BHI-MV & ASI-MV Assessment Workshop: Evidenced-Based Tools for Improving Behavioral Health Assessment, Quality & Outcome

for: Oklahoma 2017 Specialty Court Conference, Oklahoma City

September 14, 2017

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Agenda

➢ **Introductions**

➢ **BHI-MV and ASI-MV System**

- Overview
- The assessment process

➢ **Reports & Resources**

➢ **Case Example: Human Skills & Resources**

➢ **Summary and Discussion**

The Traditional ASI (clinician-administered)

Strengths	Challenges
▪ Structured behavioral health interview	▪ Requires trained interviewer
▪ Most widely used tool	▪ Time-consuming & expensive
▪ Treatment planning & outcomes measures	▪ Interviewer drift & reliability
▪ Rates problem severity in:	▪ Staff turnover
1. *Medical*	
2. *Employment*	Therefore…….
3. *Alcohol*	▪ Difficult to use consistently & in a standardized manner
4. *Drug*	
5. *Legal*	▪ Often used to meet a requirement – not tx planning
6. *Family / Social*	
7. *Psychiatric*	

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ASI-MV / BHI-MV Features

- Evidence-based tools (NIDA-funded grants)

- Client/consumer self-administered with audio

- Minimal staff time for administration

- Scores & detailed reports immediately available

- Reduces staff time & paperwork

- Consistent standard for assessments & outcome

- Offsite function for remote client access

ASI-MV & BHI-MV

Domains from ASI-MV	Additional Content BHI-MV
▪ Medical	▪ Eating Disorders
▪ Employment	▪ Trauma
▪ Alcohol	▪ Self-harm
▪ Drug	▪ Violence
▪ Legal	▪ Tobacco
▪ Family	▪ Gambling
▪ Psychological	▪ Military Status
	▪ SNAP Survey

Hello, and welcome to the Behavioral Health Index – Multimedia Version (BHI-MV™)!

This interview has 6 sections and should take you about 60 minutes to complete.

When you are ready to get started, click the "Next" button to begin answering some questions about yourself.

Mental Health

Last section!

In this final section, you will be asked some questions about your emotional health and how you've been feeling.

Let's get started.

NEXT

Mental Health

In your life, have you ever had mood swings; that is, serious changes in your feelings, energy, thinking or behaviors, which have caused difficulties in your job, school or relationships?

○ Yes

○ Only when high or in withdrawal from alcohol or drugs

○ No

⏮ ▶ ⏭ ↺

BACK   NEXT

Client Experience

From our customers, clinical trials & focus groups we have learned:

- Client acceptance is very high*

- Clients find the program engaging & easy to use*

- Clients tend to be more candid**

* Gurel, O. & Carise, D. (2001 unpublished). ASI-MV Pilot Study. Treatment Research Institute: Philadelphia, PA.

** Butler, S.F., Villapiano, A.J. & Malinow, A. (2009). The effect of computer administration on self-disclosure of problems on the Addiction Severity Index. Journal of Addiction Medicine, Volume 4, Number 3.

ASI-MV Study Results

- Excellent test-retest reliability

- Outstanding validity

- Research-proven Severity Ratings

- Results published in refereed journals*

ASI-MV data is as reliable or more reliable
than data from trained ASI interviewers!

*Butler, S.F., et al., (2009). *Validation of the Spanish Addiction Severity Index Multimedia Version (S–ASI–MV). Drug and Alcohol Dependence.* 99, 18-27.

*Butler, S.F., et al., (2001). Initial Validation of a computer-administered addiction severity index: The ASI-MV. *Psychology of Addictive Behaviors.* 15(1): 4-12.

*Butler, S.F., et al., (1998). Predicting Addiction Severity Index (ASI) Interviewer Severity Ratings for a Computer Administered ASI. *Psychological Assessment.* 10(4): 399-407.

