Clinical Evaluation: Treatment Planning
Goals and Objectives

1) Define Treatment Planning
2) Understanding of Correlation Between Assessment and Treatment Planning
3) Overview of Treatment Planning Process
4) Treatment Plan History
5) Introduce the Treatment Planning M·A·T·R·S· Model
6) Progress Notes

What is Treatment Planning?

What is a Treatment Plan?

A result of collaborative process between the client and the counselor

Counselor + Client develop goals and identify strategies (interventions) for achieving those goals

(Addiction Counselor Competencies, CSAT, TAP 21, p. 39)

Treatment Plans Incorporate Information Gathered from the Assessment

Results of an ASI (+other instruments)

Clinical Interview

Collateral Information from sources such as family, legal, EAP, physicians, treatment facilities, spiritual advisor/leader

Presenting Problems

Bridging Assessment with Treatment Planning

Obtain and interpret all relevant assessment information

An integrated treatment plan addresses substance abuse and mental illness through concurrent treatment

First address pressing needs

Evaluate client motivation to address substance abuse

Identify treatment goals and target behaviors

Select interventions for achieving goals

Choose measures to monitor outcomes of goal setting

Follow up and modify treatment plans as necessary

Treatment Planning

At a minimum the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

1) Obtain and interpret all relevant assessment information

Stage of change and readiness for treatment, i.e. Prochaska and DiClemente

The treatment planning process

Motivation and motivating factors

The role and importance of client resources and barriers to treatment

The impact that the client and family systems have on treatment decisions and outcomes

Other sources of assessment information

2) Explain assessment findings to the client and significant others involved in potential treatment

- Confidentiality regulations
- Effective communication styles
- Factors effecting the client's comprehension of assessment findings
- Roles and expectations of others potentially involved in treatment

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3) Provide the client and significant others with clarification and further information as needed

Effective communication styles

Methods to elicit feedback

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4) Examine treatment implications in collaboration with the client and significant others

Available treatment modalities, client placement criteria, and cost issues

The effectiveness of the various treatment models based on current research

Implications of various treatment alternatives, including no treatment

5) Confirm the readiness of the client and significant others to participate in treatment

Motivational processes

Stages of change model

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6) Prioritize client needs in the order they will be addressed

Treatment sequencing and the continuum of care

Hierarchy of needs

Interrelationship among client needs and problems

7) Formulate mutually agreed upon and measurable treatment outcome statements for each need

Levels of client motivation

Treatment needs of diverse populations

How to write measurable outcome statements

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8) Identify appropriate strategies for each outcome

Intervention strategies

Level of client's interest in making specific changes

Treatment issues with diverse populations

9) Coordinate treatment activities and community resources

Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria

- Treatment modalities and community resources

- Contributions of other professions and mutual-help or self-help support groups

- Current placement criteria

- The importance of client's racial or ethnic culture, age, developmental level, gender, and life circumstances in coordinating resources to client needs

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10) Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress

The relationship among problem statements, desired outcomes, and treatment strategies

Short- and long-term treatment planning

Evaluation methodology

11) Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations

Federal, State, and agency confidentiality regulations, requirements, and policies

Resources for legal consultation

Effective communication styles

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12) Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances

Evaluate treatment and stages of recovery

Review and revise the treatment plan

Treatment Planning

"Meaningless and time consuming"

"Ignored"

"Same plan, different names"

Other organizational considerations...

1. Information requirements of funding entities/managed care?
2. Is there duplication of information collected?
3. Is technology used effectively?
4. Is paperwork useful in treatment planning process?

Field of Substance Abuse Treatment: Early Work

Program-Driven Plans
  – "One size fits all"

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Program-Driven Plans

Client needs are not important as the client is "fit" into the standard treatment program regimen

Plan often includes only standard program components (e.g. group, individual sessions)

Little difference among clients' treatment plans

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Program-Driven Plans

Client will:

1. "Attend 3 AA meetings a week"
2. "Complete steps 1, 2, & 3"
3. "Attend group sessions 3x/week"
4. "Meet with counselor 1x/week"
5. "Complete 28-day program"

Program-Driven Plans

Often include only those services immediately available in agency

Often do not include referrals to community services (e.g. parenting classes)

Treatment Planning: A Paradigm Shift

Individualized treatment plans
– *Many options available*
– *Custom style & fit*

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"Sized to match client problems and needs"

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1. What does a counselor need to discuss before developing a treatment plan?
2. Where do you get the information, guidelines, tools used, etc?

