

Bright Outcomes LLC
Reality Check Web Weekend
Client File
Documents

Client Name _____

Client Name: _____

Date: _____

The Michigan Alcoholism Screening Test (MAST)

Please circle either Yes or No for each item as it applies to you.

1.	Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)	Yes	No
2.	Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	Yes	No
3.	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	Yes	No
4.	Can you stop drinking without a struggle after one or two drinks?	Yes	No
5.	Do you ever feel guilty about your drinking?	Yes	No
6.	Do friends or relatives think you are a normal drinker?	Yes	No
7.	Are you able to stop drinking when you want to?	Yes	No
8.	Have you ever attended a meeting of Alcoholics Anonymous (AA)?	Yes	No
9.	Have you gotten into physical fights when drinking?	Yes	No
10.	Has your drinking ever created problems between you and your wife, husband, a parent, or other relative?	Yes	No
11.	Has your wife, husband (or other family members) ever gone to anyone for help about your drinking?	Yes	No
12.	Have you ever lost friends because of drinking?	Yes	No
13.	Have you ever gotten into trouble at work or school because of drinking?	Yes	No
14.	Have you ever lost a job because of drinking?	Yes	No
15.	Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	Yes	No
16.	Do you drink before noon fairly often?	Yes	No
17.	Have you ever been told you have liver trouble? Cirrhosis?	Yes	No
18.	After heavy drinking, have you ever had Delirium Tremens (D.T.\$) or severe shaking, or heard voices or seen things that really were not there?	Yes	No
19.	Have you ever gone to anyone for help about your drinking?	Yes	No
20.	Have you ever been in a hospital because of drinking?	Yes	No
21.	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?	Yes	No
22.	Have you ever been seen at a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergyman for help with an emotional problem, where drinking was part of the problem?	Yes	No
23.	Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If YES, how many times?)	Yes	No
24.	Have you ever been arrested, or taken into custody even for a few hours, because of other drunk behavior? If YES, how many times? ()	Yes	No

DRUG ABUSE SCREENING TEST D.A.S.T.

Client Name: _____ Date _____

In the statements below, "drug abuse" refers to (1) the use of over-the-counter or prescribed drugs in excess of the directions, and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hash), solvents, tranquilizers (Valium), barbiturates, cocaine, stimulants (speed, amphetamine), hallucinogens (Ecstasy, crystal meth), or narcotics (heroin). Instruction: Write yes in left column or no in right column.

Remember the questions do not include alcohol and they cover use during the past 12 months.

	Yes	No
1 Have you used drugs other than those required for medical reasons?	_____	_____
2 Have you abused prescription drugs?	_____	_____
3 Do you abuse more than one drug at a time?	_____	_____
4 Can you get through the week without using drugs?	_____	_____
5 Are you always able to stop using drugs when you want to?	_____	_____
6 Have you had "blackouts" or "flashbacks" because of drug use?	_____	_____
7 Do you ever feel guilty about your drug use?	_____	_____
8 Does your spouse, or parents, ever complain about your drug use?	_____	_____
9 Had drug abuse created problems between you and your spouse or Your parents?	_____	_____
10 Have you lost friends because of your use of drugs?	_____	_____
11 Have you neglected your family because of your drug use?	_____	_____
12 Have you been in trouble at work because of your drug use?	_____	_____
13 Have you lost a job because of drug abuse?	_____	_____
14 Have you gotten into fights when under the influence of drugs?	_____	_____
15 Have you engaged in illegal activities in order to obtain drugs? How many times? _____	_____	_____
16 Have you been arrested for possession of illegal drugs?	_____	_____
17 Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	_____	_____
18 Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, bleeding, ER visit, etc.)?	_____	_____
19 Have you gone to anyone for help for a drug problem?	_____	_____
20 Have you been involved in a treatment program specifically related to drug use?	_____	_____

Score _____

Client file 04

Reality Check Web Weekend Participant Response Summary

Participant Name: _____ Date _____

Bright Outcomes Team is aware of the large amount of material presented to participants during Reality Check Web Weekend Intensive. Honest and candid client participant feedback about his/her experience of the Reality Check Web Weekend process is very important and valuable to our program.

Please fill out this survey and bring it to the Exit Interview. We thank you in advance for your cooperation in completing this survey.

