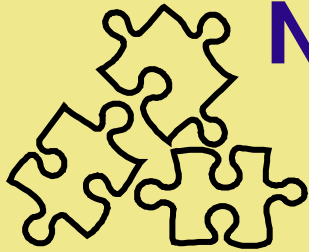


S.M.A.R.T. Treatment Planning Utilizing the ASI: Making Required Data Collection Useful





Nancy Roget, MS, MFT, LADC

Director, Mountain West ATTC

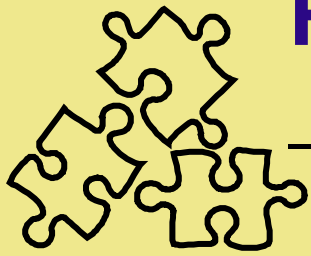
Reno, Nevada

Pat Stilen, LCSW, CADAC

Director, Mid-America ATTC

Kansas City, Missouri





Researchers

–Deni Carise, Ph.D.

–Meghan Love

–Tom McLellan, Ph.D.

ATTC

–Nancy Roget, Mountain West ATTC

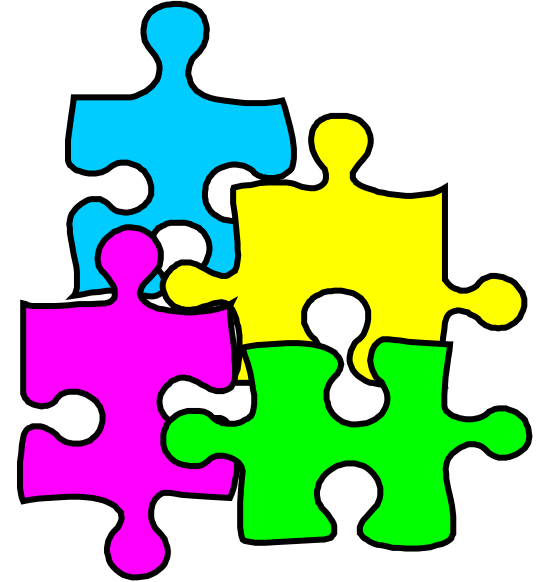
–Dick Spence, Gulf Coast ATTC

–Pat Stilen, Mid-America ATTC



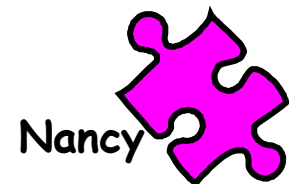
Participant Introductions

- Your name
- Agency
- Role
- Experience with assessment and treatment planning?



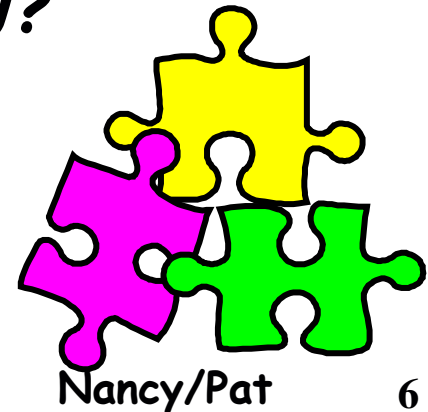
Training Expectations

1. Identify characteristics of a program-driven and an individualized treatment plan
2. Understand how individualized treatment plans improve client retention and ultimately lead to better outcomes



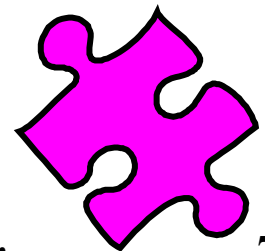
What does the acronym ASI stand for?

- a. Addiction Screening Index?
- b. Addiction Severity Inventory?
- c. Alcohol Screening Inventory?
- d. Another Stupid Instrument?
- e. Alcohol and Substance Interview?
- f. Addiction Severity Index?
- g. Some of the above?



Here's What You'll Get Today . . .

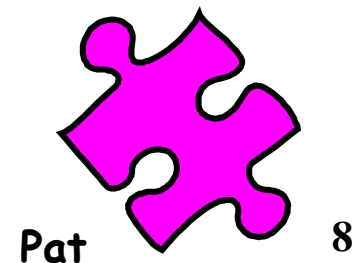
- How to use ASI information to make a counselor's job easier
- Build an individualized or client-driven treatment plan
- Practice, practice, practice



Training Expectations

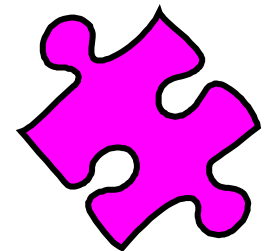
3. Use Master Problem List (provided) to formulate treatment plans and develop:

- **Problem Statements**
- **Goals** based on Problem Statements
- **Objectives** based on Goals
- **Interventions** based on Objectives



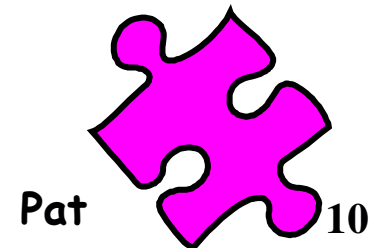
Training Expectations

4. Practice writing documentation notes reflecting how treatment plan is progressing (or not progressing)



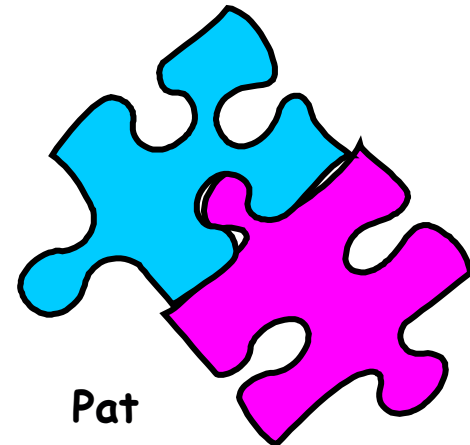
What is Not Included in Training

- Administering and scoring the ASI
- Administering any other standardized screening/assessment tool
- Training on clinical interviewing



The Goal of this Training is . . .

**-To “Marry” the assessment
and treatment planning
processes**



Pat

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What is a Treatment Plan?

A written document that:

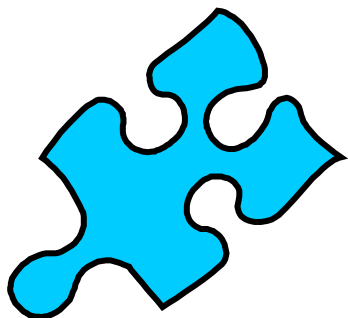
- Identifies the client's most important goals for treatment
- Describes measurable, time sensitive steps toward achieving those goals
- Reflects a verbal agreement between the counselor and client

Nancy

Center for Substance Abuse Treatment, 2002

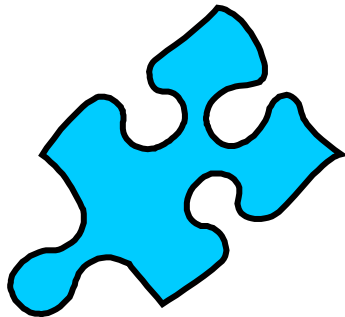
Who Develops the Treatment Plan?

- Client partners with treatment providers (ideally a multi-disciplinary team) to identify and agree on treatment goals and identify the strategies for achieving them



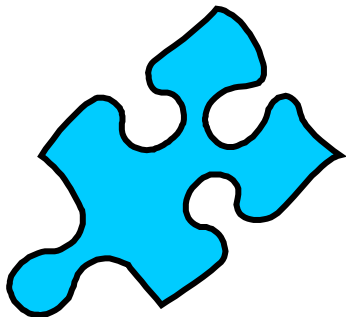
When is the Treatment Plan Developed?

- At the time of admission
- And continually updated and revised throughout treatment



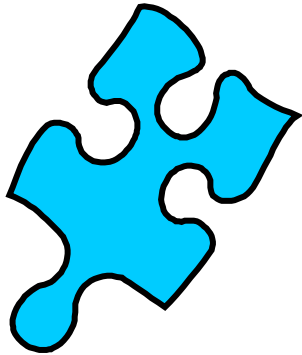
How Does Assessment Guide Treatment Planning?

- The ASI, for example, identifies client needs or problems by using a semi-structured interview format
- The ASI guides delivery of services that the client needs



How Does Assessment Guide Treatment Planning?

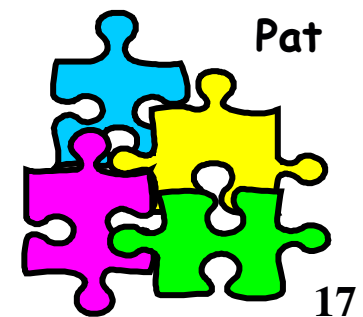
- Treatment goals address those problems identified by the assessment
- Then, the treatment plan guides the delivery of services needed



What is the 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

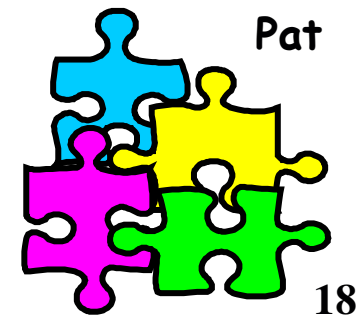
Cacciola et al., 1999; Carise et al., 2004; Kosten et al., 1987; McLellan et al., 1980; 1985; 1992



What is the ASI?

