



Q4RRS MI CT-DCF

Client: Terry Cunningham	Date of Birth: 1/4/2005
Screening Staff: Scott Olsen	Screening Date: 8/16/2023
Reporting Staff: Scott Olsen	Reporting Date: 8/23/2023

Demographics and Evaluation Procedure

Presenting Information

Terry is a 18-year-old Caucasian/White, Native American (self-described as "Hawaiian & Caucasian") non-binary individual. They have completed school through grade 12 and have a high school diploma. Their current marital status is never married and not living as married.

They were referred by "Officer Goldsmith" (probation officer; "Probation Officer"). Terry stated that their main reason for coming to Q4 Testing Agency was "I got caught shoplifting, so my Probation Officer told me I got to come." (Pressure from criminal justice system).

Evaluation Procedure

As part of Terry's evaluation, the Global Appraisal of Individual Needs (GAIN) was orally administered by staff done on computer in English using the English GAIN. The staff member administering the assessment reported that there were no indications of learning disabilities and observed that Terry appeared bored or impatient, intoxicated or high, distracted, cooperative. The interview was conducted in a welfare or child protection agency. The staff member reported noise or other frequent distractions in the environment; that other people were present or within earshot during the administration; that police, guards, social workers, or other officials were present during the administration. The interview, conducted by Scott Olsen, started on 08/16/2023 and took 40 minutes on task (not including time for 1 break). Additional sources of information consulted during Terry's evaluation include [OTHER SOURCES OF INFORMATION (IF CONSULTED) USED AS PART OF THE EVALUATION (URINE TEST RESULTS, FAMILY HISTORY QUESTIONNAIRE, PROBATION, ETC.)].

DSM-5/ICD-10 Diagnosis

Past Year Diagnoses

- F11.99 Opioid Use Disorder
- F41.9 Anxiety Disorder
- F39 Mood Disorder
- F91.9 Conduct Disorder
- F19.99 Other Substance Use Disorder
- F90.9 ADHD Disorder
- F43.9 Traumatic Stress Disorder

Past Diagnoses in Remission based on No Past Year Symptoms

No diagnoses

Psychosocial and Environmental Problems that complicate treatment

- Z55.9 Past year school or training problems
- Z59.0 Past year homeless
- Z91.89 Past year needle use, or risky sex or using substances in dangerous situations
- Z65.3 Involvement in the legal or criminal justice system
- Z59.1 Homeless, unable to stay where living, or need help with housing
- Z65.4 Past year physical, sexual, emotional abuse

ASAM Table

ASAM based Matching of Severity by dimensions to Service Intensity Needed and Recommended Level of Care Placement			
<u>Dimension</u>		<u>Severity Rating</u>	<u>Services and Modalities Needed</u>
B1	Acute Intoxication and Withdrawal Potential	Past problem	Monitor for change in need for withdrawal management
B2	Biomedical Conditions and Complications	Past problem	Monitor for change in need for medical management
B3	Emotional, Behavioral or Cognitive Conditions and Complications	Severe problems	Consider need for outpatient, more assertive, or inpatient behavioral health services
B4	Readiness to Change	Severe problems	Consider need for motivational intervention or support
B5	Relapse, Continued Use or Continued Problem Potential	Severe problems, in treatment	Consider more assertive relapse prevention, medication or case management
B6	Recovery and Living Environment	Severe problems	Consider more assertive or residential recovery or environmental support
	Level of Care Recommendation(s)	3.5 Clinically Managed High-Intensity Residential	
	Additional Specifiers	Medication for Opioid Use Disorder (OUD); Motivational Interviewing; Relapse Prevention; Co-occurring Enhanced (COE); Victimization / Safety Planning; In-home Care; Recovery/ Supportive Housing; Justice System Involved; Sexual or gender minority; Other Cultural Considerations.	

Substance Use Disorder Diagnosis and History (ASAM Criteria A)

Problems

Terry reported last having substance use problems during the past month.