To individualize a plan, what information is needed?
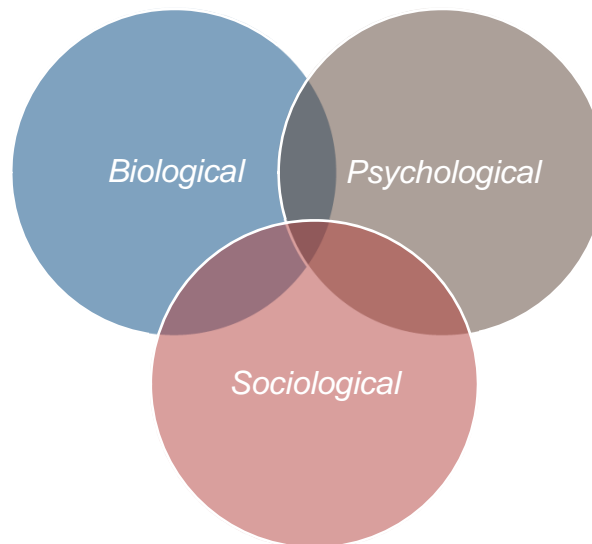
Possible sources of information might include:

Probation reports

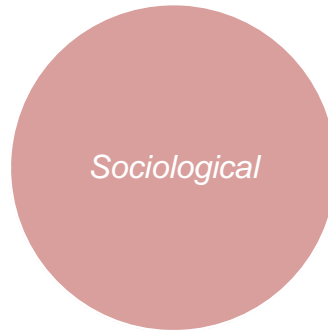Screening results

Assessment scales

Collateral interviews

Biopsychosocial Model

Biological

Psychological
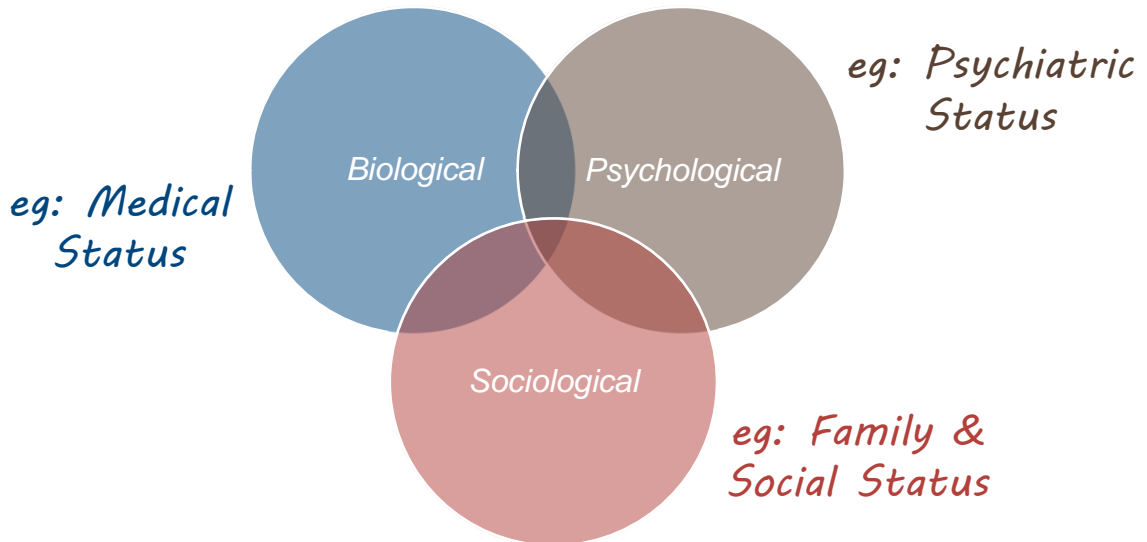
Sociological

Biopsychosocial Model Example

Does the client have a car? Can they access public transportation?

Sociological

How available are drugs or alcohol in the home?

How close do they live to the treatment center?

ASI Problem Domains and the Biopsychosocial Model...

eg: Medical Status

Biological

Psychological

eg: Psychiatric Status

Sociological

eg: Family & Social Status

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Why make the effort?

Individualized Treatment Plans

  Leads to increased retention rates which are shown to lead to improved outcomes

  Empowers the counselor and the client, and focuses counseling sessions

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Why make the effort?

