What Using *The ASAM Criteria* Really Means: Skill-Building and Systems Change

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David Mee-Lee, M.D.
Chief Editor, *The ASAM Criteria*
Senior Vice President
The Change Companies
Carson City, NV
Davis, CA

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Please answer the Pretest Questions on Pages 1 - 2

Only you will see the answers
Disclosure Statement

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ASAM PPC-2R

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders

SECOND EDITION-REVISED

American Society of Addiction Medicine, Inc.
Chevy Chase, Maryland

2001
1. The best treatment system for addiction is:
   (a) A 28-day stay in inpatient rehabilitation with much education
   (b) A broad continuum of care with all levels of care separated to maintain group trust
   (c) Not possible now that managed care has placed so much emphasis on cost-containment
   (d) A broad range of services designed to be as seamless as possible for continuity of care
   (e) Short stay inpatient hospitalization for psychoeducation
Select the Best Answer:

2. The six assessment dimensions of ASAM Criteria:
   (a) Help assess the individual’s comprehensive needs in treatment
   (b) Provide a structure for assessing severity of illness and level of function
   (c) Requires that there be access to medical and nursing personnel when necessary
   (d) Can help focus the treatment plan on the most important priorities
   (e) All of the above
Select the Best Answer:

3. A multidimensional assessment in behavioral health treatment:
   (a) Should include psychosocial factors such as readiness to change
   (b) Is ideal, but not necessary within a managed care environment
   (c) Should include biomedical and psychiatric problems, but not motivation or relapse potential
   (d) Is best done after detoxification is completed
   (e) Should be completed by the primary therapist only
Select the Best Answer:

4. Assessment of motivation and goals is important to:
   (a) Match treatment to the client’s readiness to change
   (b) Ensure residential care is not wastefully utilized
   (c) Avoid confrontational approaches that alienate the client
   (d) Individualize the referral and treatment plan
   (e) All of the above
Select the Best Answer:

5. To ask a consumer what s/he really wants:
   (a) Is unnecessary as their judgment is poor
   (b) Is as important as assessing what the consumer needs
   (c) Gives the false impression that they should have choice about treatments
   (d) Leads to disrespect of the clinician’s authority and expertise
   (e) Usually reveals unrealistic goals that should be ignored
Select the Best Answer:

6. The 2013 edition of The ASAM Criteria includes:
   (a) Changing all the Admission Criteria for all the levels of care
   (b) New sections on sex and internet addiction
   (c) Adding sections on the application of Criteria to older adults and parents with children
   (d) Changing the names of the six assessment dimensions on The ASAM Criteria
Select the Best Answer:

7. ASAM’s Definition of Addiction is incorporated in the new edition as follows:
(a) It provides guidelines to have all addiction services be provided by addiction physicians
(b) It encourages all the levels of care to be used for chronic disease management
(c) It describes addiction as an acute illness that makes Dimensions 1, 2 and 3 paramount
(d) It requires all patients to have a chaplain involved for the spiritual aspects of treatment
Select the Best Answer:

8. In an era of healthcare reform:
   (a) The ASAM Criteria’s primary goal is to keep addiction separate and safe from mental health.
   (b) Accountable care organizations and health homes will pay attention to addiction even less now
   (c) The ASAM Criteria can help integrate addiction into general healthcare
   (d) None of the above
Select the Best Answer:

9. The true spirit and content of The ASAM Criteria ensures that:
   (a) All withdrawal management occurs in a medically-monitored level to provide maximum safety
   (b) The length of stay is variable depending on the severity of illness and the patient’s progress
   (c) The patient stays and graduates from each level of care as determined by the primary counselor
   (d) Long-term residential treatment is always necessary if the client lives in a toxic environment
Select the Best Answer:

10. The following changes are made in The ASAM Criteria:
   (a) “Patient Placement” was removed in the book title, as the book no longer has placement criteria
   (b) Opioid Maintenance Therapy (OMT) was changed to Office-Based Opioid Treatment (OBOT)
   (c) Merging all the adolescent criteria into the adult criteria
   (d) “Detoxification” changed to “Withdrawal Management”. The liver detoxifies, but clinicians manage withdrawal
Indicate True or False:

11. It is not the severity or functioning that determines the treatment plan, but the diagnosis, preferably in DSM terms

12. There are six broad levels of care in the ASAM Criteria

13. Dimension 5 focuses on internal attitudes, beliefs and coping skills to deal with relapse

14. The level of care placement is the first decision to make in the assessment

15. The Tobacco Use Disorder section encourages all programs to become tobacco-free
16. In criminal justice populations, it is important to ensure patients “do treatment” not “do time” just focused on how long they have to stay

