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**Motivational Interviewing  
and Individualized Service  
Planning with  
*The ASAM Criteria***

**Train for  
Change** INC.®



The **Change** Companies®

# Welcome ●

Welcome to the Motivational Interviewing and Individualized Service Planning with *The ASAM Criteria* training! Please answer the following questions, and be prepared to share your responses.

**What are some of the reasons you chose to attend this training?**

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**How can the trainer help you over the next two days of training?**

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**What do you want from this training?**

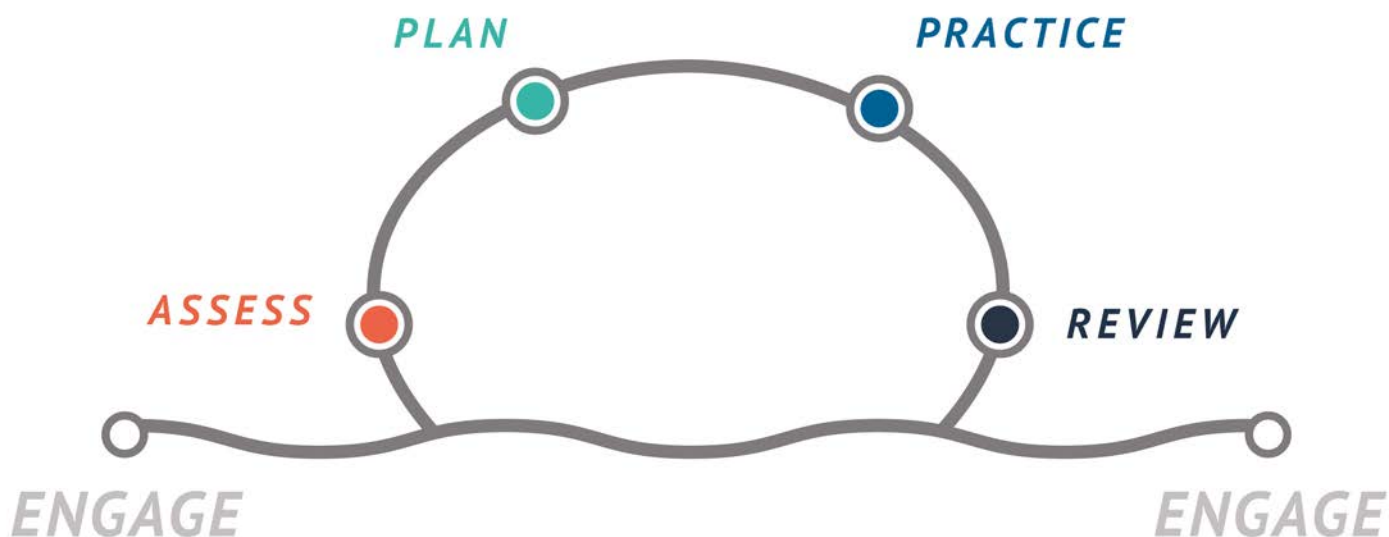
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**Why now?**

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# Mapping *Training Objectives*

ENGAGE ASSESS PLAN PRACTICE REVIEW

## The ASAM Criteria...

- Develop individualized, measurable service plans based on individualized needs and the ASAM Criteria's six dimensions
- Identify how the ASAM Criteria and the dimensional analysis initiates and drives a person-centered service plan
- Using service plans with the ASAM criteria continued service, transfer and discharge criteria

## Motivational Interviewing...

- Develop an understanding of behavior change principles
- Identify program and personal strengths and barriers to motivational interviewing and person-centered service plans
- Develop and practice motivational interviewing skills for engaging clients in person-centered service planning

## Developing and Using Service Plans...

- Understand service planning content, problems, goals, objectives and interventions
- Understand where, when and how the plan drives the services delivered
- Strategize opportunities for program changes that support the use of the service plan to drive care

# Installation



*“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”*

*– Buckminster Fuller*



## INDICATE TRUE OR FALSE

T F

1. The sole purpose of the ASAM Criteria is to justify admission.
2. The risk ratings in the ASAM Criteria are used to determine when the client should be discharged.
3. Motivational interviewing is most appropriately used on resistant persons served.
4. The person served can benefit from having a copy of their service plan.
5. Since every client has the same problems and needs, topic groups are best.
6. It's impossible to provide group therapy based on the individualized service plans.
7. Continued stay reviews are intended to count how many days the person served has remaining in care.
8. A good group facilitator will make every group topic fit for every client.
9. Motivational interviewing skills can help engage the person served in the development of their service plan.
10. If the person served has two separate counselors, one for group and one for individual sessions, the service plan can support continuity in focus/care.
11. The treatment services (group, individual sessions, lectures, etc.) should align with the needs identified on the service plan of the person served.
12. The progress note is just a short review of the progress on the service plan.
13. A well-written plan will drive individualized service design and delivery.
14. Our program is designed to support the service plan as the guide for what to provide to the client.
15. Because the people we work with are slow to change, there is not a need to update service plans more than approximately every 30-90 days.

# A Twist on

## *Assessing Dimensions 4-6*

A modified version of dimensions 4-6 can be a framework to think strategically about increasing the use of service plans and individualized service design. When thinking about program change, consider the following dimensional needs:

### Dimension 4: Readiness

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Based on the change focus (MI, Developing service plans, Using service plans)...

- Who is ready?
- Why are they ready? What are they ready for?
- Who may not be so ready?
- What's your program's stage of change?
- How about your staff's?

### Dimension 5: Continued Program Potential

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Examine the program and assess...

- The likelihood of the program and staff to stay the same
- Opportunities, experiences, resources that have driven change in the past or may currently do so
- Persistence of models, values, beliefs, internal and external stimulus (regulations, contracts, community needs) over time
- Hope and self-efficacy of individuals and organizational culture

### Dimension 6: Integration Environment

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Consider the environment the change is taking place within. Pay attention to...

- Peer supports
- Space
- Time
- Reputation
- Cultural beliefs/norms
- Supervision/training
- Organizational design
- Financial cost

# Personal Expertise and Strengths

Based on the possible training objectives and pre-test, please identify areas of personal expertise and strength in each category.

## The ASAM Criteria:

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## Motivational Interviewing:

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## Developing and Using Service Plans:

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For this training, please write in 1-3 of the areas of focus from “Mapping Training Objectives” on page 3 in the space below and on the next page. Then, choose from the objectives and write ones that are important to you here. Please feel free to add additional objectives.

