ASAM Monthly Technical Assistance Series

Individualized Documentation Considerations

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Monday December 6th, 10am-11am

Reminders

- Questions should be submitted 7 days in advance of the call to RA-DAASAM@pa.gov. If you want to submit a question in the chat, DDAP will record the question and post responses to all questions received during this call to the DDAP ASAM website. Questions will not be addressed during the meeting.
- This call is being recorded. Please exit now if you do not to be recorded.
- Suggestions for future call topics? Please submit to RA-DAASAM@pa.gov.

Disclaimers

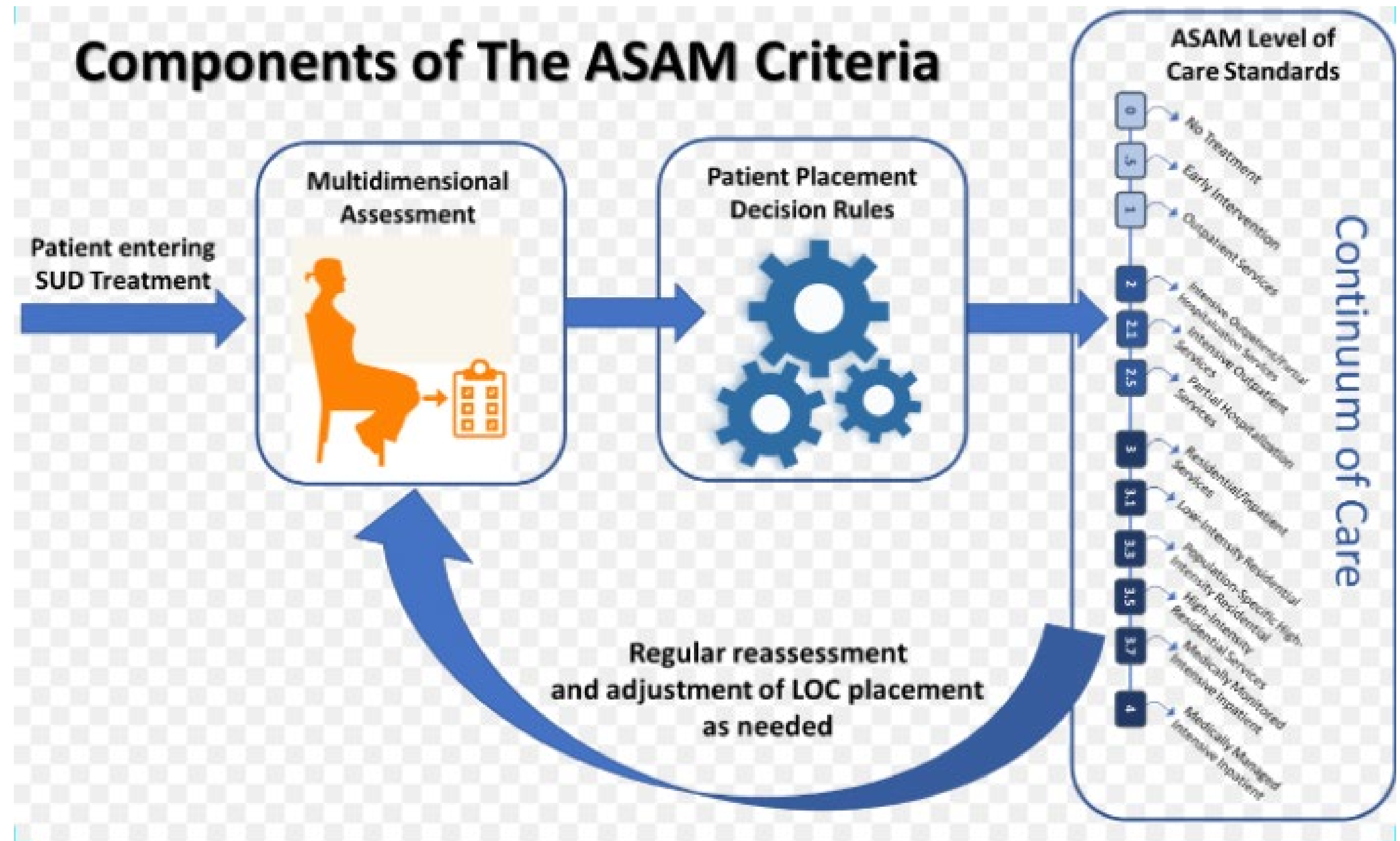
The information provided in this technical assistance call is purely informational and not to be interpreted as required or regulatory.

DDAP Recommends the following trainings for more information and guidance on the topic of documentation with ASAM Criteria, 2013.

- DDAP Training - Treatment Planning with the ASAM Criteria (pa.gov)
- ASAM Risk Rating Training (pa.gov)
- September 2021 Training Update.pdf (pa.gov)
- Upcoming Events - Train For Change

