Treatment Planning

DEPARTMENT OF HEALTH
AND HOSPITALS

OFFICE OF BEHAVIORAL HEALTH

Disclaimer

Information in this presentation should not be relied upon for the diagnosing and/or treating of a mental health condition.

Resources referenced do not constitute an endorsement, nor are these resources exhaustive. Nothing is implied by inclusion or when a resource is not referenced.

Learning Objectives

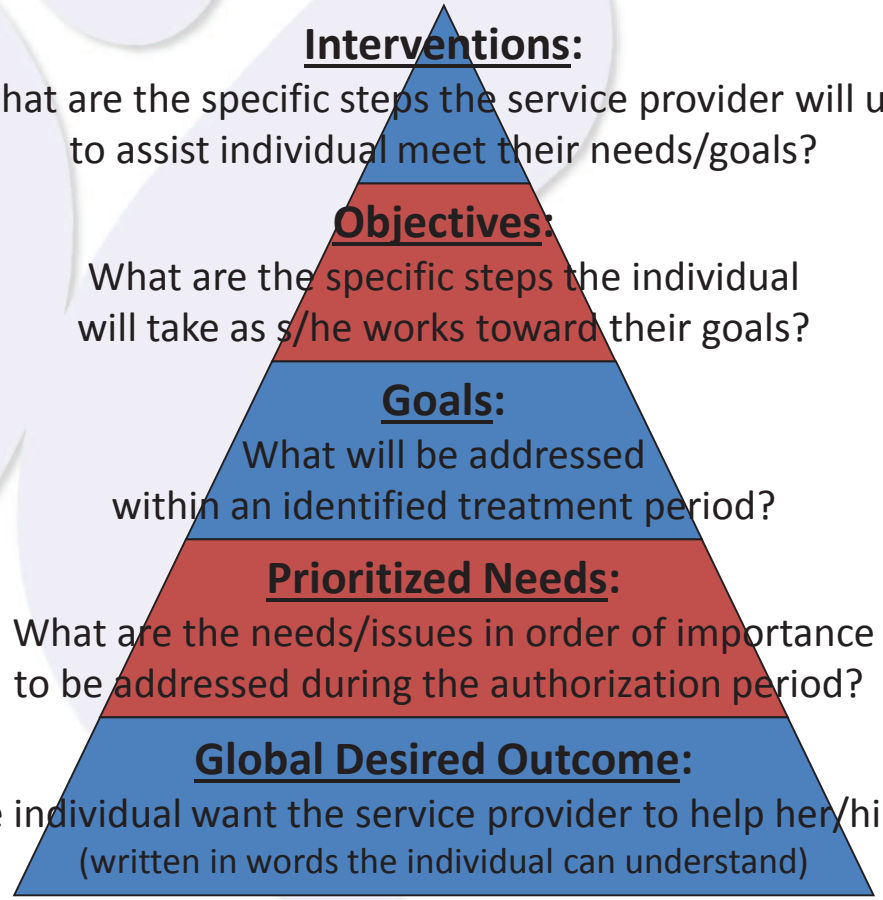
- Steps involved in the process of developing effective, recovery focused service plans
- How to develop service plans for **treatment** to include the identification of global desired outcomes, services beyond the scope of treatment, medically necessary prioritized therapeutic needs, goals, objectives using the *S-M-A-R-T* acronym and treatment interventions
- Individualized **crisis assessment/issues** as a component of ongoing service planning
- Individualized **discharge needs** throughout service planning/ongoing treatment process

