



Level II Therapy WHAT CAN I EXPECT?

1. Describe what you expect therapy to be like:
2. What do you hope to get out of therapy?
3. Describe some of your thoughts and feeling about being in this program:
4. What are 3 ways you might sabotage your therapy?

Name: _____

Date: _____

During your enrollment in Level 2 Therapy we will ask you to pick 1 specific goal to work on during your enrollment. You can choose to work on any goal of your choice.

When you arrive for your 1st group please be prepared to select your goal.

Here are a list of suggestions for you:

_____ **Chemical Use:** develop a better understanding of your relationship with alcohol/drugs; explore the impact of alcohol and other drugs on your body.

_____ **Feelings:** Explore the relationship between your feelings & your use of alcohol/drugs; identify ways you can cope with negative feelings.

_____ **Relationships/Communication:** Explore how your alcohol/drug use affects the foundation of your relationships; learn how to express yourself more effectively; learn how to improve the most important relationships in your life.

Coping Skills: Explore areas of your life that may require some special attention

_____ Stress Reduction and Management

_____ Giving and Receiving Feedback

_____ Decision Making

_____ Anger Management

_____ Thinking Errors

_____ Values & Beliefs

_____ Other _____

Additional Comments:



ADDICTION TREATMENT OUTPATIENT SERVICES

LEVEL II THERAPY SERVICE PLAN

Name: _____ Date: _____

Please pick 1 goal you would like to focus on during your enrollment in Level 2 Therapy.

Please describe your goal in detail, as well as, your plan for accomplishing your goal. We will check back with you in 6 months to see what progress you've made.

Please describe your treatment goal:

Why this goal is important to you:

How will you accomplish your goal?

Please describe the specific steps will you take in order to accomplish your goal:

1. _____

2. _____

3. _____

Once you accomplish your goal how will you maintain your goal?

Client's Signature: _____

Therapist's Signature: _____

EXPECTED REVIEW DATE _____

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PARKER
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Parker, CO 80138
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GLOBAL ASSESSMENT OF FUNCTIONING

Please only select one

_____ I believe I have superior functioning in a wide range of activities; life's problems never seem to get out of hand. I am sought out by others because of my many qualities (100-91)

_____ I believe I have good functioning in all areas. I am interested and involved in a wide range of activities. I am socially effective. I am generally satisfied with life. I experience no more than everyday problems of concerns. (90-81)

_____ I may experience some symptoms to psychological stresses. I experience no more than a slight impairment in social, occupational or school functioning. Any symptoms that I experience are short-term and expectable reactions to the situation. (80-71)

_____ I experience some difficulty in social, occupational, or school functioning but generally I function pretty well. I have some meaningful interpersonal relationships (70-61)

_____ I experience moderate OR moderate difficulty in social, occupational, or school functioning (60-51)

_____ I experience serious symptoms OR serious impairment in social, occupational, or school functioning (50-41)

_____ I experience some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (40-31)

_____ My behavior is considered to be influenced by delusions or hallucinations OR serious impairment in communications or judgement OR inability to function in all areas (30-21)

_____ I believe I am in danger of hurting myself or others. I occasionally fail to maintain minimal personal hygiene. I occasionally experience gross impairment in communication (20-11)

_____ I experience a persistent danger to hurt myself or others. I experience a persistent inability to maintain minimum personal hygiene. I have experienced a serious suicidal act with the clear expectation of my death (10-1)

Name: _____

Date: _____

Beck Depression Inventory – II

Name: _____ DOB: _____ Date _____

*This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, please select the number 0, 1, 2, or 3 next to the one statement in each group which best describes the way you have been feeling in the **past week, including today**. If several statements within a group seem to apply equally well, circle the highest number of those involved. **Be sure to read all the statements in each group before making your choice.***

