

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
CASE STUDY REVIEW

ALC 308 (LADC)

Applicant: _____

Reviewer: _____ Date: _____

Please review and check YES or NO for each section. YES NO

Demographic Information and Treatment Circumstances

- Is the form completely filled in? ___ ___

Case Study Certifications

- Is the Applicant's Statement signed and dated? ___ ___
- Is the Supervisor's Statement signed, dated and filed in completely? ___ ___

Are the following areas addressed?

Substance Use History

- Substances used ___ ___
- Frequency of use ___ ___
- Progression of use ___ ___
- Severity/amount used ___ ___
- Onset of use ___ ___
- Primary substance used ___ ___
- Route of administration ___ ___
- Effects on the client ___ ___

Psychological Functioning

- Corroborating mental status ___ ___
- Quality of client's judgment ___ ___
- Quality of client's insight into problems ___ ___

Educational, Vocational and Financial History

- Education level and history ___ ___
- Work history ___ ___
- Disciplinary actions taken at school and/or work ___ ___
- If terminated from school or work, reason for the termination(s) ___ ___
- Client's current and past financial status ___ ___
- Financial status of client's family of origin ___ ___

Please review and check YES or NO for each section. YES NO

Legal History (whether or not associated with substance use)

- Past and pending criminal charges ___ ___
- Arrests ___ ___
- Convictions ___ ___
- Findings of juvenile delinquency ___ ___

Social History

- Parental influence on client ___ ___
- Siblings/rank/gender and their influence on client ___ ___
- Influence on client of his/her own children ___ ___
- Relationship history ___ ___
- Psychological functions in family ___ ___
- Substance use in family ___ ___
- History of social functioning from childhood to present ___ ___
- Family functioning: include physical, sexual and emotional abuse ___ ___

Physical History

- To include past and present medical issues, disabilities, pregnancies and related issues, and substance use problems ___ ___

Treatment History

- To include both substance use and psychological history ___ ___
- Self-help groups ___ ___

Assessment

- Identification and evaluation of strengths and weaknesses ___ ___
- Diagnosis using current DSM ___ ___

Treatment Plan

- Identify and rank problems needing resolution ___ ___
- Goals – immediate and long-term with objectives for each ___ ___
- Treatment frequency, duration, objectives, interventions and resources to be utilized ___ ___

Please review and check YES or NO for each section. YES NO

Course of Treatment

- Counseling theory used with client ___ ___
- Rationale for their use ___ ___
- Revisions in counseling approaches made in response to client’s specific problems ___ ___
- Client’s responses to treatment ___ ___

Discharge Summary

- Concise description of client’s overall response to treatment including substance use at time treatment ended ___ ___
- Continuing care plan ___ ___

I (recommend) (DO NOT recommend) that this case study be accepted as complete and that the minimum requirements have been met.

Signature and credentials of reviewer

REQUEST FOR ADDITIONAL INFORMATION

If additional information is required, please complete the following and be **SPECIFIC AND CLEAR**.

Section in which additional information is required: _____

Specific information requested: _____

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