



## Treatment Planning M.A.T.R.S.: Translating Required Paperwork into Clinically Useful Information



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## Introductions

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### Trainer introduction(s):

- **Presenter**
- **Title/Role**
- **Clinical experience**
- **Expertise in assessment, tx planning**
- **Experience in administering and training of an assessment tool**

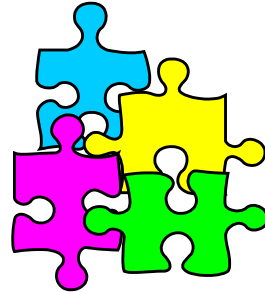


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## Participant Introductions

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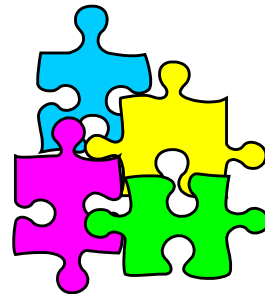
- Your name
- Agency
- Role
- Experience with assessment and treatment planning?



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**What do you expect to get from today's training?**



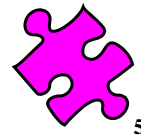
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## **Here's What You'll Get Today . . .**

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- How to use assessment information to make a counselor's job easier**
- Build an individualized or person-centered treatment plan**
- Practice, practice, practice**



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## **Training Expectations**

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- 1. Identify characteristics of a program-driven treatment plan versus an individualized treatment plan**
- 2. Understand how individualized treatment plans improve client retention and ultimately lead to better outcomes**

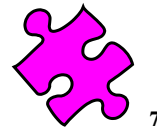


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## Training Expectations

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3. Use Master Problem List (provided) to formulate treatment plans and develop:
  - Problem Statements**
  - Goals** based on Problem Statements
  - Objectives** based on Goals
  - Interventions** based on Objectives

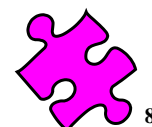


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## What is Not Included in Training

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- Administering any standardized screening/assessment tool
- Training on clinical interviewing

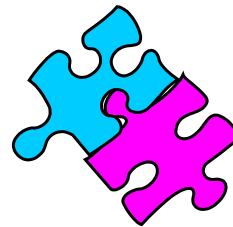


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## The Goal of this Training is . . .

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**–To “Marry” the assessment  
and treatment planning  
processes**



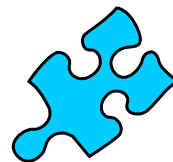
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## What do people think of...

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When they hear the word  
treatment plan?



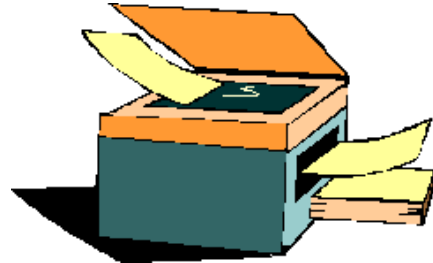
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## Treatment Plans are . . .

**“Meaningless & time consuming”**

**“Ignored”**

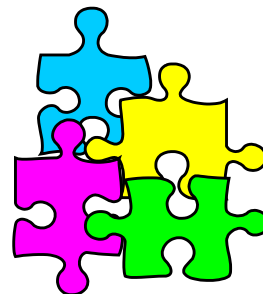


**“Same plan, different names”**

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



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## 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

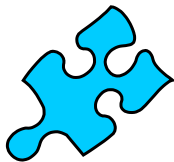
Center for Substance Abuse Treatment, 2002

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## 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

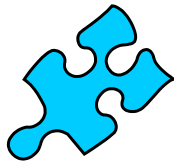


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## When is the Treatment Plan Developed?

- At the time of admission
- And continually updated and revised throughout treatment

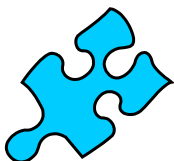


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## How Does Assessment Guide Treatment Planning?

- The assessment identifies client needs or problems most often by using a semi-structured interview format
- The assessment guides delivery of services that the client needs



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## How Does Assessment Guide Treatment Planning?

–Treatment goals address those problems identified by the assessment

–Then, the treatment plan guides the delivery of services needed



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## One example of an assessment instrument is the ASI. It is...

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- A reliable and valid instrument, widely used both nationally and internationally
- Conducted in a semi-structured interview format
- Can be effectively integrated into clinical care

Cacciola et al., 1999; Carise et al., 2004; Kosten et al., 1987; McLellan et al., 1980; 1985; 1992



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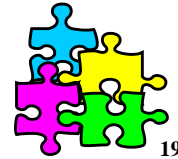
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## **What is in the assessment?**

**Identifies potential problems in at least 6 domains**

### **Domain #**

- 1. Medical status**
- 2. Employment and support**
- 3. Alcohol & drug use**
- 4. Legal status**
- 5. Family/social status**
- 6. Psychiatric status**



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## **WHAT OTHER AREAS SHOULD BE COVERED IN AN ASSESSMENT?**



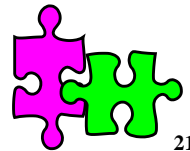
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## 2.2 Clinical Application

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### Why use an assessment?

- Prompts counselor to focus session on important problems, goals, and objectives
- Basis for continued stay reviews and documentation
- Basis for discharge plan



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## 2.3 Clinical Application

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### Why use an assessment?

#### NIDA Principle 3

To be effective, treatment must address individual's drug use and any associated medical, psychological, social, vocational, and legal problems



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## 2.4 Clinical Application

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### Clinical use of assessment improves rapport

**“ . . . If patients’ problems are accurately assessed, they may feel ‘heard’ by their counselor potentially leading to the development of rapport and even a stronger helping alliance.”**



Barber et al., 1999, 2001; Luborsky et al., 1986, 1996

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## 2.5 Clinical Application

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### Using assessment to match services to client problems improves retention

**“ . . . Patients whose problems are identified at admission; and then receive services that are matched to those problems, stay in treatment longer.”**



Carise et al., 2004; Hser et al., 1999; Kosten et al., 1987; McLellan et al., 1999

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## 3.1 Evaluation Uses

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### For Program Directors

- Identifies types of client problems not addressed through in-house services
- Quantifies client problems
- Identifies trends over time



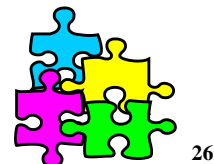
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## 3.2 Evaluation Uses