Below are the specific substance use problems Terry reported occurring during the past 90 days:

- They used alcohol or other drugs weekly or more often.
- They spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs.
- They kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting them into trouble with other people.
- Their use of alcohol or other drugs caused them to give up or reduce their involvement in activities at work, school, home or social events.
- They had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, or having trouble sitting still or sleeping, or they used any alcohol or other drugs to stop being sick or avoid withdrawal problems.

Terry reported that during the past 90 days:

- They used any alcohol or other drugs on 85 days.
- They got drunk or was high for most of the day on 70 days.
- They had alcohol or other drug use problems keep them from meeting their responsibilities at work, school or home on 60 days.

[OTHER SOURCES OF INFORMATION: ENTER RELEVANT INFORMATION OBTAINED ABOUT SUBSTANCE USE PROBLEMS]

Substance Use

Terry reported using the following substances during the past 90 days:

- Heroin or heroin mixed with other drugs on 80 days.
- Anti-anxiety drugs or tranquilizers on 60 days.

Terry reported being in a controlled environment for 5 of the past 90 days.

[OTHER SOURCES OF INFORMATION: ENTER RELEVANT INFORMATION OBTAINED ABOUT SUBSTANCE USE]

Terry also reported prior use of alcohol, cannabis.

Treatment / Intervention History

Terry reported that they have never received treatment, counseling, medication, case management or aftercare for the use of alcohol or any other drug. (This does not include any emergency room visits, withdrawal management (detoxification) services, self-help participation or recovery programs.)

Terry reported that during the past 90 days, they:

- Attended one or more self-help group meetings for their alcohol or other drug use on 1 day.
- Was in a controlled environment on 5 days.

[OTHER SOURCES OF INFORMATION: ENTER RELEVANT INFORMATION OBTAINED ABOUT SUBSTANCE USE TREATMENT/INTERVENTION HISTORY]

Recommendations

Terry meets lifetime criteria for substance use disorder severe, is living in the community and is reporting some substance problems in the past month. Based on the information provided, staff recommends referral to substance abuse treatment. [REVIEW AND ACCEPT OR EDIT]

Dimension B1 – Withdrawal Management

Withdrawal Potential Problems

Terry scored in the no/minimal range of the Current Withdrawal Scale and reported no symptoms suggesting potential for acute intoxication or withdrawal risk. Terry stated last using any substance during the past month prior to the evaluation. Terry has a risk of withdrawal due to overdose 1 to 3 months ago. Terry has a risk of withdrawal due to 1 overdose on heroin, fentanyl or other opioids; Xanax, benzodiazepine or other sedatives, tranquilizers or downers in the past 90 days..

[OTHER SOURCES OF INFORMATION: ENTER ANY INFORMATION REGARDING WITHDRAWAL]

Treatment/Intervention History

Terry reported never being admitted to a withdrawal management (detoxification) program for their alcohol or other drug use. [OTHER SOURCES OF INFORMATION: ENTER ANY WITHDRAWAL MANAGEMENT SERVICES RECEIVED]

Cell Placement

Past problem

Recommendations

Terry reported a history (more than a week ago) of withdrawal problems. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Engaging in withdrawal management services if needed.
- 08/18/2023 - Refer for possible methadone or other medication to reduce opiate withdrawal symptoms and the risk of relapse.
- 08/18/2023 - Refer for possible medication to reduce nonopioid withdrawal symptoms and the risk of relapse after a period of frequent use.
- 08/18/2023 - Risk of withdrawal due to overdose 1 to 3 months ago.
- 09/15/2023 - Monitor for change in intoxication or withdrawal symptoms.

Dimension B2 – Biomedical Conditions and Complications

Overall Health and Pain Assessment

On the past 90 days prior to evaluation, they reported not having smoked, or using any kind of tobacco (including cigarettes, vaping, cigars, chewing tobacco and blunts).

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING HEALTH AND PAIN]

Nutrition and Exercise

Terry reported standing about 66 inches tall and weighing approximately 168 pounds without shoes. According to these statistics, Terry's Body Mass Index is 27.11, a score that suggests they are overweight. Terry has gone 20 days without eating or throwing up much of what was eaten and exercising for at least 20 minutes on 0 days.