17. The ASAM Criteria helps increase access to care and use resources efficiently

18. The co-occurring disorders section added a “complexity capable” description

19. Clients in early stages of change need relapse prevention strategies
Generations of Clinical Care

1. Complications-driven Treatment

No diagnosis → Treatment of complications → No continuing care

Relapse
Generations of Clinical Care

2. Diagnosis-driven Treatment

- Diagnosis → Program → Aftercare
- Aftercare → Relapse
LENGTH OF STAY
ADULTS ONLY

COUNT

LENGTH OF STAY IN DAYS

The Change Companies®
www.changecompanies.net
CD Residential Clients by Number of Days in Placement
April 2010 - September 2010
Generations of Clinical Care

3. Individualized, Clinically-driven Treatment

Patient/Participant Assessment

BIOPSYCHOSOCIAL Dimensions

Progress
Severity of Illness/LOF

Problems/Priorities
Severity of Illness/LOF

Plan
INTENSITY OF SERVICE — Modalities and Levels of Service

www.changecompanies.net
Generations of Clinical Care

4. Client-directed, Outcome-informed

- Patient/Participant Assessment
  - BIOPSYCHOSOCIAL Dimensions

- Progress
  - Treatment Response
  - Proximal Outcomes, e.g.
    - Session Rating Scale (SRS)
    - Outcome Rating Scale (ORS)

- Problems/Priorities
  - Build alliance working with
    - Multidimensional Assessment

- Plan
  - INTENSITY OF SERVICE —
    - Modalities and Levels of Service
      - (Clinical and wrap-around services)
Underlying Concepts (cont.)

**Multidimensional Assessment**

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical conditions and complications
3. Emotional/Behavioral/Cognitive conditions and complications
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem potential
6. Recovery Environment
Underlying Concepts (cont.)

*Treatment Matching - Modalities*

- Motivate - Dimension 4
- Manage – All Six Dimensions
- Medication – Dimensions 1, 2, 3, 5
- Meetings – Dimensions 2, 3, 4, 5, 6
- Monitor- All Six Dimensions
Underlying Concepts (cont.)

Treatment Levels of Service

I → 1  Outpatient Treatment

II → 2  Intensive Outpatient and Partial Hospitalization

III → 3  Residential/Inpatient Treatment

IV → 4  Medically-Managed Intensive Inpatient Treatment
Level 0.5 and OMT

Level 0.5: Early Intervention Services - Individuals with problems or risk factors related to substance use, but for whom an immediate Substance-Related Disorder cannot be confirmed.

Opioid Maintenance Therapy (OMT) - Criteria for Level I Outpatient OMT, but OMT in all levels → Opioid Treatment Program (OTP) with Opioid Treatment Services (OTS) = antagonist meds (naltrexone) and Office-Based Opioid Treatment (OBOT) - buprenorphine.
Detoxification ➔ Withdrawal Management Services for Dimension 1

I-D ➔ 1-WM - Ambulatory Withdrawal Management without Extended On-site Monitoring

II-D ➔ 2-WM - Ambulatory Withdrawal Management with Extended On-Site Monitoring
Withdrawal Management Services for Dimension 1 (continued)

III.2-D → 3.2- WM- Clinically-Managed Residential Withdrawal Management

III.7-D → 3.7- WM - Medically-Monitored Inpatient Withdrawal Management

IV-D → 4-WM - Medically-Managed Inpatient Withdrawal Management
Level I and II → Level 1 and 2 Services

Level I → 1 Outpatient Treatment
Level II.1 → 2.1 Intensive Outpatient Treatment
Level II.5 → 2.5 Partial Hospitalization
Level III → Level 3 Residential/Inpatient

Level III.1 → 3.1- Clinically-Managed, Low Intensity Residential Treatment

Level III.3 → 3.3- Clinically-Managed, Medium Intensity Residential Treatment → Clinically Managed Population-Specific High Intensity Residential Treatment (Adult Level only)
Level III → Level 3
Residential/Inpatient (cont.)