Trudeau, K.J., et al.,(2009). *Validation of CHAT: An interactive, multimedia scale to assess alcohol and substance addiction severity among adolescents.* Poster presentation at the College on Problems of Drug Dependence (CPDD) 71st Annual Meeting, Las Vegas, NV, June 20-25, 2009.

Sample Assessment Process

- Clinician <u>engages</u> clients and checks mental status

- Staff sets client up to self-administer assessment

- Narrative Report is generated

- Clinician reviews report identifying problem areas

- Clinician completes assessment process, adding to report & sharing data with clients

ASI-MV / BHI-MV Clinical Reports

✓ Narrative Report

✓ Client Placement Worksheet (ASAM Dimensions)

✓ Treatment Planning Tool (Key Clusters & Problem Lists)

✓ Brief Screening Summary

✓ Domestic Violence & Sexual Assault Summary
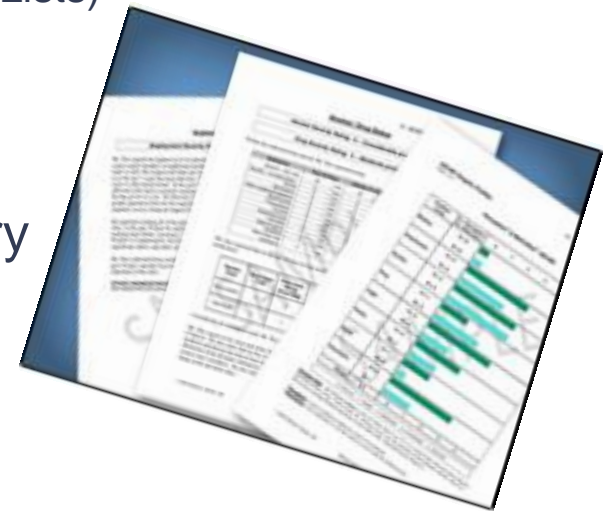
Site: Behavioral Health Services
Address: 320 Needham St., Newton, MA

Narrative Report - *BHI-MV*
Behavioral Health Index - Multimedia Version

Summary of Results for:

Client Name:	**Sample Client**	*Client ID:*	**1232**
Client Address:	**123 Main St.**	*Administration Date:*	**10/3/2014**
	Newton, MA 02464	*Admission Date:*	**10/3/2014**
Client DOB:	**6/1/1990**	*Program #:*	**562**
Gender:	**Male**	*Class:*	**Intake/initial**
Social Security #:	**999-99-9999**	*Interviewer Code:*	**106**
Interview:	**BHI-MV**	*Payer/Insurer:*	**Commercial Payer**
		Service:	**Outpatient/non-Methadone**

Scoring / Rating Summary

Problem Areas	Severity Ratings[1]	Composite Scores[2]	Perception[3]	Motivation[4]
Medical	1	0.000	Not at all	Not at all
Employment	4	0.097	Slightly	Moderately
Alcohol	6	0.483	Considerably	Considerably
Drug	4	0.075	Moderately	Slightly
Legal	2	0.100	Considerably	Slightly
Family/Social	3	0.150	Slightly/ Not at all	Slightly/ Not at all
Psychiatric	4	0.114	Moderately	Considerably
Tobacco			Moderately	Moderately
Gambling			Slightly	Not at all
Range	0-9	.000-1.000	0-4	0-4
[1,2,3,4] see BHI-MV Graphic Profiles pages at end of report for further information				

Problem Area	PC-PTSD Screen Score - YES Responses
Trauma	4
Research suggests that 3 or more "YES" responses on the PC-PTSD screen should be considered "positive" for possible PTSD problems, but further evaluation is recommended.	

