Treatment Planning MATRS

Session 4 Learning Activity Powerpoint

Workwise

Online Learning for the Behavioral Health Workforce

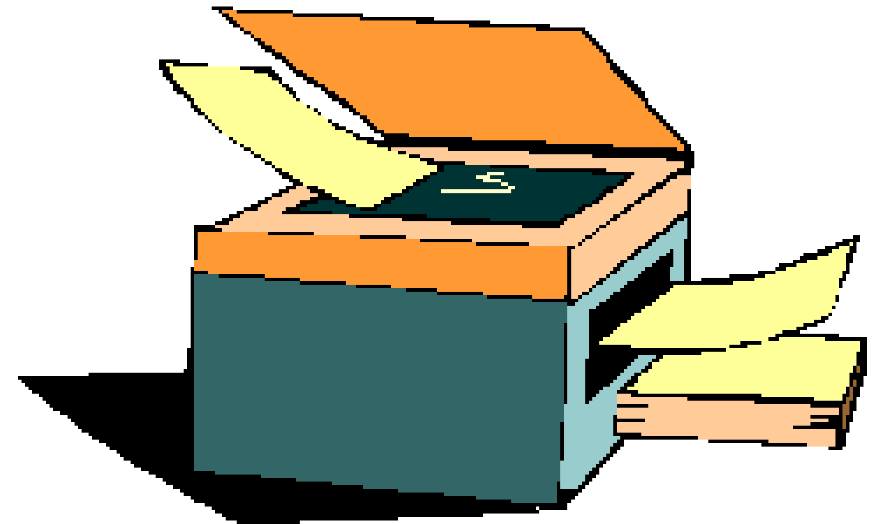
ENHANCED PROFESSIONAL LEARNING SERIES

ATTC Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Treatment Plans are . . .

- “Meaningless & time consuming”
- “Ignored”
- “Same plan, different names”



Positive and Negative aspects of Treatment Planning

Beginning the Treatment Planning Process

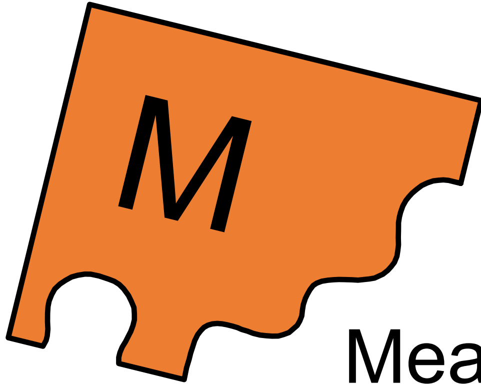
Write goal statements to address problems.

Layers of treatment planning

- Client's goals
- Parents, Partners, Probation Officers, & others close to the client
- Assessment results
- ASAM
- Contract requirements
- County & State requirements
- Accreditation standards
- MATRS

What else influences the treatment planning process?