Treatment Planning

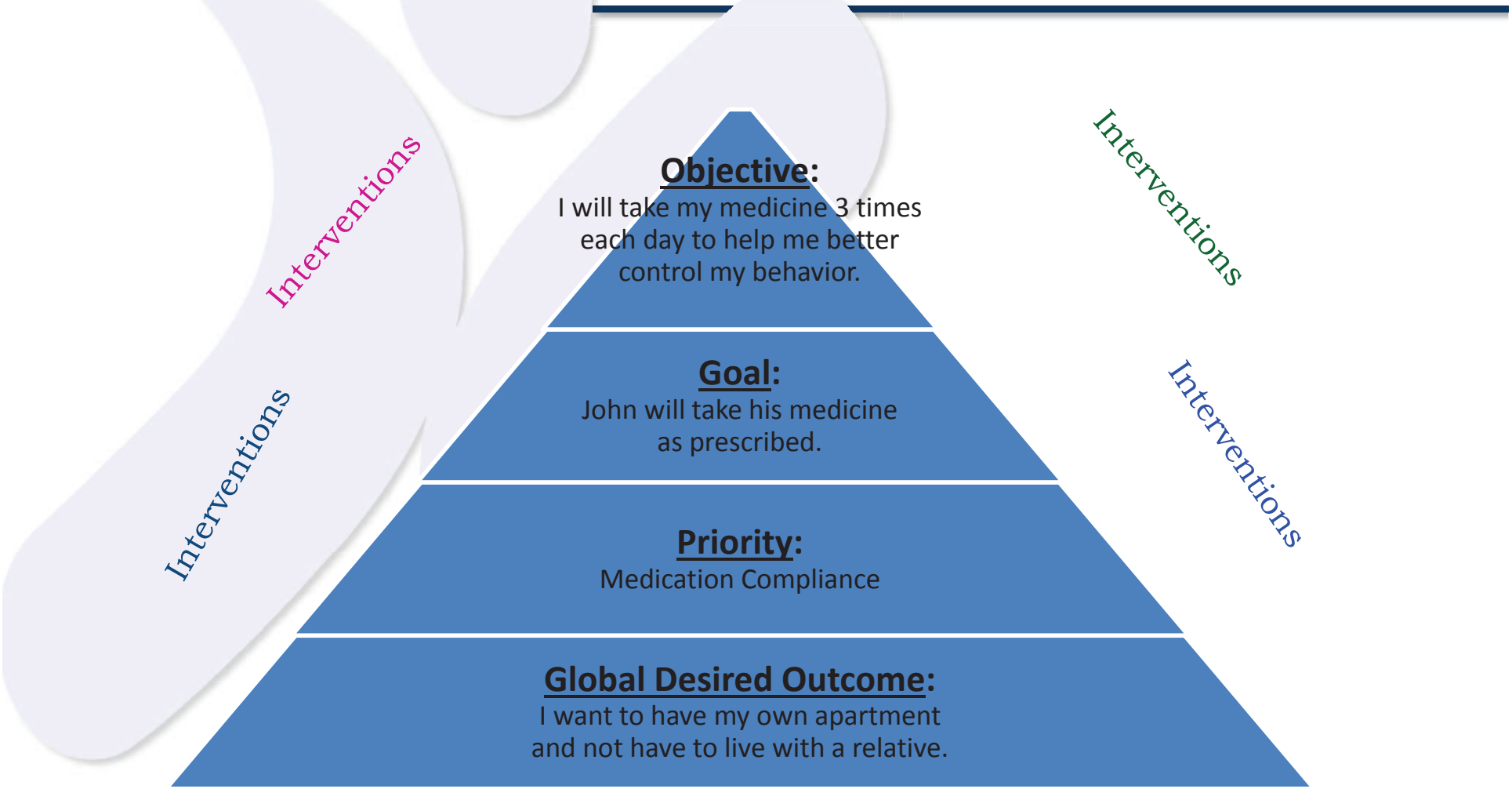
Why Are Plans SO Important?

- They allow individuals & families to:
  - **express** their long term goals
  - **identify** the most important needs
  - **identify** what should be accomplished by the end of the authorization period
  - **identify** the steps to accomplish each goal
  - **identify** the services to be utilized by service provider staff to help the individual accomplish each objective

Why Are Plans So Important?



Example: John Q. Public



Plans should be INDIVIDUALIZED…

- …and address the **specific** medically necessary needs of the individual for whom it is developed.
- The same, exact goals, objectives and interventions should **not** be used for more than one individual.

Services Beyond the Scope

- An individualized treatment plan should be developed to **include all services needed** by the individual, including services beyond the scope of mental health treatment to ensure that ALL service needs are addressed.

