CENTRAL TEXAS COLLEGE
MENTAL HEALTH SERVICES DEPARTMENT
SYLLABUS FOR DAAC 1309
ASSESSMENT SKILL OF ALCOHOL AND OTHER DRUG ADDICTIONS

Semester Hours Credit: 3
96 Contact Hours

INSTRUCTOR: _______________________

OFFICE HOURS: _______________________

I. INTRODUCTION

A. This course is an exploration of the procedures and tools used to identify and assess a client’s problems, strengths, deficits, and needs. Emphasis will be on practical application through the development of assessment documentation, case studies, and treatment plans. The student will be prepared to appropriately explain assessment results to clients. Prerequisites: DAAC 1304 and DAAC 1319.

B. This course is required for the Central Texas College Criminal Justice Addiction Professional Certificate Level 2, Chemical Dependency Counseling Certificate Level 2, and Associate in Applied Science Degree in the Chemical Dependency Specialization.

C. This course is occupationally related and serves as preparation for jobs in the chemical dependency counseling field, at-risk youth field, and criminal justice addiction field. This course provides Specific Education Hours as defined by the Texas Commission on Alcohol and Drug Abuse.

D. Alphanumeric coding used throughout the syllabus denotes the integration of SCANS occupational competencies (C) and Foundation skills (F).

II. LEARNING OUTCOMES

Upon successful completion of this course, Assessment Skill of Alcohol and Other Drug Addictions the student will:

A. Explain the basics of currently used diagnostic assessment tools/instruments. (F1, 2, 5-17; C1, 3-20).

B. Demonstrate appropriate and professional written descriptions of behavior as they apply to addictions. (F1, 2, 5-17; C1, 3-20)

C. Gather relevant history from clients, including alcohol and other drug abuse using appropriate interview techniques. (F1, 2, 5-17; C1, 3-20)

D. Identify methods and procedures for obtaining corroborative information from...
significant secondary sources regarding clients, alcohol and other drug abuse and psychosocial history. (F1, 2, 5-17; C1, 3-20)

E. Identify appropriate assessment tools. (F1, 2, 5, 8-13, 17; C1, 3, 4-7)
F. Explain to the client the rationale for the use of assessment techniques/instruments in order to facilitate understanding. (F1, 2, 5-17; C1, 3-20)
G. Outline and apply clients’ rights, confidentiality, and ethical issues to the addicted consumer. (F1, 2, 5-17; C1, 3-20)

Program Threads and SCANS Competencies

The curriculum content in all Mental Health Services courses are organized around five general content areas known as program threads.

Program Threads:
- Communication
- Legal and Ethical Practices
- Effective Helping
- Diversity
- Critical Thinking

These threads are used to formulate content, connect one course of study to another, and provide a structure for evaluation of basic professional skills.

The Secretary’s Commission of Achieving Necessary Skills (SCANS), U.S. Department of Labor, was formed “to encourage a high-performance economy characterized by high-skills, high-wage employment.” Representatives from education, business, labor, and government identified the five competencies that are necessary in the work place.

Programs in the Mental Health Services Department are organized around these competencies and the three-part foundational skills on which the competencies are based on. Learning Activities and Objectives which relate to the SCANS Competencies are identified either in the Learning Guide, or in the syllabus with C1-20 and/or F1-17.

The competencies C1-20 include:

- **Resources:** identifies, organizes, plans, and allocates resources (C1-C4).
- **Information:** acquires and uses information (C5-C8).
- **Interpersonal:** works with others (C9-C14).
- **Systems:** understands complex interrelationships (C15-C17).
- **Technology:** works with a variety of technologies (C18-C20).

The foundation competencies F1-F17 include:

- **Basic Skills:** reads, writes, performs arithmetic and mathematical operations, listens and speaks (F1-F6).
- **Thinking Skills:** thinks creatively, makes decisions, solves problems, visualizes, knows how to learn, and reasons (F7-F12).

DAAC 1309
**Personal Qualities:** displays responsibility, self-esteem, sociability, self-management, integrity, and honesty (F13-F17).

### III. INSTRUCTIONAL MATERIALS

A. There is no textbook required for this class.

B. **Other Instructional Materials:**

   2. The most current **TCADA Licensed Chemical Dependency Counselor Handbook**, can be requested from TCADA by the student (call 1-800-832-9623, ext. 6900, or download from http://tcada.state.tx.us, or write TCADA, P.O. Box 80529, Austin, Texas 78708-0529. Standards may also be obtained by going online at www.dshs.state.tx.us.

   3. The most current **TCADA Chemical Dependency Treatment Facility Licensure Standards**, may be requested from TCADA by the student (call 1-800-832-9623, ext. 6900, or write TCADA, P.O. Box 80529, Austin, Texas 78708-0529). Standards may also be obtained by going online at www.dshs.state.tx.us.

   4. **Key Terms**, which you will find attached at the end of this document.

C. Other Required Instructional Material: Other material, such as CD’s or floppy disks may be required, per instructor’s suggestions.

### IV. COURSE REQUIREMENTS

A. **Reading Assignments:** It is suggested that the student first read the learning outcomes in the syllabus and then the assigned required readings which are detailed in the Course Schedule.

B. **Projects, oral reports, case studies, assessment summaries:** Assigned written work is detailed in the Course Outline, on the Course Schedule and in the course Learning Guide. All assigned work must be submitted on time. No late papers will be accepted. The due dates are noted on the course schedule, or as stated by the instructor.

C. **Class Performance:** Students are required to: attend class regularly; be on time and to stay the whole class period; or an absence will be recorded. Students may be administratively withdrawn from class when their absences exceed a total of four (4) class meetings for a 16 week semester, three (3) class meetings for an 11,
8 or a 6 week semester, or if absences prevent the meeting of course objectives. See the current Central Texas College Catalog for details.

D. **Class Participation:** Students are required to be prepared for classroom discussions, unannounced quizzes, and exams. The student should be prepared to participate in all classroom group activities and assigned, library and Internet activities as they relate to meeting the course objectives.

