

LEADER FOCUS

Workshop 2

EMPHASIS AREAS:

FOCUS

- Programme-Driven vs. Individualised Treatment Plans
- Old Methods and New Methods of Treatment Planning
- Biopsychosocial Model
- Treatment Plan Components

KEY CONCEPTS

- Distinction between Programme-Driven vs. Individualized Treatment Plans
- Old Methods and New Methods of Treatment Planning

Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index (ASI) – Making Required Data Collection Useful

Workshop 2

Recap of Workshop 1

- Introduction to the treatment planning process, the Addiction Severity Index (ASI), and the ASI/DENS software
- ASI applications in treatment planning

Workshop 2 will focus on introducing and (for some) reviewing:

- History of treatment planning
- Differences between programme-driven and individualized treatment plans
- Biopsychosocial model of addiction
- Treatment plan components

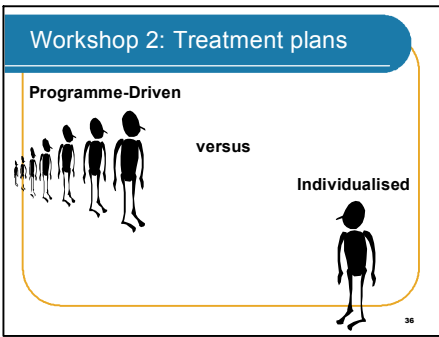
Participants will practise writing non-judgemental and jargon-free problem statements.

Leader Note:

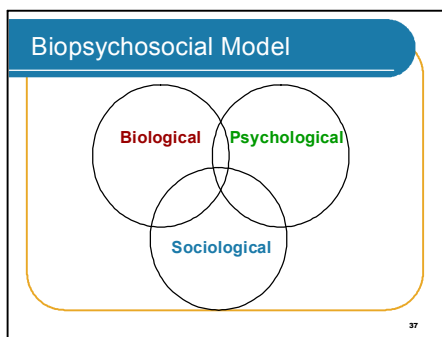
Workshop 1 introduced the importance of “marrying” two ingredients of client care: assessment and treatment planning. Treatment planning begins during the assessment process, and the “union” of treatment planning and assessment is a natural process.

Workshop 2 Handouts

1. ASI Narrative Report – John Smith
2. ASI Master Problem List
3. Treatment Plan Form - Alcohol & Drug
4. Treatment Plan Form – Medical
5. Treatment Plan Form – Family



Overhead 36



Overhead 37

Treatment Plans

In the next section, we will focus on understanding the differences between programme-driven plans and individualized treatment plans. This difference is key in the treatment planning process being taught in this training.

Introduce Biopsychosocial Model

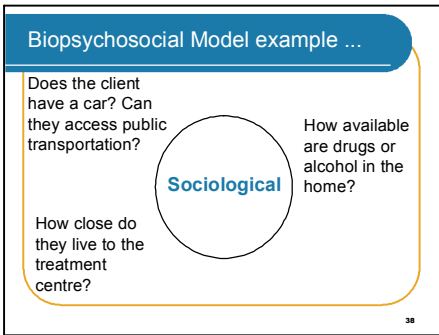
The Biopsychosocial Model of medicine, developed in 1977 by a psychiatrist named George Engel, is widely used as a backdrop for explaining substance abuse and mental health disorders. By most standards, the model is comprehensive and supports several different theories and practises.

Engel viewed a disease as having numerous, interconnected causal factors. For example, an individual with the disease or condition of hypertension may:

- Be predisposed to developing the condition due to a family history of hypertension (biological).
- Have an eating or mood disorder which exacerbates hypertension (psychological).
- Be living below poverty level and not have the income to buy healthy and nutritious food and or medicines (social).

The disease or condition of hypertension is not treated without focusing on all three perspectives.

