

Core Function #5 Treatment Planning

1

IC & RC defines TREATMENT PLANNING as:

The process in which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long-term goals, and decide on the treatment methods and resources to be used.

2

TAP 21 includes the core function of Treatment Planning in Domain II
– TREATMENT PLANNING

Tap 21 Definition of TREATMENT PLANNING: A collaborative process in which professionals and the client develop a written document that identifies important treatment goals; describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a verbal agreement between a counselor and client.

3

At a minimum, an individualized treatment plan addresses the identified substance use disorder, as well as issues related to treatment progress, including relationships with family and significant other, potential mental health conditions, employment, education, spirituality, health concerns, and social and legal needs.

“Failing to plan is planning to fail” is not only an appropriate saying for the counselor’s approach to treatment planning, but it is also appropriate for the counselor’s approach to all of the counselor core functions. If done well, treatment planning relates the client’s strengths and weaknesses to the client’s problems and needs.

4

TREATMENT PLANNING logically occurs after the ASSESSMENT process. The plan is based on the diagnostic evaluation of the client's strengths and weaknesses as well as the client's problems and needs.

Both the counselor and client develop this plan.

Ask the client what he or she wants to get out of treatment. Give ideas and choices. The outcome of treatment planning provides coherence and guidance for all future administrative and therapeutic activities. Treatment planning serves as both an administrative requirement AND therapeutic function.

5

An administrative requirement of all licensed treatment facilities is to have an individualized treatment plan for each client. An agency's policy and procedures manual should detail the specific format of the plan and require when and how the plan should be reviewed and modified (if necessary).

The plan is the protocol designed to reduce or eliminate the client's problems with alcohol or other drug use, and any coexisting problems identified as appropriate for treatment.

As a therapeutic function, the treatment plan identifies for the client and the counselor, problem statements, goals, and objectives/activities, with a time-line, to be addressed during treatment. To be successful, the counselor needs to have a clear understanding of what the program proposes to accomplish with the client. Additionally, the counselor needs to know the client's goals and objectives and then plan the therapeutic interventions that will achieve these goals.

6

Therapeutic Counseling Skills the Counselor should be using:

1. Attending- Demonstration of counselor's concern and interest in the client
2. Paraphrasing- Counselor's statement that mirrors the client's statement in words
3. Reflection of Feeling- The meaning of the client's feelings either stated or implied by counselor
4. Summarizing- Brief review of the main points

7

5. Probing- Examine client's situation in a greater depth.
6. Counselor self-disclosure- Counselor sharing of his or her personal feelings, opinions, attitudes, and experiences for the benefit of the client.
7. Interpreting- Presenting the client with alternative ways of looking at his/her situation.
8. Confrontation- Counselors statement or question to point out contradiction's in the client's behavior and statements, or to induce the client to face an issue the counselor feels the client is avoiding.

*additional skills- listening, processing, feedback

8

The TREATMENT PLAN should involve family where appropriate.

To create the TREATMENT PLAN, the client and the primary counselor list the significant problems and issues and then rank them in terms of priority. Some examples of issues identified in a treatment plan might include:

1. alcohol dependence
2. other drug dependence
3. withdrawal history/concern
4. unemployment
5. sexual abuse
6. marital difficulties
7. adult child of alcoholic parent(s)
8. lacking drug-free peer group
9. recent death of significant other

9

Once the problems are identified the client and counselor negotiate long term and short term goals. Some examples are:

1. ***Long term goal:*** Client will remain alcohol and drug free with the help of an ongoing support group.
Short term goals: Client will remain in weekly individual counseling sessions; she will attend AA meetings 4x weekly; she will begin to utilize tools (slogans, sponsor, etc.)
2. ***Long term goal:*** Client will develop vocational skills that will enable her to maintain consistent employment.
Short term goal: Client will make an appointment with the Development of Vocational Rehabilitation within the next 2 days.

10

The framework for an effective TREATMENT PLAN prescribes four components and addresses the following:

1. Problem Statement
2. Goals
3. Objectives
4. Completion Date

11

1. THE PROBLEM STATEMENT:

Example: Client has a history of abusing stimulant type drugs during stressful situations and for leisure activities. He currently is experiencing financial, legal, and family problems.

2. GOALS:

Example: Exhibit an ability to experience stress and free time without resorting to drug usage.

12

3. OBJECTIVES:

Example: Client will identify and make a list of ten activities he/she enjoys or would enjoy during free time. Client will become involved in one of these activities every weekend for ten weeks and report back to the group on the experience. At the end of the ten weeks, he/she will identify three activities that provided the most enjoyment.

4. COMPLETION DATE:

This is an estimate of a date for the specific objective to be completed. It is not “etched in stone”, but rather a “best guess”, a target date for the client to complete the objective. So in the case above, it would be 10 weeks.