E. **Submitting Written Assignments:** All assigned work must be submitted **on time.** **No late papers will be accepted.** The due dates are noted on the Course Schedule, or as stated by the instructor.

V. **Evaluations**

A. There are no examinations in this course. Students will complete written assessments, case studies, relapse prevention plans, and case presentations rather than take exams.

B. All documents must be completed in order to fulfill the requirements for this course.

VI. **SEMESTER GRADE COMPUTATIONS**

<table>
<thead>
<tr>
<th>Component</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion Board</td>
<td>240 points</td>
</tr>
<tr>
<td>Written Assignments</td>
<td>360 points</td>
</tr>
<tr>
<td>Lab Assignments</td>
<td>300 points</td>
</tr>
<tr>
<td>Case Presentation</td>
<td>100 points</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1000 points</strong></td>
</tr>
</tbody>
</table>

This is how your course grade will be determined:

<table>
<thead>
<tr>
<th>Numerical Grade</th>
<th>Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>900-1000</td>
<td>A</td>
</tr>
<tr>
<td>800-899</td>
<td>B</td>
</tr>
<tr>
<td>700-799</td>
<td>C</td>
</tr>
<tr>
<td>600-699</td>
<td>D</td>
</tr>
<tr>
<td>Below 600</td>
<td>F</td>
</tr>
</tbody>
</table>

VII. **NOTES AND ADDITIONAL INSTRUCTIONS FROM COURSE INSTRUCTOR**

A. **Course Withdrawal:** It is the student’s responsibility to officially withdraw from a course if circumstances prevent attendance. Any student who desires to, or must, officially withdraw from a course after the first scheduled class meeting must file a Central Texas College Application for Withdrawal (CTC Form 59). The withdrawal form must be signed by the student.
CTC Form 59 will be accepted at any time prior to Friday of the 12th week of classes during the 16-week fall and spring semesters. The deadline for sessions of other lengths is:

- Friday of 6th week for 8-week courses
- Friday of 7th week for 10-week courses
- Friday of 9th week for 12-week courses
- Friday of 12th week for 16-week courses

The equivalent date (75% of the semester) will be used for sessions of other lengths. The specific last day to withdraw is published each semester in the Schedule Bulletin. A student who officially withdraws will be awarded the grade of “W” provided the student’s attendance and academic performance are satisfactory at the time of official withdrawal. Students must file a withdrawal application with the College before they may be considered for withdrawal. A student may not withdraw from a class for which the instructor has previously issued the student a grade of “F” or “FN” for nonattendance.

B. Administrative Withdrawal: An administrative withdrawal may be initiated when the student fails to meet College attendance requirements. The instructor will assign the appropriate grade on CTC Form 59 for submission to the registrar.

C. Incomplete Grade: The College catalog states, “An incomplete grade may be given in those cases where the student has completed the majority of the course work but, because of personal illness, death in the immediate family, or military orders, the student is unable to complete the requirements for a course . . .” Prior approval from the instructor is required before the grade of “I” for Incomplete is recorded. A student who merely fails to show for the final examination will receive a zero for the final and an “F” for the course.

D. Cellular Phones and Beepers: Cellular phones and beepers will be turned off while the student is in the classroom or laboratory.

E. Americans With Disabilities Act (ADA): Disability Support Services provide services to students who have appropriate documentation of a disability. Students requiring accommodations for class are responsible for contacting the Office of Disability Support Services (DSS) located on the central campus. This service is available to all students, regardless of location. Review the website at [www.ctcd.edu/disability-support](http://www.ctcd.edu/disability-support) for further information. Reasonable accommodations will be given in accordance with the federal and state laws through the DSS office.

F. Instructor Discretion: The instructor reserves the right of final decision in course requirements.
G. Civility: Individuals are expected to be cognizant of what a constructive educational experience is and respectful of those participating in a learning environment. Failure to do so can result in disciplinary action up to and including expulsion.

H. Discrimination Policy: Central Texas College District does not discriminate in admissions or access to, or treatment or employment in, its programs and activities on the basis of race, color, religion, national origin, gender, disability, age or veterans’ status.

VIII. COURSE OUTLINE

A. Module One: Introduction

1. Learning Outcomes: Upon successful completion of this module, the student will:
   - Identify the difference between substance use, abuse, and dependence (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Discuss the DECLARE model, to include positive and negative declatypes (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Discuss the stages in the Stages of Change model (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - List and briefly describe other addiction models (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Discuss the "do's and don'ts" of therapeutic communication (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Define confidentiality in the assessment setting to include, client rights, consent, and disclosure (C5, 6, 7, 8; F1, 2, 10, 11, 12).

2. Learning Activities:
   a. Read:
      - Chapter 1 of TAP 11: Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination found at: [http://www.taadas.org/publications/prodimages/TAP%2011.pdf](http://www.taadas.org/publications/prodimages/TAP%2011.pdf) (C5, 6, 7; F1)
      - Lecture Notes (C5, 6, 7; F1)
   b. Complete:
      - Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
      - Your Written Assignments (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
   c. Learn the Key Concepts/Vocabulary (F1, 2, 8, 9, 10, 12)
   d. Written Assignment 1: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
1. After reading the lecture notes on substance use/abuse and information in Chapter 1 of TAP 11, describe the stages a person goes through to reach addiction.

2. Therapeutic communication is very important when conducting assessments. After reading the lecture notes, write a 300 word essay on three aspects of therapeutic communication you know you need to work on.

3. Chapter 1 in TAP 11 describes the five critical components of effective treatment, with assessment being the first component. Discuss why a thorough assessment is important, and how therapeutic communication plays a role in this initial assessment.

