

# **Adolescent Substance Abuse Program**

2530 South Alma School Road

Mesa, Arizona 85210

phone: (602) 434-0249 fax: (480) 704-5550 e-mail: [asap71@cox.net](mailto:asap71@cox.net) web: [www.asapaz.com](http://www.asapaz.com)

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## **Treatment Documentation Policy**

Some clients, such as those involved with the legal system or those mandated to receive counseling by their school, request documentation of their counseling experience at ASAP. This policy defines what documentation will be provided.

Let us be clear: ASAP staff must-- and will-- tell the full truth regarding your attendance, urine drug test results, participation, motivation to stay clean, and the statements you make at ASAP regarding your intent to stay drug and alcohol free. ASAP staff cannot, and will not, omit any piece of critical information. We must tell the truth (or as the legal system says: "The truth, the whole truth, and nothing but the truth") about your progress, or lack of progress, in the counseling program at ASAP.

Of course, we strongly wish to be able to report that each teen is producing negative urine drug tests, attending each session on time, demonstrating a genuine commitment to sobriety, and working to change his/her life in all sorts of positive ways. But we can only produce such a report when it is true.

ASAP staff must and will be fully honest in reporting your progress, or lack of progress, in counseling at ASAP. ASAP will not report that you are clean if you are not, that you are attending counseling if you are not, that you are coming on time and working hard if you are not-- and etc. Further, ASAP must report your statements accurately. If you come in to ASAP and say "I will stay clean now, because I want to get out of legal trouble, but when I am off probation I am going to start using again" -- then of course that is critical information and ASAP staff will be obligated to include it in any report. We must simply report the whole truth of exactly what you say to us. We are making this policy abundantly clear now so there can be no confusion later.

See below the forms that ASAP will use to provide treatment documentation when required. These forms, and none other, will serve as the format for the full and honest reports that we will make to the legal system, to your attorney, to the Court, to your school, to other professionals that are treating you, or to any other person or organization named in the release of information form. ASAP staff will not "sign" some form to verify that you are attending group therapy sessions every night as you proceed through the program. We have found in the past some teens are just looking to evade legal trouble by obtaining those signatures, and once they are successful in evading legal consequences they disappear from treatment at ASAP and often return to using substances. Again, we will only use the three forms below -- we will sign your own forms documenting you have attended group therapy sessions at ASAP only after the conclusion of all 30 sessions, or discharge from the ASAP Program.

The following four forms:

Enrollment Letter

ASAP Treatment Summary

Certificate of Completion

ASAP Discharge Summary

can be used to document treatment, as per the Treatment Documentation Policy that was completed on admission.

See the following three pages for these forms



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Date: \_\_\_\_\_

To Whom It May Concern:

This letter confirms that \_\_\_\_\_ dob \_\_\_\_\_ is currently participating in the Adolescent Substance Abuse Program (ASAP). ASAP is an Intensive Outpatient Program for teens ages 12-18 that meets 3 times a week for 3 hours each session, for a total of 30 group therapy sessions and 90 hours of outpatient substance abuse counseling.

\_\_\_\_\_ was admitted to the ASAP Program on \_\_\_\_\_. As of \_\_\_\_\_, \_\_\_\_\_ has successfully completed \_\_\_\_\_ of the required 30 sessions.

At ASAP one session each week also includes the parents for multi-family therapy. The treatment plan includes addressing relapse prevention, identifying high risk situations and triggers, family dynamics, learning healthy communication, anger management, grief and loss issues, identifying and coping with emotions in substance abuse, and problematic thoughts and beliefs.

Our recommendation at present is that \_\_\_\_\_ be allowed to continue in the ASAP Program, and also required to complete the Program, assuming progress continues and drug test results continue to be negative. Treatment at ASAP is underway for this family. We can contact you when treatment is concluded with this family if you require that treatment at ASAP has been successfully completed.