BHI-MV Graphic Profiles
Graph 1 of 3

Severity Ratings** BHI-MV

Problem Areas	Severity Ratings	0	1	2	3	4	5	6	7	8	9
Medical	1										
Employment	4										
Alcohol	6										
Drug	4										
Legal	2										
Family/Social	3										
Psychiatric	4										
Range	0 - 9	0	1	2	3	4	5	6	7	8	9

** Severity Ratings are calculated from questions, which include "lifetime" data and are used for identifying problem areas and treatment planning. They should not be used to evaluate outcome or progress.

Severity Ratings**
Interpretation Guidelines

0 – 1   No real problem
2 – 3   Slight problem
4 – 5   Moderate problem
6 – 7   Considerable problem
8 – 9   Extreme problem

Low **Severity Ratings** or **Composite Scores** do not necessarily indicate the absence of a problem, because the client's self-perception of problem severity and motivation to receive help are factored into these scoring formulas. See the content of the narrative report for more detail on the client's self-reported data.

1. Acute Intoxication and/or Withdrawal Potential.......………........Risk:

0	1	2	3	4
None	Mild	Moderate	Severe	

- In the last 30 days he drank 10 days and 2 of those days he drank to intoxication.

- He is currently not clean and sober.

- There has never been a time when he was not using his major substance for at least one month.

- He has been in alcohol detox treatment 2 times in his life.

- He has been in drug detox treatment 1 time in his life.

- He has been in both alcohol and drug detox treatment 0 times in his life.

- He has had DTs 0 times in his life.

- He has overdosed on drugs 2 times in his life.

- He has usually lived alone during the last three years.

- He has had no stable living arrangement during the last three years.

*Additional Information:*_____ _____

_____

2. Biomedical Conditions & Complications………….…….....……………... Risk:

| 0	1	2	3	4
None	Mild	Moderate	Severe	

- **Pregnant?:** NA

If yes, receiving prenatal care?:   Y   N   Name, address, phone # of MD: _____

Analytics Data Center

- Monitor problem areas of your population

- Understand types of drugs used

- Identify co-occurring issues

- Measure outcomes

- Compare population characteristics

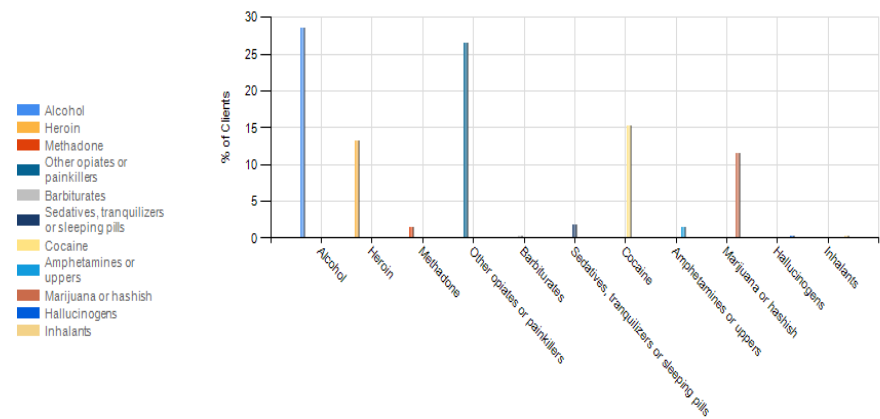- Compare to national benchmarks

- Access data in "real-time"