4. CFR 41 covers confidentiality in drug and alcohol screening. After reading the lecture notes, answer the following questions:
   - A night janitor finds pages of a client's treatment plan under the desk when cleaning up. He knows this is confidential information. Is he bound by the same confidentiality rules of other employees? What should he do with this document?
   - A person calls and makes an appointment in your drug and alcohol treatment facility, but no-shows for the appointment. Is this person covered by CFR 41? Why or why not?
   - You have made an appointment to see a counselor at the AOD outpatient center. You have not yet signed any documentation, as this will be your first appointment. The receptionist from the outpatient center leaves a message on your home answering machine reminding you of your appointment. Did the receptionist violate confidentiality? Why or why not?

5. **Lab Assignment 1:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12 13, 16)
   After reading Chapter 1 in TIP 11, write a 500-800 word paper on the top three topics that stood out to you. Name the topic, give a little information about it, and then explain what was significant for you.

6. **Discussion Assignments:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12 13, 16):
   1. Introduce yourself in the Discussion Boards Student Lounge.
   2. In Chapter 1 of TAP 11, Table 1-E, it discusses what a model treatment program should include. Pick two of the requirements and write at least 250 words total about why you think it is important for these to be included.
   3. Please make sure you respond to at least two of your peers.
B. **Module Two: Initial Assessments and Screenings**

1. **Learning Outcomes:** Upon successful completion of this Module, the student will be able to:
   - Identify some of the more commonly used assessment instruments (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Describe why a Multifaceted Approach to treatment is advantageous to the client (C5, 6, 7, 8, 11, 12, 15, 16, 17; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12).
   - Discuss why the following interviewing skills are vital: helping attitudes, how clients become discouraged, transference and countertransference, cultural competence, and ethical considerations (C6, 7, 8, 11, 13; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16).
   - Perform a basic evaluation to assess the client (C5, 6, 7, 8, 11, 13, 14, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16).

2. **Learning Activities:**
   a. **Read** Lecture Notes (C5, 6, 7; F1)
   b. **Learn** the Key Concepts/Vocabulary (F1, 2, 8, 9, 10, 12)
   c. **Complete**
      - Your Discussion Board postings
      - Your Assignments
   d. **Written Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16).
      - As we work through this course, you will complete documentation for a client. At this point, you need to find a case study on the internet or in some other type of resource pertaining to drug and/or alcohol abuse/use that you can use for your documentation. Make sure that the case study contains enough information to get a good idea of what is going on with the client. If there are questions or areas within the case study that are not clear or not present, you can make up these parts for your client. This will be the client that you will use for all documentation from here on out!
      - You will complete two assessments on your client. Please save these assessments in a Word document, complete them for your client, and then turn them in using this link. The first assessment, Substance Abuse Screening Form, is very straightforward and you shouldn't have any problem with it. The second assessment, Initial Assessment, may contain verbage you're not familiar with. Please try looking this up before contacting me. If you can't find the meaning, then shoot me an email with your questions.
   e. **Lab Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16).
      - Please write a 1-2 page paper (approximately 500 words) on interviewing skills. You will find lecture notes covering this topic. In your paper, describe two interviewing skills that you feel competent at now and why, and one that you feel you need to work on and why. At
the end of your paper, provide your opinion of interviewing skills in the assessment portion of treatment.

f. **Discussion Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16):
   - In the lecture notes under Assessment Instruments, you will find a link that takes you to a chart which lists a number of assessments. You can click on most of them and actually take the assessment. Select one, complete the assessment yourself, and then write at least 200 words on what you thought of this assessment. Please let us know if you took the assessment as a drug/alcohol client, or if you just took it to see what it was like. Within your report, list which assessment you took, how long it was, what it addressed, and how effective you believe it would be in the assessment process.
   - Be sure to post your responses to at least 2 other student's answers as part of the completion of the discussion forum questions.

C. **Module Three: Obstacles, Defense Mechanisms, and the Client's Environment**

1. **Learning Outcomes:** Upon successful completion of this Module, the student will be able to:
   - Identify obstacles to recovery (C11, 12, 14, 18; F1, 2, 5-12, 13, 16, 17).
   - Discuss methods/procedures/strategies to help clients overcome these obstacles (C11, 12, 14, 18; F1, 2, 5-12, 13, 16, 17).
   - Develop an understanding of how defense mechanisms work (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Identify systems in the client's environment that influences drug/alcohol abuse and recovery (C11, 12, 13, 14, 15, 16, 17, 19; F1, 2, 5-12, 13, 15, 16, 17).

2. **Learning Activities:**
   a. **Read** Lecture Notes (C5, 6, 7; F1)
   b. **Complete**
      - Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
      - Your Assignments (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
   c. **Learn** the Key Concepts/Vocabulary (F1, 2, 8, 9, 10, 12)
   d. **Written Assignment:** Please answer the following essay questions (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16):
      1. After reading the lecture notes regarding denial, rationalization, and justification, describe how your client may use these defense mechanisms as he/she enters treatment. Please give examples as well as explanations for each. This should take at least one full page.
2. Do a little research and find two other defense mechanisms those struggling with drug/alcohol addiction may use. Describe the defense mechanisms then give an example of what its use may look like.

3. After reviewing the lecture notes on client context, describe how your client fits into the three contexts, and who are the significant people within each context.

e. **Lab Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12 13, 16)

   A common obstacle for treatment is transference, which occurs when the client "transfers" feelings for important people earlier in their lives to their counselor. Read the lecture notes on this topic, and then answer the following questions:
   1. Discuss two reasons transference may occur in the counseling setting.
   2. When it occurs, should the counselor immediately refer the client to another counselor? Why or why not?
   3. How can transference be used positively within the counseling setting?

   Your responses should total 1-2 pages.

f. **Discussion Board:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16): After seeing a client for four sessions, you realize that you (the counselor) are experiencing countertransference with this client. He reminds you of your father, who was very dominating and unreasonable when he drank. You find yourself dreading the next session, but know that you cannot simply cancel on the client. What are two strategies you can use to deal with your countertransference?

   Be sure to respond to another student's posting.

