

CORE GAIN-I Recommendation and Referral Summary (G-RRS)

Name: Lloyd

Staff: Mike Vacca

Date of Birth: 5/23/1954

Screening Date: 2/6/2007

Presenting Concerns and Identifying Information

Lloyd is a 52-year-old Caucasian/White (Self-described as "WHITE") male who is divorced and has no children. He presented as typically groomed with no apparent physical abnormalities. He was referred to GCC by *[MISSING DATA]*. Lloyd stated that the reason for coming to GCC was because *[MISSING DATA]*. Lloyd last attended school or training more than 12 months ago. Lloyd reported last working more than 12 months ago.

Prompt: Referred by; Enter reason for coming to treatment; Enter custody arrangements, living situation, current address, parents' marital status, addresses of relevant parents or guardians

Below is a narrative summary of the evaluation procedures, a five-axis diagnostic summary of Lloyd 's problems, a detailed substance use diagnosis and treatment history, an assessment of placement and service needs, the staff's recommendations for specific services within each area, and an overall level of care or program placement to best address them.

Evaluation Procedure

As part of Lloyd 's evaluation, the Global Appraisal of Individual Needs (GAIN) was orally administered by staff, done with pen and paper. The staff reported that other people were present or within earshot during the administration and observed that Lloyd appeared depressed or withdrawn; anxious or nervous; distracted; cooperative. Additional sources of information consulted during Lloyd 's evaluation include: *[MISSING DATA]*

Prompt: Enter other sources of information (if consulted) used as part of the evaluation (e.g., urine test results, Family History Questionnaire, probation)

DSM-IV/ICD-9 Diagnosis

Staff Comments

NO

Prompt: Enter additional comments or specify if none.

Current Treatment

Mental health treatment: "CHESTNUT HEALTH SYSTEMS".

Current Medications

"XANAX".

Current Allergies

None reported

Axis I: Clinical Disorders/Focal Conditions

Prompt: Reconcile self-report vs. staff impression on all five axes.

303.90 Alcohol Dependence w/ Physiological Sx.

304.10 Sedative, Hypnotic, or Anxiolytic Dependence w/ Physiological Sx.

296.90 Major Depressive Disorder (MDD)

300.81 Rule Out - Somatoform Disorder

300.00 Rule Out - Anxiety Disorder

Rule Out - 309.81 Posttraumatic Stress Disorder or 308.30
Acute Stress Disorder or other disorder of extreme stress

Axis II: Personality Disorders/Mental Retardation

Prompt: Reconcile self-report vs. staff impression on all five axes.

None reported

Axis III: General Medical Conditions

Prompt: Reconcile self-report vs. staff impression on all five axes.

Rule Out - Major medical problems

Use of alcohol may exacerbate nervous system problems

Axis IV: Psychosocial and Environmental

Prompt: Reconcile self-report vs. staff impression on all five axes.

Weekly intoxication by others in living situation

Weekly substance use by others in living situations

Illegal activity in living situation

Weekly fighting in living situation

Illegal activity among peers

Weekly intoxication among peers

Weekly fighting among peers

High lifetime history of traumatic victimization

Axis V: Average Clinical Functional Assessment Ratings

Prompt: Reconcile self-report vs. staff impression on all five axes.

No clinical ratings reported.

Substance Use Diagnoses and Treatment History (ASAM criteria A)

Lloyd reported first using any alcohol or other drugs at age 14 and liking to use "ALCOHOL" the most. He thinks that treatment is most needed for "DON'T NEED ANY TREATMENT" use. Presented below in order of clinical severity, is each of the substances for which Lloyd self-reported symptoms sufficient to meet criteria for a dependence or abuse diagnosis.