1. When you first came to Reality Check Web Weekend, did you think the program would be a positive learning experience? _____

2. Upon completing the program, do you feel that the Reality Check Web Weekend program was a positive influence on you? _____

3. Was the material presented by the counselors in a clear and understandable way? _____

4. Did you feel that the counselors really cared about you? _____

5. Overall, did Reality Check Web Weekend influence your attitude about how drugs and alcohol will play a future role in your lifestyle? _____

6. Overall, did Reality Check Web Weekend influence how you view on drinking/drugging and driving or your driving ability? _____

7. How would you rate the following segments of the program?

	Excellent	Very Good	Good	Fair
The counselors' presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multimedia/videos messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Break out groups/discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What immediate changes or actions will you take after of completing this program?

9. What was your main 'Reality Check' that you learned this weekend?

10. Overall, would you recommend this program to others? _____

After learning more about drugs and alcohol 'Reality Check Web Weekend' Program:

I now believe that, at the peak of my drug/alcohol during my life, my alcohol and drug patterns were:

Alcohol: Mild Moderate Severe

Drugs: Mild Moderate Severe

CLIENT PARTICIPANT:

RESPONSES TO REALITY CHECK WEB WEEKEND PROGRAM (Page 1)

Please mark an x in the box next to each of your 5 most significant Reality Check Web Weekend Segments on the following list.

Segment

- 1 The Brain and Neuroscience
- 2 Treatment Approaches, Movie "Pleasure Unwoven", and the Disease Concept
- 3 Stress, High Risk Behavior, Denial, and Dual Diagnosis
- 4 Venn Diagram and Medical Consequences
- 5 Jellinek Chart of Progressive Nature of Alcoholism
- 6 Cost/Benefit Analysis
- 7 Self-Defeating Behaviors & Cog Dissonance
- 8 Non-Violent Communications and Anger Management
- 9 The Family: Effects of Drugs and Alcohol on the Family
- 10 Movie "Flight"
- 11 Highway Safety and Penalties
- 12 Victim Impact Presentation
- 13 Relapse, Recovery & Self-Help Groups
- 14 Creating an Effective Change Plan
- 15 Movie: "The Secret"



Reality Check Web Weekend Program Participant Completion Report

To:
Fax:
From: **Bright Outcomes LLC: Reality Check Web Weekend Program**
Fax: **(231) 943-8935**
Date:

Regarding Client Participant: _____

This letter is to verify that this participant has successfully completed the following content of Reality Check Web Weekend Program.

1. Initial Interview and MAST and DAST Screening Tests
2. The Neuroscience of Substance Abuse and the Brain
3. DSM5 Values and Cognitive Therapy Approach to Substance Abuse
4. Stress, High Risk Behavior, Denial and Co-Occurring Disorders
5. Substance Use and Abuse and the Progressive Nature of Abuse
6. Medical Consequences of Alcohol and Drug Abuse
7. Cost/Benefit Analysis
8. Self-Defeating Behaviors and Cognitive Dissonance
9. Non-Violent Communications and Anger Management Skills
10. The Family: Effects of Drugs and Alcohol in Families Roles/Strategies
11. Triggers and Relapse
12. Highway Safety and Penalties
13. Self-Defeating Behaviors and Cognitive Dissonance
14. Victim Impact Presentation
15. Relapse and Recovery, Chemical Dependency, How to Reduce Substance Abuse, Alternative Choices and Responsible Drinking Patterns
16. Self-Help Groups: Alcoholics Anonymous and SMART Recovery Programs
17. Strategies for Making an Effective Change Plan
18. Final interviews and Evaluation

Bright Outcomes

Upon review of client’s participation in the interviews, MAST and DAST screenings, Reality Check Web Weekend Program, and review of client’s court ordered requirements (see list), we recommend the following additional course of action:

Court Requirement	Required	RCW Counselor Recommendations
AA & Self-Help Groups		No additional RCW Counselor Recommendations <u> x </u>
Assessment		
Community Service		
Drug and Alcohol Testing		
Fines and Costs		
Mental Health Counseling		
Substance Abuse Counseling		
Victim Restitution		
Other		

My signature below is to declare that:

- I have discussed the above recommendations with a Reality Check Web Weekend Counselor and I understand them.
- I understand that any recommendations by Reality Check Web Weekend Counselors do not override any existing court ordered requirements.
- I give Reality Check Web Weekend Counselor or Bright Outcomes LLC Staff permission to share this information with the court.

Participant Name

Participant Signature

Date