

# Outpatient Treatment Progress Report

To request further certifications, please fax or mail to: **United Behavioral Health MN-CMC**  
 MR:MN010-S155, P.O. Box 1459, Minneapolis, MN 55440-1459  
 Phone: 1-800-848-8327 (Toll Free Minnesota Location) or FAX (763)732-6910

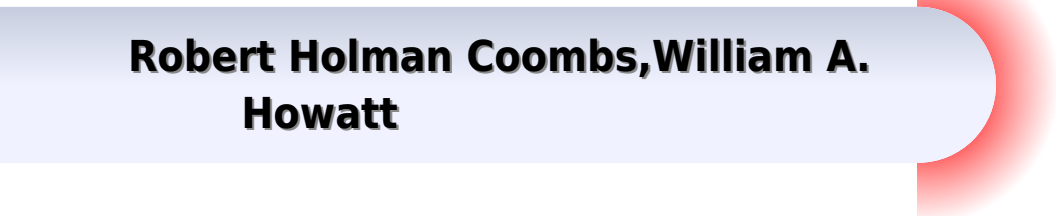
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| <b>MEMBER INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Member Name*: (First & Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Member ID#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date of Birth*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Member Address: (City/State): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Prior clearly: _____<br>Provider Name: _____ Degree: _____<br>Phone: _____ Address: _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Member Home Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Member Work Phone: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Number of Sessions to date: _____ Frequency: _____<br>Date 1 <sup>st</sup> Visit _____ Date Last Visit _____<br>Release of information for UBH signed: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Release of information for PCP signed: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>___ TX Plan or Summary sent to patient's PCP<br>___ Member/ Parent/Guardian refused consent for release to PCP<br>___ Member states they have no PCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>If Child/Adolescent: Is Family Involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Prior Treatment- Episodes in past year:</b><br>MH # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____<br>CD: # of times Outpatient _____ Inpatient _____ PHP _____ IOP _____<br>Outcome: AMA discharge _____ Completed Treatment/still using: _____<br>Completed Treatment/Sober _____ Active in CD Support Group? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Current Symptoms:</b><br>Moods: <input type="checkbox"/> Sad, <input type="checkbox"/> Elated, <input type="checkbox"/> Hopeless, <input type="checkbox"/> Low Energy, <input type="checkbox"/> Poor Concentration, <input type="checkbox"/> Angry, <input type="checkbox"/> Appropriate, <input type="checkbox"/> No Problem, <input type="checkbox"/> Other _____<br>Anxiety: <input type="checkbox"/> Worry, <input type="checkbox"/> Panic, <input type="checkbox"/> Fearfulness, <input type="checkbox"/> Compulsive, <input type="checkbox"/> None, <input type="checkbox"/> Other _____<br>Thought: <input type="checkbox"/> Delusions, <input type="checkbox"/> Hallucinations, <input type="checkbox"/> Disorganized Speech, <input type="checkbox"/> Obsessive, <input type="checkbox"/> Distractible, <input type="checkbox"/> No Problems <input type="checkbox"/> Other _____<br>Behavior: <input type="checkbox"/> Aggressive, <input type="checkbox"/> Truant, <input type="checkbox"/> Runaway, <input type="checkbox"/> Disorganized behavior, <input type="checkbox"/> Compulsive, <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____<br>Sleep Problems, Describe: _____<br>Appetite Problems, Describe: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>DIAGNOSES</b> * ICD-10 Use DSM-IV Codes, include all Axis.<br>Axis I - Primary _____ Axis II - _____<br>Secondary _____ Axis III - _____<br>Axis IV<br><input type="checkbox"/> Economic problems <input type="checkbox"/> Problems with accessing health services<br><input type="checkbox"/> Housing problems <input type="checkbox"/> Problems related to interactions with legal/criminal system<br><input type="checkbox"/> Occupational problems <input type="checkbox"/> Problems related to social environment/school<br><input type="checkbox"/> Other psychosocial problems<br>Axis V (GAF) Current _____<br>Highest in last 12 months _____ Target Problems/ Symptoms: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>RISK ASSESSMENT</b><br><table style="width:100%;"> <tr> <td style="width:33%;"> <b>Suicidality:</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Ideation<br/> <input type="checkbox"/> Plan<br/> <input type="checkbox"/> Intent w/o means<br/> <input type="checkbox"/> Intent with means<br/> <input type="checkbox"/> Ideation in past yr<br/> <input type="checkbox"/> Attempt in past yr<br/> <br/> <input type="checkbox"/> Family/peer history of completed suicide<br/> <br/>           If risk exists: Client is able to contract not to harm<br/> <input type="checkbox"/> Self <input type="checkbox"/> Others         </td> <td style="width:33%;"> <b>Violence:</b><br/> <input type="checkbox"/> None<br/> <input type="checkbox"/> Ideation<br/> <input type="checkbox"/> Plan<br/> <input type="checkbox"/> Intent w/o means<br/> <input type="checkbox"/> Intent with means<br/> <input type="checkbox"/> Ideation in past yr<br/> <input type="checkbox"/> Attempt in past yr<br/> <br/> <input type="checkbox"/> Family/peer history of completed suicide<br/> <br/>           If risk exists: Client is able to contract not to harm<br/> <input type="checkbox"/> Self <input type="checkbox"/> Others         </td> <td style="width:33%;"> <b>His Substance Abuse/Dependence:</b><br/>           Assessed <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>           Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>           If yes, drugs of choice: _____<br/> <input type="checkbox"/> Current Abuse/Dependence<br/> <input type="checkbox"/> By Family/Significant Other<br/> <b>Other Risk Factors:</b><br/> <input type="checkbox"/> His Physical/Sexual Abuse<br/> <input type="checkbox"/> Child/Elder neglect<br/> <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia         </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Suicidality:</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ideation<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Intent w/o means<br><input type="checkbox"/> Intent with means<br><input type="checkbox"/> Ideation in past yr<br><input type="checkbox"/> Attempt in past yr<br><br><input type="checkbox"/> Family/peer history of completed suicide<br><br>If risk exists: Client is able to contract not to harm<br><input type="checkbox"/> Self <input type="checkbox"/> Others | <b>Violence:</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ideation<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Intent w/o means<br><input type="checkbox"/> Intent with means<br><input type="checkbox"/> Ideation in past yr<br><input type="checkbox"/> Attempt in past yr<br><br><input type="checkbox"/> Family/peer history of completed suicide<br><br>If risk exists: Client is able to contract not to harm<br><input type="checkbox"/> Self <input type="checkbox"/> Others | <b>His Substance Abuse/Dependence:</b><br>Assessed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, drugs of choice: _____<br><input type="checkbox"/> Current Abuse/Dependence<br><input type="checkbox"/> By Family/Significant Other<br><b>Other Risk Factors:</b><br><input type="checkbox"/> His Physical/Sexual Abuse<br><input type="checkbox"/> Child/Elder neglect<br><input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia |
| <b>Suicidality:</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ideation<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Intent w/o means<br><input type="checkbox"/> Intent with means<br><input type="checkbox"/> Ideation in past yr<br><input type="checkbox"/> Attempt in past yr<br><br><input type="checkbox"/> Family/peer history of completed suicide<br><br>If risk exists: Client is able to contract not to harm<br><input type="checkbox"/> Self <input type="checkbox"/> Others                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Violence:</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Ideation<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Intent w/o means<br><input type="checkbox"/> Intent with means<br><input type="checkbox"/> Ideation in past yr<br><input type="checkbox"/> Attempt in past yr<br><br><input type="checkbox"/> Family/peer history of completed suicide<br><br>If risk exists: Client is able to contract not to harm<br><input type="checkbox"/> Self <input type="checkbox"/> Others | <b>His Substance Abuse/Dependence:</b><br>Assessed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Problem? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, drugs of choice: _____<br><input type="checkbox"/> Current Abuse/Dependence<br><input type="checkbox"/> By Family/Significant Other<br><b>Other Risk Factors:</b><br><input type="checkbox"/> His Physical/Sexual Abuse<br><input type="checkbox"/> Child/Elder neglect<br><input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Member has been evaluated for psychiatric meds? <input type="checkbox"/> Yes <input type="checkbox"/> No Prescribing MD: <input type="checkbox"/> Psychiatrist Name: _____ <input type="checkbox"/> PCP Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>CURRENT MEDICATIONS</b> Include all meds psychiatric and medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Current Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>Progress Update</b><br><input type="checkbox"/> Compliant, Progressing and Improving - Needs more sessions<br><input type="checkbox"/> Compliant, Progressing and Improving - Plan for discharge When?<br><input type="checkbox"/> Compliant, Not Progressing or Improving - Needs Mod referral<br><input type="checkbox"/> Not Compliant, but at risk - How addressed?<br><input type="checkbox"/> Not Compliant, Needs Referral for other Services/ Therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>If Patient needs referral</b><br><input type="checkbox"/> Have you made the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Can UBH help you with the referral?<br><input type="checkbox"/> Would like to consult with a UBH clinician? MSW MA PhD MD                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Expected Outcome and Prognosis</b><br><input type="checkbox"/> Return to normal functioning<br><input type="checkbox"/> Expect improvement, anticipate less than normal functioning<br><input type="checkbox"/> Relieve acute symptoms, return to baseline functioning<br><input type="checkbox"/> Maintain current status/prevent deterioration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Frequency of sessions: _____<br>Expected LOS: <u>Discrete</u><br>Modality CPT Code: _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