Area of Focus: \_\_\_\_\_

## Objectives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Continued Training Revisions and Rationale:

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## Continued Training Revisions and Rationale:

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# Personal *Expertise and Strengths*

**Area of Focus:** \_\_\_\_\_

**Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Continued Training Revisions and Rationale:**

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**Continued Training Revisions and Rationale:**

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**Area of Focus:** \_\_\_\_\_

**Objectives:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Continued Training Revisions and Rationale:**

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**Continued Training Revisions and Rationale:**

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# Avoid Common *Traps*



## Assessment trap

- Feeling like you need to know a lot of information before being able to help
- Viewing assessment as a prerequisite rather than the beginning of the relationship and service
- Client in a passive and one-down role
- Counselor controls the session and client responds with short answers
- Active expert and passive client
- Little opportunity to explore their own motivation and offer change talk
- Not able to talk him/herself into change
- *Assessment is the beginning of the relationship and service*

## Expert trap

- “Once I’ve collected enough information I will have the answer...”
- Uneven power relationship
- *You don’t have the answers for clients without their collaboration and expertise*

## Premature focus trap

- Trying to solve the problem before establishing a working collaboration and figuring out common goals
- Counselor trying to figure out the “real” problem
- Client has more pressing concerns and may not share the importance the counselor places on this “problem”
- *Very often exploring things that are of concern to the client will lead back to the topic that is of concern to the counselor*

## Labeling trap

- A specific form of the premature focus trap
- Can make people feel cornered
- You are a \_\_\_\_\_.”
- You have a problem with \_\_\_\_\_.”
- *It is not so important to accept a diagnosis*

## Blaming trap

- Whose fault is the problem?
- Who is to blame?
- Wasting time and energy on needless defensiveness
- *Render blame irrelevant*
- *Counseling has a no-fault policy*
- *“I’m not interested in looking for who’s to blame, but rather what is troubling you and what you might be able to do about it.”*

## Chat trap

- Small talk
- Insufficient direction in the conversation
- Not likely to be helpful beyond modest doses
- *In one treatment study, higher levels of in-session informal chat predicted lower levels of client motivation for change and retention (Bamatter et al., 2010)*
- *Primary attention is devoted to the client’s concern and goals*

### Exercise

Based on what you previously identified in your program dimensional assessment, what would you put here, or add?

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# Exercise

## *Traditional Approach (NOT MI)*

1. Work in groups of two: One speaker and one helper

2. Speaker's Topic:

Something about yourself that you...

- want to change
- need to change
- should change
- have been thinking about changing but you haven't changed yet, i.e., something you're ambivalent about

3. Helper's Role:

- Find out a little about the person's concerns and then...
- Explain why the person should change
- Give at least three specific benefits that would result from changing
- Tell the person, briefly, how to change
- Emphasize how important it is to change
- Tell the person to do it

NOTE: This is NOT motivational interviewing – There is no reflective listening!

**How did it feel to be the speaker in this exercise?**

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# Ambivalence

A person experiences ambivalence when they are thinking about a change, but can see both the reasons to change and the reasons to maintain the status quo. Ambivalence is common and normal. If a person is experiencing ambivalence, they are in the process of change.

*The person you are talking with should be the one voicing the arguments for change.*





# The *Righting Reflex*

## Beware the Righting Reflex!

The righting reflex is when a helper becomes engaged in a person's ambivalence by arguing for change.



## What Happens When the Righting Reflex and Ambivalence Meet?

When the helper takes the positive side of the argument, the person is left defending the negative side or status quo. Since people are apt to listen to their self-talk, they will likely talk themselves out of change.

How do people tend to respond to the righting reflex?

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How do people respond to an evoking or empathic style that focuses on listening?

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## A Taste of MI

### Instructions

1. Work in groups of two: One speaker and one helper

2. Speaker's Topic:

Something about yourself that you...

- want to change
- need to change
- should change
- have been thinking about changing but you haven't changed yet, i.e., something you're ambivalent about

3. Helper's Role:

- Listen carefully with a goal of understanding the dilemma
- Give no advice
- Ask these four open questions:
  - Why would you want to make this change?
  - How might you go about it, in order to succeed?
  - What are the three best reasons to do it?
  - On a scale of 0-10, how important would you say it is for you to make this change?

Follow-up: And why are you at \_\_\_\_\_ and not zero?

4. In the last minute, give a short summary/reflection of the speaker's motivations for change:

- Desire for change
- Ability to change
- Reasons for change
- Need for change

Then ask, "So what do you think you'll do?" and just listen with interest.

### Notes:

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# The Spirit of

## *Motivational Interviewing*

*Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.*

*– Miller & Rollnick, 2013*

### A DIFFERENT WAY OF COMMUNICATING

#### Traditional

- What you should do at this point is...
- Let me tell you how to make this change...
- If you don't do this, bad things will happen...

#### Motivational Interviewing

- What thoughts do you have about what you should do at this point?
- How might you make this happen?
- What are some of the reasons you might want to make this change?

#### The mindset and heartset of...

P

#### PARTNERSHIP

*MI is done "for" and "with" a person*

A

#### ACCEPTANCE

*Profound acceptance of what the person brings*

C

#### COMPASSION

*Commitment to pursue the welfare and best interests of the other*

E

#### EVOCATION

*You have what you need and together we will bring it forth*

**...is a firm foundation for better communication about change.**



# Four Fundamental Processes

The processes are somewhat linear, but also recursive and ongoing.



**Engaging:** \_\_\_\_\_

\_\_\_\_\_

**Focusing:** \_\_\_\_\_

\_\_\_\_\_

**Evoking:** \_\_\_\_\_

\_\_\_\_\_

**Planning:** \_\_\_\_\_

\_\_\_\_\_



# Listening

How do people respond to an ineffective listener?



## Obstacles to Effective Listening

- Warnings and threats
- Persuading with logic, arguing, lecturing
- Asking questions
- Ordering & directing
- Giving advice, making suggestions, providing solutions

# Engagement

## *Demonstrating Empathy*

Empathy is...

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Empathy is not...

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# Simple Reflections

Often a question can be turned into a reflection. To make a reflection, think of a question, for example, “Do you mean that you...?” and then remove “Do you mean that” and continue with your statement, inflecting your voice down at the end.

## Reflections...

- Are statements rather than questions
- Make a guess about the speaker’s meaning (rather than asking)
- Are usually shorter than the person’s original statement
- Yield more information and better understanding

### Simple Reflections

#### Repeat

These reflections simply repeat or restate the patient’s statement using some or all of the same words.