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### For Program Directors

- Assists with level of care choices
- Provides quantifiable measure of program success
- Documents unmet client service needs
- Includes data needed for reports to various stakeholders



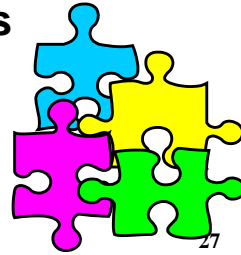
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### 3.3 Evaluation Uses

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#### For Program Directors

- Validated instruments, like the ASI or the GAIN, position programs for increased funding through participation in clinical trials and other research opportunities



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### 3.4 Evaluation Uses

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#### For Clinical Supervisors

Assessment data can be used



to:

- Match clients to counselor strengths
- Identify trends in client problems

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## Other Organizational Considerations

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1. Information **requirements** of funding entities/managed care?
2. Is there **duplication** of information collected?
3. Is **technology** used effectively?
4. Is **paperwork useful** in treatment planning process?



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## Field of Substance Abuse Treatment: Early Work

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### Program-Driven Plans

**“One size fits all”**



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## Program-Driven Plans

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



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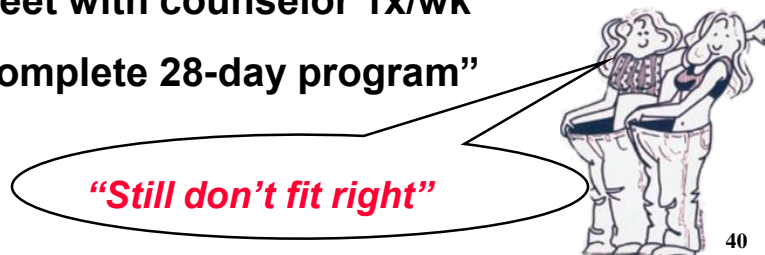
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## Program-Driven Plans

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Client will . . .

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



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## Program-Driven Plans

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

*“ONLY baggy jeans?”*



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## Treatment Planning: A Paradigm Shift

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### Individualized Treatment Plans



–Many colors/styles available

–Custom style & fit



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## Individualized Plan

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**“Sized” to match client problems and needs**

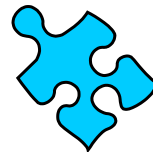
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## To Individualize a Plan, What Information is Needed?

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



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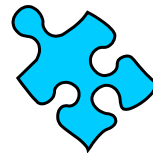
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## To Individualize a Plan, What Information is Needed?

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Possible sources of information might include:

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

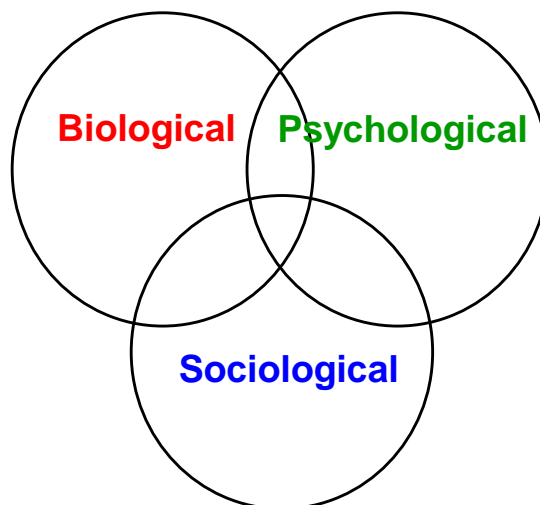


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## Biopsychosocial Model ...

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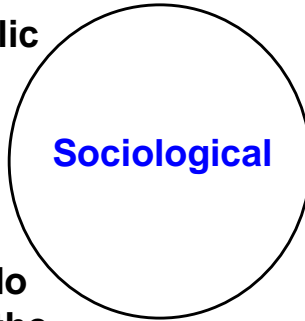
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## Biopsychosocial Model Example ...

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Does the client have a car? Can they access public transportation?



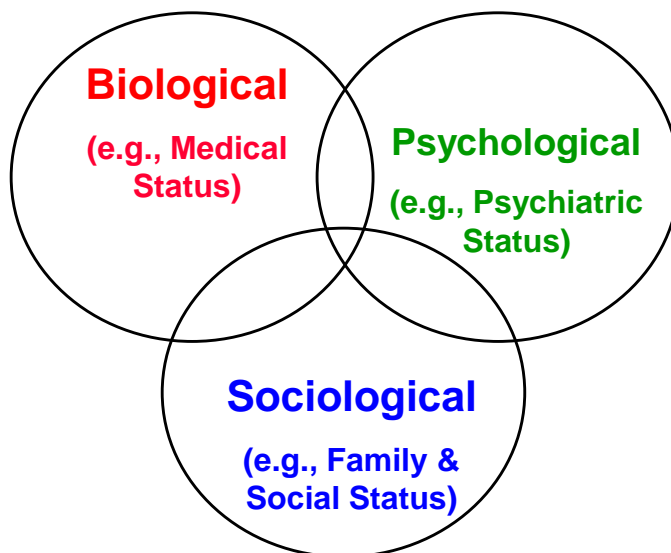
How available are drugs or alcohol in the home?

How close do they live to the treatment center?

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## Assessment Problem Domains and the Biopsychosocial Model ...



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## Case A Assessment Information: Jan

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- 27 year old, single Caucasian female
- 3 children under age 7
- No childcare readily available
- Social companions using drugs/alcohol
- Unemployed
- No high school/GED
- 2 arrests for possession of meth & cannabis + 1 probation violation



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## Case B Assessment Information: Dan

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- 36 year old, married African-American male
- 2 children
- 2 arrests and 1 conviction for DUI
- Arrest BAC .25
- Employed
- Rates high severity - family problems



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# The Program-Driven Method

## Problem Statement

### “Alcohol Dependence”

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



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# The Program-Driven Method

## 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 program discharge



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# The Program-Driven Method

## Objective Statement

**“Will participate in outpatient program”**

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



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# The Program-Driven Method

## Intervention Statement

**“Will see a counselor once a week and attend group on Monday nights for 12 weeks”**

- This sounds specific but describes a program component



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# Why Make the Effort?

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## Individualized Treatment Plans

- Leads to increased retention rates which are shown to lead to improved outcomes
- Empowers the counselor and the client, and focuses counseling sessions



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# Why Make the Effort?