Clinician's Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be used for routine outpatient psychotherapy only

# Substance Abuse Treatment Progress Notes

**Robert Holman Coombs, William A.  
Howatt**



## **Substance Abuse Treatment Progress Notes:**

**The Addiction Progress Notes Planner** David J. Berghuis, Arthur E. Jongsma, Jr., 2015-03-20 Save hours of time consuming paperwork The Addiction Progress Notes Planner Fifth Edition provides prewritten session and patient presentation descriptions for each behavioral problem in the Addiction Treatment Planner Fifth Edition The prewritten progress notes can be easily and quickly adapted to fit a particular client need or treatment situation Saves you hours of time consuming paperwork yet offers the freedom to develop customized progress notes Organized around 44 behaviorally based presenting problems including depression gambling nicotine abuse dependence chronic pain and eating disorders Features over 1 000 prewritten progress notes summarizing patient presentation themes of session and treatment delivered Provides an array of treatment approaches that correspond with the behavioral problems and DSM 5 diagnostic categories in The Addiction Treatment Planner Fifth Edition Offers sample progress notes that conform to the latest ASAM guidelines and meet the requirements of most third party payors and accrediting agencies including CARF TJC COA and the NCQA Incorporates new progress notes language consistent with Evidence Based Treatment Interventions *The Addiction Progress Notes Planner* Arthur E. Jongsma, Jr., David J. Berghuis, 2009-06-05 PracticePlanners The Bestselling treatment planning system for mental health professionals The Addiction Progress Notes Planner Third Edition contains complete prewritten session and patient presentation descriptions for each behavioral problem in The Addiction Treatment Planner Fourth Edition The prewritten progress notes can be easily and quickly adapted to fit a particular client need or treatment situation Saves you hours of time consuming paperwork yet offers the freedom to develop customized progress notes Organized around 44 behaviorally based presenting problems including depression gambling nicotine abuse dependence anxiety and eating disorders Features over 1 000 prewritten progress notes summarizing patient presentation themes of session and treatment delivered Provides an array of treatment approaches that correspond with the behavioral problems and DSM IV TRTM diagnostic categories in The Addiction Treatment Planner Fourth Edition Offers sample progress notes that conform to the requirements of most third party payors and accrediting agencies including CARF The Joint Commission TJC COA and the NCQA Presents new and updated information on the role of evidence based practice in progress notes writing and the special status of progress notes under HIPAA *The Addiction Progress Notes Planner* David J. Berghuis, Katy Pastoor, Arthur E. Jongsma (Jr.), 2022 Progress notes are the primary source for documenting the therapeutic process and one of the main factors in determining a client's eligibility for reimbursable treatment The purpose of including the Progress Notes Planners in the PracticePlanners Series is to assist the practitioner in easily and quickly constructing progress notes that are thoroughly unified with the client's treatment plan *The Addiction Counselor's Documentation Sourcebook* James R. Finley, Brenda S. Lenz, 2005-01-26 All of the requisite forms addiction treatment professionals need a crucial time saver in today's healthcare system Treating addiction in today's healthcare environment means that mental health professionals must

manage an imposing amount of paperwork Government and private grant funding insurance and benefits programs regulatory compliance and the need for data on treatment effectiveness evidence based treatment all require proper documentation If these forms are missing the results can range from bureaucratic headaches to problems serious enough to close a practice Now fully updated and revised The Addiction Counselor's Documentation Sourcebook The Complete Paperwork Resource for Treating Clients with Addictions Second Edition provides the most useful and current forms for accurate and comprehensive documentation and record keeping These ready to use forms will save you and your practice hours that would otherwise be spent creating and collating them freeing you to devote more energy to the important matters of treatment A companion CD ROM includes all documents in Word format so you can customize them according to the unique needs of your practice Covering every aspect of mental health practice for addiction treatment this fully revised Second Edition also includes Critical forms updated to help providers achieve HIPAA JCAHO and CARF compliance Unique handouts exercises and facilitator guides for use in individual and group therapy A comprehensive CD ROM featuring all forms in Word format as well as PowerPoint slideshows for every psychoeducational presentation in the book The Addiction Counselor's Documentation Sourcebook Second Edition is an essential timesaving resource that allows any professional practicing or working in the field of addiction treatment the freedom to give more of their time and energy to the people they serve

