

## Outpatient substance abuse counseling homework planner

Your browser does not support the NLM PubReader view. [Go to this page to see a list of supported browsers or return to the.](#) The client is a 28-year-old single Caucasian female with a diagnosis of paranoid schizophrenia, alcohol dependence, crack cocaine dependence, and a history of multiple episodes of sexual victimization. Jane B. is homeless (living in a shelter), actively psychotic, and refuses to admit to a drug or alcohol problem. She has made frequent visits to the local emergency room for both mental health and medical complaints, but refuses any followup treatment. Her main requests are for money and food, not treatment. Jane has been offered involvement in a housing program that does not require treatment engagement or sobriety but has refused due to paranoia regarding working with staff to help her in this setting. Jane B. refuses all medication due to her paranoia, but does not appear to be acutely dangerous to herself or others. Staffing drop in centers, clubhouses, respite/crisis services, or warmlines (peer-run listening lines staffed by people in recovery themselves). Using medication to treat substance use disorders is often referred to as Medication-Assisted Treatment (MAT). In this model, medication is used in combination with counseling and behavioral therapies. Medications can reduce the cravings and other symptoms associated with withdrawal from a substance by occupying receptors in the brain associated with using that drug (agonists or partial agonists), block the rewarding sensation that comes with using a substance (antagonists), or induce negative feelings when a substance is taken. MAT is has been primarily used for the treatment of opioid use disorder but is also used for alcohol use disorder and the treatment of some other substance use disorders. For more information, see the [joint bulletin on Medication-Assisted Treatment– 2014 \(PDF\)](#). A psychological model, focusing on an individual's maladaptive motivational learning or emotional dysfunction as the primary cause of substance abuse. This approach includes psychotherapy or behavioral therapy directed by a mental health professional. The client is a 38-year-old Hispanic/Latina woman who is the mother of two teenagers. Maria M. presents with an 11-year history of cocaine dependence, a 2-year history of opioid dependence, and a history of trauma related to a longstanding abusive relationship (now over for 6 years). She is not in an intimate relationship at present and there is no current indication that she is at risk for either violence or self-harm. She also has persistent major depression and panic treated with antidepressants. She is very motivated to receive treatment. Address: 2B Crain Hwy SW Glen Burnie, MD 21061. Note that although the steps appear sequential, in fact some of them could occur simultaneously or in a different order, depending on the situation. It is particularly important to identify and attend to any acute safety needs, which often have to be addressed before a more comprehensive assessment process can occur. Sometimes, however, components of the assessment process are essential to address the client's specific safety needs. For example, if a person is homeless, more information on that person's mental status, resources, and overall situation is required to address that priority appropriately. Finally, it must be recognized that while the assessment seeks to identify individual needs and vulnerabilities as quickly as possible to initiate appropriate treatment, assessment is an ongoing process: As treatment proceeds and as other changes occur in the client's life and mental status, counselors must actively seek current information rather than proceed on as Private Mental Health Therapy Practice Individual, family, couples therapy and Christian therapy. Population: Adults, veterans and military families, individuals with disabilities. Treatment areas: Depression, Anxiety, couples and marital issues, addictions, illness, emotional distress and issues as. Primary care clinicians need to be familiar

with available treatment resources for their patients who have diagnosed substance abuse or dependence disorders. The clinician's responsibility to the patient does not end with the patient's entry into formal treatment; rather, the physician may become a collaborative part of the treatment team, or, minimally, continue to treat the patient's medical conditions during the specialized treatment, encourage continuing participation in the program, and schedule followup visits after treatment termination to monitor progress and help prevent relapse. Understanding the specialized substance abuse treatment system, however, can be a challenging task. No single definition of treatment exists, and no standard terminology describes different dimensions and elements of treatment. Describing a facility as providing inpatient care or ambulatory services characterizes only one aspect (albeit an important one): the setting. Moreover, the specialized substance abuse treatment system differs around the country, with each State or city having its own peculiarities and specialties. Minnesota, for example, is well known for its array of public and private alcoholism facilities, mostly modeled on the fixed-length inpatient rehabilitation programs initially established by the Hazelden Foundation and the Johnson Institute, which subscribe to a strong Alcoholics Anonymous (AA) orientation and have varying intensities of aftercare services. California also offers a number of community-based social model public sector programs that emphasize a 12-Step, self-help approach as a foundation for life-long recovery. In this chapter, the term treatment will be limited to describing the formal programs that serve patients with more serious alcohol and other drug problems who do not respond to brief interventions or other office-based management strategies. It is also assumed that an in-depth assessment has been conducted to establish a diagnosis and to determine the most suitable resource for the indivi. The Minnesota model of residential chemical dependency treatment incorporates a biopsychosocial disease model of addiction that focuses on abstinence as the primary treatment goal and uses the AA 12-Step program as a major tool for recovery and relapse prevention. Although this approach, which has evolved from earlier precursors (i.e., Willmar State Hospital, Hazelden Foundation, and Johnson Institute efforts), initially required 28 to 30 days of inpatient treatment followed by extensive community-based aftercare, more recent models have shortened inpatient stays considerably and substituted intensive outpatient treatment followed by less intensive continuing care. The new hybrid, used extensively by public and private sector programs, blends 12-Step concepts with professional medical practices. Skilled chemical dependency counselors, often people in recovery as well as mental health and social work professionals, use a variety of behavioral and reality-oriented approaches. Psychosocial evaluations and psychological testing are conducted; medical and psychiatric support is provided for identified conditions; and the inpatient program utilizes therapeutic community concepts. Although a disease model of etiology is stressed, the individual patient has ultimate responsibility for making behavioral changes. Pharmacological interventions may be used, particularly for detoxification; extensive education about chemical dependency is provided through lectures, reading, and writing; and individual and group therapy are stressed, as is the involvement of the family in treatment planning and aftercare (Institute of Medicine, 1990: Therapist and patient (and problem) characteristics, treatment process, posttreatment adjustment factors, and the interactions among these variables also determine outcomes. Adult and Adolescent Outpatient Substance Use Treatment Onsite Mental Health Evaluations and Medication Management. An increasing number of randomized clinical trials and other outcome studies have been undertaken in recent years to examine the effectiveness of alcohol and various forms of drug abuse treatment. It is beyond the scope of this chapter to report the conclusions in any depth. However, a few summary statements from an Institute of Medicine report on alcohol studies are relevant: Provides outpatient substance abuse treatment services to DUI/DWI offenders and criminal justice clients. . Advice to the Counselor: Do's and Don'ts of