Agenda

1. The Golden Thread
2. Biopsychosocial Assessment
3. Treatment Planning
4. Progress Notes
5. Q & A



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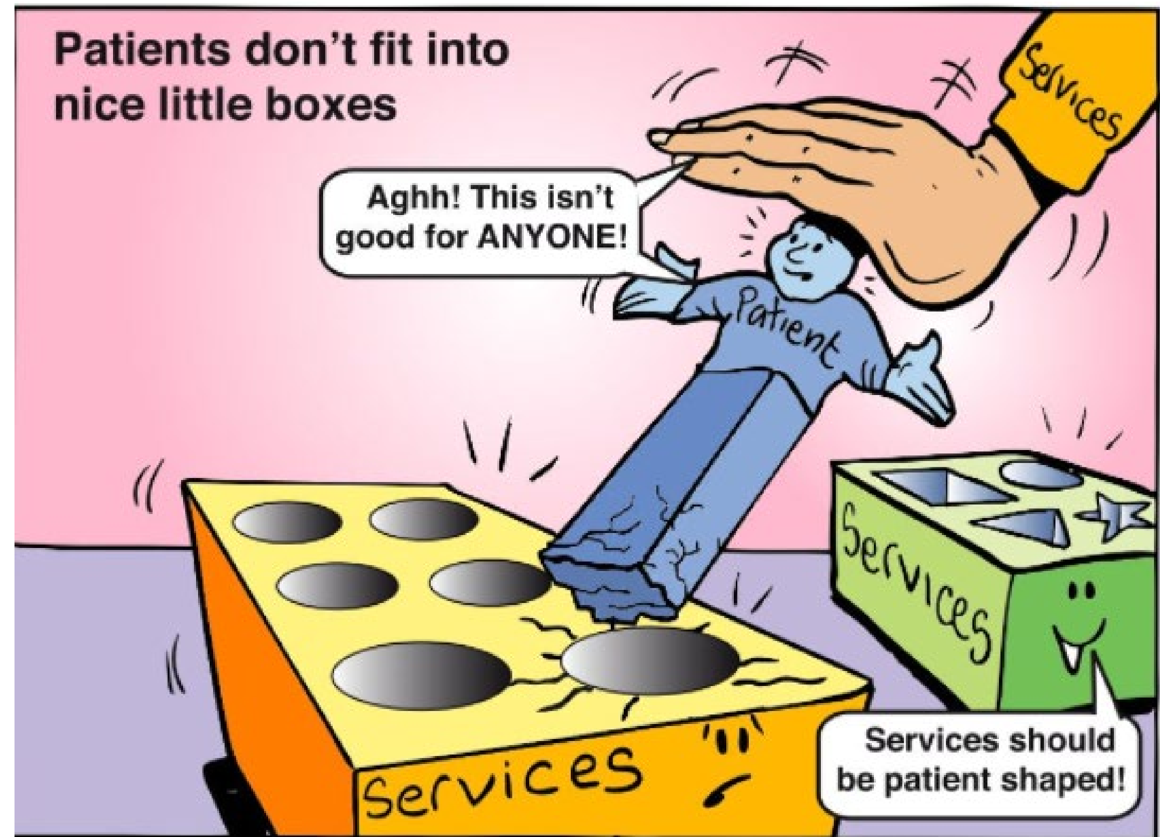
Terminology

"Individual"

"Person"

"Patient"



The Golden Thread of
Documentation

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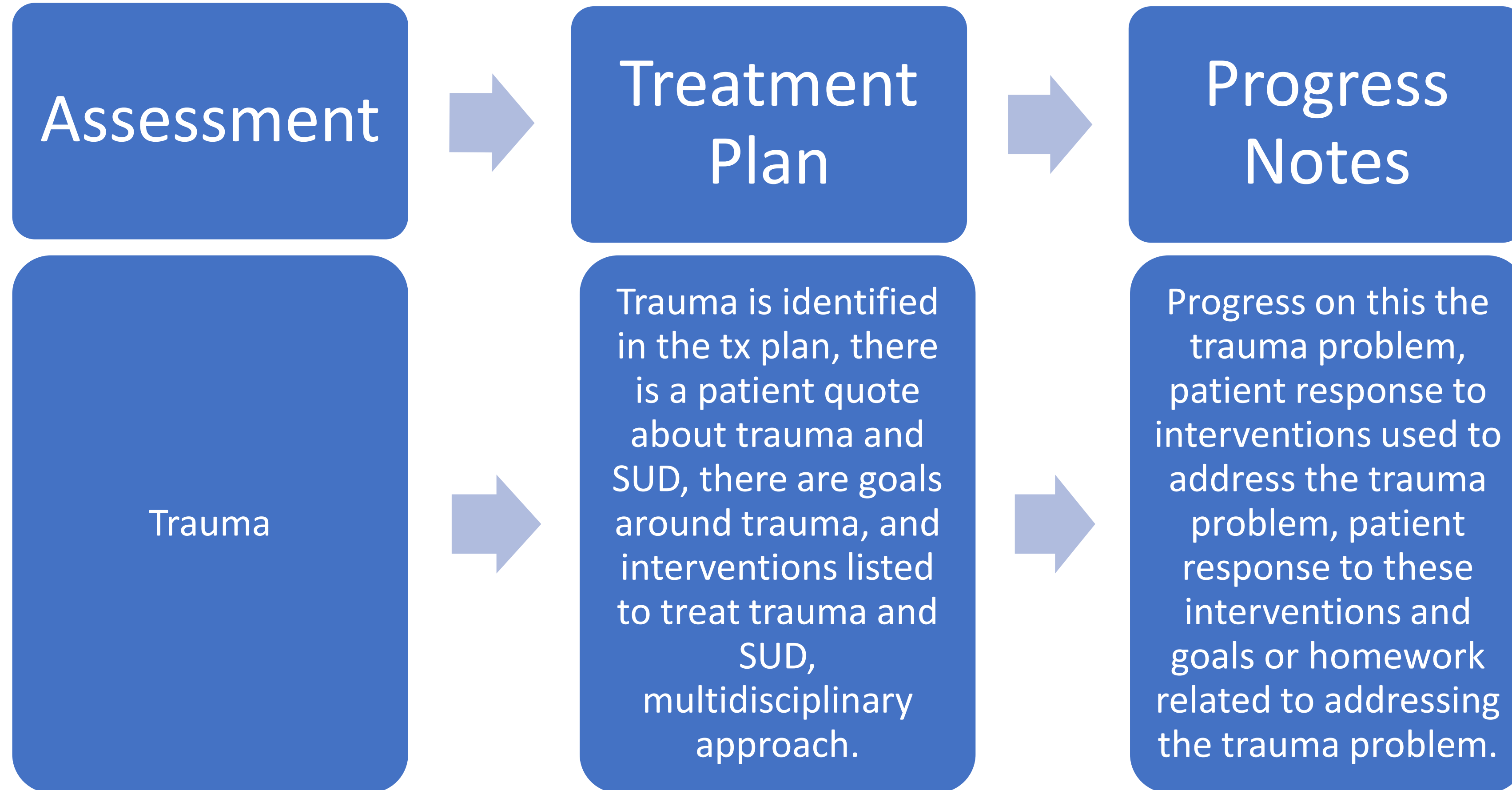
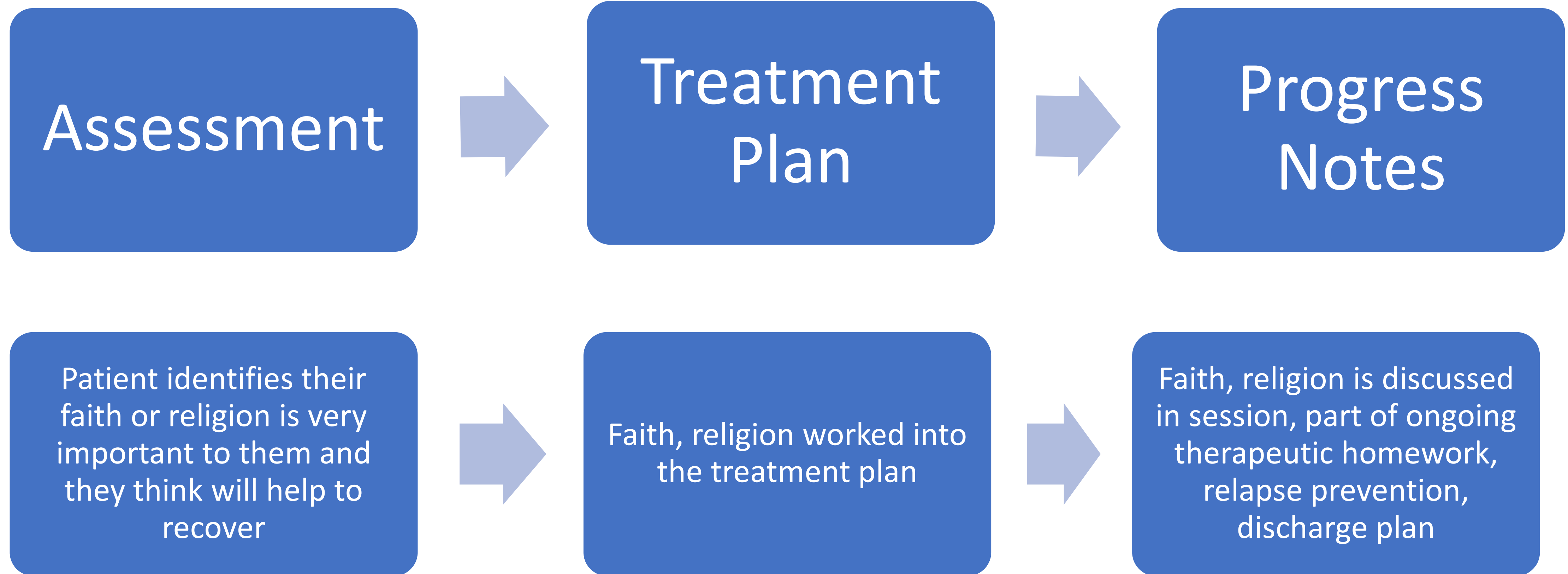
What is the Golden Thread?



