

CASE PRESENTATION BY

APPLICANT'S NAME

CERTIFICATION/LICENSURE#

Please read and sign the statement below. Attach this coversheet to the front of your written case when submitting to the Board for approval.

Chemical Dependency Counselor's Statement

I hereby certify that I prepared this case presentation and that it represents an actual/typical case of mine.

I, the undersigned, understand that the audio tape of the case presentation exam and this written case will be the property of the Chemical Dependency Professionals Board upon submission of these materials to the Board.

I also understand that this material may be reviewed by the Board and its designated agents for evaluation and research purposes.

APPLICANT'S SIGNATURE

DATE

WRITTEN CASE OUTLINE

A. SUBSTANCE ABUSE HISTORY

1. Substances used
2. Frequency
3. Progression
4. Severity/Amount used
5. Onset - when started
6. Primary substance
7. Route of administration
8. Effects - blackouts, tremors, tolerance, DTs, seizures, other medical complications

B. PSYCHOLOGICAL FUNCTIONING

1. Mental status - oriented, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight
*to include both present and past

C. EDUCATIONAL/VOCATIONAL/FINANCIAL

1. Educational and work history
2. Educational level
3. Disciplinary action (at school and/or work)
4. Reasons for termination
5. Current and past financial status

D. LEGAL HISTORY (associated with, or not associated with mood altering chemicals)

1. Charges, arrests, convictions
2. Current status
3. Pending

E. SOCIAL HISTORY

1. Parents
2. Siblings/rank
3. Psychological functioning in family
4. Substance use in family
5. History of social functioning from childhood to present
6. Family functioning - including physical, sexual, and emotional abuse
7. Relationship history
8. Children

F. PHYSICAL HISTORY

1. Both alcohol and drug, non-alcohol and drug problems
2. Past and present major medical problems - i.e. disabilities, pregnancy and related issues, STD, alcohol and drug related problems

G. TREATMENT HISTORY

1. Both alcohol and drug and psychological history

H. ASSESSMENT - identifying and evaluating and individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.

I. TREATMENT PLAN - identifying and ranking problems needing resolution; establishing agreed upon immediate and long term goals and deciding on a treatment process and the resources to be utilized.

J. COURSE OF TREATMENT - describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and the resources to be utilized.

K. DISCHARGE SUMMARY - concise description of the client's overall response to treatment, including alcohol/drug status at discharge.