D. **Module Four: The Initial Interview**

1. **Learning Outcomes:** Upon successful completion of this Module, the student will be able to:
   - Discuss ways to put the client at ease through motivational interviewing (C9, 11, 12, 13, 14, 15, 16, 17; F5, 6, 8, 9, 10, 12, 15, 17).
   - Explain why reading the body language of the client is important to the interview stage (C11, 12, 14; F5, 6, 15, 17).
   - Identify clues about a client's mental state by conducting a Mental Status Exam (MSE) (C9, 11, 12, 13, 14; F5, 6, 9, 12, 15, 17).
   - Assess a client's level of suffering (C11; F9, 10, 12, 15, 17).
   - Identify the difference between sympathy and empathy, and understand why empathy must be present during treatment (C5, 6, 7, 8; F1, 2, 10, 11, 12).
   - Determine the level of insight a client has (C11, 13; F5, 6, 9, 15, 17).

2. **Learning Activities:**
   a. **Read** (C5, 6, 7; F1)
      - Lecture Notes
Chapter 4 - Screening and Assessment in TAP 11, found at: www.taadas.org/publications/prodimages/TAP%2011.pdf.

b. Complete
   - Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
   - Your Assignments (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)

c. Review the Key Terms (F1, 2, 8, 9, 10, 12)

d. Written Assignment: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
   1. Describe how using empathy to focus on the client can help determine the client's level of suffering and insight (your response should be at least half a page).
   2. Describe how using the interview techniques discussed in the lecture notes can build rapport with a client.
   3. Discuss why a client might be in denial, and how a counselor can help move the client to a more realistic place.

e. Lab Assignment: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
   1. Using your client for this class, develop a Mental Status Exam for your client. You may use each category and put it into a chart format, or you can write it up in paragraph form. Please be specific and thorough.
   2. Develop a Case Study, with an Axis diagnosis, for your client.
      - Please complete these two documents within one document, but on separate pages within the one document.

f. Discussion Assignment: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16): Discuss how using sympathy, rather than empathy, could sabotage an interview or assessment with a client. Please be sure and respond to at least one of your classmates.

E. Module Five: Treatment Planning

1. Learning Outcomes: Upon successful completion of this Module, the student will be able to:
   - Identify the parts of a treatment plan (C5, 6, 7, 11, 14; F1, 2, 5, 6, 8, 9, 10, 12, 13, 14, 15, 16, 17).
   - Discuss why objectives must be specific, doable, and measurable (C5, 6, 7, 11, 14; F1, 2, 5, 6, 8, 9, 10, 12, 13, 14, 15, 16, 17).
   - Discuss the practical application of these diagnostic and treatment procedures (C5, 6, 7, 11, 14; F1, 2, 5, 6, 8, 9, 10, 12, 13, 14, 15, 16, 17).
   - Develop a working treatment plan for a client (C5, 6, 7, 11, 14; F1, 2, 5, 6, 8, 9, 10, 12, 13, 14, 15, 16, 17).

2. Learning Activities:
   a. Read (C5, 6, 7; F1)
In TAP 11, read the section toward the back entitled "Treatment for Alcohol and Other Drug Problems"

Lecture Notes

b. **Complete**
   - Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
   - Your Assignments (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)

c. **Review** Sample Treatment Plan (F1, 2, 8, 9, 10, 12)

d. **Learn** the Key Concepts/Vocabulary (F1, 2, 8, 9, 10, 12)

e. **Written Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16):
   Develop a treatment plan for your client. Make sure you use your assessment information so that all documentation relates to each other.

f. **Lab Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
   In approximately 500 words, discuss why it is important to have the client involved in the treatment planning process. Be sure and include what the ramifications might be if the counselor develops the treatment plan without input from the client. Also, what can the counselor do if, after developing the treatment plan with the client, the client states that he does not agree with it, and will not work on it. Be creative!

g. **Discussion Assignment:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16):
   After finishing the required reading in Chapter 3 of TAP 11, please discuss two treatment modalities and two treatment components that you feel will be helpful with your client.
   Be sure to respond to another student's posting.

F. **Module Six: Relapse Prevention Planning**

1. **Learning Outcomes:** Upon successful completion of this Module, the student will be able to:
   - Identify the nine step process involved in recovery (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
   - Assist clients in putting their personal situation into perspective (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
   - Identify, with the client, what their incentives are for staying sober (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
   - Discover, with the client, ways for them to face and vocalize their feelings about recovery (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
   - Teach stress management and relaxation techniques to a client in recovery (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
   - Develop a Relapse Prevention Plan for your client (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).
2. Learning Activities:
   a. Read Lecture Notes (C5, 6, 7; F1)
   b. Complete
      • Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
      • Your Assignments (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
   c. Written Assignments: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
      • Create a Relapse Prevention Plan for your client. If completed correctly, this document should be 3 to 5 pages long!
   d. Lab Assignments: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
      • In approximately 300 words, describe why you would want to develop a Relapse Prevention Plan early in treatment for your client.
   e. Discussion Assignment: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16):
      • There are a number of techniques and strategies counselors can teach clients to help in recovery. These include: handling feelings, inpatient counseling, journal keeping, imagery and self-hypnosis, guided imagery, diversion techniques, and support meetings. Pick two, research what is involved in the two strategies you selected, and discuss how you would use these with your client.
      • Be sure to post responses to at least two other student's answers as part of the completion of the discussion forum questions.

G. Module Seven: Module 7 will pull it all together!

1. Learning Outcomes: Upon successful completion of this Module, the student will be able to:
   Complete a professional Case Presentation on your client (C5, 6, 7, 9, 11, 12, 13, 14; F1, 2, 5-17).

2. Learning Activities:
   a. Read: Lecture Notes (C5, 6, 7; F1)
   b. Complete
      ✓ Your Discussion Board postings (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
      ✓ Your Case Presentation (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16)
   c. Discussion Assignment: (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10,11, 12 13, 16):
      Now that you have completed the course, discuss how you feel about your ability to assess a client and develop documentation to assist that client in treatment. Please note one item that you feel has been particularly useful.