#### Rephrase

These reflections stay close to what the patient has said, but slightly rephrase it, usually by substituting a synonym. It is the same thing said by the patient, but in a slightly different way.

I know or am related to all the counselors. I live in a rural area and I’m not even sure if there are any meetings.

Finding someone who can help you seems nearly impossible because of where you live.

Right, although I’ve never really looked for any meetings. So, I guess there could be one here or in the next town.

This has been a rough week for me. My cravings have been worse than usual and I’m feeling really down.

You’re feeling pretty discouraged.

Yeah, I feel like the cravings will never end for me, so even when things are looking better I’m always going to be one step away from the next one.



## Simple Reflections

Patient says: "I'm not that worried about my drinking – I'm still young! My mom gets worked up about it, though. I don't like seeing her cry."

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient says: "I'm getting tired of waking up so sick after drinking. Sometimes I feel so sick that it scares me."

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else might a patient say?

\_\_\_\_\_  
\_\_\_\_\_

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**simple reflections**

repeating words

using synonyms

repeating words

repeating words

**simple reflections**

**complex reflections**

using metaphors

paraphrasing

reflecting feeling

adding meaning

adding meaning

reflecting feeling

paraphrasing

using metaphors

**complex reflections**

# Complex Reflections

## Complex Reflections

These reflections make a guess about meaning that has not yet been directly stated.

Examples of complex reflections include...

- Paraphrase
- Reflection of feeling
- Metaphor
- Continuing the paragraph

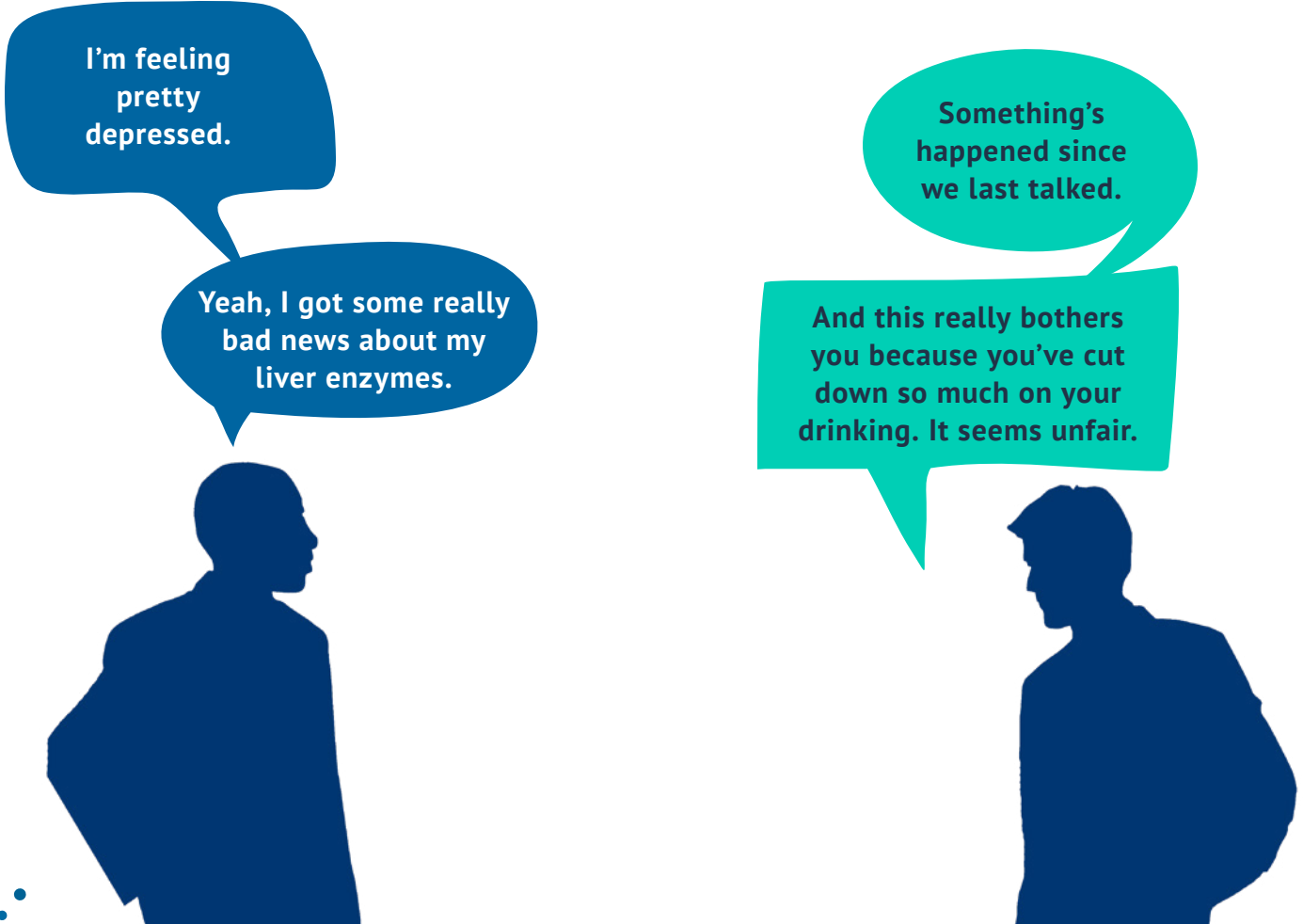
### Notes:

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I'm feeling pretty depressed.

Yeah, I got some really bad news about my liver enzymes.

Something's happened since we last talked.

And this really bothers you because you've cut down so much on your drinking. It seems unfair.

## Complex Reflections

Patient says: "I'm not that worried about my drinking – I'm still young! My mom gets worked up about it, though. I don't like seeing her cry."

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient says: "I'm getting tired of waking up so sick after drinking. Sometimes I feel so sick that it scares me."

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What else might a patient say?

\_\_\_\_\_  
\_\_\_\_\_

You respond: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**simple reflections**

repeating words

using synonyms

repeating words

repeating words

**simple reflections**

**complex reflections**

using metaphors

paraphrasing

reflecting feeling

adding meaning

adding meaning

reflecting feeling

paraphrasing

using metaphors

**complex reflections**

## Reflective Thinking

The first step to expressing empathy is being able to think reflectively. As we learned in our previous facilitated session, effective communication requires that a listener understands what a speaker means by what he or she says. Forming guesses or hypotheses about what someone means is reflective thinking. It is a way of testing out our understanding, and communicating to that person that we are interested and invested in understanding his or her perspective. This exercise is designed to demonstrate the process of reflective thinking.