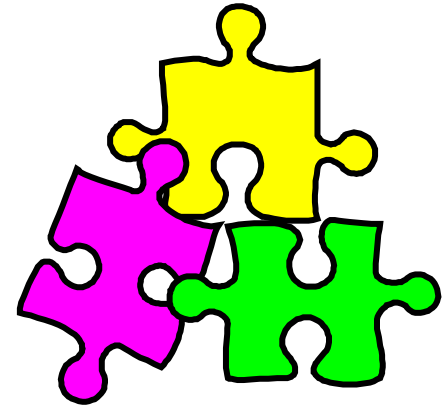
Identifies 7 potential problem areas

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



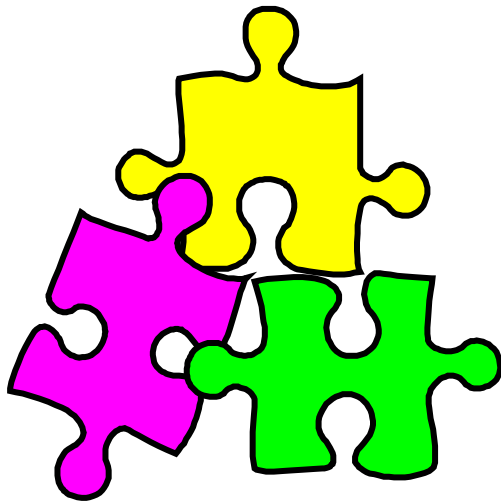
What the ASI is NOT?

- A personality test
- A medical test
- A projective test such as the Rorschach Inkblot Test
- A tool that gives you a diagnosis



Why Use the ASI?

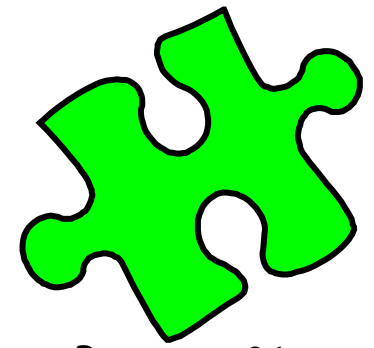
1. Historical Reasons
2. Clinical Applications
3. Evaluation Uses



1.1 History of ASI

- Developed by Pennsylvania University for research studies conducted in Veterans' Hospitals
- Not intended for national distribution
- Frequently used because of mandates*

*Crevecoeur et al., 2002; McLellan et al., 2003

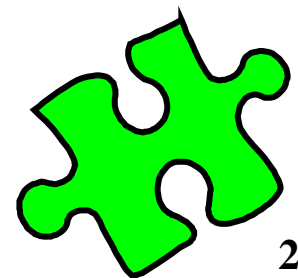


1.2 Recent Developments

- Efforts focused on making the ASI more useful for clinical work

(Example: Using ASI for treatment planning)

- **The Drug Evaluation Network System (DENS)** Software uses ASI information to create a clinical narrative.

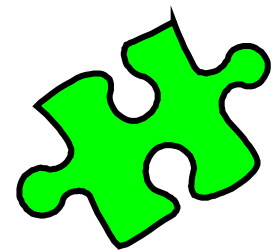


1.3 ASI Now More Clinically Useful!

New and Improved DENS Software (2005)

- Uses ASI information to auto-populate possible problem lists and prompt and guide clinician in developing a treatment plan!

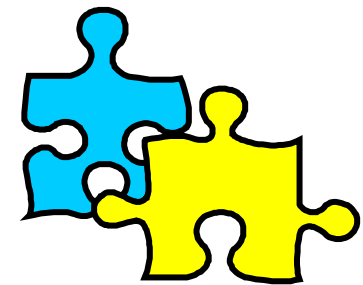
Demonstration of DENS Software!



2.1 Clinical Application

Why use the ASI?

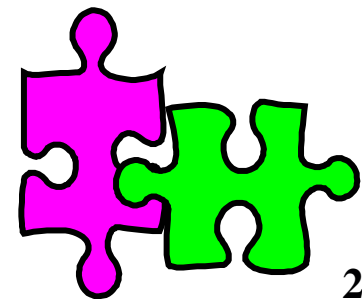
- Uses a semi-structured interview to gather information a counselor is required to collect during assessment
- Shown to be an accurate or valid measure of the nature and severity of clients' problems



2.2 Clinical Application

Why use the ASI?

- Prompts counselor to focus session on important problems, goals, and objectives
- Basis for continued stay reviews and documentation
- Basis for discharge plan



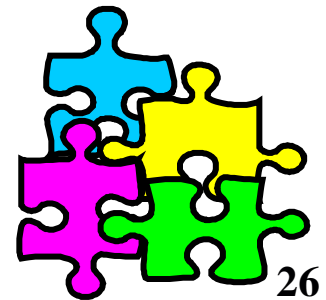
2.3 Clinical Application

Why use the ASI?

NIDA Principle 3

To be effective, treatment must address individual's drug use and any associated medical, psychological, social, vocational, and legal problems

- ASI assesses all these dimensions



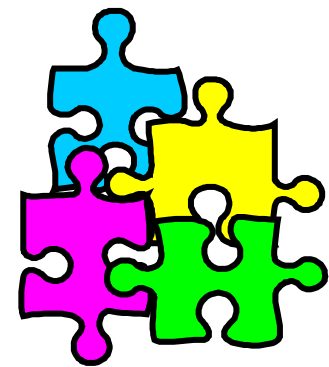
26

Pat

2.4 Clinical Application

Clinical use of ASI improves rapport

“. . . If patients' problems are accurately assessed, they may feel 'heard' by their counselor potentially leading to the development of rapport and even a stronger helping alliance.”



2.5 Clinical Application

Using ASI to match services to client problems improves retention

“. . . Patients whose problems are identified at admission; and then receive services that are matched to those problems, stay in treatment longer.”

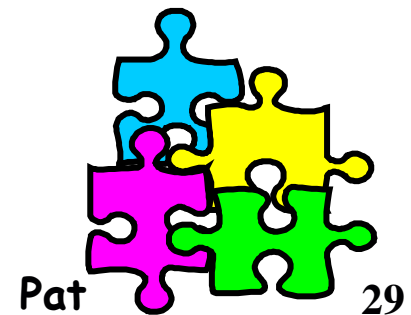


Carise et al., 2004; Hser et al., 1999; Kosten et al., 1987; McLellan et al., 1999

3.1 Evaluation Uses

For Program Directors

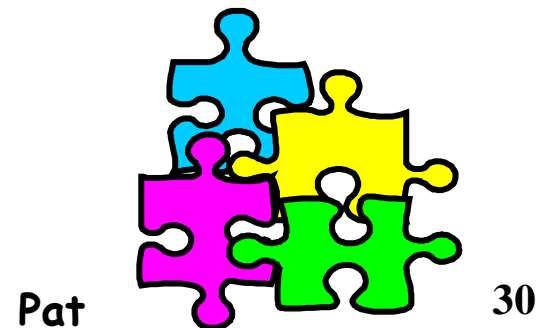
- Identifies types of client problems not addressed through in-house services
- Quantifies client problems
- Identifies trends over time



3.2 Evaluation Uses

For Program Directors

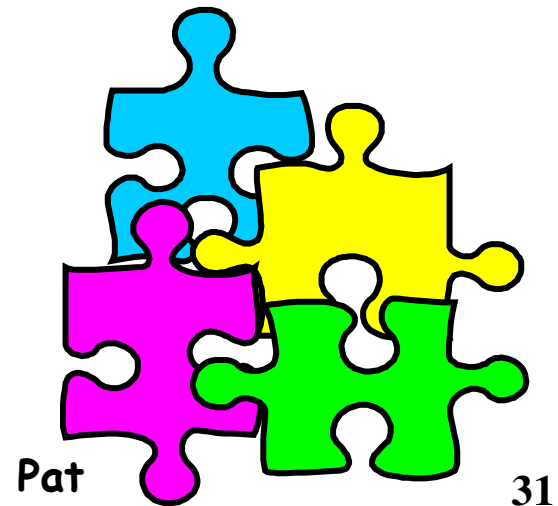
- Assists with level of care choices
- Provides quantifiable measure of program success
- Documents unmet client service needs
- Includes data needed for reports to various stakeholders



3.3 Evaluation Uses

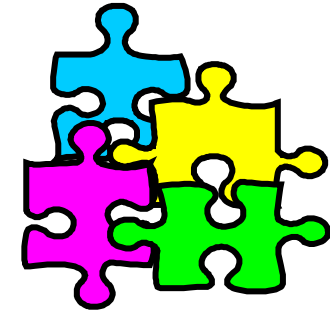
For Program Directors

- Positions programs for increased funding through participation in clinical trials and other research opportunities



3.4 Evaluation Uses

For Clinical Supervisors

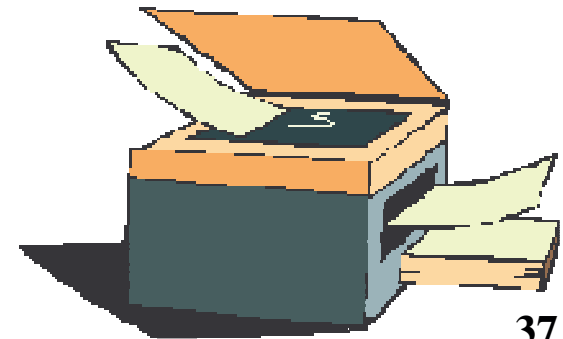


ASI data can be used to:

- Identify counselor strengths and training needs
- Match clients to counselor strengths
- Identify trends in client problems

Other Organizational Considerations

1. Information **requirements** of funding entities/managed care?
2. Is there **duplication** of information collected?
3. Is **technology** used effectively?
4. Is **paperwork useful** in treatment planning process?



