DIAGNOSTIC SUGGESTIONS:

**Axis I:**
- 305.00 Alcohol Abuse
- 303.90 Alcohol Dependence
- 305.20 Cannabis Abuse
- 304.30 Cannabis Dependence
- 304.20 Cocaine Dependence
- 312.81 Conduct Disorder / Childhood-Onset Type
- 300.4 Dysthymic Disorder
- 304.10 Sedative, Hypnotic, or Anxiolytic Dependence
- 309.4 Adjustment Disorder W Mixed Disturb of Emotions & Conduct
- 305.3 Hallucinogen Abuse
- 304.50 Hallucinogen Dependence
- 313.81 Oppositional Defiant Disorder
- 304.6 Inhalant Dependence
- 305.9 Inhalant Abuse
- 312.82 Conduct Disorder / Adolescent-Onset

BEHAVIORAL DEFINITIONS
1. Marked change in behavior, that is withdrawal from family and close friends, a loss of interest in activities, low energy, sleeping more, or a drop in school grades.
2. Intoxication and/or drug use observed on two or more occasions.
3. Mood swings.
4. Absence from or tardiness at school on a regular basis.
5. Peer groups change to one that is noticeably chemically oriented.
6. Poor self-image, self-description as a loser or failure; rarely makes eye contact when talking to others.
7. Predominantly negative or hostile outlook on life and other people.
8. Possession of drug paraphernalia.
9. Apprehension for stealing alcohol from a store, the home of friends, or parents.
10. Arrest for an MIP (Minor In Possession), OUIL/DUIL, or drunk and disorderly charge.
11. Positive family history of chemical dependence.
12. Self-report of daily use of a mood-altering substance or using until high on a regular basis.

LONG TERM GOALS
1. Confirm or rule out the existence of chemical dependence.
2. Maintain total abstinence from all mood-altering substances while developing an active recovery program.
3. Re-establish sobriety while developing a plan for addressing relapse issues.
4. Confirm and address chemical dependence as a family issue.
5. Develop the skills essential to maintaining a life free from drugs and/or alcohol.
6. Reduce the level of family stress related to chemical dependence.
7. Re-establish connections with relationships and groups that will support and enhance ongoing recovery.
8. Develop an understanding of the pattern of relapse and strategies for coping effectively to help sustain long-term recovery.

SHORT TERM OBJECTIVES
1. Complete an evaluation for chemical dependence.
2. Acknowledge honestly (without denial) the pattern of chemical usage.
3. Comply with any requests for drug screens.
4. Complete a genogram that identifies members who are chemically dependent as well as family relationship patterns.
5. Comply with all the recommendations of the chemical dependence evaluation.
6. Verbally acknowledge the pattern of addiction-related problems in the client's life.
7. Make a verbal agreement to attempt to terminate all mood-altering chemical use.
8. Sign a written agreement to refrain from the use of alcohol until the legal age.
9. Verbally acknowledge and accept the chemical dependence and the need for help.
10. Increase knowledge of the addiction and the process of recovery.
11. Verbally identify instances when an impulsive action led to negative consequences and describe how delay of the action may have been achieved.
12. Develop key strategies for coping with family stressors and the dynamics that trigger use.
13. Verbalize the changes in lifestyle necessary to overcome chemical dependence.
14. Identify the family dynamics and stressors that are relapse triggers.
15. Develop a list of personal relapse warning signs and strategies for coping effectively with each trigger.
16. Develop and commit to a written relapse contract with the family and/or significant others.
17. Identify the thoughts and feelings that lead to relapse.
18. Verbalize the details of the circumstances that led to the most recent relapse.
19. Develop a brief, personalized treatment plan for relapse prevention.
20. Each family member develop in writing his/her own relapse prevention plan for the client and share it with him/her.
21. Develop a written aftercare plan that will support the maintenance of long term sobriety.
22. Family members verbalize an understanding of their role in the disease and the process of recovery.
23. Family members decrease the frequency of enabling the chemically dependent child after verbally identifying his/her enabling behaviors.
24. Family members develop the skills to implement the techniques involved in tough love.

