



The ASAM Criteria Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions

2401 NW 23rd Street, Oklahoma City, OK 73107 (405) 522-8300



The ASAM Criteria:

Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions

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 new 2013 ASAM Criteria to clinicians and administrators. This workshop will explain the underlying principles of the ASAM Criteria; update participants in new developments with the ASAM Criteria 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.

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 Criteria.
2. Discuss changes made in the third edition of the ASAM Criteria that include criteria for those with co-occurring mental, substance-related and addictive disorders.
3. Apply the ASAM Criteria in clinical work to broaden services and better meet the needs of consumers, including co-occurring consumers.

Facilitator

Ray Caesar, LPC, LADC-MH. Director of Addiction Specialty Programs for ODMHSAS.

Location and Time

The trainings will be held at the ODMHSAS Training Institute located at 2401 NW 23rd St., Ste. 1F, Oklahoma City, OK 73107 from 8:00 AM – 4:30 PM.

Training Fees

The early-bird registration fee is \$85.00 for the training. A rate of \$135.00 will apply for all registrations received within one week of the training date. Current ODMHSAS employees may attend at no cost. *Payment may be made by check, credit card, or money order only. No cash please. No refunds. Please note a \$2.50 fee is added if paying by credit card.*

Continuing Education Credits

The 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.

Certificate of Attendance

Certificates of attendance will be distributed at the end of the training. A course evaluation must be submitted to receive a certificate of attendance.

Special Accommodations

Sign interpreters and/or other special accommodations required by disabled participants will be available upon advance request (please allow two weeks' notice). Please indicate on the registration form the type of special accommodations, if any, you require.

In case of inclement weather, the Training Institute will follow the State of Oklahoma schedule for non-essential government employees. Please check www.ok.gov or your local television stations for information.

REGISTRATION FORM

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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.

By Email: Completed forms may be emailed to jejones@odmhsas.org.

REGISTRATION INFORMATION:

Name: _____

Home Phone Number: _____

Occupation or Job Title: _____

Place of Employment: _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

E-Mail Address: _____

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

- February 23, 2015
- April 20, 2015
- May 11, 2015
- June 22, 2015

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 _____