Treatment Planning MATRS



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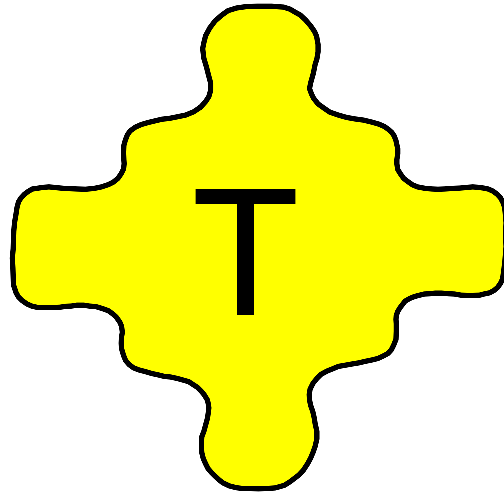
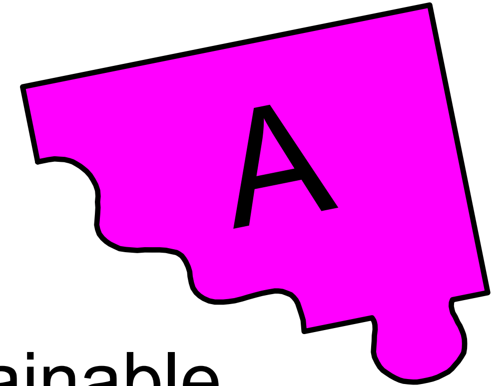
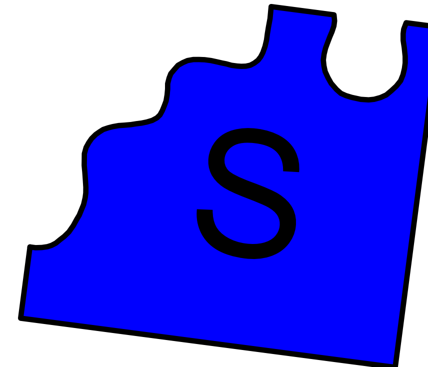




Attainable

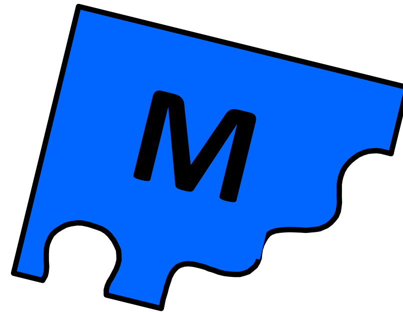
Time-limited



Realistic

Specific

Goals, Objectives & Interventions (It MATRS!)

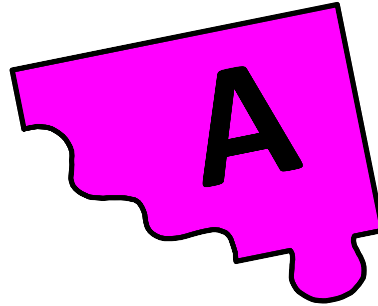


Measurable

- Achievement of objectives and interventions is measureable.
- Measurable indicators of client progress
    - Assessment scales/scores
    - Client report
    - Behavioral and mental status changes

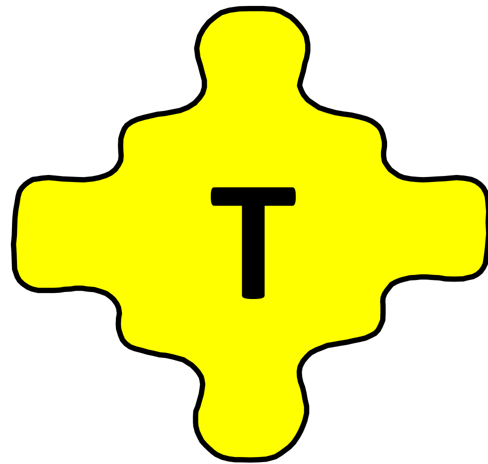
Goals, Objectives & Interventions (It MATRS!)

Attainable



- Objectives and interventions can be achieved during the active treatment phase.
- The focus is on “improved functioning”.
- Identify goals that are attainable in Level of Care provided.
- Remember to revise goals when client moves from one Level of Care to another.

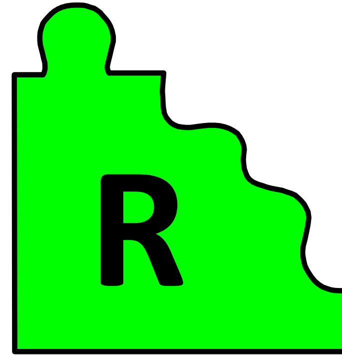
Goals, Objectives & Interventions (It MATRS!)



Time-limited

- Focus on goals and objectives that are short term.
- Objectives and interventions should be reviewed within a specific time period.

Goals, Objectives & Interventions (It MATRS!)