DAAC 1309
to learn, and how you will use this in your career. Be sure to respond to another student's posting.

d. **Case Presentation:** (C5, 6, 7, 8, 9, 12, 13, 15, 16; F1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 16)
The Case Presentation pulls together the work you have done with your client to this point. It will include some information from all your documents, except the Relapse Prevention Plan, which is a stand-alone document. You will copy and paste information from your Case Study and your Treatment Plan into this document. It may seem that you're redoing a lot of the same work as you move from document to document, but please remember that many different professionals will view documents on a client, and they may be looking for different information. That is why everything is included in the Case Presentation, even though a lot of the information is already in the client's file in another document.
The next group of notes below contains examples for you to view. Please follow the formatting, but DO NOT copy the information I have in the example. Please do your own work based on your client. I have also given you the grading criteria.
For your case presentation, I have provided some helpful links (the links don’t work, so scroll down and find each of the attachments in this document).
1. The first link is the **Grading Sheet**, and everything on this sheet must be included to receive full credit. Remember, any time you develop a document such as this, it is a legal document and may be viewed by many professionals. Check your grammar, punctuation, and spelling carefully!!
2. The second link is an example of a completed **Case Study** (Case Presentation). Please do not copy this example, but personalize yours for your client. Do copy the formatting!
3. The last link is an example of the **Discharge Summary and Discharge Plan**. These are two separate documents at the end of your Case Study.

Criteria for Case Presentation

<table>
<thead>
<tr>
<th>Item</th>
<th>Pts possible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identifying data</strong></td>
<td>.4</td>
</tr>
<tr>
<td><strong>Present illness:</strong> Acuity, chronicity, frequency, duration, onset?</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Past history</strong></td>
<td>.4</td>
</tr>
<tr>
<td>Relates past history to substance us?</td>
<td></td>
</tr>
<tr>
<td>Predisposing factors discussed?</td>
<td>.4</td>
</tr>
<tr>
<td><strong>Family history</strong></td>
<td>.4</td>
</tr>
<tr>
<td>Parent/family relationship?</td>
<td></td>
</tr>
<tr>
<td>Family member use of substances?</td>
<td></td>
</tr>
<tr>
<td>Current family?</td>
<td></td>
</tr>
<tr>
<td><strong>Social history</strong></td>
<td>.4</td>
</tr>
<tr>
<td>Peers growing up/current?</td>
<td></td>
</tr>
<tr>
<td>Substance use of peers?</td>
<td></td>
</tr>
<tr>
<td><strong>Medical history</strong>-general and as pertains to substance use</td>
<td>.2</td>
</tr>
</tbody>
</table>
Case Presentation (Example)

**Identifying data:** John Smith is a 33 y/o white male with a three year history of cocaine abuse and a 21 year history of alcohol abuse. He currently lives at 2000 N. 5th St., Killeen, Tx.

**Present illness:**
**Onset:** John first use of alcohol was at age 12, when he drank “some beers” with his stepfather at home. John’s first use of cocaine was with his live in girlfriend of five years, at age 30, out at a party with some friends.
**Duration:** John has used alcohol continuously since age 14, and has used cocaine for the past three years, on a weekly basis, with one period of abstinence lasting “about a month”.
**Frequency:** John uses cocaine on the weekends, beginning on Friday nights and lasting “until we run out of money”. John uses alcohol daily.
**Acuity:** John stated that he usually drinks “about a six pack before I start feeling a buzz.” Most nights he drinks a twelve pack. John estimates his cocaine use at about a gram and a half every weekend.
**Chronicity:** John has used alcohol since early adolescence with no periods of abstinence; he began experiencing legal and family problems because of his alcohol use at age 22. John has used cocaine since age 30 with one period of abstinence, lasting one month, and states he has experienced “only problems with money” related to his cocaine abuse.

DAAC 1309
**Past history:** his biological mother and stepfather, who married his mother when John was 2, raised John. John began to experience problems in the fourth grade, when the family moved to Texas. John was undiagnosed as a child but states that he “has a learning disability,” which made it difficult for him to pay attention in class and to comprehend. John’s problems began with acting out in class, and progressed to getting into physical fights with his classmates. John states that he was expelled for fighting in the sixth grade and that this was the period of time when he first drank alcohol. His stepfather worked the graveyard shift at a local factory and drank beer when he got off work in the morning to unwind. John states that his stepfather gave him the beer to “shut me up, because I was bugging him.” John began to steal beers and other alcohol from his stepfather and friend’s parents “whenever I could” because he liked the effect. He stated that the alcohol, “chilled me out” and he began to drink on a daily basis at age 14. John’s first use of cocaine was at age 30, when he and his girlfriend tried some at a party. John states that his girlfriend “uses a lot” and is always trying to get him to use during the week. John states that he resists her attempts, but when the “weekend hits, I just want to drink and get high on coke.” John stated that he uses cocaine because he can “stay awake and drink more to get really loaded.”

**Family history:** John’s mother and stepfather are still living and have been married 31 years. John states that his stepfather “drinks all the time”, since he retired, mostly beer. John states that his mother does not drink and never has. John’s family life was “strict but loving.” He describes his stepfather as “laid back” and that his mother handled most of the discipline, which included spankings and extra chores, grounding and loss of allowance. John has two sisters and no brothers. The sisters are 25 y/o twins and are his half-sisters. Neither of the twins drinks nor use drugs to John’s knowledge.

John has been married once, when he was 19-22. He has no children and describes the divorce as friendly—“we were just too young to get married.” He has had several girlfriends over the years, but is “settled in” with his current live in relationship. As previously stated, John’s live in girlfriend uses drugs and drinks, primarily cocaine and wine, although she will occasionally use marijuana and drink hard liquor, as well.

