
Oklahoma City
April 22, 2013
June 24, 2013

Program Purpose
Clinicians involved in planning and managing care often lack a common language and systematic assessment and treatment approach that allows for effective, individualized service plans. The Patient Placement Criteria of the American Society of Addiction Medicine (ASAM) first published in 1991, provides a common language to help the field develop a broader continuum of care. The second edition (PPC-2) was published in 1996 and a revised second edition (ASAM PPC-2R) was published April, 2001. This one-day workshop is designed to introduce the ASAM Patient Placement Criteria to clinicians and administrators. This workshop will explain the underlying principles of the ASAM Patient Placement Criteria (PPC); update participants in new developments with the ASAM PPC and learn how to apply the ASAM Criteria in individualized treatment and care management. This workshop will enable participants to begin to implement the ASAM Criteria and through careful assessment, tailored services planning and broadening services provide a more flexible continuum of care.

Learning Objectives
Upon completion of the workshop, the participant shall be able to:
1. Demonstrate an understanding of 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 co-occurring clients.

Facilitator
Ray Caesar LPC, LADC.
Director of Addiction Specialty Programs

Ray Caesar has worked in the addictions field for over thirty years, as a clinician, educator, consultant, author, and program director. His efforts have been in both the treatment and the prevention arenas. He has authored numerous pamphlets, manuals and one book. He has extensive background in program development, having created and operated several alcohol and drug treatment programs, ranging from outpatient to residential and inpatient detoxification units. He currently works for the Oklahoma Department of Mental Health and Substance Abuse Services. In this capacity he is responsible for the certification of all ADSAC (DUI) organizations, facilitators, assessors and assessment agencies. He is also in charge of the loan fund and development program for Oxford House and is the State Opioid Treatment Authority. Mr. Caesar received both his undergraduate in psychology and his graduate degree in counseling psychology from the University of Central Oklahoma in Edmond, is licensed as a professional counselor (LPC) and as an alcohol and drug counselor (LADC).

Dates and Locations
Will be held in Oklahoma City at the ODMHSAS Training Center, Shepherd Mall, Suite 1F. Shepherd Mall is located at 2401 NW 23rd Street, Oklahoma City. Shepherd Mall is located at the corner of NW 23rd and Villa. Park and enter through the north end glass doors. Take the elevator to the 2nd floor, exit to the left and follow the hallway to the ODMHSAS Training Center, Suite 1F.

Training Fees
Current ODMHSAS employees are admitted at no charge. If registering more than one calendar week prior to the workshop, the early-bird registration for non-ODMHSAS participants is $75. Regular fee or on-site registrations will be charged $125. 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 six hours and thirty minutes (6.50) credit 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 the Licensed Professional Counselors committee. 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**

8:00am – 8:30am  
Registration

8:30am – 10:15am  
*Introduction to the ASAM Patient Placement Criteria*  
1) History and development of the ASAM criteria  
2) Overview of the current treatment system  
3) Strengths and criticisms of the ASAM PPC-2R  
4) Implications in service delivery and care management  
5) Criteria and guidelines; nomenclature and use of terms

10:15am – 10:30am  
Break

10:30am – 12:00pm  
*How ASAM is Organized*  
1) ASAM Dimensions identified  
2) ASAM levels of service identified  
3) Dimensions and service levels defined  
4) Targeting and focusing treatment and placement

12:00pm – 1:00 p.m.  
Lunch on your own

1:00pm – 2:30pm  
*How ASAM is Organized (continued)*  
1) Dimensions and service levels defined  
2) Issues specific to ASAM

2:30pm – 2:45pm  
Break

2:45pm – 4:00pm  
*Improving Services to Implement the ASAM PPC-2R*  
1) The continued service and discharge/transfer criteria  
2) How the ASI relates to the ASAM PPC 2R

4:00pm – 430pm  
*Wrap up, Q&A, Implications for Future Directions*
REGISTRATION FORM
The Revised Second Edition ASAM Patient Placement Criteria
Ray Caesar, LPC, LADC

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

Online: To register online or for more information, go to here

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: ________________________________

PLEASE CHECK ONE TRAINING DATE
Oklahoma City
☐ April 22, 2013
☐ June 24, 2013

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
☐ Check or Money Order $75 $125
☐ Purchase Order #__________________
☐ Credit Card (circle one):
  Visa ____________________
  MasterCard ____________________

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.