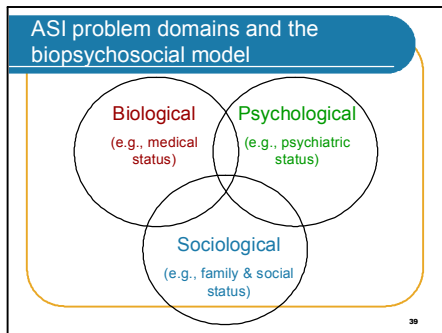
The strength of the biopsychosocial model is that one theory is not necessarily discounted in favour of another theory. The model allows for differing views. Theories can be organized in such a way that they actually complement one another and yet highlight differences in explaining the complexity of treating multiple disorders.



Overhead 38

The Biopsychosocial Model serves as a reminder to include problems related to biological, psychological, and social aspects of addiction in the treatment plan. For example, a client's environment (social) must be considered when planning their treatment:

- How close does the client live to the clinic?
- Do they have a car or can they access public transportation?
- How available are drugs and alcohol in the client's home?



Overhead 39


ASI Problem Domains

The seven ASI problem domains (Medical Status, Employment and Support, Drug Use, Alcohol Use, Legal Status, Family/ Social, and Psychiatric Status) help support the importance of viewing clients and their problems from a biopsychosocial perspective.

Field of substance abuse treatment:
Early work

Programme-Driven Plans

"One size fits all"



Overhead 40

Programme-driven plans

- Client needs are not important as the client is "fit" into the standard treatment programme regimen
- Plan often includes only standard programme components (e.g., group, individual sessions)
- Little difference among clients' treatment plans



Overhead 41

Field of Substance Abuse Treatment: Early Work – "One Size Fits All"

Historically, the field of substance abuse treatment operated from a "one size fits all" treatment philosophy.

- The focus was on a limited number of tools and strategies that had worked with some consistency.
- Programmes used the same tools, in the same way, with everyone regardless of their specific problems.
- Unique aspects of client problems and treatment needs were not reflected in treatment planning.
- Most of the time, treatment plans were developed without client involvement and "put in the chart" for the duration of treatment.

What is a Programme-Driven Plan?

- The client must fit into the programme's regimen.
- A *Programme-Driven Treatment Plan* reflects the components and/or standard activities and services available within the treatment programme.
- There is little difference among clients' treatment plans.
- *This type of plan will be referred to as the **old method** of treatment planning.*

Leader Notes:


Often, programmes are required to offer specific services to all clients. These required services are considered *programme-driven components* which are different than a *programme-driven treatment plan*.

Example: All clients in the outpatient programme participate in a weekly relapse prevention group. Many issues are addressed in the relapse prevention group. Certain topic areas may be more specific to the client's situation; these topics can be reflected in the treatment plan.

Programme-driven plans

Client will . . .

1. "Attend 3 Alcoholic Anonymous meetings a week"
2. "Complete Steps 1, 2, & 3"
3. "Attend group sessions 3 times / week"
4. "Meet with counsellor 1 time / week"
5. "Complete 28-day programme"




"Still don't fit right"

42

Overhead 42

Programme-driven plans

- Often include only those services immediately available in agency
- Often do not include referrals to community services (e.g., parenting classes)



"ONLY wooden shoes?"

43

Overhead 43

Treatment planning: A paradigm shift

Individualised Treatment Plans



- Many colors/styles available -



- Custom style & fit -

44

Overhead 44

Programme-Driven Plans

Most counsellors have either written or have read similar statements in treatment plans (i.e., old method).

Programme-Driven Plans – Other Common Problems “Only wooden shoes?”

Programme-Driven Plans . . .

- Identify only those services or programme elements immediately available and readily delivered in the agency.
- Based on the client's assessment, additional services may be necessary. Programme-driven plans often do not reflect referrals to community service providers such as psychiatric clinics, training programmes, or HIV testing clinics.

