"Ideas for Treatment Improvement"

ADDICTION Messenger

JUNE 2006 • VOLUME 9, ISSUE 6 PLEASE COPY OR POST

Treatment Planning - Part 3
Putting It All Together

"The difference between the almost right word and the right word is really a large matter — 'tis the difference between the lightning bug and the lightning."

~ Mark Twain (1835 - 1910) ~

Planning and coordinating the course of treatment for a client is a complex and important task. The first two issues in this series have focused on making a treatment plan a "living document" instead of "paperwork", the importance of treatment contracts and individualized treatment plans, and the benefits of making the plan S.M.A.R.T. (Specific, Measurable, Attainable, Realistic and Time-Limited). This issue includes tips on prioritizing problem statements, a sample plan and a checklist for assessing your treatment planning in the future.

Problem Statements

Problem statements are based on information gathered during the assessment. It's important to include all relevant issues - even if your agency doesn't provide services for all of them. Whether the problems identified need to be addressed immediately, or deferred to a later time, they should be included in the "Master Problem List". Referral to outside resources can be an appropriate approach to addressing some of the problems.

Problem statements should be jargon-free and non-judgmental. Remember, your client is a collaborator and will receive a copy of the plan. When problem statements accurately reflect specific client behaviors or conditions you will find it easier to write treatment goals, objectives, and/or interventions.

Examples of problem statements that are jargon-free and non-judgmental:

- "Client has not completed either of the two treatment programs she has enrolled in this year" (instead of "Client is resistant").
- "Client has received three DUII citations" (instead of "Client is dependent on alcohol").
- "Client reports having unprotected sex five times with three different partners in the past month" (instead of "Client is promiscuous").
- "Client has been charged with legal offenses due to alcohol-related behaviors" (instead of "Client states that alcohol use does not cause him any difficulties").

Problem statements need to be written in such a way that another clinician reading the client's chart can easily understand what the problems are.

SERIES 22

Northwest Frontier Addiction Technology Transfer Center

810 "D" Street NE
Salem, OR 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

A project of
OHSU
Department of Public Health & Preventive Medicine

Steve Gallon, Ph.D.,
Principal Investigator

Mary Anne Bryan, MS, LPC
Project Manager, Editor
bryanm@ohsu.edu

Be sure to check out our web page at:
www.nfattc.org

NORTHWEST FRONTIER attc
The Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Unifying science, education and services to transform lives

Prioritizing Problem Statements

It's important to first address problems that require immediate attention. A useful tool to help you and your client prioritize problem statements is Abraham Maslow's Hierarchy of Needs.

Maslow suggests that people are motivated by unsatisfied needs. More basic needs must be satisfied before other higher level needs can be addressed.

If you are using the Addiction Severity Index (ASI) you will be able to link the ASI Domains (Medical, Employment/Support Status, Drug/Alcohol Use, Legal Status, Family/Social Relationships, and Psychiatric Status) and Maslow's Hierarchy of Needs in your treatment plan.

The most basic of human needs that Maslow identifies are biological and physiological (air, food, water, shelter, etc.). When those needs are not met it will be difficult for a client to focus on other things. Examples include:

Biological and Physiological Needs

(Related to ASI Domains: 1-Medical, 3-Drug/Alcohol Use, and 6-Psychiatric Status)
Typical needs are related to:
1. Health problems due to drug/alcohol use and a dependency lifestyle.
2. Other unmanaged health problems.
3. Medication needs related to physical and mental health disorders.

Maslow's Hierarcy of Needs progresses from the biophysiological to:

Safety and Security

(Related to ASI Domains: 2-Employment/Support Status and 4-Legal Status)
Common client needs include:
1. Resolution of legal problems.
2. Ability to care for self adequately.
3. Housing or shelter.

Love and Belonging

(Related to ASI Domain 5-Family/Social Relationships)
Common client conditions include:
1. Social and interpersonal skill deficits
2. Lack of healthy social relationships.
3. Family/significant relationship issues.

Self-Esteem

A higher level need, self-esteem emerges from a sense of achievement, mastery, independence, or status. It is a result of feeling competent, admired or viewed positively by others.

Self-Actualization

The highest level of need in Maslow's system includes fulfilling personal potential and seeking personal growth. People who have needs met on the other four levels are capable of fulfilling their potential. Only when the lower order needs are met do self-knowledge, self-fulfillment and spiritual connections become possible.

Putting It All Together

A treatment plan is developed like this:

1. Problem Statements (information from assessment)
   ⬇
2. Goal Statement (based on Problem Statement)
   ⬇
3. Objectives (what the client will do)
   ⬇
4. Interventions (what the staff will do)

Here is an example of a plan for one problem that meets the S.M.A.R.T. criteria:

Problem Statement

Client reports having been diagnosed with an infectious disease and requires assistance obtaining medical services.

Goals

1. Ensure that client receives care.
2. Ensure client is obtaining/taking necessary medications.
3. Reduce impact of medical problem on client's recovery and relapse potential.

Objectives

1. Client will obtain assessment of medical problems from staff nurse practitioner and referral to clinic for needed care.
2. Client will increase understanding of infectious disease and comply with treatment recommendations.
3. Client will obtain and take needed medications as prescribed.

