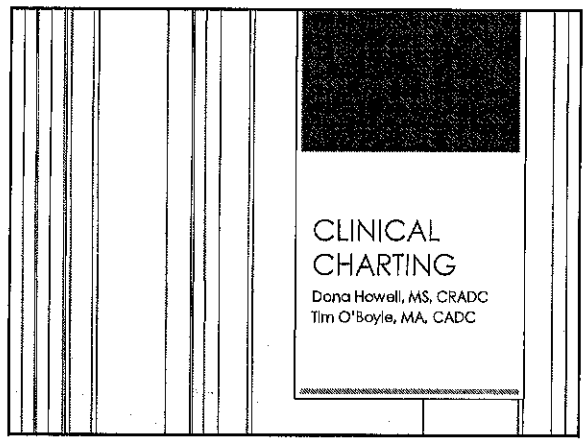

1

WORKSHOP GOALS

- Educate the participants about the importance of creating an inclusive assessment that is strengths-based and identifies client's stage of change
- Participants will be able to demonstrate the ability to develop treatment plan goals that are measurable, realistic, objective, and address Assessment concerns

2

WORKSHOP GOALS

- Participants will practice developing progress notes that can be tracked back to the treatment plan and the assessment
- Participants will identify a minimum of 3 ways to chart a progress note that is objective, addresses specific treatment plan goals, and stage of change
- Participants will be able to explain how the discharge summary relates to the assessment, treatment plan, and progress notes; writing a sample discharge summary reflecting those elements

3

CLINICAL CHART

- Screening
- Assessment
- Treatment Plan
- Monthly Progress Reports
- Stay Reviews
- Discharge Summaries
- Clinical Notes
- Releases and Consents

4

SCREENINGS

5

WHAT IS SCREENING?

The process by which the counselor, client, and available significant others review the current situation to determine the best initial course of action based on the client's needs, characteristics and available community resources.

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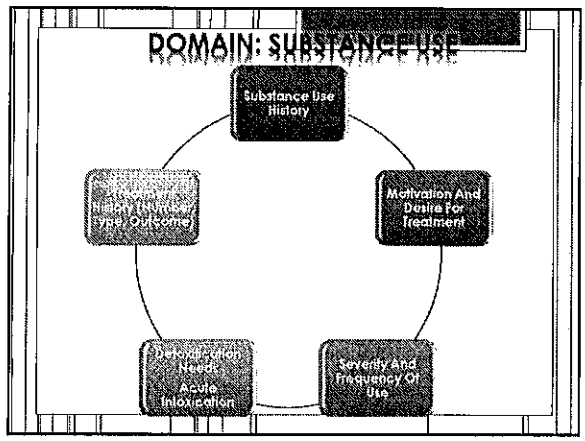
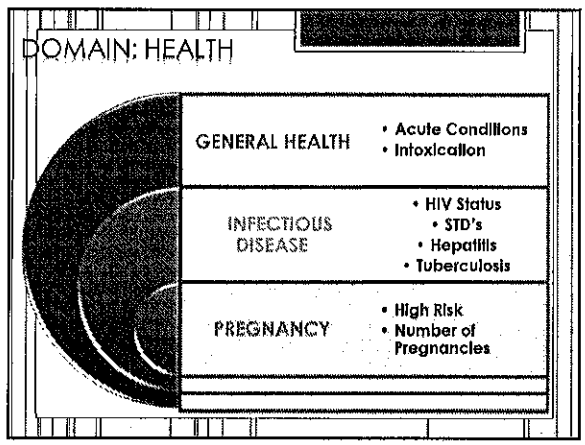
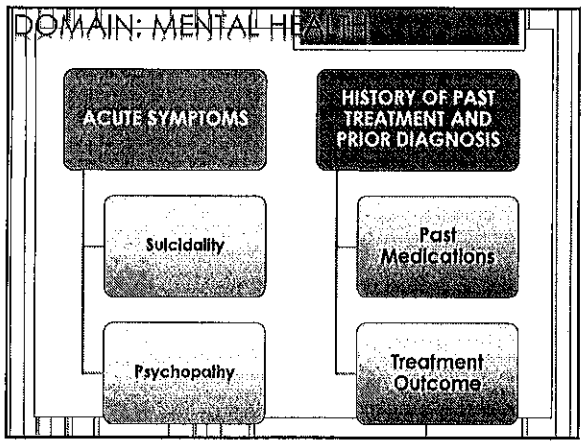