Service Beyond the Scope

- Services such as sexual abuse treatment, vocational rehab, financial assistance, substance abuse issues, educational problems, recreational activities, developmental disabilities, etc.

The service provider is responsible for coordinating care with other agencies/service providers and should follow-up on the status of those referrals.

Goals

…define what the individual will do to address a priority need.

By setting goals on a routine basis you help the individual decide what he/she wants to achieve and then move them step-by-step towards accomplishing their goals.

Goals vs. Objectives

Goals are more general than objectives and should be targeted for completion by a specific date within a specified treatment period.

Goals should be written in easy to understand language…

"NK will take his medication as directed."

"NK will improve his behavior at school."

"NK will improve his hygiene skills."

Using the *S-M-A-R-T* criteria format

The *S-M-A-R-T* acronym

S-M-A-R-T is a guide to developing effective goals and objectives

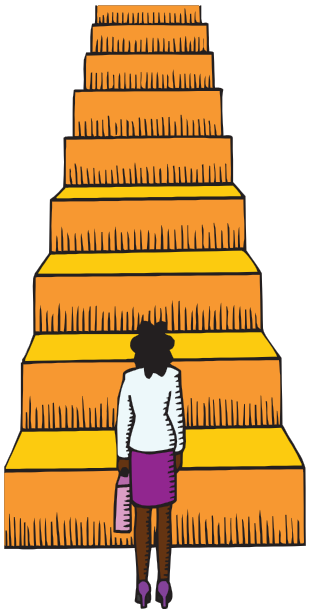
- **S** pecific
- **M** easurable
- **A** ction Oriented
- **R** ealistic (w/ **R**eward)
- **T** ime Limited

Objectives

…identify what the individual will do to improve his/her current situation.

Objectives are the smaller steps needed to accomplish the goal.

Objectives need to written in ***S-M-A-R-T*** format.



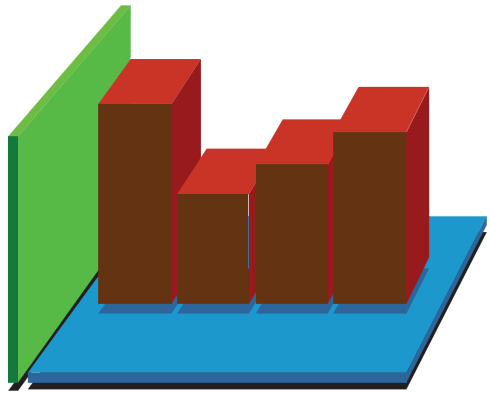
Specific

- Objectives that are specific will allow everyone involved to determine if progress is being made and if services are effective.

Measurable

Effective objectives are measurable so that individuals/natural supports and service providers are able to **determine if they have been accomplished**.

Developing measurable objectives allows the treatment provider the opportunity to verify on-going progress.



Measureable

Please note: In order to make objectives measurable, it is vital that reliable, consistent information is gathered.

Not Measurable: ***"I will accept 'no' from authority figures 70% of the time…"***

(Without the consistent measure from all authority figures in the child's life, percentage is impossible to measure.)

Measurable

Some objectives should not be accomplished in smaller steps due to rules/regulation/safety.

For example: *"I go to school 3 out of 5 days."*

"I am aggressive 2 out of 7 days."

Students SHOULD go to school every day and cannot be aggressive due to the risk of harming self or others.

Instead:

"I go to school without complaining, 3 of 5 days a week, to improve attendance and pass to the next grade."

"When I get mad at school, I will take a time out to calm down before speaking so classmates will want to be my friend."

Measurable

Also note, an example such as…

"When Mother tells me to do something, I will do it right away 5 of 7 days so we will get along…"

will only be realistic if there is a reliable way for someone to gather information to determine if the outcome has been met.

Mom reporting…***"I think he has gotten better…"*** is not a reliable measure. If mother keeps a calendar and puts a check on days that he follows directions and an "**X**" on days he does not follow directions, this would be considered a relatively reliable measure of progress.