Program-Driven Plans

- Client needs are not important as the client is “fit” into the standard treatment program regimen
- Plan often includes only standard program components (e.g., group, individual sessions)
- Little difference among clients' treatment plans



Program-Driven Plans

Client will . . .

1. "Attend 3 AA meetings a wk"
2. "Complete Steps 1, 2, & 3"
3. "Attend group sessions 3x/wk"
4. "Meet with counselor 1x/wk"
5. "Complete 28-day program"

"Still don't fit right"



Program-Driven Plans

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

"ONLY baggy jeans?"



Nancy 36

Treatment Planning: A Paradigm Shift

Individualized Treatment Plans



-Many colors/styles available

-Custom style & fit



Nancy

Individualized Plan

501's Size Guide

To determine your size, please use the following as a guide:

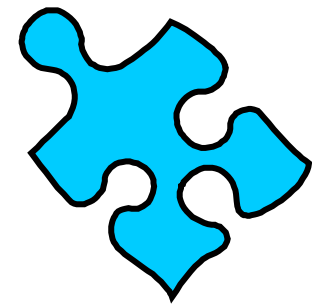
Waist	Length
size 5 thru 7	27, 28 or 29 inch
size 9 thru 11	28, 30 or 31 inch
size 13	32 inch



“Sized” to match client problems and needs

To Individualize a Plan, What Information is Needed?

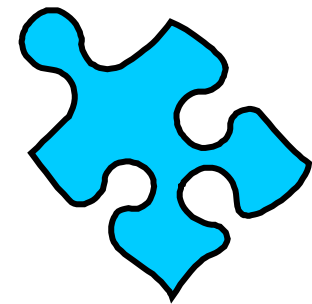
1. What does a counselor need to discuss with a client before developing a treatment plan?
2. Where do you get the information, guidelines, tools used, etc.?



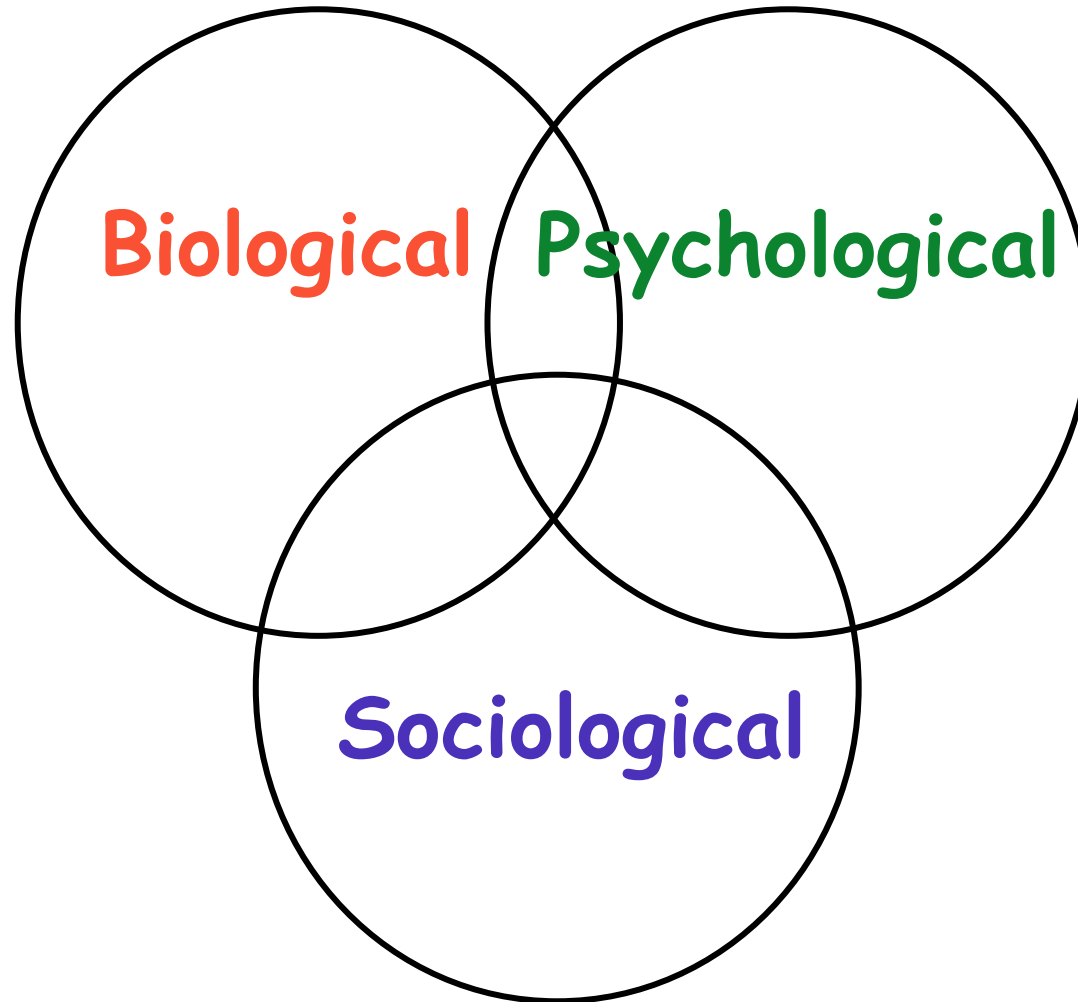
To Individualize a Plan, What Information is Needed?

Possible sources of information might include:

- Probation reports
- Screening results
- Assessment scales
- Collateral interviews



Biopsychosocial Model ...



Biopsychosocial Model Example ...

Does the client have a car? Can they access public transportation?



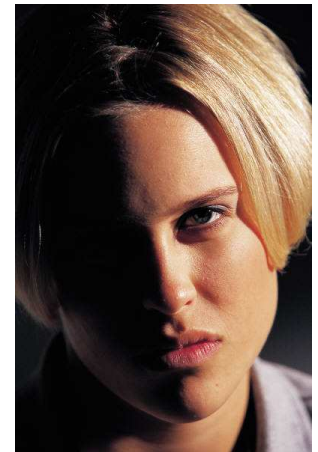
Sociological

How available are drugs or alcohol in the home?

How close do they live to the treatment center?

Case A Assessment Information: Jan

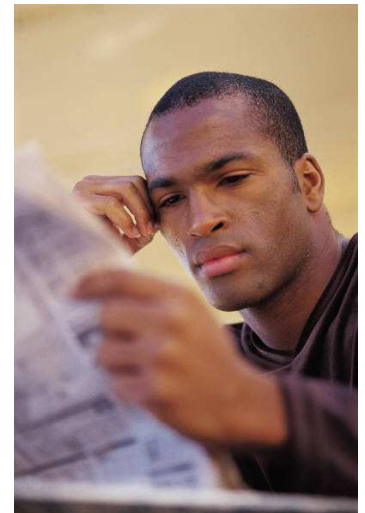
- 27 year old, single Caucasian female
- 3 children under age 7
- No childcare readily available
- Social companions using drugs/alcohol
- Unemployed
- No high school/GED
- 2 arrests for possession of meth & cannabis + 1 probation violation



Pat/Nancy 43

Case B Assessment Information: Dan

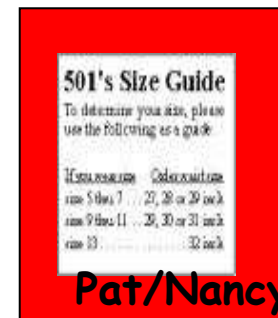
- 36 year old, married African-American male
- 2 children
- 2 arrests and 1 conviction for DUI
- Arrest BAC .25
- Employed
- Rates high severity - family problems



Why Make the Effort?

Individualized Treatment Plans

- Leads to increased retention rates which are shown to lead to improved outcomes
- Empowers the counselor and the client, and focuses counseling sessions



Pat/Nancy

What Components Are Found in a Treatment Plan?

