



# **Toolbox Training**

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## *Module 8*

## **Referral, Service Coordination and Documentation**

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Unifying science, education and service to transform lives



UI College of  
Public Health



## Module 8 – Referral, Service Coordination, and Documentation

### Goals and Objectives

Listed below are the goals and objectives of the module and the corresponding TAP 21 competencies.

Module 8 Goals and Objectives	SAMHSA CSAT TAP 21 Competencies
<p><b>Referral, Service Coordination, and Documentation</b></p> <p><b>Goal:</b> Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Define referral and service coordination from a co-occurring perspective;</li> <li>2. Discuss impact and appropriateness of documentation;</li> <li>3. Illustrate readiness of change and the impact on referrals;</li> <li>4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective;</li> <li>5. Develop multidisciplinary team approaches;</li> <li>6. Discuss the impact of cultural relativity and client follow-up.</li> </ol>	<p><i>THE PROFESSIONAL PRACTICE OF ADDICTION COUNSELING (PPAC)</i></p> <p><b>III. REFERRAL</b></p> <ol style="list-style-type: none"> <li>1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.</li> <li>2. Continuously assess and evaluate referral resources to determine their appropriateness.</li> <li>3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.</li> <li>4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.</li> <li>5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.</li> <li>6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.</li> <li>7. Evaluate the outcome of the referral.</li> </ol> <p><b>IV. SERVICE COORDINATION</b></p> <ol style="list-style-type: none"> <li>1. Initiate collaboration with referral source.</li> <li>2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.</li> <li>3. Confirm the client's eligibility for admission and continued readiness for treatment and change.</li> <li>4. Complete necessary administrative procedures for admission to treatment.</li> <li>5. Establish accurate treatment and recovery expectations with the client and involved significant others.</li> <li>6. Coordinate all treatment activities with services provided to the client by other resources.</li> </ol> <p><b>VII. DOCUMENTATION</b></p> <ol style="list-style-type: none"> <li>1. Demonstrate knowledge of accepted principles of client record management.</li> <li>2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.</li> <li>3. Prepare accurate and concise screening, intake, and assessment reports.</li> <li>4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.</li> <li>5. Record progress of client in relation to treatment goals and objectives.</li> <li>6. Prepare accurate and concise discharge summaries.</li> <li>7. Document treatment outcome, using accepted methods and instruments.</li> </ol>



## Module 8 – Referral, Service Coordination, and Documentation

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### Pre-session Assignment

#### All participants to read:

McLellan, A. T. (1999). Does Clinical Case Management Improve Outpatient Addiction Treatment. *Drug and Alcohol Dependence*, 55, 91-103.

*Be prepared to reflect on and discuss this article at the training session.*

#### Elective articles:

Rapp, C. A. (1998). The Active Ingredients of Effective Case Management. *Community Mental Health Journal*, 34(4), 363-80.



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## ADDICTION COUNSELOR TRAINING SERIES

### *Referral, Service Coordination, and Documentation*

#### AGENDA

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#### **14-Nov-07**

8:30 AM registration  
9:00 AM Treatment Knowledge  
10:30 AM break  
10:45 AM Treatment Knowledge  
noon lunch  
1:00 AM Treatment Knowledge  
Referral, Service Coordination, and  
2:15 AM Documentation  
3:30 AM break  
Referral, Service Coordination, and  
3:45 AM Documentation  
4:30 AM close

#### **15-Nov-07**

8:30 AM registration  
Referral, Service Coordination, and  
9:00 AM Documentation  
11:00 AM break  
Professional Readiness: Attitudes and  
11:15 AM Values  
noon lunch  
Professional Readiness: Attitudes and  
1:00 PM Values  
2:45 PM break  
Professional Readiness: Attitudes and  
3:00 PM Values  
4:30 PM close



## Module 8 – Handout 1

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### Case Study

#### *Directions*

1. Divide into small groups of 3-4.
2. Review the Case Study on the following page.
3. Answer the Case Study – Discussion Questions as a group. Utilize the DSM-IV Criteria of Opioid Dependence as an aid.
4. Appoint a Spokesperson to summarize your answers.
5. Report back to larger group for interactive discussion.



## Module 8 – Handout 1 (continued)

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### Jason

The client is a 35-year-old Native American male school teacher. He was adopted at the age of three into a white upper middle class family where he was raised in a Christian belief system which he currently practices. He teaches math at a junior high school and is in some difficulty because of “calling in sick much too much.”

Although he has been injecting heroin on and off since he was 16, he has never been arrested. He has been through many episodes of heroin detoxification, mostly outpatient methadone detoxification but has also been in three inpatient drug treatment programs. The last inpatient program was a 28-day, biopsychosocial recovery program, and he remained both heroin and alcohol free for about six months following treatment. Although he wanted to be on methadone maintenance, he could not “document” his history of heroin addiction (this was 10 years ago). His wife is in recovery, and insisted that he return to treatment after she discovered he was taking large quantities of codeine pills from several doctors for a back injury following an automobile accident. She is unaware that he was also shooting heroin at least once daily. He has been alcohol abstinent for the past two years.