**Social history:** John describes his current social relationships as “party friends,” most of who are his girlfriend’s siblings or friends and their husbands/boyfriends. John states that they often go to other couples’ houses on the weekend and that they primarily hang out with friends at their houses on the weekend, so “we don’t have to worry about the cops.” John has no friends from work and is not close with his parents or sisters “any more”. John’s early social history features difficulty getting along with peers, who would tease him about his “learning problems”, until he “got bigger” and was able to “beat them up.” He describes himself as quiet and laid back in social situations, preferring to let his girlfriend to take the lead.

**Medical history:** John reports that he has been diagnosed with Hepatitis C. He is being treated for the condition, which is worsened by his alcohol use. He reports no other significant injuries, illnesses or hospital admissions.

**Mental status** (you may do this section as a paragraph, as done here, or you can make a chart –

DAAC 1309
John’s recent and remote memory seems intact. His insight into his condition is fair and his judgment (continuing to drink daily with Hepatitis C) is poor. Client mood is anxious and affect is congruent, with “fidgeting” and shaky hands. Client thought process and content seem good, with no apparent delusions or hallucinations.

**Diagnostic Impressions**

Axis I: Alcohol dependence; cocaine abuse  
Axis II: deferred  
Axis III: deferred  
Axis IV: Psychosocial stressors—II  
  Economic—states he spends too much money on cocaine and has trouble paying bills  
  Social—has no non-using friends  
  Family—girlfriend appears to have problem with cocaine and possibly alcohol and other drugs  
  Health—Hepatitis C  
Axis V: GAF—past year 65, current 60  

**Formulation:**  
Predisposing Factors: Difficulties in school and early socialization, with a possible learning disability and multiple fights with peers may have pre-disposed John to alcohol or drug use. Also, John’s stepfather drank daily and gave John beer at an early age.  
Psychosocial stressors: John’s girlfriend uses cocaine and encourages John’s use. Also, John has no positive social support and spends “too much money” on cocaine and partying, so has trouble paying his bills.  
Stress that precipitated treatment: John’s doctor has told him that if he continues drinking, he will die.

**Further assessments proposed:** John will be sent for an updated physical and a psychological assessment. As well, John will be tested for a possible learning disorder and have a vocational assessment.

**Treatment plan:** Insert your treatment plan here

**Discharge plan:** Insert your discharge plan here – This should be a stand-alone document with signature lines.

**Discharge summary:** Insert here – This should be a stand-alone document with signature lines. The prognosis is included at the bottom of this document.

**Prognosis:** This will be explained as poor, fair, good, excellent, based on your client’s progress (or lack thereof).

BE SURE TO SPELL AND GRAMMAR CHECK AND HAVE SOMEONE PROOFREAD. I WILL COUNT OFF FOR GRAMMAR AND SPELLING.
Discharge Plan

Goal 1: Client will maintain an abstinence based, sober lifestyle
Obj. 1: Client will attend support group meetings at least 5 x weekly
Obj. 2: Client will follow his schedule of activities for the first three months post discharge
Obj. 3: Client will remain abstinent as demonstrated by negative random drug screens
Obj. 4: Client will attend weekly relapse prevention planning sessions, for 1 hour on Fridays at ABC Treatment Center.

Goal 2: Client will maintain regular, full time employment
Obj. 1: Client will obtain full time employment within 2 weeks of discharge.
Obj. 2: Client will be compliant with company policies and procedures.

Goal 3: Client will obtain appropriate housing
Obj. 1: Client will obtain housing for himself and his family that is supportive of an abstinence based lifestyle within two months of discharge.
Obj. 2: Client will maintain his housing in good condition
Obj. 3: Client will pay rent and utilities in a timely manner.

Client will report his progress on goals and objectives in weekly aftercare meetings with his counselor at ABC Treatment Center.

________________________________  _________________
Client signature     Date

_________________________________  _________________
Staff signature      Date
Presenting problem: John Doe presented with a five year history of alcohol abuse and a 2 year history cocaine abuse. (Summarize your onset, duration, acuity, chronicity, frequency in two to three short sentences here.) Client’s length of stay in treatment was 61 days, with a successful discharge to supportive outpatient services at XUY Clinic.

Diagnostic Impression: Put your multi-axial diagnosis here.

Problem 1: Put your problem one from your treatment plan here. Then describe what was done to help John in this area, from the objectives in your treatment plan. For example, “client attended weekly relapse prevention planning groups, identified his triggers and warning signs and created a plan should he feel he is starting into a relapse process. John attended recreational therapy to help him develop leisure skills that did not involve alcohol or drugs….etc.

Problem 2: For example, “client lives in substandard housing in a drug and crime infested neighborhood…” Client was referred to public housing at the Housing Assistance Division of the City of Killeen. Client filled out appropriate forms, was qualified to receive housing and was placed on a waiting list. Client will transition to a shelter for approximately one week, until his housing becomes available.

Continue on with each problem in this way.

After you are done, create a summary of client’s progress or lack of progress. For example, “client participated actively in all phases of the residential program and made progress on all problem areas.” Client prognosis is fair if he follows through on all recommendations.
Glossary of Terms