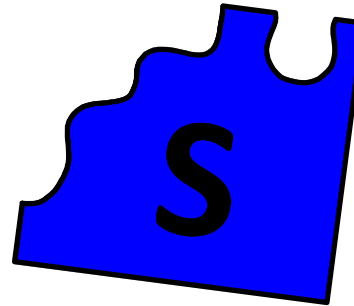


Realistic

- The client can complete the objectives within a specific time period.
- Goals and objectives are reasonable given the client's environment, supports, diagnosis, and level of functioning.
- Progress requires client effort and buy in. This is essential.

Goals, Objectives & Interventions (It MATRS!)

Specific



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

Take a look at ASAM.

- How can this placement information be used in conjunction with your assessment data to create successful treatment planning?
- Could it guide the treatment priorities and assist in decreasing the level of care needed?

ASAM Dimensions

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions & Complications
3. Emotional, Behavioral, or Cognitive Conditions & Complications
4. Readiness to Change
5. Relapse, Continued Use, or Continued Problem Potential
6. Recovery/Living Environment

The What, Who, When, & How of Treatment Planning

- What is a Treatment Plan?
- What should it do?
- Why do we have one?

What is a Treatment Plan?

- A written document that:
- Identifies the client's most important goals for treatment
- Describes measurable, time-sensitive steps toward achieving those goals
- Reflects a verbal agreement between the counselor and client

Center for Substance Abuse Treatment, 2002

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Treatment Planning Cont.

At its best, the treatment plan is an incremental road map for client success detailing where the client is going and how we will support them in getting there.

Who Develops the Treatment Plan?

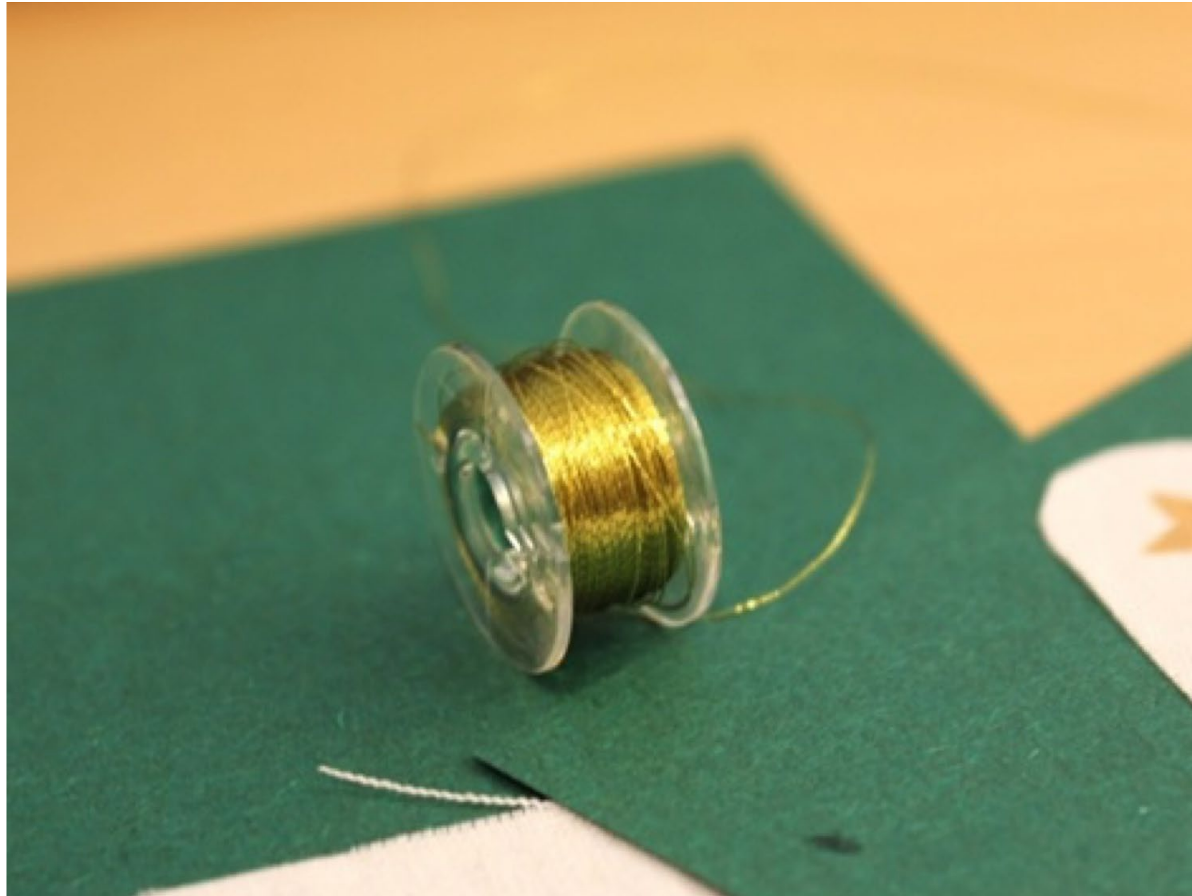
- Client partners with treatment providers (ideally a multi-disciplinary team) to identify and agree on treatment goals and identify the strategies for achieving them.
- Should others, such as family members, prescribers, or POs contribute to a treatment plan?