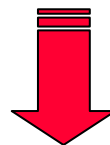
1. Problem Statements



2. Goal Statements



3. Objectives

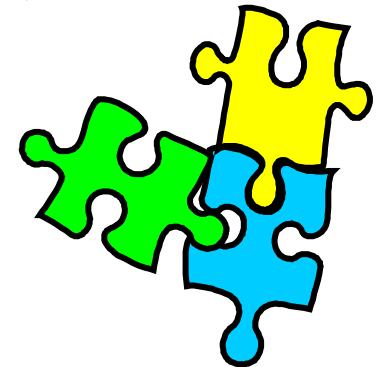


4. Interventions



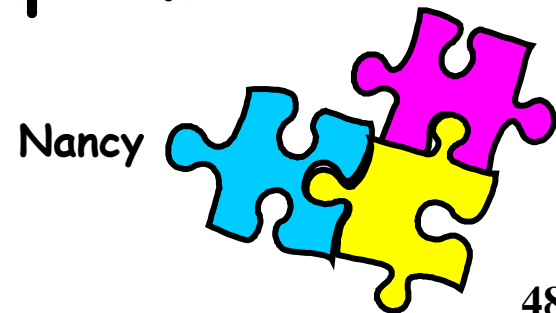
Treatment Plan Components

1. **Problem Statements** are based on information gathered during the assessment
2. **Goal Statements** are based on the problem statements and reasonably achievable in the active treatment phase



Problem Statement Examples

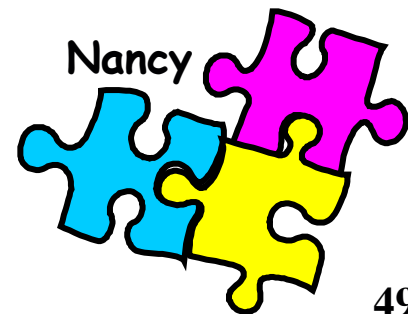
- Van* is experiencing increased tolerance for alcohol as evidenced by the need for more alcohol to become intoxicated or achieve the desired effect
- Meghan* is currently pregnant and requires assistance obtaining prenatal care
- Tom's* psychiatric problems compromise his concentration on recovery



*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt

Goal Statement Examples

- Van* will safely withdraw from alcohol, stabilize physically, and begin to establish a recovery program
- Meghan* will obtain necessary prenatal care
- Reduce the impact of Tom's* psychiatric problems on his recovery and relapse potential

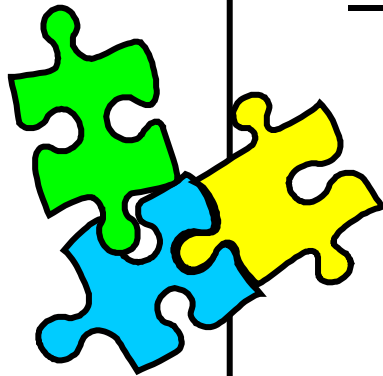


*May choose to use client last name instead e.g., Mr. Pierce; Ms. Hunt

Treatment Plan Components

3. Objectives are what the client will do to meet those goals

4. Interventions are what the staff will do to assist the client



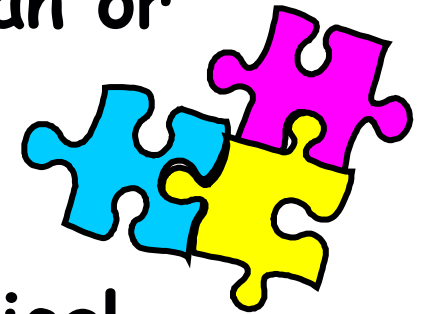
Other common terms:

- Action Steps
- Measurable activities
- Treatment strategies
- Benchmarks
- Tasks

Nancy

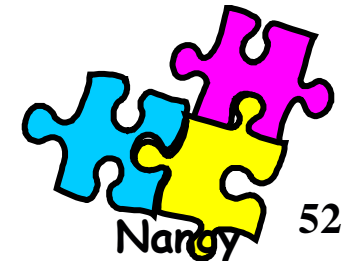
Examples of Objectives

- Van will report acute withdrawal symptoms
- Van will begin activities that involve a substance-free lifestyle and support his recovery goals
- Meghan will visit an OB/GYN physician or nurse for prenatal care
- Tom will list 3 times when psychological symptoms increased the likelihood of relapse



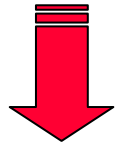
Intervention Examples

- 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 dealing with those feelings

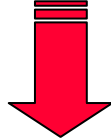


Review: Components in a Treatment Plan

1. **Problem Statements** (information from assessment)



2. **Goal Statements** (based on Problem Statement)



3. **Objectives** (what the client will do)



4. **Interventions** (what the staff will do)

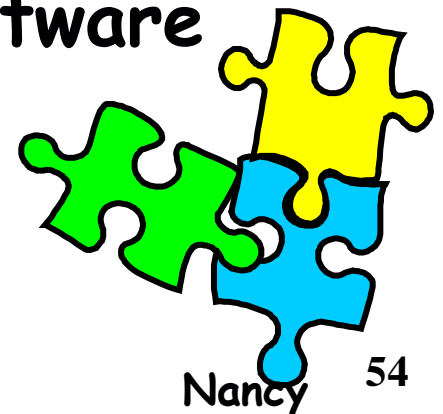


Treatment Plan Components

5. Client Strengths* are reflected

6. Participants in Planning* are documented

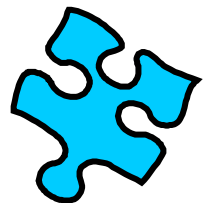
*The DENS Treatment Planning Software includes these components



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

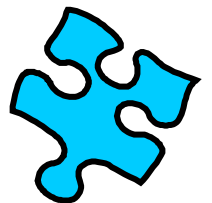
Pat



Tips on Writing Problem Statements

- Non-judgmental
- No jargon statements
 - Client is in denial.
 - Client is co-dependent.
- Use complete sentence structure

Nancy

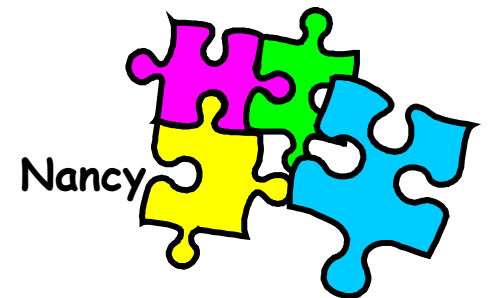


Problem Statements

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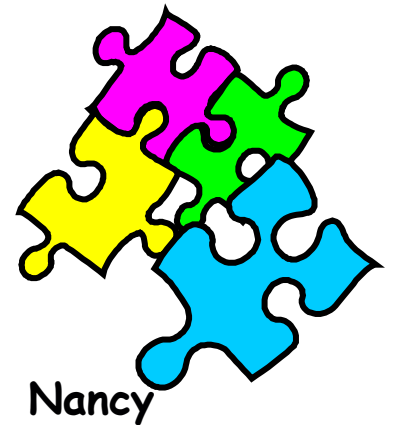
Changing Language

1. Client has low self-esteem.
2. Client is in denial.
3. Client is alcohol dependent.



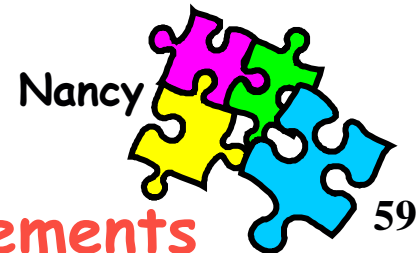
Changing Language

4. Client is promiscuous.
5. Client is resistant to treatment.
6. Client is on probation because he is a bad alcoholic.



Changing Language - Examples

1. Client has low self-esteem.
 - Client averages 10 negative self-statements daily
2. Client is in denial.
 - Client reports two DWIs in past year but states that alcohol use is not a problem
3. Alcohol Dependent.
 - Client experiences tolerance, withdrawal, loss of control, and negative life consequences due to alcohol use



Changing Language - Examples

4. Client is promiscuous.

- Client participates in unprotected sex four times a week

5. Client is resistant to treatment.

- In past 12 months, client has dropped out of 3 treatment programs prior to completion

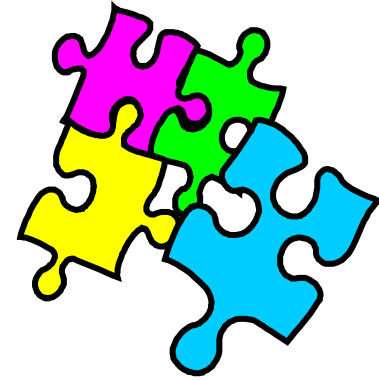
6. Client is on probation because he is a bad alcoholic.