Examples

1. *"I am in bed and quiet by 10:00 pm, 5 out of 7 nights so I can stay awake at my volunteer job."*
2. *"I get a refill on my depression medication when I have 12 pills left so I have medication to take."*
3. *"I increase my grade in math to a "C" so I can be in High School next year."*
4. *"I finish one homework assignment before I take a break so I can get my homework done."*

Action Oriented

Action Oriented objectives make it clear to the individual/family/staff what the individual is expected to do, instead of what the individual is to stop doing or should think.

Action Oriented objectives are positive in nature and give the individual a road map for dealing with problems or issues related to his/her mental illness.

Action Oriented

Negative:

"I will stop talking in class."

Not Action Oriented:

"I realize that compliance with classroom rules is imperative to my progress."

Action Oriented:

"I will raise my hand in class and wait for the teacher to call upon me each time I have a question so my conduct grade improves."

Examples

Not Action Oriented:

"I will avoid the use of illegal substances."

Not Action Oriented:

"I will respect the illegal nature of substance use…"

Action Oriented:

"When someone offers marijuana to me, I will leave that situation without taking it and go visit a friend or call my sponsor instead."

Realistic

- Objectives must be **attainable and realistic**, based on the needs and functional level of the individual.
- If a individual does not think he/she can accomplish the goal…**WHY TRY**?
- To be realistic, goals/objectives may need to be broken down into very small parts.

Example

Not Attainable/Realistic:

"I can name all of my medications and dosages, tell what each does to improve my functioning, and list all possible side effects of each medication…"

(For all but our highest functioning individuals, this may not be attainable/realistic.)

Example

Attainable/Realistic: ***"I can fill my pill box correctly on my own and tell when I should take each pill…"***

Attainable/Realistic: ***"I can tell which pills are for my nerves, which pills are for my pressure and which pills are for sleep…"***

Note how objective was written using words from the individual's vocabulary.

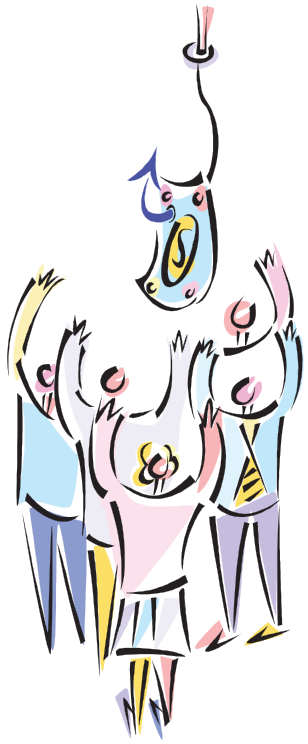
Reward/Benefits

Effective objectives should include a reward for the individual.

A reward identifies how a individual would benefit from accomplishing the objective.

Reward/Benefits

- This answers the individual's question, ***"If I change my behavior, what's in it for me?"***
- Reward/benefits should always be meaningful and based on preferences.



Examples

"I will accept "no" daily without arguing with mom…

…so *I can show her that I am mature and responsible enough to get my driver's license."*

…so *she will lift my punishment for disrespect."*

"I will follow rules at school…

…so *I can stay on the basketball team."*

…so *I get a "C" or better in conduct which will allow me to participate in field trip activities with my class."*

Time-Limited

The target dates need to vary based on individual needs/skills and should be specified for completion at various points within the service authorization period. Make sure the dates set are realistic for each individual.

Individual-Friendly Language

Effective goal/objectives are written in language individuals/natural supports understand.

Effective goals/objectives use words from the individual's vocabulary to promote ownership over the service plan.

Engagement is more difficult if goals are too complicated. Complicated goals use words and phrases that are not easily understood by the individual.