Paradigm Shift to Individualized Treatment Plans

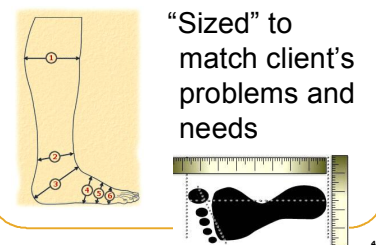
What caused the shift?

Clinicians and researchers wanted to:

- Improve treatment outcomes.
- Effectively target clients' needs.
- Reflect the variety of techniques and medications used in treatment today.

In addition, payers wanted to contain costs of care by using the lower (less expensive) levels of care when justifiable (Kadden & Skerker, 1999).

Individualised plan



"Sized" to match client's problems and needs

45


Overhead 45

Individualized Treatment Plan is "Sized" to Match Client Problems and Needs

- Not all clients have the same needs or are in the same situation.
- The individualized treatment plan is made to "fit" the client based on her/his unique:
 - ☑ Abilities
 - ☑ Goals
 - ☑ Lifestyle
 - ☑ Socioeconomic realities
 - ☑ Work history
 - ☑ Educational background
 - ☑ Culture
- When treatment programmes do not offer services that address specific client needs, referrals to outside services are necessary.

To individualise a plan, what information is needed?

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



46

Overhead 46


Group Discussion

- What does a counsellor need to discuss with a client before developing a treatment plan?
- Where does a counsellor get the information to identify client problems?

To individualise a plan, what information is needed?

Possible sources of information might include:

- Probation reports
- Screening results
- Assessment scales
- Collateral interviews



47

Overhead 47

- Possible sources of information might include:
 - ☑ probation reports (may not be relevant in some countries)
 - ☑ screening results
 - ☑ assessment scales
 - ☑ collateral interviews

Programme-Driven Plan Activity

Instructions:

1. Two case studies will be presented.
2. Sample problem statements, treatment plan goals, objectives, and interventions follow.


Leader Note:

Even though the specific steps in the treatment planning process will not be introduced until Workshop 3, participants will begin to view different styles of problem statements, goals, objectives, and interventions.

Additionally, trainers will need to adapt case studies so that they are relevant to specific populations or subpopulations treated by participants in the training.

Case A assessment information: Jan

- 27-year-old, single Caucasian female
- 3 children under age 7
- No childcare available
- Social companions use drugs / alcohol
- Unemployed
- Low education level
- 2 arrests for possession of meth & cannabis plus 1 probation violation



48


Overhead 48

Case A: Jan

Take a minute to read through Jan's assessment information.

Case B assessment information: Dan

- 36-year-old, married African-American male
- 2 children
- 2 arrests and 1 conviction for DUI (driving under the influence of alcohol)
- Blood alcohol content at arrest - .25
- Employed
- High severity family problems



49

Overhead 49

Case B: Dan

Take a minute to read through Dan's assessment information.


Leader Note:

In debriefing these examples, be sure participants include discussions of client strengths in addition to the problem areas addressed on the slides.

The "Old Method":
(Programme-Driven) Problem Statement

"Alcohol dependence"

- Not individualised
- Not a complete sentence
- Doesn't provide enough information
- A diagnosis is **not** a complete problem statement




Overhead 50

The "Old Method":
(Programme-Driven) Goal Statement

"Will refrain from all substance use now and in the future"

- Not specific for Jan or Dan
- Not helpful for treatment planning
- Cannot be accomplished by programme discharge




Overhead 51

The "Old Method":
(Programme-Driven) Objective Statement

"Will participate in outpatient programme"

- Again, not specific for Jan or Dan
- A level of care is not an objective



Overhead 52

Problem Statement: The "Old Method"

"Alcohol Dependence"

- This is a programme-driven problem statement.
- It is not individualized.
- It is not presented in a complete sentence.
- It does not provide enough information.
- A problem statement is NOT a diagnosis.

Goal Statement: The "Old Method"

"Will refrain from all substance use now and in the future."