Level III.5 → 3.5- Clinically-Managed, Medium/High Intensity Residential Treatment

Level III.7 → 3.7- Medically-Monitored Intensive Inpatient Treatment
Level IV → Level 4 Services

Level IV → Level 4 Medically-Managed Intensive Inpatient

• One-dimensional to multidimensional assessment
• Program-driven to clinically & outcomes-driven treatment
• Fixed length of service to variable length of service
• Limited number of discrete levels of care to broad and flexible continuum of care
• Identifying adolescent-specific needs
• Clarifying the goals of treatment

- From using “treatment failure” as admission prerequisite
- Interdisciplinary, team approach to care
- Clarifying role of physician
- Focusing on treatment outcomes
- Engaging with “Informed Consent”
- Clarifying “Medical Necessity”
- Harnessing ASAM’s Definition of Addiction
• “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry August 15, 2011
• Pathologically pursuing reward and/or relief by substance use and other behaviors.”

ASAM’s Revamped Definition of Addiction
What’s New in The ASAM Criteria

- Application to broader population - older adults, parents in treatment with their children, safety sensitive occupations, criminal justice settings

- *The ASAM Criteria Software* – now *Continuum*

- Co-Occurring Capable, Enhanced, Complexity Capable

- Recovery-Oriented Systems of Care, disease management

- DSM-5

- Gambling Disorder and Tobacco Use Disorder

- OTS = OTP + OBOT + antagonist medication (naltrexone)

- Withdrawal management and Dimension 5 considerations
Engage the Client as Participant

Treatment Contract

What?
Why?
How?
Where?
When?
Identifying the Assessment and Treatment Contract

<table>
<thead>
<tr>
<th>Client</th>
<th>Clinical Assessment</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHAT?</strong> What does client want?</td>
<td>What does client need?</td>
<td>What is the treatment contract?</td>
</tr>
<tr>
<td><strong>WHY?</strong> Why now? What’s the level of commitment?</td>
<td>Why? What reasons are revealed by the assessment date?</td>
<td>Is it linked to what client wants?</td>
</tr>
<tr>
<td><strong>HOW?</strong> How will s/he get there?</td>
<td>How will you get him/her to accept the plan?</td>
<td>Does client buy into the link?</td>
</tr>
<tr>
<td><strong>WHERE?</strong> Where will s/he do this?</td>
<td>Where is the appropriate setting for treatment? What is indicated by the placement criteria?</td>
<td>Referral to level of care</td>
</tr>
<tr>
<td><strong>WHEN?</strong> When will this happen? How quickly? How badly does s/he want it?</td>
<td>When? How soon? What are realistic expectations? What are milestones in the process?</td>
<td>What is the degree of urgency?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What is the process? What are the expectations of the referral?</td>
</tr>
</tbody>
</table>
Focus Assessment and Treatment

What Does the Client Want?

Does client have immediate needs due to imminent risk in any of six dimensions?

Conduct multidimensional assessment
Focus Assessment and Treatment (cont.)

- DSM-5 diagnoses?
- Multidimensional Severity/LOF Profile
- Which assessment dimensions are most important to determine Tx priorities
Focus Assessment and Treatment (cont.)

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed
Focus Assessment and Treatment (cont.)

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of Tx plan and placement decision; outcomes measurement?
DSM-5 diagnoses?

Multidimensional Severity/LOF Profile

Which assessment dimensions are most important to determine Tx priorities

Specific focus/target for each priority dimension

What specific services needed for each dimension

What “dose” or intensity of these services needed

Where can these services be provided in least intensive, but “safe” level of care?

What is progress of Tx plan and placement decision; outcomes measurement?
Severity/LOF Assessment
The 3 H’s

• H
• H
• H
Severity/LOF Assessment
The 3 H’s

- HISTORY
- H
- H
Severity/LOF Assessment
The 3 H’s

• HISTORY
• HERE AND NOW
  • H
Severity/LOF Assessment
The 3 H’s

- HISTORY
- HERE AND NOW
- HOW WORRIED NOW
Continued Service Criteria (ASAM Criteria)

Retain at the present level of care if:

1. Making progress, but not yet achieved goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals; or
Continued Service Criteria (ASAM Criteria) (cont.)

2. Not yet making progress but has capacity to resolve his or her problems. Actively working on goals articulated in individualized treatment plan. Continued treatment at present level of care necessary to permit patient to continue to work toward his or her treatment goals; and/or
Continued Service Criteria (ASAM Criteria) (cont.)