A

abstinence - Refraining from the use of alcohol or other drugs.
active listening – a skill where the interviewer makes a special effort to hear what is said, as well as what is not said.
addiction - A chronic, progressive, relapsing disorder characterized by compulsive use of one or more substances that results in physical, psychological, or social harm to the individual and continued use of the substance or substances despite this harm.
adolecent/youth outpatient - A state certified non-residential program, which provides chemical dependency assessments, and an alcohol/drug free counseling program for adolescents and young adults ages 12 - 20. Collateral and family support services may also be provided to family members of youth clients.
adult - Age 18 or over. (By acquiring an exception to policy, those who are aged 18-20 may be classified as Adolescent/Youth
advocacy - The staff supports and advocates for the client in various situations, including employment, family, and the court system.
aftercare - Program designed to provide ongoing recovery support. Focuses on refusal skills/relapse prevention skills to maintain sobriety.
autonomy – the counselor affirms the client’s right and capacity for self-direction and facilitates informed choice
Alcoholics Anonymous (AA) - describes itself as a voluntary, self-run fellowship. Membership is multiracial and there are no age, educational, or other requirements for members. It is nonprofessional and has no dues or outside funding sources. An important characteristic for many persons is its promise of anonymity, protecting the right to privacy of its members.
alcoholism - A primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.
Assessment – appraising and evaluating a person and their situation. The initial stage focuses on identifying the problem and the person’s support system, as well as the person’s strengths. During assessment, there is three helping processes that occur: the initial contact with the person for assistance, the interview as a critical component in data gathering, and the case record documentation required during the assessment phase.
assessment (and referral) services - Assessments, screening, referral and case management (monitoring) of clients seeking assistance as a result of incapacity due to alcoholism and/or drug addiction.
attending behavior – another term for appropriate listening behaviors, and includes eye contact, attentive body language, and tone and rate of speech. It conveys interest and attention on the part of the interviewer.
attributions – assuming to know the causes of another’s behaviors; contributes to how we form an impression about a person.
**B**

**body language** – includes body movement, posture, facial expression, and tone of voice. Body language varies culturally.

**C**

**case management (monitoring)** - Case Managers work with both adults and adolescents, and serve as a consistent person in their lives as they move through treatment and recovery. They involve the clients family, address barriers to treatment, facilitate access to other services needed, maintain clear and accurate records, and troubleshoot any client concerns.

**case notes** – may also be called staff notes, clinical notes, or therapy notes – notes written each time a helping professional meets with a client. These notes confirm a specific service, connects the service to a key treatment issue, records the client’s response, describes the client’s current status, and provides direction for ongoing services.

**case review** – the periodic examination of a client’s case that may occur at any time during the helping process. This is a critical part of the accountability structure of an organization.

**client participation** – the client takes an active role in his recovery process, making service delivery more responsive to client needs and enhancing effectiveness.

Closed questions – these questions elicit specific facts, and may be answered with simply yes, no, or a factual statement.

**code of ethics** – also known as ethical standards, provides guidelines for practice, clarifying the helper’s responsibility to clients, employers, and society.

**cognitive distortions** – occurs when a person chooses an easy way to define others by using social categorization and stereotyping.

**collaboration** – counseling involves a partnership that honors the client’s expertise and perspectives. The counselor provides an atmosphere that is conducive rather than coercive to change.

**complete insight** - client is able to thoroughly describe their chemical dependency symptoms. Rapport comes easily with this client, they are able to communicate effectively, and are generally quite open to discussing situations, thoughts, and feelings.

**confidentiality** – ensuring only authorized individuals have access to a client’s record. Exception occurs in the event of cases of emergency, such as suicide, homicide, or other life-threatening situations.

**confrontation** – a technique that carefully challenges a client, and encourages and guides a client toward taking action against a problem.

**D**

**denial** – when the addict denies that he/she has any type of addiction problem. It typically evolves as a defense mechanism, but becomes pathological when someone holds a belief that is generally not accepted by anyone else.

**dependence** - A psychological and/or physical need for the drug. Withdrawal symptoms are experienced upon ceasing use of the drug.

**detoxification** - Care and treatment, of persons intoxicated or incapacitated by alcohol or drugs during the period in which the person recovers from the transitory effects of acute intoxication.

- **Acute Detoxification** - Detoxification service to individuals for whom the consequences of withdrawal merit assistance from medical and/or nursing personnel.
- **Sub-Acute Detoxification** - Prescription medication is not provided for the management of withdrawal, and service is provided in a supportive home-like environment
discrepancy – the difference between present behavior and the client’s broader goals and values.
documentation – the written record of work with the client, i.e. initial intake, assessment information, treatment planning and implementation, evaluation, and ultimately, termination of the case. The written record will also include any reports, forms, or letters pertinent to the case.
drug of abuse - Any substance that alters the mood, level of perception, or brain functioning. These substances include prescribed medications, alcohol, solvents, and illegal drugs.
dual diagnosis - An individual demonstrating significant psychological problems, as well as being currently addicted to alcohol or other drugs.
DUI assessment - Designed to evaluate and assess clients' involvement with alcohol and/or drugs, and to recommend an appropriate course of action. Usually by court order and resulting from an arrest for driving under the influence, or having actual physical control of a motor vehicle while under the influence of alcohol and/or drugs. Assistance provided to intoxicated persons in the streets, and other public places.

E
empathy – through skillful reflective listening, the counselor seeks to understand the client’s feelings and perspectives without judging, criticizing, or blaming.

ETP - Exception to Policy
euphoria - the desired feeling one experiences with alcohol or other drugs.
evocation – the resources and motivation for change are presumed to reside within the client. Intrinsic motivation for change is enhanced by drawing on the client’s own perceptions, goals and values.

F
Feedback – questions and answers that help providers determine if the client is on track or if some other service, action, or direction is needed.

G
Goals – statements that describe a desired state or condition or an intent.

H
homeostasis – the ability and tendency of a system to maintain a constant internal state, despite inconsistencies in the external environment.

I
Intensive Outpatient Treatment - A concentrated, nonresidential program of individual and group counseling, education, and activities for detoxified alcoholics and addicts and their families.
interim services - Services that are provided until an individual is admitted to a substance abuse treatment program. The services are to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of the transmission of disease.
in interview – normally is the first contact between a helper and an applicant for services. The interview is an opportunity for the helper and applicant to get know one another, define the person’s needs or problems, and give some structure to the helping relationship. It is a vital tool for communicating with clients, collecting information, determining eligibility, and developing and implementing service plans.

J

DAAC 1309
juvenile - According to the juvenile court system: juvenile may be up to, but not excluding 18 years of age. The courts may extend the range up to 21 years.