- Goal is not specific for Jan or Dan.
- This could be a goal for either Jan or Dan.
- Goal could not be accomplished by discharge.

Leader Note:

The preceding goal is commonly overused in programme-driven treatment plans.

Other examples _____


Objective Statement: The "Old Method"

"Will participate in the outpatient programme."

- Objective is not specific for Jan or Dan.
- Statement describes a level of care; a level of care is not an objective.

The "Old Method":
(Programme-Driven) Intervention Statement

"Will see a counsellor once a week and attend group on Monday nights for 12 weeks"



- This sounds specific, but it describes a programme component


53

Overhead 53

Why make the effort?

Individualised Treatment Plans:

- Lead to increased retention rates, which are shown to lead to improved outcomes
- Empower the counsellor and the client, and give focus to counselling sessions



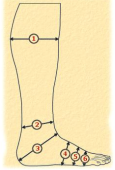
54

Overhead 54

Why make the effort?

Individualized Treatment Plans:

- Like a good pair of shoes, this plan "fits" the client well



ASI:

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

55

Overhead 55

Intervention Statement: The "Old Method"

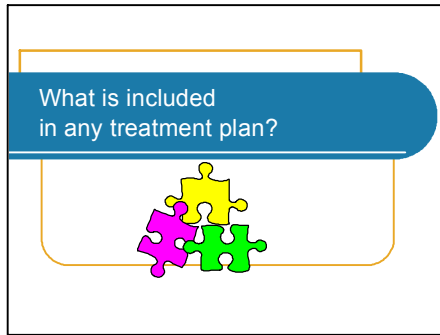
"Will see a counsellor once a week and attend group on Monday nights for 12 weeks."

- Intervention is not specific for Jan or Dan.
- This statement sounds specific but describes a programme component.

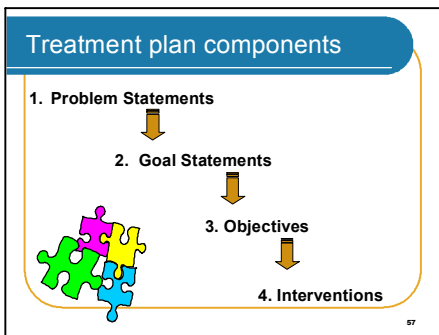
Why Make the Effort?

- Individualized treatment leads to increased client retention, which has been shown to lead to improved outcomes.
- Why is retention important? *Because about 50% of the people that show up for treatment don't return and return to pre-treatment behaviours.*
- Empowers the counsellor and client, and focuses counselling efforts.

- Treatment plans should pass the "first glance" test. Ideally, you should be able to pick up a client's treatment plan like a pair of shoes and recognize its uniqueness.
 - ☑ Example: "This particular plan must belong to a client with children, hepatitis C, and no high school diploma."
- In keeping with the shoes metaphor, data collected from the ASI can be used as a "measurement" to help "fit" the treatment plan to the client's individual needs.
- The plan is individualized and customized to "fit the client" just as shoes have unique sizes and fit—high heel or flat, boots or slippers, etc.



Overhead 56



Overhead 57

What Is Included in any Treatment Plan?

Questions the counsellor and programme need to consider:

- What information is essential?
- What does local policy require?
- What does your state want?
- If insurance or other third parties pay for services, what do they require?

What Components Are Found in a Treatment Plan?

- Problems identified during assessment
- Goals reasonably achievable in the active treatment phase
- The term **objectives** used in this training is defined as *what the client does to meet the goals*.
- The term **intervention** used in this training is defined as *what the staff will do to assist the client*.
- This terminology is consistent with vocabulary used in the DENS ASI Treatment Planning Software.

Leader Notes:

The terminology used to convey the more specific components of a treatment plan may vary by profession, by programme, by agency, and by region.

The participants may be familiar with other terms such as *action step, task, measurable goal, treatment strategy, benchmark, milestone, solutions*, etc.