3. New problems identified that appropriately treated at present level of care. This level is least intensive at which patient’s new problems can be addressed effectively.
Discharge/Transfer Service Criteria (ASAM Criteria)

Transfer or discharge from present level of care if he or she meets the following criteria:

1. Has achieved goals articulated in his or her individualized treatment plan, thus resolving problem(s) that justified admission to current level of care; or
2. Has been unable to resolve problem(s) that justified admission to present level of care, despite amendments to treatment plan. Treatment at another level of care or type of service therefore is indicated; or
Discharge/Transfer Service Criteria (ASAM Criteria) (cont.)

3. Has demonstrated lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service therefore is indicated; or
Discharge/Transfer Service Criteria (ASAM Criteria) (cont.)

4. Has experienced intensification of his or her problem(s), or has developed new problem(s), and can be treated effectively only at a more intensive level of care
A Word About Terminology
*Treatment Compliance vs Adherence*

Webster’s Dictionary defines:

- “comply”: to act in accordance with another’s wishes, or with rules and regulations
- “adhere”: to cling, cleave (to be steadfast, hold fast), stick fast
Models of Stages of Change

• 12-Step model - surrender versus comply; accept versus admit; identify versus compare

• Transtheoretical Model of Change - Pre-contemplation; Contemplation; Preparation; Action; Maintenance; Relapse and Recycling; Termination

• Readiness to Change - not ready, unsure, ready, trying, doing what works
Revised Constructs for Dim. 5

A. Historical Pattern of Use or Mental Health Problems
   1. Chronicity of Problem Use or MH problems
   2. Treatment or Change Response

B. Pharmacologic Responsivity
   3. Positive Reinforcement (pleasure, euphoria)
   4. Negative Reinforcement (withdrawal discomfort, fear)
Revised Constructs for Dim. 5 (cont.)

C. External Stimuli Responsivity
   5. Reactivity to Acute Cues (trigger objects and situations)
   6. Reactivity to Chronic Stress (positive and negative stressors)

D. Cognitive and behavioral measures of strengths and weaknesses
   7. Locus of control and Self-efficacy
Revised Constructs for Dim. 5 (cont.)

D. Cognitive and behavioral measures of strengths and weaknesses (cont.)

8. Coping Skills (stimulus control, other cognitive strategies)
9. Impulsivity (risk-taking, thrill-seeking)
10. Passive and passive/aggressive behavior
Recovery and Psychosocial Crises

- Slips/using substances while in treatment
- Suicidal – impulsive or wanting to use
- Loss or death – cravings or impulsive
- Disagreements, anger, frustration with fellow clients or therapist
Policy and Procedure

Implements principle of re-assessment and modification of treatment plan:

1. Face to face or telephone appointment ASAP

2. Attitude of acceptance; listen for patient’s point of view, rather than lecture, enforce “program rules”; or dismiss their perspective

3. Assess safety and immediate needs in all six ASAM assessment dimensions
ASAM Six Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

*The ASAM Criteria* (2013) Pages 43-53
Policy and Procedure (cont.)

4. Discuss circumstances surrounding the crisis, develop a sequence of events/precipitants

5. Modify participatory treatment plan to address new or updated problems

6. Reassess treatment contract and what patient wants if any lack of interest in modifying Tx. Plan

7. Determine if modified strategies need same level of care; or more or less intense level
Policy and Procedure (cont.)

8. If patient recognizes the problem/s; understands need to change, but still chooses no further treatment, then discharge.

9. If patient is invested in treatment, then Tx continues.

10. Document crisis and modified treatment plan or discharge in the medical record.
Case Presentation Format

Before presenting the case, please state why you chose the case and what you want to get from the discussion

I. Identifying Client Background Data

- Name
- Age
- Ethnicity and Gender
- Marital Status
- Employment Status
- Referral Source
- Date Entered Treatment
- Level of Service Client Entered Treatment
- Current Level of Service (if case presented for Tx. Plan review)
- DSM Diagnoses
- Stated or Identified Motivation for Treatment
ASAM Six Assessment Dimensions

1. Acute Intoxication and/or Withdrawal Potentia
2. Biomedical Conditions and Complications
3. Emotional, Behavioral or Cognitive Conditions and Complications
4. Readiness to Change
5. Relapse/Continued Use, Continued Problem Potential
6. Recovery Environment

*The ASAM Criteria* (2013) Pages 43-53
Case Presentation Format (cont.)

First state how severe you think each assessment dimension is and why (focus on brief relevant history information and relevant here and now information):

II. Current Placement Dimension Rating
   Has It Changed?

1.
2.
3.
4.
5.
6.