Primary Substance of Abuse

01/01/10 to 12/31/14
(Aspire: *N=10,746*) / National: *N=247,602*)
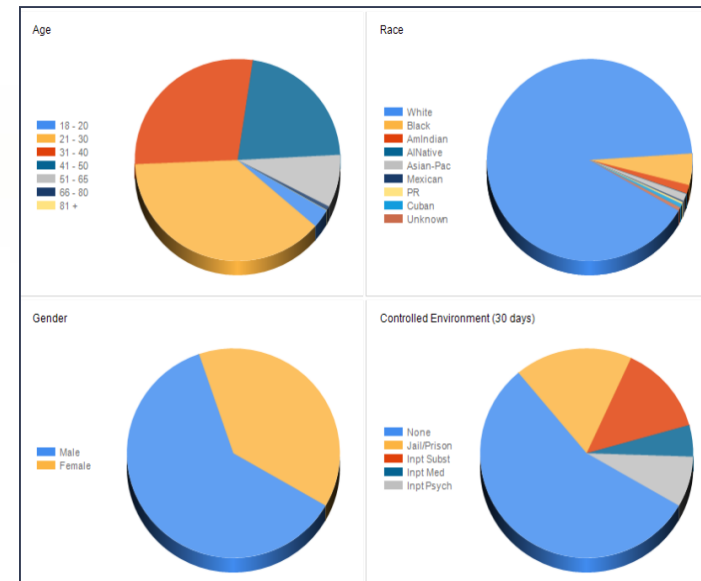
Primary Substance Problem - N= 10,746

Primary Substance of Abuse (ASI-MV)	Aspire HP Data		National Data	
	Totals	%	Totals	%
Alcohol	3,062	28.49%	88,155	35.60%
Heroin	1,420	13.21%	26,427	10.67%
Methadone	163	1.52%	3,106	1.25%
Other opiates, prescription opiates	2,834	26.37%	30,569	12.35%
Barbiturates	29	0.27%	445	0.18%
Sedatives, tranquilizers	185	1.72%	2,586	1.04%
Cocaine	1,636	15.22%	21,879	8.84%
Amphetamines, Methamphetamines	151	1.41%	30,489	12.31%
Marijuana, hashish	1,235	11.49%	42,816	17.29%
Hallucinogens	15	0.14%	889	0.36%
Inhalants	16	0.15%	241	0.10%

ASI-MV

WORKSHEETS & HANDOUTS

Relapse Prevention

RP-1 Preventing Relapse Quiz

RP-2 How Well Are You Preventing Relapse?

RP-3 Stages of Recovery

RP-4 Relapse Prevention Self Assessment

RP-5 Treatment Attitudes Questionnaire

RP-6 Negative Behaviors in Treatment

RP-7 Recovery Behaviors Form

RP-8 High Risk Situations for Relapse

RP-9 My High Risk Situations

RP-10 Some Common Recovery Dilemmas

RP-11 My Recovery Dilemmas

RP-12 Managing Cravings: Tricks and Tools

RP-13 My Craving Triggers

RP-14 Protracted Withdrawal

RP-15 Abstinence Violation Effect

RP-16 Seemingly Irrelevant Decisions

RP-17 My Relapse Attitudes

RP-18 Managing My Relapse Thinking

RP-19 Think Your Way Out of Using

RP-20 Assessing Your Lifestyle

RP-21 Leisure Activity Exercise

RP-22 Social Survival Manual

RP-23 Safe and Dangerous Contacts

Addictions

HO-1 What is Addiction?

HO-2 Points for the Family to Remember (Pre-recovery)

HO-3 Points for the Family to Remember (Post-recovery)

HO-4 Denial

HO-5 Myths of Addiction

HO-6 Ten Things You Should Know About Alcohol and Alcoholism

Continuing Care

CC-1 Self-Care Assessment

CC-2 Self-Care Goals Worksheet

CC-3 Feelings Management Strategies

CC-4 Feeling Skills Handout

CC-5 Assertiveness Skills

CC-6 Learning To Say "No"

CC-7 Unrealistic Thinking

CC-8 What is Depression and Anxiety?

CC-9 Support Network Survey

CC-10 Relaxation

Employment

E-1 The Ready-for Work Checklist

E-2 The Right Job Checklist

E-3 Thinking About A More Open Recovery

Summary

- Research-based tools

- Consistent standard for assessments & outcome

- Practical & easy for staff & clients to use

- Reduces staff time & paperwork

- Immediate access to clinical reports

- Monitor trends & problem areas of your population

- Compare with local & national benchmarks

- Access data in "real-time"

Case Example:

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Questions / Discussion

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