*The Addiction Progress Notes Planner* David J. Berghuis, 2005-08-11 The Addiction Progress Notes Planner contains complete prewritten session and patient presentation descriptions for each behavioral problem in The Addiction Treatment Planner Third Edition The prewritten progress notes can be easily and quickly adapted to fit a particular client need or treatment situation Saves you hours of time consuming paperwork yet offers the freedom to develop customized progress notes Organized around 41 main presenting problems that range from opioid dependence to new chapters in this edition covering such co occurring disorders as chronic pain dangerousness lethality and self care deficits Features over 1 000 prewritten progress notes summarizing patient presentation themes of session and treatment delivered Provides an array of treatment approaches that correspond with the behavioral problems and DSM IV TR diagnostic categories in The Addiction Treatment Planner Third Edition Offers sample progress notes that conform to the requirements of most third party payors and accrediting agencies including the JCAHO and the NCQA

**The Addiction Progress Notes Planner** David J. Berghuis, Katy Pastoor, Arthur E. Jongsma, Jr., 2022-05-03 An invaluable practice resource for practitioners engaged in addictions treatment In The Addiction Progress Notes Planner Sixth Edition a team of distinguished mental health professionals delivers complete pre written session and patient presentation descriptions for every behavioral problem in the Addictions Treatment Planner Sixth Edition Each note can be simply and quickly adapted to fit a real world client need or treatment situation while remaining completely unified with the client's treatment plan This new edition offers new and revised evidence based objectives and interventions organized around 46 behavior based presentations including alcoholism

nicotine dependence substance abuse problem gambling eating disorders and sexual addictions The resource also offers A wide array of treatment approaches that correspond to the behavioral problems and DSM V diagnostic categories included in the Addiction Treatment Planner Sixth Edition Sample progress notes conforming to the requirements of most third party payors and accrediting agencies including CARF TJC COA and the NCQA Brand new chapters on Opioid Use Disorder Panic Agoraphobia and Vocational Stress The Addiction Progress Notes Planner is an indispensable practice aid for addictions counselors mental health counselors social workers psychologists psychiatrists and anyone else treating clients suffering from addictions **The Addiction Treatment Planner** Robert R. Perkinson, Arthur E. Jongsma, Jr., Timothy J. Bruce, 2022-03-29

Clarify simplify and accelerate the treatment planning process so you can spend more time with clients The Addiction Treatment Planner Sixth Edition provides all the elements necessary to quickly and easily develop formal treatment plans that satisfy the demands of HMOs managed care companies third party payers and state and federal agencies This valuable resource contains treatment plan components for 48 behaviorally based presenting problems including depression intimate relationship conflicts chronic pain anxiety substance use borderline personality and more You ll save hours by speeding up the completion of time consuming paperwork without sacrificing your freedom to develop customized treatment plans for clients This updated edition includes new and revised evidence based objectives and interventions new online resources expanded references an expanded list of client workbooks and self help titles and the latest information on assessment instruments In addition you ll find new chapters on some of today s most challenging issues Opioid Use Disorder Panic Agoraphobia Loneliness and Vocational Stress New suggested homework exercises will help you encourage your clients to bridge their therapeutic work to home Quickly and easily develop treatment plans that satisfy third party requirements Access extensive references for treatment techniques client workbooks and more Offer effective and evidence based homework exercises to clients with any of 48 behaviorally based presenting problems Enjoy time saving treatment goals objectives and interventions plus space to record your own customized treatment plan This book s easy to use reference format helps locate treatment plan components by presenting behavioral problem or DSM 5 diagnosis Inside you ll also find a sample treatment plan that conforms to the requirements of most third party payors and accrediting agencies including CARF The Joint Commission TJC COA and the NCQA The Addiction Treatment Planner Sixth Edition will liberate you to focus on what s really important in your clinical work *Addiction Treatment Homework Planner* Brenda S. Lenz, Arthur E. Jongsma, Jr., James R. Finley, 2023-09-08 A hands on homework toolkit for mental health practitioners treating clients with substance use disorders In the newly revised sixth edition of the Addiction Treatment Homework Planner a team of distinguished clinicians delivers a practical and effective resource for clients who wish to keep their therapy and recovery efforts front of mind and incorporate them into their daily lives The activities and homework contained within will assist clients and the clinicians treating them to collect real time data enabling practitioners to address relevant issues quickly and