DOMAIN: SUBSTANCE USE
Substance Use History
Motivation And Desire For Treatment
Severity And Frequency Of Use
Acute Intoxication

7

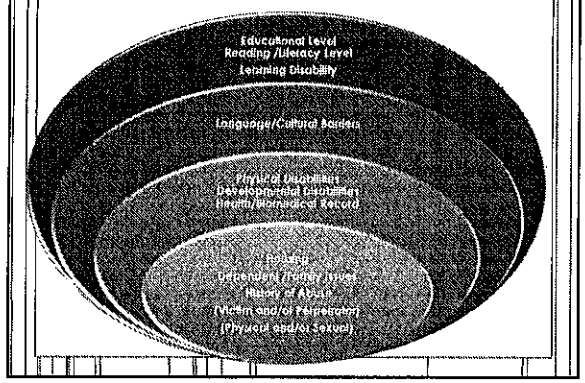

DOMAIN: HEALTH
GENERAL HEALTH
• Acute Conditions
• Intoxication
INFECTIOUS DISEASE
• HIV Status
• STD's
• Hepatitis
• Tuberculosis
PREGNANCY
• High Risk
• Number of Pregnancies

8


DOMAIN: MENTAL HEALTH
ACUTE SYMPTOMS
HISTORY OF PAST TREATMENT AND PRIOR DIAGNOSIS
Suicidality
Past Medications
Psychopathy
Treatment Outcome

9

DOMAIN: SPECIAL CONSIDERATIONS



10

ASSESSMENTS

The beginning of the possibility for change.

Though substance abuse can be more complex to treat when confounded with other diagnoses, accurately diagnosing co-occurring disorders is fundamental. Individuals with diagnosed psychiatric disorders such as bipolar, depression, anxiety or schizophrenia are often likely to abuse drugs and/or alcohol in an effort to self medicate.

11

WHAT ARE ASSESSMENTS?

The ongoing process through which the counselor collaborates with the client and others gather and interpret information necessary for planning treatment and evaluating client progress.

12

THE IDEAL ASSESSMENT IS...

- Reliable
- Valid
- Widely applicable
- User-friendly
- Normed on population being assessed
- Identifies stage of change the client is at
- Multi-dimensional

13

ASSESSMENT LEADS TO PLACEMENT

- Assessments of addiction severity/additional service needs
- Assessments of risk and level of supervision needed

SHOULD CULMINATE IN A PLACEMENT THAT IS LEAST INTENSIVE/RESTRICTIVE FIRST AND THEN INTENSIFIED AS CLINICALLY INDICATED.

14

DIMENSIONAL ASSESSMENT

- Dimensional assessments allow systematic evaluation of patients on the full range of symptoms that may be experiencing
- Important information about depressed mood, anxiety level, sleep quality, and substance use included regardless of diagnosis
- Will allow clinicians to rate both the presence and severity of the symptoms
- Ratings allow tracking of a patient's progress
- Improvements can be described even if the symptoms are still present to some degree

15

ASSESSMENT TOOLS

- Evidence based objective substance abuse assessments look at global issues
- Address ASAM domains
- Use objective measures to provide diagnostic impressions
- Based on DSM IV
- Usually used in combination with a psychosocial interview, review of available data and an objective measurement tool

16

ASSESSMENTS

- Gathers key information
- Defines the nature of a problem/problems as well as client strengths
- Treatment recommendations
- Serves as a guide for developing the treatment plan

17

DIMENSIONAL ASSESSMENTS

- Clinicians will document all of the patient's symptoms and not just those that were tied to their primary diagnosis

18

CULTURALLY INFORMED ASSESSMENT

- Diagnosis must be culturally informed
- Interviewer should be aware of and specifically ask clients view of the problem not just list symptoms
- Identify clients greatest concern
- Is there a culturally specific way of defining the problem?
- Specific vocabulary for understanding causes
- What makes the problem worse and better? Particularly social, family influences
- Any specific background influences (culture, ethnicity, religious, geographic)?

