

Case Presentation Cover Sheet

Counselor's Name
(please type/print)

Date of Birth

City of Residence

Counselor's Statement

"I hereby certify that I prepared this case presentation and it represents an actual/typical case of mine."

Signature

Date

Demographic Information on Actual/Typical Client

Fictional Name _____

Age at Admission _____ Race _____ Sex _____

Marital Status _____ Employment _____

Referral Source _____

Current Legal Status _____

Admission Date _____ Discharge Date _____

Treatment Setting and Modality _____

Your Supervisor is required to complete and sign the enclosed case presentation checklist for you to return with your exam registration.

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it and complete and sign the enclosed checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the case presentation checklist for you.

Directions for Preparing Case Presentation

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it and complete and sign the enclosed checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the presentation checklist for you. **NOTE: Case Presentations will be subject to random audit.**

1. Your case presentation must be typed. Place your name and date of birth at the top right corner of each page. Use an actual/typical client from your case files, one who has completed treatment or is no longer obtaining services. Use a fictitious name; **do not use initials.**
2. Complete the demographic information on the client requested on the Case Presentation Cover Sheet.
3. Sign Counselor's Statement on the Case Presentation Cover Sheet.
4. Give the completed case presentation to your supervisor for review and signature. Your supervisor will need to complete and sign the attached case presentation checklist.
5. Provide the information for sections A-K. Begin by typing "A. SUBSTANCE ABUSE HISTORY" as subheading and follow with a narrative (story style) on the client's history of substance abuse. Complete all following sections in the same manner.
6. Send in the signed case presentation checklist with your registration.
7. Keep a copy of your case presentation for future use.

A. SUBSTANCE ABUSE HISTORY

1. Substances Used
2. Frequency
3. Progression
4. Severity/Amount Used
5. Onset - when started
6. Primary substance
7. Route of administration
8. Effects - blackouts, tremors, tolerance, DTs, seizures, other medical complications (some of these can be included in the Physical History section)

B. PSYCHOLOGICAL FUNCTIONING

1. Mental Status - orientation, hallucinations*, delusions*, suicidal*, homicidal*, judgment, insight

*To include both past and present

C. EDUCATIONAL/VOCATIONAL/FINANCIAL

1. Educational and work history
2. Educational level attained
3. Disciplinary action (work or school)
4. Reasons for termination
5. Current and past financial status

D. LEGAL HISTORY (Associated with, or not associated with, mood altering chemicals)

1. Charges, arrests, convictions
2. Current status
3. Any pending legal action

E. SOCIAL HISTORY

1. Parents
2. Siblings/Rank
3. Psychological functioning in family
4. Substance use in family
5. History of social functioning from childhood to present
6. Family functioning - including physical, sexual, and emotional abuse
7. Relationship history
8. Children

F. PHYSICAL HISTORY

1. Both alcohol and drug, non-alcohol and drug problems
2. Past and related medical problems - i.e. disabilities, pregnancy and related issues, STDs, alcohol and drug related problems

G. TREATMENT HISTORY - Include both alcohol and drug and psychological history

H. ASSESSMENT

"Identifying and evaluating an individual's strengths, weakness, problems and needs for the development of the treatment plan"

I. TREATMENT PLAN

"Identifying and ranking problems needing resolution; establishing agreed upon immediate and long term goals; and deciding on a treatment process and the resources to be utilized."

J. COURSE OF TREATMENT

"Describe the counseling approaches used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment."

K. DISCHARGE SUMMARY

Concise description of the client's overall response to treatment, including alcohol/drug status at discharge and aftercare plans.

Written Case Presentation Reviewer's Checklist for Supervisor's Review

PLEASE NOTE THAT CANDIDATES ARE NO LONGER REQUIRED TO SEND A COPY OF THEIR CASE PRESENTATION TO THE TCBAP TESTING BOARD. You are still required to complete a case presentation and have your supervisor review it and complete and sign this checklist. If you do not currently have a supervisor, please have a past supervisor, instructor, or a licensed professional who has reviewed your case sign the presentation checklist for you. This checklist should be returned with your exam registration paperwork.