Sedatives, Hypnotics and Anxiolytics: Lloyd self-reported symptoms sufficient to meet criteria for sedatives, hypnotics and anxiolytics dependence with physiological symptoms and stated that sedatives, hypnotics and anxiolytics use was initiated at age 46. Lloyd reported most recently consuming anti-anxiety drugs or tranquilizers within the past 2 days. Out of the past 90 days prior to evaluation, he reported using anti-anxiety drugs or tranquilizers on 90 of those days. Lloyd reported most recently consuming downers, sleeping pills, barbiturates, or other sedatives never during his lifetime. During the evaluation, Lloyd reported 4 lifetime problem(s) specific to Sedatives, Hypnotics and Anxiolytics Dependence. In the past month, he reported: needing more sedatives, hypnotics and anxiolytics to get the same high or found that the same amount did not produce the same high as it used to; using sedatives, hypnotics and anxiolytics in larger amounts, more often or for a longer time than intended; being unable to cut down or stop using sedatives,

hypnotics and anxiolytics. Over the past 2-12 months, he reported: having withdrawal problems from sedatives, hypnotics and anxiolytics like shaking hands, throwing up, or having trouble sitting still or sleeping.

Alcohol: Lloyd self-reported symptoms sufficient to meet criteria for alcohol dependence with physiological symptoms and stated that alcohol use was initiated at age 14. Lloyd reported most recently consuming alcohol 3 to 7 days ago. Out of the past 90 days prior to evaluation, he reported using alcohol on 43 of those days, 2 of those days to intoxication. His peak use of this substance during this time was 4 drink(s) over 4 hour(s) sharing with 0 other people. During the evaluation, Lloyd reported 3 lifetime problem(s) specific to Alcohol Dependence. In the past month, he reported: using alcohol in larger amounts, more often or for a longer time than intended; continuing to use alcohol even after knowing it was causing or adding to existing medical, psychological, or emotional problems. Over one year ago, he reported: needing more alcohol to get the same high or found that the same amount did not produce the same high as it used to.

Other Substance Use: Though no criteria were met for any further abuse or dependence diagnoses, he reported using the following: cannabis.

Prompt: Enter other substances used reported by collateral or urine test results

Lloyd meets lifetime criteria for substance dependence, is not in treatment, is living in the community and is reporting some substance problems in the past month. Based on the information provided, staff's recommendation is referral to substance abuse treatment.

Prompt: Review and accept or edit

Program Name	Type of Treatment	Approx Admit Date	Approx D/C Date
None Reported	N/A		

History of Substance Abuse Treatment:

Lloyd reported no history of substance abuse treatment.

Level of Care and Service Needs (ASAM criteria B)

Dimension B1 - Acute Alcohol or Drug Intoxication or Withdrawal Potential

Prompt: Enter collateral information obtained about problems in relevant areas

Lloyd scored in the no/minimal range of the Current Withdrawal Scale and reported no symptoms suggesting potential for acute intoxication or withdrawal risk. Lloyd stated last using any substance within the past two days prior to the evaluation.

Treatment Planning Recommendations:

Lloyd reported a history (more than a week ago) of withdrawal problems. Based on the information provided, staff's recommendations are:

- Engaging in detoxification services if needed.
- Monitor for change in intoxication or withdrawal symptoms.
- Reviewing need for immediate detoxification or withdrawal services.

Prompt: Review, delete, or edit according to specific needs and clinical indications. Determine whether the most recent detox was more than 7 days ago, and review/edit cell placement.

Dimension B2 - Biomedical Conditions and Complications

Prompt: Enter collateral information obtained about problems in relevant areas

Overall Health and Pain Assessment:

Lloyd reported no allergies to medicines, food, pollen, or other things. During the past year, Lloyd rated his overall health as poor. Lloyd scored in the high range of the Health Problems Scale, reporting that in the past 90 days he was bothered by health problems on 50 days and kept from meeting his responsibilities on 50 days.

Nutrition and Exercise:

Lloyd reported standing about 69 inches tall and weighing approximately 170 pounds without shoes. According to these statistics, Lloyd's Body Mass Index is 25.1, a score that suggests he is overweight. During the past 90 days, Lloyd has gone *[MISSING DATA]* day(s) without eating or throwing up much of what was eaten and exercising for at least 20 minutes on *[MISSING DATA]* day(s).

Prompt: Days without eating; Number of days exercised

Sexual Activity and Orientation:

Lloyd reported last having any kind of sex with another person more than 12 months ago.