19

CULTURALLY INFORMED ASSESSMENT

- How have you already tried to make the problem better?
- Have you had a previous treatment help in your experience?
- What roadblocks have you encountered?
- Is there anything about me that might interfere with treatment?
- How do you want to be helped?

20

ASSESSMENTS FINAL THOUGHTS

- Assessments can become a permanent part of a person's record.
- How well or poorly you complete the task may impact that person for life.
- Accuracy and objectivity are essential.

21

ASAM

22

ASAM

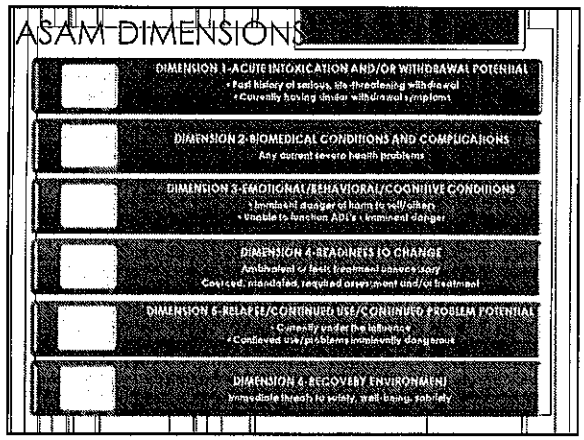
- Creation of a more structured, clinical based treatment model
- Medical management of addiction with 6 dimensions
- Forces clinicians to think globally

23

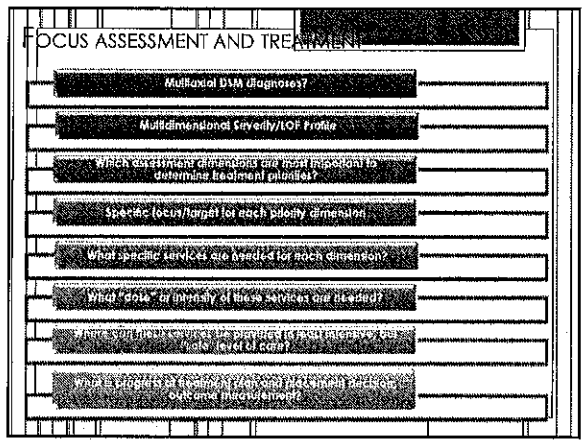
ASAM

- Way to purpose the entire clinical experience
- Patient placement criteria
- Least restrictive environment for treatment
- Tracks the client through treatment and graduating levels of care
- A way of formatting treatment plans and planning treatment interventions
- Utilizing ASAM helps you and the client in developing the treatment plan and treatment process

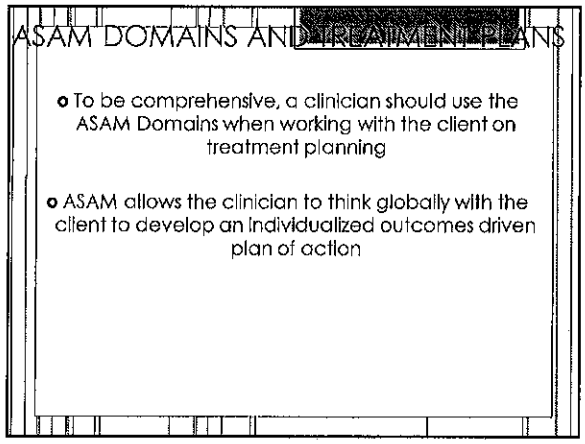
24


ASAM DIMENSIONS
DIMENSION 1-ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL
DIMENSION 2-BIOMEDICAL CONDITIONS AND COMPLICATIONS
Any current severe health problems
DIMENSION 3-EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS
DIMENSION 4-READINESS TO CHANGE
DIMENSION 5-RELAPSE/CONTINUED USE/CONTINUED PROBLEM POTENTIAL
DIMENSION 6-RECOVERY ENVIRONMENT

25


FOCUS ASSESSMENT AND TREATMENT
Multiaxial DSM diagnoses?
Multidimensional Severity/LOF Profile
Specific focus/target for each polarity dimension

26


ASAM DOMAINS AND TREATMENT PLANS
o To be comprehensive, a clinician should use the ASAM Domains when working with the client on treatment planning
o ASAM allows the clinician to think globally with the client to develop an individualized outcomes driven plan of action

27

TREATMENT PLANS

28

THE GOOD TREATMENT PLAN...

