LEADER FOCUS
Workshop 3

EMPHASIS AREAS:

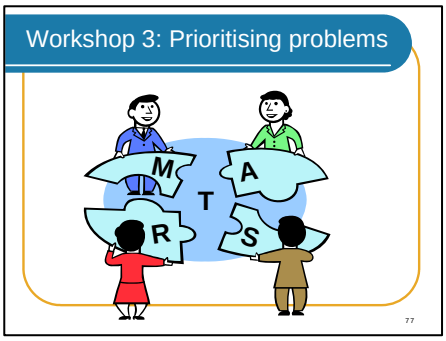
FOCUS

- Prioritising Problems
- Treatment Planning M.A.T.R.S.

KEY CONCEPTS

Treatment Plan M.A.T.R.S.

- Specific
- Measurable
- Attainable
- Realistic
- Time-limited



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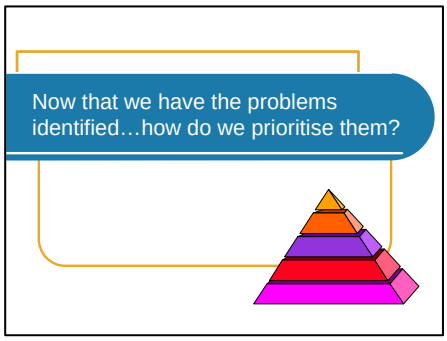
Treatment Planning M.A.T.R.S.
Utilizing the Addiction Severity Index (ASI):
Making Required Data Collection Useful

Workshop 3

Recap of Workshops 1 and 2

- The importance of using a reliable and valid assessment tool such as the ASI to identify client problems
- Who, what, when of treatment planning and how to incorporate ASI data into the treatment plan
- The differences between programme-driven and individualized treatment plans (old method vs. new method)
- Writing non-judgemental and jargon-free problem statements

Workshop 3 will focus on the mechanics of treatment planning. Participants will discuss prioritising problem statements and will practise writing treatment goals. Treatment M.A.T.R.S. objectives and interventions are introduced.



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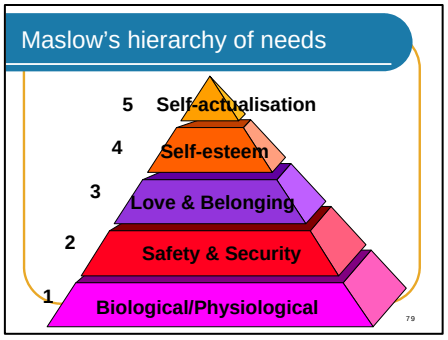
Prioritising Problem Statements
A Master Problem List includes all possible problems regardless of services available at the treatment agency. Some problems will be deferred and others addressed immediately.

Selecting only those problems requiring immediate attention is the next step in the treatment planning process. The **ASI Severity Ratings** provide information on which problem domains are most critical.



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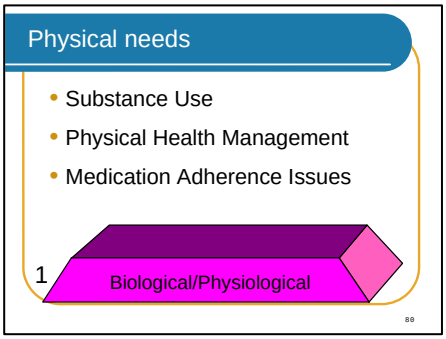
Remember Maslow's Hierarchy of Needs?
A useful model for thinking about prioritising problems is Maslow's Hierarchy of Needs. This model helps prioritise problems for which results are achievable within the **active treatment phase** or for which clients can be referred to an outside resource.

Maslow's Hierarchy of Needs, developed and published between 1943–1954, is a well-known model of personality development. This theory suggests human beings are motivated by unsatisfied needs.

Lower needs must be satisfied before higher needs can be satisfied. Maslow's model begins with the most basic of all human needs—physical survival. To proceed "up the hierarchy," a client must have his or her basic physical needs addressed first (Huitt, 2004).