Treatment History for Health Problems:

Lloyd reported a history of 12 emergency room admissions; 3 hospital admissions; 3 outpatient surgical procedures but no medication currently being taken for allergies or health problems. The last time he was seen by a doctor or nurse about a health problem was more than 12 months ago. He is not currently being treated.

Treatment Planning Recommendations:

Lloyd reported severe health problems within the past 90 days but is not currently receiving medical care for those problems. Based on the information provided, staff's recommendations are:

- Discussing current health problems and medical care with Lloyd to review the problem and the care received.
- Discussing with Lloyd and health care professionals how the medical problems and substance use problems may be related.
- Coordinating with health care professionals to discuss need for medical services, barriers to accessing them, and any medical accommodations needed to participate in treatment.
- Collaborating with health care professionals to discuss the extent to which Lloyd's health problems may pose challenges for the effective delivery of a less-restrictive level of substance use treatment.
- Reviewing any prior health treatment experiences, the extent to which Lloyd complied with medical treatment recommendations, whether the recommendations worked (and for how long), what barriers there were to compliance, and how any of these problems were related to substance use.
- Obtaining a signed release of information form and requesting any medical records from prior health care providers to identify the nature of the problems; the treatment provided; the need for additional medical services; Lloyd's compliance or noncompliance with past treatment; and the extent to which the health problems may pose challenges for the effective delivery of substance use treatment.
- Referral for tetanus shot.
- Referral for intervention to help with tobacco cessation.

- Discuss lifetime ER and hospitalization history.

Prompt: Review, delete, or edit according to specific needs and clinical indications

Dimension B3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Prompt: Enter collateral information obtained about problems in relevant areas

Emotional Conditions:

Lloyd scored in the high range of the Internal Mental Distress Scale. Lloyd self-reported symptoms consistent with a diagnosis of Major Depressive Disorder. Lloyd self-reported symptoms indicating the possible existence of a stress disorder. He reported last feeling significantly disturbed by any kind of nerve, mental, or psychological problems 1 to 3 months ago and on 50 out of the past 90 days. He described experiencing the following significant problems over the past 12 months: headaches, faintness, dizziness, tingling, numbness, sweating or hot or cold spells; sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day; dry mouth, loose bowel movements, constipation, trouble with bladder control, or related itching; pain or a heavy feeling in the heart, chest, lower back, arms, legs or other muscles; feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future; remembering, concentrating, making decisions, or having his mind go blank; feeling very shy, self-conscious, or uneasy about what people thought or were saying about him; thoughts of not being understood by other people or that other people did not appreciate his situation; feeling easily annoyed, irritated, or having trouble controlling a temper; feeling tired, having no energy, or being unable to get things done; losing interest or pleasure in work, school, friends, sex or other things that were previously cared about; losing or gaining 10 or more pounds when not trying to; moving and talking much slower than usual; feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen; having to repeat an action over and over, or having thoughts that kept running over in his mind; trembling, having a racing heart, or feeling so restless that it was impossible to sit still; getting into a lot of arguments and feeling the urge to shout, throw things, beat, injure or harm someone; thoughts of being taken advantage of, not being given credit by other people, or having problems caused by other people; thoughts of being watched or followed by someone or that someone was out to get him. Lloyd reported having homicidal thoughts for someone else and reported thinking about committing suicide during the past 12 months. During the past week, Lloyd reported that he has not had suicidal thoughts.

Prompt: Enter risk assessment results and any subsequent actions taken if participant reported active homicidal or suicidal ideation

Behavioral Conditions:

Lloyd scored in the no/minimal range of the Behavior Complexity Scale. He reported last having problems paying attention, controlling behavior, or broke rules more than 12 months ago.

Arguing and Aggression:

He reported last swearing, cursing, threatening someone, throwing something, or pushing or hitting someone in any way during an argument 1 to 3 months ago and that this behavior occurred on 5 out of the past 90 days. During a disagreement in the past 12 months, Lloyd described: discussing it calmly and settling the disagreement; leaving the room or area rather than argue; insulting, swearing, or cursing at someone; threatening to hit or throw something at another person; actually throwing something at someone; pushing, grabbing, or shoving someone; slapping another person; kicking, biting, or hitting someone; hitting or trying to hit another person with something (an object); beating up someone.