Is a comprehensive set of tools and strategies that addresses the client's identifiable strengths as well as her or his problems and deficits. It presents an approach for sequencing resources and activities, and identifies benchmarks of progress to guide evaluation. It identifies strategies for dealing with the stage of change the client is in and addresses co-occurring health needs. The treatment plan builds upon the data gathered from the assessment.

29

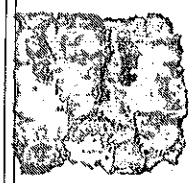
OVERVIEW

A Treatment Plan Is A Map Specifying:

- Where clients are in recovery from substance use and other co-occurring disorders.
- Where they need to be.
- At a minimum, the treatment plan serves as a basis of shared understanding between the client and treatment providers.
- Clients learn what is expected of them in program commitments and attendance.

30

TREATMENT PLANNING



- If the screening/assessment has been completed correctly, developing a treatment plan in collaboration with your client should be a seamless process.
- The screening and/or assessment provides you with the data you need to develop a mutually agreed upon road map for the treatment process.
- The treatment plan must have client ownership.

31

TREATMENT PLAN

- Identify all 6 ASAM Dimensions.
- Develop mutually agreed upon goals that objective, measurable, and time specific.
- If there is an issue that is beyond your area of expertise, make sure you refer to the appropriate source- document it.
- Addresses client's stage of change
- Is strengths based

32

TREATMENT PLAN

- Goals should be short and long term in nature and be based upon the clients' strengths.
- The treatment plan provides the professional with a guide to how well the client is progressing (or not progressing) in treatment.

33

EFFECTIVE TREATMENT PLANNING

- Obtain and interpret all relevant assessment information.
- Explain the assessment findings to the client and significant others involved in potential treatment.
- Provide the client and significant others with clarification and further information as needed.
- Examine treatment implications in collaboration with the client and significant others.

34

EFFECTIVE TREATMENT PLANNING

- Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
- Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
- Inform client of confidentiality rights, program procedures that safeguard these rights and the exceptions imposed by regulation
- Reassess the treatment plan at regular intervals and/or when indicated by circumstances.

35

EFFECTIVE TREATMENT PLANNING

- Confirm the readiness of the client and significant others to participate in treatment.
- Prioritize client needs in the order they will be addressed.
- Formulate mutually agreed upon and measurable treatment outcome statements for each need.
- Identify appropriate strategies for each outcome.

36

TREATMENT PLAN

- Must be a mutually agreed upon contract.
- Clearly identifies what the client wants to work on and what the responsibility of the counselor encompasses.
- It is specific, measurable, objective, and obtainable.
- There is a beginning, middle, and end of the treatment plan.
- It is meant to be a living fluid document that provides guidance and evaluation along the treatment pathway.

37

TREATMENT PLAN

- There should be a treatment plan goal for every ASAM Dimension.
- Goals should be stated in action terms with clearly identified outcome expectations.
- A time line should also be included in the treatment plan to track when the client can reasonably expect to complete treatment plan goals.
- Some of the ASAM domains may not be in your purview to address, so the treatment plan should reflect how you handled that issue- whether by referral, identification, or deferment.

38

TREATMENT PLANS

- Treatment plans should identify who is responsible for what.
- They should identify the modality of the treatment intervention and how that intervention is going to target or address the treatment goal.
- Clearly address any mental health concerns or needs
- There should be a process in place for treatment plan reviews- where the counselor and the client sit down together to evaluate how treatment is progressing and whether there need to be any additions or deletions to the treatment plan (30,60, 90, 120 day reviews).

39

TREATMENT PLANS

- Developing and reviewing the treatment plan may serve as individual treatment hours in terms of service delivery.
- Reviewing the treatment plan is a therapeutic treatment tool in and of itself, if done appropriately.
- It takes time, practice, and training to develop a solid treatment plan.
- If done correctly, the treatment plan provides you with the information and tools you need to create an individualized, successful treatment program for your client.