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## Individualized Treatment Plans:

- Like a pair of jeans, this plan “fits” the client well
- Like measurements, the plan is used to “fit” the client’s services to his/her specific needs

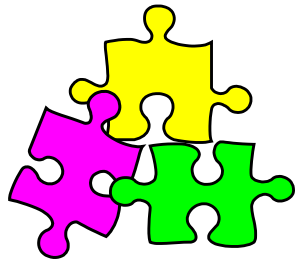


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# What is included in any treatment plan?



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## What Components Are Found in a Treatment Plan?

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1. Problem Statements



2. Goal Statements



3. Objectives



4. Interventions



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## Treatment Plan Components

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



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## Problem Statement Examples

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- Van\* is experiencing increased tolerance for alcohol as evidenced by the 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



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\*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt

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## Goal Statement Examples

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



\*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt

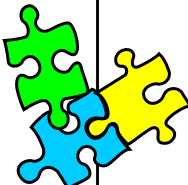
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## Treatment Plan Components

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3. **Objectives** are what the client will do to meet those goals
4. **Interventions** are what the staff will do to assist the client



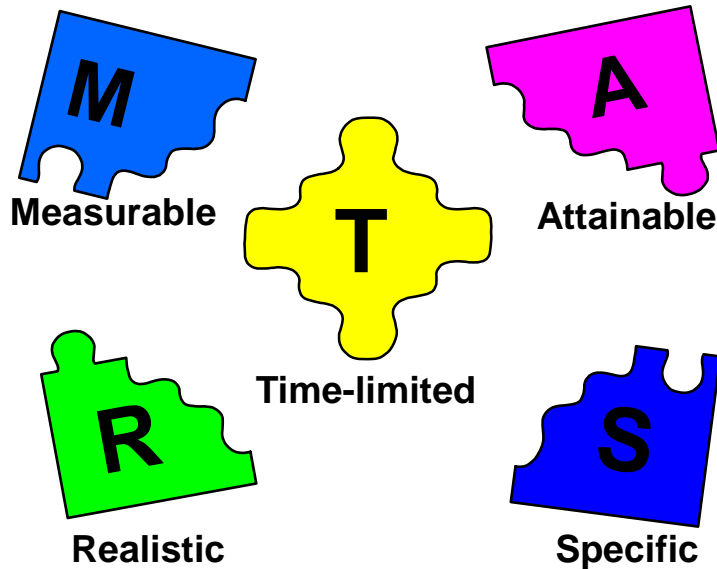
Other common terms:

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

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## How we write an objective or intervention statement M.A.T.R.S.



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## Objectives & Interventions (It M.A.T.R.S.!) ---



### Measurable

- Objectives and interventions are measurable
- Achievement is observable
- Measurable indicators of client progress
  - Assessment scales/scores
  - Client report
  - Behavioral and mental status changes

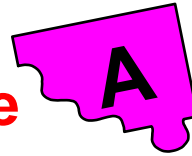
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## **Objectives & Interventions (It M.A.T.R.S.!)**

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### **Attainable**



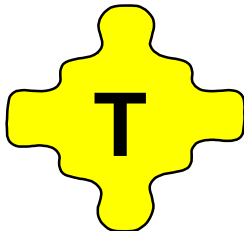
- Objectives and interventions attainable during active treatment phase
- Focus on “improved functioning” rather than cure
- Identify goals attainable in level of care provided
- Revise goals when client moves from one level of care to another

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## **Objectives & Interventions (It M.A.T.R.S.!)**

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### **Time-limited**

- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

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## Objectives & Interventions (It M.A.T.R.S.!) ---



### Realistic

- Client can realistically complete objectives within specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

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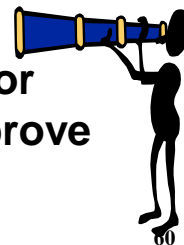
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## Objectives & Interventions (It M.A.T.R.S.!) ---



### Specific

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



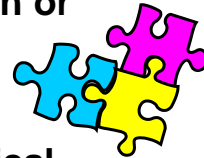
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## Examples of Objectives: What's missing?

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- 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



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## Intervention Examples: What's missing?

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- 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 dealing with those feelings



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## Review: Components in a Treatment Plan

**1. Problem Statements** (information from assessment)



**2. Goal Statements** (based on Problem Statement)



**3. Objectives** (what the client will do)



**4. Interventions** (what the staff will do)

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## Treatment Plan Components

**5. Client Strengths\*** are reflected

**6. Participants in Planning\*** are documented

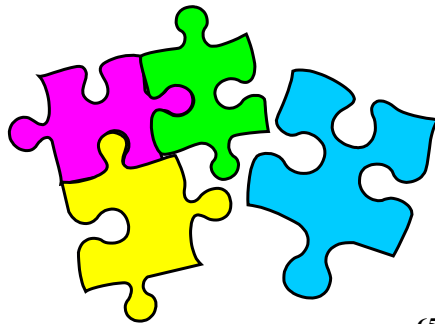


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# Narrative and Master Problem List



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## Master Problem List

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Refer to ASI Narrative Report  
(Module 2, Handout 1)

- Review case study
- Focus on problems identified in the:
  - **alcohol/drug** domain
  - **medical** domain
  - **family/social** domain



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# ASI Master Problem List

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Date Identified	Domain	Problem	Status	Date Resolved
	<b>Alcohol/Drug</b>	The client reports several or more episodes of drinking alcohol to intoxication in past month.		
		The client reports regular, lifetime use of alcohol to "intoxication."		
		The client reports using heroin in past month.		
	<b>Medical</b>	Client has a chronic medical problem that interferes with his/her life		
	<b>Family/Social</b>	The client is not satisfied with how he/she spends his/her free time		
		The client reports having serious problems with family members in the past month		
		The client is troubled by family problems and is interested in treatments		

**Sample Handout**



**Master Problem List**

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## Considerations in Writing . . .

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- 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**

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## Tips on Writing Problem Statements

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- **Non-judgmental**
- **No jargon statements**
  - Client is in denial.**
  - Client is co-dependent.**
- **Use complete sentence structure**



Problem Statements

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## Changing Language

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1. **Client has low self-esteem.**
2. **Client is in denial.**
3. **Client is alcohol dependent.**



Problem Statements

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## Changing Language

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4. Client is promiscuous.
5. Client is resistant to treatment.
6. Client is on probation because he is a bad alcoholic.