When is the Treatment Plan developed?

- At the time of admission
- Continually updated and revised throughout treatment
- Reviews are required every 30 days for the first 90 days of treatment, and then every 90 days thereafter (in outpatient substance use treatment).

- When might you conduct an additional treatment plan review?

The Golden Thread…



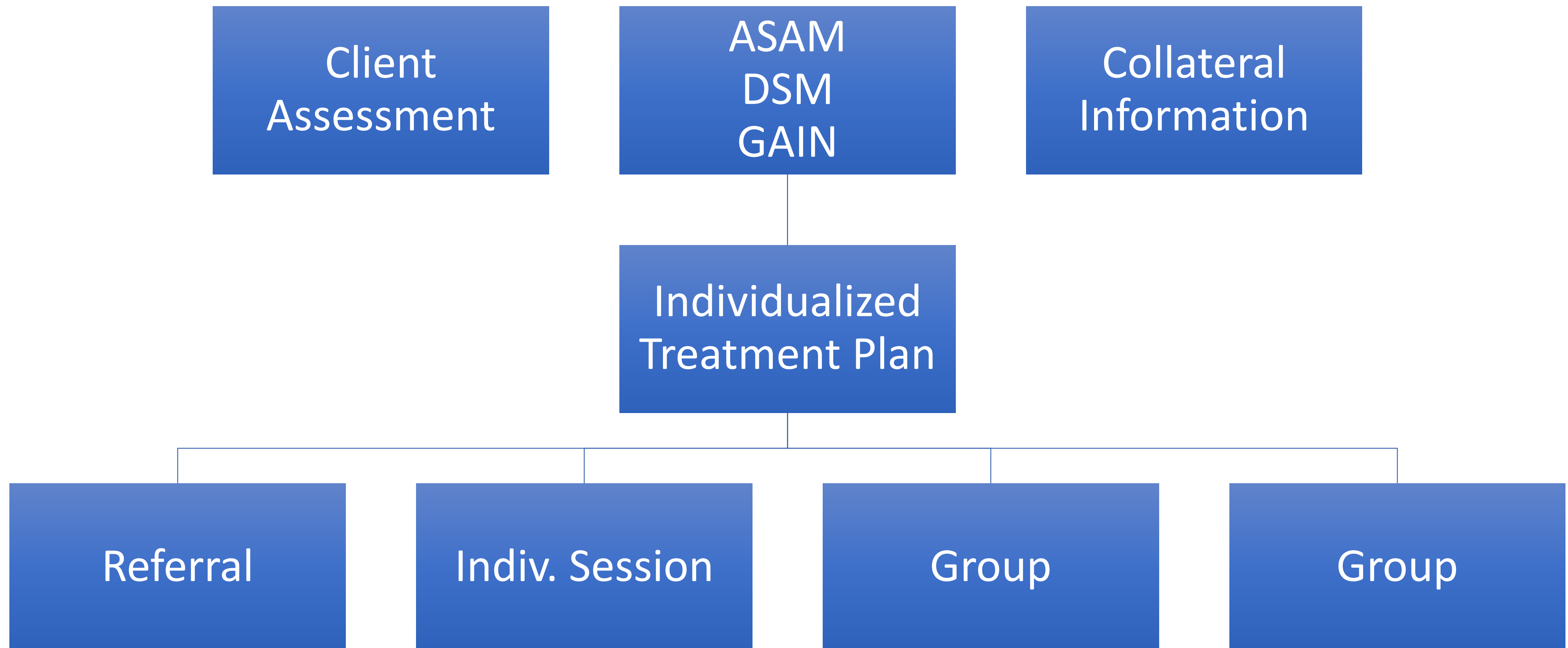
How does the Assessment guide treatment plan development?