Interventions

1. Staff will arrange medical services.
2. Staff will call clinic with client to make appointment.
3. Staff will review understanding of medical problem and recommendations with client.

On the following page is a checklist that will help you assess the degree to which your treatment plans meet the definition of a S.M.A.R.T. plan. Feel free to copy and use it as you work to improve your treatment planning.

Next Issue:

"Methamphetamine"

Source:

Stilen, P. Carise, D., Roget, N., & Wendler, A. (2005). **S.M.A.R.T. Treatment Planning utilizing the Addiction Severity Index (ASI): Making required data collection useful.** Kansas City, MO: Mid-America Addiction Technology Transfer Center in residence at University of Missouri-Kansas City.

Treatment Planning Checklist *

Problem Statements *What specific conditions/behaviors are problematic for the client?*	Ö
1. Address priority problem areas? (e.g., Medical Status, Employment and Support, Drug Use, Alcohol Use, Legal Status, Family/Social Status, and Psychiatric Status)	
2. Written in behavioral terms?	
3. Written in a non-judgmental and jargon free manner?	
4. Based on priority needs?	
Goals *What does the client want to achieve during treatment?*	
5. Related to problem statements?	
6. Attainable during the active treatment phase?	
7. Will the client understand/agree with goals?	
8. Will staff agree with goals?	
9. Has client's stage of readiness to change been considered?	
Objectives *What will client say or do? Under what circumstances? How often will she/he say/do this?*	
10. Objectives address the goals?	
11. Specific - specific activities included? Does client understand expectations?	
12. Measurable - can change or progress be documented/evaluated?	
13. Attainable - can client take steps toward meeting the objectives?	
14. Realistic - can client meet the objectives given the current situation?	
15. Time-limited - is time frame specified for the objective?	
16. Was client's stage of readiness to change considered?	
Interventions *What will the staff do? Under what circumstance? How often will it be done?*	
17. Activities address the objectives?	
18. Specific - are specific staff persons responsible for assisting client/providing services?	
19. Measurable - will the counselor/treatment program be held accountable for the services?	
20. Attainable - do activities reflect the level of care available or are outside referrals used when needed?	
21. Realistic - does the plan reflect the level of functioning or functional impairment?	
22. Time-Limited - is the time frame specified for each intervention?	
23. Has the client's stage of readiness to change been considered?	
General Checklist	
24. Is the plan individualized based on the client's specific goals, lifestyle, abilities, social and economic situation, work history, education and culture?	
25. Are client strengths included in the plan?	
26. Has the client (and significant others) participated in developing the plan?	

* Adapted from a checklist developed by Mid-America Addiction Technology Transfer Center .

Northwest Frontier ATTC
810 "D" Street NE
Salem, Oregon 97301
Phone: (503) 373-1322
FAX: (503) 373-7348

NIDA Blending Conference

"Blending Addiction Science & Practice: *Bridges to the Future"*

October 16-17, **2006**

Washington State Convention & Trade Center - Seattle, WA

www.sei2003.com/blendingseattle

NAME_____

POST TEST Series 22

1.
Treatment planning includes which of the following:
a. Identifies important client treatment goals.
b. Describes measurable, time-sensitive action steps toward achieving goals.
c. Does not reflect a verbal agreement between counselor and client.
d. a and b.

2.
The treatment plan is developed by the client's counselor.

True or False

3.
Which of the following potential problem areas does the ASI identify?
a. Medical status and drug/alcohol use.
b. Employment and support.
c. Family/social and legal status.
d. All of the above.

4.
Name two ways in which the ASI can guide the treatment plan.
1._____

2._____

5. S.M.A.R.T. treatment planning objectives are realistic because the client is able to attain them in the time period and achievable given their environment, support systems and level of functioning.

True or False

6.
The seven problem domains in the ASI help support the importance of viewing clients and their problems from a biopsychological perspective.

True or False

7.
A clearly defined Treatment Contract is what drives the assessment and service planning process but doesn't give shape and focus to the treatment plan.

True or False

8.
S.M.A.R.T. stands for (fill in the blanks):
S means _____
M means _____
A means _____
R means _____
T means _____

9.
To arrange for a ASI S.M.A.R.T. training contact:
_____ (NFATTC)

10.
If you are using the Addiction Severity Index (ASI) you will be able to link the ASI Domains (Medical, Employment/Support Status, Drug/Alcohol Use, Legal Status, Family/Social Relationships, and Psychiatric Status) and Maslow's Hierarchy of Needs in your treatment plan.

True or False

Mail or FAX your completed test to NFATTC
Northwest Frontier ATTC, 810 D Street NE, Salem, OR 97301
FAX: 503-373-7348

You can register for continuing education hours for Series 1 through 22.
Contact Mary Anne Bryan at 504-378-6001

NAME_____

We are interested in your reactions to the information provided in **Series 22** of the ***"Addiction Messenger"***. As part of your 2 continuing education hours we request that you write a short response, approximately100 words, regarding Series 22. The following list gives you some suggestions but should not limit your response.

What was your reaction to the concepts presented in Series 22?

How did you react to the amount of information provided?

How will you use this information?

Have you shared this information with co-workers?

What information would you have liked more detail about?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____