Problem Statements 71

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## Changing Language: Pick Two

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



Problem Statements 72

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## Changing Language - Examples

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1. Client has low self-esteem.
  - Client averages 10 negative self-statements daily
2. Client is in denial.
  - Client reports two DWIs 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



Problem Statements

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## Changing Language - Examples

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



Problem Statements

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# Case Study Problem Statements

- Alcohol/drug domain
- Legal domain
- Family/social domain



Write 1 problem statement for each domain

Problem Statements 75

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## ASI Treatment Plan Format

Module 2 – Handouts 3, 4, & 5

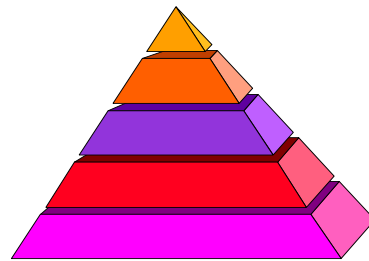
The image shows three overlapping forms titled 'ASI Treatment Plan Template (ASIDENZ Form)'. The forms are for different domains: Family Issues, Medical, and Drug & Alcohol. Each form includes fields for Client Name, Date, Problem Statement, and a table for interventions with columns for Service Code, Total Dose, and Medication Date.

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Now that we have the problems identified . . .

How do we prioritize problems?

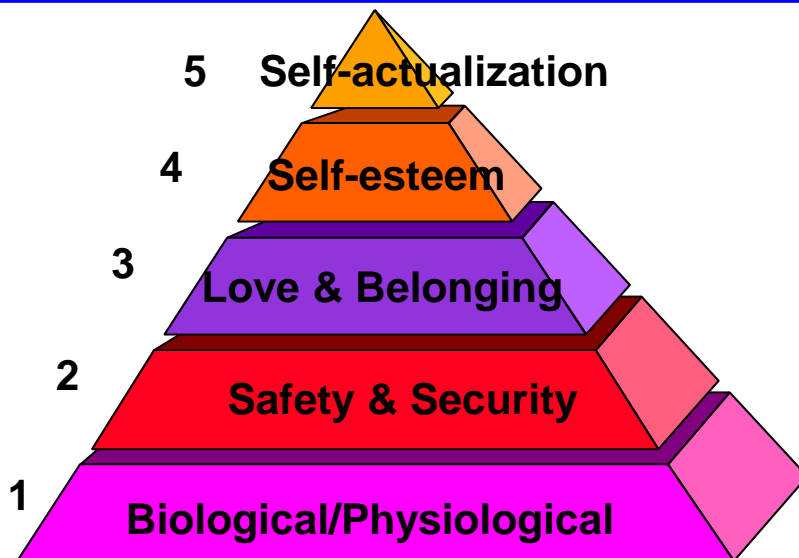


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**Remember Maslow's Hierarchy of Needs?**

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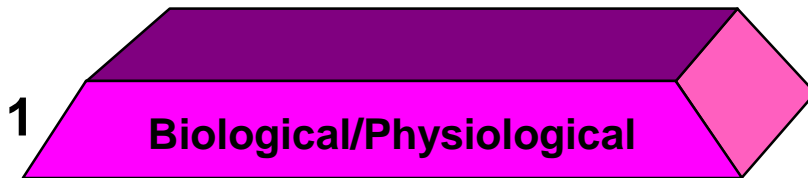
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## Physical Needs

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- Substance Use
- Physical Health Management
- Medication Adherence Issues



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## Safety & Security

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- Mental health management
- Functional impairments
- Legal issues



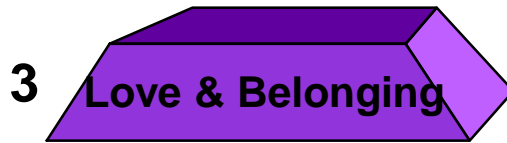
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## Love & Belonging Needs

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

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## Self-Esteem

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- Achievement and mastery
- Independence/status
- Prestige

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# Self-Actualization

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## 5 Self-Actualization



- Seeking personal potential
- Self-fulfillment
- Personal growth

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# Self-Esteem & Self-Actualization

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Self-actualization



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Self-esteem

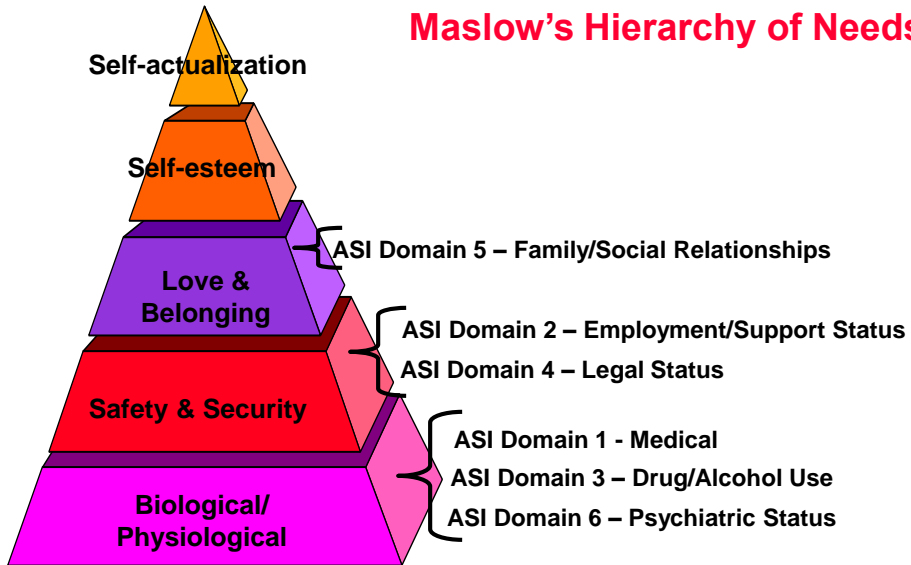


- Is “self-esteem” specific?
- How would you measure it?

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## Relationship Between ASI Domains & Maslow's Hierarchy of Needs



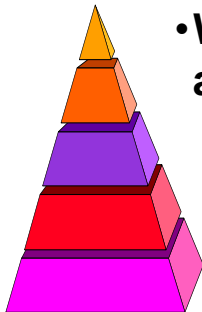
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## Practice Prioritizing

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- Pick 3 ASI problem domains for John Smith which appear most critical



- Which domain should be addressed 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and why?