(Brief explanation for each rating, note whether it has changed since client entered treatment -why or why not)
Case Presentation Format (cont.)

III. What problem(s) with High and Medium severity rating are of greatest concern at this time?

- Specificity of the problem
- Specificity of the strategies/interventions
- Efficiency of the intervention (Least intensive, but safe, level of service)
Criminal Justice’s View of Presenting Problem and Solution

3 C’s
Consequences
Compliance
Control
Coerced Clients and Working with Referral Sources

- Common purpose and mission
- Common language of assessment of stage of change
- Consensus philosophy of addressing readiness to change
- Consensus on how to combine resources and leverage to effect change, responsibility and accountability
- Communication and conflict resolution
Working Effectively with Managed Care

• Clinical discussion, not game playing - Improve communication between consumers, clinicians, providers payers, managed care, utilization reviewers, care managers
• Use Case Presentation Format to concisely review biopsychosocial data and focus the discussion
• Follow through Decision Tree on How to Organize Assessment Data to guide clinical discussion
• Identify where points of disagreement are: severity rating; priority dimension or focus of treatment; service needs; dose and intensity of services; placement level
Working Effectively with Managed Care (cont.)

- Offer alternative clinical data: severity rating and rationale; priority dimension or focus of treatment; service needed; dose and intensity of services; placement level

- Appeal if still no consensus
The ASAM Criteria Software now branded as Continuum™

- The ASAM Criteria book and The ASAM Criteria Software now branded as Continuum™ are companion text and application
- The text delineates the dimensions, levels of care, and decision rules that comprise The ASAM Criteria
The ASAM Criteria Software now branded as *Continuum™*

- The software provides an approved structured interview to guide adult assessment and calculate the complex decision tree to yield suggested levels of care, which are verified through the text.
**Continuum™ Value Proposition**

**For Patients:**
- Improves Patient Outcomes

**For Payers:**
- Improved Patient Outcomes > Lower Long-Term Costs
- Standardizes prior approval process (utilization management)
- I.T. can facilitate/automate approval process (U.M.)
- Decreases expensive & unnecessary overtreatment
- Improves inter-rater reliability
Continuum™ Value Proposition

For Providers:

• Facilitates reimbursement process through fewer disputes, less administrative burden, & faster turnaround on payment
• Provides training to new counselors
• Generates sophisticated reports & analyses
Dealing with “Resistant” Providers and Payers Who Are at Different Stages of Change

- Individualized Staff Development Plans based on what the clinician wants
- Individualized Agency Development Plans – expectations for progress and change
- Individualized Payer Development Plan – reaching consensus on criteria, “Medical Necessity”, design of Benefit Plans
- Incentives and leverage to facilitate continuing change and development
Personnel

- Better training in biopsychosocial theories, modalities of treatment, assessment and documentation skills
- Increased interdisciplinary functioning and team work
- Increased individualized treatment and thorough case management
- Increase curiosity and research
Programs

- Flexible lengths-of-service in all levels of service
- Overlapping levels of care - better continuity and efficiency
- Expanded intensities of service
- More modalities of treatment – biopsychosocial
- Innovative program structure - milieu; individualized treatment
Payment Implications

- Reimburse or fund all levels of care
- Increase incentives for less costly care
- Fund thorough case management
Public/Private Implications

• One quality and system of care

• One common set of criteria – clinically-based, not program-based

• Increase interdependence – improve incentives and equalize over/under capacities
Top 10 Ways You Know You’re a Program-Driven Service When….

1. You know the patient’s anticipated discharge date upon admission e.g., 7/1 + 28 = 7/29
2. You read a treatment plan and it sounds much the same as the next chart
3. There are five to nine problems each with three to five objectives, interventions and strategies
4. The treatment plan is still being developed three to five days after admission
5. You say things like “the full program” or “must complete the program”
Top 10 Ways You Know You’re a Program-Driven Service When….

6. The “P=Plan” part of the “DAP” or “SOAP” progress note says: “Continue present course of treatment” or “Continue treatment objectives”

7. The treatment plan is preprinted

8. You see the same numbers in more than one chart e.g., 28 days; 24 sessions; or 3 months

9. Mandated for care, but not sure of a problem, yet treatment plan same as someone sure of a problem and wanting recovery

10. There are preprinted progress notes
Data to Identify Gaps

• Systems issues cannot change quickly. Each incident of inefficient or inadequate care can be a data point that promotes systems change.