Illegal Activity and Legal System Involvement

Lloyd reported a lifetime history of 3 arrest(s). During the past 90 days he was not on probation, on parole, in jail, on house arrest, or under electronic monitoring. Lloyd reported last being arrested 4 to 12 months ago. He reported that he was not currently involved with the legal system. He stated he last engaged in any behavior that might result in getting into trouble or be against the law (besides using alcohol or other drugs) more than 12 months ago.

Cognitive Conditions:

Lloyd scored in the no/minimal range of the Cognitive Impairment Screen at the time of the evaluation. The staff observed minimal indications of developmental disabilities and no evidence of cognitive impairment.

Treatment History for Emotional, Behavioral, or Cognitive Problems:

According to self-report, Lloyd was diagnosed by a doctor, nurse, or counselor with the following: anxiety or phobia disorder; depression, dysthymia, bipolar, or other mood disorder. Lloyd reports a history of the following: been treated in an emergency room for mental, emotional, behavioral, or psychological problems; been admitted overnight to a hospital for mental, emotional, behavioral, or psychological problems; currently taking medication ("XANAX") for mental, emotional, behavioral, or psychological problems. Lloyd stated that he last received treatment for a mental, emotional, behavioral, or psychological problem within the past two days. During the past 90 days, he reported: going to the emergency room for mental, emotional, behavioral, or psychological problems 1 time(s); visiting a mental health doctor in an office or outpatient clinic 7 time(s) for mental, emotional, behavioral, or psychological problems; taking prescribed medication for mental, emotional, behavioral, or psychological problems on 90 day(s). Lloyd is currently receiving treatment from "CHESTNUT HEALTH SYSTEMS", where treatment has been received for the past **[MISSING DATA]**

Prompt: Enter time frame

Treatment Planning Recommendations:

Lloyd has received mental health treatment for emotional, behavioral, or cognitive problems within the past 90 days, but is still experiencing severe problems. Based on the information provided, staff's recommendations are:

- Discussing past emotional, behavioral, or cognitive problems with Lloyd to review the need for future mental health services, barriers to accessing them, and any accommodations needed to participate in treatment.
- Referral to mental health personnel for a more detailed assessment and consideration of more intensive or alternative types of services.
- Specific skill-building related to emotional, behavioral, or cognitive conditions required to participate in treatment: [list out].
- Coordinating care with mental health provider.
- Discussing effectiveness of and compliance with prescribed medication (e.g., who prescribes medication (name of doctor, primary care physician, etc)? When is the next appointment? Does Lloyd have enough medication until next appointment? Is Lloyd taking the medication as prescribed? Is the medication working?).
- Discussing any prior mental health treatment experiences with Lloyd (e.g., to what extent did Lloyd comply with mental health treatment recommendations? Did these recommendations work and for how long? What barriers were there to compliance?).
- Obtaining a signed release of information form and requesting any mental health records from prior providers to identify the nature of the problems; the treatment provided; the need for additional mental health services; Lloyd 's compliance/noncompliance with past

treatment; and the extent to which the emotional, behavioral, or cognitive problems may pose challenges for the effective delivery of substance use treatment, etc.

- Following agency protocol related to past year homicidal/suicidal risk.
- Referral to anger management intervention.

Prompt: Review, delete or edit according to specific needs and clinical indications

Dimension B4 - Readiness to Change

Prompt: Enter collateral information obtained about problems in relevant areas

At the time of the evaluation, Lloyd did not acknowledge problems related to alcohol or other drug use and currently felt there was no source of pressure to be in alcohol or other drug treatment. Lloyd's responses indicate moderate motivation for treatment, which suggests that motivational problems are of moderate clinical significance for treatment planning, and no/minimal barriers/peer resistance to treatment.