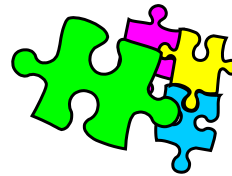
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## Begin Writing Goal Statements

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- **Use ASI Treatment Plan Handouts**
  1. Alcohol/Drug Domain
  2. Medical Domain
  3. Family/Social
- **Write at least 1 goal statement for each domain**
- **Write in complete sentences**



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## Check-In Discussion

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- **Will the client understand the goal?**  
(i.e., No clinical jargon?)
- **Clearly stated?**
- **Complete sentences?**
- **Attainable in active treatment phase?**
- **Is it agreeable to both client and staff?**



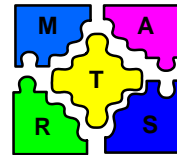
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## Clinical Example

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**Problem Statement:** Client reports 3 emergency room visits for physical injuries (bruised ribs, broken arm) in last 6 months due to physical arguments with live-in boyfriend



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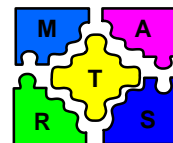
## Clinical Example

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**Example Goal:** Client will develop a safety plan and discuss it in group sessions

**Example Objective:** Client will attend 6 domestic violence awareness classes during the next 6 weeks

**Example Intervention:** Counselor will assist client in contacting the Committee to Aid Abused Women by a specified date



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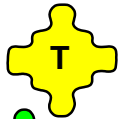
## Examples Pass the M.A.T.R.S. Test?



Yes, counselor can evaluate how many classes client attended



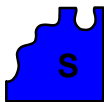
Yes, client has transportation to attend classes



Yes, class runs for 6 weeks



Yes, client has ability to attend classes



Yes, examples include specific activities

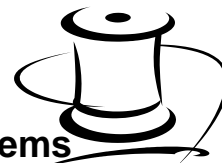
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## Treatment Planning Process Review

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1. Conduct assessment
2. Collect client data and information
3. Identify problems
4. Prioritize problems
5. Develop goals to address problems
6. Remember M.A.T.R.S.
  - Objectives to meet goals
  - Interventions to assist client in meeting goals



*Therapeutic Thread*

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# Example

## ASI Treatment Plan Format

Date		Problem Statement		
06/01/2005		John reports having a chronic medical problem that requires ongoing care.		
06/01/2005		John reports having been diagnosed with a chronic pain problem.		
Goals				
Gain control of John's chronic medical problems, decreasing their impact on addiction.				
Ensure John is obtaining and taking necessary medications.				
D/C Criteria		Objectives		
Required		John will obtain an assessment of his medical problems from the staff Physician Assistant.		
Optional		John will visit a medical center/clinic for assessment and treatment of his medical problems.		
Interventions		Service Codes	Target Date	Resolution Date
Staff will arrange medical services at treatment program.		I	06/05/05	06/10/05
Staff will review list of 3 things John can do constructively to address his medical problems.		G	06/15/05	
Treatment Plan Update Due: 06/30/2005				
Participation in the Treatment Planning Process				
John reports that he did contribute to this plan, but it is unclear if he agrees with it.				
John reports that he is aware of the content of this plan.				
Participation by Others in the Treatment Planning Process				
Family members were invited and participated in the treatment planning process.				
Family members agree with this plan.				
Significant others were invited to participate in the treatment planning process but were unable to do so.				

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# The Stages of Change – Illustrated

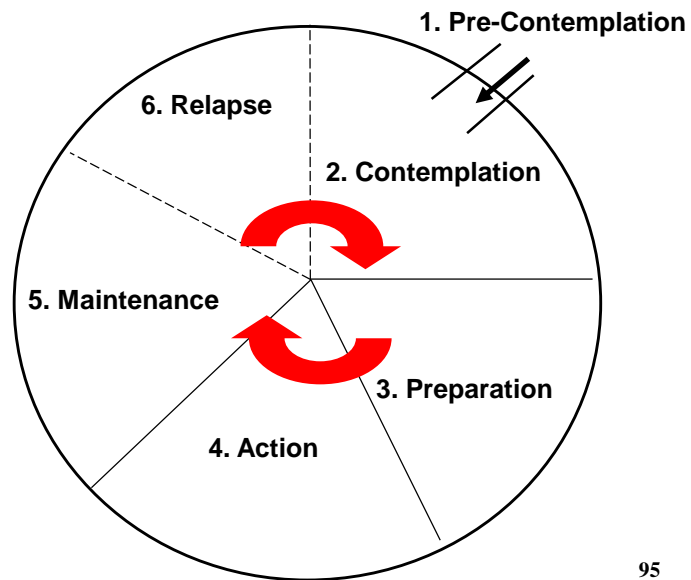


Adapted from Prochaska & DiClemente, 1982; 1986

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## Consider “Stages of Change”

