

APPENDIX

Appendix A. SOCRATES.

Personal Alcohol and Drug Use Questionnaire (SOCRATES 8D)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your alcohol and/or drug use*. For each statement, circle the number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

	NO! Strongly Disagree	No Disagree	? Undecided Or Unsure	Yes Agree	YES! Strongly Agree
1. I really want to make changes in my use of alcohol and/or drugs.	1	2	3	4	5
2. Sometimes I wonder if I am an alcoholic and/or addict.	1	2	3	4	5
3. If I don't change my alcohol and/or drug use soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my use of alcohol and/or drugs.	1	2	3	4	5
5. I was using alcohol and/or drugs too much at one time, but I've managed to change that.	1	2	3	4	5
6. Sometimes I wonder if my alcohol and/or drug use is hurting other people.	1	2	3	4	5
7. I have an alcohol and/or drug problem.	1	2	3	4	5
8. I'm not just thinking about changing my alcohol and/or drug use, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my alcohol and/or drug use, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with alcohol and/or drugs.	1	2	3	4	5
11. Sometimes I wonder if I am in control of my alcohol and/or drug use.	1	2	3	4	5

	NO! Strongly Disagree	No Disagree	? Undecided Or Unsure	Yes Agree	YES! Strongly Agree
12. My alcohol and/or drug use is causing a lot of harm.	1	2	3	4	5
13. I am actively doing things now to cut down or stop my use of alcohol and/or drugs.	1	2	3	4	5
14. I want help to keep from going back to the alcohol and/or drug problems that I had before.	1	2	3	4	5
15. I know that I have an alcohol and/or drug problem.	1	2	3	4	5
16. There are times when I wonder if I use alcohol and/or drugs too much.	1	2	3	4	5
17. I am an alcoholic and/or drug addict.	1	2	3	4	5
18. I am working hard to change my alcohol and/or drug use.	1	2	3	4	5
19. I have made some changes in my alcohol and/or drug use, and I want some help to keep from going back to the way I used before.	1	2	3	4	5

Appendix B. Profile sheet.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 Very High		19-20	39-40
80		18	37-38
70 High	35	17	36
60	34	16	34-35
50 Medium	32-33	15	33
40	31	14	31-32
30 Low	29-30	12-13	30
20	27-28	9-11	26-29
10 Very Low	7-26	4-8	8-25

Appendix C. Consent for treatment.

Coastal Horizons Center, Inc.

Consent for Treatment

A. REQUEST FOR TREATMENT NAME: _____ RECORD#: _____

I do hereby request outpatient treatment for substance abuse from Coastal Horizons Center, Inc. and voluntarily give consent for treatment according to my individualized treatment/case management plan. [GS 112C-57] I understand that I (or those others that I have designated) may be contacted by staff on a follow-up basis after I have discontinued my involvement with this agency. I have received a thorough orientation to the program, have received a copy of the OTS Client Handout, and now understand and agree to abide by the rules & regulations of the program.

Signature of client Date

Parent/Guardian (optional) Date

B. EMERGENCY MEDICAL CARE

In the event that I might need emergency medical care while attending Coastal Horizons Center, I give permission to the qualified agency staff to 1) administer emergency care to me, 2) contact 911 for additional medical care, 3) contact my physician for additional medical care, 4) contact the individual(s) I designate.

Signature of Client Date

Parent/Guardian (optional) Date

C. NOTICE TO CLIENT/CONFIDENTIALITY & EXCEPTIONS

It is the policy of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services that as a client receiving services from a facility subject to GS 122C licensure, you shall receive appropriate treatment and continuity of care. Since you are being treated for a substance abuse problem, no information can be released without your signed consent except:

1. In medical emergencies.
2. In response to a court order;
3. For the purpose of internal communications;
4. In conjunction with a Qualified Service Organization agreement;
5. For the purpose of approved research or audit;
6. If you commit a crime on program premises or against program personnel;
7. For the purpose of reporting suspected child abuse and neglect; and/or
8. As set forth in NCGS 122C or 42CFR Part 2.