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING NUTRITION AND EXERCISE]

Sexual Activity and Orientation

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING SEXUAL ORIENTATION]

Risk Behaviors

Terry reported last engaging in behaviors or being in situations that put them at risk for infectious diseases during the past month.

Below are the specific infectious disease risk behaviors Terry reported during the past 90 days:

- Had two or more different sex partners during the same time period.
- Had sex without using any kind of condom, dental dam or other barrier to protect them or their partner from diseases or pregnancy.
- Had sex while they or their partner was high on alcohol or other drugs.
- Used a needle to inject drugs like heroin, cocaine or amphetamines.
- Was attacked with a weapon, including a gun, knife, stick, bottle or other weapon.
- Was physically abused, where someone hurt them by striking or beating them to the point that they had bruises, cuts or broken bones.
- Was sexually abused, where someone pressured or forced them to participate in sexual acts against their will, including their regular sex partner, a family member or friend.
- Was emotionally abused, where someone did or said things to make them feel very bad about themselves or their life.
- Was abused several times or over a long period of time.
- Was afraid for their life or that they might be seriously injured by the abuse.

Terry reported the during the past 90 days, they:

- Had unprotected sex on 25 days.
- Used a needle to inject any kind of drug or medication on 50 days.
- Was attacked with a weapon, beaten, sexually abused or emotionally abused on 40 days.
- Went without eating or threw up much of what they did eat on 20 days.

Victimization

Terry reported a lifetime history of being attacked with a weapon; being beaten; sexual abuse; emotional abuse; abuse several times or over a long period of time; being afraid for their life or of serious injury from the abuse and scored in the high range of the lifetime General Victimization Scale. Terry stated that the last time the problem occurred was during the past month. [ADD ANY OTHER RELEVANT INFORMATION: CONSIDER RECORDING CONTENT OF ANY REPORTS MADE TO DCFS AND WHAT FOLLOW-UP OCCURRED. CONSIDER WHETHER LEVEL OF DETAIL NEEDS TO BE REDUCED BASED ON WHO IS EXPECTED TO REVIEW REPORT.]

Treatment/Intervention History

The last time Terry was seen by a doctor or nurse about a health problem was more than 12 months ago.

Terry reported never receiving any kind of intervention to reduce infectious disease risk behaviors.

Reasons and Readiness to Change

Terry reported that they want to make changes in their health-related behaviors because:

- They will feel better.
- Other people will stop bothering them about their health.

Terry reported that their main or most important reason for wanting to make changes right now in their health-related behaviors is "I want my family to stop nagging me about exercising.". They reported being 10% ready right now to make changes in their health-related behaviors. Terry reported that they want to make changes in their infectious disease risk behaviors because:

- They don't want to get HIV or some other serious illness.
- They don't want to put himself in a situation where he could be hurt.
- They don't want their behaviors to negatively impact their family, friends, or kids.
- They don't want to be responsible for spreading disease.
- They don't want to die before their time.

Terry reported that their main or most important reason for wanting to make changes right now in their infectious disease risk behaviors is "I don't want to die.". They reported being 50% ready right now to make changes in their infectious disease risk behaviors.

Cell Placement

Past problem

Recommendations

Terry reported a history of prior health problems but no problems or treatment in the past 90 days. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Obtaining a signed release of information form and requesting any medical records from prior health care providers to identify the nature of the problems; the treatment provided; the need for additional medical services; Terry's compliance or noncompliance with past treatment; and the extent to which the health problems may pose challenges for the effective delivery of substance use treatment.
- 08/23/2023 - Discussing prior health problems with Terry to review the problem.
- 08/23/2023 - Coordinating with health care professionals and discussing potential impact of medical history on treatment (e.g., is there a relationship between Terry's medical history and Terry's substance use? To what extent might these health issues pose challenges for the treatment of the substance use disorder? Are there special needs that must be considered in order to participate in substance use treatment?).
- 08/23/2023 - Reviewing possible causes of unintentional weight loss and the potential need for additional services.
- 08/23/2023 - Discussing with Terry the reasons given for wanting to reduce or eliminate health-related problems and the impact they might have on improving Terry's physical health.
- 08/23/2023 - Using motivational interviewing to discuss making changes to health related behaviors.
- 09/15/2023 - Referral to address risk-reduction issues associated with pattern of sexual behavior.
- 09/15/2023 - Referral for intervention to address eating disorder.
- 09/15/2023 - Developing and reviewing a plan with health care professionals if health problems reoccur.
- 12/14/2023 - Monitoring for change in physical health, in collaboration with health care professionals.
- 12/14/2023 - Monitoring for change in medication compliance, in collaboration with health care professionals.

