

SAMPLE CASE PRESENTATION

Certified Addiction Counselor

Sample Case Presentation

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Counselor's Name: YOUR NAME HERE

COUNSELOR'S STATEMENT: I hereby certify that I prepared this case presentation. I provided the primary counseling services on this case, and this case represents an actual case of mine.

I, the undersigned, understand that the audiotape of the case presentation oral examination will be the property of the Connecticut Certification Board, Inc.

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

SIGNATURE YOUR SIGNATURE HERE DATE _____

SUPERVISOR'S STATEMENT: I hereby certify that I have read this case presentation, that it represents an actual case of the applicant, and that, to the best of my knowledge, it was prepared by the applicant.

NAME JANE DOE, CCS, CAC, LADC
(please PRINT clearly)

TITLE CLINICAL SUPERVISOR CREDENTIALS CCS & LADC

SIGNATURE SUPERVISOR SIGNATURE HERE DATE _____

NAME OF AGENCY COUNSELING AGENCY

Demographic Information on Actual Client

FICTIONAL NAME Suzie Smith

AGE AT ADMISSION 39 SEX M F MARITAL STATUS Divorced

EMPLOYMENT STATUS Unemployed

REFERRAL SOURCE self

CURRENT LEGAL STATUS no pending legal issues

ADMISSION DATE 8/7/2002 DISCHARGE STATUS completed with referral

TREATMENT SETTING AND MODALITY outpatient methadone maintenance treatment

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I. Substance Abuse History

At the time of her intake assessment, Suzie Smith was a thirty-nine year old divorced Caucasian female asking to be evaluated for chemical dependency at her own request. Suzie reported to the intake counselor that she had an extensive substance abuse history that included over thirteen years of opiate use, twenty-two years of cocaine use and twenty years of alcohol use. Suzie reported that although her first use of illicit substances had been marijuana at the age of nine years old, she had not used marijuana for over fifteen years. Suzie reported that she had used alcohol and cocaine on occasion, but she denied any use of either substance in the last twelve months. Suzie identified opiates as her primary substance of abuse and explained that she had been using up to twenty bags a day intravenously for the last two years.

Suzie explained that initially her opiate use had been recreational, consisting of a few bags of heroin or a couple of opiate pills on occasion, but never more than once a week when she began her opiate use at the age of twenty-seven. However, Suzie's use of opiates had quickly become a more serious problem with daily use by the time she was thirty years old. Suzie explained that her tolerance had quickly increased and before she realized it she needed more and more heroin to get the same effect. Suzie reported that she was physically dependent by the time she was thirty years old., which she reported was evidenced by her severe withdrawal symptoms whenever she did not use opiates.

Suzie reported that her primary route of administration had been a needle when using opiates, but she did not consider herself an I.V. drug user. Suzie explained that although she had used opiates daily over the last two years,. She had not experienced any serious side effects or medical complications. When asked about medical issues, Suzie denied having any blackouts, tremors, seizures or delirium tremors. Suzie reported that she had tested positive for Hepatitis C in the past, but was not currently experiencing any difficulty related to this medical condition.

II. Psychological Functioning

At the time of her intake assessment, Suzie was cooperative, alert and oriented x 3 with her speech well within normal limits. Suzie was appropriately dressed and groomed. Suzie was asked about her current and past psychological functioning by the intake counselor and denied being troubled by any psychological or emotional problems, unrelated to her drug and alcohol use, in the last thirty days.

When asked about her general psychological functioning, Suzie denied having any hallucinations or delusions, now or in the past. Suzie denied having any difficulty with her thinking process at this time, but reported

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that in the past she has had difficulty concentrating and at times has had racing thoughts. Suzie denied having any thoughts of suicide or homicide at this time, or in the past 30 days and reported that she had never attempted suicide at any time in her life.

Suzie presented with a full range of affect and showed moderate insight. Suzie's self-concept was appropriate, her memory was good and her judgment did not appear to be impaired.

