

Addiction Severity Index (ASI) Up-Date Training

Program Purpose

The ASI Up-Date Training is intended only for those individuals who have previously attended the two day ASI Training. Some ODMHSAS contracts require providers to up-date ASI training every five years; this training satisfies that up-date requirement. Further, this training is intended to: enhance interviewer competencies in the correct utilization of the Addiction Severity Index in order to create an assessment driven treatment process, to provide the assessor a better understanding of the crucial considerations for ASAM patient placement, and to understand the relationship of the ASI and ASAM placement criteria in developing correctly individualized, assessment driven treatment plans. The training will also identify the process of continued progress monitoring.

Facilitators

Steve Stewart, LPC, LADC, SAP has worked in the substance abuse field & mental health field for the last 26 years. He is a certified ASI & ASAM PPC2R Trainer who has provided ASI & ASAM training for ODMHSAS for over 6 years. He has a Masters in Counseling Psychology. He is a licensed professional counselor and a licensed alcohol and drug counselor.

James Patterson, ICADC, is the founder and Executive Director of Specialized Outpatient Services, Inc. in Oklahoma City, OK, which provides drug screening, DUI, early intervention, extended outpatient, and intensive outpatient substance abuse services to adults, adolescents, and families. James is a certified substance abuse (ICADC) counselor, certified case manager, DUI instructor, DUI assessor, and ASI trainer in the state of Oklahoma and has been working in the field of chemical dependency since 1988.

Dates and Locations

- August 8, 2014 at Tulsa Tech-Riverside Campus in the **Auditorium**, 801 E. 91st St., Tulsa, OK 74132
- October 21, 2014 at Shepherd Mall, 2401 NW 23rd St. Ste. 1F, Oklahoma City, OK 73107
- December 5, 2014 at Tulsa Tech-Riverside Campus in **Room A-144**, 801 E. 91st St., Tulsa, OK 74132

Agenda

8:00–8:30	Registration
8:30–9:00	Introduction; Creating an Assessment Driven Treatment Process
9:00–10:30	How Do Biases Affect the ASI & Drift
10:30–10:45	Break
10:45 –11:45	Drift, Treatment Planning & Most Common Errors with the ASI
11:45–12:45	Lunch
12:45–2:15	Review of the ASI and role of ASI in ASAM Placement Process
2:15–2:30	Break
2:30–3:00	ASAM Dimensions & Level of Care
3:00–4:30	ASI Practice

Training Fees

Registration for participants is \$85.00 for the full-day training. A rate of \$135.00 will apply for all registrations received within one week of the workshop. Payment may be made by check, credit card or money order only. Current ODMHSAS employees are admitted at no charge. **No refunds.**

Continuing Education Credits

The ODMHSAS Institute for Mental Health and Substance Abuse Education and Training has approved 6.5 continuing education hours through the Oklahoma State Board of Licensed Social Workers, the Oklahoma Board of Examiners of Psychologists, the Licensed Marital and Family Therapist committee, Licensed Alcohol and Drug Counselors and Licensed Professional Counselors committee. Continuing education hours are also approved for Certified Behavioral Health Case Managers and credentialed Peer Recovery Support Specialists.

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.

REGISTRATION FORM

**Addiction Severity Index (ASI)
Up-Date Training**

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 one week prior to the training.

I require special accommodations as follows: _____

DATES

August 8, 2014 - Tulsa

October 21, 2014 - Oklahoma City

December 5, 2014 - Tulsa

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	EARLY- BIRD RATE	REGULAR RATE	ODMHSAS EMPLOYEE
<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> \$85	<input type="checkbox"/> \$135	<input type="checkbox"/>
<input type="checkbox"/> Purchase Order # _____			
<input type="checkbox"/> Credit Card (circle one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Credit card # _____	Expiration Date: _____	Cardholder signature: _____	

CONTINUING EDUCATION CREDIT REQUESTED

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