His only current medical problem is that he is hepatitis C positive, and he has been so for at least 10 years. He and his wife have incurred debt with numerous credit card holders and they are behind three months on mortgage payments. He has past medical bills at the hospital and treatment facilities for care. His daughter’s teachers repeatedly send home notices requesting he attend school activities to support his daughter. His daughter recently began missing athletic practice at school and when questioned why she stated, “my dad needs me at home sometimes”. His two cars are paid for, however one has mechanical problems. He enjoys working out at the gym, his membership is intact, but has not gone for two months.

“I’m an addict through and through. I don’t think I’ve ever stopped being an addict, even when I was going to AA every day. I wasn’t using, but I thought about using every day. My wife cleaned up when she was pregnant with our daughter and she just got her 12-year chip. She moved on with her life, but I’m stuck. My back injury really threw me into a tailspin. At first, I really needed the codeine, but now I’m just sucking the m up so that I don’t go in to withdrawal. We’ve got to be really careful here. If my wife finds I’m back on the needle, she’ll be out the door this time.”



## **Module 8 – Handout 1 (continued)**

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### **Case Study – Discussion Questions**

1. What stage do you feel this client is in utilizing Prochaska and DiClemente's "Stages of Change" model?
2. Record DSM-IV multi-axial evaluation (FV). (see next page) Does this client meet DSM-IV criteria for opioid dependence?
3. What level of care would you recommend? Provide justification?
4. Would this client be a potential candidate for pharmacotherapy treatment?
5. List focus areas for service coordination?
6. What process would you utilize for referral within your agency? How would you assist the client in this process utilizing motivational interviewing?
7. What are the treatment options for this client in your geographic area and what process would you utilize for referral?
8. List "Stages of Change" motivational considerations pertinent to this case and develop open-ended questions for use with this client?



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## Module 8 – Handout 1 (continued)

### Worksheet for DSM-IV Criteria for Diagnosis of Opioid Dependence

Client's Name: \_\_\_\_\_

Diagnostic Criteria  
 (Dependence requires meeting 3 or more criteria)      Meets criteria Yes/ No      Note s/ Supporting Information

- tolerance, as defined by either of the following:
  - (a) a need for markedly increased amounts of the substance to achieve intoxication of desired effect
  - (b) markedly diminished effect with continued use of the same amount of the substance
- withdrawal, as manifested by either of the following:
  - (a) the characteristic withdrawal syndrome
  - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- there is a persistent desire or unsuccessful efforts to cut down or control substance use
- a great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects
- important social, occupational, or recreational activities are given up or reduced because of substance use
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria from American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, pg.197.

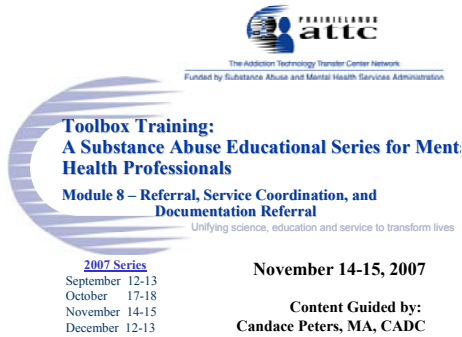


## Title Slide – Toolbox Training: A Substance Abuse Educational Series

### Module 8 – Referral, Service Coordination, and Documentation

Content Guided by: Candace Peters, MA, CADC

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**Toolbox Training:**  
**A Substance Abuse Educational Series for Mental Health Professionals**  
**Module 8 – Referral, Service Coordination, and Documentation Referral**  
 Unifying science, education and service to transform lives  
**2007 Series**  
 September 12-13  
 October 17-18  
 November 14-15  
 December 12-13  
**November 14-15, 2007**  
 Content Guided by:  
**Candace Peters, MA, CADC**

## Today's Presenter

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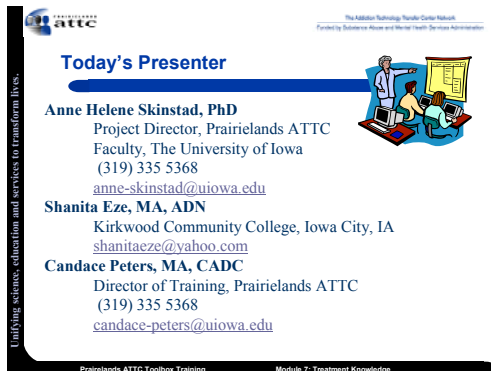
### Shanita Eze, MA, ADN

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**Today's Presenter**  
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## Agenda

See Agenda Handout for more information.

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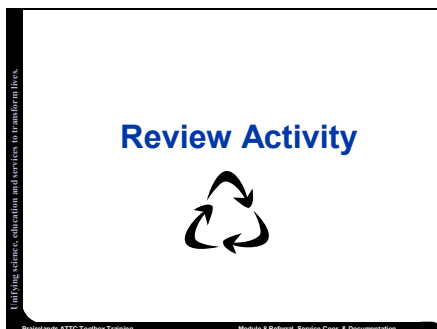
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## Review Activity: Concept Map Module 7: Treatment Knowledge

Presenter will provide instructions.