Golden Thread – Don't Forget Strengths



Intake & Assessment

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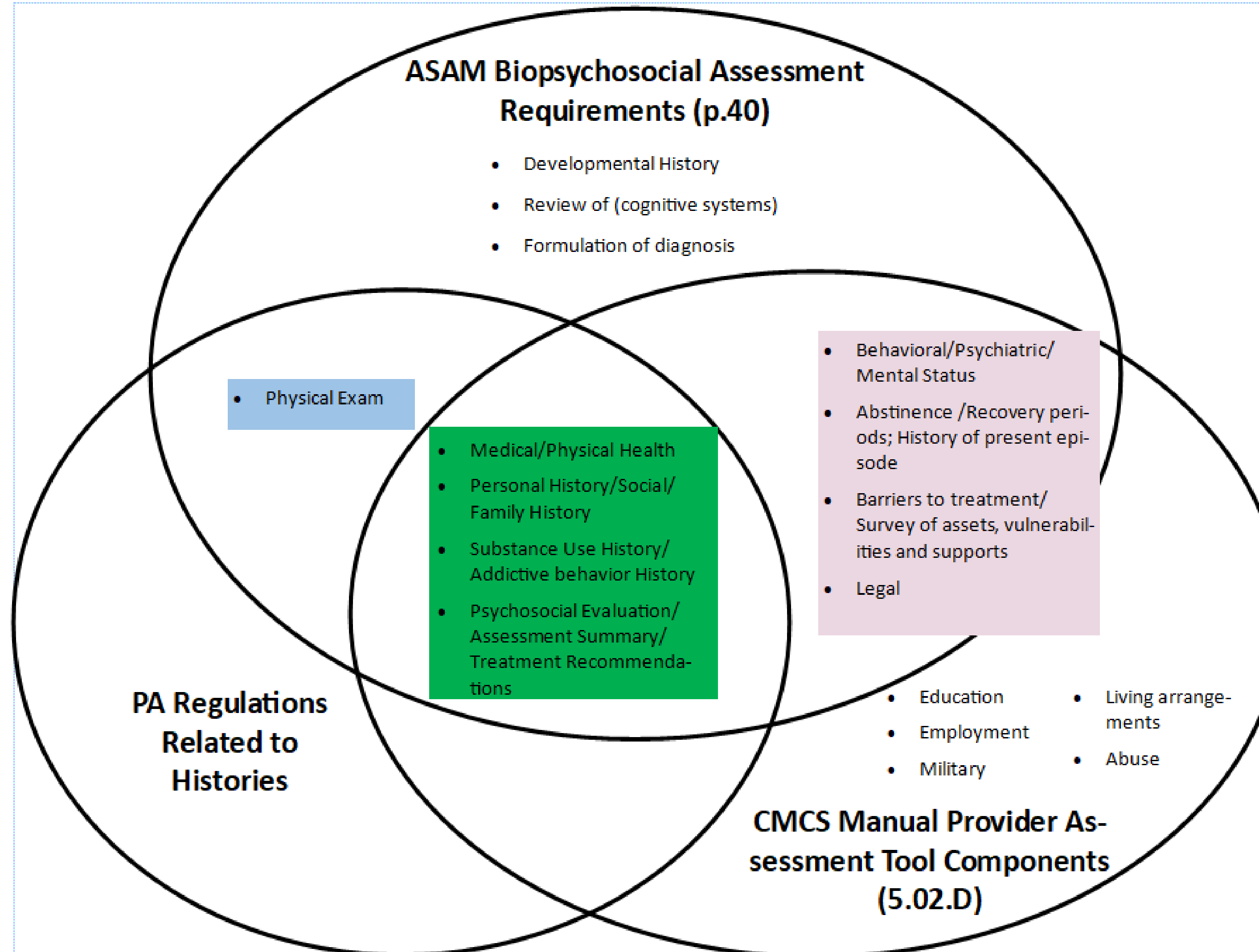
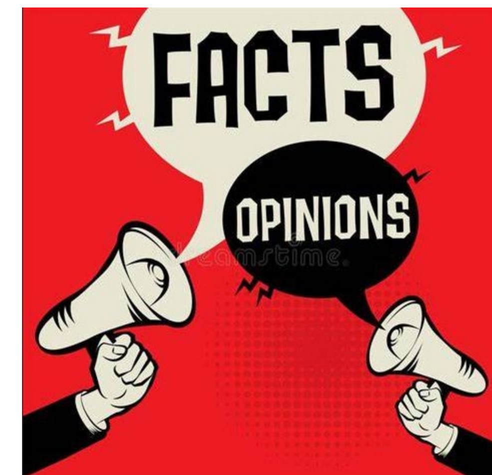


