

Cindy

A 45 y.o. single female, groundskeeper was referred for treatment by a Substance Abuse Professional (SAP) who assessed Cindy as meeting diagnostic criteria for alcohol dependence and cocaine abuse with symptoms of depression. The SAP assessment was triggered by Cindy's alleged refusal for a random urine drug screen at work. Since she had shown a positive cocaine result on a drug screen eight months earlier, this refusal constituted an automatic second positive, as refusal is interpreted as positive. Cindy disputes she was told to take a random test before leaving work sick for the day.

Client denies medical conditions and complications. She complains of depression over the past five or six months, but has not had suicidal thoughts, or impulses to harm herself. Cindy's responses on the MINI Screen also indicated that she would need to have Module A and Module O (Major Depressive Episode (Mde) With Melancholic Features And Generalized Anxiety Disorder) administered.

Cindy admits to an alcohol problem but feels it is no longer a problem as she claims to have stopped drinking five months ago. She claims she's never had a cocaine problem and just used with a boyfriend that once, the night before the first random urine test at work. Her URICA scores indicate Preparation stage for her drinking and Precontemplation for her drug use.

She has denies alcohol use, stating she hasn't used in the last five months and no cocaine use in the last eight months. She has had one positive cocaine drug screen eight months ago, and refused to complete a random drug screen recently which lead to her employer referral. She mainly wants to keep her job, but does complain of some problems with depression and her alcohol use in the past. She is willing to be involved in treatment but feels she only needs urine monitoring and low intensity outpatient support and counseling for her depression.