Treatment plan components

1. **Problem Statements** are based on information collected during the assessment
2. **Goal Statements** are based on the problem statements and are **reasonably** achievable in the active treatment phase



Overhead 58

Problem statement examples

- Van* is experiencing increased tolerance for alcohol as evidenced by his need for more alcohol to become intoxicated or achieve the desired effect
- Meghan* is currently pregnant and requires assistance obtaining prenatal care
- Tom's* psychiatric problems compromise his concentration on recovery



*You may choose to use client's last name instead, e.g., Mr. Pierce, Ms. Hunt.

Overhead 59

Goal statement examples

- Van will safely withdraw from alcohol, stabilise physically, and begin to establish a recovery programme
- Meghan will obtain necessary prenatal care
- Reduce the impact of Tom's psychiatric problems on his recovery and relapse potential



Overhead 60

Treatment Plan Components

1. **Problem Statements** are based on the information the counsellor collected during the assessment.
2. **Goal Statements** are based on the problem statements. Goals included in the plan should be reasonably achievable in the active treatment phase.

Problem Statement Examples

- Take a minute to look at these problem statement examples.
- Notice how the examples are specific to a client's need.
- You may choose to use the client's last name in place of the first name.

Examples of Goal Statement

- Now, take a minute to look at these goal statements.
- Does Van's goal relate to his problem?
- Does Meghan's goal relate to her specific problem?

Leader Note:

Allow time for the participants to ask questions and seek clarification of terms before proceeding.


Treatment plan components

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:

- Action Steps
- Measurable activities
- Treatment strategies
- Benchmarks
- Tasks




61

Overhead 61

Examples of objectives

- Van will report acute withdrawal symptoms
- Van will begin activities that involve a substance-free lifestyle and support his recovery goals
- Meghan will visit an OB/GYN physician or nurse for prenatal care
- Tom will list 3 times when psychological symptoms increased the likelihood of relapse




62

Overhead 62

Intervention examples

- Staff medical personnel will evaluate Van's need for medical monitoring or medications
- Staff will call a medical service provider or clinic with Meghan to make an appointment for necessary medical services
- Staff will review Tom's list of 3 times when symptoms increased the likelihood of relapse and discuss effective ways of managing those feelings



63

Overhead 63

Treatment Plan Components

3. Remember **objectives** are defined as *what the client will do to meet those treatment goals*.
4. Remember **interventions** are defined as *what the staff will do to assist the client*.

Examples of Objectives

- Take a minute to look at these examples.
- How do the examples indicate what the client will do?
- You may choose to use the client's last name in place of the first name.

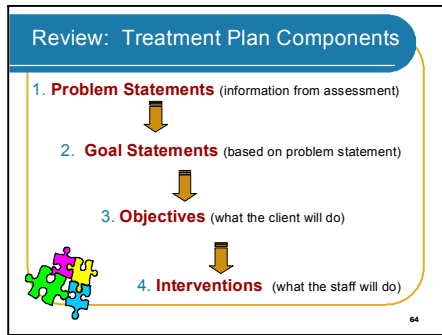
Examples of Interventions

- Take a minute to look at these examples.
- Notice what the staff will do to assist or follow-up with the client.

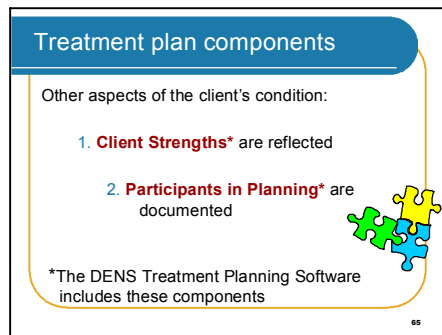
Leader Notes:

Allow time for participants to discuss terminology used in their agencies' treatment plan formats.

Remind participants that terms frequently viewed in treatment planning are not standardized nor consistently defined.



