

VOLUME A

Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination

Treat**net**

VOLUME A

INTRODUCTORY MODULE Basics of Addiction

MODULE 1 Screening and Brief Intervention Using ASSIST

Rationale for
screening and
brief intervention

ASSIST
screening
basics

ASSIST brief
intervention
basics

Planning and
implementation
of ASSIST

MODULE 2 Addiction Severity Index

Interviewing
instructions and
coding

Employment
section. Drug
and alcohol

Legal and family
sections

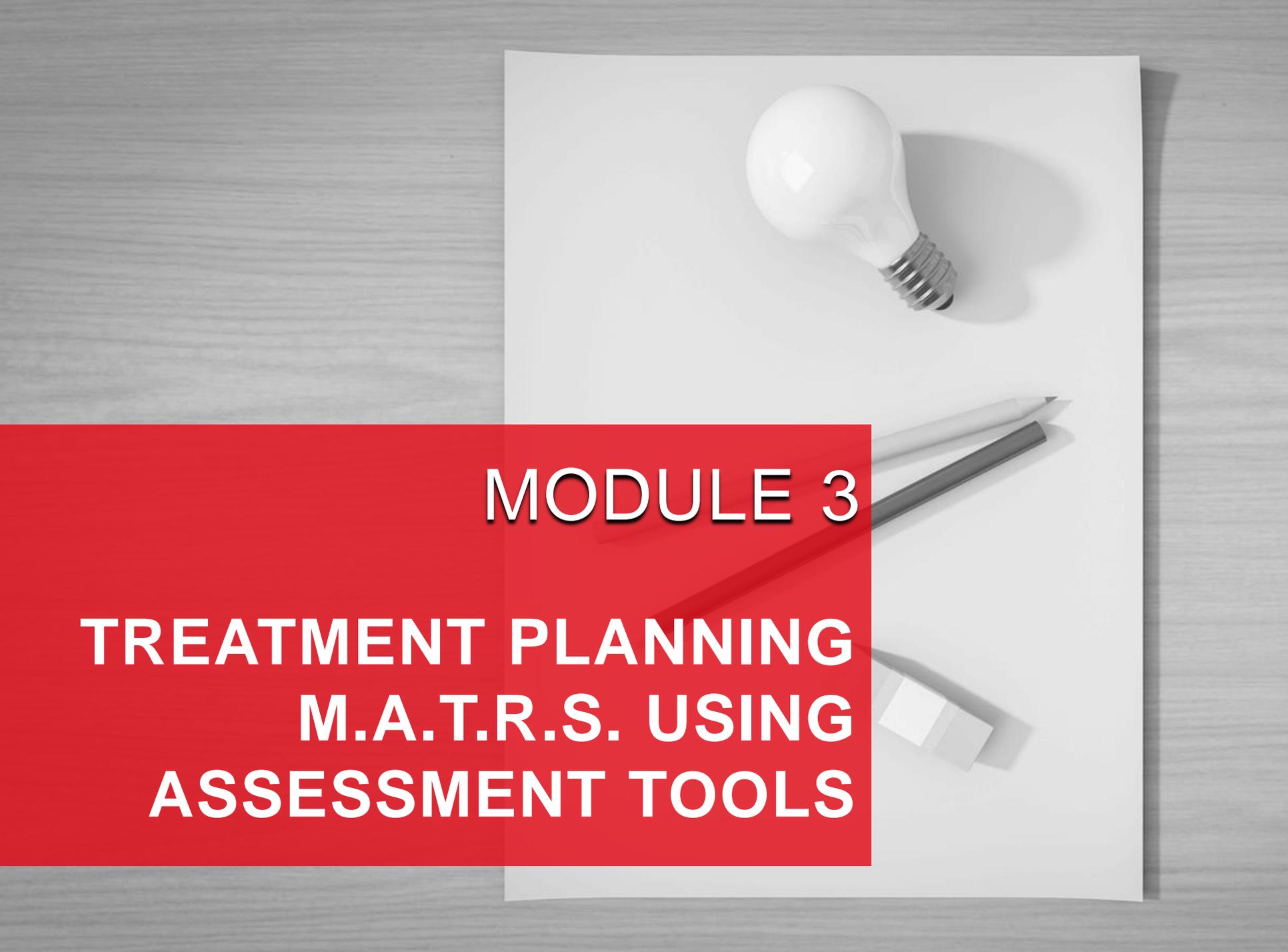
Psychiatric
section, review
and
competency
measures

MODULE 3 Treatment Planning M.A.T.R.S.