Name of Applicant: _____

Date Reviewed: _____

	Yes	NO	Note
Case presentation is typed	[]	[]	_____
Cover sheet information is complete	[]	[]	_____
Current CP format followed	[]	[]	_____

The following areas include the appropriate information as described in the current CP outline guide.

- A. Substance Abuse History** (6 of 8 must be addressed)
- | | | | |
|--|-----|-----|-------|
| 1. Substances Used | [] | [] | _____ |
| 2. Frequency of Use | [] | [] | _____ |
| 3. Progression of Use | [] | [] | _____ |
| 4. Severity/Amount Used | [] | [] | _____ |
| 5. Onset of Use – When Started | [] | [] | _____ |
| 6. Primary Substance Used | [] | [] | _____ |
| 7. Route of Administration | [] | [] | _____ |
| 8. Effects – blackouts, tremors, tolerance,
DT's, seizures, other medical complications | [] | [] | _____ |
- B. Psychological Functioning** (5 of 7 must be addressed)
- | | | | |
|---------------------|-----|-----|-------|
| Mental Status | | | |
| 1. Orientation | [] | [] | _____ |
| 2. Hallucinations | [] | [] | _____ |
| 3. Delusions | [] | [] | _____ |
| 4. Suicidal Issues | [] | [] | _____ |
| 5. Homicidal Issues | [] | [] | _____ |
| 6. Judgment | [] | [] | _____ |
| 7. Insight | [] | [] | _____ |
- C. Education/Vocational/Financial** (3 of 5 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Educational and Work History | [] | [] | _____ |
| 2. Educational Level Attained | [] | [] | _____ |
| 3. Disciplinary Action (work/school) | [] | [] | _____ |
| 4. Reasons for termination | [] | [] | _____ |
| 5. Financial Status (at admission,
during treatment, at discharge) | [] | [] | _____ |
- D. Legal History** (all 3 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Charges, Arrests, Convictions | [] | [] | _____ |
| 2. Current Status (status at discharge) | [] | [] | _____ |
| 3. Any Pending Legal Action | [] | [] | _____ |
- E. Social History** (4 of 6 must be addressed)
- | | | | |
|---|-----|-----|-------|
| 1. Parents | [] | [] | _____ |
| 2. Siblings/Rank | [] | [] | _____ |
| 3. Psychological Functioning in Family | [] | [] | _____ |
| 4. Substance Use in Family | [] | [] | _____ |
| 5. History of Social Functioning from
Childhood to Present (admission/discharge) | [] | [] | _____ |
| 6. Children | [] | [] | _____ |

- F. **Physical History** (1 & 2 must be addressed)
 - 1. Problems (Alcohol/Drug related and non-related) [] [] _____
 - 2. Past and Related Medical Problems
i.e. Disabilities, STDs, Pregnancy/Related Issues,
Alcohol/Drug Related Problems [] [] _____

- G. **Treatment History** (1 & 2 must be addressed)
 - 1. Alcohol/Drug Related Treatment [] [] _____
 - 2. Psychological Related Treatment [] [] _____

- H. **Assessment** (all 4 must be addressed)
 - 1. Strengths [] [] _____
 - 2. Weaknesses [] [] _____
 - 3. Problems [] [] _____
 - 4. Needs [] [] _____

- I. **Treatment Plan** (all 4 must be addressed)
 - 1. Identify and Rank Problems [] [] _____
 - 2. Immediate Goals [] [] _____
 - 3. Long Term Goals [] [] _____
 - 4. Treatment Process and Resources to be Utilized [] [] _____

- J. **Course of Treatment** (all 3 must be addressed)
 - 1. Counseling Approaches Used [] [] _____
 - 2. Rationale for Using Those Counseling Approaches [] [] _____
 - 3. Revisions Made [] [] _____

- K. **Discharge Summary** (all 3 must be addressed)
 - 1. Client's Overall Response to Treatment [] [] _____
 - 2. Alcohol and Drug Status at Discharge [] [] _____
 - 3. Aftercare Plans [] [] _____

Comments:

I have read this applicant's case presentation and determined it meets the minimum requirements listed above.

Print Supervisor's Name

Supervisor's Signature