

Treatment Planning for Substance Use Disorders



What are Treatment Plans

A written document that:

- Identifies the customer's most important goals for treatment
- Describes measurable, time sensitive steps toward achieving those goals
- Is time-limited and reflects a mutually agreed upon, written agreement, between the clinician and the customer
- Serves as a bridge between assessment and treatment
- Is individualized

Why are Treatment Plans important?

- Provides the customer a roadmap to the recovery process.
- Provides structure - very important, especially for customer's who have experienced a chaotic lifestyle.
- Is outcome driven - helping both the customer and clinician remain focused on the purpose of treatment.
- Having a well-written, individualized treatment plan that has been reviewed, approved, and signed by the customer is very important since we live in a litigious society.
- Treatment plans should be paired with thorough progress notes, addressing what has been accomplished during sessions, while incorporating the goals and objectives of the treatment plan.
- Indicates what services the funding body is purchasing

Developing a Treatment Plan

- “The foundation of any treatment plan is the data gathered in a thorough biopsychosocial assessment.” Perkinson, R.P., & Jongsma, A.E., (1998)
- Assessing how substance use impacts all major life areas, such as, employment, legal, family, medical and financial, is a key piece in the development of treatment plans.
- Treatment Plans need to be tied to your ASAM
- If a client has significant issues identified on their ASAM, but there are no goals in this area on the treatment plan, this may be a flag that client is not receiving appropriate care.
 - For example: if a client is concerned about social environment and whether or not they and their children will be safe that night, they are not in a position to respond to even the best therapeutic interventions targeted at relapse triggers.
- After gathering the clinical information mentioned above, the goals and objectives are developed into an individualized plan through a logical series of steps that build on one another: Problem Statement, Goal, Objectives, and Interventions.

Identifying Problem(s)/Developing Problem Statements

- Problem statements are based on information gathered during the assessment.
- A brief clinical statement of a condition that the customer needs treatment.
- Look at the most significant issues present in the customer's life (substance use will show up as primary and secondary problems may also surface, such as, ADHD, impulsivity, anxiety).
- Identify the problems that are most acute or troubling to the customer's functioning and balance this with what is most important to the customer.

Identifying Problem(s)/Developing Problem Statements (cont.)

- An effective treatment plan will address a *few selected problems*, otherwise, the direction and focus of treatment gets lost.
- Problem statements should be related to customer's diagnosis (ex: if they have no mental health diagnosis, should they be attending a co-occurring group).
- Review the DSM-5 for diagnostic criteria and codes.
 - The concepts of mild, moderate and severe for substance use disorders are different so if you have not begun this process, you are strongly encouraged to do so.