Dimension B3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Wellbeing

Terry self-reports a mix of positive well-being and low life satisfaction. On the one hand they reported that every day or almost every day in the past month they felt: that they belonged to a community; that they liked most parts of their personality. They did not report any of the positive factors happening never or only one or twice. It would be useful to encourage Terry to work with someone to identify and build more on strengths. Terry reported that only 1-3 times a week they felt: happy; satisfied with life; that their community is a good place, or is becoming a better place, for all people; that their life has a sense of direction or meaning to it. Review severity with Terry and monitor for change.

Sources of Stress

Terry reported last having stress problems during the past month.

Below are the specific serious stressful events Terry reported occurring during the past 90 days:

- Homelessness.

Emotional and Behavioral Conditions

Internalizing Problems (*Internalizing disorders include problems related to depression, anxiety, suicide, and traumatic stress*). Terry scored in the high range of the Internalizing Disorder Screener over the past 12 months, by reporting the following problems:

- Feeling very trapped, lonely, sad, blue, depressed or hopeless about the future (past month).
- Having sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day (past month).
- Feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen (past month).
- Becoming very distressed and upset when something reminded them of the past (past month).

This suggests possible mood disorder and anxiety disorder and trauma disorder. Terry did not report having suicidal thoughts toward themselves. Terry reported that during the past 90 days, they were bothered by any nerve, mental or psychological problems on 50 days and that on 25 days they kept them from meeting their responsibilities at work, school or home. They reported being disturbed by memories of things from the past on 50 days.

Externalizing Problems (*Externalizing disorders include problems related to attention and hyperactivity, conduct disorder, and other impulse control problems.*) Terry scored in the high range of the Externalizing Disorder Screener over the past 12 months, by reporting the following problems:

- Lying or conning to get things they wanted or to avoid having to do something (past month).
- Having a hard time paying attention at school, work or home (past month).
- Having a hard time listening to instructions at school, work or home (past month).
- Having a hard time waiting for their turn (past month).
- Being a bully or threatening other people (past month).
- Starting fights with other people (past month).

This suggests possible Attention Deficit Disorder and Conduct Disorder. Terry had problems paying attention, controlling their behavior, or broke rules they were supposed to follow on 50 days.

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING EMOTIONAL AND BEHAVIORAL CONDITIONS]

Crime and Violence

Below are the specific criminal and/or violent behaviors Terry reported engaging in during the past 90 days:

- Had a disagreement in which they pushed, grabbed or shoved someone.
- Took something from a store without paying for it.
- Purposely damaged or destroyed property that did not belong to them.

Terry reported that during the past 90 days, they:

- Had an argument with someone else in which they swore, cursed, threatened them, threw something, or pushed or hit them in any way on 20 days.
- Was involved in any activities they thought might get them into trouble or be against the law (besides drug use) on 10 days.
- Was involved in these activities in order to support themselves financially on 10 days.
- Was involved in these activities in order to obtain alcohol or other drugs on 10 days.
- Was involved in these activities while high or drunk on 10 days.
- Was arrested and charged with breaking a law (besides minor traffic violations) 1 time.

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING CRIME AND VIOLENCE PROBLEMS]

Risk for recidivism in the next 6 months

Terry has a moderate risk for recidivism because they scored in the low range on the Crime and Violence Screener and scored in the high range on the Substance Disorder Screener.

Approximately 23-35% of clients in this category recidivate within 6 months (approximately 65-77% of clients do not recidivate within 6 months).