Assessment for COD. Treatment Models and Approaches Historically, treatment programs were developed to reflect the philosophical orientations of founders and their beliefs regarding the etiology of alcoholism and drug dependence. Although most programs now integrate the following three approaches, a brief review of earlier distinctions will help primary care clinicians understand what precursors may survive or dominate among programs. The three historical orientations that still underlie different treatment models are. The ideal plan for this man might include participation in outpatient addiction treatment, plus continued provision of mood-stabilizing medication. In addition, he should be encouraged to attend a recovery group such as Cocaine Anonymous or Narcotics Anonymous. The addiction counselor would provide individual, group, and family interventions. The focus might be on gaining the skills and strategies required to handle cocaine cravings and to maintain abstinence from cocaine, as well as the skills needed to manage mood swings without using substances. Motivational counseling regarding alcohol and assistance in maintaining medication (lithium) adherence also could be part of the plan. Assessment is a process for defining the nature of that problem and developing specific treatment recommendations for addressing the problem. Careful attention to the characteristics of past episodes of substance abuse and abstinence with regard to mental health symptoms, impairments, diagnoses, and treatments can illuminate the role of substance abuse in maintaining, worsening, and/or interfering with the treatment of any mental disorder. Understanding a client's mental health symptoms and impairments that persist during periods of abstinence of 30 days or more can be useful, particularly in understanding what the client copes with even when the acute effects of substance use are not present. For any period of abstinence that lasts a month or longer, the counselor can ask the client about mental health treatment and/or substance abuse treatment—what seemed to work, what did the client like or dislike, and why? On the other hand, if mental health symptoms (even suicidality or hallucinations) resolve in less than 30 days with abstinence from substances, then these symptoms are most likely substance induced and the best treatment is maintaining abstinence from substances. The counselor also can ask what the mental health "ups and downs" are like for the client. That is, what is it like for the client when he or she gets worse (or "destabilizes")? What—in detail—has happened in the past? And, what about getting better ("stabilizing")—how does the client usually experience that? Clinician and client together should try to understand the specific effects that substances have had on that individual's mental health symptoms, including the possible triggering of psychiatric symptoms by substance use. Clinicians also should attempt to document the diagnosis of a mental disorder, when it has been established, and determine diagnosis through referral when it has not been established. The consensus panel notes that many, if not most, individuals with COD have well-established diagnoses when they enter substance abuse treatment and encourages counselors to find out about any known diagnoses. One of the best-known treatment interventions is the Matrix Model, an outpatient treatment approach that was developed during the mid-1980s. SAMHSA has developed a set of materials about the Matrix Model. New Life Addiction Counseling and Mental Health Services. I Was A Cable Guy. I Saw The Worst Of America. Katie Holmes and Jamie Foxx Were Photographed Engaging in Some Very Rare, Very Steamy PDA on a Yacht in Miami. Kylie Jenner Posts Stunning Mother-Daughter Portraits for Stormi's First Birthday Harper's Bazaar. Late Night With Seth Meyers Season 6 Episode 40 Lin-Manuel Miranda, Colin Quinn. 7-year-old girl shot dead in Walmart parking lot. Kevin Spacey, wearing a "Retired since 2017" hat, delivers pizza to paparazzi Consequence of Sound. The thought of Jacksonville parting ways with running back Leonard Fournette would have been unimaginable a few months ago. The Jaguars have notified Fournette that his suspension late last month voided the remaining guarantees in his four-year rookie contract, according to a person familiar with the situation. The person said the Jaguars

notified Fournette of the action weeks ago. Close this content, you can also use the Escape key at anytime. Kylie Jenner Shares Adorable New Photos of Daughter Stormi While Reflecting on 2018. If you own a home, you should read this. Thousands of homeowners did this yesterday, and banks are furious! Do this now before it's. Kevin Spacey Photographed Smiling, Wearing 'Retired Since 2017' Hat After Sexual Assault Charge. Tom Coughlin rips Leonard Fournette, T.J. Yeldon for 'disrespectful' sideline behavior Yahoo Sports. Outgoing White House chief of staff challenges definition of border wall ABC News Videos. Authorities in Houston say the girl was shot and killed by an unknown suspect as she sat in her car with her mother and three other TEENren. How To Pay Off Your House ASAP (It's So Simple). They're making this rare bit of PDA really count. Steelers, fans get first-hand look at heartbreaking play. Katie Holmes and Jamie Foxx Share PDA on Miami Yacht Vacation: Pic! Entertainment Tonight. Tom Coughlin Rips Leonard Fournette And T.J. Yeldon For Sitting On The Bench All Day Deadspin. Kevin Spacey Photographed Wearing 'Retired Since 2017' Cap. Kylie Jenner Shares Never-Before-Seen Photo From the Day She Gave Birth to Stormi Entertainment Tonight. I can't tell you about a specific day as a cable tech. I can't tell you my. Kylie Jenner Shares New Photos of Stormi While Reflecting on 2018.

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