Reasons for Quitting:

Lloyd reported that he has not quit using substances yet and is about 0% ready to stop. He thought that the following would be good reasons to quit using:

- To feel in control of life.
- To prove to himself he was not addicted.
- To show himself that quitting was possible if he really wanted to.
- To do better in life.
- Because of legal problems related to alcohol or other drug use.

Treatment Planning Recommendations:

Lloyd reported severe substance use problems in the past 90 days, but is not currently receiving treatment for those problems. Based on the information provided, staff's recommendations are:

- Discussing the way substance use functions in Lloyd's life (e.g., what things are usually going on just prior to the decision to use drugs or alcohol? What thoughts and feelings precede using? What effect does substance use have on those thoughts and feelings? What people, situations, or activities are associated with using drugs or alcohol? What things might impact the likelihood of continued use?).
- Discussing the Personal Feedback Report with Lloyd, (e.g., use motivational interviewing to explore consequences of Lloyd's substance use. What are some of Lloyd's reasons for wanting to quit? What things are a part of Lloyd's typical pattern of use? When does Lloyd have the most situational confidence for avoiding substances?).
- Discussing Lloyd's goals, present level of motivation for treatment and resistance to change (e.g., use motivational interviewing to explore Lloyd's goals for substance use? What are some important reasons for those goals? What steps are necessary to achieve those goals? What things could prevent those goals? What are Lloyd's points of ambivalence about quitting?).
- Helping Lloyd do a pro/con analysis of how substance use functions in his life. (Consider reviewing and discussing the following sequence of pros and cons: What are the pros of using? Cons of not using? Cons of stopping? Pros of stopping?).

Prompt: Review, delete, or edit according to specific needs and clinical indications

Dimension B5 - Relapse, Continued Use, or Continued Problem Potential

Prompt: Enter collateral information obtained about problems in relevant areas

Lloyd reported no history of being in treatment. During the past 90 days, he has been in treatment 0 days, in any kind of controlled environment 0 days, and has been tested for alcohol or other drugs on 3 days.

Combined with the problems above and risks from the recovery environment below, the following conditions are possible influences on Lloyd 's risk of relapse or continued use.

- Reported 3 or more symptoms of dependence or abuse in the past month.
- Daily use.
- Using substances to forget about traumatic memories.
- First used substances or got drunk before the age of 15.

Treatment Planning Recommendations:

Lloyd has received intervention for substance use problems in the past 90 days but is still experiencing severe problems. Based on the information provided, staff's recommendations are:

- Discussing the current or prior treatment episodes with Lloyd to review the experience (e.g., did he achieve a period of sustained abstinence? What is he willing and able to do differently?).
- Discussing with Lloyd the difference between abstinence and recovery (e.g., help Lloyd understand why initial abstinence is only the beginning of lifestyle changes necessary for recovery).
- Discussing Lloyd 's willingness to participate in a 12-step or other recovery program (e.g., getting and actively working with a sponsor; working the 12 steps; establishing a relationship with a home group; performing a service at meetings such as setup, literature, or chairing a meeting; or sharing their story at a meeting).
- Discussing with Lloyd the situations that pose a risk of relapse (e.g., what are the people, places, and things that put Lloyd at high risk? How can high-risk situations be avoided? What refusal skills does Lloyd already have or need to develop? What will be Lloyd 's plan for handling emergency risk situations?).
- Developing and discussing options for Lloyd to build or enhance a nonusing social support network; engage in substance-free recreational activities; build situational confidence; strengthen refusal skills; and cope with relapse.
- Referral to relapse prevention group or counseling intervention to identify relapse triggers and develop a plan for minimizing triggers, coping with those that do occur, and knowing what to do if Lloyd does relapse (e.g., does Lloyd understand the nature of relapse and its triggers? What people, places, things, thoughts, or emotions are associated with initiating substance use? What things might impact the likelihood of relapse? Who will Lloyd call to help get back on track?).
- Referral to cognitive-behavior therapy to develop skills for coping with stress, managing thoughts and behaviors, and avoiding relapse.
- Referral to a more structured continuing care environment until Lloyd demonstrates regular use of relapse prevention skills.
- Obtaining a signed release of information form; requesting any records from prior treatment facilities; and reviewing those records to determine the services previously provided, recommendations, and outcomes.
- Discussing any prior treatment experience and the initial relapse that followed (e.g., did Lloyd complete the program? Adhere to follow-up recommendations? Achieve a period of sustained abstinence? What is Lloyd willing and able to do differently this time? What were the triggers that immediately preceded the relapse?).