Overhead 64



Overhead 65

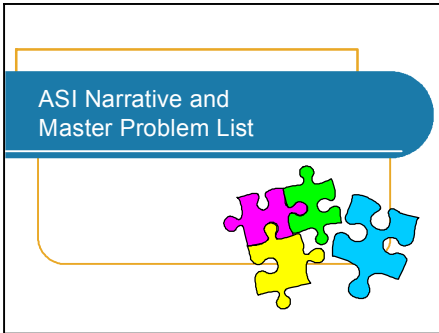
Review: Components in a Treatment Plan

1. **Problem Statements** are based on the information the counsellor gathers during the assessment.
2. **Goal Statements** are based on the problem statements.
3. **Objectives** are defined as *what the client will do to meet those treatment goals*.
4. **Interventions** are defined as *what the staff will do to assist the client*.

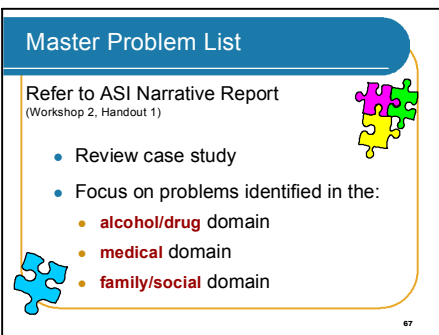
Treatment Plan Components

Other aspects of the client's condition that should be taken into account in the development of a treatment plan include the following:

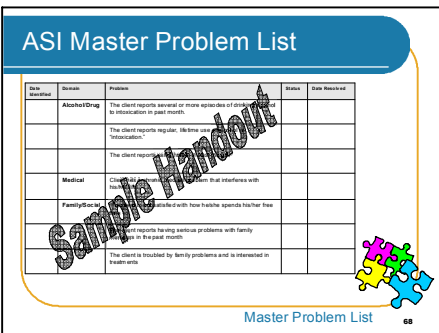
1. **Client strengths:** Most clients have strengths that will assist them in their treatment process. Those strengths are often documented and are a required component of treatment plans.
2. **Other participants in the planning process:** Note how family or others participated in the treatment planning activities. Also note whether significant others agreed with the plan.
 - The DENS ASI Treatment Planning Software allows the counsellor to document:
 - ☑ Who was invited to participate in the treatment planning process.
 - ☑ If they did not participate, why (unavailable, refused, etc.).
 - ☑ If the client and other participants agreed with the plan.



Overhead 66



Overhead 67



Overhead 68

Interactive Activity Instructions: Identify All Problems

The first step in the treatment planning process is to refer to the client's assessment information to develop a Master Problem List.

Refer to Handout John Smith's ASI Narrative Report

Leader Notes:

The John Smith example report was generated from the *DENS ASI Software*.

Allow approximately 15 minutes for participants to read the narrative and identify problems in the alcohol/drug, medical, and family/social domains.

Common Participant Questions/Issues:

- Participants may ask whether "problems" are from the client's or counsellor's perspective. Emphasise the collaborative efforts between client and counsellor for this process.
- Participants may work ahead, generating goal statements, objectives, and/or interventions for the client. Emphasise that this exercise is for brainstorming a problem list at this point.

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

Master Problem List 69

Overhead 69

Tips on writing problem statements

- Non-judgemental
- No jargon, such as...
 - "Client is in denial"
 - "Client is co-dependent"
- Use complete sentence structure

Problem Statements 70

Overhead 70

Leader Note:

The sequence of the slide presentation below is intentional and recognizes principles for an adult learning style.

For example, it is important for participants to be exposed to the correct procedure for writing problem statements rather than being corrected for writing incorrect statements.

Considerations in Writing Problem Statements

- All problems identified are included regardless of services available at the agency.
- Whether problems are deferred or addressed immediately, all should be included on the Master Problem List.
- There should be a review of each problem domain.
- A referral to outside resources is an appropriate approach to addressing a problem.