### Instructions

1. Work in groups of three to four: One speaker, two to three listeners
2. Speaker's Topic: One word to describe something that makes you a good supervisor.
  - Say "One thing that makes me a good supervisor is that I am: \_\_\_\_\_."
3. The listeners respond by asking: "Do you mean that \_\_\_\_\_?"
4. Now the speaker answers **only** "yes" or "no." No elaboration.

### Speaker Experiences:

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### Listener Experiences:

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# Open Questions

For each of the questions below, indicate whether it is an open or closed question.

## QUESTION

When did you last drink/use?

What do you like about alcohol?

Have you quit drinking before?

How do you see your drinking fitting into your spirituality?

What was your longest period of sobriety?

What would you like to do – stop completely, cut down or sample sobriety?

Could your family be of help?

Tell me about the last time you felt really good without drugs or alcohol.

## OPEN OR CLOSED?

open       closed

open       closed

open       closed

open       closed

open       closed

open       closed

open       closed

open       closed







# Preparatory and Mobilizing Change Talk

**D** DESIRE to change (want, like, wish ...)

**A** ABILITY to change (can, could ...)

**R** REASONS to change (if ... then)

**N** NEED to change (need, have to, got to ...)

**C** COMMITMENT (I will...)

**A** ACTIVATION (I'm ready...)

**T** TAKING STEPS (I am taking specific actions to change)



## Notes:

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## Recognizing & eliciting change talk (DARN)

1. I'm getting older and I can't keep screwing up. I've been in and out of trouble half my life. I really want to change this time, but it's going to be hard. When I'm sitting at home by myself I make all sorts of promises about what I'm going to do differently this time. It's weird, but once I walk out the door I forget all my promises and go back to my old habits.

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2. I want to get my license back. I've always been a hard worker and dependable employee, but now I have to rely on others to get to and from work. I like working and I like the fact that I can pay my own way, but if I can't get to work on time and I lose this job, it may be hard to get another job.

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3. It's important for me to set a good example for my family. My kids deserve a good role model and as a single mom, I have to work really hard but I know I can do it. That's the best gift I can give to them... someone they can look up to. I'm doing really well right now, but it's a struggle. My old friends keep asking me to hang out with them. Maybe I should work on finding some new responsible friends.

• **Drawing out DESIRE talk:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Inviting ABILITY talk:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Drawing out REASON talk:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Inviting NEED talk:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Evocative Questions

## 1. Disadvantages of the Status Quo

What worries you about your current situation?

What makes you think that you need to do something about your blood pressure?

What difficulties or hassles have you had in relation to your drug use?

What is there about your drinking that you or other people might see as reasons for concern?

In what ways does this concern you?

How has this stopped you from doing what you want to do in life?

What do you think will happen if you don't change anything?

## 2. Advantages of Change

How would you like things to be different?

What would be the good things about losing weight?

What would you like your life to be like five years from now?

If you could make this change immediately, by magic, how might things be better for you?

The fact that you're here indicates that at least part of you thinks it's time to do something. What are the main reasons you see for making a change?

What would be the advantages of making this change?

## 3. Self-efficacy/Confidence

What makes you think that if you did decide to make a change, you could do it?

What encourages you to believe that you can change if you want to?

What do you think would work for you, if you decided to change?

When else in your life have you made a significant change like this? How did you do it?

How confident are you that you can make this change?

Who could offer you helpful support in making this change?

## 4. Intention to Change

What are you thinking about your gambling at this point?

I can see that you're feeling stuck at the moment. What's going to have to change?

What do you think you might do?

How important is this to you? How much do you want to do this?

What would you be willing to try?

Of the options I've mentioned, which one sounds like it fits you best?

Never mind the "how" for right now – what do you want to have happen?

So what do you intend to do?





## Batting Practice

### Instructions

1. Write down five “resistant” statements (sustain talk and discord) that you hear from those you serve.
2. Each person takes a turn to bat.
3. Others in the group are pitchers, throwing out client statements.

### Step up to bat...

4. Stand up in a circle of 6-7.
5. Each batter takes three balls.
6. For each, the batter gives one response.

Just get a little wood on it:

- Simple or complex reflection
- Amplified reflection
- Emphasize personal choice and control

7. After three balls, the next person is at bat.
8. When everyone has batted, sit down.

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Continued

## *Training Review*



Personal Objective: \_\_\_\_\_

\_\_\_\_\_

Progress on Objective:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revisions and Rationale:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Ideas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New/Deferred Training Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Why a Service Plan?

What are the specific challenges of service planning?

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Why a service plan?