K

L

long term residential treatment - Care and treatment on a long-term basis (90 days or more) in a residential setting with personal care services for alcoholics and addicts with impaired self-maintenance capabilities needing personal guidance and assistance to maintain abstinence and good health, under or in lieu of involuntary commitment of alcoholics.

M

Mental status exam – evaluates the person’s current mental status by considering four factors: appearance and behavior, mood and affect, thought disturbances, and cognition.

methadone - A synthetic, psychoactive, narcotic (opium or any of its derivatives i.e., heroin, morphine, codeine) drug that is more potent than morphine, but less rapidly addicting. It is induced orally to supplant heroin, etc., in opiate dependency treatment.

motivation - the probability that a person will enter into, continue and adhere to a specific change strategy.

motivational interviewing - a directive, client centered counseling style which helps a client experience, explore and resolve feelings of ambivalence about changing addictive and/or destructive behaviors.

multifaceted approach - a treatment approach that understands and responds to the diversity of clients.

N

no insight - client is in complete denial and will present the most difficult challenge to treatment. Clients tend to be hostile, angry, and resistant to responding to questions. Clients may even be mute and passive, or refuse the interview all together.

O

open questions – questions that are broader, allow for expression of thoughts, feelings, and ideas, and elicit a more extensive response than a closed question. This type of communication contributes to building rapport.

opiate substitution treatment - A non-residential (see outpatient treatment) treatment program which includes the use of methadone (or other approved drugs) as a substitute for opiates, in addition to counseling and other types of therapy for opiate addicts and their families.

outpatient treatment - Individual and group treatment services of varying duration and intensity according to a prescribed plan. It is a state certified non-residential program which provides chemical dependency assessments, and an alcohol/drug free counseling program for adolescents and adults. Collateral and family support services may also be offered. Outpatient programs for adolescents/youth are designed to diagnose, stabilize, counsel, and build family and social support systems, which promote abstinence and growth. Services shall include treatment for the misuse of alcohol and/or other drugs as well as for addiction.

outreach services - Initiating discussion with youth or adults regarding alcohol and other drugs, possible consequences of usage, and education/information about services and resources for those affected by their own dependency, or by that of significant people in their lives.

P

DAAC 1309
**partial insight** - client lacks the awareness of having a chemical dependency problem. Client recognizes that something is wrong but refuses to believe that it is his/her fault.

**privileged communication** – a legal concept where “privileged” communications with professionals may not be used in court without client consent.

**psycho-active substance** - A chemical that alters mood and/or behavior. The principal effect is on the central nervous system.

**Q**

**Questioning** – an open-ended focus that helps elicit information from the client and keep the interaction flowing.

**R**

**rapport** - forming a professional relationship with the client where the client feels safe to express him/herself and discuss problems/issues.

**recidivism** – returning to old habits, i.e. return to prison after release.

**record** – any information pertaining to a client’s case.

**relapse** - The return to substance use after a period of abstinence.

**relapse prevention** - A variety of practical, everyday individual approaches, and skills that are "How to's" for staying clean and sober.

**residential treatment** - A residential program consists of a combination of education, individual therapy, group therapy, and related activities for detoxified alcoholics, addicts, and their families.

**adult** -

- Differential Diagnosis Treatment - A specialized program of substance abuse and mental health diagnosis and treatment.
- Extended Care Treatment - For clients needing prolonged treatment services. Some of these have a maximum stay of 90 days, and some have a maximum stay of 180 days.
- Intensive Inpatient Treatment - A concentrated residential program. May only exceed 30 days by exception to policy (ETP).

**adolescent** –

- Basic Residential - For ages 13 - 17 who evidence cognitive ability of at least 11 years of age, have primary diagnosis of chemical dependency, and require less clinical supervision and behavior management.
- Intensive Residential Treatment - For those age 13 - 17 who meet the criteria for being both chemically dependent and with the symptoms of mental health diagnosis (or potential diagnosis requiring concurrent management with the treatment of addiction, e.g., ADHD, depression, conduct disorder, etc.) and/or extreme family dysfunction, prior trauma due to emotional, physical, and/or sexual abuse, which may present a major risk of danger to the client and/or others, and high risk not to complete treatment.

**resistance** - an interpersonal phenomenon where the client resists change or growth.

**S**

**screening** - A provider of treatment services organizes an inter-agency team to screen and approve youth for the case management services.

**self-efficacy** - refers to a person’s belief in his or her own ability to carry out and succeed with a specific task.

**structured interview** – these interviews are directive and focused, usually guided by a form or
questionnaire, eliciting specific information. It helps develop a brief overview of the problem and the context in which it is occurring.

T

TANF - Temporary Assistance to Needy Families - The federal government passed this act, which replaces AFDC (Aid to Families with Dependent Children). TANF clients receive chemical dependency assessments and referral to treatment services.

therapeutic communities - self-contained residential programs that emphasize self-help and rely heavily on ex-addicts as peer counselors, administrators, and role models. They provide a highly structured milieu, with program stages through which members must progress; this advancement is noted with special tasks and ceremonies. The stages progressively demand more responsibility and provide more freedom. Group encounter sessions often are confrontational, focusing on openness and honesty. Social and vocational skills also are taught.

Title XVI - Is the Federal welfare program that authorizes SSI (money) for the aged, blind and disabled.

Title XIX - Is the Federal welfare program that authorizes Medicaid (medical) for families, children, aged, blind and disabled.

tolerance - The need for increasing doses of a substance to maintain its effects.

treatment focus - When the focus of treatment is intended to serve a particular group of people.

U

Unstructured interview – a sequence of questions that follow from what was previously said and is broad and unrestricted. This is a good tool for establishing rapport with a client.

V

Verbal following – a minimal response on the part of the provider that lets the client know that the provider is listening.

W

withdrawal syndrome - A characteristic set of physical and psychological effects that occur when use of the drug is significantly decreased or stopped. There is a craving for the drug when one is abstinent, and these symptoms are relieved when the drug is again taken.

X

Y

youth - Youth are those who are age 12-17 years.