Welcome

Please take a moment to review the following:

- We will get started closer to the top of the hour
- You MUST dial into the conference line to hear the presentation:
  - Call 1-877-668-4493; and enter passcode 642 446 636 when prompted
- Please DO NOT place your line on HOLD
  - If you place this call on hold we will be able to hear any hold music or hold recordings
  - If you get another call, please hang up from this call and dial back in when you have completed your other call.
- Thank you for joining us. We will begin shortly!
Treatment Planning: The Critical Link

January 11, 2017
John T. Dixon, MS, CPRP
Michelle McIntosh, LPC
Introductions

• John Dixon, MS, CPRP, Beacon Health Options
• Michelle McIntosh, LPC, Beacon Health Options
Learning Objectives

- This training will focus on planning as a foundational element of service delivery
- **Refocus** attention from the product of the completed plan to the therapeutic, dynamic, and engaging process of planning
- We will explore the thread between initial engagement through the delivery of interventions
- Identify strategies for overcoming barriers to good and effective planning with individuals
“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”

~ Abraham Lincoln
Where Should We Focus?

- Treatment
- Recovery
- Outcomes
- Psychiatric Rehab
- Person-Centered
- Consumer-Driven
- Whole Health & Wellness
- Stage of Readiness
Engagement begins at “Hello”....

We must meet individuals where they are

All individuals have the ability to grow and change, even helpers!
Mental health assessment gives the helper an overall picture of how well you feel emotionally and how well you are able to think, reason, remember (cognitive abilities), and function in your daily life.
Assessment

Formalized screening to:

- Identify presenting issues/treatment needs
- Evaluate for both behavioral health and substance use disorders
- Screen for Intellectual Developmental Disabilities (IDD) or cognitive impairments
- Assess imminent risk to promote safety
Assessment

Formalized screening to:

- Delineate between physical and behavioral health needs
- Geared towards individual’s age and stage of development
- Encompasses family history and family dynamics
- Evaluate community involvement & natural supports
Assessing the “Whole” Individual

- Emphasis is on wellness
- Holistic approach

- Co-occurring issues include:
  - Behavioral health needs
  - Substance use disorders
  - Intellectual Developmental Disabilities (IDD)
  - Physical/medical conditions
Types of Assessment

- Nursing
- Psychiatric
- Safety
- Psychological
- Neuropsychological
- Substance Use
- Nutritional
- Educational
- Trauma
- Readiness
- Functional (skills)
- Resource (supports)
- Vocational
- Psycho-spiritual
Stages of Change

“Move through a series of stages in the adoption of healthy behaviors or cessation of unhealthy ones”

Since individuals differ in their readiness to make changes, experts suggest matching appropriate interventions to the stage (or readiness).

“Meet people where they are!”
Transtheoretical Model of Change
Prochaska & DiClemente

- **Pre-contemplation**: No intention of changing behaviour
- **Contemplation**: Aware a problem exists, no commitment to action
- **Preparation**: Intent upon taking action
- **Action**: Active modification of behaviour
- **Maintenance**: Sustained change - new behaviour replaces old
- **Relapse**: Fall back into old patterns of behaviour
Mapping the Journey

- Identify the destination
- Select means and methods
- Design the itinerary
- Start journey
- Anticipate roadblocks
- Embrace twists/turns
- Expect course changes
A dream written down with a date becomes a goal

A goal broken down into steps becomes a plan

A plan backed by action makes your dreams come true

~Greg S. Reid
The Critical Link

Planning

Assessment

Intervention
Why Plan?