Assessment tools
in treatment
planning

Prioritising
problems

Putting treatment
planning
M.A.T.R.S. into
practice

A white lightbulb, a pencil, and a pen resting on a white sheet of paper on a wooden surface. The lightbulb is in the upper right, the pencil is in the middle right, and the pen is in the lower right. A red banner is overlaid on the left side of the image.

MODULE 3

TREATMENT PLANNING M.A.T.R.S. USING ASSESSMENT TOOLS

Module 3

Training goals

- ▶ Improve understanding of the treatment planning process
- ▶ Gain understanding of guidelines and legal considerations in documenting client status
- ▶ Enhance skills in using assessment tools in developing treatment plans and documenting activities

Module 3

Treatment planning M.A.T.R.S. using assessment tools



**Assessment tools
in treatment
planning**



**Prioritising
problems**



**Putting treatment
planning
M.A.T.R.S. into
practice**

Pre-assessment



Icebreaker





Workshop 1

Assessment tools in treatment planning

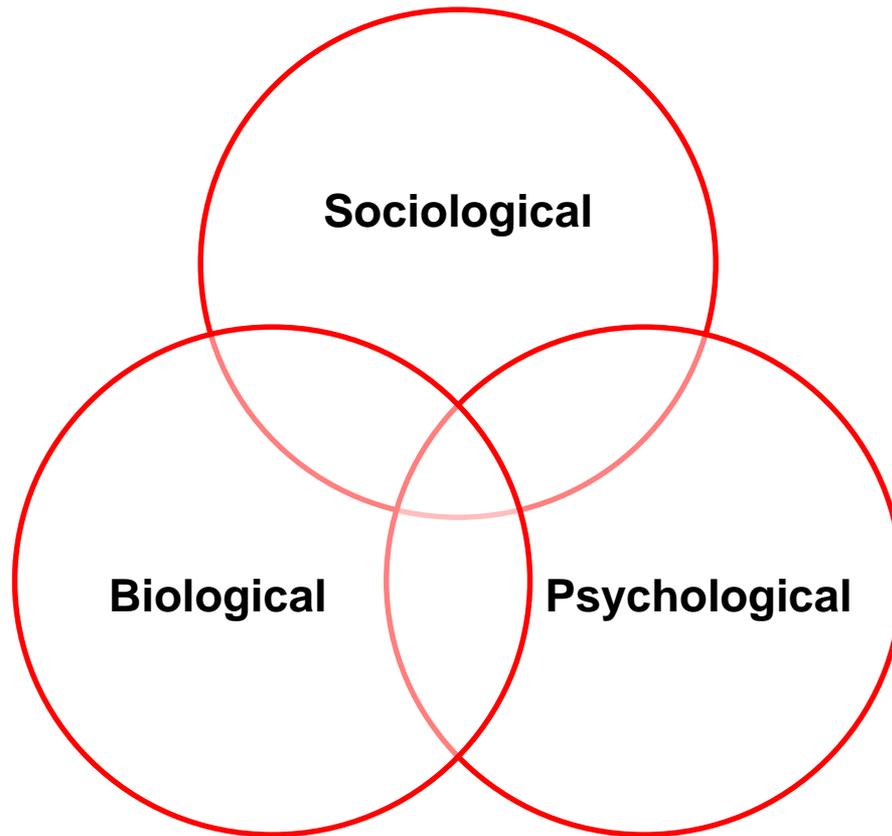
Training objectives

At the end of this workshop, you will be able to:

- ▶ Use assessment information to develop individualised treatment plans
- ▶ Identify characteristics of a programme-driven and an individualised treatment plan
- ▶ Use problem list to formulate treatment plans and develop Problem statements, Goals and Objectives of treatment and necessary Interventions
- ▶ Understand how individualised treatment plans help to keep people in treatment and lead to better outcomes