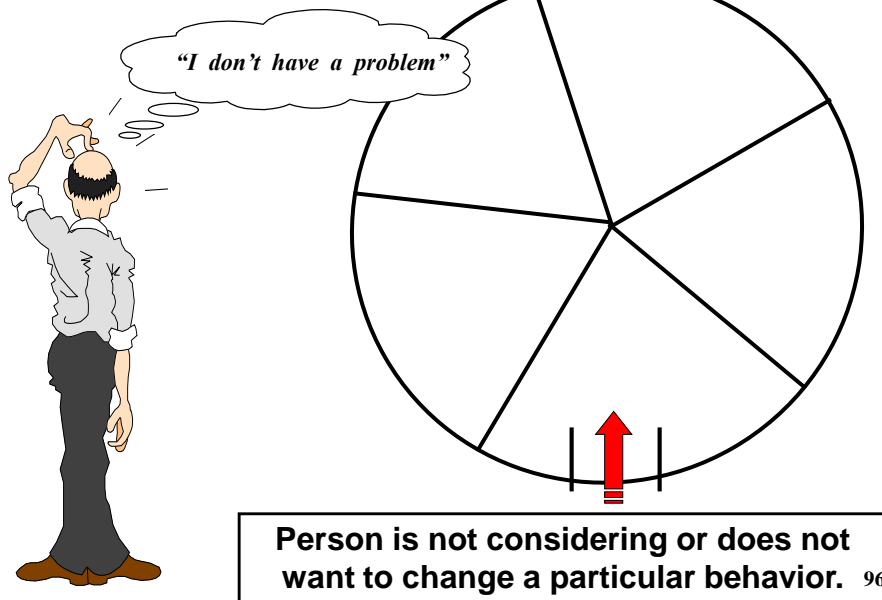


Prochaska & DiClemente, 1982; 1986

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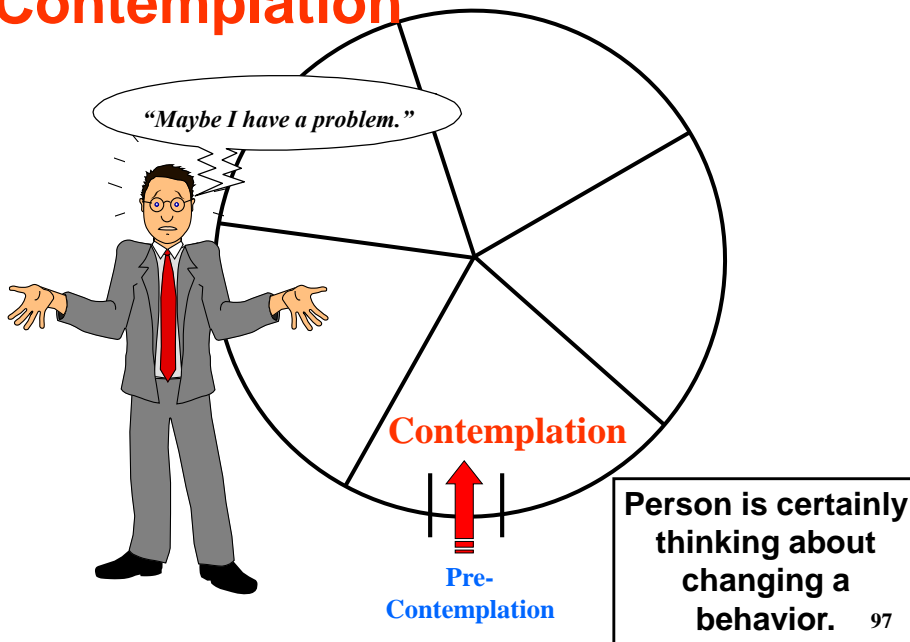
## Pre-Contemplation



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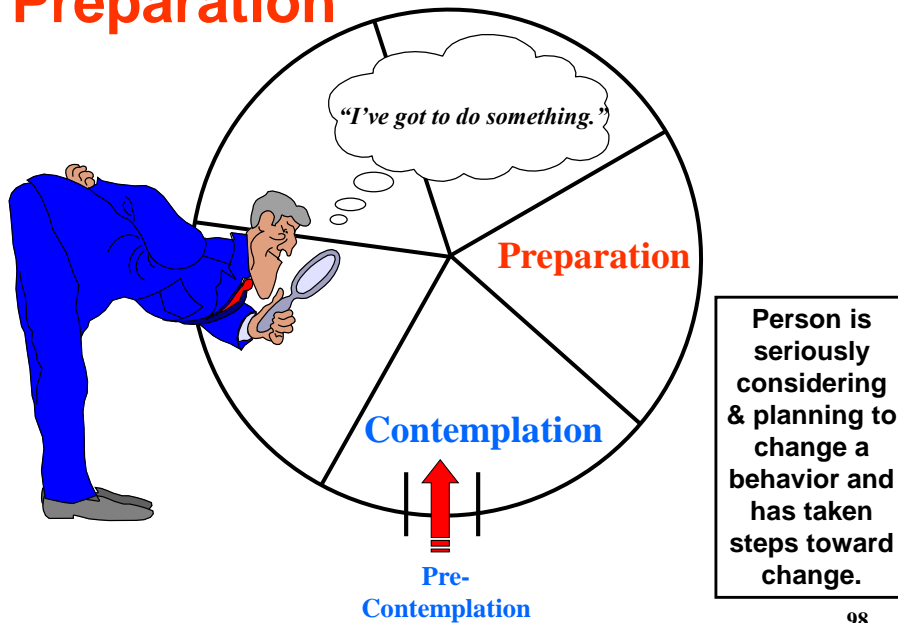


# Contemplation



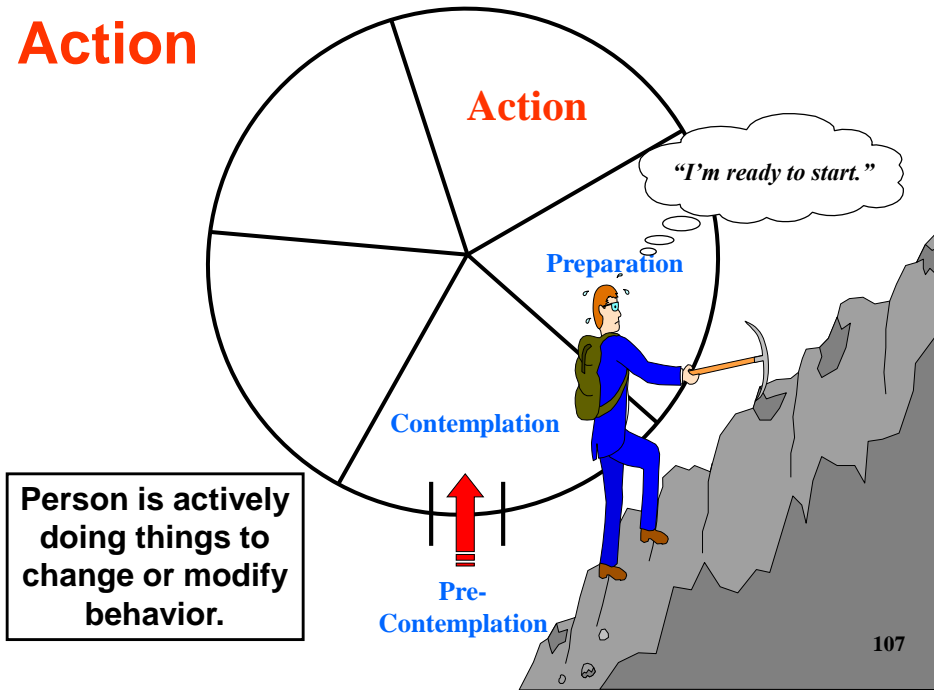
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# Preparation