40

TREATMENT PLANS

- Must be based on assessment
- Must address the stage of change the client is in and identify strategies for leveraging the client toward the action stage (when appropriate)
- Must be strengths based
- Must address behavioral health as well as other multi-dimensional client needs

41

CLINICAL TREATMENT DEVELOPMENT

- As the treatment plan progresses, it is the responsibility of the counselor (in conjunction with the client) to identify the mode, method, and dose of treatment
- The treatment needs to be matched individually to the client
- Instead the concept of treatment mapping and targeted interventions is an effective strategy for the efficient use of resources within a criminal justice setting

42

TREATMENT PLAN

Addresses multiple needs of the Individual, not just drug use.

Any associated medical, psychological, social, vocational, and legal problems.

43

TREATMENT PLAN

- Treatment and services plan must be assessed continually
- Modified as necessary to ensure that the plan meets the person's changing needs
- Client may require varying combinations of services and treatment components.

44

TREATMENT PLANS

Updated if significant change in the client's:

- Motivation
- Response to environmental stressors
- Level of involvement in treatment

45

TREATMENT PLAN

Client at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, social and legal services.

It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

Addressing client's mental health needs and identifying motivational level are important and on going elements of an effective treatment plan

46

MOTIVATION FOR CHANGE

Address motivation for change.

Clients may have only a vague sense of their own motivation for treatment.

Staying focused on the positive consequences of recovery is an essential aspect of the recovery process.

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CHARTING

48

IMPORTANCE OF DOCUMENTATION

- In every treatment facility across the country, counselors are required to accurately document what has transpired during the therapeutic sessions.
- Over the course of the past few years, the importance of documentation has gained more emphasis as third-party payers have changed the use of documentation "from something that should be done well to something that must be done well" (Kettenbach, 1995, p. iii).
- In this era of accountability, counselors are expected to be both systematic in providing client services (Norris, 1995) and able to produce clear and comprehensive documentation of those clinical services rendered (Scalise, 2000).
- Well-written case notes provide accountability, corroborate the delivery of appropriate services, support clinical decisions (Mitchell, 1991; Scalise, 2000), and, like any other skill, require practice to master.

49

IMPORTANCE OF DOCUMENTATION

- Besides the screening, assessment, treatment plan, and appropriate release forms, consents, and client rights, there is a need for documenting the progress of the client
- Charting treatment progress through clinical treatment notes is the most appropriate way to do so
- Treatment notes should be very specific in nature and tie back to the treatment plan goals and the assessment document
- They should serve as written verification of the client's progress or lack of progress in treatment

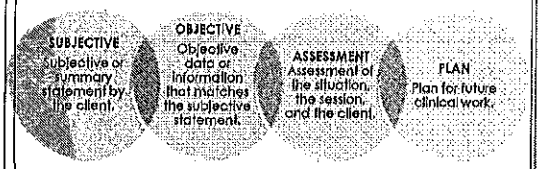
50

Progress Note Documentation

- There should be a progress note documented following each clinical session, for each day that the consumer is present in a residential program and at the time of discharge.
- Progress notes must be signed by the author, and have their credentials clearly documented.
- Progress notes must contain the date of the session and the length of time of the session, with either a beginning and ending time or a total time spent with the consumer.

51

TREATMENT NOTES-SOAP NOTES



52

S.O.A.P. NOTES....SUBJECTIVE

S = Subjective or summary statement by the client. Usually, this is a direct quote. The statement chosen should capture the theme of the session.

2. If client refers to someone else's name, indicate that other person by initials. This makes it clear that the client is the focus, not the person the client is talking about. It also guards against any breeches in confidentiality. This is especially true when a client refers to another client.

♦ *Example of client using someone else's name: "She really made me mad . . . You* think I should make an appointment to talk to her? I don't like dealing with this stuff [case worker S.P.].

3. If the client didn't attend the session or doesn't speak at all, use a dash on the "S" line.

♦ *Example: S: ---*

53

S.O.A.P. NOTES....OBJECTIVE

O = Objective data or information that matches the subjective statement.

Descriptions may include body language and affect.

♦ *Example: 20 minutes late to group session, slouched in chair, head down, later* expressed interest in topic.

54

S.O.A.P. NOTES....ASSESSMENT

A = Assessment of the situation, the session, and the client, regardless of how obvious it might be based on the subjective and/or objective statements.

