

## 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

### For More Information

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 measurable, attainable, time-limited realistic, and specific (M.A.T.R.S.) 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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● Visit [ATTGnetwork.org](http://ATTGnetwork.org) for more information on the ATTC Regional Center in your area. ●

**Caribbean Basin & Hispanic ATTC**  
PR, VI

**Central East ATTC**  
DE, DC, MD, NJ

**Great Lakes ATTC**  
IL, IN, MI, OH

**Gulf Coast ATTC**  
LA, NM, TX

**Mid-America ATTC**  
AR, KS, MO, NE, OK

**Mid-Atlantic ATTC**  
KY, TN, VA, WV

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**Prairielands ATTC**  
IA, MN, ND, SD, WI

**Southeast ATTC**  
GA, NC, SC

**Southern Coast ATTC**  
AL, FL, MS

**ATTC National Office**  
Contact the ATTC National Office for more information: 816-235-6888 or [NO@ATTGnetwork.org](mailto:NO@ATTGnetwork.org)

## *Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index (ASI) to Make 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



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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. ●