1.	0 I do not feel sad 1 I feel sad much of the time 2 I am sad all the time 3 I am so sad or unhappy I can't stand it	9.	0 I don't have any thoughts of killing myself 1 I have thoughts of killing myself, but would not carry them out 2 I would like to kill myself 3 I would kill myself if I had the chance
2.	0 I am not discouraged about my future 1 I feel more discouraged about my future than I used to be 2 I do not expect things to work out for me 3 I feel my future is hopeless and will only get worse	10.	0 I don't cry any more than I used to 1 I cry more than I used to 2 I cry over every little thing 3 I feel like crying but I can't
3.	0 I do not feel like a failure 1 I have failed more than I should have 2 As I look back, I see a lot of failures 3 I feel I am a total failure as a person	11.	0 I am no more restless or wound up than usual 1 I feel more restless or wound up than usual 2 I am so restless or agitated that it's hard to stay still 3 I am so restless or agitated that I have to keep moving or doing something
4.	0 I get as much pleasure as I ever did from the things I enjoy 1 I don't enjoy things as much as I used to 2 I get very little pleasure from the things I used to enjoy 3 I can't get any pleasure from the things I used to enjoy	12.	0 I have not lost interest in other people or activities 1 I am less interested in other people or things than before 2 I have lost most of my interest in other people or things 3 It's hard to get interested in anything
5.	0 I don't feel particularly guilty 1 I feel guilty over many things I have done or should have done 2 I feel quite guilty most of the time 3 I feel guilty all of the time	13.	0 I make decisions about as well as ever 1 I find it more difficult to make decisions than usual 2 I have much greater difficulty making decisions than I used to 3 I have trouble making any decisions
6.	0 I don't feel I am being punished 1 I feel I may be punished 2 I expect to be punished 3 I feel I am being punished	14.	0 I do not feel that I am worthless 1 I don't consider myself as worthwhile and useful as I used to 2 I feel more worthless as compared to other people 3 I feel utterly worthless
7.	0 I feel the same about myself as ever 1 I have lost confidence in myself 2 I am disappointed in myself 3 I dislike myself		
8.	0 I don't criticize or blame myself more than usual 1 I am more critical of myself than I used to be 2 I criticize myself for all of my faults 3 I blame myself for everything bad that happens		Subtotal page 1: _____

15.	0	I have as much energy as ever	19.	0	I can concentrate as well as ever
	1	I have less energy than I used to have		1	I can't concentrate as well as usual
	2	I don't have enough energy to do very much		2	It's hard to keep my mind on anything for very long
	3	I don't have enough energy to do anything		3	I find I can't concentrate on anything
16.	0	I have not experienced any changes in my sleeping patten	20.	0	I am no more tired or fatigued than usual
	1a	I sleep somewhat more than usual		1	I get more tired or fatigued more easily than usual
	1b	I sleep somewhat less than usual		2	I am too tired or fatigued to do a lot of the things I used to do
	2a	I sleep a lot more than usual		3	I am too tired or fatigued to do most of the things I used to do
	2b	I sleep a lot less than usual			
	3a	I sleep most of the day	21.	0	I have not noticed any recent change in my interest in sex
	3b	I wake up 1-2 hours early and can't get back to sleep		1	I am less interested in sex than I used to be
17.	0	I am no more irritable than usual		2	I am much less interested in sex now
	1	I am more irritable than usual		3	I have lost interest in sex completely
	2	I am much more irritable than usual			
	3	I am irritable all the time			
18.	0	I have not experienced any changes in my appetite			
	1a	My appetite is somewhat less than usual			
	1b	My appetite is somewhat greater than usual			
	2a	My appetite is much less than before			
	2b	My appetite is much greater than usual			
	3a	I have no appetite at all			
	3b	I crave food all the time			

Subtotal page 2: _____

Subtotal page 1: _____

Subtotal page 2: _____

Total score: _____

This inventory list all the symptoms of depression. Add up the score you obtain in each section. A guide to assess how depressed you are and how well you are doing in treatment is:

- 0-9 No depression
- 10-14 Borderline depression
- 15-20 Mild depression
- 21-30 Moderate depression
- 31-40 Severe depression
- 41-63 Very severe depression

If you score 15 and over, it may be advisable to consult your doctor, especially if you score on items 2, 9, 16, 17, 18, 19, and 20. However, low mood affects all of us from time to time. You may find that you score 15 or over one week, but this state does not last. You may feel much better after a few days. Real depression last for at least two weeks.

Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom. **If completing on-line please use check boxes to make your selection**

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____ .

Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.