Intake & Assessment Considerations

- *Unbiased.*
- *Scope of Practice.*
- *Facts vs. Assumptions, Judgements, Opinions.*
- *Clinical Impressions (different from opinions).*
- *Collateral information.*
- *Risks, barriers, needs, and strengths.*
- *Historical <u>and</u> current information.*
- *Do not leave out critical info.*
- *"Is there anything that I left out that is important for us to know."*



Treatment Planning

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Four Components of a Treatment Plan

Problem

Goal

Objective

Interventions

Tx Planning Considerations

- *Use Patient's own words.*
- *Use Patient's own words.*
- *Use Patient's own words.*
- *All 6 Dimensions.*
- *Interdisciplinary.*
- *Assessment instruments to measure progress.*
- *Who is doing what?*
- *Big picture.*
- *Person centered.*

Non-Individualized Problem	Individualized Problem
The patient meets criteria for Alcohol Use Disorder and does not have the knowledge or skills necessary for long term recovery.	***"I don't know if I am an alcoholic, but I know that every time I drink bad things happen, and I don't want to do it anymore."***
No patient quote.	**Direct Patient quote.**
Labels, clinical terms.	**No use of labels or diagnoses the patient cannot understand.**
Not strength based, focused on what the patient does not have.	**Strength based. The patient knows that every time he drinks bad things happen and he doesn't want to do it anymore.**
Not trauma informed.	**Trauma informed: respectful, patient driven.**

Non-Individualized Goals	Individualized Goals
Raul will accept his diagnosis of Alcohol Use Disorder and commit to long term abstinence from alcohol and all other mood-altering substances.	***"I have to figure out why I continue to drink even though bad things happen every time I do it."***
No patient quote.	**Direct Patient quote.**
Labels, clinical terms.	**No use of labels or diagnoses the patient cannot understand.**
Not strength based.	**Strength based. The patient knows there is an association between drinking and bad things happening, and he is stating that he needs to figure out how to stop drinking.**
Not trauma informed.	**Trauma informed: respectful, patient driven.**
Unrealistic. Raul is not ready to commit to long term abstinence. He is not ready to identify as an "alcoholic."	**Realistic.**

Difference between goals and objectives?

If you can see someone doing something, then it is an objective: ex) writing a journal entry.

If you can't see someone doing something, it is a goal: ex) reduce substance use, reduce anxiety, develop understanding of SUD).

Objective: SPECIFIC DIRECTIONS and identified landmarks that will help you and **the client** discern if the journey is staying on course (SHORT TERM)

Objective = Person's name + Action Word + What + When + How Measured

Example: ***By the second week in treatment, Raul will identify and share with therapist his understanding of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.***

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Non-Individualized Objectives	Individualized Objectives
The patient will commit long term recovery and begin to learn about addiction.	***By the second week in treatment, Raul will identify and share with his therapist his understanding of at least 3 social/behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.***
Uses the term "patient."	Uses the patient's first name.
Labels, clinical terms.	No use of labels or diagnoses the patient cannot understand.
Not trauma informed. Not respectful of what the patient has said.	Trauma informed: Respectful, patient driven.
Unrealistic. Raul is not ready to commit to long term and is not ready to identify as someone with Alcohol Use Disorder.	Realistic. Patient said in his assessment he was willing to explore why he continues to drink despite negative consequences.
No time frame.	Time frame. "By the second week in treatment."
No "what." What will the patient do to exhibit he is on the right path to their goal?	A clear "what." Listing 3 behavioral and 3 scientific/biological reasons he continues to use substances despite negative consequences.
No "how." No way to measure progress. How will we measure "commitment" and "learning about addiction?"	How = identify and sharing with counselor.

