

TREATMENT PLAN INSTRUCTIONS (UPDATED 05/2010)

Purpose:

For use with clients receiving AAIR funds regardless of whether it is Clinical services or Recovery Support services. The Treatment Plan documents the client's goals and objectives for treatment. It also documents the client's family and or significant other's involvement in client's treatment.

Schedule:

The Treatment Plan is rewritten every time the client re-enters treatment. For those clients receiving AAIR funds, the objectives are evaluated, the outcome section is completed and new objectives are created based on the client's progress every episode.

Signatures:

Every staff providing a treatment service signs the objective they will work on with the client.

Instructions:

1. Desired Outcome/Long Term Goals:

In the client's own words, in "quotes" what they would like to accomplish from treatment.

2. Barriers to Reaching Goals:

Indicate what barriers are interfering with the client reaching his/her long-term goal. Ask the client what he/she thinks is preventing him/her from reaching the long-term goal. Include what you see as barriers. Example: Lack of family support, never graduated high school, homelessness.

3. Presenting Problem/symptoms:

Discuss what the presenting problem is that brings the client to treatment. Should relate to Substance abuse; this should support Medical Necessity and relate back to the Initial Intake Assessment.

4. Functional Impairment(s) Caused by Problem(s)/Symptom(s): Here indicate the Functional Impairment Area: Health, Living Arrangements, Daily Activities, Social Relationships. Then describe the impairment. Example: Daily Activities: the client is currently missing entire weeks of work and is at risk of losing his/her job. The impairment(s) should relate to the Initial Intake Assessment.

5. Do Cultural or Linguistic, Co-occurring and/or Health Factors Impact on Presenting Problems? If Yes, Please Describe: Indicate here the cultural, linguist, health and/or substance use/abuse issues that relate to the client's presenting problem, the reason for seeking treatment. Describe how these relate to the client's functional impairment. Issues discussed here should relate back to the Initial Intake Assessment. i.e. Disconnection from cultural heritage and or tribe.

6. Describe Client's Strengths:

Indicate the client's strengths as these strengths relate to the objectives. Ask yourself what strengths does the client bring to treatment that will help him/her reach their objective(s)? Can be as simple as "is highly motivated to change or is able to use public transportation independently".

7. Date:

The date the service will begin.

8. Objectives:

These should be written in observable, measurable, specific, quantifiable terms. Must be written in behavioral terms (SMART).

S = specific

M = measurable

A = attainable

R = realistic

T = time bound, time limited

Every service requires an objective. So if the client is receiving more than one service then each service must have its own objective (ie. Individual Therapy vs. Employment Development). Objectives should include a baseline and then the specific objective to change that baseline: For example: Case Management objectives should focus on linkage and placement such as:

Baseline: client has been unemployed for 2 years.

Objective: client will draft a resume and make 5 calls per day to job ads in his field of expertise.

If client is receiving medication and being seen by a medical doctor, you can also use this treatment plan for the following:

MEDs services - the objective should focus on symptom reduction or maintained on medications. For example:

Baseline: client currently takes medication only 2 days a week.

Objective: to increase client's medication compliance from 2 days a week to 7 days a week.

9. Clinic: H Intervention:

These are the specific, behavioral staff interventions related to each objective. Every objective requires a treatment intervention. Interventions are tied to staff's scope of practice.

10. Type/Frequency of Services:

Here indicate how often the service will be provided. Type/frequency should list how many individual, group or treatment sessions per week. For example: service is 1x week or 2x month etc. Cannot be as needed or a range 1-2 week. Must be specific. Frequency is needed for every objective.

11. Outcomes Date and Initial:

For all services, this section must be completed before new objectives can be created. This section is completed whenever the client has been discharged from treatment. This section should indicate the amount of progress made by the client towards each objective. This should be specific. If the objective has not been reached then the objective should be made simpler, more attainable. Staff should date and initial this section. This section can be completed earlier if objectives are reached before the due dates.

12. Client Agrees to Participate by:

This is the client's role in treatment. Must be specific, not just attend therapy or appointments.

13. Staff Signature and Title:

The staff that has written the objective and providing the service should sign this line with their title/degree.

14. Family Involvement Box:

Applies to all objectives. Used for adult clients only. For child clients the expectation is that there will be family involvement in treatment. For adult clients indicate whether they consent to family involvement by checking either Yes, No, or N/A. The N/A answer would be used for clients who indicate they have no family. For those clients who do indicate Yes for family involvement then ask the family if they agree to participate-either Yes or No.

15. Planned Family Involvement:

Check the boxes that indicate how the family will be involved in treatment. Check all that apply.

16. Outcome Family Involvement:

At the client's discharge, indicate the activity level that the family was involved in - check all that apply.

17. Frequency of Treatment Plan Review:

Prompts to remind staff to refer back to treatment plan and treatment progresses.

18. Client's Name, Client id. #, and Provider #:

Here indicate the client's full name and Client id. number. For agency indicate Provider name and the provider number where services are being provided.

19. Additional Objectives Pages:

Used for adding objectives as additional services needed are identified.

20. Cluster Signatures:

These are the signatures needed for the objectives.