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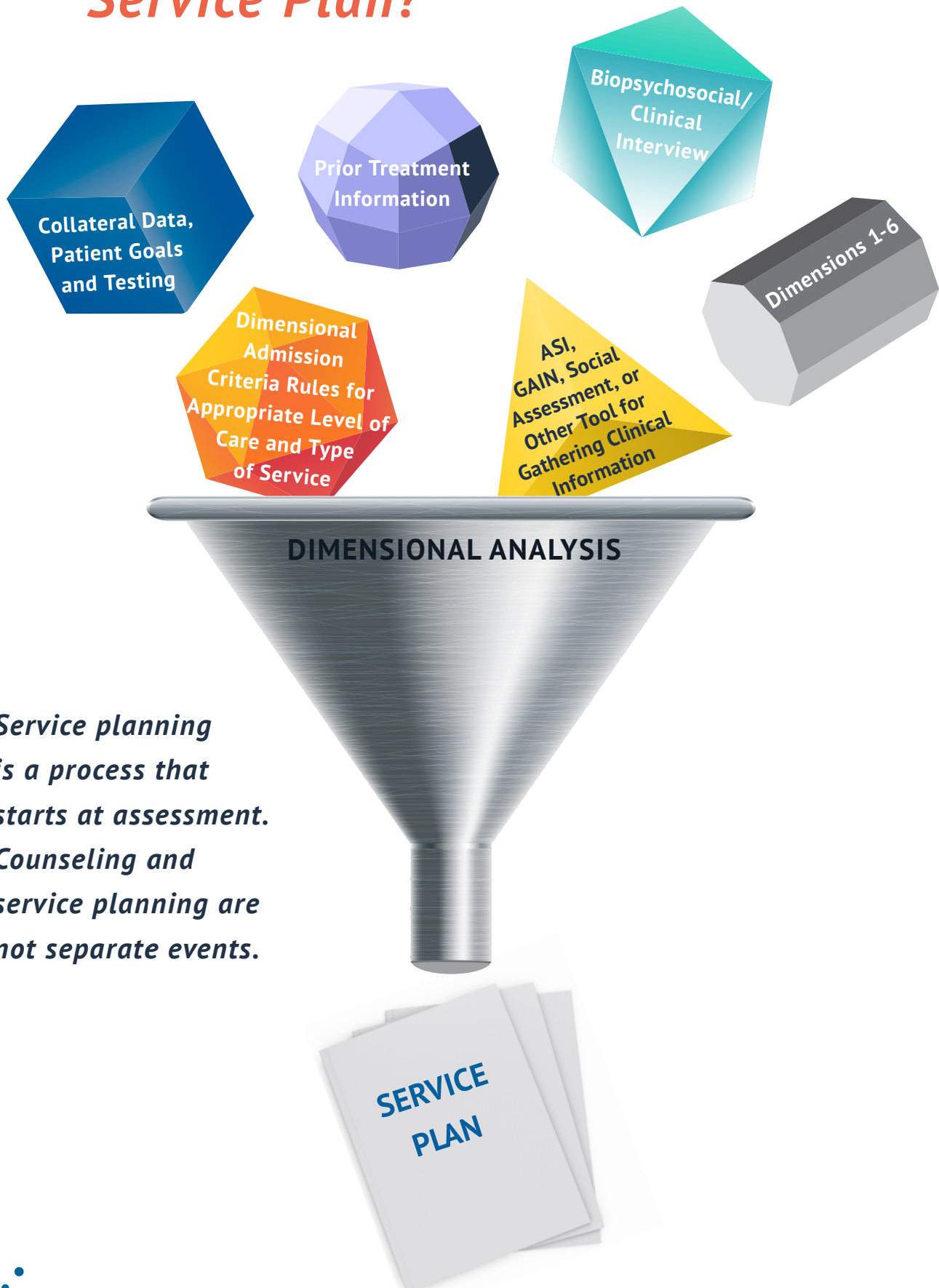
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# What is a Service Plan?



*Service planning is a process that starts at assessment. Counseling and service planning are not separate events.*

# Service Plans

## Service Plan Problem Statements

1. Describe problem/barrier.
2. Reflect data that supports dimensional admission or continued stay criteria.
3. Describes specific behavior that manifests problem.
4. Indicates why it's a problem ("as evidenced by") or consequences. Does NOT state what client "doesn't have" or "lacks."
5. Describes client's view of problem.





# Transtheoretical

## *Model of Behavior Change*

Research conducted on self-change reveals that people can and do make positive behavioral changes on their own. Although individuals will change in different ways and at different rates, research has shown that they will all go through a distinct and consistent set of stages of change:

1. **Precontemplation** – Individuals at this stage are unaware they have a problem. They may not see that any problem exists despite factors to the contrary.
2. **Contemplation** – People begin to acknowledge they have a problem and begin thinking of solutions. Some people get stuck here as they wait for a “magic moment” for change. Others look for a way to maintain their current behavior while reducing the severity of the consequences. Contemplators have not made a decision to change.
3. **Preparation** – Individuals here begin to focus less on the past and more on the future. They have decided to change and are getting ready to do so. Alternatives and solutions are their primary concern. Some anxiety about change may still persist, but they possess a growing confidence in their decision.
4. **Action** – Here individuals commit to change and are involved in implementing their change plans. The focus is effective countering (finding healthy alternatives to old ways), problem-solving situations and focusing on the benefits of change.
5. **Maintenance** – Individuals practice their new behaviors and concentrate on relapse prevention.

Movement through the stages of change is not usually linear. It is expected that a person slips back and forth through the stages as they work toward lasting change. People trying to change don't always succeed the first time. These “slips” are not failures, but learning opportunities that can bring a person closer to success if they continue to work through the stages.



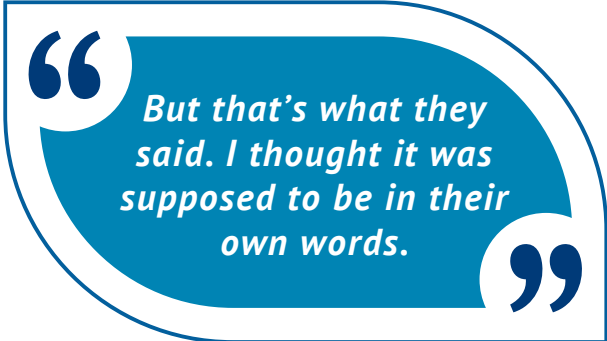
# Service Plans Drive Care

## Service plan problems

Language the client can accept?

- Client is in denial about addiction
- Client put use in front of family
- Client is unwilling to admit powerlessness

How can problem statements be more individualized and client-centered?




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### Service plan problems are consistent with...

- Biopsychosocial data
- Problem list
- Progress notes
- Staffing notes
- Continued stay documentation
- The patient’s perception and view of their problem
- Services billed

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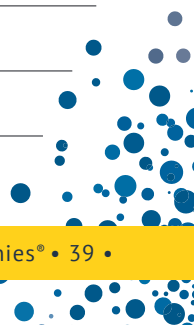
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# Exercise ●

## Service Plan Problems



**Dimension 4  
Problems/Barriers**

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**Dimension 5  
Problems/Barriers**

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**Dimension 6  
Problems/Barriers**

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# Trial & Learning

## Components of goal statements

- What **behavior** does the client want to be able to demonstrate?
- Indicates what the client will be able to do when the problem is resolved = **discharge criteria**
- Broad statement of direction, an expected result or condition. Short-/long-term?
- Takes time to achieve, estimated completion date
- Goal statements are written to establish **discharge criteria**
- Language of the person served

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## Components of objectives

- Time limited
- **MEASURABLE!!!!!!!**
- Specifies behavior change or actions expected of the client
- Uses verbs: identify, understand, demonstrate, etc.
- Who is monitoring the objective/plan
- Is client-oriented, documents what client will be able to do
- Specific, measurable steps toward achieving goal
- Specifies a target date for completion

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## Components of interventions and activities

- What the clinician will do/provide
- Where
- Activities, group, lecture, individual
- Achievement dates
- Intent of the activity relative to objectives

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# Measurable Objectives

## Level 1

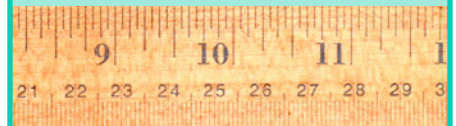
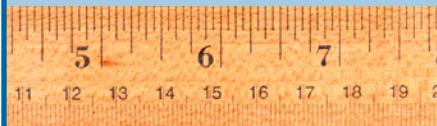
Identify  
List  
Review  
Define  
Recall  
Select  
Underline

## Level 2

Describe  
Express  
Recognize  
Discuss

## Level 3

Participate  
Apply  
Demonstrate  
Practice  
Express



## Pop Quiz

Why isn't the term "ongoing" measurable?