Recidivism Notes

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING RECIDIVISM RISK]

Treatment/Intervention History

Terry reported never receiving any kind of help dealing with stress. Terry reported that they have never been treated for a mental, emotional, behavioral or psychological problem by a mental health specialist or in an emergency room, hospital or outpatient mental health facility or with prescribed medication.

The last time Terry was involved in the criminal justice system (such as jail or prison, detention, probation, parole, house arrest or electronic monitoring) was during the past month. Terry reported that during the past 90 days, they were:

- On probation for 30 days.
- In jail or prison for 5 days.

Reasons and Readiness for Change

Terry reported that they want to make changes in their mental health-related behaviors because:

- They will feel better.
- They will be able to move forward in their life.
- They will be able to concentrate better.
- Their energy will improve.
- They will be able to think more clearly.
- They don't want their problems to negatively impact their family, friends, or kids.
- Their family, friends or kids want them to get help with their problems.
- They want to avoid having problems with other people.
- They don't want to get in trouble.

Terry reported that their main or most important reason for wanting to make changes right now in their mental health-related behaviors is "I want to have a clear mind.". They reported being 60% ready right now to make changes in their mental health-related behaviors.

Terry reported that they want to make changes in their criminal or violent behavior because:

- They don't want to get into trouble with the law.
- Their family or friends want them to stop.
- They want to get their life on a better path.
- They believe crime and violent behavior are wrong.
- Terry reported that their main or most important reason for wanting to make changes right now in their criminal or violent behavior is "I want to get off probation."
- They reported being 100% ready right now to make changes in their criminal or violent behavior.

Cell Placement

Severe problems

Recommendations

Terry reported severe emotional, behavioral, or cognitive problems within the past 90 days, but is not currently receiving services for those problems. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Discussing with Terry their current homelessness and collaboratively develop a plan for finding and securing immediate housing placement/assistance.
- 08/18/2023 - Obtaining a signed release of information form and request any criminal justice records from the legal system to identify the nature of the problems; the legal consequences; treatment received; and Terry's outcomes.
- 08/23/2023 - Discussing current emotional, behavioral, or cognitive problems with Terry to review the need for mental health services, barriers to accessing them, and any accommodations needed to participate in treatment.
- 08/23/2023 - Specific skill-building related to emotional, behavioral or cognitive conditions required to participate in treatment: [LIST OUT].
- 08/23/2023 - Conducting motivational interviewing related to reducing or eliminating stress.
- 08/23/2023 - Using motivational interviewing to discuss making changes in how Terry deals with stress.
- 08/23/2023 - Using motivational interviewing to discuss making changes to mental health related issues.
- 08/23/2023 - Making arrangements to coordinate care with a probation officer, parole officer, or other officer of the court.
- 08/23/2023 - Discussing with Terry the reasons given for wanting to reduce or eliminate engagement in crime or violent behavior.
- 08/23/2023 - Using motivational interviewing to discuss making changes to illicit behaviors, including arguing and aggression.
- 09/15/2023 - Discussing how the emotional, behavioral or cognitive and substance use problems may be related.
- 09/15/2023 - Helping Terry identify triggers or areas that agitate mental health or behavioral problems.
- 09/15/2023 - Discussing the consequences of behavior control problems, the plan to change, and possible referrals to help.
- 09/15/2023 - Referral to anger management intervention.
- 09/15/2023 - Discussing the consequences of other continued interpersonal activities (illegal, family, social) and the plan for change.
- 11/14/2023 - Reviewing history of homelessness to obtain more information from Terry (e.g., where are they currently staying? Do they have regular access to an

emergency shelter or other temporary living shelter? etc.) and develop plans to avoid homelessness in the future.

- 12/14/2023 - Monitoring for change in emotional, behavioral or cognitive condition, linkage to treatment, and treatment and medication compliance.

Dimension B4 – Readiness to Change

Motivation for Change

Terry's responses indicate moderate motivation for treatment, which suggests that motivational problems are of moderate clinical significance for treatment planning, and high barriers/peer resistance to treatment.