- The assessment provides initial information to begin the process of treatment.
- It should be comprehensive and indicate multiple areas of concern from the client’s perspective.

Update Assessment Information

- The Assessment should represent the presenting issues and identified problems at the time of admission to treatment.
- Note that the information may need to be updated to reflect the willingness of the client to share more information after they have developed a relationship with the primary counselor.

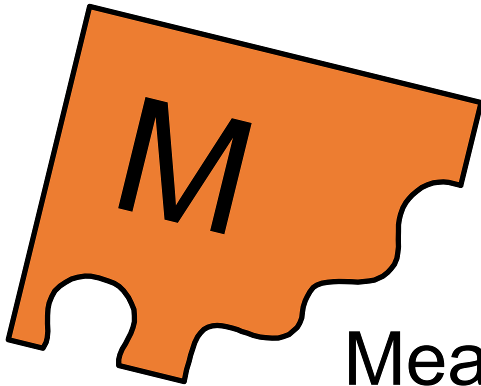
Designing Effective Treatment



Components in a Treatment Plan

1. ASAM Dimensions & Problem Statements
2. Goal Statements
3. Objectives
4. Interventions
5. Completion Dates

Treatment Planning Essentials



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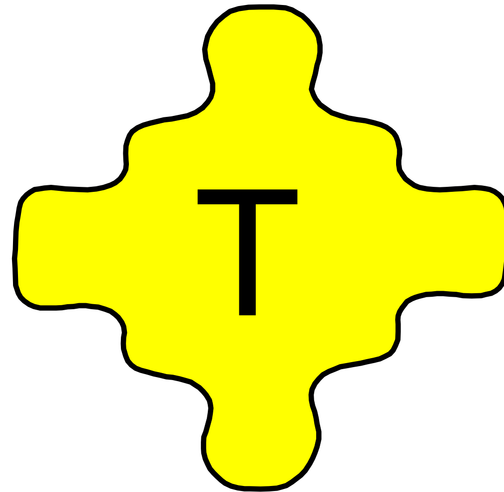

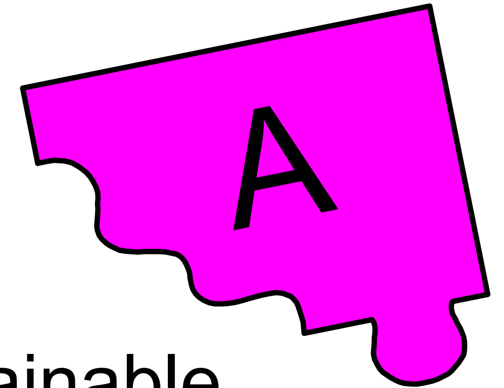

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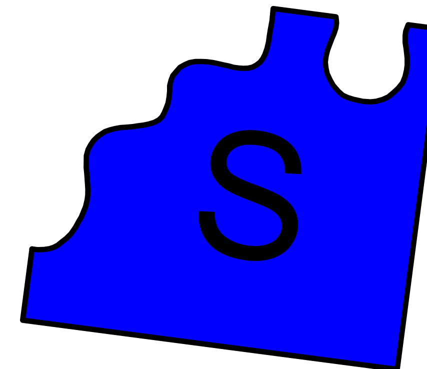
Time-limited