- Client has legal consequences because of alcohol-related behavior



Case Study Problem Statements

- Alcohol/drug domain
- Medical domain
- Family/social domain



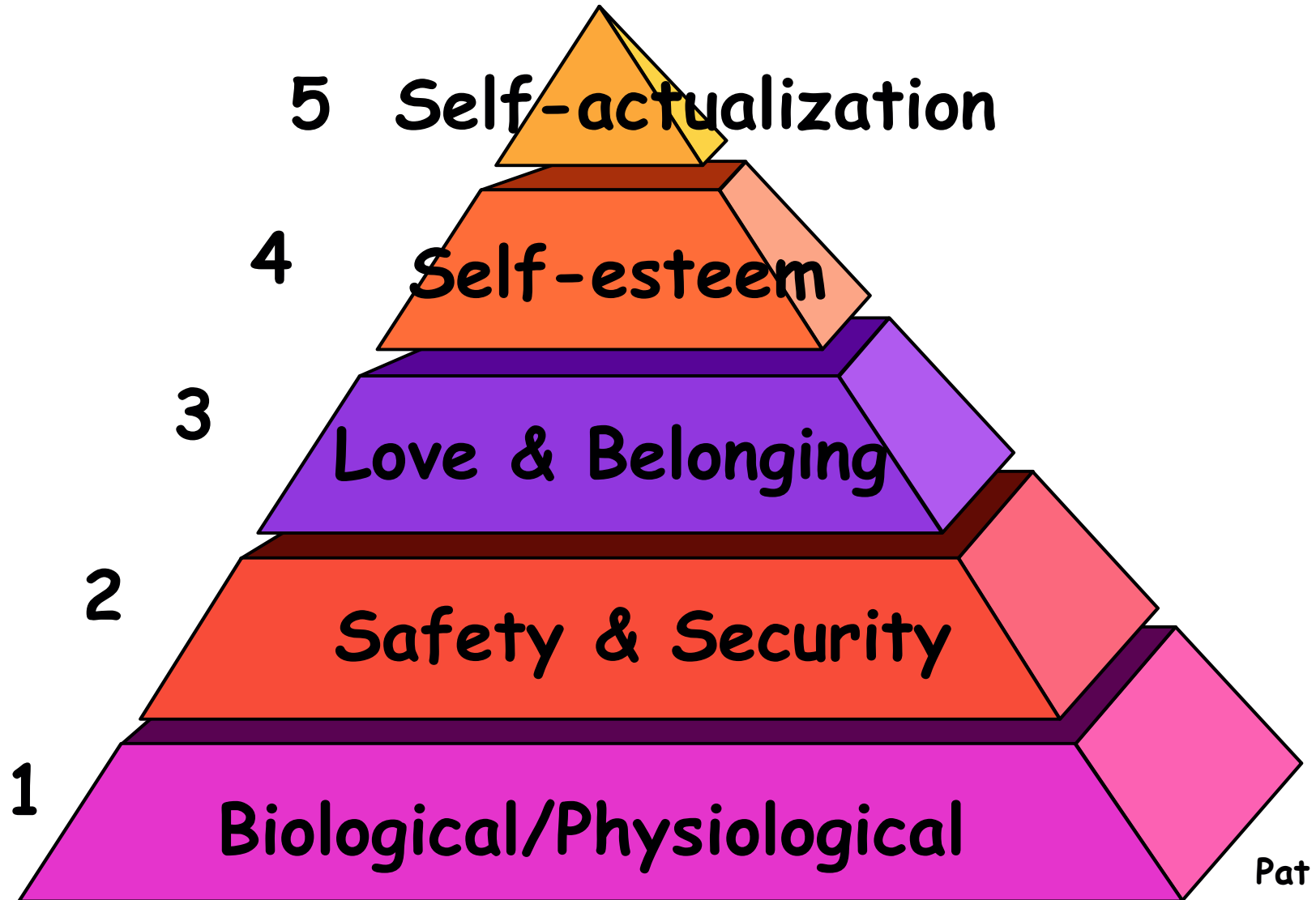
Write 1 problem statement for each domain

Pat

Problem Statements

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Remember Maslow's Hierarchy of Needs?



Physical Needs

- Substance Use
- Physical Health Management
- Medication Adherence Issues

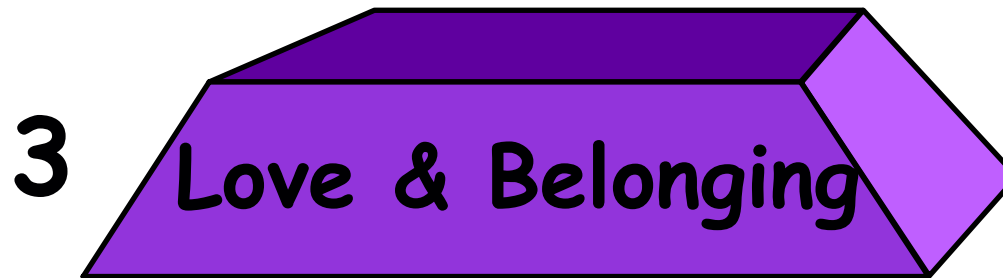


Safety & Security

- Mental health management
- Functional impairments
- Legal issues



Love & Belonging Needs



- Social & interpersonal skills
- Need for affiliation
- Family relationships

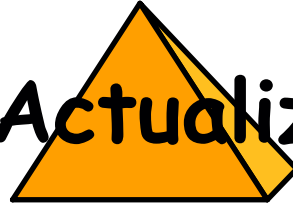
Self-Esteem



- Achievement and mastery
- Independence/status
- Prestige

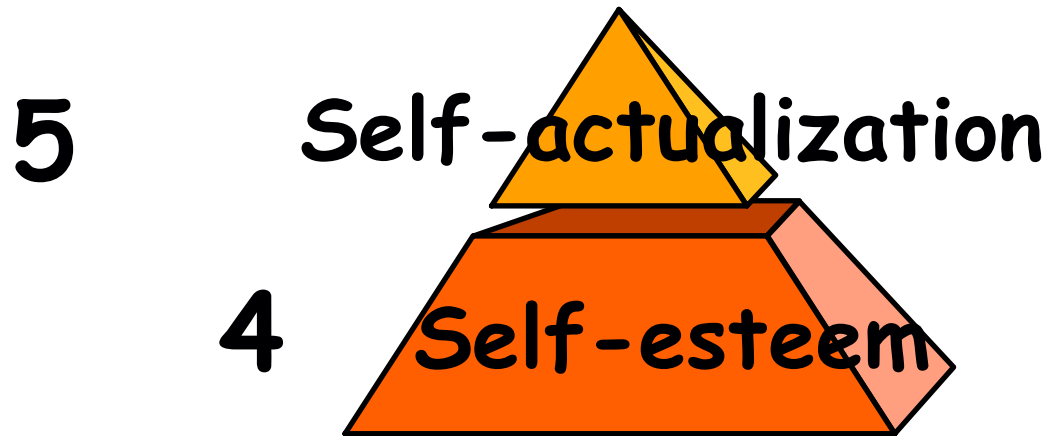
Self-Actualization

5 Self-Actualization



- Seeking personal potential
- Self-fulfillment
- Personal growth

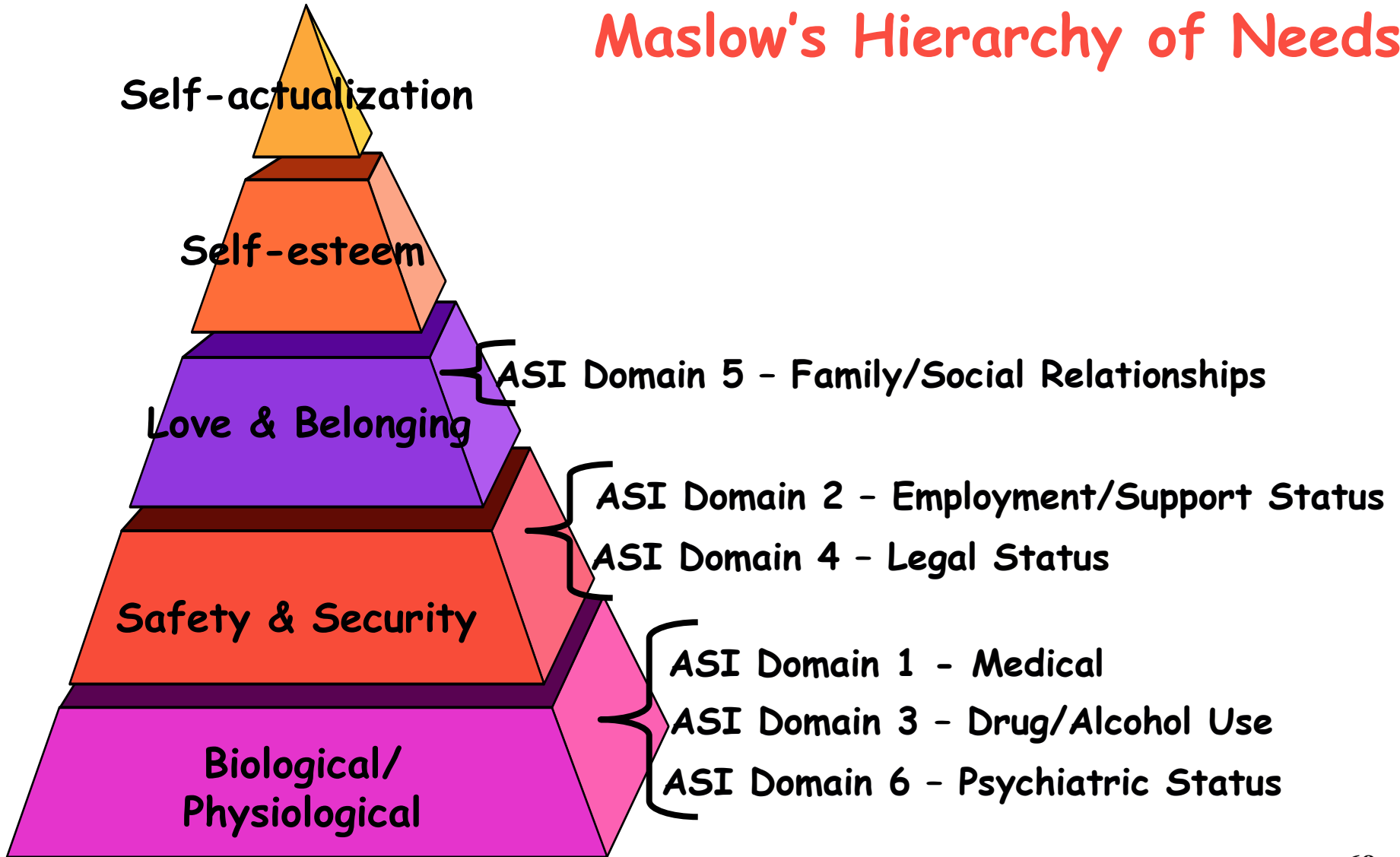
Self-Esteem & Self-Actualization



- Is "self-esteem" specific?
- How would you measure it?