Reasons for Quitting

Terry reported that they want to make changes in their behavior related to their use of alcohol or other drugs because:

- They want to get their life on a better path.
- They are under legal pressure to quit.
- They don't want to get into trouble with the law.

Terry reported that their main or most important reason for wanting to make changes right now in their behavior related to their use of alcohol or other drugs is "To get off probation.". They reported being 100% ready right now to make changes in their behavior related to their use of alcohol or other drugs.

Cell Placement

Severe problems

Recommendations

Terry reported severe substance use problems in the past 90 days, but is not currently receiving treatment for those problems. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Referral for possible methadone or other medication to reduce opiate withdrawal symptoms and the risk of relapse.
- 08/23/2023 - Discussing the Personal Feedback Report with Terry.
- 08/23/2023 - Discussing with Terry the reasons given for wanting to reduce or eliminate their use of alcohol or other drugs and the impact this might have on reducing or eliminating their substance use and problems related to substance use.
- 08/23/2023 - Using motivational interviewing to discuss changing behavior related to Terry's use of alcohol or other drugs.
- 08/23/2023 - Discussing and setting realistic expectations for how long Terry will need to be in treatment, the potential need for continuing care, and the possibility of relapse and the need to return to treatment again.
- 09/15/2023 - Discussing the way substance use functions in Terry's life (e.g., what things are usually going on just prior to the decision to use drugs or alcohol? What thoughts and feelings precede using? What effect does substance use have on those thoughts and feelings? What people, situations, or activities are associated with using drugs or alcohol? What things might impact the likelihood of continued use?).
- 09/15/2023 - Discussing Terry's goals, present level of motivation for treatment and resistance to change (e.g., use motivational interviewing to explore Terry's goals for substance use? What are some important reasons for those goals? What steps are necessary to achieve those goals? What things could prevent those goals? What are Terry's points of ambivalence about quitting?).
- 09/15/2023 - Helping Terry do a pro/con analysis of how substance use functions in their life.
- 09/15/2023 - Discussing the external pressure for treatment, the consequences of continued use or treatment dropout, and the potential need for coordination of care with external sources of pressure.

Dimension B5 – Relapse, Continued Use, or Continued Problem Potential

Problems

Combined with the problems above and risks from the recovery environment below, the following conditions are possible influences on Terry's risk of relapse or continued use.

- Reported 2-3 symptoms for substance use disorder in past month.
- Daily use.
- Low self-efficacy to resist.
- Using opioids weekly.

Treatment/Intervention History

Terry reported no history of being in treatment. During the past 90 days, they have been in treatment 0 days, in any kind of controlled environment 5 days, and have been tested for alcohol or other drugs on 0 days.

Cell Placement

Severe problems, in treatment

Recommendations

Terry has received intervention for substance use problems in the past 90 days but is still experiencing severe problems. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Referral for possible methadone or other medication to reduce opiate withdrawal symptoms and the risk of relapse.
- 08/23/2023 - Discussing the current or prior treatment episodes with Terry to review the experience (e.g., did they achieve a period of sustained abstinence? What are they willing and able to do differently?).
- 08/23/2023 - Referral to relapse prevention group or counseling intervention to identify relapse triggers and develop a plan for minimizing triggers, coping with those that do occur, and knowing what to do if Terry does relapse (e.g., does Terry understand the nature of relapse and its triggers? What people, places, things, thoughts, or emotions are associated with initiating substance use? What things might impact the likelihood of relapse? Who will Terry call to help get back on track?).
- 08/23/2023 - Referral to cognitive-behavior therapy to develop skills for coping with stress, managing thoughts and behaviors, and avoiding relapse.
- 08/23/2023 - Referral to a more structured continuing care environment until Terry demonstrates regular use of relapse prevention skills.
- 08/23/2023 - Discussing the Personal Feedback Report with Terry.
- 08/23/2023 - Helping Terry do a pro/con analysis of how substance use functions in their life.
- 08/23/2023 - Discussing with Terry the reasons given for wanting to reduce or eliminate their use of alcohol or other drugs and the impact this might have on reducing or eliminating their substance use and problems related to substance use.
- 08/23/2023 - Using motivational interviewing to discuss changing behavior related to Terry's use of alcohol or other drugs.
- 09/15/2023 - Discussing with Terry the difference between abstinence and recovery (e.g., help Terry understand why initial abstinence is only the beginning of lifestyle changes necessary for recovery).
- Discussing Terry's willingness to participate in a 12-step or other recovery program.
- 09/15/2023 - Discussing with Terry the situations that pose a risk of relapse (e.g., what are the people, places, and things that put Terry at high risk? How can high-risk situations be avoided? What refusal skills does Terry already have or need to develop? What will be Terry's plan for handling emergency risk situations?).
- 09/15/2023 - Developing and discussing options for Terry to build or enhance a