**THERAPEUTIC INTERVENTIONS**

1. Assist the client and his/her family in constructing and signing an agreement to refrain from using substances.
2. Assign the client to ask two or three people who are close to him/her to write a letter to the therapist in which they identify how they saw the client's chemical dependence negatively impacting his/her life; process these letters with the client.
3. Direct the client to write a good-bye letter to the drug of choice; read it and process the related feelings with the therapist.
4. Increase the client's awareness of impulsiveness by pointing out instances of such behavior and its consequences; assist in developing strategies for handling impulses.
5. Ask the client to read Ohm's pamphlet on marijuana or another specific cannabis related article and process with the therapist five key points gained from the reading.
6. Present the recommendations of a chemical dependence evaluation to the client and his/her family and encourage compliance.
7. Assist the client and his/her family in finding appropriate treatment programs and support groups for recovery.
8. Assign the client to complete an Alcoholics Anonymous (AA) First step paper and present it in group therapy or to the therapist for feedback.
9. Ask the client to make a list of the ways chemical use has negatively impacted his/her life and process the list with the therapist or group.
10. Require the client to attend all chemical dependence didactics, ask him/her to identify several key points attained from each didactic, and process these points with the therapist.
11. Develop an agreement with the client around terminating substance use; monitor the results and give feedback when appropriate.
12. Confront denial and assist the client in coming to an acceptance of his/her chemical dependence in individual or group sessions.
13. Assign the client to write an aftercare plan and process it with the therapist and family.
14. Direct the client's family to attend Al-Anon, Nar-Anon, or Tough Love meetings.
15. Educate the client's family in the dynamics of enabling and tough love.
16. Ask the client's family to attend the family education component of the treatment program.
17. Monitor the client's family for enabling behaviors and redirect them in the family session as appropriate.
18. Assign the client's family members to implement and stick with tough love techniques.
19. Assign appropriate reading that will increase the family members' knowledge of the disease and recovery process, e.g., Bradshaw on the Family (Bradshaw), Adult Children of Alcoholics (Woititz), and It Will Never Happen to Me (Black).
20. Help the family members develop their own individual relapse prevention plans for the client and facilitate a session where plans are shared with the chemically dependent member.
21. Ask the client to discuss the pattern of substance abuse in group therapy sessions.
22. Direct the client to attend a group or lecture series on relapse.
23. Require the client to read pages 1 to 52 in The Big Book and gather five key points from it to process with the therapist.
24. Recommend that the client attend Narcotics Anonymous (NA) or Young People's AA meetings and report to the therapist the impact of the meetings.
25. Assign the client to meet with a Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) member who has been working with a 12-step program for several years and find out specifically how the program helped him/her stay sober; process the meeting with the client.
26. Encourage the client to find two temporary sponsors and meet with them weekly. The therapist should monitor and process the results.
27. Probe the client's feelings of depression and low self-esteem that may underlie chemical abuse.
28. Plan with the client how to develop drug-free peer group friendships that will support sobriety.
29. Encourage involvement in extracurricular social, athletic, or artistic activities with a positive peer group that expands interests beyond hanging out.
30. Process feelings of rejection from the client's family and/or friends that could cause escape into chemical dependence.
31. Assist the client in developing strategies to cope effectively with family dynamics that trigger drug or alcohol use.
32. Assign the client to attend a chemical dependence didactic series to increase knowledge of the patterns and effects of chemical dependence.
33. Assist the client in identifying relapse signs and triggers and developing specific strategies for responding effectively to each.
34. Assign the client to read It Will Never Happen to Me (Black) and process five key items from the book with the therapist or group.
35. Help the client to become more skilled in recognizing, processing, and coping with thoughts and feelings.
36. Assign the client to write a personalized relapse prevention plan and process the plan with the therapist and sponsor.
37. Arrange for a complete chemical dependence evaluation of the client.
38. Explore with the client the pattern of substance abuse.
39. Arrange for and monitor all drug screens of the client.
40. Conduct family and individual sessions that develop a genogram.
41. Assign the client to attend group therapy.