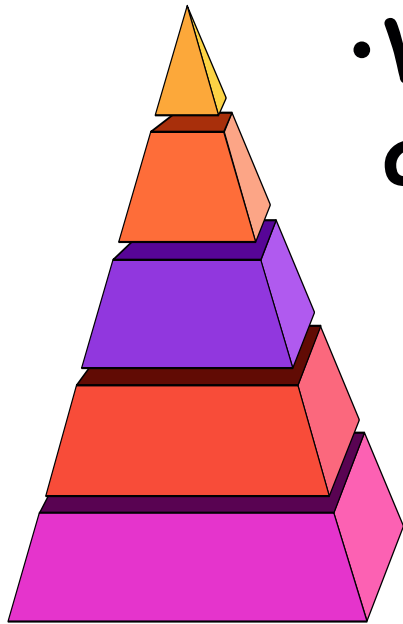
Nancy/Pat

Relationship Between ASI Domains & Maslow's Hierarchy of Needs



Practice Prioritizing

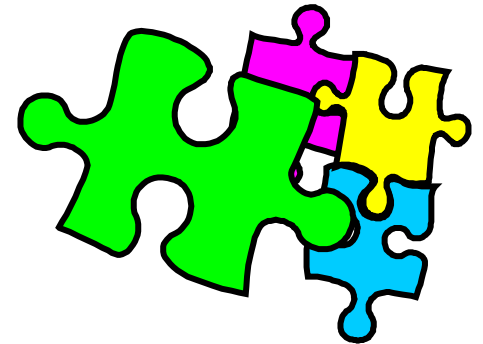
- Pick 3 ASI problem domains for John Smith which appear most critical



- Which domain should be addressed 1st, 2nd, 3rd and why?

Begin Writing Goal Statements

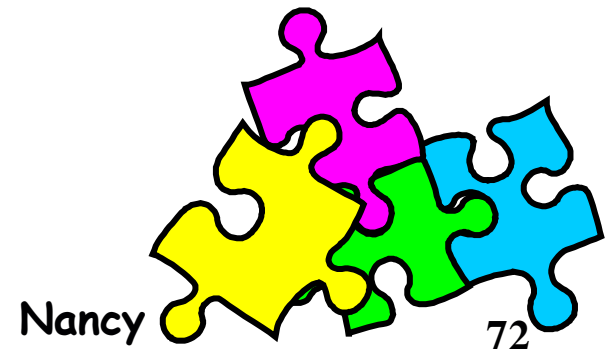
- **Use ASI Treatment Plan Handouts**
 1. Alcohol/Drug Domain
 2. Medical Domain
 3. Family/Social
- **Write at least 1 goal statement for each domain**
- **Write in complete sentences**



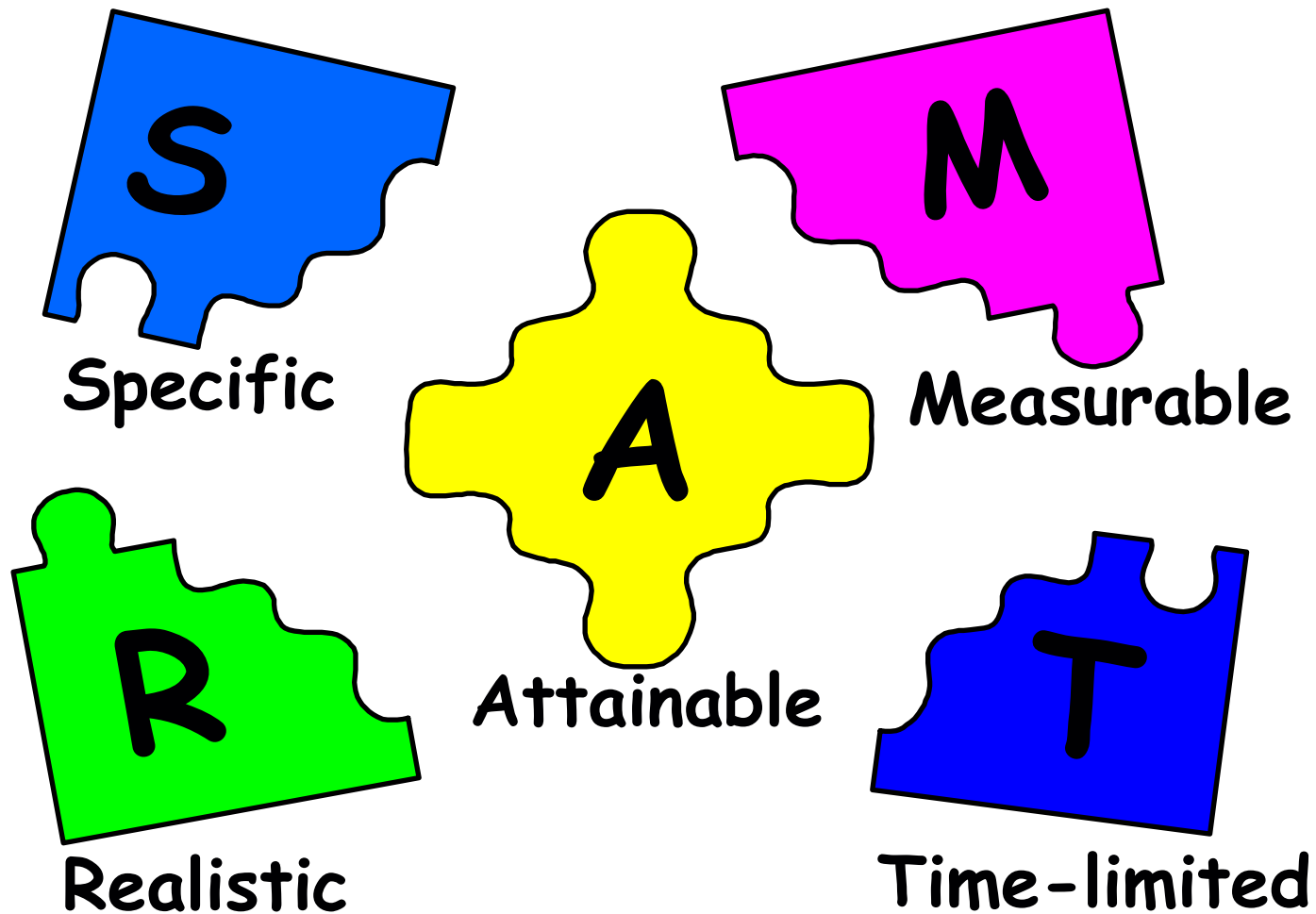
Check-In Discussion

- Will the client understand the goal?
(i.e., No clinical jargon?)
- Clearly stated?
- Complete sentences?
- Attainable in active treatment phase?
- Is it agreeable to both client and staff?

Check-List Handout

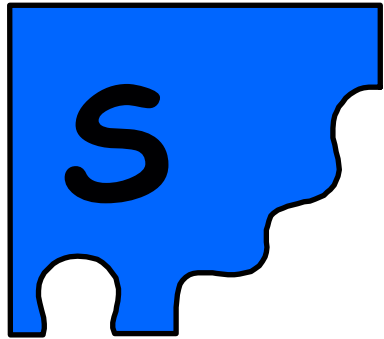


Now let's build **S.M.A.R.T.** treatment objectives and interventions



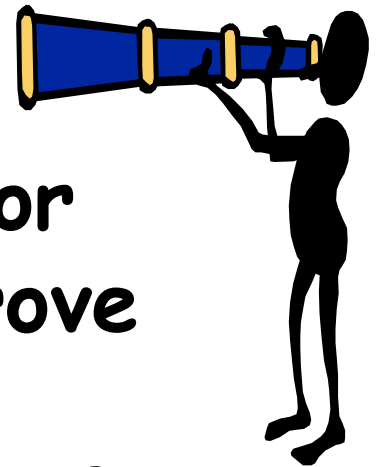
Pat

S.M.A.R.T. Objectives & Interventions



Specific

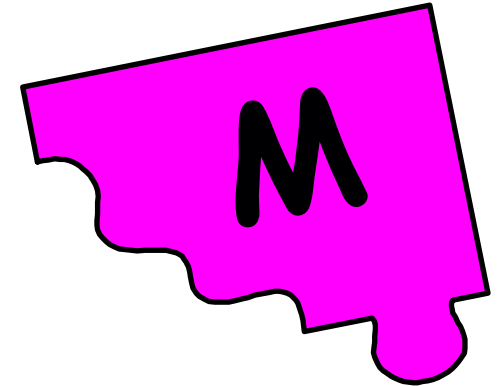
- Objectives and interventions are specific and goal-focused
- Address in specific behavioral terms how level of functioning or functional impairments will improve



Pat

S.M.A.R.T. Objectives & Interventions

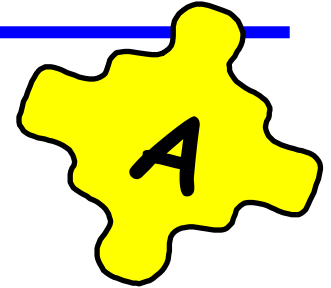
Measurable



- Objectives and interventions are measurable
- Achievement is observable
- Measurable indicators of client progress
 - Assessment scales/scores
 - Client report
 - Behavioral and mental status changes