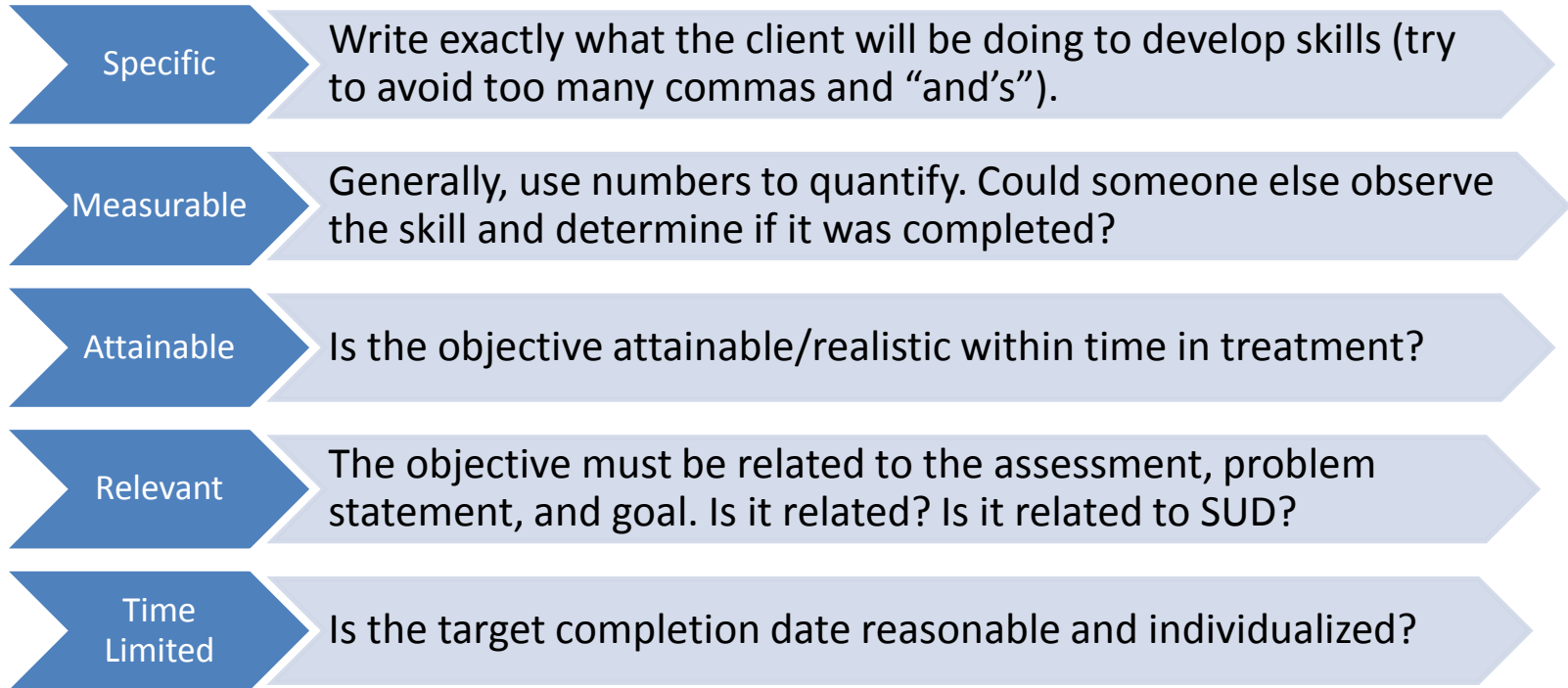
Creating a Goal

- A brief clinical statement of the condition you expect to change
- Tied to the assessment and problem statement
- Set broad goals in order to replace dysfunctional behaviors with healthier ones (think long term).
- Goals are based on the problem statements and reasonably achievable in the active treatment phase
- At least one goal should relate to an SUD condition and treatment
- Goals and objectives are often confused in treatment plans so keep in mind there is a difference.
 - If you can see the customer do something (i.e.-complete a journal entry, attend AA, etc.) then it is an objective.
 - If you can't see a customer do something (i.e.-reduce anxiety, accept powerlessness) it is a goal.

Creating Objectives

- Objectives are what the client will do to meet those goals (think skill development).
- Objectives (visible) must be stated in behaviorally measurable language and it should be very clear when the customer has completed the objectives.
- Should be stated so clearly that almost anyone would know when he or she saw it.
- Objectives are the **skills developed** by the customer and, when accomplished, will result in the achievement of the long-term goal.
- Each objective should include a target end date for completion. The objective end dates located in the treatment plan should not exceed the authorization request end dates submitted to SWMBH (or your local process for a subcap county).

Think SMART with Objectives



Are these SMART?

Objectives:

- To develop healthy coping skills
- Client will participate in individual and group counseling regularly
- Comply with the court by completing the program
- Develop a support system
- Learn about addiction
- Develop a sober lifestyle

Interventions

- “Interventions **are actions of the clinician** designed to help the patient complete the objectives.” Perkinson, R.P., & Jongsma, A.E., (1998)
- What you do, as the clinician, to help the customer complete the objective.
- Should also be written in a measurable way
- Services can be considered a form of an intervention (IOP, case management, outpatient, peer services, etc.).
- If you’re using EBP’s, this is where they should be documented

Check your work

Before you have the customer sign...

- Is your goal related to your assessment?
- Do you have at least one SUD treatment goal?
- Are your objectives SMART and do they relate to the goal?
- Are your time frames reasonable and not just matching your authorization?
- Have you described your interventions in a way that accounts for the good work you are doing?
- Do you have more than one goal that accounts for the needs of the client (treatment, case management, etc.).
- Is the tx plan signed?

Why is all this necessary?

In addition to the good clinical reasons above which assure the best care for the people we serve...

- All of our dollars come from the Federal Government and originate from the Balanced Budget Act.
- This comes with a strict set of regulations
- Good clinical practice dictates WHAT you do but the BBA and Medicaid rules dictate HOW you document it.
- We are accountable to the taxpayers for all of the dollars we spend.

Medicaid Manual

- The document that identifies the needs and goals of the individual beneficiary and the medical necessity, amount, duration, and scope of the services and supports to be provided. For beneficiaries receiving mental health or developmental disabilities services, the individual plan of services must be developed through a person-centered planning process
- **Medical Necessity** Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

Treatment Plan Updates / Progress Reviews

- Updates should be completed when a customer completes a goal, requires a different level of care, or something significant occurs that requires an adjustment in the treatment plan.
- ASAM should also be updated during this time to account for any changes to the treatment plan.
- Progress reviews should include enough **narrative** to support any requested change in level of care, describe customer's progress towards current goal, and rationale for any continued goals/objectives.
- Treatment Plans will be reviewed at least every 90 days (Michigan Administrative Rules: R 325.14705).

(3) Review of, and changes in, the treatment plan shall be recorded in the client's case record. The date of the review of change, together with the names of the individuals involved in the review, shall also be

recorded. A treatment plan shall be reviewed at least once every 90 days by the program director or his or her designee.