III. Educational/Vocational/Financial

Suzie reported that she had completed eleven years of education and four months of technical training. Suzie reported that she had left school due to economic reasons and had been a good student that had been free of any disciplinary action while in high school. Suzie reported that she had completed four months of technical training for computers and had been employed in that field after finishing her technical training. Suzie reported that she enjoyed working with computers and her longest period of employment had been for two years as an office manager using her technical training.

Suzie reported that she had started working sporadically at the age of fifteen to assist her family financially. Suzie reported that she had been unemployed for the last twelve months and denied having any income last year. Suzie reported her typically employment had been as an office manager. Suzie reported that she had she had been fired from several jobs due to her substance use and had found it very difficult to find employment due to her opioid dependence. She explained that she typically did not go to work when she was sick or did not have opiates to use and this typically lead her to be terminated.

Suzie reported her current financial support comes from her father and significant other and that this constitutes the majority of her financial support. Suzie denied earning any income from wages over the last twelve months and reported that no one else relies on her for financial support. Suzie explained that her financial needs had been met by her employment in the past and she had been self-sufficient and financial stable for several years while employed. However, Suzie had been relying on her family to provide all of her support for the last two years. Suzie reported her unemployment as extremely troubling to her and something she is highly motivated to change.

IV. Legal History

Suzie reported being arrested and charged with several crimes in her life, beginning at the age of seventeen which included over a dozen shoplifting charges' seventeen larceny/burglary/breaking & entering charges; one weapons charge; one assault charge; one prostitution charge and two probation violation charges. Suzie reported that

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nearly all of the charges resulted in convictions. Suzie had been incarcerated a total of twenty months due to the convictions. Suzie reported that she was last incarcerated for prostitution at the age of thirty-five and spent 30 days in jail. Suzie explained that she had been under the influence of substances, mostly opiates and cocaine, when committing all of the offenses. Suzie explained that she did not remember getting in trouble with the police a single time when it had not been related to her drug use or while she was intoxicated on illicit substances.

Suzie reported that she had no pending legal issues and had completed her probation several years prior. Suzie reported that she had been involved in illegal activity (purchasing and selling illicit substances) as recently as last month, but had not been arrested for any crimes in the last two years.

V. Social History

Suzie reported that her mother had died when she had been a child and she did not know much about her mother's side of the family. Suzie explained that her father and her sibling had raised her and that she was the youngest of five children with two older brothers and two older sisters. Suzie talked about her siblings all having trouble with drugs and alcohol with the exception of her oldest sister. Suzie reported that she had several family members on her father's side that also had drug and alcohol problems such as her uncle, aunts, and grandparents.

Suzie described alcohol as part of her family experience from her earliest memories. Suzie talked about how drug use later became a normal part of family gatherings for her and her siblings. Despite the extensive drug and alcohol abuse present in her family, Suzie reported that her family functioned relatively well and were supportive of one another as she grew up. Suzie explained that she had come from what she described as a "pretty functional family". Suzie denied problems with psychological functioning in her family and she reported that she felt supported and taken care of through out her childhood. Suzie shared that since most of her family had been functioning alcohol and drug users, she had been raised to think that drug and alcohol use was normal and part of life.

Suzie reported that she had a happy childhood and denied any physical, sexual or emotional abuse. Suzie shared that her family had been very close and supportive and she attributed this to the loss of her mother when she was 3 years old, which she felt had brought her family closer together. Suzie reported that she had no difficulties in her own social functioning as a child and had a healthy childhood. Suzie shared that she did not feel that she had any problems socially, emotionally or psychologically until she was in her late teens. Suzie reported that she began to spend more time with people that used illicit substances and began to get into trouble for shoplifting, something she did to support her drug use.

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Suzie had several casual relationships with men through out her late teens that were largely based upon her drug use. Suzie noticed that she increasing was attracted to men that used illicit substances and avoided people that did not use drugs. Her friendships with women were also negatively affected by her drug use. Suzie talked about spending a lot of time with her siblings using illicit substances. She reported that using drugs increasingly became how she related to her three siblings and her drug use caused difficulty in her relationship with her oldest sister that did not use drugs.