I have been informed of this choice:

Signature of Client Date

D. PROGRAM AUTHORITY / UNDERCOVER AGENTS & INFORMANTS

Coastal Horizons Center, Inc. may not knowingly employ, or enroll as a client, any undercover agent or informant [42 CFR Part 2, 2.17 a] Therefore, Coastal Horizons Center, Inc. will deny admission or terminate treatment services for any individual known to be an undercover agent or informant.

I have been informed of this notice:

Signature of Client Date

CHC Staff Signature Date

Coastal Horizons Center, Inc.
Client Rights

CLIENT:

1. Client is to read, sign and date form.

2. Parent to sign if client is minor

RECORD NUMBER:

3. Primary therapist is to answer questions

As a client of Coastal Horizons Center, Inc., or as the guardian of such a client, you or your ward are assured of certain rights. Among these rights is the right:

1. To dignity, privacy, humane care, and freedom from mental, emotional, sexual and physical abuse, neglect and exploitation. You also have the right to receive treatment that is culturally sensitive to you, including sensitivity to social, psychological, physical, and spiritual factors.
2. To treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, mental retardation and substance abuse, and to:
 - a. Participate in the development of your individualized written treatment or habilitation plan setting forth a program to maximize the development of restoration of your capabilities; such a plan to be developed within 30 days from admission.
 - b. Refuse any treatment offered.
 - c. Not to be excessively or unnecessarily medicated.
 - d. Receive information on potential risks and possible benefits of treatment choices.
 - e. Have medication prescribed exclusively by a physician with documentation of such prescriptions in your client record.
 - f. Have medication administered in accordance with accepted medical standards, only upon order of physician as documented in client record.
 - g. Terminate treatment unless you have been court-ordered to attend treatment. However, if you miss an appointment without giving notice you may be charged for the appointment.
 - h. Not to be physically restrained unless you or your ward pose imminent danger to yourself or others or when substantial property damage is occurring.
3. To live as normally as possible while receiving care and treatment/habilitation.
4. To refuse to be finger printed, audio-taped, video-taped or photographed unless you or your guardian gives consent.
5. To never have corporal punishment at Coastal Horizons Center facility.
6. To pursue any grievance using the Client Grievance Procedure which is posted on the public bulletin board.
7. To consult with legal counsel or private physicians of your own choice at your own expense.

I have been informed of these rights. _____

Signature of Client

_____ Date

Guardian

_____ Date

Contact information and Consent for Post-Discharge Contacts. Please list below the names, addresses and telephone numbers of two (2) significant people in your life that CHC may contact if necessary.

I, _____, do hereby give consent to Coastal Horizons Center, Inc. (CHC) to contact the above named individuals for the purpose of finding out how I have been doing since leaving the CHC program. I understand that CHC Staff will ask questions, but will not give out information other than my former status in the program. This consent is revocable, and will expire automatically one (1) year from the date of my discharge from CHC.

Signature of Client
Appendix D

Date

Appendix D. Adolescent follow-up interview.

Client Record Number _____

Today's Date _____

Client Date of Birth _____

Client County of Residence _____

Client Gender _____

Name of Interviewer _____

Primary Counselor _____

Screeners _____

Other CHC staff _____

Type of Discharge

Successful Completion _____

Did not return as scheduled _____

Refused Treatment _____

Client not available _____

Contact Log: A minimum of 3 attempts within 2 weeks to contact Client and Alternate before checking "Unable to contact..."

Client: Attempt #1: _____ Date _____ Attempt #2: _____ Date _____ Attempt #3: _____ Date _____

Alternate: Attempt #1: _____ Date _____ Attempt #2: _____ Date _____ Attempt #3: _____ Date _____

Weeks in treatment _____

Time since discharge (successful / unsuccessful)

Approximately 21 to 31 days _____

Approximately 90 days _____

Are you currently in school? If yes, which program? If no, did you graduate or get your GED?