Sample Treatment Plan

Example 1

Problem: “Using drugs has caused too many problems in my life.”

Goal #1: “I want to stop using drugs and figure out how not to relapse anymore”

Objective #1: Write a detailed chemical use history describing treatment attempts and the specific situations surrounding relapse.

Objective Established: 1/9/15 Targeted Completion: 2/28/15 Completed on:

Objective #2: List triggers that may lead to relapse

Objective Established: 1/9/15 Targeted Completion: 3/31/15 Completed on:

Objective #3: Develop a written relapse prevention plan

Objective Established: 4/30/15 Targeted Completion: 5/30/15 Completed on:

Interventions. Clinician will have the customer write a chemical use hx, describing their attempts at recovery. Clinician will provide education about high risk situations, facilitate identification of triggers and assist customer is in completing a relapse prevention plan. Interventions will be provided during individual sessions.

Frequency: 60 minutes per week

Duration: 4 months

Sample Treatment plan Cont.

Example 2

Problem: “I will lose my family if I do not stop drinking”

Goal #2: Begin to resolve family conflict while maintaining a program free of substance use.

Objective #1: In session, verbalize an understanding of how family conflicts led to substance use and substance use led to family conflict and complete a worksheet to review with family.

Objective Established: 1/9/15 Targeted Completion: 3/15/15 Completed On:

Objective #2: Identify three non using friends to socialize with.

Objective Established: 1/9/15 Targeted Completion: 5/30/15 Completed On:

Objective #3: Identify high stress situations with family that might lead to drinking

Objective Established: 1/9/15 Targeted Completion: 2/1/15 Completed On:

Intervention: Clinician will explore relationship between substance use and family conflict during individual sessions using motivational interviewing and cbt; clinician will assist client with expanding social support that includes non using friends.

Frequency: weekly 60 minute individual sessions

Duration: 4 months

Sample Treatment plan Con't.

Example 3

Problem: "'I'm addicted to drugs; it's something that's controlling my life"

Goal #2: "I have to figure out a way to make recovery work"

Objective #1: Client will identify triggers that can lead to relapse

Objective Established: 3/9/15 Targeted Completion: 4/9/15 Completed On:

Objective #2: Client will learn new ways to cope with high risk situations as evidenced by...

Objective Established: 3/9/15 Targeted Completion: 6/30/15 Completed On:

Objective #3: Client will expand social support by identifying activities that are substance free

Objective Established: 3/9/15 Targeted Completion: 5/1/15 Completed On:

Intervention: Clinician will assist in identifying triggers, educating client about high risk situations, and address potential ambivalence through the use of MI and CBT; clinician will assist client with expanding social support that includes non using friends, generating ideas for social activities, and educate client about the benefits of a healthier lifestyle.

Frequency: weekly 60 minute individual sessions

Duration: 3 months

Sample Treatment plan Con't.

(Case Mgt)

Case Management goal

Problem: “I have been isolating so I would like to get out into the community and meet new people who are clean and sober.”

Goal #3: Participate in community events and establish healthy relationships with non-using peers.

Objective #1: Attend recovery activities as evidenced by reporting at least three positive recovery supportive relationships.

Objective Established: 1/9/15 Targeted Completion: 3/30/15 Completed on:

Objective #2: Obtain a list of community events with dates, times and locations of recovery supportive activities.

Objective Established: 1/9/15 Targeted Completion: 4/30/15 Completed on:

Objective #3: Discuss with case manager any barriers present to participating in community activities (e.g. AA, NA, Smart Recovery)

Objective Established: 1/9/15 Targeted Completion Date: 4/30/15 Completed on:

Intervention: Case Manager will monitor attendance at recovery events, link/refer customer to appropriate resources, and assist customer in resolving potential barriers such as transportation or daycare

Frequency: Weekly 45 minutes

Duration: 3 months

Sample Treatment plan Con't.

Peer Recovery Coach goal

Problem: "I have not been to the doctor in a very long time because I have been so addicted to drugs. I need to get to the Family Health Center."

Goal #4: Establish a relationship with a primary care physician.

Objective #1: Customer will identify local physicians that are currently taking new patients and schedule an appt.

Objective Established: 1/9/15 Targeted Completion: 1/31/15 Completed on:

Objective #2: Customer will use honest communication skills while discussing substance use history with physician as evidenced by prescription history and signed releases.

Objective Established: 1/9/15 Targeted Completion: 1/31/15 Completed on:

Objective #3: Customer will attend scheduled appointments with medical professionals

Objective Established: 1/9/15 Targeted Completion: 5/30/15 Completed on:

Intervention: Peer Recovery Coach will provide information on health resources, teach skills about communicating health and substance use history to medical staff, and assist customer in developing a daily calendar for medical appointments.

Frequency: 45 minutes per week

Duration: 4 months

References

- Perkinson, R.P., & Jongsma, A.E., (1998) The Chemical Dependence Treatment Planner