Suzie reported that she was married at a young age to a childhood friend. Her significant other was a drug user and someone she had spent a significant amount of time using with over the years. Suzie reported that her marriage was significantly influenced by drug and alcohol use. Suzie was divorced after five years of marriage and has had little contact with her ex-husband since the divorce. During her marriage, Suzie reported that her husband had been physically and emotionally abusive at times. Suzie has no children and was grateful that she had never involved children in what she referred to as the “craziness of her marriage”.

VI. Physical History

At the time of her intake, Suzie reported that she had never been hospitalized for any major medical problems and reported no chronic medical problems that interfere with her life. Suzie denied being pregnant and has not received any medical disability at any point in her life. Suzie reported that she had not been troubled by any medical concerns in the last thirty days and is not interested in seeking medical attention at this time.

Suzie reported that she had tested positive for Hepatitis C in the past and that she believes this was related to her drug use. Suzie reported that she had shared needles in the past and had shared inhalation instruments (straws and dollar bills) with others. Suzie reported that she had not experienced any difficulty or pain associated with this medical condition and was not interested in seeking treatment for this medical condition at this time. Suzie denied ever contracting any sexually transmitted diseases or other health related problems. The Medical Director gave Suzie a comprehensive medical examination at the time of her admission and no additional medical conditions or concerns were discovered during the examination.

VII. Treatment History

Suzie reported that she had been treated for drug abuse on eighteen occasions, with seventeen of these treatment episodes being brief detoxification treatment programs for opioid dependence. Suzie explained that she had attempted several short-term detoxification programs, but that she typically had resumed her substance use in a

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matter of days. Suzie reported that she had never received inpatient treatment. Suzie's last treatment episode lasted approximately one year and was completed at this program. Suzie left the program against medical advice and did not successfully complete treatment.

Suzie reported that her last voluntary period of abstinence had been for thirty-six months and ended approximately 5 years ago. Suzie explained that she had been substance free for three years and had made tremendous progress in her life. Suzie reported that she had been active in self-help groups and had been employed during that period. Suzie reported that after she returned to active substance use she noticed that her substance use had gotten much worse and her functioning had become progressively worse over time. Prior to her intake, Suzie denied any treatment over the last two years.

VIII. Assessment

During her intake assessment, the intake counselor asked Suzie to complete several assessment measures intended to determine her current psychological and social functioning. Suzie was assessed for anxiety using Beck Anxiety Inventory that showed moderate to high levels of anxiety. Suzie was assessed for depression using the Beck Depression Inventory that showed moderate to high levels of depression. Suzie also completed assessments of problem gambling, nutrition, alcohol consumption, and trauma history, which were used to determine Suzie's current treatment needs.

During the intake assessment, Suzie was also asked to complete a comprehensive psychosocial evaluation that assessed her in the following areas: medical, employment, financial, substance use history, legal, family, social relationships, psychiatric, spirituality and relapse triggers. In addition, the intake counselor determined Suzie's eligibility for the program by completing verification of opiate use and documentation of current opioid dependence.

When Suzie met with this writer for the first time, Suzie was asked about her strengths, current living situation, relationship with her significant other, current substance use, social support, financial needs, recovery goals and basic needs. Suzie reported that her strengths included a past history of sobriety, twelve step involvement, family support, a safe living situation and strong desire to change her life.

After reviewing her strengths, Suzie was asked by this writer to identify some of her barriers to recovery, which she identified as being unemployed, limited financial support, psychiatric symptoms, lack of education and medical issues (Hep. C). Suzie reported that she wanted to stop using all substances and to change her life. Suzie reported that she wanted to become more self-sufficient and independent. Suzie explained that she wanted to get her own

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housing, find employment and be a productive member of her community. Suzie shared that she felt that most of all she needed to develop confidence in herself and begin to rebuild her self-esteem, both things she felt had been devastated by her history of opioid dependence.

