

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

Essential Components in a Treatment Plan

- **GOALS:** The broad result that an individual wants to achieve by receiving services.
- **OBJECTIVES:** The specific, measurable steps that the client should accomplish to meet each goal.
- **INTERVENTIONS:** The methods, strategies and services that staff will use to help client achieve the objectives.
- **DATES:** Should be reasonable and specific.
- **SIGNATURES:** Both client and clinician should sign the plan.

Why are Treatment Plans important?

- Provides the customer with 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 bio-psychosocial 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 the 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 (cont.)

- An effective treatment plan will address a *few selected problems at a time*, 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.

What is a Goal

- A brief clinical statement of the condition you expect to change.
- Ideally, the goal will be in the customer's own words but related to the needs identified in the assessment.
- Tied to the assessment and problem statement (if there is one)
- Set broad goals in order to replace dysfunctional behaviors with healthier ones (think long term).
- Should be reasonably achievable in the active treatment phase.
- At least one goal should relate to an SUD condition and treatment.

What is a Goal, continued

- 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 list or worksheet, practice a skill) then it is an objective.
 - If you can't see a customer do something (i.e.-reduce anxiety, accept powerlessness) it is a goal.

Remember:

- *Goals should be broad and summarize what the person wants to achieve in services.*
- *They should be based on the person's strengths and preferences.*

Creating Objectives

- Objectives are what the client will do to meet their goals – ***they are specific steps*** (think skill development).
- Objectives should not be mistaken for services. Examples of this mistake are: ‘customer will attend outpatient therapy’ (or group, med reviews, etc.). The space to identify what services will be provided and how often will occur in the interventions section of the plan.
- 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 that includes the month, day and year. 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); *they should be staggered and realistically reflect when the customer could likely achieve them.*

Dates

- Each objective should include a target end date for completion that includes the month, day and year.
- 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);
- *Target dates should be staggered and realistically reflect when the customer could likely achieve them.*

Think SMART with Objectives

- Specific** Write exactly what the client will be doing to develop skills (try to avoid too many commas and “and’s”).
- Measurable** Generally, use numbers to quantify. Could someone else observe the skill and determine if it was completed?
- Attainable** Is the objective attainable/realistic within time in treatment?
- Relevant** The objective must be related to the assessment, problem statement, and goal. Is it related? Is it related to SUD?
- Time Limited** Is the target completion date reasonable and individualized?

Specific (what steps will be taken to help the person meet goals) & Measurable (easily & reliably measurable so progress can be monitored)

SPECIFIC & MEASURABLE	NOT SPECIFIC or MEASURABLE
Customer will list 10 negative consequences that resulted from or were exacerbated by substance use and discuss during therapy	Customer will talk about how substance use affected his/her life
Customer will identify at least 5 triggers that may contribute to relapse and discuss in session how to effectively address them	Customer will identify triggers
Customer will identify at least one time he/she might be offered drugs or alcohol and role play refusal skills during therapy and/or group	Customer will talk about high-risk situations
Customer will describe the signs and symptoms of depression and list at least five healthy ways to cope with them w/out the use of drugs/alcohol	Customer will learn how to cope with depression

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
- Gain insight

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

Amount, Scope and Duration

Scope

- Parameters within which the service will be provided.
- Includes: who (therapist, recovery coach, case manager, etc.), how (group, individual, recovery coaching, etc.) and where (community, office, home. etc.)
- Scope is usually captured under the interventions section of the treatment plan. It describes what the service provider (the who) is going to do (the how/what).
- Example: “Clinician will have the customer write a chemical use hx, describing their attempts at recovery during individual therapy. Clinician will provide education about high-risk situations, facilitate identification of triggers and assist customer in completing a relapse prevention plan during individual and group therapy sessions.”

Amount, Scope and Duration

Amount

- What amount of service is anticipated to allow for the completion of the goal or objective.
- Sometimes thought of as frequency... how often is the service going to be provided.
- Example, “Individual therapy will be provided weekly and group therapy will be provided bi-weekly.”

Duration

- The anticipated length of time it is expected that a service identified within the treatment plan will be provided.
- If a treatment plan has good target dates for both the goal(s) and objectives, this would satisfy the duration requirement.