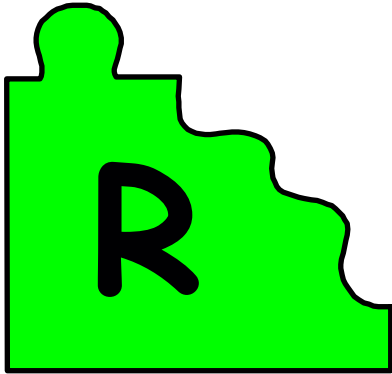
S.M.A.R.T. Objectives & Interventions

Attainable



- Objectives and interventions attainable during active treatment phase
- Focus on “improved functioning” rather than cure
- Identify goals attainable in level of care provided
- Revise goals when client moves from one level of care to another

S.M.A.R.T. Objectives & Interventions

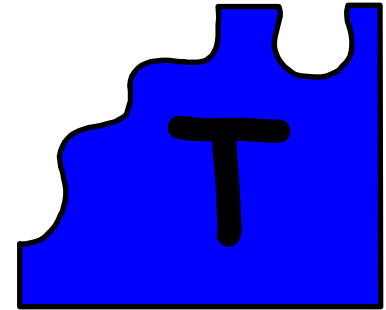


Realistic

- Client can realistically complete objectives within specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

S.M.A.R.T. Objectives & Interventions

Time-limited



- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

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

Problem Statement: Client reports 3 emergency room visits for physical injuries (bruised ribs, broken arm) in the last 6 months due to physical altercations with live-in boyfriend



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

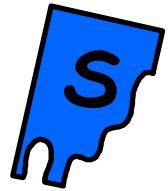
Example Goal: Client will develop a safety plan and discuss it in group sessions

Example Objective: Client will attend 6 domestic violence awareness classes during the next 6 weeks

Example Intervention: Counselor will assist client in contacting the Committee to Aid Abused Women by a specified date



Do Examples Pass S.M.A.R.T. Guidelines?



Yes, the examples include specific activities



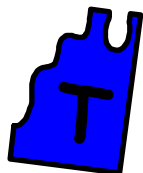
Yes, the counselor can evaluate how many classes the client attended



Yes, client has transportation to attend classes



Yes, the client has the ability to attend classes

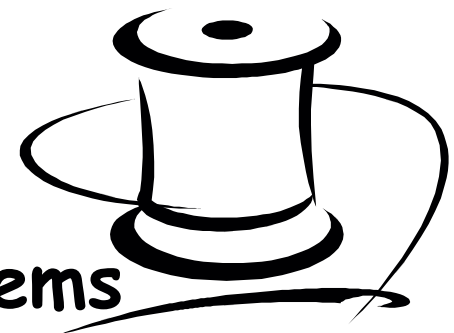


Yes, the class runs for 6 weeks

Nancy/Pat

Treatment Planning Process Review

1. Conduct assessment
2. Collect client data and information
3. Identify problems
4. Prioritize problems
5. Develop goals to address problems
6. Write S.M.A.R.T.
 - Objectives to meet goals
 - Interventions to assist client in meeting goals