13

Here is an example of a brief treatment plan for a short-term residential program client:

Name: John Doe

Date of Admission: 10/3/2018 Anticipated Discharge: 11/2/2018

Type of Treatment Program: Short-term Residential Program

PROBLEM STATEMENT #2: Drug use. Justin has a long history of “talking a good talk” about changes he will make but does not follow through by changing behaviors. He exhibits a grandiose sense of self-importance and lacks an objective viewpoint of himself as others see him.

GOAL: Gain an understanding of how he is viewed by others and what they guess is behind the surface image he portrays.

1st OBJECTIVE: Ask the group to spend 15 minutes giving input as to negative attributes they have seen in you, followed by 15 min of positive attributes they see. COMPLETION DATE: 10/10/2018

2nd OBJECTIVE: Draw a picture of a house that is a representation of you, signifying what people see on the outside and what they would see differently if they were on the inside. Share this with the group.

COMPLETION DATE: 10/11/2018

14

Client Progress notes should regularly reflect attention being paid to the areas outlined in the treatment plan – documentation of progress and struggles in these specific areas should be noted. This is all part of the charting notes and the client record.

Resolution of problem areas, specified in the TREATMENT PLAN, should be documented in the progress note and/or on the treatment plan itself.

The TREATMENT PLAN should be reviewed regularly (every 7-10 days) by the client and counselor, and by the clinical supervisor. Also, the TREATMENT PLAN should be reviewed at major key points in client's treatment course (admission, transfer, discharge, or major change in condition)

TREATMENT PLANS should always allow for flexibility and for changes in addressing client problems, needs, and goals.

15

From the Client's Point of View:

When a client wants to get well, having a high motivation for change, the treatment plan is most often looked upon with interest and expectation. Clients, however, will vary in their willingness and skill. Not all clients will be knowledgeable of what might work to address a specific problem. Most will have a general idea that their abuse of substances must stop. However, if they had the "how to" answer, they probably would not need a counselor or a treatment program.

When a client is in denial or resents being in a treatment program, the treatment plan is likely to be viewed by the client as a hassle. Hence, his or her participation in the treatment planning process will most likely be limited or nonexistent in the initial stages, and the client's affect may vary from being passive to downright angry. His or her behavior may vary from doing nothing, to opposing the treatment plan, or merely accepting the plan with little to no intention to work it.

16

From the Counselor's Point of View:

TREATMENT PLANNING should be viewed by a counselor as an important process, much as a contract between the counselor and the client. Just as contracts are typically negotiated, so too should treatment plans. In negotiating with the client, many counseling skills are required, especially motivational interviewing techniques and solution-focused strategies. Remember that a client sets their own goals; a counselor leads the strategies to get there.

It is important for the counselor not to overlook the therapeutic effect of the treatment planning process. The counselor needs to listen, reflect, explain, and problem solve. Failure to do this may result in the client not only misunderstanding what needs to be done but may lead to the client sabotaging the plan. Self-defeating behaviors are not uncommon among substance abusers.

17

Yet for counselors to listen, reflect, explain, and problem solve while meeting the administrative requirements for preparing a treatment plan may seem overly demanding. Treatment programs should have a treatment plan format for counselors to use. In fact, a well-done treatment plan format will make the long-term work of a counselor much easier.

Some agencies or organizations use ***SMART/SMARTER*** criteria for writing treatment plans.

SMART refers to Specific, Measurable, Attainable, Relevant, and Time-Bound.

SMARTER refers to Specific, Measurable, Attainable, Relevant, Timely, Evaluate, and Reevaluate.

18

Global Criteria:

17. Explain assessment results to the client in an understandable manner.

To be competent in this criterion, a counselor would need to:

- *Know how to best explain the results of the assessment to the client.*

The counselor would need to be clear in describing how the “facts” identified in the assessment are related to the client’s presenting problems. In order to facilitate the client’s participation in the treatment plan, the competent counselor solicits understanding, feedback, and input from the client so that there can be a resolution of the client’s presenting problems. Skills in motivational interviewing are especially helpful when performing this global criterion.

19

Global Criteria:

18. Identify and rank problems based on individual client needs in the written treatment plan.

To be competent in this criterion, a counselor would need to:

- *Be able to specifically identify, in rank order, the client’s presenting problems. The counselor then relates the client’s problems to the client’s needs.*

For example, the client presented 3 problems. The first problem was her abuse of alcohol; the second was her misuse of prescription medication; the third was her lack of education. The client needed to abstain from all use of mind-altering substances, take her prescribed meds appropriately, finish her GED, and then enroll in a post-secondary training program. Those final 2 needs would likely be accomplished with case management and/or aftercare planning.

20

Global Criteria:

19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

To be competent in this criterion, a counselor would need to:

- *Be able to work with the client to develop short-term and long-term goals while obtaining client input (or attempted input).*

Short-term goals can be achieved by the end of the planned period of treatment.

Long-term goals extend beyond treatment, whether it is lifelong or some period less than that.

21

Global Criteria:

20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

To be competent in this criterion, a counselor would need to:

- *Be knowledgeable about available treatment methods used by the treatment agency (ex. Education classes, individual, group and family counseling sessions)*

Resources both within and outside the agency, are listed on the treatment plan.

22