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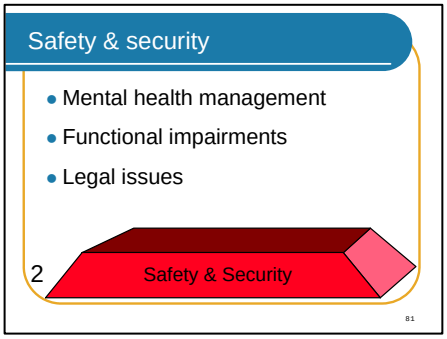
1. **Biological and Physiological Needs** – Air, food, drink, shelter, warmth, sex, and sleep
   - When these needs are not satisfied, human beings may not think about other things or strive to a higher level.

Examples of common client problem areas associated with the first level include:

- Physical changes due to dependence on alcohol and/or drugs
- Health problems often not identified and/or not managed appropriately
- Medication adherence issues—especially for those clients with a co-occurring physical or mental health disorder



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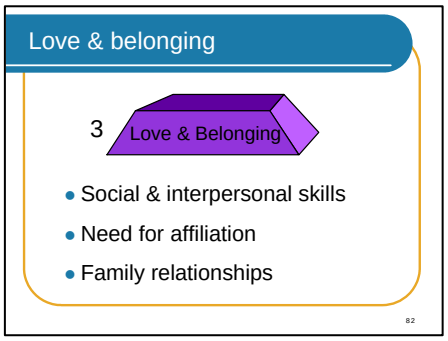
2. **Safety and Security Needs** – Protection from the elements, security, order, law, limits, and stability.
   - Meeting these needs has to do with establishing consistency in a chaotic world. If these needs are not met, clients cannot move to the next level.

Examples of common client problem areas associated with this level may include:

- Legal issues
- Functional impairments (e.g., inability for self-care)
- Mental health management issues
- Elevated levels of client dangerousness, personal safety
- Issues of public safety



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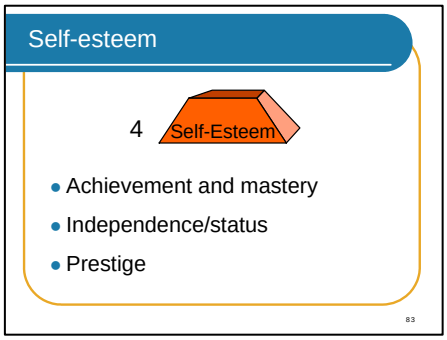
3. Love and Belonging Needs – Co-workers, family, affection, and significant relationships

- Human beings have a basic desire to belong and to feel loved and accepted by others.

Examples of common client problem areas associated with this level include:

- Social and interpersonal skill deficits
- Need for affiliation
- Family/significant relationship issues



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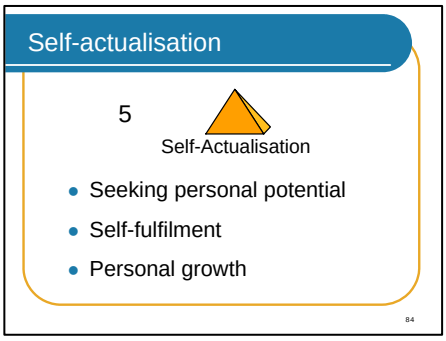
4. Self-Esteem Needs – Self-esteem, achievement, mastery, independence, status, dominance, and prestige

- Self-esteem is a result of feeling one has mastered or is competent to complete a task.
- Expanding beyond the belonging level, people seek admiration and recognition from others.



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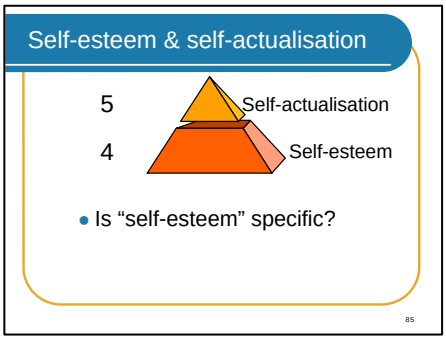
5. Self-Actualization Needs – Fulfilling personal potential, self-fulfilment, seeking personal growth and peak experiences

- People who have needs met on the other four levels are capable of maximizing their potential.
- Seeking knowledge, aesthetics, self-fulfilment, and spiritual connections are possible ONLY when other needs are met.