- *Example: Needs support in dealing with scheduled appointments and taking* responsibility for being on time to group.
- *Example: Needs referral to mental health specialist for mental health assessment.*
- *Example: Beginning to own responsibility for consequences related to drug use.*

55

S.O.A.P. NOTES....PLAN

P = Plan for future clinical work. Should reflect interventions specified in treatment plan including homework assignments. Reflect follow-up needed or completed.

- *Example: Begin to wear a watch and increase awareness of daily schedule.*
- *Example: Complete Tx Plan Goal #1, Objective 1.*
- *Example: Consider mental health evaluation referral.*
- *Example: Contact divorce support group and discuss schedule with counselor at* next session.

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EXAMPLE S.O.A.P. NOTE

01/03/05 IND

S: "I wanted to talk to my kids about how guilty I feel about my drinking."
O: Tearful at times; gazed down and fidgeted with shirt buttons
A: Consumer has gained awareness in how drinking behavior has embarrassed and hurt his teenage children. He expresses intense feelings related to his drinking and appears to assume responsibility for his past behaviors.
P: Completed Tx Plan Goal #1, Obj 1. Continue with Goal #1, Obj 2, in next session.

DONA HOWELL, CRADC

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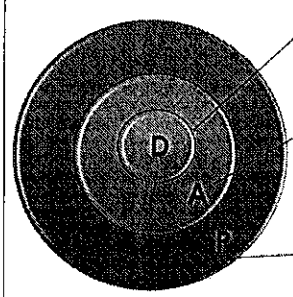
TREATMENT NOTES-DAP NOTES



Description - Observations, what the clinician saw and heard, quote statements made by the consumer.

Assessment - Assessment of the consumer's mental status and psychological functioning.

Plan - Plan for future treatment as it relates to progress noted and updating of the treatment plan.

58

Example D.A.P. Note

- Consumer Name: Jiminy Cricket
- Date: February 03, 2005
- Time in Group: 1 hour

(D) Client attended and took part in group today, second day in group. Client reports fear of losing his wife and job if he does not get sober. Reported also fear that he will be unable to remain sober. He reports 4 days sobriety.

(A) Client's mental and psychological functioning were appropriate, no suicidal or homicidal ideation, per client. Affect and mood sad and depressed, sometimes tearful. Participation in group was active and appropriate.

(P) Only client's second day in treatment, continue with current plan.

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TREATMENT NOTES

- Whatever format you choose to use, ensure that you include the type of treatment, duration of treatment, what goal the client was working on, their movement (or lack of movement) in treatment, and the plan for the next session
- Charting allows you to keep a visual track of what the client has accomplished and what is still left to address
- It is a way to justify and objective the treatment process

60

CHARTING

- Any charting notes (progress notes, individual or groups counseling notes, continuing stay reviews, discharge summaries) must reference back to identified treatment plan goals and all the way back to the assessment. There must be a "golden thread" that ties all the data together to show how the client progressed based upon the client's self identified treatment goals and needs.

61

TREATMENT PLAN EXAMPLES TRACY

62

TRACY

25-year-old African American male incarcerated for vehicular manslaughter. He was intoxicated at the time of his arrest. He was driving under the influence of alcohol and marijuana when his car crossed the median and struck a van, killing all occupants. This is his first incarceration, but he has had multiple treatment interventions in the past including hospitalizations for attempted suicide and mental health concerns. He admits to being in special education in school and dropped out of school during 10th grade. He does not have a high school diploma or GED. Nor does he have any vocational skills or was working prior to his arrest and incarceration. He reports that several of his family are incarcerated including his father (drug related). Upon interview, entire family appears to be alcohol involved with mother reporting heavy drinking throughout her pregnancy with Tracy. Tracy also reports incidents of domestic violence and neglect.