collaboratively This Homework Planner is designed as a companion manual to the sixth editions of the Addiction Treatment Planner and Addiction Progress Notes Planner It focuses on client centered assessment driven evidence based treatment in the field of substance use disorder psychotherapy Each included exercise is designed to Emphasize the importance of client motivation and increase the knowledge awareness and insight of people moving through the addiction recovery process Incorporate a skills component for further instruction in therapy or at home Be completed or processed within individual sessions or where appropriate within group therapy sessions and at various levels of care An indispensable hands on resource for counselors therapists psychiatrists psychologists and other mental health professionals engaged in the treatment of patients with substance use disorders the Addiction Treatment Homework Planner is a time saving tool with the potential to improve patient outcomes and increase client engagement      **Addictions Counseling** Cynthia A. Faulkner, Samuel Faulkner, 2019-01-04

Addictions Counseling employs the unique approach of following a client through the counseling process intake assessment individual group family counseling and discharge relapse prevention planning Along the way readers are introduced to theories techniques and hands on examples of what is required in the counseling process

**Criminal Conduct and Substance Abuse Treatment - The Provider's Guide** Kenneth W. Wanberg, Harvey B. Milkman, 2008 This book presents effective cognitive behavioral treatment approaches for changing the behaviors of individuals who have both problems of substance abuse and criminal behavior The book unveils a state of the art approach for effectively preventing criminal recidivism and substance abuse relapse within community based and correctional settings

Encyclopedia of Substance Abuse Prevention, Treatment, and Recovery Gary L. Fisher, Nancy A. Roget, 2009 This collection provides authoritative coverage of neurobiology of addiction models of addiction sociocultural perspectives on drug use family and community factors prevention theories and techniques professional issues the criminal justice system and substance abuse assessment and diagnosis and more      **The Addiction Counselor's Desk Reference** Robert Holman

Coombs, William A. Howatt, 2005-02-01 The Addiction Counselor's Desk Reference is a comprehensive compilation of information about the full spectrum of addictive disorders their consequences and treatment This unique text includes detailed definitions and practical illustrations of addiction related terminology addictive disorders and behaviors descriptions of treatment models and techniques as well as lists of relevant websites government resources and treatment centers Addiction professionals will find this information packed guide to be an invaluable practice tool The most up to date resource of its kind Contains detailed definitions practical illustrations relevant websites government resources and information about treatment centers Written by a leading authority on addiction research prevention and treatment      **Addiction Treatment**

**Homework Planner** James R. Finley, Brenda S. Lenz, 2017-05-11 Help clients suffering from chemical and nonchemical addictions develop the skills they need to work through problems The Addiction Treatment Homework Planner Fifth Edition provides you with an array of ready to use between session assignments designed to fit virtually every therapeutic mode This

