The Blending Initiative

The blending of resources, information and talent is the distinctive methodology behind a landmark agreement between the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT). The interagency agreement established the NIDA•SAMHSA Blending Initiative, a unique partnership that uses the expertise of both agencies to meld science and service together to improve drug abuse and addiction treatment. The Initiative encourages the use of current, evidence-based treatment interventions by professionals in the treatment field.

Blending Teams, comprised of Community Treatment Programs (CTP) and researchers affiliated with NIDA's Clinical Trials Network (CTN) and staff from CSAT's Addiction Technology Transfer Center (ATTC) Network, are charged with the dissemination of research results that are ready for adoption and implementation into practice. These Teams will identify and develop activities and materials (e.g. trainings, self-study programs, workshops and distant learning opportunities) for the addiction treatment field that will provide the tools necessary to access and adopt NIDA research protocols.

The Training Package

Training Package Contents

- A 6-hour classroom training program and a 4-week online version
- Examines how ASI information can be used for clinical applications and assist in program evaluation activities
- Identifies differences between program-driven and individualized treatment planning processes
- Provides a familiarization with the process of treatment planning
- Defines guidelines and legal considerations in documenting client status

Instructional Materials

- Course objectives, agenda, and training recommendations
- Training script and trainer notes
- PowerPoint slides and handouts (CD-ROM) including an ASI Narrative Report and case examples
- Reference List

Contact the ATTC Regional Center in your area to arrange for training on this topic. See back panel.

Training Objectives

- 1. Examine how Addiction Severity Index information can be used for clinical applications and assist in program evaluation activities.
- 2. Identify differences between program-driven and individualized treatment planning processes.
- 3. Gain a familiarization with the process of treatment planning including considerations in writing

and prioritizing problem and goal statements and developing specific, measurable, attainable, realistic, and



time-limited (S.M.A.R.T.) objectives and interventions.

- 4. Define basic guidelines and legal considerations in documenting client status.
- 5. Provide opportunities to practice incorporating the Addiction Severity Index information in treatment planning and documentation activities through use of the Addiction Severity Index Narrative Report and case examples.

Addiction Severity Index (ASI) Blending Team Members



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Contact the ATTC Regional Center in your area for more information.

ATTC National Office

www.nattc.org

Mid-America ATTC Arkansas, Kansas, Missouri, Oklahoma www.mattc.org

Mid-Atlantic ATTC

Maryland, North Carolina, Virginia, West Virginia www.mid-attc.org

Puerto Rico, U.S. Virgin Islands

cbattc.uccaribe.edu

Caribbean Basin &

Mountain West

Delaware, the District of Columbia,

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www.ceattc.org

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Great Lakes ATTC

New Hampshire, Rhode Island, Vermont Connecticut, Maine, Massachusetts, www.attc-ne.org

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www.glattc.org

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Pacific Southwest ATTC the Pacific Islands, Washington www.nfattc.org

Arizona, California, New Mexico www.psattc.org

North Dakota, South Dakota lowa, Minnesota, Nebraska, **Prairielands ATTC** www.pattc.org

Southeast ATTC

Georgia, South Carolina www.sattc.org

Southern Coast ATTC

www.scattc.org Alabama, Florida

S.M.A.R.T. Treatment Planning: **Utilizing the Addiction Severity** Index (ASI): Making Required **Data Collection Useful**

The primary goal of this training package is to transform required "paperwork" into clinically useful information. The Addiction Severity Index (ASI) is one of the most widely used tools for the assessment of substance use-related problems. Addiction counselors working in community-based treatment centers administer the ASI, yet often fail to

use findings to identify client problems, develop individualized treatment plans, and make referrals



matched to client needs. Intake workers, counselors, supervisors, and managers often view the ASI assessment as time consuming and not clinically useful. Supervisors and administrators often do not utilize treatment plans to monitor treatment outcomes and/or client retention.