Y_____ N_____ Graduated_____

Alternative Learning Program (ALP) – at-risk students outside standard classroom_____

Academic Schools (K-12)_____

GED Program_____

If not in school, do you have a job?

Y_____ N_____

For K-12 only:

What grade are you currently in? _____

In the past 30 days, what grades did you get most of the time?

A's____(5) B's____(4) C's____(3) D's____(2) F's____(1)

In the past 30 days, how often did you participate in...

Positive community/leisure activities:

Athletics_____ Boys & Girls Club_____ Upward Bound_____

Other_____

How many recovery-related support or self-help groups have you attended in the past 30 days?

0_____ (0) 1-5____(1) 6-10____ (2) 11-15____ (3) 16 or more____ (4)

In the past 30 days, how many days have you used:

Tobacco _____

Any Alcohol _____

Alcohol to intoxication _____

Marijuana or Hashish _____

Cocaine or Crack _____

Heroin _____

Other opiates _____

Other Drug Use _____
(Enter code from list below)

5=Non-prescription Methadone
7=PCP
8=Other Hallucinogen
9=Methamphetamine

10=Other Amphetamine
11=Other Stimulant
12=Benzodiazepine
13=Other Tranquilizer

14=Barbiturate
15=Other Hypnotic
16=Inhalant
17=Over the counter
22=OxyContin
29=Ecstasy (MDMA)

In the past 30 days, how many days have you been abstinent?

In the past 30 days, how many times have you been arrested/adjudicated for any offense?

Are you currently under any type of correctional supervision (adult or juvenile system). Y _____ N _____
(0) (1)

Since coming to Coastal Horizons Center, how supportive do you think your family and/or friends have been of your treatment and recovery efforts?

Not supportive _____

Somewhat supportive _____

Very supportive _____

No family/friends _____

How well have you been doing in the following areas of your life since coming to Coastal Horizons Center?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Psychological Health (well-being)	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____
Relationships with family or significant others	_____	_____	_____	_____

Do you take better care of yourself, in terms of your health, diet, exercise, sleep habits since you first entered treatment at Coastal Horizons Center?

Take much poorer care since entering treatment____
Take somewhat poorer care____
No change at all____
Take somewhat better care____
Take much better care____

Are you more productive now than when you first came to Coastal Horizons Center for treatment?

Much less productive since entering treatment____
Somewhat less productive____
Now change at all in how productive you are____
Somewhat more productive____
Much more productive____

During your treatment at Coastal Horizons Center, was the counseling you received for your alcohol or drug abuse/dependency...

Not at all helpful____
Somewhat helpful____
Very helpful____
Extremely helpful____

During your treatment at Coastal Horizons Center, did you talk with staff about legal problems at any of your individual or group sessions?

Y____ N____

How helpful were those talks?

Not at all helpful____
Somewhat helpful____
Very helpful____
Extremely helpful____

Since you received treatment at Coastal Horizons Center, have your family relationships changed?

Yes____ N____

If yes...

Relationships are much worse since entering treatment_____

Relationships are somewhat worse_____

No change at all in relationships_____

Relationships are somewhat better_____

Relationships are much better_____

During your treatment at Coastal Horizons Center, did you talk with staff about your family or social relationships at any of your individual or group sessions?

Y_____

N_____

If yes, how helpful were those talks?

Not at all helpful_____

Somewhat helpful_____

Very helpful_____

Extremely helpful_____

During your treatment at Coastal Horizons Center, did you talk with staff about your psychological or emotional problems at any of your individual or group sessions?

Y_____

N_____

If yes, how helpful were those talks?

Not at all helpful_____

Somewhat helpful_____

Very helpful_____

Extremely helpful_____