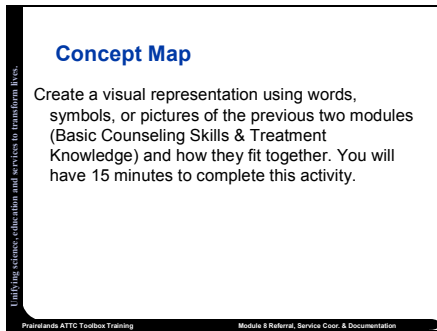
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## Review Activity: Concept Map

### Module 7: Treatment Knowledge

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**Concept Map**

Create a visual representation using words, symbols, or pictures of the previous two modules (Basic Counseling Skills & Treatment Knowledge) and how they fit together. You will have 15 minutes to complete this activity.

Prairielands ATTC Toolbox Training | Module 8 Referral, Service Coord. & Documentation

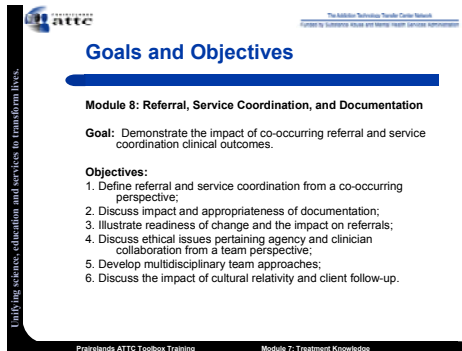
**Concept Map:** Create a visual representation using words, symbols, or pictures of the previous two modules (6-Treatment Planning and 7-Treatment Knowledge) and how they fit together. Discuss your concept map in small groups.

You will have 15-minutes to complete this activity.

## Module 8: Referral, Service Coordination, and Documentation

### Goals and Objectives

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**Goals and Objectives**

**Module 8: Referral, Service Coordination, and Documentation**

**Goal:** Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.

**Objectives:**

1. Define referral and service coordination from a co-occurring perspective;
2. Discuss impact and appropriateness of documentation;
3. Illustrate readiness of change and the impact on referrals;
4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective;
5. Develop multidisciplinary team approaches;
6. Discuss the impact of cultural relativity and client follow-up.

Prairielands ATTC Toolbox Training | Module 7: Treatment Knowledge

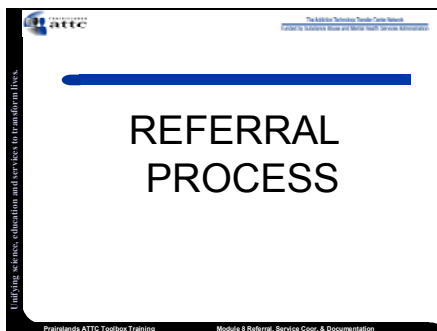
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## Title Slide – Referral Process

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**REFERRAL PROCESS**

Prairielands ATTC Toolbox Training | Module 8 Referral, Service Coord. & Documentation

## Referrals ...

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

Slide  
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The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

## Referral (continued)

1) Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.

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1) Establish and maintain relations with:
 

- civic groups
- agencies
- other professionals
- governmental entities
- the community-at-large

 to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.

- *Networking and communication*
- *Using existing community resource directories including computer database*
- *Advocating for clients*
- *Working with others as part of a team*

## Referral (continued)

2) Continuously assess and evaluate referral resources to determine their appropriateness.

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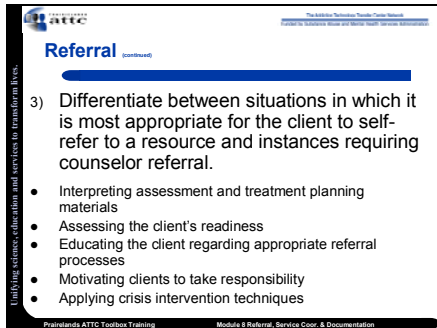
2) Continuously assess and evaluate referral resources to determine their appropriateness.
 

- Establishing and nurturing collaborative relationships with key contacts in community service organizations
- Interpreting and using evaluation and client feedback data
- Giving feedback to community resources regarding their service delivery

- *Establishing and nurturing collaborative relationships with key contacts in community service organizations*
- *Interpreting and using evaluation and client feedback data*
- *Giving feedback to community resources regarding their service delivery*

## Referral (continued)

Slide 101



**Referral** (continued)  
 3) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

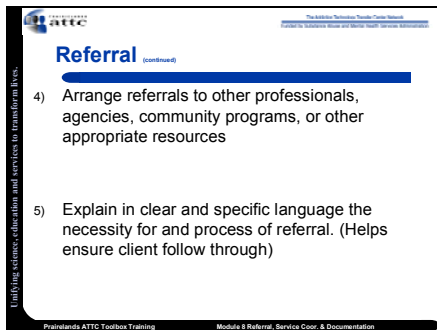
- Interpreting assessment and treatment planning materials
- Assessing the client's readiness
- Educating the client regarding appropriate referral processes
- Motivating clients to take responsibility
- Applying crisis intervention techniques

3) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

- Interpreting assessment and treatment planning materials to *determine appropriate needs of client or counselor referral*
- Assessing the client's readiness to *participate in the referral process*
- Educating the client regarding appropriate referral processes
- Motivating clients to take responsibility for *referral and follow-up*
- Applying crisis intervention techniques

## Referral (continued)

Slide 102



**Referral** (continued)  
 4) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources

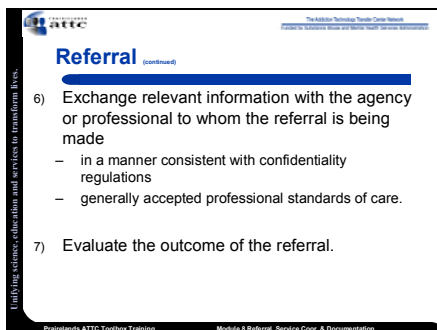
5) Explain in clear and specific language the necessity for and process of referral. (Helps ensure client follow through)

4) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to *meet client's needs*.

5) Explain in clear and specific language the necessity for and process of referral to *increase the likelihood of client understanding and follow through*.

## Referral (continued)

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**Referral** (continued)  
 6) Exchange relevant information with the agency or professional to whom the referral is being made

- in a manner consistent with confidentiality regulations
- generally accepted professional standards of care.

7) Evaluate the outcome of the referral.

6) Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.

7) Evaluate the outcome of the referral.

## Title Slide – Service Coordination

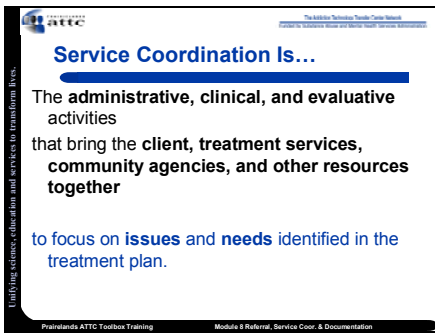
Slide  
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### Service Coordination is...

The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

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### Service Coordination

Includes:

- Case Management
- Client Advocacy

Establishes:

- a framework of action for the client to achieve specified goals

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## Service Coordination (continued)

Involves:

- Collaboration with the client and significant others
- Coordination of treatment and referral services
- Liaison activities with community resources
- Liaison activities with managed care systems
- Ongoing evaluation of treatment progress
- Ongoing evaluation of client needs

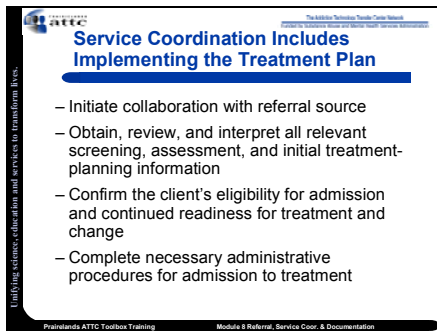
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## Service Coordination Includes Implementing the Treatment Plan

- Initiate collaboration with referral source
- Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information
- Confirm the client's eligibility for admission and continued readiness for treatment and change
- Complete necessary administrative procedures for admission to treatment

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## ... Implementing the Treatment Plan (continued)

Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:

- Nature of services
- Program goals
- Program procedures
- Rules regarding client conduct
- Schedule of treatment activities
- Costs of treatment
- Factors affecting duration of care
- Client rights and responsibilities

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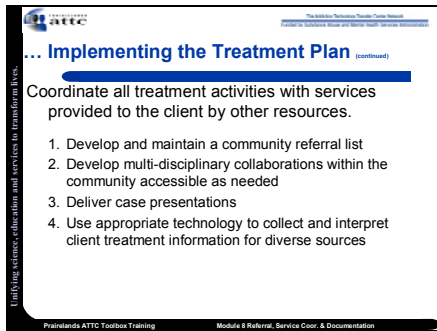


### ... Implementing the Treatment Plan (continued)

Coordinate all treatment activities with services provided to the client by other resources.

1. Develop and maintain a community referral list
2. Develop multi-disciplinary collaborations within the community accessible as needed
3. Deliver case presentations
4. Use appropriate technology to collect and interpret client treatment information for diverse sources

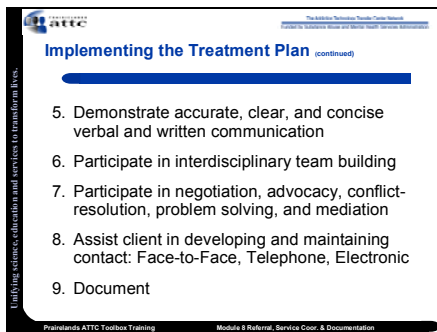
Slide  
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### ... Implementing the Treatment Plan (continued)

5. Demonstrate accurate, clear, and concise verbal and written communication
6. Participate in interdisciplinary team building
7. Participate in negotiation, advocacy, conflict-resolution, problem solving, and mediation
8. Assist client in developing and maintaining contact: Face-to-Face, Telephone, Electronic
9. Document