Realistic

Specific

Remember Maslow's Hierarchy of Needs?

Biological and Physiological Needs

- Substance Use
- Physical Health Management
- Medication Adherence Issues

Safety & Security

- Mental health management
- Functional impairments
- Legal issues

Love & Belonging Needs

- Social & interpersonal skills
- Need for affiliation
- Family relationships

Self-Esteem

- Achievement and mastery
- Independence/status
- Prestige

Self-Actualization

- Seeking personal potential
- Self-fulfillment
- Personal growth

Treatment Evaluation

- Take a minute to re-evaluate your treatment planning priorities…
- To what degree do they match with Betsy's priorities?

"One Size Fits All"

- Program- Driven Treatment Plans: "One size fits all"

Program-Driven Plans

- Created to serve the largest number of clients without individualizing treatment.
- Assume that something we do in our program will be beneficial to the client, without special attention to “individual needs”.
- Client has to “fit” into the standard treatment program.

Program-Driven Plans

- The client must "fit" or they are labeled as "not ready" or "inappropriate" for treatment.
- Plan often includes only standard program components (e.g., group, individual).
- There is little difference between clients' treatment plans. They appear to be "cookie cutter".

Program-Driven Plans

Goals are often written as:

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

Program Driven Plans

- Program-driven plans often include only those services immediately available in the agency, and lack referrals to community services.

Individual Driven Plans

- Individualized treatment is tailored to the unique strengths, problems, and needs of each person served.

Review of the Treatment Process

- Is treatment the same for everyone?
- Are there groups to meet the special needs of individuals in the program?
- Do the treatment groups address issues in the ASAM dimensions?

Let’s Review the Treatment Plan Format.

- ASAM Dimensions
- Problem Statements
- Goal Statements
- Objectives
- Interventions
- Completion Data
- Signatures

What information is needed to individualize a Plan?

Possible sources of information:

- Client
- Probation reports
- Screening results
- Assessment information
- Collateral interviews

Treatment Plan Components: Problem & Goal Statements

Problem statements

- Based on information gathered in the assessment and updates

Goal statements

- Based on problem statements
- Reasonably achievable during active treatment

The “Old Method” (Program-Driven) Problem Statement

“Alcohol Dependence”

- Not individualized
- Not a complete sentence
- Doesn’t provide enough information

A diagnosis is not a complete problem statement.

Improved Problem Statement Examples

- Van: “I am drinking every day and it takes more liquor now to get me drunk.”
- Meghan: “I am pregnant and need help with prenatal care.”
- Tom: “I get depressed which gets in the way of my recovery.”

Tips on writing Problem Statements

- Include all identified problems, regardless of available agency services.
  - A referral to outside resources is a valid approach to addressing a problem.
- List all problems, whether deferred or addressed immediately.
- Review and assess each ASAM domain.
- Avoid jargon.
- Use non-judgmental language.
- Use complete sentence structure.

Changing Language

- What do you think about these Problem Statements?
- “Client has low self-esteem.”
- “Client is in denial.”
- “Alcohol dependent”
- “Client is promiscuous.”
- “Client is resistant to treatment.”
- “Client is on Probation because he is a bad alcoholic.”

Changing Language - Examples

Client has low self-esteem.	• “I don’t feel good about myself. “
Client is in denial.	• “I have two DUIs in the past year, but drinking is not a problem.”
Alcohol Dependent	• “If I don’t drink when I wake up in the morning, I get the shakes.”