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## Notes:

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# Using the *Service Plan*

What is the difference between writing a service plan and using a service plan?

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How, when and where do you currently use the service plan directly with the person served?

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How, when and where do you update and revise the service plan?

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How else do you use the service plan?

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*Who else is interested in how you use the service plan?*

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# Connecting Plans to Programs and Services

Make a list of the services in your program that every admitted client participates in (i.e., standard program activities, curricula, or evidence-based practices).

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

In what ways do you tailor these services for individual service plan needs?

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Describe what determines the focus of group for each person served.

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Describe how your program decides what lectures and educational sessions are provided.

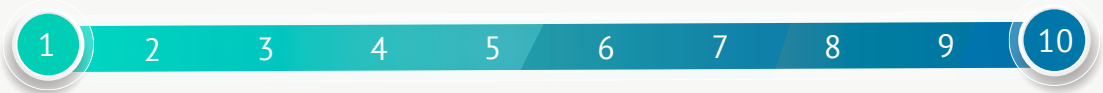
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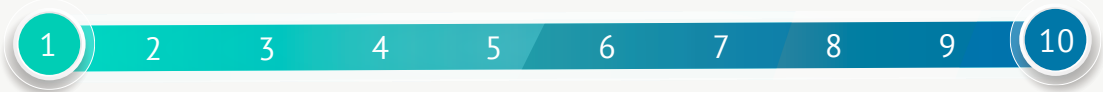
# Assessing Your Agency

- 1 ● (B) (C) (D) (E)
- 2 (A) (B) (C) ● (E)
- 3 (A) (B) (C) ● (E)
- 4 (A) ● (C) (D) (E)
- 5 (A) (B) ● (D) (E)
- 6 ● (B) (C) (D) (E)

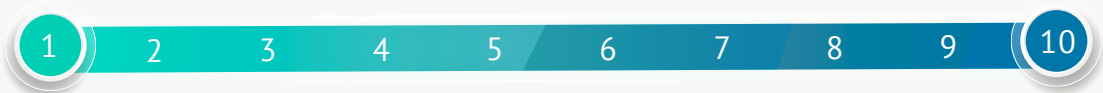
On the scale below, mark how important it is to you to match service design to the specific needs of the person served.



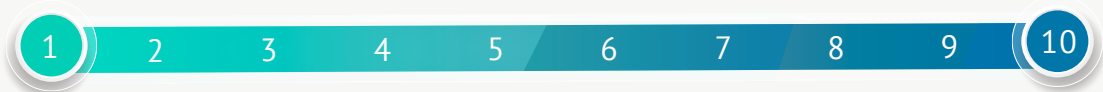
On the scale below, mark how you would rate your agency's ability to change service design.



On the scale below, mark how ready your agency is to make changes to support individualized service planning.



On the scale below, mark how important it is for the focus of group to be spent on the individual's service plan.



If you designed treatment services, how and where would the service plan be used?

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# Continued Stay

## *Review Documentation*

### Frequency of Review

Residential: \_\_\_\_\_

Intensive Outpatient: \_\_\_\_\_

Outpatient: \_\_\_\_\_

- Reflects the rationale to continue service at the current level of service or discharge/transfer criteria that would support another level of service.
- Documents where the client is in resolving the service plan problem.
- Includes the problem and goal statement in the documentation.
- What objectives and/or goals have been achieved?
- Are there new objectives?
- Are there new problems?
- What objectives/goals need to be achieved to support discharge/transfer?

**Based on the service plan, why does the client need to continue in service?**

**What is the service plan review process to determine discharge?**

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**Where, when and how should this be documented?**

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# The ASAM Criteria

## *Continued Service, Transfer or Discharge*

To decide whether a client is appropriate for continued service, transfer or discharge, look to see if the treatment plan shows evidence of the following:

### Continued Service

*Making progress*

*Not yet made progress, but is able to in the current level of care*

*New problems, but these can be handled in the current level of care*

### Transfer or Discharge

*Achieved goals set, requires chronic disease management at a lower level of care*

*Unable to resolve problems, despite amendments to the treatment plan*

*Co-occurring or diagnostic conditions cause lack of capacity to resolve problems*

*Intensification or introduction of new problems that require a different level of care*