• Finding efficient ways to gather data as it happens in daily care of clients can provide hope, direction for change.
Data to Identify Gaps (cont.)

**PLACEMENT SUMMARY**

<table>
<thead>
<tr>
<th>Level of Care/Service Indicated</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care/Service Received</td>
<td></td>
</tr>
</tbody>
</table>
Data to Identify Gaps (cont.)

## PLACEMENT SUMMARY

<table>
<thead>
<tr>
<th>Reason for Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Level of care or Service not available;</td>
</tr>
<tr>
<td>2. Provider judgment;</td>
</tr>
<tr>
<td>3. Client preference;</td>
</tr>
<tr>
<td>4. Client is on waiting list for appropriate level/service;</td>
</tr>
<tr>
<td>5. Level of care or Service available, but no payment source;</td>
</tr>
<tr>
<td>6. Geographic inaccessibility etc.</td>
</tr>
</tbody>
</table>
Data to Identify Gaps (cont.)

PLACEMENT SUMMARY

Anticipated Outcome If Service Cannot Be Provided- Circle only one number -- 1. Admitted to acute care setting; 2. Discharged to street; 3. Continued stay in acute care facility; 4. Incarcerated; 5. Client will dropout until next crisis; 6. Not listed (Specify):
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Understanding the Dimensions of Change

Creating an effective service plan

Understanding the Dimensions of Change

Dimension 1: Biomedical Conditions/Complications

Family history and healthy practices

List any physical or medical conditions you are aware of in your family.

Are there any other physical concerns you are worried about? Yes No... if yes, please explain.

Dimension 2: Biomedical Conditions/Complications

Review with your change team

Use the space below to describe what you feel is most important about your health and physical condition. Please share this information with your change team to come up with some strategies and solutions you can use to create an effective service plan. If you and your change team decide this is not a life area that needs to be addressed in your service plan at this time, check the box below and move on to page 16.

Think about the responses on pages 12-14. What are some of the biggest concerns or challenges you have faced with your physical health? How did you deal with them?

Now think about the times in your life when you were feeling physically healthy. What things were you doing at those times that helped maintain your physical health?

You already may have some strategies and solutions in place for keeping yourself healthy. List these below and make sure to share them with your change team.

These are the strategies my change team and I have developed to address my needs with my health and physical conditions:

Name Date Staff notes

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Moving Forward
Participant Journal

Setting effective program goals

You will be better prepared to make progress if you take your ideas about what you want to work on and turn them into goals for your time in this program. Your program goals are what you will use to measure how close you are getting to what you want.

And for each of your program goals, there is action to be taken. This action often takes the form of learning, trying or practicing something that brings you closer to the goal.

You will set several action steps for each program goal. As you start to accomplish these steps, you may decide to set even more for yourself. Over time, these little steps will add up to equal big results.

On the following pages, you will set your first three goals to work on within this program. Take note each goal has its own action steps and it’s something you can get your ARMS around.

Your goals should be ACHIEVABLE — things that are possible and realistic. They don’t have to be easy. It’s okay for your goals to be challenging, just make them doable.

Your path should be REWARDING — things you want that would make life better for you or others. When possible, state your goals as things you want to increase, improve, create or strengthen.

Your goals should be MEASURABLE — changes that you and others can observe. How will you know that you are making progress toward them?

Your goals should be SPECIFIC — general goals like, “I want to be a better person” aren’t clear enough to work on. For a longer-term change project, decide on the steps you want to take.

ARMS

Your first program goal

On the next three pages you will work with your change team to record your program goals. You and your change team will see what you both have learned so far to create goals that are both important and unique to you. Be sure your program goals are Achievable, Rewarding, Measurable and Specific.

My first program goal:  

Date set:  

This goal will help me move toward getting what I want. ☐ Yes ☐ No

These are the strengths, skills and resources I will rely on:  

Here are a few of the specific action steps I am working on to take to achieve this goal:

1)  
2)  
3)  
4)  
5)  
6)  

Signature:  
Change team initials:  

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THE ASAM CRITERIA

ASAM Series eTraining Courses

Multidimensional Assessment

From Assessment to Service Planning and Level of Care

Introduction to The ASAM Criteria

A cost-effective, flexible, interactive and engaging solution for standardizing training.

More info and course samples at:

ASAMCRITERIA.ORG
David Mee-Lee, M.D.
Senior Vice President
The Change Companies
Carson City, NV
Davis, CA

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