

Adolescent Substance Abuse Program

2530 South Alma School Road

Mesa, Arizona 85210

phone: (602) 434-0249 fax: (480) 704-5550 e-mail: asap71@cox.net web: www.asapaz.com

Treatment Documentation Policy

Some ASAP clients, such as those involved with the legal system or those mandated to receive counseling by their school, request documentation of their counseling experience at ASAP. This policy defines precisely what documentation will be provided.

Let us be clear: ASAP staff must-- and will-- tell the full truth regarding your attendance, urine drug test results, participation, motivation to stay clean, and the statements you make at ASAP regarding your intent to stay drug and alcohol free. ASAP staff cannot, and will not, omit any piece of critical information. We must tell the truth (or as the legal system says: "The truth, the whole truth, and nothing but the truth") about your progress, or lack of progress, in the counseling program at ASAP.

Of course, we strongly wish to be able to report that each teen is producing negative urine drug tests, attending each session on time, demonstrating a genuine commitment to sobriety, and working to change his/her life in all sorts of positive ways. But we can only produce such a report when it is true.

Again, ASAP staff must be and will be fully honest in reporting your progress, or lack of progress, in counseling at ASAP. ASAP will not report that you are clean if you are not, that you are attending counseling if you are not, that you are coming on time and working hard if you are not-- and etc. Further, be advised that ASAP must report and will report all your statements accurately. If you come into ASAP and say "I will stay clean now, because I want to get out of legal trouble, but when I am off probation I am going to start using again" -- then of course that is critical information and ASAP staff will be obligated to include that statement in any report. We must simply report the whole truth of exactly what you say to us. We are making this policy abundantly clear now so there will be no confusion later.

See attached the forms that we will use to provide treatment documentation when required. Be advised that these forms, and none other, will serve as the format for the full and honest reports that we will make to the legal system, to your attorney, to the Court, to your school, to other professionals that are treating you, or to any other person or organization named in the release of information form.

ASAP

The following three forms:

Certificate of Completion
ASAP Treatment Summary
ASAP Discharge Summary

can be used to document treatment,
as per the ASAP Treatment Documentation Policy

See the following three pages for these forms



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CERTIFICATE OF COMPLETION

Date: _____

To Whom It May Concern:

Please accept this letter as confirmation that the following teen:

print name

date of birth

has completed the Adolescent Substance Abuse Program Intensive Outpatient Program (IOP) for substance abuse on the following date:

ASAP is an Intensive Outpatient Program (IOP) for the treatment of substance abuse in teens that meets 3 times a week for 3 hours each session for a total of 30 sessions and 90 hours of treatment. One session each week includes the family members for multi-family therapy. The ASAP treatment plan includes a focus on the following topics: Relapse prevention, identifying high risk situations and triggers, family dynamics, enabling, communication, anger management, grief and loss, emotions and substance abuse and thoughts and beliefs.

_____ has submitted the following urine drug tests:

date	result
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Our recommendation is for this family to continue receiving individual and family counseling with their current family counselor. It has been a pleasure to work with this family in the course of their recovery.

Sincerely,

David M. Salgado MC, NCC, LISAC or
ASAP Lead Therapist, East Valley

Curtis Walling, PhD, Licensed Psychologist #1343
ASAP Clinical Director

NOTE: This Certificate of Completion can be provided to parents, school officials, probation officers or court officials, or others in need of documentation that the teen named above completed the ASAP Intensive Outpatient Program for substance abuse.

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ASAP Program Treatment Summary

Client Name: _____ dob _____

Site (check one): East Valley West Valley Paradise Valley/Scottsdale

Dates of Attendance: _____

Urinalysis Test Results:

Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected – what? _____

Topics / Education / Lectures / Activities: Substance Use and Dependency Feelings Communication Effects of Use
Family Systems Relapse Prevention Understanding Anger Enabling Thoughts and Beliefs Grief and Loss

Recent Use / Intoxication / Problematic Withdrawal (Check all that apply): Continued Use Recent Relapse
 Suspected but unproven use Use Reported by Parents No use at all Cravings
 Acute Withdrawals Post Acute Withdrawals (Difficult sleeping, poor concentration, mood swings)

Explain: _____

Medical concerns made or noted: _____

Concurrent Psychological Conditions or Concerns: _____

Treatment Willingness (Check one): Very Willing Willing Appears Superficially Motivated
 Ambivalent Unwilling Passively Resistant Actively Resistant

Explain: _____

Potential for Relapse (Check one): Low Moderate High Very High

Explain: _____

Status of the Recovery Environment: Very Positive Positive Somewhat Positive Neutral
 Somewhat negative Questionable Negative Toxic Not yet determined

Comments/Treatment Recommendations:

Form completed by ASAP Staff:

Print name of ASAP Lead Therapist

Signature of ASAP Lead Therapist

date

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ASAP Discharge Summary

Client name: _____ DOB: _____

ASAP Lead Therapist: _____

Date Admitted: _____ Date of Discharge: _____

Presenting Problems: _____

Summary of Treatment: The ASAP 10-week intensive outpatient program was the treatment program utilized with this client. Progress towards the treatment goals was judged to be:

Excellent Good Moderate Minimal Poor

The total number of ASAP sessions completed (out of 30 planned) was: _____

Reason for discharge: Graduated the ASAP Program successfully
 Completed all 30 sessions successfully but did not complete all requirements for graduation
 Terminated prior to 30 sessions due to: _____

Treatment summary: _____

Discharge recommendations and referrals:

If treatment was NOT completed successfully:

Return to complete IOP treatment: _____

OR Placement in a higher level of care as follows: _____

If treatment WAS completed:

Support Group Meeting Attendance: _____

Individual Therapy: _____

Family Therapy: _____

Medication Evaluation and Management _____

Signature of ASAP Lead Therapist

date

print name of ASAP Lead Therapist