Changing Language - Examples

Client is promiscuous.

- “I have sex with multiple partners and don’t use rubbers.”

Client is resistant to treatment.

- “In the past year, I started three different treatment programs but didn’t finish any of them.”

Client is on Probation because he is a bad alcoholic.

- “I have legal issues because of my drinking.”

Vague terms to watch out for . . .

- Safe
- Good
- Appropriate
- Engage
- Healthy
- Positive or Negative
- Participate
- What Else?

Rate these Problem Statements:

1. “I don’t have a safe place for my children.”
2. “I have medical and substance abuse issues.”
3. “I don’t have job skills.”
4. “I drink about five beers daily plus one-fifth alcohol on weekends.”

Rate these Problem Statements:

5. “I have diabetes and a leg wound that won’t heal.”
6. “It’s hard for me to stay sober when the adults I live with drink alcohol.”
7. “I can’t leave my kids to go to treatment.”
8. “I don’t have a safe and drug-free place for me and my children to live.”

Write a Problem Statement for Betsy

- You have 5 minutes to develop 1 problem statement for 1 of the problems you have prioritized.

The "Old Method" (Program-Driven) Goal Statement

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

- Not helpful for treatment planning
- Cannot be accomplished by program discharge date

The "Old Method" (Program-Driven) Objective Statement

"Will participate in an outpatient program"

- Not specific
- A level of care is not an objective.

The "Old Method" (Program-Driven) Objective Statement

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

- This sounds specific, but it really describes a program component.

Problem and Goal Statements

Betty	Problem: *"I have sex with multiple partners weekly."*
	Goal: "I will protect myself from sexually transmitted diseases."
Thomas	*Problem: "I hear voices in my head and talk back to them."*
	Goal: "I will talk to a psychiatrist."

Problem and Goal Statements

Edward	*Problem: "I lost my job because of my prescription drug problem."*
	Goal: "I will get a new job and keep it."
Marta	*Problem: "I have two DUIs in the past year, but drinking is not a problem for me."*
	Goal: "I will learn about how alcohol affects my brain and body."

Problem and Goal Statements

Effie	*Problem: "I can't get a good night sleep because of my depression"*
	Goal: "I will get at least 6 hours of sleep a night."
Damian	*Problem: "In the past year, I started three different treatment programs but didn't finish any of them."*
	Goal: "I will commit to completing a 4-week treatment group."

Why make the effort to individualize Treatment Plans?

- Leads to increased retention rates which are shown to improve outcomes
- Empowers the counselor and the client, and focuses counseling sessions
- Honors the uniqueness of each individual
- Recognizes multiple pathways to recovery

Goal Statement Examples

1. "I will safely withdraw from alcohol, stabilize physically, and begin to establish a recovery program."
2. "I will obtain safe care for my children when I go to residential treatment."
3. "I will obtain medical treatment for my leg wounds."
4. "I will eat better."

Objective Statement Examples

1. “I will report any alcohol withdrawal symptoms to my counselor.”
2. “I will begin activities on Monday that involve a substance-free lifestyle to support my recovery goals.”
3. “I will call Group Health to find a doctor to treat my leg wounds by 03 31 2015.“
4. “I will identify three agencies to seek assistance for my child care needs by Thursday.”

Intervention Statement Examples

1. Staff will allow Betsy to call her primary care provider in session.
2. Staff will help Betsy to develop a dialogue for the phone conversations by role playing the process of finding child care services.
3. Staff will teach Betsy skills to cope with cravings for alcohol.
4. Staff will assist Betsy in finding a sober support group for women.