easy to use sourcebook features 100 ready to copy exercises covering the most common issues encountered by clients suffering from chemical and nonchemical addictions such as anxiety impulsivity childhood trauma dependent traits and occupational problems A quick reference format the interactive assignments are grouped by behavioral problems including alcoholism nicotine dependence and sleep disturbance as well as those problems that do not involve psychoactive substances such as problem gambling eating disorders and sexual addictions Expert guidance on how and when to make the most efficient use of the exercises Assignments that are cross referenced to The Addiction Treatment Planner Fifth Edition so you can quickly identify the right exercise for a given situation or problem All exercises are available online for you to download and customize to suit you and your clients unique styles and needs Criminal Conduct and Substance Abuse Treatment for Women in Correctional Settings: Adjunct Provider's Guide Harvey B. Milkman, Kenneth W. Wanberg, Barbara A. Gagliardi, 2008-07-29 This guide offers female clients the best possible chance to get back on the road to recovery This guide uses female focused examples exercises role plays and content enhancements that pinpoint women s treatment issues It targets the biological psychological and social roots of female substance abuse and crime **A National Review of State Alcohol and Drug Treatment Programs and Certification Standards for Substance Abuse Counselors and Prevention Professionals**, 2005 *New York Court of Appeals. Records and Briefs.* New York (State)., **Treatment Choices for Alcoholism and Substance Abuse** Harvey B. Milkman, Lloyd I. Sederer, 1990-01-01 The text is organized around issues that affect clinical practice biological factors prevention and early intervention multiproblem patients treatment and the law and treatment alternatives Becoming a Therapist Suzanne Bender, Edward Messner, 2022-05-25 Revised and expanded for the digital age this trusted guidebook and text helps novice psychotherapists of any orientation bridge the gap between coursework and clinical practice It offers a window into what works and what doesn t work in interactions with patients the ins and outs of the therapeutic relationship and how to manage common clinical dilemmas Featuring rich case examples the book speaks directly to the questions concerns and insecurities of novice clinicians Reproducible forms to aid in treatment planning can be downloaded and printed in a convenient 8 1 2 x 11 size New to This Edition Reflects two decades of technological changes covers how to develop email and texting policies navigate social media use electronic medical records and optimize teletherapy New chapters on professional development and on managing the impact of therapist life events pregnancy and parental leave vacations medical issues Instructive discussion of systemic racism cultural humility and implicit bias Significantly revised chapter on substance use disorders with a focus on motivational interviewing techniques Reproducible downloadable Therapist Tools **Learning the Language of Addiction Counseling** Geri Miller, 2014-09-09 FULLY REVISED COMPREHENSIVE AND PRACTICAL Learning the Language of Addiction Counseling Fourth Edition introduces counselors social workers and students to the field of addiction counseling and helps them acquire the knowledge and develop the skills needed to counsel individuals who are caught in the destructive

cycle of addiction Drawing from her years of experience working in the addiction counseling field Geri Miller provides an engaging balanced overview of the major theoretical foundations and clinical best practices in the field Fully updated the Fourth Edition offers a positive practice oriented counseling framework and features A research based clinical application approach to addiction counseling that practitioners can turn to for fundamental practical clinical guidelines Revised chapters that reflect important changes in research and practice including new DSMTM 5 criteria new assessment instruments and new and expanded treatments Case studies interactive exercises end of chapter questions and other resources that facilitate the integration of knowledge into practice Personal Reflections sections at the beginning of each chapter provide an invaluable unique perspective on the author s evolving views of addiction counseling Updated and expanded online Instructor s Manual that includes brief video clips PowerPoint slides test bank questions for each chapter and sample syllabi From assessment and diagnosis of addiction to preparing for certification and licensure as an addiction professional this comprehensive book covers all of the essentials

*The Adult Psychotherapy Progress Notes Planner* Arthur E. Jongsma, Jr., Katy Pastoor, David J. Berghuis, 2021-04-16 The Adult Psychotherapy PROGRESS NOTES PLANNER PracticePlanners THE BESTSELLING TREATMENT PLANNING SYSTEM FOR MENTAL HEALTH PROFESSIONALS Fully revised and updated throughout The Adult Psychotherapy Progress Notes Planner Sixth Edition enables practitioners to quickly and easily create progress notes that completely integrate with a client s treatment plan Each of the more than 1 000 prewritten session and patient presentation descriptions directly link to the corresponding behavioral problem contained in The Complete Adult Psychotherapy Treatment Planner Sixth Edition Organized around 44 behaviorally based problems aligned with DSM V diagnostic categories the Progress Notes Planner covers an extensive range of treatment approaches for anxiety bipolar disorders attention deficit hyperactivity disorder ADHD dependency trauma cognitive deficiency and more Part of the market leading Wiley PracticePlanners series The Adult Psychotherapy Progress Notes Planner will save you hours of time by allowing you to rapidly adapt your notes to each individual patient s behavioral definitions symptom presentations or therapeutic interventions An essential resource for psychologists therapists counselors social workers psychiatrists and other mental health professionals working with adult clients The Adult Psychotherapy Progress Notes Planner Provides more than 8 000 prewritten easy to modify progress notes summarizing patient presentation and the interventions implemented within the session Features sample progress notes conforming to the requirements of most third party health care payors and accrediting agencies including CARF The Joint Commission TJC COA and the NCQA Include a brand new chapter that coordinates with the Treatment Planner s chapter on loneliness Additional resources in the PracticePlanners series Treatment Planners cover all the necessary elements for developing formal treatment plans including detailed problem definitions long term goals short term objectives therapeutic interventions and DSMTM diagnoses Homework Planners feature behaviorally based ready to use assignments to speed treatment and keep clients engaged between sessions For



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