Examples

1. *"When I wake up in the morning, I take my depression medicine so I don't feel sad."*
2. *"When my mom tells me to do my homework, I will go to my room to start my work so I can get it all done."*
3. *"When I get mad at Billy, I will tell him how I feel so we can get along better."*
4. *"I am checking my sugar 3 times a day so it won't get too high."*

Documenting progress

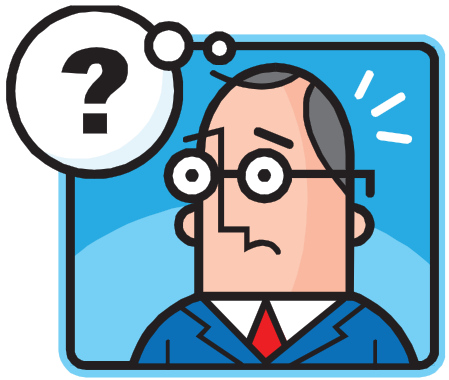
- Since the treatment plan specifies what services will be provided to help the individual address the goals and objectives identified, the treatment provider should continually document the individual's progress or lack of progress noting changes that will need to be made when required to submit an updated treatment plan.

Interventions…

What will the treatment provider do to help the individual achieve the objectives?

Interventions which include teaching skills identify what training materials will be used.

(Note: If you don't know what training materials you will use, you don't really have an intervention.)



Interventions…

…need to be well defined for all team members and related to each goal/objective.

LMHP staff is responsible for providing training and supervision to ensure that staff members are competent to provide the interventions.

Interventions should be…

Specific:

- Interventions which include teaching skills should be **very specific**, listing what book, what workbook and/or what activities will be used. Include the teaching methods (modeling, role play, etc.).

Interventions…

- …must be active in nature, and do not include "watchful oversight."

  Everyone reading the treatment plan should be clear as to what will be ***done*** to address the Objective.

Therapeutic Interventions…

- …such as Cognitive-Behavioral Therapy (CBT) and behavior modification should be documented in the intervention.

Examples

"Paraprofessional staff will use role play activities from Practical Social Skills, Chapters 7,11 and 14 to teach appropriate boundaries."

"MHP staff will provide cognitive-behavioral counseling to address John's inappropriate acting out behavior."

Crisis Planning

Crisis Intervention

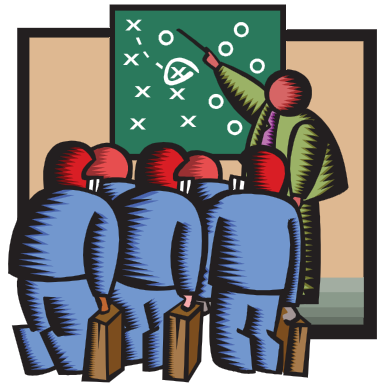
- Crisis intervention refers to the methods used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical and behavioral distress or problems.
- A crisis can refer to any situation in which the individual perceives a sudden loss of his/her ability to use effective problem-solving/coping skills.

Purpose of a Crisis Intervention Plan

- **Reduces the intensity** of an individual's emotional, mental, physical and behavioral reactions to a crisis and helps individual return to their prior level of functioning.
- Individual develops **new coping skills and eliminates ineffective ways of coping**, such as withdrawal, isolation and substance abuse.
- Individual becomes **better equipped to cope** with future difficulties.

Purpose of a Crisis Intervention Plan

- **Assists** the individual in recovering from the crisis and **prevents** serious long-term problems from developing by talking about what happened, the feelings about what happened and ways to cope and solve problems.
- **Research documents positive outcomes** for crisis intervention, such as decreased distress and improved problem solving.



Purpose of a Crisis Intervention Plan

- **Individuals more open to receiving help during crises.** (A person may have experienced the crisis within the last 24 hrs. or a few weeks before seeking help.)
- Crisis intervention is **conducted in a supportive manner.**
- The length of time for crisis intervention may range from one to multiple sessions over several weeks (average 4 wks) and session length may range from 20 min. to two/more hrs.

Purpose of a Crisis Intervention Plan

- Crisis intervention **not sufficient** for individuals with long-standing problems.
- Crisis intervention **is appropriate** for children, adolescents and younger and older adults
- It can take place in a range of settings, such as hospital emergency rooms, crisis centers, counseling centers, mental health clinics, schools, correctional facilities and other social service agencies.