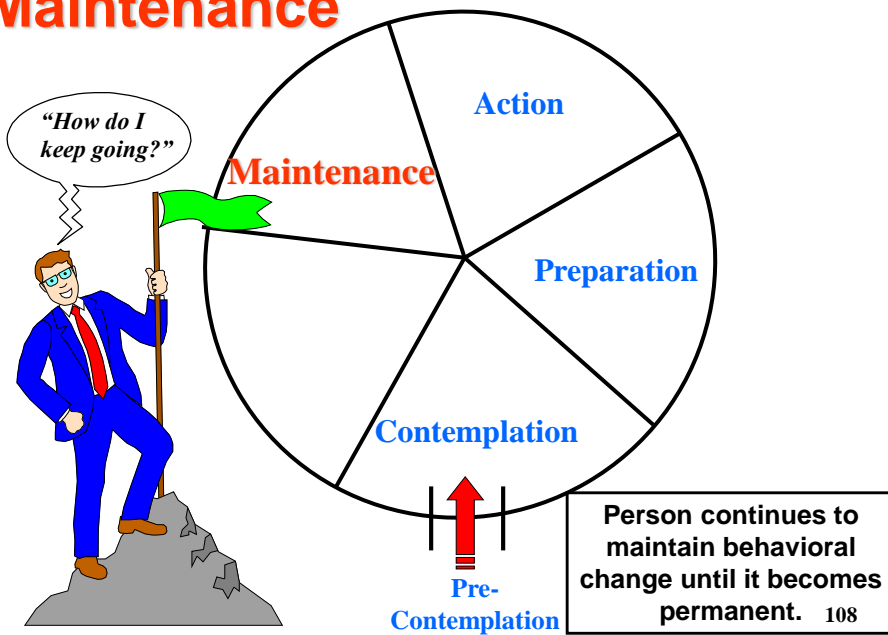
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# Action



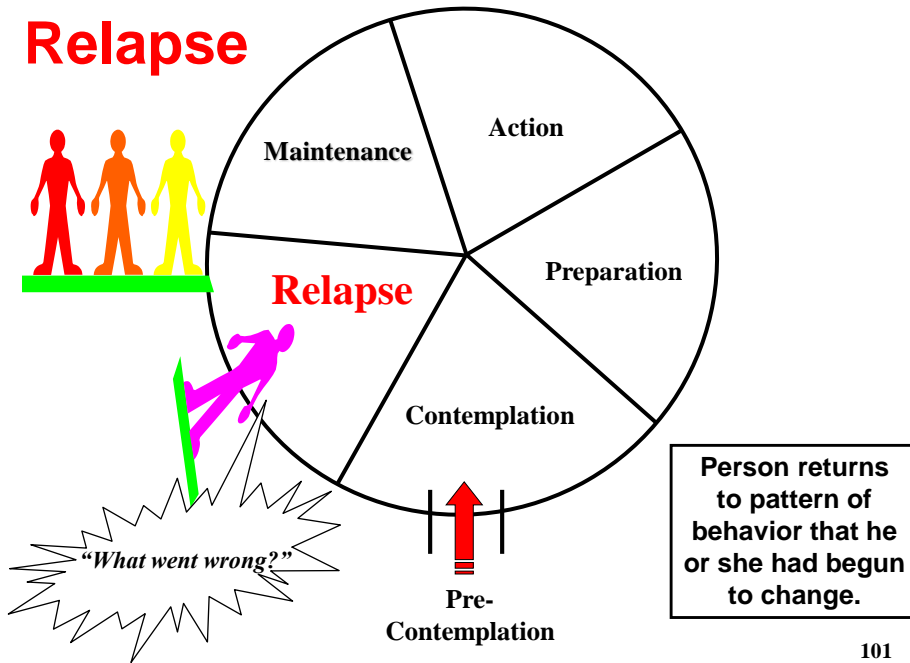
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# Maintenance



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# Relapse



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## Objectives & Interventions (It M.A.T.R.S.!) ---

### 1. Alcohol/Drug Domain

- Write 2 objective statements
  - Required or optional for discharge?
- Write 2 intervention statements
  - Assign service codes and target dates



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## The M.A.T.R.S. Test

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**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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## Objectives & Interventions (It M.A.T.R.S.!) ---



**2. Medical Domain**

**3. Family/Social Domain**

– Write 2 objective statements

– Required or optional for discharge?

– Write 2 intervention statements

– Assign service codes and target dates

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## Other Required Elements

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### New, Improved DENS Software (2005)

**Guides counselor in documenting:**

- Client Strengths
- Participants in Planning Process

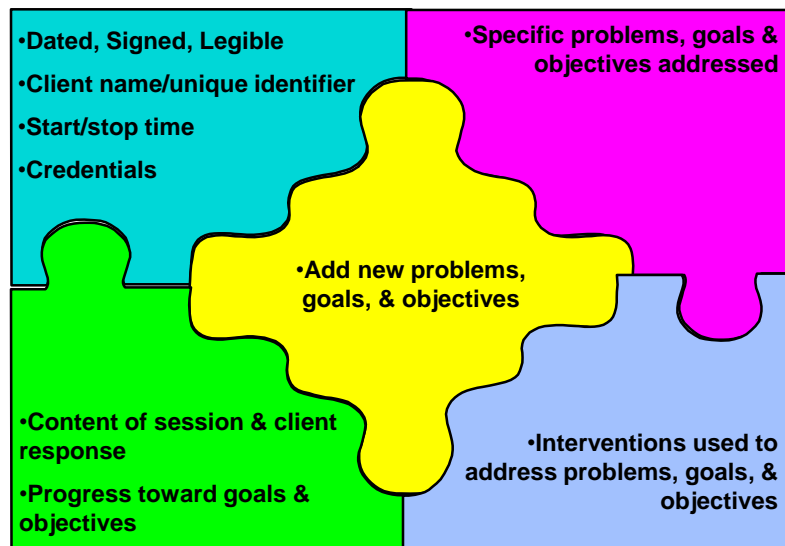


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## Documentation – Basic Guidelines

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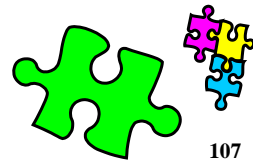
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## Documentation: Basic Guidelines

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### Entries should include . . .