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Non-Individualized Interventions	Individualized Interventions
Watch "Pleasure Unwoven" in group.	***By ___________ watch "Pleasure Unwoven" in group and complete the accompanying worksheet. Present responses to worksheet in group on __________ and listen to feedback from peers.***
Canned interventions that are not individualized.	**Individualized, specific interventions.**
No mention of interventions involving interdiscliplinary team.	**Interventions that draw on the expertise of the interdisciplinary team.**
Non trauma informed interventions. i.e. assigning "King Baby" to an individual who has a history of being severely emotionally and verbally abused or assigning a woman to present her Step One in front of men when she has a history of being sexually assaulted.	**Trauma informed interventions that take into account the patient's history of trauma.**
Interventions that the patient clearly does not want or agree with i.e. assigned to attending AA meetings but in the assessment the patient clearly stated that he is not ready to go to AA meetings.	**Interventions that are respectful and do not disregard what a patient has stated or requested.**
Interventions that are not respectful of the patient's reading or educational level.	**Interventions that match individual's reading and educational level.**
Interventions that are not respectful of the patient's cultures or beliefs, sexual orientation, gender identity.	**Interventions that respect and take into consideration the patient's culture and beliefs, sexual orientation and gender identify.**
Interventions that cannot in anyway be tied back to problems identified in the multidimensional assessment.	**Interventions that can clearly be tied back to the multidimensional assessment.**

Examples of Individualized Interventions:

- Raul will complete an assessment with the staff psychiatrist within the first 7 days of treatment and take all medications as agreed upon and prescribed. Psychiatrist and therapist to monitor.
- Raul will complete the assignment “Understanding PTSD and Addiction” and complete the accompanying workbook by ______________________. Therapist to monitor.
- Raul will work with his primary counselor at least once weekly to identify and understand the cycle of PTSD triggers, alcohol use, interpersonal conflict, PTSD triggers, etc. Counselor will use psychoeducation, CBT, and MI to explore this cycle with Howard. Therapist to monitor.
- Raul will begin to attend and participate in Seeking Safety Group at least once weekly. Therapist to monitor.
- Raul will attend the nightly meditation offered by the facility chaplain at least 3 times week and maintain a sleep journal to document if attending this group results in an improvement in sleep. Therapist to monitor.
- Raul will work with his Case Manager to establish psychiatric care at the VA. Howard will have an appointment setup with the VA by the time he discharges from treatment. Case Manager to monitor.

Progress Notes

Non-Individualized Progress Notes	Individualized Progress Notes
Progress notes that do not mention coordination with the interdisciplinary team.	Evidence of coordination of care with the interdisciplinary team.
Progress notes that do not address other areas of treatment i.e. withdrawal symptoms, response to MAT, psychiatric symptoms, etc.	Evidence that the counselor is asking the patient how other areas of treatment are progressing. Maybe using instruments to measure improvement in symptoms. (MH & withdrawal symptoms, etc.)
Lacking mention of specific interventions used.	Specific interventions used in session (MI, CBT, 12 Step Facilitation, etc.)
Lacking mention of patient's response to interventions.	Patient's response to interventions.
No use of patient quotes.	Patient quotes when possible.
Interventions that do not have anything to do with the treatment plan or contradict the treatment plan.	Interventions are tied to the assessment and the treatment plan
No counselor assessment of how the patient is responding to treatment plan.	Counselor's assessment of how the patient is progressing or responding to the treatment plan. Specific examples supporting counselor's assessment i.e. "as evidenced by . . ."
No specific homework or action steps are assigned, or it is assigned and not documented.	Therapeutic homework or other action steps the counselor and client agree on, and due dates, are clearly documented.

Small Group/Process Group Progress Notes

- Same as individual progress notes, but the “D” or the “S” section would detail what occurred in small group that day.
- Patient’s interactions with peers is assessed and noted.
- If patient presented an assignment or offered feedback to peers or shared examples of how they could relate or not relate to what a peer presented, this would be noted.
- Counselor assessment of patient’s overall response to small group is noted.

Psychoeducational Group Progress Notes

- “D” or “S” could be the same for all patient’s attending group.
- The rest of the note is individualized by patient and looks very similar to individual session progress notes.

Considerations for individualizing notes

- Treatment Plan Problems addressed.
- ASAM Dimensions addressed.
- Treatment Plan modification or adjustments.
- Assessment Instrument scores.

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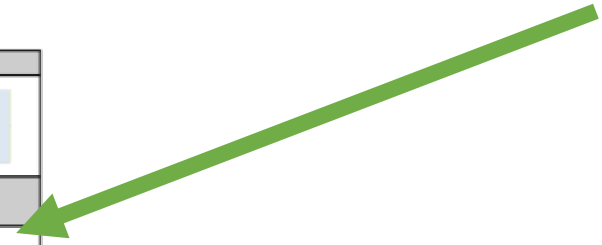
Public Health

SUBSTANCE ABUSE PREVENTION AND CONTROL
PROGRESS NOTE (SOAP FORMAT)

DSM-5 DIAGNOSIS(ES)
Opioid Use Disorder: Severe



ASAM DIMENSION(S) Please choose the dimension(s) that this note addresses					
☐ Dimension 1	☑ Dimension 2	☑ Dimension 3	☑ Dimension 4	☑ Dimension 5	☐ Dimension 6