IX. Treatment Plan

The first step was to describe the treatment planning process to Suzie and to answer any questions. Suzie was asked about her ideas around recovery and about her recovery goals. Next, this writer asked Suzie what she felt were the important issues in her life. Suzie was then asked by this writer to identify the issues that she felt were the most important issues that she wanted to work on while in treatment. Suzie identified three primary issues: 1) her substance use, 2) her lack of employment and 3) her Hepatitis C.

Suzie identified her primary problem as her addiction to opiates. Her primary treatment goal was abstinence from illicit substances. Suzie reported that she had successfully been abstinent in the past for three years and wanted to be substance free again. Suzie and this writer determined several methods to achieve this goal which included taking methadone as prescribed, attending regular individual and group sessions, providing urine samples as requested and beginning to develop a positive support system in the community.

Suzie identified lack of employment as the second issue she wanted to work on while in treatment. Suzie's goal was to return to work so that she could become financially self-sufficient. This writer asked Suzie to identify her areas of interest and a list of potential employers was developed. Suzie and this writer agreed that she would seek employment in the community and explore available employment and vocational services. As Suzie progressed in her job search, it was agreed that she would work with this writer to adjust and modify the plan as she progressed towards fulfilling her goals.

Suzie identified her medical condition as something that she also wanted to address. As part of the admission process, she had been given information from the nursing staff about Hepatitis C. Suzie decided that she wanted to include this in her treatment plan and deal with this before it became a bigger problem. Suzie shared that it always had bothered her that she was positive for Hepatitis C. Suzie's goal was to develop a course of treatment with a doctor that specializes in Hepatitis C to manage her condition. Suzie was given information about treatment providers and treatment options.

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Although she had not originally identified it as a treatment issue, Suzie's psychiatric symptoms were discussed and the results from the depression and anxiety measures were reviewed. Suzie was asked about how depressions and anxiety had been affecting her life and her treatment history was discussed. Suzie was asked if she wanted to include treatment of these co-occurring mental health issues as part of her treatment plan and she agreed. As a result, this writer and Suzie included these issues in the treatment plan. The goal was to have Suzie assessed for depression and anxiety by the Dual Diagnosis counselor at the clinic. From there, the Dual Diagnosis counselor and Suzie would decide if she needed additional treatment and they would discuss treatment options. Based on that assessment, the treatment plan would be modified accordingly.

As part of the treatment planning sessions, it was agreed that the treatment plan would be discussed during individual session and reviewed regularly as part of Suzie's treatment. Suzie was given an opportunity to make changes to the treatment plan, was asked to sign the plan and was given a copy for her to keep. After Suzie and this writer had reviewed the treatment plan, this writer's clinical supervisor and the medical director reviewed and signed the master treatment plan.

X. Course of Treatment

When first working with Suzie, this writer employed a psycho education approach. Suzie was referred to an entry-level group that emphasized discussions about the harmful effects of substance abuse. Various media were used such as videos, handout and group exercises to illustrate the impact of substances on the lives of those that use the substance and their loved ones. Suzie responded very well to this material. She reported to this writer in individual sessions that she enjoyed getting information and learning about how the substances affect the body and was surprised she knew so little about how it damaged her body. Suzie shared in group that these consciousness raising exercises were very helpful in motivating her to change her behavior.

This writer also utilized a Cognitive Behavioral approach when working with Suzie in individual session in an attempt to help Suzie see that her maladaptive thoughts and attitudes towards substances contribute to her substance use. Suzie initially had some difficulty seeing that she had maladaptive thoughts around substance use. She reported that she really wanted to stop and asked if that wasn't enough. This writer assisted her to see that despite her desire to stop using, her automatic thinking and attitude towards substances may actually be leading her to act in ways that are not conducive to abstinence.