Tips on Writing Problem Statements

Next, use *John Smith's Master Problem List* to begin writing problem statements. First, some tips on writing problem statements.

- Statements are non-judgemental.
- No jargon statements are included (e.g., "client is in denial"; "client is co-dependent").
- Use complete sentence structure when writing Problem Statements.

In general, it is easier to write treatment goals, objectives, and/or interventions if the problem statement reflects specific behaviours. Also, judgmental statements should not be written on the treatment plan as this document is shared with the client.

Changing language

1. Client has low self-esteem.
2. Client is in denial.
3. Client is alcohol dependent.
4. Client is promiscuous.
5. Client is resistant to treatment.
6. Client is on probation because he is a bad alcoholic.

Problem Statements 71

Overhead 71

Changing language: Pick two

- Think about how you might change the language for 2 of the preceding problem statements
- Rewrite those statements using non-judgemental and jargon-free language

Problem Statements 72

Overhead 72

Practise Changing the Language of Problem Statements

Change the language of these common judgemental and jargon-based statements.

1. "Client has low self-esteem."
2. "Client is in denial."
3. "Client is alcohol dependent."
4. "Client is promiscuous."
5. "Client is resistant to treatment."
6. "Client is on probation because he is a bad alcoholic."

Examine the problem statement, "The client is promiscuous."

What does promiscuous mean?

- Does the term refer to the number of sexual partners?
- Does it refer to activities that include high-risk sexual behaviours?
- Does it refer to women or men or both?

Leader Note:

Have participants select two problem statements and write a non-judgemental and jargon-free statement. Trainers may want to provide incentives at this point for "correct" responses.

Changing language: Examples

1. Client has low self-esteem.
– Client averages 10 negative self-statements daily
2. Client is in denial.
– Client reports two DWIs (driving while intoxicated) in past year but states that alcohol use is not a problem
3. Alcohol Dependent.
– Client experiences tolerance, withdrawal, loss of control, and negative life consequences due to alcohol use

Continued

Problem Statements 73

Overhead 73

Changing language: Examples

4. Client is promiscuous.
– Client participates in unprotected sex 4 times a week with multiple partners
5. Client is resistant to treatment.
– In past 12 months, client has dropped out of 3 treatment programmes prior to completion
6. Client is on probation because he is a bad alcoholic.
– Client has legal consequences because of alcohol-related behaviour

Problem Statements 74

Overhead 74


Non-judgemental and Jargon-Free Statements

Introduce examples of responses to each statement:

1. Client averages 10 negative self-statements daily.
2. Client reports two DWIs in the past year but states that alcohol use is not a problem.
3. Client experiences tolerance, withdrawal, loss of control, and negative life consequences due to alcohol use.
4. Client participates in unprotected sex four times a week.
5. In the past 12 months, the client has dropped out of 3 treatment programmes prior to completion.
6. Client has legal consequences because of alcohol-related behaviour.

Case study problem statements

- Alcohol/drug domain
- Medical domain
- Family/social domain



Write 1 problem statement for each domain.

Problem Statements 75

Overhead 75

Write John Smith's Problem Statements

Individual Activity Instructions:

1. Refer to ASI Treatment Plan Format handouts
 - 3 pages provided
 - Note where problem statement, goal statement, objectives, and interventions appear.
 - Each practise page has the specific domain noted in the upper right-hand corner. In an actual written plan, such separation is not necessary.
 - Alcohol/drug domain (1 page)
 - Medical domain (1 page)
 - Family/social domain (1 page)
2. Write 1 problem statement for these domains.
 - alcohol/drug domain
 - medical domain
 - family/social domain

3. **REVIEW** – Who wants to share a problem statement?

ASI Treatment Plan Format

Date Identified	Domain	Problem	Status	Date Resolved

76

Overhead 76