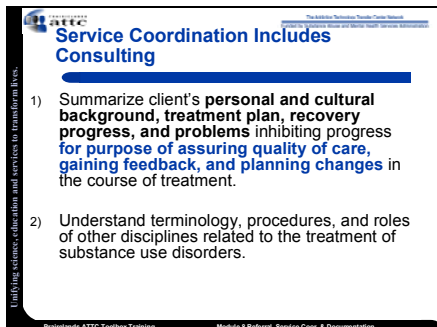
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### Service Coordination Includes Consulting

- 1) Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.
- 2) Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

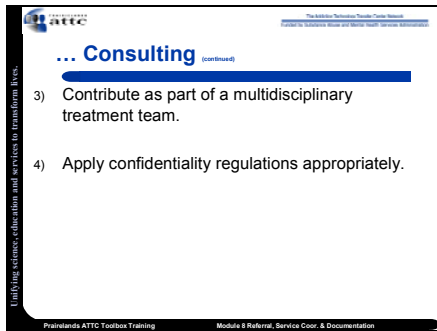
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## Consulting (continued)

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... Consulting (continued)  
 3) Contribute as part of a multidisciplinary treatment team.  
 4) Apply confidentiality regulations appropriately.

- 3) Contribute as part of a multidisciplinary treatment team.
- 4) Apply confidentiality regulations appropriately.

## Service Coordination Includes Continuing Assessment and Treatment Planning

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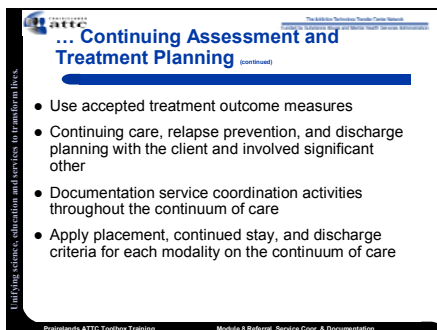


**Service Coordination Includes Continuing Assessment and Treatment Planning**  
 • Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan  
 • Understand and recognize stages of change and other signs of treatment progress  
 • Make appropriate changes to the treatment plan to ensure progress toward treatment goals  
 • Describe and document treatment process, progress, and outcome

- Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan
- Understand and recognize stages of change and other signs of treatment progress
- *Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals*
- Describe and document treatment process, progress, and outcome

## ... Continuing Assessment and Treatment Planning (continued)

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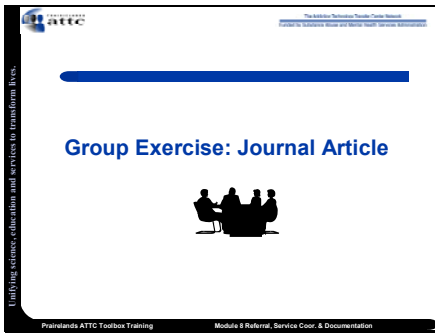


... Continuing Assessment and Treatment Planning (continued)  
 • Use accepted treatment outcome measures  
 • Continuing care, relapse prevention, and discharge planning with the client and involved significant other  
 • Documentation service coordination activities throughout the continuum of care  
 • Apply placement, continued stay, and discharge criteria for each modality on the continuum of care

- Use accepted treatment outcome measures
- Continuing care, relapse prevention, and discharge planning with the client and involved significant other
- Documentation service coordination activities throughout the continuum of care
- Apply placement, continued stay, and discharge criteria for each modality on the continuum of care

## Title Slide – Group Exercise: Journal Article

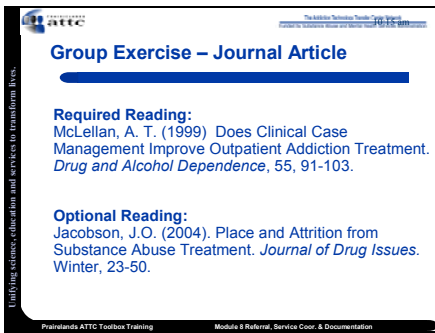
Slide 116



## Group Exercise: Journal Article

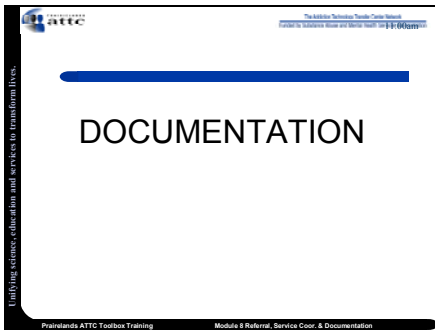
McLellan, A. T. (1999) Does Clinical Case Management Improve Outpatient Addiction Treatment. *Drug and Alcohol Dependence*, 55, 91-103.

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## Title Slide – Documentation

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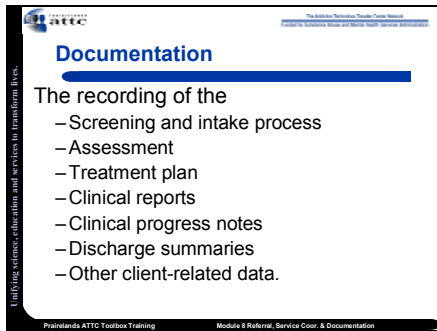


## Documentation

### The recording of the

- Screening and intake process
- Assessment
- Treatment plan
- Clinical reports
- Clinical progress notes
- Discharge summaries
- Other client-related data.