SOAP FORMAT	
S - Subjective: Patient statements that capture the theme of the session. Brief statements as quoted by the patient may be used, as well as paraphrased summaries.	Client reported feeling depressed, but not suicidal, since his bike accident and stated "I didn't care if I was sad with the pills or smack." He stated, "I don't believe in treatment, but I'll give it a try as long as I have help with the cravings." He reported being fearful of relapse due to strong cravings, but stated "I feel better being on Suboxone, it makes the cravings more manageable." He reported residual pain from his bike accident.
O - Objective Observable data or information supporting the subjective statement. This may include the physical appearance of the patient (e.g., sweaty, shaky, comfortable, disheveled, well-groomed, well-nourished), vital signs, results of completed lab/diagnostics tests, and medications the patient is currently taking or being prescribed.	Client was withdrawn and guarded. He participated in group therapy and engaged in the group process with the help of the counselor. He was able to identify two "triggers," such as "seeing the scars from my accident" and "being around other people who use stuff." Withdrawal symptoms have resolved; however, he still has strong cravings despite improvement since starting Suboxone.
A - Assessment The counselor's or clinician's assessment of the situation, the session, and the patient's condition, prognosis, response to intervention, and progress in achieving treatment plan goals/objectives. This may also include the diagnosis with a list of symptoms and information around a differential diagnosis.	Opioid use: post-withdrawal. Overall, Mr. Doe appears engaged in SUD treatment at this time. He still has strong cravings and is fearful of relapse, but appears to be responding to Suboxone. Unclear if higher dose is necessary – will coordinate with Suboxone prescriber. He continues to report depressive and pain symptoms and would benefit from further mental and physical health follow up, respectively.
P - Plan The treatment plan moving forward, based on the clinical information acquired and the assessment.	Substance Use - Client will continue IOP and MAT as prescribed. He agreed to attend at least 1 Narcotics Anonymous meeting at least 1x per week. Continue Suboxone and coordinating with Suboxone prescriber. - Counselor will refer the client to case management for help with housing and employment. Mental Health - Given ongoing depressive symptoms, will refer for mental health assessment. Physical Health

Questions and Answers

We have had numerous questions regarding the need to complete a discharge ASAM when a client is moving from one level of care to another within the same organization. Some people do not believe a Discharge ASAM needs to be completed by the referring program, just an admit ASAM at the next LOC. Others believe that a discharge ASAM needs to be completed to close out the LOC and indicate the new LOC and then the new LOC would complete an admit ASAM. Could you please clarify when a discharge ASAM is to be completed?

What are the ASAM alignment requirements for documentation of nonclinical groups?

How would recreational interventions be documented? Would para-professional staff (tech staff) be able to document?

For documentation of life skills and therapeutic recreation do these need to be done in DAP format?

As a team, we have reviewed a variety of changes to documentation, one of which includes having patients complete a portion of the document to demonstrate their perception of and commitment to their treatment. Is this allowed?

Based on the information provided, would this Daily Summary of Service Form meet the criteria on your monitoring tool to suffice as documentation for group interventions?

Daily Summary of Services (DSS) Form that documents the following:

- Patient Name, date and time of services, primary counselor
- Whether the service is identified as a self-help service, a seminar (psycho-education/didactic lesson), or clinical group therapy service.
- The form identifies the title of the group service, the name of the staff facilitating it the specific start and end time of the group intervention
- Whether the client was in attendance,
- Individualized assessment of his/her attitude towards the intervention and his/her level of participation in that group intervention.
- The last part of the document is the Individual Assessment section where the primary counselor will confer with other treatment team members and document an individual assessment of his/her participation in the day's interventions.
- Includes the stage of change the client appears to be in, and a plan where applicable to modify interventions as needed based on client individual demonstration or need.
- Only used for group interventions.
- In lieu of writing a D-A-P clinical note for every single group intervention for LoC 3.0 services, that the Daily Summary of Services be used instead to document our group treatment interventions.

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Questions or requests for technical assistance: RA-DAASAM@pa.gov

Next Monthly ASAM TA Call is on Monday January 10 @ 10am

Topic = TBD.

PART 2 (Documentation)

Case Example: Howard

Case Example: Howard Dimension 1

Referred from corrections after being arrested under the influence for assault

Drinks heavily, more than 5 standard drinks per day

Reports that he hasn't had a drink for 24 hours

Appears sweaty, shaky, and is having a difficult time engaging in conversations

No history of seizures

Risk rating 3

Dimension 2

- Denies any medical concerns
- Does not like doctors but goes to the VA for routine check ups
- Reports that he did not receive medical care while in custody
- Risk rating 1

Dimension 3

Oldest child of 6, parents remain married but were not affectionate with each other

No history of mental illness in the family but reports that everyone drinks

Had difficulty getting along with others in school and struggled with learning

No history of mental health care. Has access to VA.

Struggles with sleep. Falls asleep easily but wakes up 4-5 times a week with nightmares.

Reports certain people, places, things, circumstances make him "go off" and reports feeling a "nervous stomach" much of the time.

Regular drinking started when he was in high school and partied on the weekends

Military Veteran (Army), two tours in Operation Iraqi Freedom.

Went to community college after being honorably discharged from military for welding and began drinking daily 2-4 beers

Started drinking whiskey in early 30's, it took the edge off better, "put me back to sleep" and helped him deal with his wife

Has been drinking 2 glasses of whiskey and a 6-pack of beer per day since divorce 3 years ago

Risk rating 3

Dimension 4

Is willing to do the assessment, just to get it over with

Doesn’t believe in “shrinks”, but is willing to give seeing one a try

Wants to get on with his life

If told to go to treatment, he would go, but wouldn’t be too excited about it.

Doesn’t know if he is an “alcoholic” but acknowledges that “bad things happen every time I drink.”

Risk rating 3

Dimension 5

Has never tried to quit drinking

Has never received mental health care

Most of his friends are heavy drinkers

Has a 10+ year pattern of going out with coworkers after a day of work to have some beers

Does not recognize symptoms or have skills to avoid alcohol use

Risk rating 3

Dimension 6

- Works as a welder at a manufacturing company for the past 9 years
- Multiple arrests on record for fighting, likely facing jail time for this charge
- Divorced 3 years ago and lives alone
- Has limited contact with adult children, they are upset about the way he handled the divorce
- Reports all his friends drink like he does
- Risk rating 2

Howard’s Treatment Plan

1. Withdrawal Risk
2. Alcohol Use Disorder
3. Trauma
4. Legal Problems
5. Family Stressors

Problem Statement: “I don’t like how I shake like this; it is really embarrassing and makes it hard to do my job.” (Dimension 1&2&4)

- Goal #1: Howard wants to resolve his withdrawal symptoms and learn how to avoid withdrawal symptoms in the future.
- Objective: By (insert date) Howard will report a reduction or cessation in withdrawal symptoms. By (insert date) Howard will acknowledge an understanding about what causes alcohol withdrawal symptoms and by (insert date) Howard will identify at least three ways alcohol withdrawal can be avoided in the future.
- Interventions:
  - Howard will attend MD and nursing appointments daily and take all medications as prescribed.
  - Howard, his counselor, and nursing/medical staff will spend time discussing the science the withdrawal.
  - Howard will list 10 ways withdrawal symptoms have negatively impacted his relationships at family and at work.
  - Counselor will engage Howard by using Motivational Interviewing techniques and psychoeducation.
  - *Medical team insert intervention (s)*

Problem Statement: "I don't know if I am an alcoholic, but I know that bad things happen every time I drink."

- Goal #2: Howard would like to understand why he drinks the way he does and to learn ways he can reduce how much he drinks or ways to quit drinking entirely.
- Objective: By ___________________ Howard will verbalize a basic understanding of Alcohol Use Disorder and will formulate an opinion on his next course of action regarding his drinking behaviors (reducing his drinking, attempting to stop drinking entirely, continue to drink the way he was prior to being in treatment).
- Interventions:
  - Howard will complete a Step One with his process group by _________________ and will identify specific examples of times of powerlessness and unmanageability over his drinking.
  - Howard will read and complete selections from "The Disease of Addiction: Symptoms and Phases Workbook" and discuss selections and homework with his counselor during weekly individual sessions.
  - Howard will watch the video "Please Unwoven" during Psychoeducation group. He will take notes on this video and share his observations and thoughts with both his small process group and his counselor.

Problem Statement: “Sometimes someone says or does something and it just sets me off. It’s like I am fine one minute, and then I completely lose it the next and have no control over it. It is really causing a problem with my family and work.” (Dimensions 3,4&5)

- Goal #2: Howard wants to begin to understand and treat symptoms of Posttraumatic Stress Disorder (PTSD).
- Objective: Objective: By ____________Howard will verbalize an understanding of what PTSD is and how PTSD and his alcohol use are connected & Howard will be able to identify at least 3 techniques to reduce PTSD and prepare to handle future stressful situations (thought stopping, thought switching, creative visualization, progressive muscle relaxation, deep breathing, etc.).
- Interventions
    - Howard will complete an assessment with the staff psychiatrist within the first 7 days of treatment and take all medications as agreed upon and prescribed.
    - Howard will complete the assignment “Understanding PTSD and Addiction” and complete the accompanying workbook by _____________________.
    - Howard will work with his primary counselor at least once weekly to identify and understand the cycle of PTSD triggers, alcohol use, interpersonal conflict, PTSD triggers, etc. Counselor will use psychoeducation, CBT, and MI to explore this cycle with Howard.
    - Howard will begin go attend Seeking Safety Group at least once weekly.
    - Howard will attend the nightly meditation offered by the facility chaplain at least 3 times week and maintain a sleep journal to document if attending this group results in an improvement in sleep.
    - Howard will work with his Case Manager to establish psychiatric care at the VA. Howard will have an appointment setup with the VA by the time he discharges from treatment.

Problem Statement: “I know I made a mistake, and I will do everything I need to so I don’t have to go back to jail.” Dimensions 4,5,6)

- Goal #3: Howard wants to comply with all legal requirements resulting from his felony assault charges.
- Objective: Howard will contact his probation officer to notify them that he is in residential treatment. By ____________ he will obtain all necessary court paperwork, so he has an understanding of all requirements of probation.
- Interventions
  - Howard will sign a ROI so that his Case Manager and counselor can communicate his progress in treatment with his probation officer.
  - Howard will work with his Case Manager to identify at least three AA meetings he can attend immediately post release from treatment, which is a requirement of his probation.
  - Howard will identify three potential barriers to being successful in probation and will develop three solutions to remedy each identified barrier and share with counselor.
  - Howard and his counselor will develop a personalized relapse prevention plan by (insert date) to ensure that he can maintain his sobriety while on probation.

“I really have messed things up with my family, and I want to make it up to them.” (Dimensions 3,4,5,6)

- Goal #4: Howard would like to develop skills and identify actions that will help him to begin to repair damaged relationships largely caused by his behavior while drinking and untreated symptoms of trauma.
- Interventions:
  - Howard will write letters to family members but will not give these letters to family members. By _______________ these letters will be shared in group therapy, and feedback will be provided by group members. The content of these letters will be individualized based on relationship and under the guidance of the primary counselor.
  - Howard will complete the assignment called “I see, I feel, I hope and expect, and I will” for one week during group therapy and discuss observations with counselor.
  - By ___________________Howard will read “Effective Communication” and in session with his counselor identify at least three ways he can practice clear, concise communication with his friends, loved ones and colleagues.
  - By _______________Howard will invite family members to participate in family week and Howard will actively engage in all activities during family week.

-

Progress Notes – Individual

- Goals Addressed: 1,2,3,4 (ASAM Dimensions 1,3,4,5,6)
- D: Howard and counselor met 1:1 for 50-minute individual session. Howard discussed his fears and anxieties related to his upcoming family weekend, specifically his concern that he would lose his temper and "all the work I have put it will be erased." Counselor and Howard worked on identifying some negative thoughts/beliefs that were contributing his anxiety and also identified evidence that he has the ability to engage in difficult conversations without losing his temper and effective counter beliefs. Counselor and Howard practiced some techniques including the 3-2-1 breathing exercise he can use should he feel triggered during his family session on Sunday. Counselor and Howard also briefly discussed how he is progressing with this withdrawal symptoms and also touched his doctor's suggestion of possibly starting Vivitrol prior to discharge. Howard updated counselor on the phone conversation he and his case manager had with his PO which according to Howard went extremely well.
- A: Howard was alert, oriented to person, place and time, and engaged in the session. He ranked his anxiety at a 7 at the beginning of the session and at a 2 at the end of the session. Craving for alcohol ranked at a 3. Howard is reporting minor withdrawal symptoms (mild hand tremor), anxiety. Howard reports sleeping 7 hours most nights over the past week with no nightmares – he seems to be responding well to Prazosine. Howard reports no SI or HI, and no SIB.
- I: Howard responded well to cognitive restructuring, mindful breathing techniques and MI around the possible starting of Vivitrol around discharge.
- P: Howard will see this counselor next week at the same time. He agrees to continue to attend all programming daily. Howard agreed to the homework assignment of practicing 3-2-1 breathing at least twice daily and more if possible. He also agreed to make a list of at least 5 times when he was able to "keep his cool" in situations that were challenging.

