

DIRECTIONS FOR PREPARING CASE PRESENTATION

Please note: Your written case presentation must be typed!!

1. The case you present must be related to the certification you are seeking.
2. All cases must use a 12 pitch font. Any cases that contain print that is smaller than this will be returned!! There will be no exceptions. These forms can be downloaded from FCB's website (flcertificationboard.org).
3. Use an actual/typical client from your case files. One who has completed treatment or is no longer obtaining your services. This client must have a drug or alcohol abuse problem. Client may also be dually diagnosed. Use a fictitious name for the client. **DO NOT USE ABBREVIATIONS.** The body of the case (sections "B" through "L") must be no more than 6 typed, double-spaced pages. (This limit does not include the treatment plan forms (4), the cover sheet, or the demographic survey (A) on the client. Cases that do not conform to these guide-lines will be returned. (PLEASE MAKE SURE TO INCLUDE SECTION "J" IN BODY OF CASE)
4. Complete the demographic information on the client (A). Use the demographic sheet included in this packet.
5. Begin by typing "**B. SUBSTANCE ABUSE HISTORY**" as a subheading and follow with the **narrative (story style)**, on the client's history of substance abuse. Then type the subheading "**C. PSYCHOLOGICAL FUNCTIONING**" followed with the narrative. Complete this section and all succeeding sections through "L" in the same manner. Your case should address all of the areas.
6. Sign the Counselor's Statement on the cover sheet. This sheet should accompany each copy of your case.
7. Give the completed case to your supervisor for his/her review and signature including his/her credentials. A qualified supervisor is a **CAP or a licensed practitioner under chapters 490 or 491 of the Florida Statutes.** Licensed supervisors must attach a copy of his/her license.
8. The CPM Committee of FCB will review your case according to the following:
 - a. the case is signed by you and a qualified supervisor
 - b. the narrative (sections "B" – "L") is no more than 6 pages
 - c. the font used is not smaller than 12 and narrative is double-spaced
 - d. the case is related to a substance abuse/chemical dependency problem
 - e. the content of the narrative is appropriate to the outline provided for each section
 - f. the treatment plans are consistent with the narrative in their application of goals and objectives
9. Make **four** copies of the completed case. **Keep one copy for your personal file**, mail the original and three copies to the Florida Certification Board.
10. On the day of the exam, you will be required to arrive 1 hour prior to the actual exam time. This is for your preparation time.
11. Your actual exam will be **45 minutes** in length. Please be aware of this limitation when preparing your answers. **NO ONE WILL BE ALLOWED TO TEST IF HE/SHE IS LATE.**

CASE PRESENTATION

BY

COUNSELOR'S NAME
(Please Type)

COUNSELOR'S STATEMENT

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

I, the undersigned, understand that the audio tape of the case presentation interview and written case presentation will be the property of the Florida Certification Board upon submission of the materials for review by the Board.

I also understand that these material may be reviewed by the Florida Certification Board and its designated agents for evaluation and research purposes.

SIGNATURE _____

DATE _____

SUPERVISOR'S STATEMENT:

I hereby certify that I have read and approve the content of this case presentation, that it represents an actual/typical case of the applicant, and that to the best of my knowledge it was prepared by him/her.

NAME _____ **TITLE** _____

NAME OF AGENCY _____

SIGNATURE _____ **DATE** _____

A. DEMOGRAPHIC INFORMATION- (use sheet provided)

1. Age, sex, race, and marital status
2. Referral source
3. Presenting problem
4. Treatment modality
5. Date of Admission and Date of Discharge

B. SUBSTANCE ABUSE HISTORY

1. Substances used, onset of use, frequency of use, amount and method of use, and progression of use
2. Results of use including physical, psychological and behavioral (such things as blackouts, medical complications, loss of family, etc.)

C. PSYCHOLOGICAL FUNCTIONING

1. Mental status
2. Psychological history: hallucinations, panic attacks, suicidal ideation or attempts (this would include both past and present)
3. Cognitive functioning (intellectual, judgment, insight)
4. Emotional functioning (level and intensity of affect)

D. EDUCATIONAL/VOCATIONAL/FINANCIAL HISTORY

1. Educational and work history
2. Educational level
3. Disciplinary action (school or work)
4. Special skills or accomplishments
5. Reason for termination (work or school)
6. Present and past financial status

E. LEGAL HISTORY

1. Legal charges associated with or not associated with mood altering chemicals
2. Charges, arrests, and convictions
3. Current legal status including pending actions
4. Sanctions outside of criminal justice system (civil actions, loss of licenses, tax problems)

F. SOCIAL HISTORY

1. Family of origin: parents, siblings, birth order, socioeconomic status, and culture
2. Family of origin functioning: abuses (physical, sexual, emotional), substance use in the family, psychological functioning of the family

3. History of social functioning: social activities, achievements, and relationship history
4. Current family status: significant other, children, substance use in the family, abuse history

G. PHYSICAL HISTORY

1. Both alcohol/drug and non-alcohol/drug problems
2. Past and present major medical problems (disabilities, pregnancies)
3. Current health condition

H. TREATMENT HISTORY

1. Any previous alcohol and drug treatment
2. Any mental health treatment
3. Any attempts by client stop on their own
4. Clients expected outcome and level of involvement in treatment

I. ASSESSMENT

1. Identify and evaluate the individual's strengths, weaknesses, problems, and needs in each of the preceding areas (A - H)
2. Be sure and emphasize the significance of the client's history in developing a treatment plan

J. TREATMENT PLAN

1. Identify and rank problems needing resolution
2. Establish agreed upon immediate and long term goals
3. Indicate which problems you will be able to address and which ones need to be referred elsewhere
4. Decide on treatment strategies and those persons responsible for implementing them
5. Using the attached treatment plan form, elaborate on four problems on which you worked with this client

K. COURSE OF TREATMENT

1. Describe the counseling approaches you used
2. Describe your rationale for their use
3. Describe the client's response to treatment
4. Describe any revisions you made in your approach based upon the client's responses to treatment

L. DISCHARGE SUMMARY

1. Give a concise description of the client's overall response to treatment, alcohol and drug use status at discharge, and prognosis
2. Describe the aftercare plan for this client

DEMOGRAPHIC INFORMATION

FICTITIOUS NAME: _____

AGE AT ADMISSION: _____

RACE: _____

SEX: _____

MARITAL STATUS: _____

EMPLOYMENT: _____

REFERRAL SOURCE: _____

CURRENT LEGAL STATUS: _____

ADMISSIONS DATE: _____ **DISCHARGE DATE:** _____

TREATMENT SETTING MODALITY: _____

PRESENTING PROBLEM: _____

Use of an actual/typical client from your case files, one who has completed treatment or is no longer obtaining your services. **This client must have a drug or alcohol abuse problem.** Client may also be dually diagnosed. Use a fictitious name or the client.

Treatment Plan

Problem #1: _____

Manifestations: _____

Goal: _____

Measurable Objective	Strategies and Intervention (Client and Counselor)

Review of Treatment Plan for Problem #1: _____

Treatment Plan

Problem #2: _____

Manifestations: _____

Goal: _____

Measurable Objective	Strategies and Intervention (Client and Counselor)

Review of Treatment Plan for Problem #2: _____

Treatment Plan

Problem #3: _____

Manifestations: _____

Goal: _____

Measurable Objective	Strategies and Intervention (Client and Counselor)

Review of Treatment Plan for Problem #3: _____

Treatment Plan

Problem #4: _____

Manifestations: _____

Goal: _____

Measurable Objective	Strategies and Intervention (Client and Counselor)

Review of Treatment Plan for Problem #4: _____