63

TRACY

Tracy reports that several of his siblings have been screened for sickle cell anemia, but he has never been tested. He was in a long term relationship with his baby's mother, but she recently filed for an order of protection due to Tracy's bursts of violence and physical abuse. Tracy self reports he "loses it" when he gets angry and hears voices telling him to do "bad things". In addition, he reports drinking up to 2 six packs of beer, one half pint gin, and 3 blunts daily for the past 12 months. He has been in residential, intensive outpatient, and outpatient substance abuse treatment but never successfully completed any treatment program. In addition, Tracy was referred to a domestic violence group as part of a probation plea, he has not attended any sessions. He has extensive court fines and civil suits that will need to be addressed for him to successfully complete parole. He is willing to get treatment, but wants to control what treatment he gets.

64

TRACY-ASAM DIMENSIONS

DIMENSION 1: INTOXICATION/WITHDRAWAL

Though intoxicated at the time of the current offense, he claims to be alcohol and drug free while incarcerated.	There appears to be no current issue with intoxication or withdrawal.

DIMENSION 2: BIOMEDICAL CONDITIONS/COMPLICATIONS

He is not on any medications.	Some medical issues that might need to be addressed-including the sickle cell anemia and possible undiagnosed FAS.

DIMENSION 3: EMOTIONAL/BEHAVIORAL/COGNITIVE

Complex problems with his anger, frustration, mental health, prior suicide and family discord.	Order of protection issue with significant other, special education issues-possible ADD.

65

TRACY-ASAM DIMENSIONS

DIMENSION 4: READINESS TO CHANGE

Willing to talk to therapist; issues of treatment sophistication. Appears to be in Pre-Contemplation Stage of Change	Agrees to treatment, but doesn't want to continue treatment when he goes on parole.

Dimension 5: Relapse/Continued Use/Continued Problem Potential

High likelihood of drinking and drugging if released to go back home.	High likelihood there would be reoccurrence of domestic violence as well.

DIMENSION 6: RECOVERY ENVIRONMENT

No stable home environment; family mistrustful of offender.	Significant other does not want any contact with offender.

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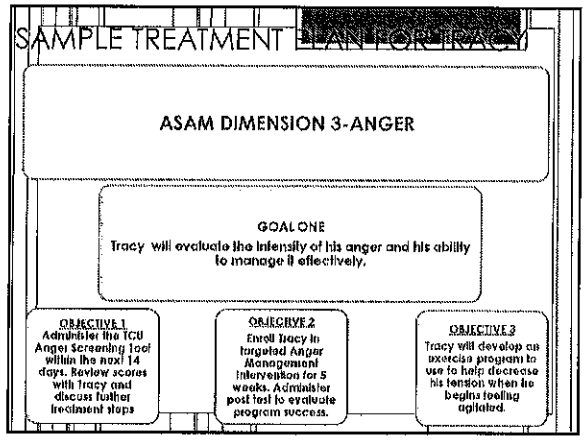
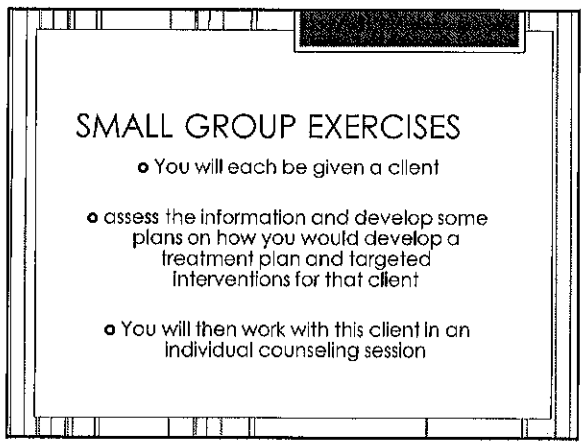

SAMPLE TREATMENT PLAN FOR TRACY
ASAM DIMENSION 3-ANGER
GOAL ONE
Tracy will evaluate the intensity of his anger and his ability to manage it effectively.
OBJECTIVE 1
Administer the TCU Anger Screening Tool within the next 14 days. Review scores with Tracy and discuss further treatment steps
OBJECTIVE 2
Enroll Tracy in targeted Anger Management Intervention for 5 weeks. Administer post test to evaluate program success.
OBJECTIVE 3
Tracy will develop an exercise program to use to help decrease his tension when he begins feeling agitated.

67


SMALL GROUP EXERCISES
You will each be given a client
assess the information and develop some plans on how you would develop a treatment plan and targeted interventions for that client
You will then work with this client in an individual counseling session

68