- Your professional assessment
- Continued plan of action



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## Documentation: Basic Guidelines

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### Describes . . .

- Changes in client status
- Response to and outcome of interventions
- Observed behavior
- Progress towards goals and completion of objectives



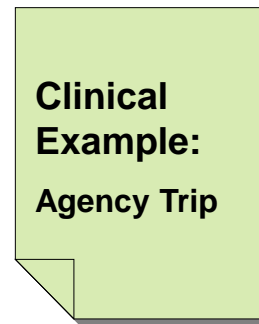
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## Documentation: Basic Guidelines

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**The client's treatment record is a legal document**



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## Documentation: Basic Guidelines

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### Legal Issues & Recommendations:

- Document non-routine calls, missed sessions, and consultations with other professionals
- Avoid reporting staff problems in case notes, including staff conflict and rivalries
- Chart client's non-conforming behavior
- Record unauthorized discharges and elopements
- Note limitations of the treatment provided to the client



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## S.O.A.P. Method of Documentation

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**S**ubjective - client's observations or thoughts, client statement

**O**bjective – counselor's observations during session

**A**ssessment - counselor's understanding of problems and test results



**P**lan – goals, objectives, and interventions reflecting identified needs

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## S.O.A.P. Note - Example

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07/30/07: Individual Session

**S:** “My ex-wife has custody of the kids and stands in the way of letting me see them.”

**O:** Tearful at times; gazed down and fidgeted with belt buckle.

**A:** Client feels strongly that family is important in his recovery process. He is motivated to actively parent his children and is looking to resolve conflicts with his ex-wife.

**P:** Addressed Tx Plan Goal 2, Obj. 3, Int. 4.

Address Tx Plan Goal 3, Obj 1 in next 1:1 session.

*B. Smart, CADAC*



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## Tx Plan Reflected in Documentation?

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- *Client quote* S: “My ex-wife has custody of the kids and stands in the way of letting me see them.”
- *Physiological observations?* O: Tearful at times; gazed down and fidgeted with belt buckle.
- *Problem statements, testing results, ASI severity ratings, non-judgmental professional assessment* A: Client feels strongly that family is important in his recovery process. He is motivated to actively parent his children and is looking to resolve conflicts with his ex-wife.
- *Goals, Objectives, Interventions* P: Addressed Tx Plan Goal 2, Obj. 3, Int. 4. Address Tx Plan Goal 3, Obj 1 in next 1:1 session.

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## C.H.A.R.T. Method of Documentation

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**C**lient Condition



**H**istorical Significance of client condition

**A**ction – What action counselor took in response to client condition

**R**esponse – How client responded to action

**T**reatment Plan – How it relates to plan

Roget & Johnson, 1995

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### Case Note Scenario

*You are a case manager in an adult outpatient drug and alcohol treatment program. The center you work for provides only intensive outpatient and outpatient services. As a case manager, for the outpatient component, you have an active caseload of 25 patients. You primarily work with young adults between the ages of 18 and 25 who have some sort of involvement with the adult criminal justice system. Jennifer Martin is your patient.*

**Case Manager:** "I am glad to see you made it today, Jennifer. I am starting to get worried about your attendance for the past two weeks."

**Jennifer:** "I've just been really busy lately. You know, it is not easy staying clean, working, and making counseling appointments. Are you really worried about me or are you just snooping around trying to get information about me to tell my mom and probation officer?"

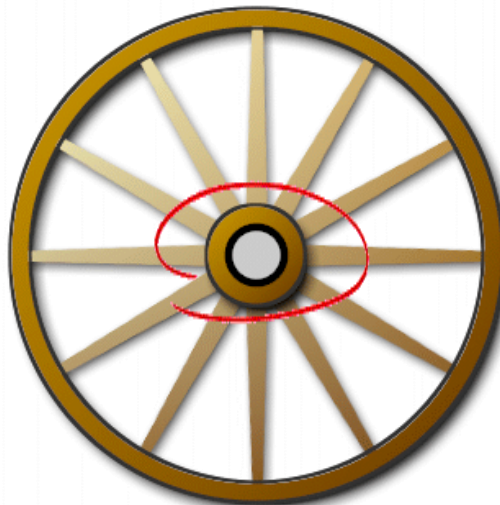
**Case Manager:** "You seem a little defensive and irritated. Are you upset with me or your mom and your probation officer, or with all of us?"

## Write a Documentation (Progress) Note

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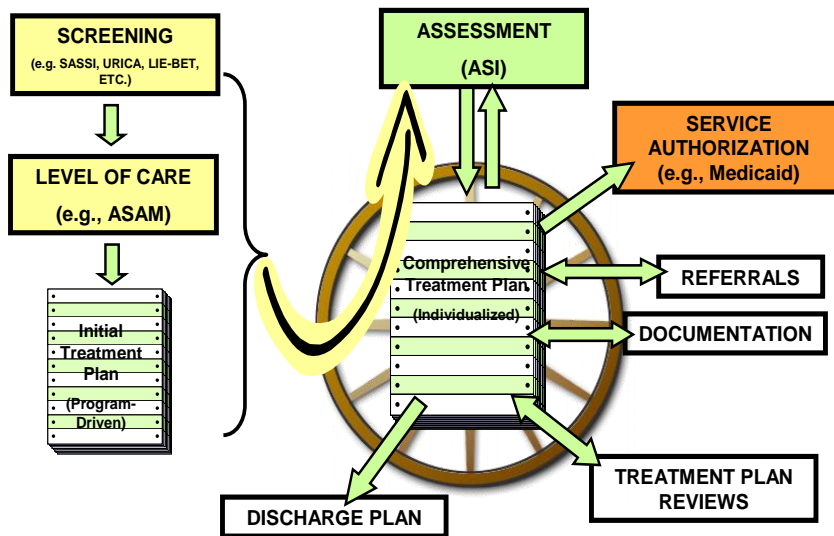
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A treatment plan is like the hub in a wheel . . .



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## Other Organizational Considerations

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1. Information **requirements** of funding entities/managed care?
2. Is there **duplication** of information collected?
3. Is **technology** used effectively?
4. Is **paperwork useful** in treatment planning process?



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