Purpose of a Crisis Intervention Plan

- Local and national telephone hotlines are available to address crises related to suicide, domestic violence, sexual assault and other concerns. They are usually available 24 hours a day, seven days a week.

Reference: *Crisis intervention - children, functioning, therapy, adults, withdrawal, person, people, used http://www.minddisorders.com/Br-Del/Crisis-intervention.html#ixzz1YmotKgIx*

Crisis Plan Development

- Must be done at the time of admission and **updated as needed**
- **Include detailed information** on how to involve and contact natural supports

Crisis Plan Development

- Focus on relying on **natural supports as the first responder** to intervene early to prevent the situation from escalating into a serious crisis.
- The service provider is responsible for educating the individual and Natural Supports about when to contact natural supports, when to call the service provider staff and when to call 911.

Service provider's response to crisis

- It is the **responsibility of the supervisor** to ensure that the staff responding to crisis is well-trained and competent to be the first service provider responder in a crisis situation.
- If the staff is not well-trained and known to be competent to respond to the crisis, then **the supervisor should be the initial service provider responder**.

Service provider's response to crisis

- All staff responding to a crisis should be **well-trained** and know:
  - When/how to intervene
  - When to call the supervisors for assistance
  - When to dial 911

Crisis Plan Development - Overview

1. Describe what constitutes a crisis for the individual
2. Describe events/situations that may be precipitants to a crisis
3. Describe what action (s) can be taken by the individual and/or natural supports to address the crisis
4. Describe what assistance the individual would like and not like from supporters when at risk for or in crisis

Crisis Plan Development - Overview

5. Name, address, phone number of supporters when at risk of entering or in a crisis
6. Other instructions from individual
7. Name, title and contact information for the primary service provider contact and other service provider support staff including the supervisor and the psychiatric director

Crisis Plan Development - Step 1

1. Describe what constitutes a crisis for the individual:
   - **What has caused the need for hospitalization in the past?**
   - **What has caused significant distress for this individual?**
   - **What does this individual describe as a crisis?**

Crisis Plan Development - Step 2

2. Describe events/situations that may be precipitants to a crisis:
   - **Describe behaviors/situations that have happened just before (triggered) a crisis in the past.**
   - **List observable behaviors which, for this individual, mean that things have worsened and may be close to becoming a crisis (warning signs).**

Crisis Plan Development - Step 3

3. Describe what action (s) can be taken by the individual and/or natural supports to address the crisis.
   - **What *specific* behavior strategies and environmental safeguards can the supporters (natural supports and service provider personnel) institute immediately?**

For Step 3 to work…

- service provider needs to assure that **everyone** is **clearly capable** of carrying out their assignment.
- service provider needs to assess if there is any **specific training** that **supporters need**? If so, how does the service provider plan to address this?
- It may be beneficial with significantly "at risk" individual to have a **"drill"** which supporters use to role play their part in addressing a potential crisis.

Also…

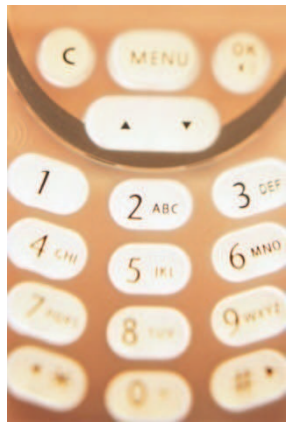
- If there are currently no natural supports available, the service provider must help the individual develop natural supports and teach the individual how to access these natural supports.