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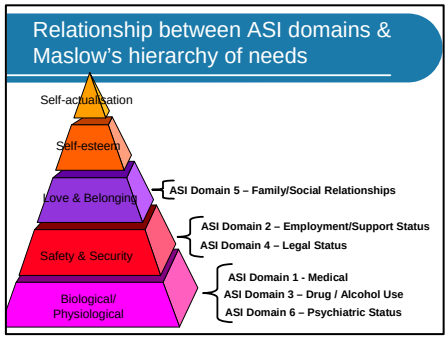
Incorporating "Self-Esteem" in Problem Statements

"Self-esteem" is a term that has been overused and misused when identifying client problems and developing treatment goals and problem statements.

Problem statements such as, "Client needs to improve his or her self-esteem," have become "jargonized."

Consider the following when writing problem statements that address self-esteem:

- Has the client's self-esteem been directly linked to other more pressing problems/needs?



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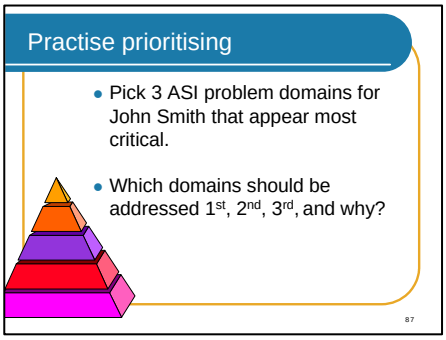
Relationship Between ASI Domains and Maslow's Hierarchy of Needs

This slide illustrates how the ASI Problem Domains relate to Maslow's Hierarchy of Needs.

- Note that all ASI domains are related to the first three levels of Maslow's model.
- Addiction treatment programmes are typically designed to address client needs/problems within the 1st, 2nd, and/or 3rd levels of Maslow's Hierarchy.



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Practise Prioritising: Using Clinical Judgment to Prioritize John Smith's ASI Problem Domains

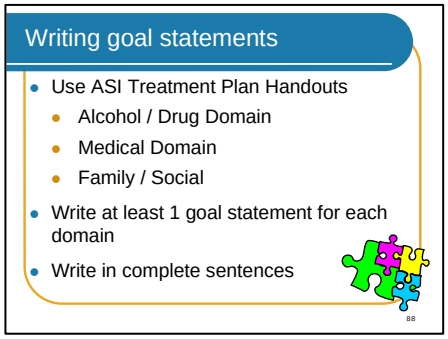
Refer to ASI Master Problem List – John Smith

- Have participants select which three ASI domains should be addressed first in John Smith's treatment.
- Discuss how those domains would be prioritized and why.

Leader Note:
According to Maslow's Hierarchy, John Smith's medical problem (asthma) would be a first priority in treatment. However, this would not necessarily be addressed in treatment.

ASI problem domains and Maslow's Hierarchy will not always correspond, illustrating the importance of using clinical judgement to prioritize client problems. Client input also needs to be considered when prioritising problems.

The Master Problem List is a living document. It should be revisited and revised often during treatment. Assessment of newly identified problems and severity of those problems is critical during treatment plan reviews and updates.



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Writing Goal Statements

Now that participants have identified client problems in the assessment and prioritised those problems, goal statements are written. The counsellor takes the problem statement and essentially ***reframes*** it to target a behaviour.

A treatment goal is what the client wants to achieve during treatment.

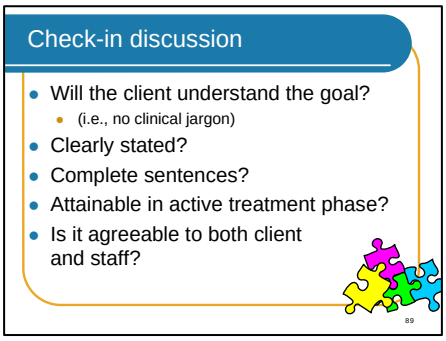
Writing Activity

Write at least 1 goal statement for each domain:

- Alcohol/Drug Domain
- Medical Domain
- Family/Social Domain

Leader Note:

- Form small work groups of 4–6 participants each.
- Remind participants to refer to Workshop 2 handouts.
- Allow approximately 10 minutes for writing activity.