Biopsychosocial model

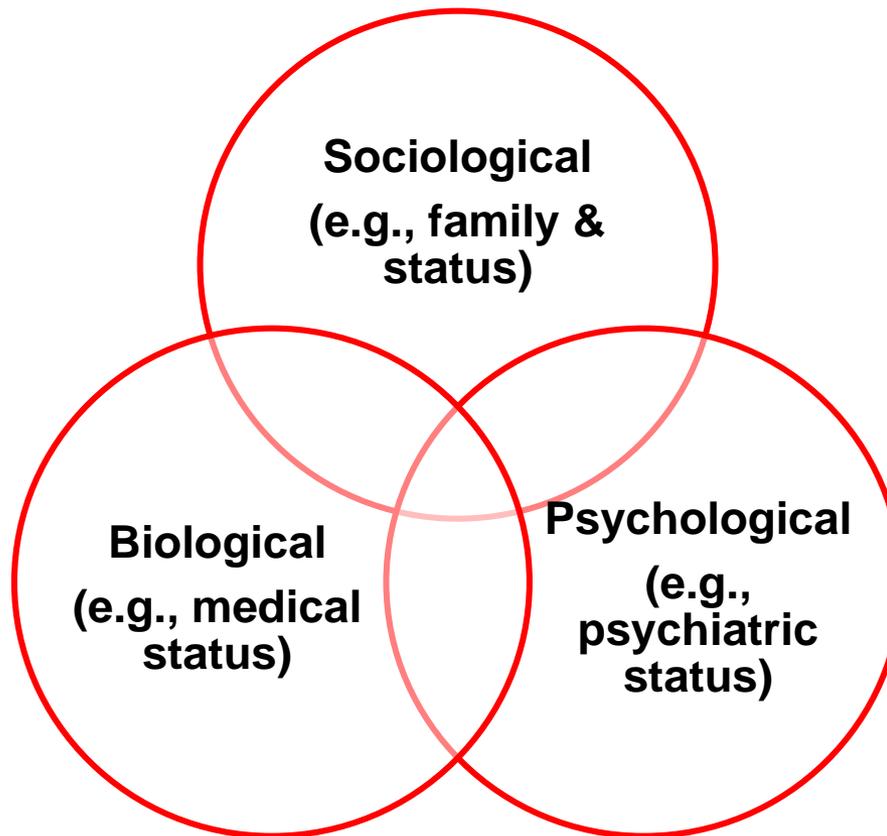


Example

- ▶ Does the patient have a car? Can he/she access public transportation?
- ▶ How available are drugs or alcohol in the home?
- ▶ How close do they live to the treatment centre?



ASI problem domains and the biopsychosocial model



Substance use treatment



Old method

▶ Programme-driven plans

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

▶ “One size fits all”

Treatment planning



A paradigm shift

- ▶ Individualised treatment plans
- ▶ Custom style & fit
- ▶ What information is needed?

What are the requirements of an individualized Treatment Plan?

An individualized treatment plan requires information about the areas of the patient's life which are most affected by the SUD

- ▶ Where do you get the information, guidelines, tools, etc.?
- ▶ What does a counsellor need to discuss with a client before developing a treatment plan?

Definition

What is a treatment plan?

It is a documented process which:

- ▶ Identifies the client's most important goals for treatment
- ▶ Describe measurable, time-sensitive steps towards achieving those goals
- ▶ Reflects a verbal agreement between the counsellor and client

How does assessment guide treatment planning?

- ▶ Assessment tools, for example the Addiction Severity Index (ASI), identify client needs or problems by using a semi-structured interview format
- ▶ Assessment tools guide delivery of services based on the patients' needs
- ▶ Treatment goals address those problems identified by the assessment

What is the Addiction Severity Index? (ASI)?



- ▶ 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

What is measured by the ASI?

1. Medical status
2. Employment and support
3. Drug use
4. Alcohol use
5. Legal status
6. Family/social status
7. Psychiatric status

Clinical application

“To be effective, treatment must address the individual’s drug use and any associated medical, psychological, social, vocational and legal problems.”



Why use the ASI for clinical application?

- ▶ Uses a semi-structured interview to gather information a clinician generally collects during assessment
- ▶ Shown to be an accurate or valid measure of the nature and severity of client problems
- ▶ Prompts clinician to focus session on important problems, goals, and objectives
- ▶ Basis for reviews of progress during treatment and documentation
- ▶ Basis for discharge plan

Enhancing rapport

- ▶ A comprehensive assessment improves rapport
- ▶ “... If patient’s problems are accurately assessed, they may feel ‘heard’ by their counsellor, potentially leading to the development of rapport and even a stronger helping alliance.”

Assessment improves clinical effectiveness



- ▶ Comprehensive assessment needs a motivational style
- ▶ “... Patients whose problems are identified at admission and then receive services that are matched to those problems, stay in treatment longer.”

Assessment data for service evaluation

For programme directors

- ▶ Identifies types of client problems not addressed through the programme's treatment services
- ▶ Provides measure of programme success and trends
- ▶ Document unmet patients' service needs
- ▶ Positions programmes for increased funding through participation in clinical trials and other research opportunities
- ▶ Ensure informed consent and ethical clearance

Assessment data for service evaluation

For clinical supervisors

- ▶ Identify counsellor strengths and training needs
- ▶ Match clients to counsellor strengths
- ▶ Identify trends in client problem

Let's think!