nonusing social support network; engage in substance-free recreational activities; build situational confidence; strengthen refusal skills; and cope with relapse.

- 09/15/2023 - Increasing structure of environment to reduce exposure to relapse triggers and increase support for recovery (e.g., increased parental monitoring, placement in IOP or residential treatment, involvement in substance-free structured activities in the community, increased accountability, substance-free vocational activities).
- 09/15/2023 - Discussing the external pressure for treatment, the consequences of continued use or treatment dropout, and the potential need for coordination of care with external sources of pressure.

Dimension B6 – Recovery Environment

The following are features of Terry's environment that may be critical to recovery:

School

The last time Terry went to any kind of school or training was 2 to 3 months ago. Terry reported that during the past 90 days, they went to school or training on 45 days; this is an attendance rate of 100% based on the number of days they were expected to be at school.

Terry reported last having school problems 4 to 12 months ago. Terry reported no school problems during the past 90 days. Terry reported that during the past 90 days, they were absent from school or training for 0 full days.

Work

The last time Terry went to work was more than a year ago.

Terry reported last having work problems more than a year ago. Terry reported no work problems during the past 90 days.

Family Functioning

Terry did not rate any of the factors of effective family functioning highly. Their family may benefit from parenting practices, family treatment or other family services. Terry identified several family weaknesses as evidenced by saying that the following things were always or mostly true of their family:

family members tell each other how to run their lives; people in their family argue with each other; family members break promises to each other; family members lie to each other; if family members tell the kids they can't do something, another family member will tell them they can; people in their family stay angry at each other for a long time; kids in their family are out of control; people in their family feel hopeless; adults in their family make the kids feel bad; kids in their family have too much on their shoulders because the adults don't do their share.

Weaknesses can represent challenges for managing behavioral health and long term risk of recidivism. It would be useful to refer them to work with someone to identify and build more on strengths.

Recovery Environment

Below are examples of the recovery environment strengths and problems during the past 90 days that Terry reported:

Strengths

Terry reported the following strengths in the past 90 days:

- attended self-help group meetings (such as AA, NA, CA, or participated in a cultural practice) focused on recovery from their alcohol or other drug use on 1 day

Problems

Terry reported the following problems in the past 90 days:

- lived in a homeless shelter or emergency housing on 1 day
- was homeless or had to stay with someone else to avoid being homeless on 45 days
- lived where other people were using alcohol on 10 days
- lived where other people were using drugs on 10 days
- had an argument with someone in which they swore, cursed, threatened them, threw something, or pushed or hit them in any way on 20 days
- was attacked with a weapon, beaten, sexually abused or emotionally abused on 40 days

Taken together, this puts Terry in the moderate range of the recovery environment risk index. This suggests the need for more structure and recovery support services.

[OTHER SOURCES OF INFORMATION: ENTER ANY COLLATERAL INFORMATION OBTAINED REGARDING RECOVERY ENVIRONMENT]

Treatment/Intervention History

Terry reported never receiving any kind of help dealing with school problems.

Terry reported never receiving any kind of help dealing with work problems.