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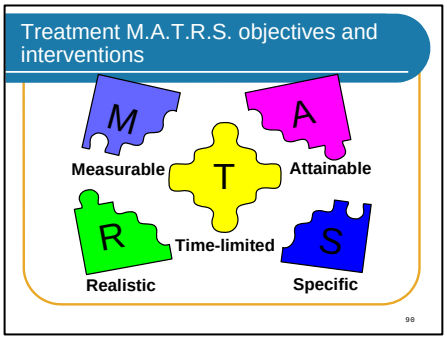
Check-In Discussion

- Will the client understand the goal statement? Is the statement free of "clinical jargon"?
- Are your goal statements clearly stated and in complete sentences?
- Are the goals attainable in the active treatment phase?
- How confident would you feel in negotiating these goals with a client? Would goals be agreeable to both client and staff?



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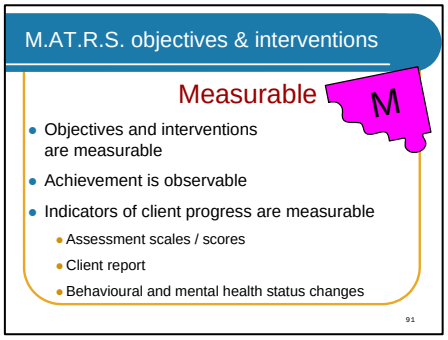
Building M.A.T.R.S. Treatment Objectives and Interventions

- **Objectives** are what the client will do to achieve the goal.
- **Interventions** are what the staff will do to assist the client in meeting those goals.



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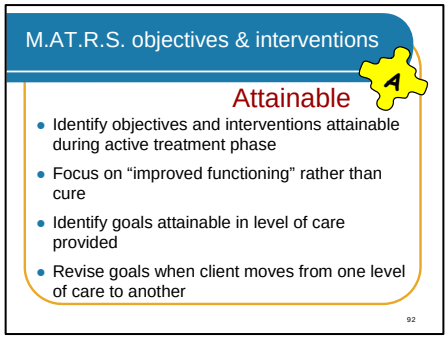
Treatment Objectives and Interventions M.A.T.R.S.

M = MEASURABLE

- Objectives are measurable so that the client and counsellor can document change.
- Interventions are measurable and hold the counsellor and treatment programme accountable.
- Dates, occasions of a behaviour, and rating scale scores may be included in the objectives.
- Examples of measurable indicators include:
  - Other evaluation scales, test scores, changes in level of risk scales (e.g., Beck's Depression Scale score drops two points)
  - Mental status or behavioural changes (e.g., number of days alcohol free, number of emergency room visits, days of medical problems)
  - Type and frequency of services received (e.g., attended five support sessions)



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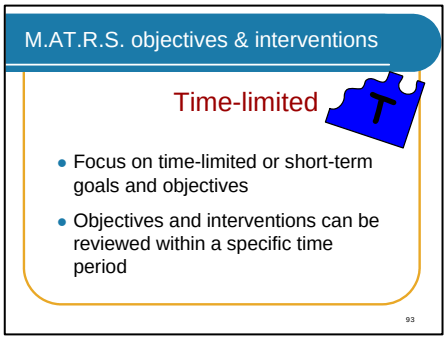
A = ATTAINABLE

- Goals, objectives, and interventions should be achievable in the active treatment phase.
- Remember to focus on "improved functioning" or improved functional impairment rather than the "end" or "cure" of the problem.
  - Example – *Fill out job application vs. become employed full time*
- Identify those goals that can be attained in the level of care provided.
- Identify those clients that need referrals to outside agencies.
- Objectives and interventions may need to be revised when client moves from one level of care to another.