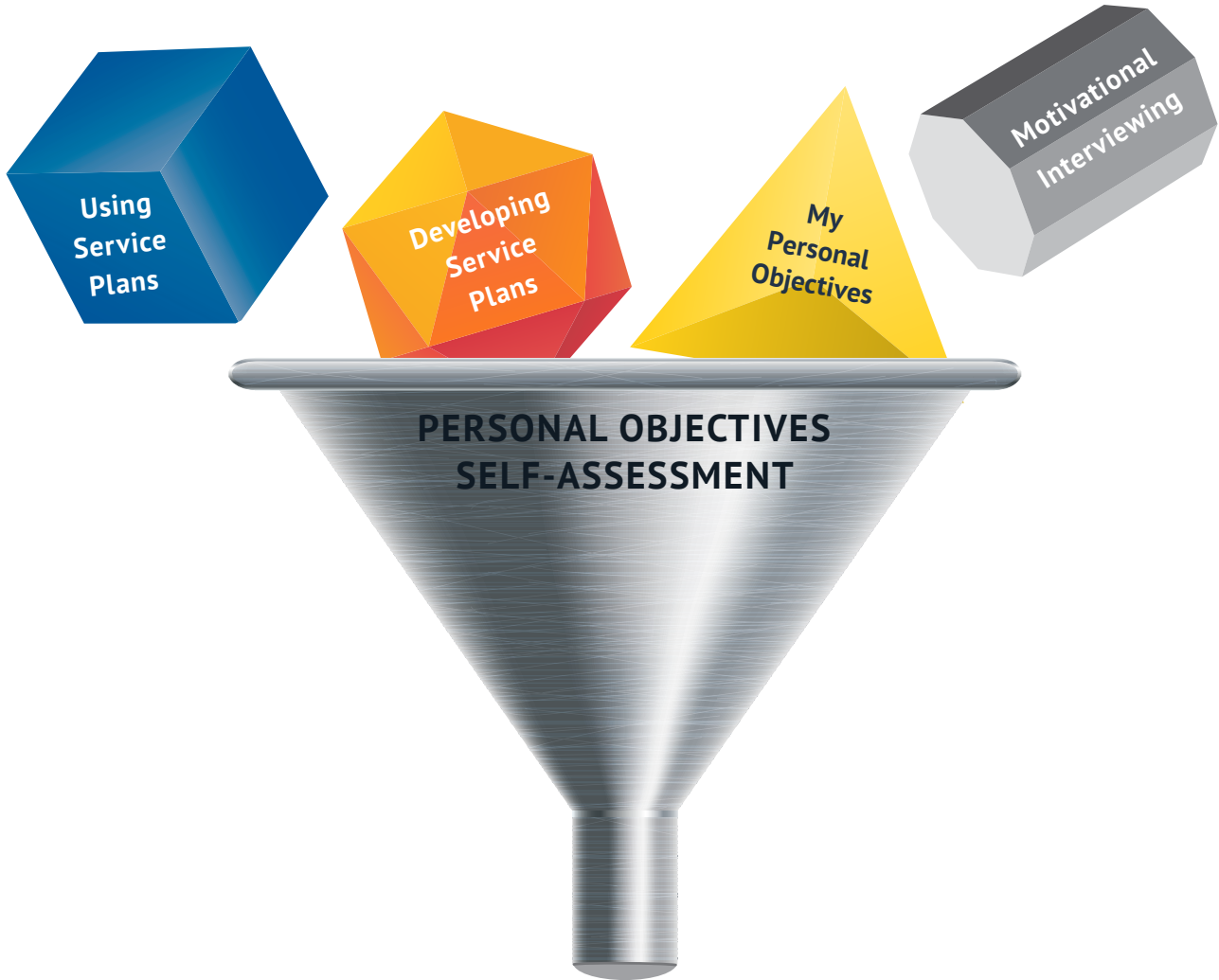
### Thinking about Continued Service, Transfer and Discharge...

During assessment and when updating the treatment plan, consider...

What is the client *doing* relative to their treatment plan?

# Continued

## *Training Review*



**Personal Objective:** \_\_\_\_\_

\_\_\_\_\_

**Progress on Objective:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Revisions and Rationale:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New Ideas:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**New/Deferred Training Needs:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **Precipitating Factors for the Evaluation:**

This 49-year-old male sought a substance use evaluation at the suggestion of his physician, Dr. Robbins, and family therapist, Susan Adair.

**Course of Evaluation:** Mr. Fish attended two evaluation sessions and committed to maintaining abstinence during the second session, even though he denied having any significant problems with alcohol. He missed his third session and called three weeks later to set up an appointment. During the third session he reported he had been drinking daily and needed help to stop. He said he wanted to “go to treatment,” he said he’s an “alcoholic.” This realization was prompted by passing out in a chair after heavy drinking while watching Monday Night Football. He reports waking up with vomit on himself and couldn’t recall what had happened, he thought he had drunk around 12 beers, and a few shots of vodka. His wife and daughter were out of town when this occurred. He reports he has been sober for the last four days.

**Substance Use History, Consequences and Symptoms:** Mr. Fish reported using alcohol almost daily for the last 10 years. He has had some intermittent periods of abstinence, the most recent period lasting about five days, two months ago. He reported he attended A.A. three or four times, about two years ago: “I wanted to see if I was an alcoholic.” Fred said he has quit drinking a number of times to see if he could stop. He reported over the last six months he averages about 8-10 beers per night, every night. He denies any history of and any current withdrawal symptoms. Fred said he doesn’t feel he’s drunk after drinking 8 beers, he said he has drunk up to 15 on occasion, typically if his

wife is out of town. Fred has experienced blackouts approximately 1 out of 4 times he drinks. He’s scared of the blackouts and has stopped drinking hard liquor to avoid them. He reports his wife and daughter are concerned about his drinking. He said it creates arguments and strains his marriage.

**Diagnostic Impression:** Alcohol Use Disorder, Severe

## **Dimensional Data**

### **Dimension 1: Acute Intoxication/Withdrawal Potential**

The withdrawal potential requires close monitoring. Even though he has denied any withdrawal history, his frequency of use, apparent tolerance and long history of daily use place him at risk of withdrawal. The accuracy of four days of abstinence is questionable.

### **Dimension 2: Biomedical Conditions and Complications**

Fred reports he’s taking Procardia for high blood pressure and Vistaril for stress. His doctor recommended the evaluation and discussed the potential impact of drinking on Fred’s health with him. Contact was made with Dr. Robbins, he said there are no current medical issues that would indicate the need for immediate care.

### **Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications**

There are constant fights and arguments at home between Fred and his wife and daughter. Fred reports that he and his wife “scream” at each other and divorce is threatened on a regular basis. He said he feels “stressed” due to work and family. He said there are significant financial problems and he’s considering filing bankruptcy. At this time he’s taking Vistaril (antihistamine

prescribed by Dr. Robbins) for stress. Fred’s therapist describes him as narcissistic.

**Dimension 4: Readiness to Change**

Fred verbalizes that he is an “alcoholic” and he desires to abstain. Fred’s therapist (Susan Adair) describes him as narcissistic, controlling and always needing to be viewed in a positive light. Although it was not reported by Fred, his therapist thought his recent motivation for help is to maintain his marriage. Fred has justified his drinking due to stress and conflict in his marriage. He tended to be vague about his use and was directive during the evaluation sessions, like he needed to appear in charge. He was inconsistent in his reports of amounts and frequency of use. He identified the conflicts at home as the primary problem with drinking. When questioned about effects on other parts of his life he gave brief answers and didn’t discuss any other effects. Fred did verbalize his concerns with his alcohol use and described his disgust with his daily drinking and it “getting out of hand.”

**Dimension 5: Relapse, Continued Use or Continued Problem Potential**

Fred verbalizes the need to abstain and denies any use in the last four days. He has attempted to maintain abstinence in the past and most recently has gone up to five days. Fred’s withdrawal potential is a

consideration in assessing his continued use potential. He identifies stress and conflict in his marriage as reasons to drink. Passing out, blackouts and arguments with his wife are the most significant current problems from his drinking.