Individualized Treatment Plans

  It "fits" the client well

ASI:

  Like measurements, the ASI items are used to "fit" the client's services to her/his needs

What is included in any treatment plan?

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Components in a Treatment Plan

1. Problem Statements (information from assessment)

2. Goal Statements (based on Problem Statement)

3. Objectives (what the client will do)

4. Interventions (what the staff will do)

Treatment Plan Components

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1. **Problem Statements** are based on information gathered during the assessment
2. **Goal Statements** are based on the problem statements and <u>reasonably</u> achievement in the active treatment phase
3. **Objectives** are what the **client** will do to meet those goals
4. **Interventions** are what the **staff** will do to assist the client

Other common terms:

1. Action Steps
2. Measurable activities
3. Treatment strategies
4. Benchmarks
5. Tasks

Review: Components in a Treatment Plan

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1. Problem Statements (information from assessment)

2. Goal Statements (based on Problem Statement)

3. Objectives (what the client will do)

4. Interventions (what the staff will do)

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Discharge Plan Components

5. *Client Strengths* are reflected*

6. *Participants in Planning* are documented*

   The DENS Treatment Planning Software includes these components

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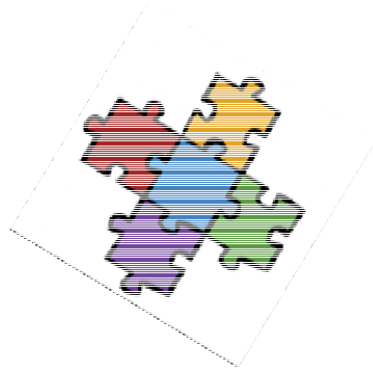Funded by Substance Abuse and Mental Health Services Administration
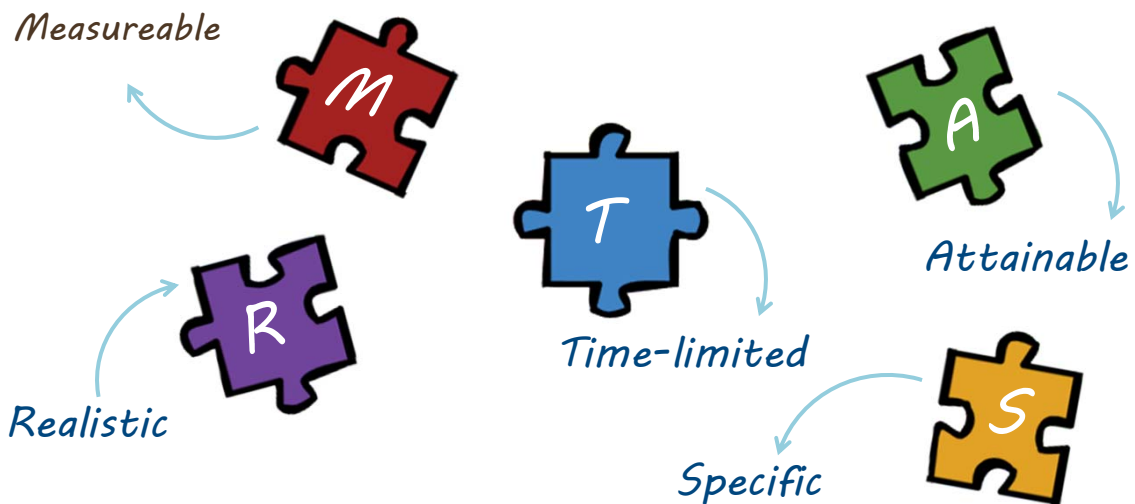
Considerations in Writing...

- *All problems identified are included regardless of available agency services*
- *Include all problems whether deferred or addressed immediately*
- *Each domain should be reviewed*
- *A referral to outside resources is a valid approach to addressing a problem*

Tips on Writing Problem Statements

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- Non-judgmental
- No jargon statements
  - Client is in denial
  - Client is co-dependent
Use complete sentence structure

How we write an objective or intervention statement: MATRS

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Measureable
M

Realistic
R

T
Time-limited

A
Attainable

S
Specific

Objectives & Interventions (MATRS)