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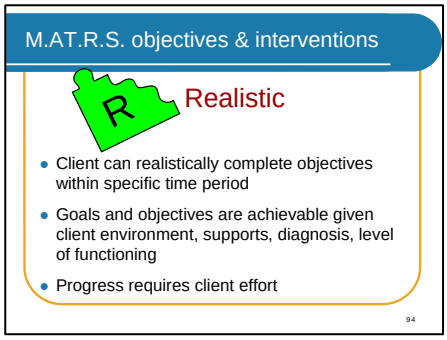
T = TIME-LIMITED

- Specific, time-limited goals and objectives are emphasised.
- Achievement of goals, objectives, and interventions can be reviewed within a specific time period.



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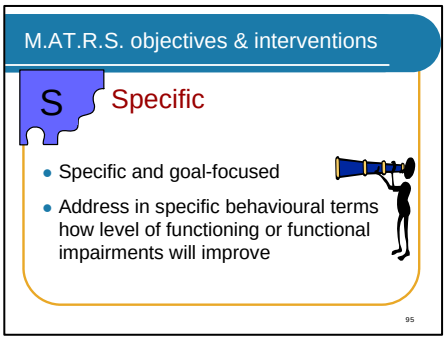
R = REALISTIC

- Objectives are realistic.
- It is reasonable to expect that the client can attain the objective in a specific time period.
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning, or level of functional impairment.
- Have a realistic expectation that a client is able to achieve goals and take steps on her or his own behalf.



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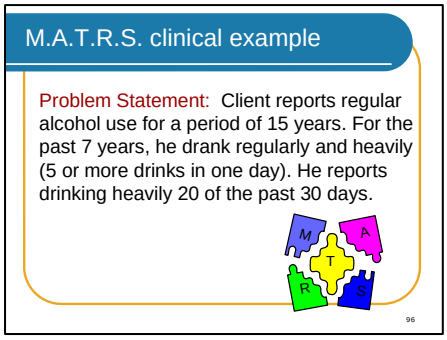
S = SPECIFIC

- Objectives and interventions are specific and goal-focused allowing both client and counsellor to note progress (or lack of progress).
- Specific behaviours are targeted which will help clients reduce symptoms and improve level of functioning.



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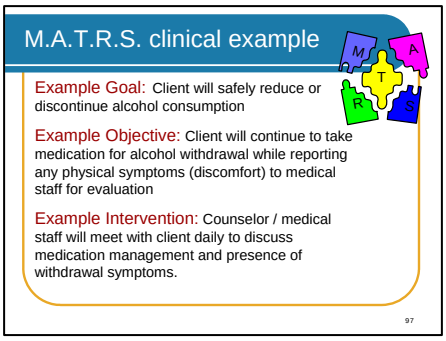
M.A.T.R.S. Clinical Example:
Develop 2 M.A.T.R.S. objectives and 2 or more interventions for the following Problem Statement:

- Client reports regular alcohol use for a period of 15 years, of which he drank regularly and heavily (5 or more drinks in one day) for the past 7 years. He reports drinking heavily 20 of the past 30 days.



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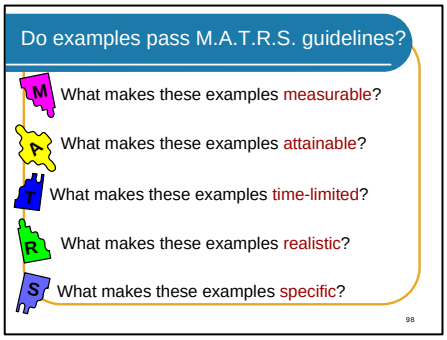
M.A.T.R.S. Clinical Example

- Example Goal: Client will safely reduce or discontinue alcohol consumption.
- Example Objective: Client will continue to take medication for alcohol withdrawal while reporting any physical symptoms (discomfort) to medical staff for evaluation
- Example Intervention: Counselor/Medical staff will meet with client daily to discuss medication management and presence of withdrawal symptoms.



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Do Example Goals, Objectives, and Interventions Pass M.A.T.R.S. Guidelines?

For each item, review how it meets the "M.A.T.R.S." criteria by answering the question, "What makes these examples…

- **Measurable**:
- **Attainable**:
- **Time-Related**:
- **Realistic**:
- **Specific**: