**Client Name**: Penelope Pepper **Client ID#:** 99999999

**KK#:** KK000000 **Date of Report:** 03/21/13

**Clinician Completing Report:** Jane Wayne, LADC

**Report Submitted To:** Max Smart, CW Specialist

**Method of Submission:** [x] **Secure** Email

 [ ] Fax#: Click here to enter text.

**Current Treatment Service:** Outpatient **If Other:** Click here to enter text.

**Weekly Scheduled Hours:** 5 hours **If Other:** Click here to enter text.

**Participation Summary** (include direct observable behaviors (DOBs) regarding attendance, attitude, participation, insight; improvement, or lack of, in behavior—“as evidenced by…”

Miss Pepper has attended twelve of the scheduled sixteen group hours this month and three of the four individual therapy sessions. She has participated with a positive attitude in most groups as evidence by attentiveness to and encouraging support of peers, participating in the opening check-in for each group, and volunteering to read and/or share on a regular basis. She appears to be developing insight into defense mechanisms and behaviors that prevent her from accomplishing her goals as evidenced by the weekly journal of defense mechanisms she keeps and processes in group and individual therapy sessions. Most notably for this month, Miss Pepper has exhibited an increased level of accountability as evidenced by calling to notify the group facilitator when she needed to miss group two times due to illness. She also exhibited responsibility and accountability by sharing with her doctor that she is in treatment for substance use disorder; she reported that she shared with her doctor that she is being drug screened and spoke with him about the medication he prescribed; she asked for a note regarding the doctor’s prescription which she shared with her counselor. In individual sessions, she has begun to share about childhood trauma and has stated that she is interested in joining the Women in Recovery group after she completes the current groups; Women in Recovery is a group for women trauma survivors.

**Drug Screens:**

**Date:** 02/02/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ] Pos [x] Neg

**Date:** 02/13/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [x] Neg

**Date:** 02/22/13 **Attended:** [ ] Yes [x] No: Client called to say she was ill and had been to see doctor; she tested the next day, 2/23/16. **Results:** [x] Pos [ ] Neg

**Date:** 02/27/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [x]  Pos [ ] Neg

**Date:** 03/05/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [ ] Neg

**Date:** 03/15/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [x] Neg

**Date:** 03/20/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [x] Neg

**Date:** 03/21/13 **Attended:** [x] Yes [ ] No: Click here to enter text. **Results:** [ ]  Pos [x] Neg

**For Positive Drug Screens Identify:**

**Date:** 02/23/13 **Positive for:** opiates **Intervention(s):** Client had prescription for ciprofloxacin with doctor’s note that it sometimes results in a false positive for opiates; will process client taking responsibility of informing doctor of addiction and desire to avoid mood altering medications.

**Date:** 02/27/13 **Positive for:** opiates **Intervention(s):** Client is still taking ciprofloxacin according to doctor’s prescription; will process in group & individual therapy client’s accountability and responsibility of health care and awareness of medications that client may need to avoid.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s**): Click here to enter text.

**Date:** Click here to enter text. **Positive for:** Click here to enter text. **Intervention(s):** Click here to enter text.

**Recommendations** (continue at current level of care, increase/decrease group/individual sessions, change in level of care, etc.): Client will continue at the current level of outpatient services that include at least one hour of individual therapy weekly with her primary counselor and 3 hours of group each week; she has two more weeks in the recommended six week Early Recovery Skills group that meets 3x weekly for 1 hour each group; following the Early Recovery Skills group, Ms. Pepper has stated she wants to attend the Women in Recovery group (trauma group)—this group meets 1x weekly for 1.5 hours each week and she will continue to attend at least 1 hour of individual counseling per week; following completion of the Women in Recovery group, based on direct observable behaviors of the client indicating a decrease in hours of services is appropriate, it is recommended that she attend the “Living in Recovery” group for a minimum of six weeks; the Living in Recovery group meets 1x weekly for 1 hour each week; she will continue weekly individual therapy sessions with her primary counselor. Based on Ms. Pepper’s current level of progress, random drug screens will be reduced from weekly to bi-monthly beginning March 25, 2013.

**Client’s Name:** Penelope Pepper