Let's Create Goals, Objectives, and Interventions for Betsy

Goal statements
- Resolution of the Problem statements

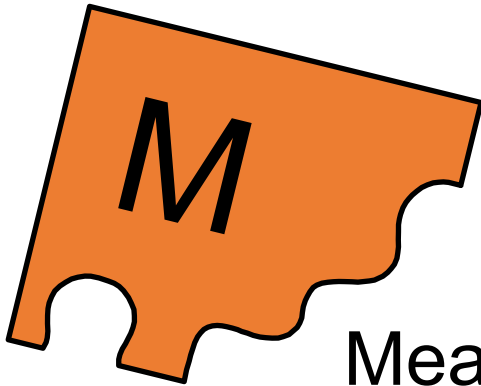
Objectives
- Small incremental activities for the client to achieve the goals

Interventions
- Activities the Counselor will complete to assist the client in achieving the goals

Are your treatment plan components . . .

- ☑ Likely to be understood by the client?
- ☑ Free of clinical jargon?
- ☑ Clearly stated?
- ☑ Written in complete sentences?
- ☑ Attainable in active treatment phase?
- ☑ Agreeable to both client and staff?

Treatment Planning Essentials



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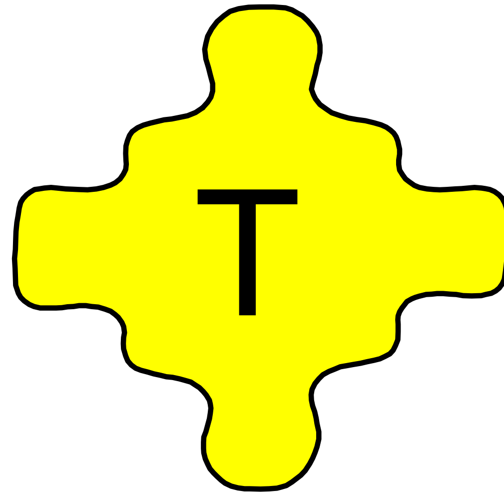

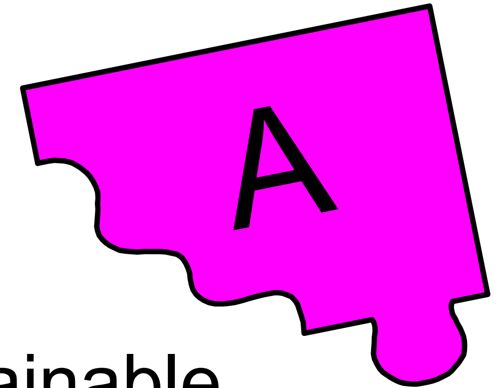

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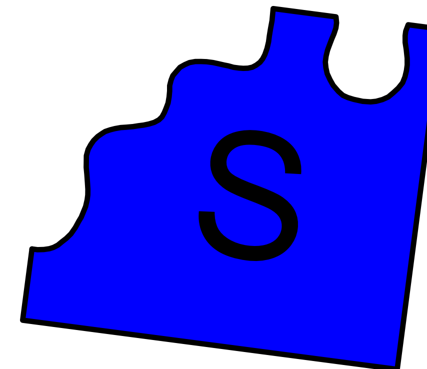

Realistic

Specific

Clinical Example

Problem Statement:

“I keep coming into work late and calling in sick because of my meth use.”

Clinical Example

Goal Statement:

- "I will work my recovery and show up to work on time and not call in sick."

Objective Statement:

- "I will find positive activities to replace my meth use and follow through and do them."

Intervention Statement:

- Staff will assist Betsy in exploring equally or more rewarding activities than meth use.

Does the example pass the MATRS Test?

Measureable: Yes, the counselor can count the # of days the client showed up on time and did not call in sick.

Attainable: Yes, the client already has a job.

Time-Limited: Yes, the client can begin meeting this goal in current level of care.

Realistic: Yes, the client has the ability to show up to work on time and not call in sick.

Specific: Yes, examples include specific activities.

The MATRS Test

Measurable? Can change be documented?

Attainable? Achievable within active treatment phase?

Time-Related? 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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Acknowledgments

- Mark Disselkoen