Planning is the critical link between assessment activities and desired outcomes via intervention approaches such as treatment, rehabilitation, advocacy, and support.
In this training, “planning” refers to the following and how each are unique yet complimentary:

**Individualized Recovery Planning**

- **Treatment** Planning (addressing illness & disease)
- **Service** Planning (addressing resources/supports)
- **Safety** Planning (suicidality and risk reduction)
- **Rehabilitation** Planning (increasing skills & supports to obtain valued roles of choice)
- **Wellness** Planning (increasing health & wellness)
Complementary Approaches

More Access / Less Stigma

Advocacy

Rehab

Increased Function

Reduced Symptoms / Cures

Treatment
## Choosing the Intervention

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Disability</th>
<th>Handicap</th>
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</thead>
<tbody>
<tr>
<td><strong>Condition or symptom</strong> (Disease Process)</td>
<td><strong>Limitation of Function</strong> (Lack of Doing)</td>
<td><strong>Environmental/Societal</strong> (Discrimination/Barriers)</td>
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<tr>
<td><strong>Treatment</strong></td>
<td><strong>Rehabilitation</strong></td>
<td><strong>Advocacy</strong></td>
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<tr>
<td>➢ Targeting Symptoms</td>
<td>➢ Rehabilitation Dx</td>
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<td>➢ Reducing Symptoms</td>
<td>➢ Rehab Planning</td>
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<td>➢ Alleviating Distress</td>
<td>➢ Rehab Intervention</td>
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<tr>
<td>➢ Medication</td>
<td></td>
<td>➢ Changing the System / Laws</td>
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- Changing the System / Laws
- Changing Society
- Improving Quality of Care
- Creating New Services
There is no such thing as a “Skill Pill”
Why Plan?

A good plan demonstrates thoughtful consideration of needed steps, strategies, and actions to reach the “destination.”
The Planning Process . . .

1. Meets the individual where they are
2. Identifies desired outcomes
3. Formulates strategies to achieve outcomes
4. Arranges or creates the means required
5. Identifies, prioritizes, and directs critical actions
GOOD PLANS SHAPE GOOD DECISIONS. THAT'S WHY GOOD PLANNING HELPS TO MAKE ELUSIVE DREAMS COME TRUE.

— LESTER R. BITTEL, IN THE NINE MASTER KEYS OF MANAGEMENT (1972)
If you don’t go after what you want, you’ll never have it. If you don’t ask, the answer is always no. If you don’t step forward, you’re always in the same place.
Individualized Recovery Plans

The IRP contains:

• “Destinations”
• “Map”
• “Itinerary”
• Lists “travelers”
• Roles and activities on the “trip”
Planning

The individual is the navigator of the journey and keeper of the map

Although a signature is good and required, it does not necessarily demonstrate involvement
Rules for Planning

- Specific to the individual’s needs
- Occurs with the individual
- Individualized language
- Modified as changes occur
- Individual owns their plan
- Ongoing process
The plan must reflect:

- Individual’s readiness
- Commitment to change
- Levels of support
- Involvement in planning
- A whole, unique individual

The Planning Process . . .

Meets the individual where they are (wherever they are):
The Planning Process

Identifies desired outcomes:

The goals drive everything:

- Clear outcome
- Understood by all
- Individual has ownership
- Challenging not overwhelming
- Prioritized
- Logically sequenced
The Planning Process

Formulates strategies to achieve outcomes:

Objectives – SMART/MATRS:
- Specific
- Required to meet goal
- Smaller than the goal
- Logically sequenced
Identified, prioritizes, directs actions:

Interventions:
• Relevant to the objective to be achieved
• Required / necessary
• Perceived as supportive by Individual
• Includes:
  • What will be done
  • Modality (services)
  • Who will do it
  • When and how often
If you fail to plan, you are planning to fail.
Many of the great achievements of the world were accomplished by tired and discouraged people who kept on working!

QUOTEDIARY.ME
Examples and Discussion
References

- In search of how people change: Applications to addictive behaviors, American Psychology, 1992, JO Prochaska and CC DiClemente
- Treatment Planning M.A.T.R.S.: Utilizing the ASI to Make Required Data Collection Useful, Blending Initiative, NIDA / SAMHSA
- Multiple Resources from the Boston Center for Psychiatric Rehabilitation and Psychiatric Rehabilitation Association
The Georgia Collaborative ASO
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborativePR@valueoptions.com