ASI and individualised treatment plan

- ▶ Read through the ASI report for John Smith
- ▶ Discuss with your colleagues:
 - How individualised Treatment Plan for John can be developed?
 - What it would include?
 - Which information from the ASI is crucial to consider?



Break

To individualise treatment plan

Possible sources of information might include:

- ▶ Screening results
- ▶ Assessment scaled
- ▶ Family and significant others interviews
- ▶ Collateral interviews
- ▶ Probation reports (if applicable)



The old method

Compare two cases of the old method:

Case A: Jan

- 27-year-old, single female
- 3 children under age 7
- No childcare available
- Social companions use drugs/alcohol
- Unemployed
- Low education level
- 2 arrests for possession of meth and cannabis and 1 probation violation

Case B: Dan

- 36-year-old , married male
- 2 children
- 2 arrests and 1 conviction for driving under the influence of alcohol
- Blood alcohol content at arrest
- Employed
- High severity family problems

Non-assessment based treatment plan

Problem Statement:

“Alcohol dependence”

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

Non-assessment based treatment plan

Goal Statement:

“Will refrain from the use of all substances now and in the future”

- ▶ Not specific for Jan or Dan
- ▶ Not helpful for treatment planning
- ▶ Cannot be accomplished by programme discharge

Non-assessment based treatment plan

Objective Statement:

“Will participate in outpatient programme”

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

Non-assessment based treatment plan

Intervention Statement:

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

- ▶ Sounds specific but it describes a programme component

Individualised treatment plans



Why make the effort?

- ▶ Lead to increased retention rates, which are shown to lead to improved outcomes
- ▶ Empower the health worker and the patient and give focus to counselling sessions
- ▶ Treatment plan and assessment tools will fit the patient's services and needs

Treatment plan components



- 1. Problem Statements** are based on information collected during the assessment
- 2. Goal Statements** are based on the problem statements and are reasonably achievable in the active treatment phase
- 3. Objectives** are what the client will do to meet those goals
- 4. Interventions** are what the staff will do to assist the client

Assessment based treatment plan

Goal Statements are based on the problem statements and are reasonably achievable in the active treatment phase.

Examples:

- ▶ “Van will safely withdraw from alcohol, stabilise physically and begin to establish a recovery programme”
- ▶ “Meghan will obtain necessary prenatal care”
- ▶ “Reduce the impact of Tom’s psychiatric problems on his recovery and relapse potential”

Assessment based treatment plan

Objectives are what the client will do to meet those goals

Examples:

- ▶ “Van will report acute withdrawal symptoms”
- ▶ “Meghan will visit an Ob/Gyn physician or nurse for prenatal care”
- ▶ “Tom will list 3 times when psychological symptoms increased the likelihood for relapse”

Assessment based treatment plan

Interventions are what the staff will do to assist the client

Examples:

- ▶ “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 managing those feelings”

Review of treatment plan components



Treatment plan components

Other aspects of the patients' condition:

- ▶ Patients' strengths are reflected
- ▶ Participants in the planning are documented

Let's practice!



ASI Narrative and Master Problem List

- ▶ Review the case of John Smith
- ▶ Focus on problems identified in the ASI domains:
 - Alcohol/drug domain
 - Medical domain
 - Family/social domain

Considerations in writing

- ▶ 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

Tips on writing problem statements

- ▶ Non-judgemental
- ▶ No jargon, such as
 - “Patient is in denial”
 - “Patient is co-dependent”
- ▶ Use complete sentence structure



Changing language

Examples

- ▶ “Patient is promiscuous.”
 - Patient participates in unprotected sex 4 times a week with multiple partners.
- ▶ “Patient is resistant to treatment.”
 - In past 12 months, patient has dropped out of 3 treatment programmes prior to completion.
- ▶ “Patient is on probation because he/she is a bad alcoholic.”
 - Patient has legal consequences because of alcohol-related behaviour.

Let's practice!



Problem Statement

- ▶ Suggest non-judgemental and jargon-free language for the following statements:
 - “Patient has low self-esteem.”
 - “Patient is in denial.”
 - “Patient is alcohol dependent.”

Questions



Wrap-up



- ▶ Why is it important to use standardized assessment tools to prepare treatment plans?
- ▶ Why use biosocial model in drug treatment planning?
- ▶ What is the difference between the programme-driven and individualised treatment plans?
- ▶ What are the components of a treatment plan?
- ▶ Why is appropriate language important when writing problem statement?

Thank you for your time!

End of workshop 1

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