Prompt: Review, delete, or edit according to specific needs and clinical indications

Dimension B6 - Recovery Environment

Prompt: Enter collateral information obtained about problems in relevant areas

The following are features of Lloyd 's environment that may be critical to recovery:

Family/Home Environment:

During the past year, Lloyd reported living with the following: spouse, significant companion or other sexual partner; parents; other relatives; other children over age 12; other adult roommates; institutional staff .

Lloyd reported that of the people he regularly lived with during the past year: most were employed or in school or training full-time; some were involved in illegal activity; some got drunk weekly; some used drugs during the past 90 days; some shouted, argued, and fought most weeks; some have been in drug or alcohol treatment; and some would describe themselves as being in recovery.

School Environment:

Lloyd reported last attending school or training more than 12 months ago and has completed through grade 10. During the last year of school, Lloyd described earning the following pattern of grades: Cs.

Work Environment:

Lloyd reported last working more than 12 months ago.

Social Network Environment:

Lloyd stated that he had not regularly worked or gone to school with anyone during the past year. Lloyd reported that of the people he had regularly socialized with during the past year: some were employed or in school or training full-time; some were involved in illegal activity; all got drunk weekly; all used drugs during the past 90 days; some shouted, argued, and fought most weeks; some have been in drug or alcohol treatment; and a few would describe themselves as being in recovery.

Sources of Social Support:

Lloyd reported the following sources of social support during the past year: *[MISSING DATA].[MISSING DATA]*.

Prompt: Sources of social support

Personal Strengths:

Lloyd identified the following as personal strengths during the past year:

Prompt: Personal strengths

Spirituality:

Lloyd reported no affiliation with a religious group.

Satisfaction with Environment:

Victimization:

Lloyd reported a lifetime history of being attacked with a weapon, being beaten, emotional abuse; and scored in the high range of the lifetime General Victimization Scale. He stated that the last time the problem occurred was 4 to 12 months ago. He was not currently worried about being victimized. Lloyd reported that no help has been received related to these issues.

Prompt: Consider recording content of any reports made to DCFS and what follow-up occurred. Consider whether level of detail needs to be reduced based on who is expected to review report.

Treatment Planning Recommendations:

Lloyd reported severe recovery environment problems in the past 90 days and no current intervention for those problems. Based on the information provided, staff's recommendations are:

- Discussing any prior treatment to review the experience (e.g., did he make changes in the recovery environment or supports? Were other family members involved in making changes? Did they have a follow-up recommendation? Achieve a period of initial abstinence (at least 90 days)? Are there things that might be adjusted to make more permanent changes this time? What is he willing/able to do differently this time? Are there any other factors outside Lloyd 's control that interfered with recovery? Are there current problems different from those addressed in previous interventions?).
- Increased structure of environment to reduce exposure to relapse triggers and increase support for recovery (e.g., placement in residential or alternative treatment; involvement in substance-free structured activities in the community; increased monitoring; substance-free vocational activities).
- Referral to residential treatment or other interventions related to reducing recovery environment risk.
- Reviewing current housing situation and develop plan for obtaining stable housing.
- Developing a plan for the cessation or reduction of substance use in the home.
- Developing a plan for the cessation or reduction of family fighting in the home.
- Obtaining a signed release of information form; requesting any records from residential substance, mental health or legal facility from prior or current treatment; and evaluate appropriateness of current treatment.

Prompt: Review, delete, or edit according to specific needs and clinical indications

Summary Recommendations

Given current involvement, treatment should be coordinated with: Mental health treatment.

Prompt: Enter recommendations. Comment on any special barriers to placement and what might be done about them. Comment on need to coordinate care with other treatment or agencies

Signatures

Evaluator

Date

Client/Patient

Date

Clinical Supervisor

Date