Progress Note – Case Management

- Goals Addressed: 3 (ASAM Dimensions 4,5,6)
- D: Howard and this Case Manager met for 30-minute appointment to call his probation officer for a weekly check-in. Howard provided his probation officer an update on how his time in treatment was going, and the probation officer appeared to be very happy with Howard's progress as evidenced by the PO affirming Howard multiple times for his willingness to enthusiastically engage in the treatment process. PO discussed the steps Howard needs to take to enroll in his Anger Management class when he discharges from treatment. The probation officer also outlined other requirements including weekly check-in's and UDS's, random home visits, and proof of AA or NA meeting attendance. PO also reminded Howard of the need to refrain from using all substances as a requirement of probation. Howard verbalized an understanding and willingness to complete all of these requirements.
- A: Howard was visibly nervous going into this phone call, but he seemed to relax significantly when the PO affirmed his progress. Howard was respectful, attentive, and taking notes for the duration of the phone call. When he got off of the call he admitted to this writer that "this is going to be a lot. I know I can do everything except for the staying sober part, I am nervous about being able to do that." This writer affirmed Howard for his honesty and reminded him that this is a one day at a time process, and he won't be doing any of this alone. This writer also encouraged Howard to talk about this fear with his counselor and in group to gain support and not struggle with these thoughts along. Howard voiced his appreciation for this feedback and stated he would bring this topic up in group tomorrow.
- I: Case Management, Coordination of care with 3rd party contacts, CBT.
- P: Howard and this counselor will meet at the same time next week to make his weekly call to his PO.

Progress Notes – Process Group

Goals Addressed:

D: Howard attended a 90-minute small group therapy session. The focus of this group was allowing a peer to present his Step 1 and then to received feedback from his peers.

A: Howard was oriented to person, place and time. Howard reported during his check in that he was at an anxiety level of 6 at the beginning of group and a 3 at the end of group. Howard reports “no cravings at all today” and also shared that “I am sleeping better than I ever have in my life.” Howard gave respectful, thoughtful feedback to his peer who presented Step 1 using the “I see, I feel, I hope and expect and I will format” and became tearful when sharing that he related to his peer’s fear about not being able to stay sober. Howard reports no SI or HI, no SIB, and reports taking all medications as prescribed.

I: 12 Step Facilitation, Group Process

P: Howard will continue to attend small group on a daily basis and providing feedback to peers who are presenting using the “I see, I feel, I hope and expect and I will format”. Howard is scheduled to present his Step 1 on Friday this week.

Progress Notes – Psychoeducation Groups

Goals/ASAM Dimensions Addressed

Group Topic: Using Hungry, Angry, Lonely, Tired (HALT) in early recovery. Counselor discussed the importance of paying attention to four very common relapse triggers in early recovery. Hunger, Anger, Loneliness and Exhaustion. Counselor discussed physical/emotional cues to identify each of these four triggers, and the group actively participated in a discussion about remedies or solutions to each of these four triggers.

A: Howard was oriented x 3, and very engaged in group today. He made good eye contact and was actively taking notes and volunteering to provide examples. Howard offered his personal experience with struggling with anger and poor sleep, and shared some of the things he is working on with his counselor to work on some of these struggles.

I: Psychoeducation, Didactic Group Therapy.

P: Howard will continue to attend and engage in Psychoeducation groups four afternoons a week. Howard has agreed to work on the group homework assignment of keeping a HALT journal for at least one day over the next week and brining this to the next Psychoeducation group to share.

Progress Note – Recreation Group

Goals/ASAM Dimensions Addressed:

D: Howard attended his first 45-minute rec therapy session today. Earlier in the day Howard had approached this writer and asked if he could attend rec therapy today even though this is not something that is currently on his tx plan and it is not on his daily schedule. Howard stated that “the guys in my group say it is really fun and I should check it out, so I would like to if that is okay.” This writer spoke with Howard’s primary counselor to make sure this was something she was okay with and also spoke to his medical doctor to make sure he was medically cleared to participate in exercise. Both parties approved. Group rec therapy today was “mindfulness volleyball.” The purpose of the activity is to play a volleyball game, but to check in periodically as a group and participate in a mindfulness body scan to familiarize the group with how to complete a body scan no matter where you are or what you are doing.

A: Howard appeared to really enjoy himself during this exercise and got very into the activity as evidenced by this writer observing Howard laughing, working very hard to the point of breaking a sweat. At the end of the activity participants were asked if they had any thoughts or feedback about what it was like to complete a body scan in a middle of an activity like this. Howard provided his thoughts that he noticed a mark decrease in physical stress he thinks he was carrying in his shoulders, and he also noticed a mark decrease in anxiety by the time the session ended.

I: Mindfulness, recreation therapy.

P: Howard expressed his desire to begin to attend rec therapy on a weekly basis and even asked this writer to talk to his primary counselor to see if this can be added to his treatment plan. This writer will communicate Howard’s positive response to this activity to both his MD and primary counselor and make the suggestion for rec therapy to be added to his treatment plan.

Extra Slides (not included in Part 2)