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 and accounts for amount and scope?
- 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 120 days (Michigan Administrative Rules: R 325.14705).

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:** Identify at least 3 high risk situations that resulted in relapse in the past.
- Objective Established: 1/9/21 Targeted Completion: 2/28/21 Completed on:
- **Objective #2:** Identify three strategies that can be implemented in order to reduce the risk of relapse.
- Objective Established: 1/9/21 Targeted Completion: 3/8/21 Completed on:
- **Objective #3:** Identify at least 5 triggers (internal, external) that may lead to relapse evidence by completing a worksheet on triggers.
- Objective Established: 1/9/21 Targeted Completion: 3/31/21 Completed on:
- **Objective #4:** Develop a written relapse prevention plan and review in session with therapist.
- Objective Established: 4/30/21 Targeted Completion: 5/30/21 Completed on:
- **Interventions.** Clinician will help client identify high risk situations that led to use in the past and explore strategies that will help client cope effectively with high-risk situations. 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:** Complete a worksheet on the effects of substance use in family life and relationships.
- Objective Established: 1/9/21 Targeted Completion: 3/15/21 Completed On:
- **Objective #2:** Learn and practice three effective communication skills in session. Report implementation of the skills during next session.
- Objective Established: 1/9/21 Targeted Completion: 5/30/21 Completed On:
- **Objective #3:** List the three most frequent high stress situations with family members that might lead to drinking.
- Objective Established: 1/9/21 Targeted Completion: 6/9/21 Completed On:
- **Objective #4:** Learn three coping strategies to implement when feeling stressed at home.
- Objective Established: 1/9/21 Targeted Completion: 6/20/21 Completed On:
- **Intervention:** Clinician will explore relationship between substance use and family conflict during individual sessions using motivational interviewing and CBT; Clinician will teach customer effective communication skills and help customer practice those skills in session.
- Frequency: weekly 60 minutes individual sessions
- Duration: 4 months
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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:** Customer will identify at least four personal triggers that can lead to relapse and discuss healthy ways to deal with these in session.
- Objective Established: 3/9/21 Targeted Completion: 4/9/21 Completed On:
- **Objective #2:** Customer will learn and implement three coping strategies when faced with high- risk situations through role play activities with therapist and/or group members
- Objective Established: 3/9/21 Targeted Completion: 6/30/21 Completed On:
- **Objective #3:** Customer will expand social supports by identifying at least 5 activities that are substance free and report participating in at least 1 of these in the next 60 days
- Objective Established: 3/9/21 Targeted Completion: 5/1/21 Completed On:
- **Intervention:** Clinician will assist in identifying triggers, educating customer about high- risk situations, and address potential ambivalence through the use of MI and CBT; clinician will assist customer with expanding social support that includes non-using friends, generating ideas for social activities, and educate customer about the benefits of a healthier lifestyle.
- Frequency: weekly 60-minute individual sessions
- Duration: 3 months
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Sample Treatment plan Con't.

Recovery Coach 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 attendance to at least three recovery-oriented activities.

Objective Established: 1/9/21 Targeted Completion: 3/30/21 Completed on:

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

Objective Established: 1/9/21 Targeted Completion: 4/30/21 Completed on:

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

Objective Established: 1/9/21 Targeted Completion Date: 4/30/21 Completed on:

Intervention: Recovery Coach will monitor attendance at recovery events, link 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.

Case Management 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 doctor."

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

Objective #1: Customer will create a list of local physicians that are currently taking new patients and schedule an appt as evidence by sharing with case manager the date and time of the appointment.

Objective Established: 1/9/21 Targeted Completion: 1/31/21 Completed on:

Objective #2: Customer will attend scheduled appointments with medical professionals as evidenced by sharing information about the appointment.

Objective Established: 1/9/21 Targeted Completion: 5/30/21 Completed on:

Objective #3: Customer will create a schedule that will include all medical appointments as evidenced by reviewing the schedule with the case manager.

Objective Established: 1/9/21 Targeted Completion: 5/30/21 Completed on:

Intervention: Case Manager will provide information on health resources, teach 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