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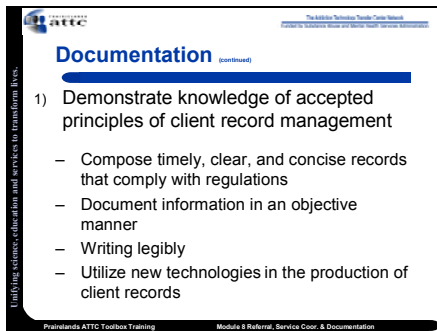
Unifying science, education and service to transform lives.  
**Documentation**  
 The recording of the  
 - Screening and intake process  
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 - Treatment plan  
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 - Other client-related data.  
 Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

### 1) Demonstrate knowledge of accepted principles of client record management

- Compose timely, clear, and concise records that comply with regulations
- Document information in an objective manner
- Writing legibly
- Utilize new technologies in the production of client records

Slide  
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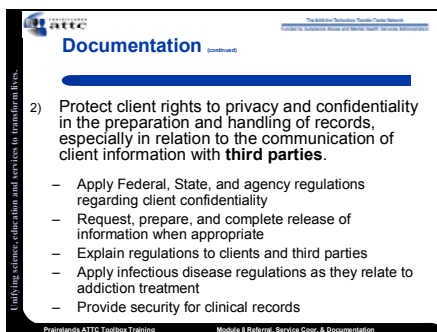
Unifying science, education and service to transform lives.  
**Documentation** (continued)  
 1) Demonstrate knowledge of accepted principles of client record management  
 - Compose timely, clear, and concise records that comply with regulations  
 - Document information in an objective manner  
 - Writing legibly  
 - Utilize new technologies in the production of client records  
 Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

### 2) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.

- Apply Federal, State, and agency regulations regarding client confidentiality
- Request, prepare, and complete release of information when appropriate
- Explain regulations to clients and third parties
- Apply infectious disease regulations as they relate to addiction treatment
- Provide security for clinical records

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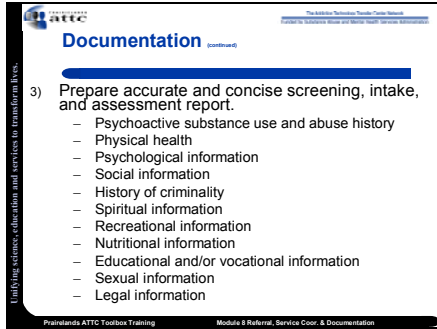
Unifying science, education and service to transform lives.  
**Documentation** (continued)  
 2) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with **third parties**.  
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 - Apply infectious disease regulations as they relate to addiction treatment  
 - Provide security for clinical records  
 Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

3) Prepare accurate and concise screening, intake, and assessment report. *Essential elements of screening, intake, and assessment reports, including but not limited to:*

- Psychoactive substance use and abuse history
- Physical health
- Psychological information
- Social information
- History of criminality
- Spiritual information
- Recreational information
- Nutritional information
- Educational and/or vocational information
- Sexual information
- Legal information

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**Documentation** (continued)

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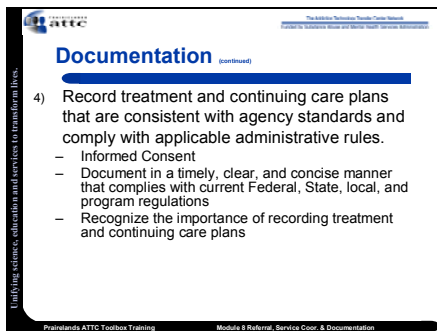
Prairielands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

4) Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

- Informed Consent
- Document in a timely, clear, and concise manner that complies with current Federal, State, local, and program regulations
- Recognize the importance of recording treatment and continuing care plans

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**Documentation** (continued)

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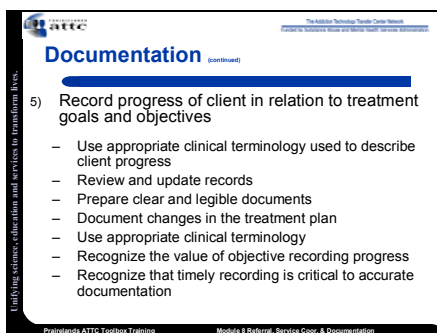
Prairielands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

5) Record progress of client in relation to treatment goals and objectives

- Use appropriate clinical terminology used to describe client progress
- Review and update records
- Prepare clear and legible documents
- Document changes in the treatment plan
- Use appropriate clinical terminology
- Recognize the value of objective recording progress
- Recognize that timely recording is critical to accurate documentation

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**Documentation** (continued)

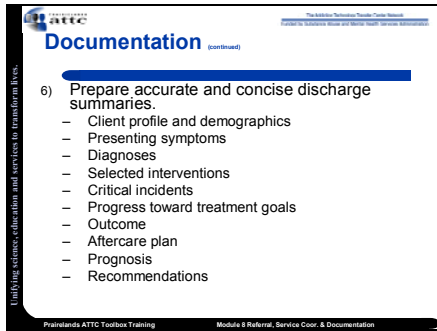
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Prairielands ATTC Toolbox Training      Module 8 Referral, Service Coord. & Documentation

## Documentation (continued)

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 11:30am  
**Documentation** (continued)

6) Prepare accurate and concise discharge summaries.

