

American Society of Addiction Medicine

TOGETHER WITH

Addiction Severity Index



Register today for the NEW combined ASAM & ASI Training!

Tulsa

August 2-3, 2012

Oklahoma Department of Mental Health
and Substance Abuse Services

Combined ASAM and ASI Training

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Program Purpose

The purpose of the combined instruction is to provide the natural link between the traditionally separate training. This competency based workshop will address the proper administration and scoring of the Addiction Severity Index (ASI) as well as the proper utilization of American Society of Addiction Medicine (ASAM) Placement Criteria. The two instruments are commonly used in tandem and this workshop will utilize case studies to enhance the understanding of the assessment process and placement considerations necessary for structuring treatment planning and implementation in a person-centered, evidence-based manner. The participant will receive 12 CEUs for the two-day session; however the workshop also requires participation in a two hour follow-up coaching session approximately 60 days after completion of the workshop for certification in administering the instruments. The purpose of this session is to address questions of coding and placement issues after the clinician has had the opportunity of administering and utilizing the instruments.

Learning Objectives

Upon completion of the workshop, the participant shall be able to:

1. Review the underlying concepts and principles of the ASAM Patient Placement Criteria.
2. Discuss changes made in the revised second edition of the ASAM Criteria, ASAM PPC-2R that include criteria for those with co-occurring mental and substance-related disorders.
3. Apply the ASAM PPC-2R in clinical work to broaden services and better meet the needs of clients, including "dual diagnosis" clients.
4. Identify and describe the specific intention of each question asked in the ASI.
5. Phrase each question in the most efficient way while remaining flexible enough to adapt the instrument to make it more gender, culture, and population sensitive.
6. Verify patient/client self-report through the use of cross checking.
7. Explain the importance of using additional probes (questions) to augment information provided by the client.
8. Consistently apply the correct numerical codes in response to client answers; and
9. Utilize the severity rating procedure.

Facilitator

Jim Giffin, LADC is a Field Services Coordinator for the Oklahoma Department of Mental Health and Substance Abuse Services. He has a Masters of Education in Guidance and Counseling from the University of Central Oklahoma and has worked in the chemical dependency field since 2000. Jim has experience working in both residential and outpatient treatment programs. Jim also has more than ten years' experience training in the corporate sector.

Dates and Locations

The **Tulsa** trainings will be held at Tulsa Technology Center- Peoria Campus, Room PE)-Council Oak 103. The address of the training center is 3850 N. Peoria Avenue, Tulsa, Oklahoma 74106.

Phone: (918) 828-2000.

Training Fees

Current ODMHSAS employees are admitted at no charge. Registration for non-ODMHSAS participants is \$200.00 for the two day training. *Payment may be made by check, credit card or money order only. **NO refunds.***

Continuing Education Credits

The DMHSAS Institute for Mental Health and Substance Abuse Education and Training has approved twelve hours (12.00) credit hours through the Oklahoma State Board of Licensed Social Workers, the Licensed Marital and Family Therapist committee, Licensed Alcohol and Drug Counselors, the Licensed Professional Counselors committee, Oklahoma State Board of Examiners of Psychologists, and the Certified Prevention Specialist certification board. Participant evaluation forms must be submitted in order to receive continuing education credit and a certificate of attendance. There is a \$5.00 charge to reissue a certificate.

Special Accommodations

Sign interpreters and/or other special accommodations required by disabled participants will be available upon advance request (please allow one week's notice). Please indicate on the registration form the type of special accommodations, if any, you require. For requests, call 405-522-8300.

Program Schedule

Day 1

8:00am – 8:30am	Registration
8:30am – 10:00am	<i>Introductions & Background of ASI/ASAM</i>
10:00am – 10:15am	Break
10:15am – 11:45am	<i>ASI/ASAM History</i>
11:45am – 1:15 p.m.	Lunch on your own
1:15pm – 2:45pm	<i>Introduction of Video, Medical and Employee Support Sections Reviewed</i>
2:45pm – 3:00pm	Break
3:00pm – 4:30pm	<i>Drug and Alcohol Sections Reviewed</i>

Day 2

8:30am – 10:00am	<i>Homework & Legal Section Reviewed</i>
10:00am – 10:15am	Break
10:15 am – 11:45am	<i>Framework & Legal Section Reviewed</i>
	<i>ASI and Treatment Planning</i>
11:45 am – 1:15pm	Lunch on your own
1:15pm – 2:45pm	<i>Case Studies</i>
2:45pm – 3:00pm	Break
3:00pm – 4:30pm	<i>Case Studies (continued) & Wrap-up</i>

Registration Form

ASI/ASAM

August 2-3, 2012

HOW TO REGISTER

By Mail:

ODMHSAS, Human Resources Development
2401 NW 23rd Street, Suite 1F
Oklahoma City, OK 73107

By Fax: Faxed registrations are accepted at 405-522-8320

REGISTRATION INFORMATION:

Name: _____
Home Phone Number: _____
Occupation or Job Title: _____
Place of Employment: _____
Address: _____
City, State, ZIP: _____
Daytime Phone: _____
E-Mail Address: _____

**Note: If an e-mail address is included, a confirmation that your registration has been received will be e-mailed to you.

I require special accommodations as follows: _____

PAYMENT

Please enclose registration payment. If paying by purchase order (PO), please mail or fax a copy of the purchase order with the name of the attendee(s) included on the PO. If paying by check or money order please make payable to ODMHSAS. Please check all boxes that apply. No Refunds.

FORM OF PAYMENT	ODMHSAS EMPLOYEE	REGULAR RATE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/>	<input type="checkbox"/> \$200
<input type="checkbox"/> Purchase Order # _____		<input type="checkbox"/> \$200
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		<input type="checkbox"/> \$200

Credit card # _____ Expiration Date: _____ Cardholder signature: _____

CONTINUING EDUCATION CREDIT REQUESTED

Physician LPC LMFT Psychologist LADC CPS Under Supervision
 PRSS CADC LADC LCSW Case Mgmt Other _____

For information, call Human Resources Development at 405-522-8300.