Sincerely,

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ASAP Program Staff

date

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## ASAP Program Treatment Summary

Client Name: \_\_\_\_\_ dob \_\_\_\_\_

Site (check one):  East Valley  West Valley  Paradise Valley/Scottsdale

Dates of Attendance: \_\_\_\_\_

### Urinalysis Test Results:

Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____
Date collected _____	<input type="checkbox"/> None detected	<input type="checkbox"/> Detected -- what? _____

Topics / Education / Lectures / Activities: Substance Use and Dependency Feelings Communication Effects of Use  
Family Systems Relapse Prevention Understanding Anger Enabling Thoughts and Beliefs Grief and Loss

Recent Use / Intoxication / Problematic Withdrawal (Check all that apply):  Continued Use  Recent Relapse  
 Suspected but unproven use  Use Reported by Parents  No use at all  Cravings  
 Acute Withdrawals  Post Acute Withdrawals (Difficult sleeping, poor concentration, mood swings)

Explain: \_\_\_\_\_

Medical concerns made or noted: \_\_\_\_\_

Concurrent Psychological Conditions or Concerns: \_\_\_\_\_

Treatment Willingness (Check one):  Very Willing  Willing  Appears Superficially Motivated  
 Ambivalent  Unwilling  Passively Resistant  Actively Resistant

Explain: \_\_\_\_\_

Potential for Relapse (Check one):  Low  Moderate  High  Very High

Explain: \_\_\_\_\_

Status of the Recovery Environment:  Very Positive  Positive  Somewhat Positive  Neutral  
 Somewhat negative  Questionable  Negative  Toxic  Not yet determined

Summary: \_\_\_\_\_

### Form completed by ASAP Staff:

Print name of ASAP Lead Therapist

Signature of ASAP Lead Therapist

date

FAX CONFIDENTIALITY: The information contained in this fax transmission is CONFIDENTIAL and must be treated as such. This page is intended only for the individual named above and should be provided to that person without delay, copying, or dissemination. If this transmission has been received in error, the recipient is asked to destroy the entire report and inform the sender at the phone number provided above. Questions can be directed to ASAP at (602) 434-0249.

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## ASAP Discharge Summary

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

ASAP Lead Therapist: \_\_\_\_\_

Date Admitted: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Presenting Problems: \_\_\_\_\_

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**Summary of Treatment:** The ASAP 10-week intensive outpatient program was the treatment program utilized with this client. Progress towards the treatment goals was judged to be:

Excellent     Good     Moderate     Minimal     Poor

The total number of ASAP sessions completed (out of 30 planned) was: \_\_\_\_\_

**Reason for discharge:**     Graduated the ASAP Program successfully  
 Completed all 30 sessions successfully but did not complete all requirements for graduation  
 Terminated prior to 30 sessions due to: \_\_\_\_\_

**Treatment summary:** \_\_\_\_\_

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### Discharge recommendations and referrals:

If treatment was NOT completed successfully:

Return to complete IOP treatment: \_\_\_\_\_

OR     Placement in a higher level of care as follows: \_\_\_\_\_

If treatment WAS completed:

Support Group Meeting Attendance: \_\_\_\_\_

Individual Therapy: \_\_\_\_\_

Family Therapy: \_\_\_\_\_

Medication Evaluation and Management \_\_\_\_\_

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Signature of ASAP Lead Therapist

date

print name of ASAP Lead Therapist

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## Certificate of Completion

This Certificate serves to document the successful completion of the Adolescent Substance Abuse Program (ASAP) by the person named below.

The ASAP Program is an Intensive Outpatient Program (IOP) specifically for the treatment of substance abuse in teens ages 12- 18. The ASAP IOP Program is held at three locations—Mesa, Glendale, and Phoenix/Scottsdale. The primary treatment modality is group psychotherapy. Three group therapy sessions are held each week for 10 weeks, for a total of 30 group therapy sessions and 90 hours of treatment. The teen clients attend all three of the weekly group therapy sessions, and their parents are required to attend one of these sessions along with them. That session is Parent Night, when parents get help along with their teen.

The ASAP treatment plan includes a focus on all of the following: Physical and behavioral effects of drug and alcohol use, identifying high risk situations and triggers, family dynamics, enabling, communication and conflict resolution, anger management, grief and loss, peer selection, lifestyle change, feeling and emotions, thoughts and beliefs, coping skills training, barriers to recovery, relapse prevention, the Stages of Change, and Motivational Interviewing. Urine drug testing is conducted, both randomly and for cause, throughout the 10-week program to ensure that teens are remaining clean.

The following teen: \_\_\_\_\_  
print name date of birth

has successfully completed the ASAP Intensive Outpatient Program (IOP) for substance abuse, with all 30 sessions completed, on the following date:

\_\_\_\_\_  
date

\_\_\_\_\_  
ASAP Program Therapist name signature date

NOTE: This Certificate can be provided to treating professionals or facilities, schools or school district officials, probation officers or court officials, or others in need of documentation that treatment was successfully completed at ASAP