization. Client reported that she has not felt suicidal since that incident. It should be noted that client was subsequently prescribed anti-depressants (though she cannot recall which ones) for a year.

Psychiatric Status Comments

When client described psychiatric treatment, her responses were vague. It sounds as if she did not see the psychiatrist more than a few times. Client reported that she only remembers meeting with him four or five times in the year that she saw him for medical management check-ups. She cannot recall which drugs she was prescribed. *NOTE* we have consent to contact the psychiatrist (see client file).

Client spoke openly about her suicide threat. Prior to the threat, the client reported that she considered suicide for a month or so. When asked about the precipitating event, the client reported that her ex-husband called to make sure that she was home so that the divorce papers could be delivered. Client reported that she did not want the divorce. Client would not discuss the relationship further.