

AODA DISCHARGE SUMMARY

(CVCTF Draft form)

Offender Name Rotta, Randy	DOC # 80599	Date of Birth 02.08.1957
Date of Admission 01.05.15	Date of Discharge 04.24.15	Status Completed w/ Aftercare
Therapist Name Ms. Wilhelm-Copas, CSAC		Agent # 3 20 06

COURSE OF TREATMENT: Mr. Rotta was recommended for treatment by an A & E assessment. After an initial screening to assess his current AODA needs, he was deemed appropriate. He voluntarily accepted admission into the AODA Program by signing a treatment contract. An initial treatment plan was developed, followed, and updated with Mr. Rotta and his counselor Ms. Wilhelm-Copas. During the course of the 16 week residential treatment program he participated in all expected group and individual activities. Mr. Rotta identified the values, beliefs, and feelings that contributed to his criminal and addictive behavior. He also explored his criminal thinking patterns as well as the consequences of his drug/alcohol abuse or dependency. He was offered tools designed to implement alternative thinking patterns and behavior. Mr. Rotta completed and presented his autobiography. Treatment strategies and discussion topics included: the culture of drug abuse, current social events, dealing with negative emotions, esteem issues, healthy social interactions, family and relational dynamics, treatment and relapse prevention strategies, recovery needs, and reintegration into the community. Recovery support resources were introduced.

DSM-V-TR DISCHARGE DIAGNOSTIC IMPRESSION:

	Mild 2-3 Symptoms	Moderate 4-5 Symptoms	Severe 6 or more Symptoms
Alcohol	<input type="checkbox"/> 305.00	<input checked="" type="checkbox"/> 303.90	<input type="checkbox"/> 303.90
Cannabis	<input type="checkbox"/> 305.20	<input checked="" type="checkbox"/> 304.30	<input type="checkbox"/> 304.30
Sedative/Hypnotic/Anxiolytic	<input type="checkbox"/> 305.40	<input type="checkbox"/> 304.10	<input type="checkbox"/> 304.10
Hallucinogen	<input type="checkbox"/> 305.30	<input type="checkbox"/> 304.50	<input type="checkbox"/> 304.50
Stimulant Amphetamine	<input type="checkbox"/> 305.70	<input type="checkbox"/> 304.40	<input type="checkbox"/> 304.40
Stimulant Cocaine	<input type="checkbox"/> 305.60	<input type="checkbox"/> 304.20	<input type="checkbox"/> 304.20
Stimulant Other or Unspecified	<input type="checkbox"/> 305.70	<input type="checkbox"/> 304.40	<input type="checkbox"/> 304.40
Opioid	<input type="checkbox"/> 305.50	<input type="checkbox"/> 304.00	<input type="checkbox"/> 304.00
Inhalant	<input type="checkbox"/> 305.90	<input type="checkbox"/> 304.60	<input type="checkbox"/> 304.60
Phencyclidine (PCP)	<input type="checkbox"/> 305.90	<input type="checkbox"/> 304.60	<input type="checkbox"/> 304.60
Tobacco	<input type="checkbox"/> 305.1	<input type="checkbox"/> 305.1	<input type="checkbox"/> 305.1

PROGNOSIS:

Good

Fair

Guarded

Poor

DISCHARGE RECOMMENDATIONS:

Maintenance of Total Abstinence from all Mood-Altering Substances

Discharge to Home Destination

Follow treatment recommendations

Follow supervision recommendations

Continued Treatment:

Community Residential Treatment Program

Community Inpatient Treatment Program

Community Outpatient Treatment Program

Transitional Living Program

Halfway-House placement with an AODA focus

Maintain Recovery Support Meetings and Associations on a monthly basis

Avoid High Risk, People, Places and Situations

Other: Relapse Prevention to assist with his transition into society

Randy J. Rotta
Participant Signature

4-20-15
Date

Stefan Wilhelm-Copas, CSAC
AODA Counselor Signature

4/20/15
Date

Billie Stegler
Program Director Signature

4/21/15
Date