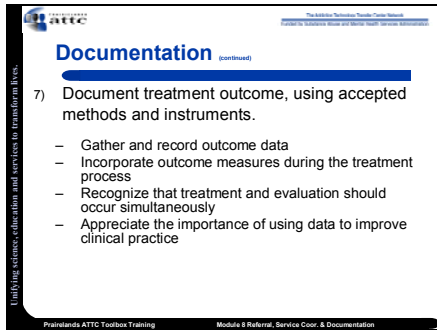
- Client profile and demographics
- Presenting symptoms
- Diagnoses
- Selected interventions
- Critical incidents
- Progress toward treatment goals
- Outcome
- Aftercare plan
- Prognosis
- Recommendations

Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coordination & Documentation

- 6) Prepare accurate and concise discharge summaries. *The components of a discharge summary, including but not limited to, are:*
- Client profile and demographics
  - Presenting symptoms
  - Diagnoses
  - Selected interventions
  - Critical incidents
  - Progress toward treatment goals
  - Outcome
  - Aftercare plan
  - Prognosis
  - Recommendations

## Documentation (continued)

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The Addiction Technology Transfer Center Network  
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 11:30am  
**Documentation** (continued)

7) Document treatment outcome, using accepted methods and instruments.

- Gather and record outcome data
- Incorporate outcome measures during the treatment process
- Recognize that treatment and evaluation should occur simultaneously
- Appreciate the importance of using data to improve clinical practice

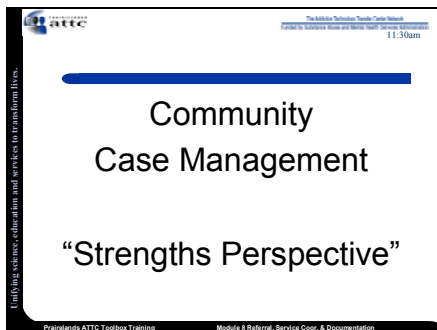
Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coordination & Documentation

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## Community Case Management

“Strengths Perspective”

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The Addiction Technology Transfer Center Network  
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 11:30am

Community Case Management

“Strengths Perspective”

Prairie Lands ATTC Toolbox Training      Module 8 Referral, Service Coordination & Documentation

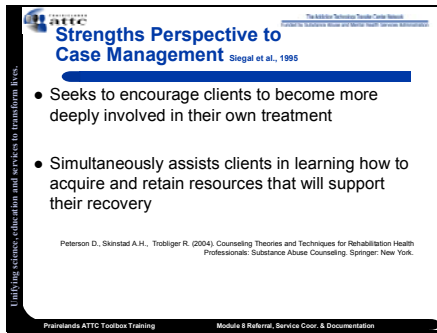
## Strengths Perspective to Case Management

### Siegel et al., 1995

- Seeks to encourage clients to become more deeply involved in their own treatment
- Simultaneously assists clients in learning how to acquire and retain resources that will support their recovery

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

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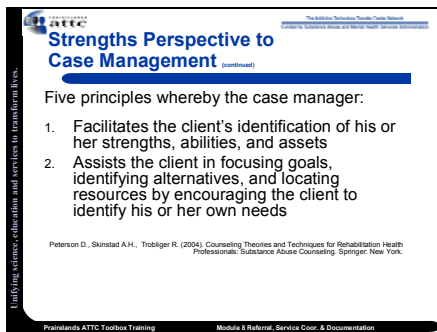
## Strengths Perspective to Case Management (continued)

Five principles whereby the case manager:

1. Facilitates the client's identification of his or her strengths, abilities, and assets
2. Assists the client in focusing goals, identifying alternatives, and locating resources by encouraging the client to identify his or her own needs

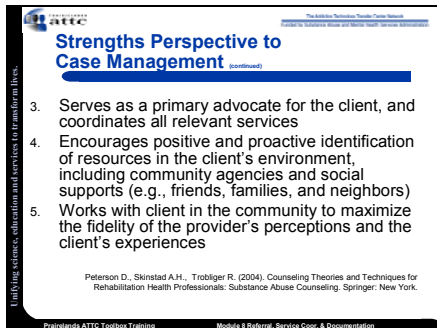
Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

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## Strengths Perspective to Case Management (continued)

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3. Serves as a primary advocate for the client, and coordinates all relevant services
4. Encourages positive and proactive identification of resources in the client's environment, including community agencies and social supports (e.g., friends, families, and neighbors)
5. Works with client in the community to maximize the fidelity of the provider's perceptions and the client's experiences

Peterson D., Skinstad A.H., Trobiger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

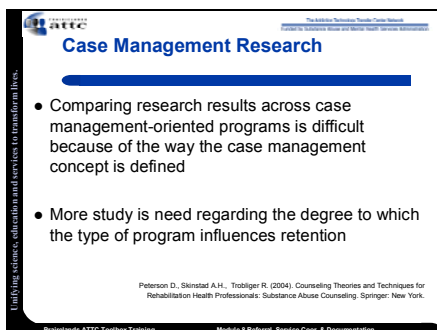
## Title Slide - Research

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## Case Management Research

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- Comparing research results across case management-oriented programs is difficult because of the way the case management concept is defined
- More study is need regarding the degree to which the type of program influences retention

