

Client: Jane Doe Medicaid #: xxxxxxxxxxxx DOB: xx/xx/1996
Date of Service: 06/06/2012 Group name: IOP Organization: Shady Meadows
Start Time: 9am Stop time: 10:15am #of group members present: 8
Group Facilitator: John Wilson LMHP LADC Location: Omaha South Campus

SI/HI/Safety Risk: None reported today.

Mood/affect observed: Jane appeared anxious for most of session and tense facial muscles, persistent fidgeting with papers, chair, pencil. However, by the end of session she seemed to be more relaxed and by facial expression, posture, and eye contact.

Substance Use: Jane reported smoking one pack of cigarettes and 2-3 cups of coffee per day, since her last session... Her last reported marijuana use is May 1, 2012. No other substance use was reported.

Ancillary/social supports utilized: Jane reported attending 1 NA meeting since last session.

Goals/Objectives addressed from individualized Treatment Plan: Goal#2 Prevent Relapse Objective 1. Identify triggers to using marijuana:

Therapeutic Intervention: Provider facilitated a discussion on relapse prevention interventions. Group was asked to identify what symptoms often precipitated an urge to use.

Member's response to intervention: Jane denied any symptoms that precipitate her desire to smoke marijuana, at first. However, after listening to other group member's give examples of their triggers, she responded that "I am usually feeling stressed or anxious about something when my desire to use is the strongest."

Progress towards goals/objectives: Jane identified a major trigger for her relapse prevention plan, anxiety.

Plan for next group will be to discuss/practice tools/techniques to minimize symptoms/triggers. Plan for individual session tomorrow at 8am and family session on Friday at 4pm. Provider will contact PCP to coordinate treatment and refer member to rule out need for medication for symptoms and/or cravings.

Discharge Plan: Estimated length of stay: 4-6 weeks: Supports that will be in place upon discharge: NA support group meetings. Parents will be home placement.

Group Facilitator Signature, credentials:

Date of Signature: