Directions for the Case Presentation Method and Oral Test Registration

1. You must have an application approval letter from the Division of Consumer Affairs, Alcohol, and Drug Counseling Committee before you can be registered for the Oral Exam.

2. See additional Oral Exam sections on this website area for additional information: http://certbd.org/testing/oral-test-questions/

3. Fill out the Oral Test Registration Form and send it, along with your Case Study, Fee, and Test Approval letter to the Certification Board.
   You will then be contacted regarding a testing date.

    - Use an actual client from your case files, one who has completed treatment or is no longer obtaining your services where you were the primary counselor. Use a fictitious name for the client. Do not use abbreviations.
    - Complete the demographic information sheet on the client.
    - Provide the information for all items on pages 4 and 5. Begin by typing:
        - SUBSTANCE ABUSE HISTORY as a subheading, follow with narrative (story style) on the client's history of substance abuse, go on to subheading
        - PSYCHOLOGICAL FUNCTIONING. Complete this section in the same manner all the way through.
    - Sign the Counselor's Statement on the Cover Sheet.
    - Give the completed Case Presentation to your supervisor for their review and signature (your supervisor must sign each and every sheet of the original copy).
    - Email one (1) copy, signed by you and your supervisor for that case, of the completed Case Presentation to
    - Please note that no pre-programmed treatment plans will be accepted. The treatment plan must be developed by the applicant.

   PLEASE NOTE: In addition to the cover sheet and demographic page, a **maximum** of eight (8) typewritten pages will be accepted.

YOUR CASE PRESENTATION MUST BE TYPED.

1. Use an actual client from your case files, one who has completed treatment or is no longer obtaining your services where you were the primary counselor. Use a fictitious name for the client. Do not use abbreviations.

2. Complete the demographic information sheet on the client.

3. Provide the information for all items on pages 4 and 5. Begin typing: A. SUBSTANCE ABUSE HISTORY as a subheading follows with narrative (story style) on the client's history of substance abuse, go on to subheading B. PSYCHOLOGICAL FUNCTIONING. Complete this section in the same manner all the way through.

4. Sign the Counselor's Statement on the Cover Sheet.

5. Give the completed Case Presentation to your supervisor for their review and signature (your supervisor must sign each and every sheet of the original copy).

6. Email one (1) copy of the completed Case Presentation to cases@certbd.org

7. Please note that no pre-programmed treatment plans will be accepted. The treatment plan must be developed by the applicant.

PLEASE NOTE: In addition to the cover sheet and demographic page, a maximum of eight (8) typewritten pages will be accepted.

COVER SHEET

CASE PRESENTATION

BY

_____

COUNSELOR'S NAME
(PLEASE PRINT)

SUPERVISOR'S STATEMENT

"I hereby certify that I have read this case presentation that it represents an actual case of the applicant and that to the best of my knowledge it was prepared by him/her as the primary counselor."

Please be sure to sign each and every sheet of the case study

NAME TITLE

NAME OF AGENCY

SIGNATURE DATE

COUNSELOR'S STATEMENT

"I hereby certify that I prepared this case presentation and that it represents an actual case for which I was the primary counselor.

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

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

SIGNATURE DATE

HIGHEST LEVEL OF EDUCATION COMPLETED

YOU ARE APPLYING FOR:
CADC [ ]
LCADC [ ]

Demographic Information on Actual Client

FICTIONAL NAME _____

Age at admission _____

Race _____

Sex _____

Marital Status _____

Employment _____

Referral Source _____

Admission Date _____

Discharge Date _____

Treatment Setting and Modality _____

WRITTEN CASE FORMAT
(THIS MUST BE TYPED)

BACKGROUND INFORMATION

A Substance Abuse History
Substances used
Frequency
Progression
Severity/amount used
Onset/when started
Primary substance
Route of administration
Effects - blackouts, tremors, tolerance, DT's, seizures, other medical complications (some of these can be included in the physical history section)

B Psychological Functioning
Mental Status – oriented, hallucinations*, delusions*, suicidal, homicidal, judgment, insight (*to include both past and present)

C Education/Vocational/Financial
Educational and Work History
Educational Level
Disciplinary action (at school or work)
Reasons for termination
Current and Past financial status

D Legal History
Charges, arrests, convictions
Current Status
Pending

E Social History
Parents
Siblings/ Rank
Psychological functioning in family
Substance abuse in family
History of social functioning, including physical, sexual and emotional abuse
Relationship history
Children

WRITTEN CASE FORMAT, continued

F Physical history
Both alcohol and drug, non-alcohol, and drug problems
Past and present major medical problems (i.e., disabilities, pregnancy and related issues, Sexually Transmitted Diseases, alcohol and drug related problems)

G Treatment History
Both alcohol and drug related psychological history

ASSESSMENT

Identify and evaluating and individual's strength, weaknesses, problems and needs for the development of the treatment plan.

TREATMENT PLAN

Identifying and ranking problems needing resolution; establishing agreed upon immediate and long term goals; deciding on a treatment process and the resources to be utilized.

COURSE OF TREATMENT

Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and responses to treatment.

DISCHARGE SUMMARY

Concise description of the client's overall response to treatment, including alcohol/drug status at discharge.