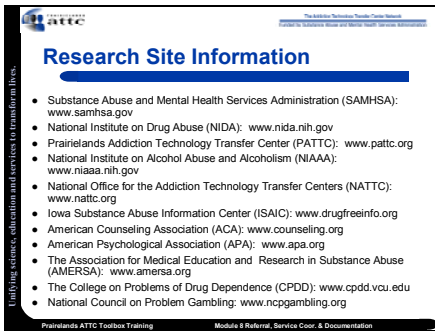
Peterson D., Skinstad A.H., Trobiger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.



## Research Site Information

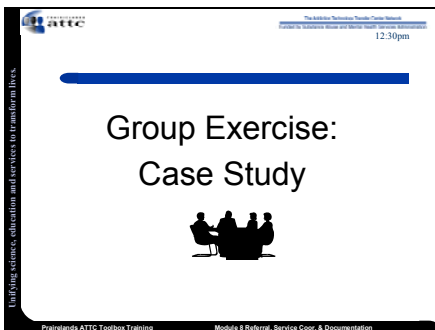
- Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov)
- National Institute on Drug Abuse (NIDA): [www.nida.nih.gov](http://www.nida.nih.gov)
- Prairie Lands Addiction Technology Transfer Center (PATTC): [www.pattc.org](http://www.pattc.org)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Office for the Addiction Technology Transfer Centers (NATTC): [www.nattc.org](http://www.nattc.org)
- Iowa Substance Abuse Information Center (ISAIC): [www.drugfreeinfo.org](http://www.drugfreeinfo.org)
- American Counseling Association (ACA): [www.counseling.org](http://www.counseling.org)
- American Psychological Association (APA): [www.apa.org](http://www.apa.org)
- The Association for Medical Education and Research in Substance Abuse (AMERSA): [www.amersa.org](http://www.amersa.org)
- The College on Problems of Drug Dependence (CPDD): [www.cpdd.vcu.edu](http://www.cpdd.vcu.edu)
- National Council on Problem Gambling: [www.ncpgambling.org](http://www.ncpgambling.org)

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## Title Slide – Group Exercise: Case Study

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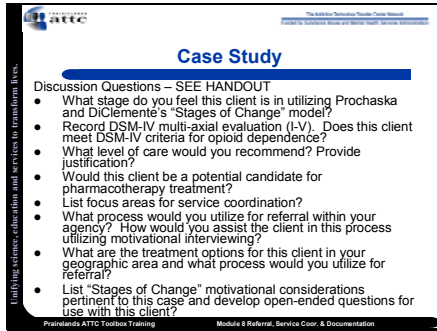




## Case Study

See **Module 8 – Handout 1** for details.

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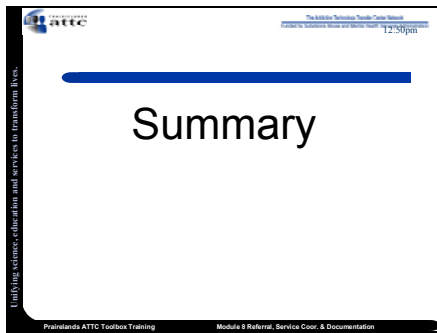
**Case Study**

Discussion Questions – SEE HANDOUT

- What stage do you feel this client is in utilizing Prochaska and DiClemente's "Stages of Change" model?
- Record DSM-IV multi-axial evaluation (I-V). Does this client meet DSM-IV criteria for opioid dependence?
- What level of care would you recommend? Provide justification?
- Would this client be a potential candidate for pharmacotherapy treatment?
- List focus areas for service coordination?
- What process would you utilize for referral within your agency? How would you assist the client in this process utilizing motivational interviewing?
- What are the treatment options for this client in your geographic area and what process would you utilize for referral?
- List "Stages of Change" motivational considerations pertinent to this case and develop open-ended questions for use with this client?

## Title Slide – Summary

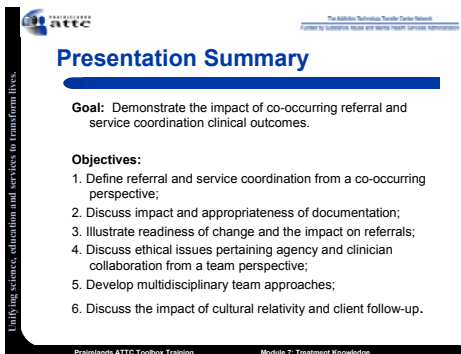
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**Summary**

## Presentation Summary

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**Presentation Summary**

**Goal:** Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.

**Objectives:**

1. Define referral and service coordination from a co-occurring perspective;
2. Discuss impact and appropriateness of documentation;
3. Illustrate readiness of change and the impact on referrals;
4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective;
5. Develop multidisciplinary team approaches;
6. Discuss the impact of cultural relativity and client follow-up.

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