**Dimension 6: Recovery Environment**

Fred lives with his wife and 13-year-old daughter. He describes his wife as a social drinker. Most of his drinking is done at home. He reports his employer is aware of his problem and is supportive of whatever Fred needs to do to get help. Fred has few close friends, although he is outgoing and enjoys social interactions. He has plans to attend A.A. with a coworker tomorrow. Frequent arguments between he and his wife occur at home, this also has a significant negative impact on his daughter.

**Strengths and Assets**

Fred values his wife and child, and wants to be a good father and spouse. He has always maintained a full-time job. Fred carries himself confidently and has very good social skills. He was able to reach out for help in spite of his tendency to have all the answers and be in control. He’s well educated and very knowledgeable about current events and world issues. Fred also has a genuine passion for golf and reports he never drinks on the golf course.

**Notes:**

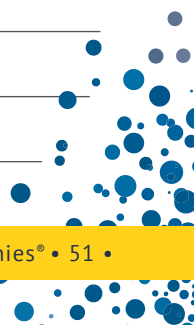
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	0 Minimal/No Risk	1 Mild Risk	2 Moderate Risk	3 Significant Risk	4 Severe Risk
<b>Dimension 1:</b> Acute Intoxication and/or Withdrawal Potential		X			
<b>Dimension 2:</b> Biomedical Conditions and Complications	X				
<b>Dimension 3:</b> Emotional, Behavioral or Cognitive Conditions and Complications	X				
<b>Dimension 4:</b> Readiness to Change		X			
<b>Dimension 5:</b> Relapse, Continued Use or Continued Problem Potential				X	
<b>Dimension 6:</b> Recovery Environment			X		

## Dimensional Assessment

### Dimension 1: Mild

Fred has a history of daily use and denies experiencing any prior symptoms of withdrawal. He has maintained four days of continuous abstinence and has a CIWA-Ar score of less than 10.

### Dimension 2: No Problems

There are no issues in this dimension that would impact the level of service needed.

### Dimension 3: No Problems

Based on the outside data, there are some personality traits that should be considered as part of the development of the treatment plan and therapeutic approaches used with this client. These are not issues that will impact the intensity or type of services needed.

### Dimension 4: Mild

Fred verbalizes his alcoholism and described disgust with his daily drinking and reported it's

“getting out of hand.” He has had prior attempts to abstain and reached out for help (his call to complete the evaluation). Fred appears to be in the Contemplation Stage. This was supported by reviewing the readiness ruler with Fred.

### Dimension 5: Substantial

Fred’s relapse potential is substantial. He has been drinking daily for almost 10 years, his home environment is where he does most of his drinking. Fred views marital discord and financial stressors as both reasons to drink and results of drinking. He has used alcohol to minimize his stress and isn’t aware of how to apply other methods of stress reduction or de-escalate arguments, which are triggers for him. His long-ingrained pattern of use also supports a substantial risk for return to use.

### Dimension 6: Moderate

Mrs. Fish is demanding that Fred stop drinking and is very supportive of any type of treatment that will help. Fred’s employer



and a good friend are aware of the problems and verbally supportive. His coworker is in recovery and they're planning on attending AA. Although there is verbal support for recovery, Fred's home environment is the place where he does all of his drinking and currently has the most intense conflicts. It will take some time to develop new skills to resolve the frequent arguments and fights at home, in addition to initiating and practicing lifestyle changes to support abstinence.

### Placement and Discussion

Fred is appropriate for Level 2.1 care.

The initial impression was that Fred would need level 3.5 or 3.7 care to address withdrawal management needs.

A phone call to his doctor was made to check for potential Dimension 2 issues and any medical complications as a result of withdrawal potential. He said the high blood pressure is mild and stable. He also reviewed the CIWA-Ar, he had no concerns about withdrawal and was willing to see Fred immediately to check both withdrawal potential and any potential medical complications.

Dr. Robbins asked to have Fred come in within the next 24 hours for a check-up. A phone call was made to his wife who corroborated his current abstinence.

Fred identifies stress as a significant issue in his life. This appears to be a direct result of his drinking, which creates conflicts at home and financial problems. His stress level appears to be related to his use and should

decrease as he addresses marital issues and financial issues as part of the recovery plan. Rather than a Dimension 3 issue, his narcissistic traits should be considered as an issue within the context of treatment plan development and the therapeutic approach. There do not appear to be issues in Dimension 3 that would warrant a treatment plan or impact the level of care.

Fred has some awareness of the consequences of his use, is motivated to keep his marriage and verbalizes his alcoholism and disgust with his drinking. Fred is in the Contemplation Stage of Change, demonstrating some behaviors that are closer to the Preparation Stage (going to AA, calling to ask for help, being abstinent for four days). Fred's desire to be in control and his determination can be strengths in moving forward in the Stages of Change. Fred's motivation for change does not give him the skills or knowledge to cope with the following relapse triggers/reasons to use: stress, arguments at home and financial problems. He will need to identify strategies to cope in these areas. His strong social skills and his coworker in AA will be great assets in 12-Step group participation.

The structure of an evening IOP service will allow him to avoid the home environment during both his drinking time and the typical time arguments with his wife occur. Fred's wife is supportive of recovery; however, home is still a significant relapse trigger. His wife has agreed to participate in weekly family psychoeducation groups. Family counseling will be initiated immediately, twice a week.

### Notes:

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# Service *Plan Example*

Service Plan #: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Dimension: \_\_\_\_\_

Problem/Barrier/Dimensional Focus: \_\_\_\_\_

\_\_\_\_\_

Dimensional Strengths: \_\_\_\_\_

\_\_\_\_\_

Goal: \_\_\_\_\_

\_\_\_\_\_

Objectives:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Methods:

1a. \_\_\_\_\_

1b. \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Continuing Implementation Plan

Based on what you've accomplished during this training, list additional objectives you'd like to focus on back at work.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What services or programs might be included?

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Who else may need to be involved?

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Based on what you identified here, use the SWOT analysis framework below to assess additional needs.

	<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<b>INTERNAL</b>		
	<b>OPPORTUNITIES</b>	<b>THREATS</b>
<b>EXTERNAL</b>		
	<b>POSITIVE</b>	<b>NEGATIVE</b>



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tel: 775-885-2610 • toll-free: 888-889-8866 • fax: 775-885-0643

5221 Sigstrom Drive, Carson City, NV 89706

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