Crisis Plan Development - Step 4

4. Describe what assistance the individual would like and not like from supporters when at risk for or in crisis:
   - **Who does the individual want to assist him/her in a time of crisis?**
   - **Who is most capable of being the first responder?**
   - **What would the individual like for each person to do?**

Crisis Plan Development – Step 5

5. Name, address, phone number of supporters when at risk of entering or in a crisis:
   - **It is important that the list of supporters is current with accurate information including name, contact number and the assigned task of each supporter.**

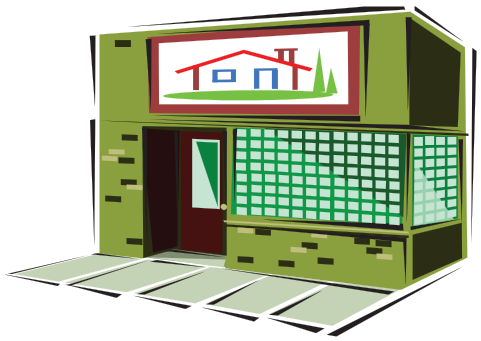


Crisis Plan Development – Step 6

6. Other instructions from individual:
   - **What other information would the individual like for others to know/follow in times of crisis?**
   - **Include any pertinent Advance Directives.**
     (In mental health treatment, this term refers to activities of daily living that must continue in the event in-patient or residential treatment becomes necessary; feeding pets, paying bills, etc.)

Crisis Plan Development – Step 7

7. Name, title, and contact information for the primary service provider contact and other service provider support staff including the supervisor and the psychiatric director.
   - **Be sure that service provider contact information is clear, accurate, up to date and that the individual and supporters each have a copy of this information.**



Crisis Plan Development

- Services for these individuals should include:
  - comprehensive clinical services
  - support services
  - crisis stabilization
  - prevention services and support
  - and include **continual monitoring of the care environment**

Please Note…

- Those service providers who **do not** have the time, expertise, or resources available to respond to crisis 24/7 **should refer these individuals to more appropriate or intensive services**.

Before developing the crisis plan…

- it is important that the service provider team share information regarding this individual, possible precipitators to a crisis and interventions which have been successful in the past.
- **Thorough Interviews, Observations & Record Reviews *ARE* Important!**

Discharge Planning

Discharge Planning

- Definition: Discharge planning is the formal process that leads to the development of an **ongoing individualized plan of care** that meets the assessed needs of the individual upon discharge from service.

Discharge Planning

- Discharge planning typically begins at the **at time of admission to any program, becoming more specific as time draws closer to the actual discharge date.**

Discharge Planning

- Anticipated discharge plans or transition plans should include:
  - Anticipated **date** of discharge or transition.
  - Indicators of individual's **readiness for discharge or transition** to a lower intensity of service.
  - Any specific individual circumstances (e.g., housing, job, school) that must be in place prior to discharge or transition.

Discharge Planning

- How will the individual and service provider know when services should be **reduced**?
- How will the individual and service provider know when services should be **terminated**?
- Discharge plans allow the individual and service provider to have a vision to work toward.

Discharge Planning

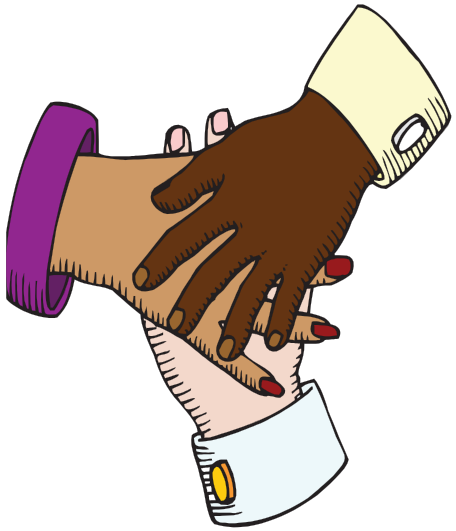
- Discharge planning should **not** be a rushed activity done 1-2 days prior to discharge. This would not permit adequate time to ensure individual/family involvement and referral/coordination of needed resources.

Discharge Assessment

1. Physical Health
2. Safety/Emergency
3. Use of medication
4. Home Management
   (cleaning, cooking, maintenance)
5. Budgeting
6. Transportation and travel
7. Recreation and Leisure
8. Social and personal skills

Discharge Planning

- A specific service provider (with knowledge of community resources) should be responsible for coordinating and implementing the discharge plan.
- The same service provider must ensure regular reviews of the plan to ensure there is continual improvement in its content and implementation.



Treatment Planning

You have completed this OBH approved training.

Thank you for your attention!