- Objectives and Interventions are measureable
- Achievement is observable
- Measurable indicators of client progress
  - Assessment scales/scores
  - Client report
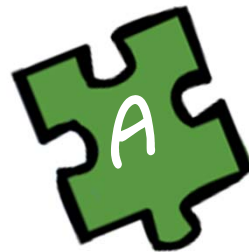 - Behavioral and mental status changes

Measureable
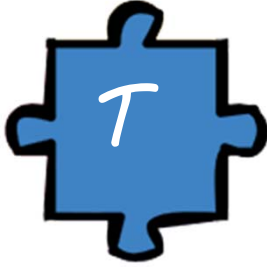

Objectives & Interventions (MATRS)

- Objectives and Interventions are attainable during active treatment phase
- Focus on "improved functioning" rather than cure
- Identify goals attainable in level of care provided
- Revise goals when client moves from one level of care to another

Attainable

Objectives & Interventions (MATRS)

Time-limited

T

- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

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Objectives & Interventions (MATRS)

- Client can realistically complete objectives within a specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

R

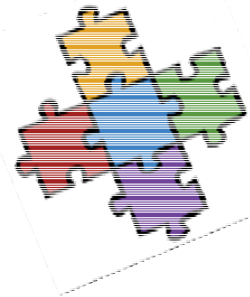## Realistic

Objectives & Interventions (MATRS)

- Objectives and Interventions are specific and goal-focused
- Address in specific behavioral terms how level of functioning or functional impairments will improve

Specific

S

The MATRS Test

- Measureable? Can change be documented?
- Attainable? Achievable within active treatment phase?
- Time-limited? Is time frame specified? Will staff be able to review within a specific period of time?
- Realistic? Is it reasonable to expect the client will be able to take steps on his or her behalf? Is it agreeable to client and staff?
- Specific? Will client understand what is expected and how program staff will assist in reaching goals?

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- *Conduct assessment*
- *Collect client data and information*
- *Identify problems*
- *Prioritize problems*
- *Develop goals to address problems*
- *Remember MATRS*
  - *Objectives to meet goals*
  - *Interventions to assist client in meeting goals*

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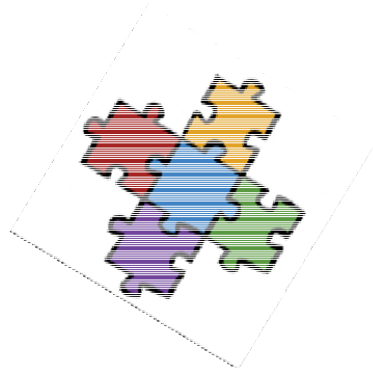
Documentation

Documentation: The Progress Note

Documentation Includes:	Progress Note Formats
Type of Session	NAPT:
Level of Care	SOAP:
Date	BIRP:
Client Name	
Counselor Name (typed)	
Counselor Signature and Credentials	

Documentation – Basic Guidelines

- Dated, signed, legible
- Client name, unique identifier
- Start/stop time
- credentials
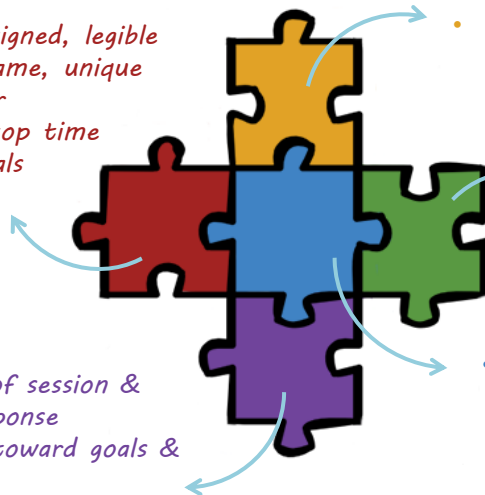
- Specific problems, goals & objectives addressed

- Interventions used to address problems, goals, & objectives

- Content of session & client response
- Progress toward goals & objectives

- Add new problems, goals & objectives

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Documentation – Basic Guidelines

Entries should include:

- *Your professional assessment*

- *Continued plan of action*

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Documentation – Basic Guidelines

Describes:

- *Changes in client status*
- *Response to outcome of interventions*
- *Observed behavior*
- *Progress toward goals and completion of objectives*

Summary

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1) Obtain and interpret all relevant assessment information
2) Explain assessment findings to the client and significant others involved in potential treatment
3) Provide the client and significant others with clarification and further information as needed·
4) Examine treatment implications in collaboration with the client and significant others
5) Confirm the readiness of the client and significant others to participate in treatment (motivation level)
6) Prioritize client needs in the order they will be addressed

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Presentation Summary
Module 5: Treatment Planning

7) Formulate mutually agreed upon and measurable treatment outcome statements for each need

8) Identify appropriate strategies for each outcome

9) Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria

10) Develop with the client a mutually acceptable plan of action & method for monitoring progress

11) Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations

12) Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

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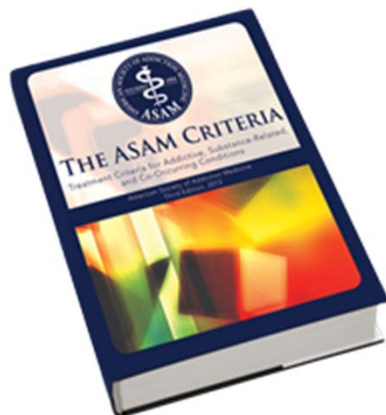
ASAM Criteria
Levels of Care

Assessment: ASAM, 3rd Edition

American Society of Addiction Medicine (ASAM) Criteria:

- Clinically driven, not program driven
- Criteria do not involve a prescribed length of stay, but promote a flexible continuum of care
- Involve an interdisciplinary approach to care
- Include informed consent
- Are outcomes driven
- Clarify medical necessity

Levels of Care

Early Intervention

Outpatient treatment
- Intensive Outpatient treatment

Partial Hospitalization

Residential/Inpatient treatment
- Low-Intensity Residential treatment
- Medium-Intensity Residential treatment
- High-Intensity Residential treatment

Medically Monitored Intensive Inpatient treatment

Dimensions of ASAM

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1. Acute intoxication and withdrawal potential
2. Biomedical conditions and complications
3. Emotional, behavioral or cognitive conditions and complications
4. Readiness to change
5. Relapse, continued use, or continued problem potential
6. Recovery/Living environment

   *Severity in each dimension can be rated as mild, moderate or severe

Levels of Care-
Level 0.5 Early Intervention

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One-on-one counseling and educational programs

Patients do not meet criteria for Substance-Related Disorder

Problems in Dimensions 1, 2 or 3 are stable or being addressed

Levels of Care:
Level 1 – Outpatient Treatment

Therapies include

- Individual and group counseling
- Motivational enhancement
- Opioid substitution therapy
- Family therapy

- Educational groups
- Occupational and recreational therapy
- Psychotherapy
- Other therapies

Level 1 – Outpatient Treatment
Dimensional Admission Criteria

Dimension 1: No withdrawal signs or symptoms

Dimension 2: Biomedical concerns stable

Dimension 3: (a) or (b) and (c) and (d)

- (a) No co-occurring mental disorder symptoms or symptoms are mild and stable
- (b) Psychiatric symptoms are mild but mental health monitoring is needed
- (c) Mental status doesn't interfere with understanding and participation
- (d) No risk of harm to self or others

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Level I – Outpatient Treatment
Dimensional Admission Criteria

Dimension 4: (a) and (b) or (c) or (d)
a) Willingness to comply with treatment plan
b) Acknowledges substance use and wants help
c) Ambivalent about substance use
d) Doesn't recognize substance use

Dimension 5: Able to achieve or maintain abstinence only with support

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Level I-Outpatient Treatment
Dimensional Admission Criteria

Dimension 6: (a) or (b) or (c)

a) Supportive environment for treatment

b) Inadequate support system but willing to obtain a support system

c) Family is supportive but needs intervention to improve chances of success

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Level II-1 Intensive Outpatient
Dimensional Admission Criteria

Dimension 1: No withdrawal signs or symptoms

Dimension 2: Biomedical stable or monitored concurrently with no interference

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Level II-1 Intensive Outpatient
Dimensional Admission Criteria

Dimension 3: (a) or (b)
a) Abuse of family
b) Diagnosed emotional, behavioral or cognitive disorder that requires monitoring

Dimension 4: (a) or (b)
a) Need for structure
b) Need for repeated, structured interventions

Level II·1 Intensive Outpatient
Dimensional Admission Criteria

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Dimension 5: Symptoms intensifying and functioning deteriorating at lower level of care

Dimension 6: (a) or (b)

a) Current environment makes recovery unlikely

b) Current social situation not helping recovery