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While working with Suzie, this writer utilized the Transtheoretical Model and the Stages of Change to assess Suzie's readiness for change and stage of change in an attempt to meet Suzie where she was in her process of change. By determining where she was in the change process (i.e., Precontemplation, Contemplation, Preparation, Action, etc.), this writer designed interventions to meet her stage-specific needs. For example, Suzie was in the contemplation stage around a relationship issue and this writer used decisional balance exercises to help her tip the balance in favor of change to assist her in moving towards the preparation stage of change.

Most importantly, this writer used a motivational enhancement approach with Suzie that emphasized eliciting motivation from her instead of telling her what she needed to do. From this perspective, the clinician is a recovery support and not responsible of changing or fixing the person. The primary goal of this writer was in developing a positive therapeutic alliance with Suzie that was based on empathy, respect, optimism, and hope. Suzie was treated as a person, not as a disorder. Using motivation enhancement techniques. This writer assisted Suzie to strengthen her own internal motivation and actively elicited self-motivational language and change talk.

Suzie stabilized in treatment after about thirty days. Suzie regularly attended group and individual sessions and began to make progress on several recovery goals. Suzie found full-time employment after about forty-five days in treatment and found a job doing something she had always wanted to do which was to work with animals. Suzie started attending twelve step meetings and returned to church a few times a month, something that had been very important to her in the past.

After being substance free in treatment about four months, Suzie's father unexpectedly died. Suzie was very upset and sought additional clinical contact with this writer. Suzie was given referrals for grief counseling at a community agency and was strongly encouraged to consider additional counseling. Suzie and this writer reviewed many treatment options. Suzie was referred to the staff psychiatrist but refused to go to the session. Suzie did use substances for a brief period of time. This writer meet with her after getting the urine results and discussed possible treatment options. Suzie considered going into the Intensive Outpatient Program and was referred and accepted into the IOP, but she decided that she did not want to lose her job. Instead she decided to focus more on community based self help groups and was given additional take home materials from this writer on topics such as relapse prevention, grief and loss and managing feelings of depression. The take home assignments were used to meet Suzie's specific needs since she was employed full-time and unwilling to engage in additional counseling.

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This writer used a combination of relapse prevention and cognitive behavioral approaches to assist Suzie in developing coping skills around avoiding substance use and stopping the relapse process. Suzie responded well to the intervention and stopped using substances soon there after. Suzie reported that some of the exercises such as writing in a recovery journal, tracking her automatic negative thinking and tracking her cravings helped her to stop the relapse process. Since Suzie had responded so well to education materials earlier in her treatment, this writer provided her materials around grief and the death of a loved one and other materials around women's addiction recovery, all of which she reported were helpful in interrupting relapse thinking and stopping relapse behavior.

Suzie continued in treatment for another three months making progress in several areas. During a treatment plan review session, Suzie asked this writer about programs in other states. Suzie was given information from this writer about programs in the South. Suzie investigated some of the programs and began planning a move to a southern state with her significant other. With the assistance of this writer, Suzie arranged a transfer to a new program and moved to be closer to two of her siblings. Suzie successfully completed treatment and transferred to the new program in a southern state. At the time of her discharge, Suzie was substance free and can completed several treatment goals.

XI. Discharge Summary

Suzie's discharge summary indicated her Axis I diagnosis as 304.00 - Opioid Dependence, her Axis II diagnosis as V71.09 – no diagnosis, her Axis III diagnosis as Hepatitis C, her Axis IV issue was limited support and her Axis V – GAF score was 65. Suzie attempted several goals while in treatment which included 1) Remain free of all illicit substances, 2) Develop a positive support system, 3) Maintain good health and comply with medical recommendations, and 4) Legal employment. Although she did have a relapse episode while in treatment, she had been abstinent for the majority of her time in treatment. Suzie regularly attended her individual and group session, complied with program policies and ingested her methadone as prescribed. At the time of discharge, Suzie was substance free from all illicit substances and had reported no use of alcohol during her treatment episode. Suzie successfully completed treatment and was transferred to the new program in a southern state.

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