Reasons and Readiness to Change

Cell Placement

Severe problems

Recommendations

Terry reported severe recovery environment problems in the past 90 days and no current intervention for those problems. Based on the information provided, staff's recommendations are:

- 08/18/2023 - Obtaining a signed release of information form; requesting any records from recent residential physical health, mental health substance use or legal facility from prior or current treatment; and evaluate appropriateness of current treatment.
- 08/18/2023 - Following up on past-90-day victimization.
- 08/23/2023 - Discussing any prior treatment to review the experience (e.g., did they make changes in the recovery environment or supports? Were other family members involved in making changes? Did they have a follow-up recommendation? Achieve a period of initial abstinence (at least 90 days)? Are there things that might be adjusted to make more permanent changes this time? What are they willing and able to do differently this time? Are there any other factors outside Terry's control that interfered with recovery? Are there current problems different from those addressed in previous interventions?).
- 08/23/2023 - Coordinating treatment schedule with school.
- 08/23/2023 - Discussing prior work problems with Terry to review the outcomes.
- 08/23/2023 - Discussing prior school problems with Terry to review any special services, remediation, disciplinary actions, educational supports or alternative education received.
- 08/23/2023 - Reviewing current housing situation and develop plan for obtaining stable housing.
- 09/15/2023 - Reviewing major psycho-social stressors in Terry's environment and plans for coping with them.
- 09/15/2023 - Discussing Terry's dissatisfaction with environment and goals for change.
- 09/15/2023 - Developing a plan for the cessation or reduction of substance use in the home.
- 09/15/2023 - Increased structure of environment to reduce exposure to relapse triggers and increase support for recovery (e.g., increased parental monitoring; placement in IOP or residential treatment; involvement in substance-free structured activities in the community; increased accountability; substance-free vocational activities).

Life Impact Measures Across ASAM Dimensions

Problem Prevalence

The Problem Prevalence Index is calculated based on the average percent of days (out of 90) that the client reported problems in 23 items. It ranges from 0 to 100 and increases with greater variety of reported problems and frequency of each problem during the past 90 days. Scores are categorized relative to other people who have completed this assessment as low (bottom 50%), moderate (middle 40%), or high (top 10%). Higher scores are undesirable.

Across sections, Terry had a Problem Prevalence Index of 1, which is in the low range. This suggests that less intensive interventions may be appropriate.

Quarterly Cost to Healthcare

The Quarterly Cost to Society Index is calculated based on 17 items that have been valued in terms of their unit costs to society. Each item (e.g., nights in a hospital, times in the emergency room) is multiplied by its unit cost and then all the values are summed. The costs have also been adjusted for inflation to 2010 dollars. Quarterly cost increases with greater utilization of services and with the utilization of more expensive services. Quarterly cost is categorized as low (\$0 to \$1999), moderate (\$2000 to \$9999), or high (\$10,000 or more). Higher societal costs are generally undesirable.

Across sections, Terry had a Quarterly Cost to Society score of \$1729.77, which is in the low range. This suggests that it may be useful to consider briefer and less expensive interventions.

Life Satisfaction

The Life Satisfaction Index ranges from 0 to 100 and increases with greater levels of satisfaction (from very dissatisfied to very satisfied) within each of 6 areas (physical intimacy, family relationships, general level of happiness, place of residence, how life is going so far, school or work situation). Scores are categorized relative to other people who have completed this assessment as low (bottom 50%), moderate (middle 40%), or high (top 10%). Higher scores are desirable.

Terry's Life Satisfaction Index could not be determined because of insufficient data.

Area	Very Dissatisfied	Dissatisfied	Mixed	Satisfied	Very Satisfied
Physical/sexual intimacy					
Family relationships					
General level of happiness					
Where you are living					
How life is going so far					
School or work situation					

Signatures

Given Terry's reported problems, services currently being received and the above recommendations, staff recommends:

3.5 Clinically Managed High-Intensity Residential

By signing below, the following people acknowledge that they have reviewed and agree with the preceding summary and treatment planning recommendations prepared on 08/23/2023 for Terry (XPID: Q4RRS; Name: Terry; DOB: 01/04/2005; Staff Name: Scott Olsen) from the GAIN assessment dated 08/16/2023.

Client/Patient

Date

Clinical Supervisor

Date

Clinician

Date