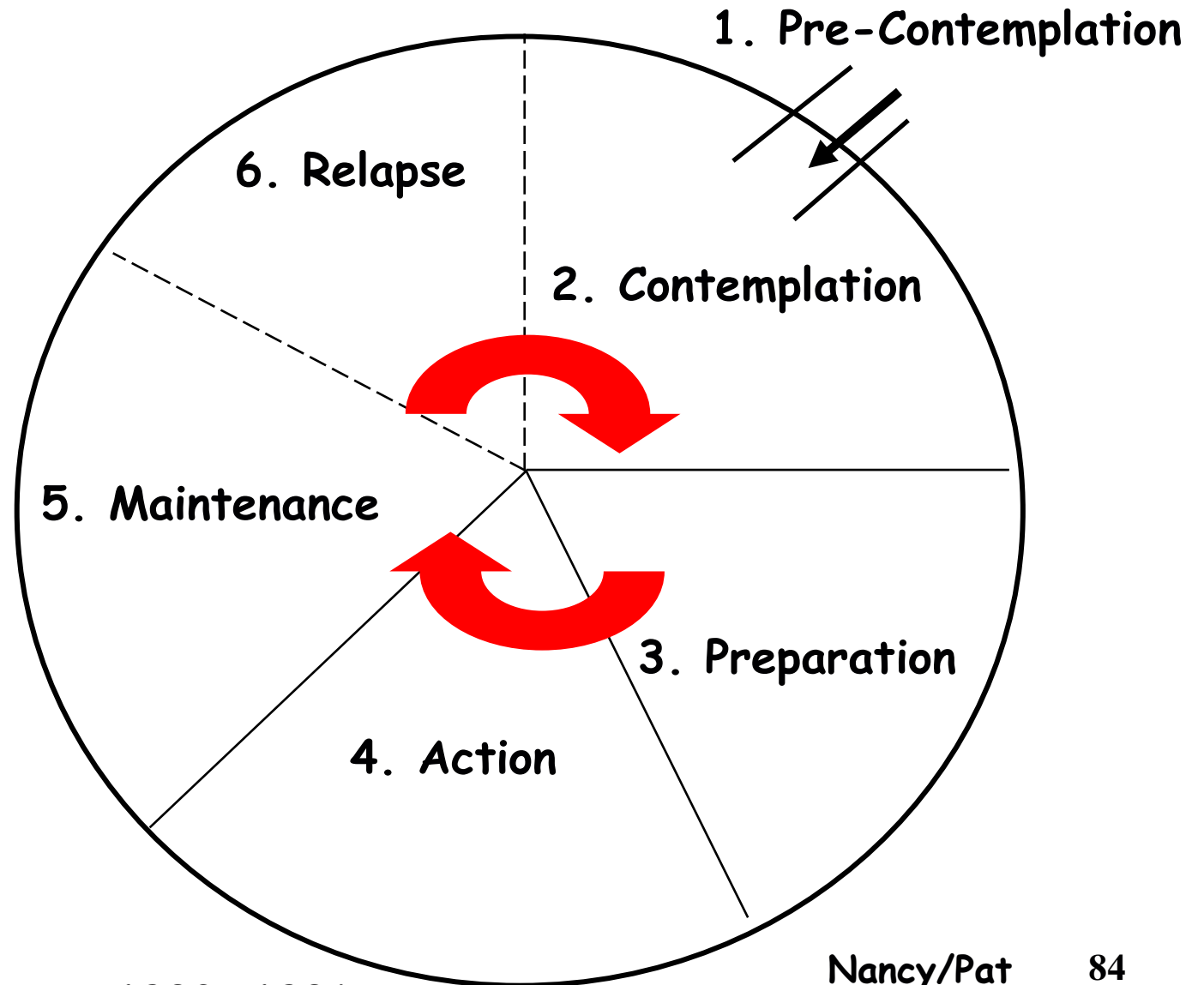
Therapeutic Thread

The Stages of Change - Illustrated

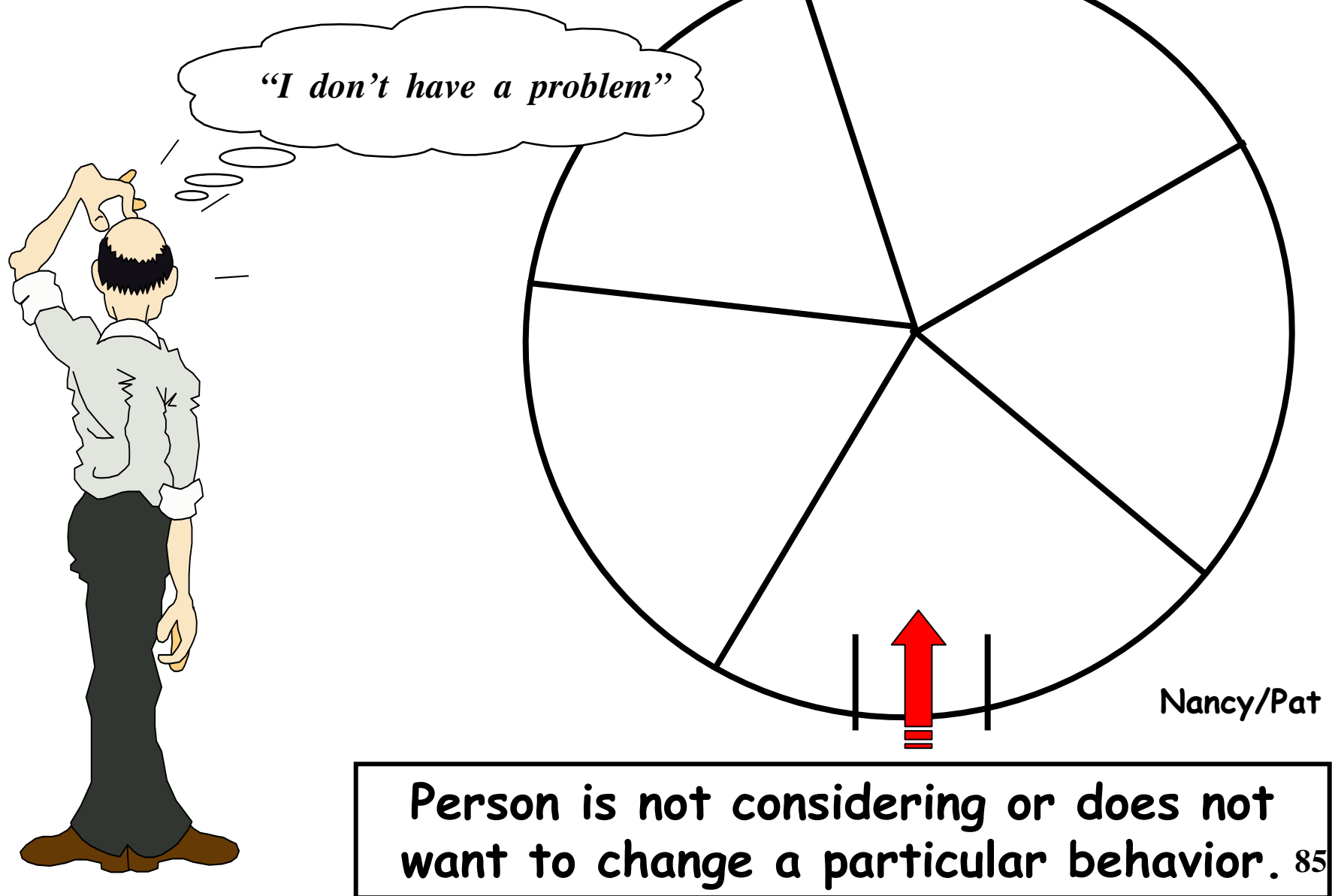


Adapted from Prochaska &
DiClemente, 1982; 1986

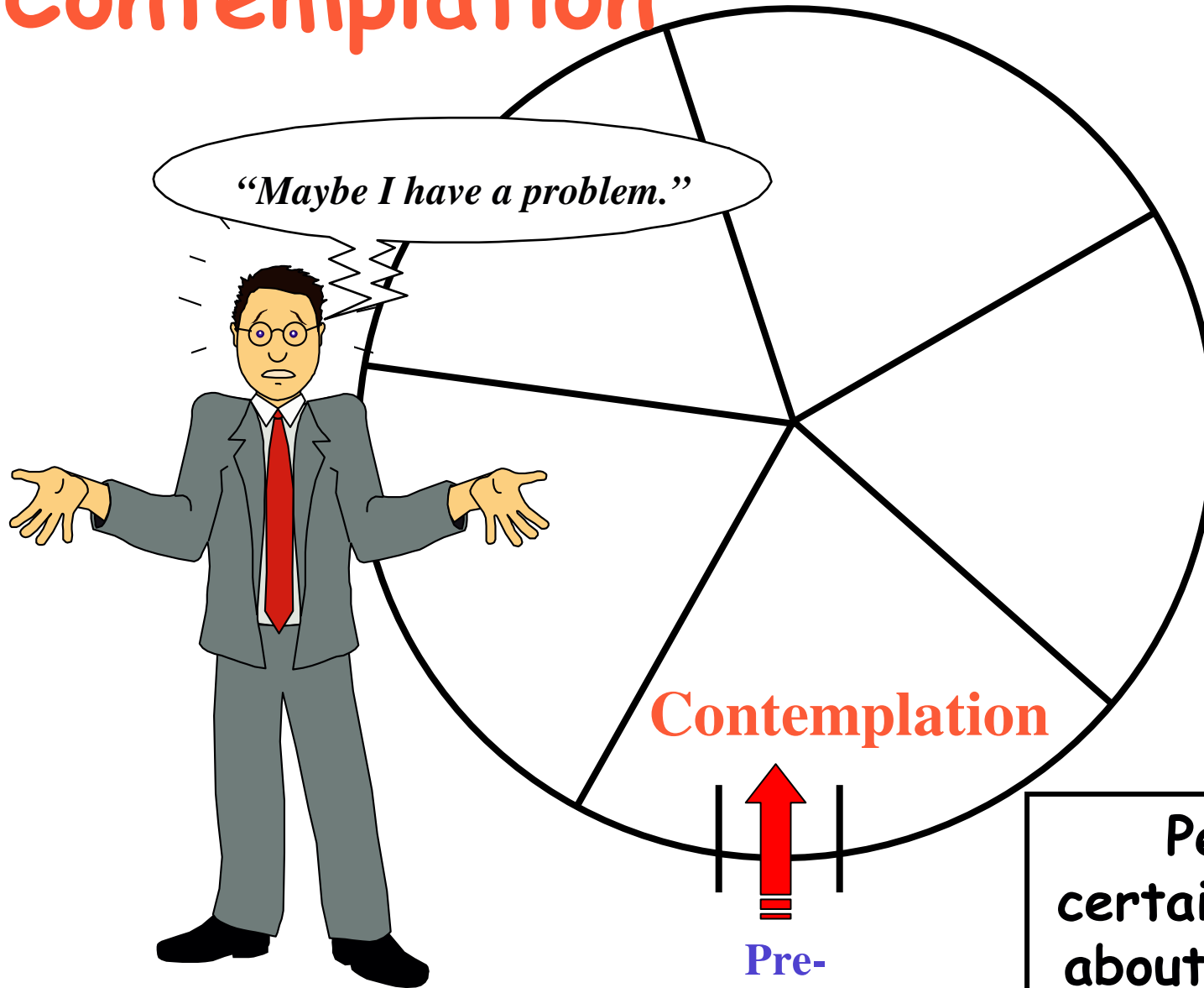
Consider "Stages of Change"



Pre-Contemplation



Contemplation

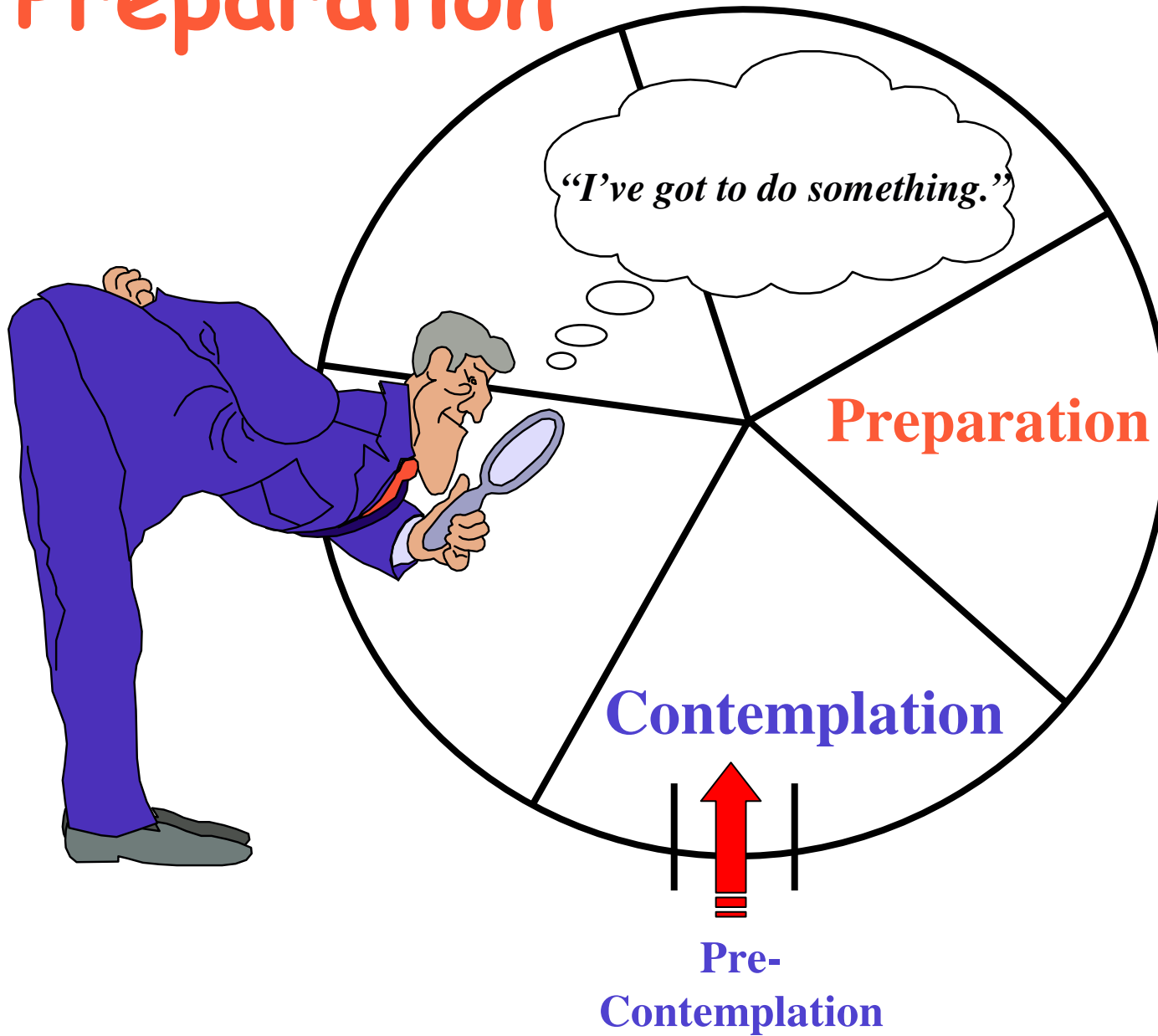


Nancy/Pat

Pre-
Contemplation

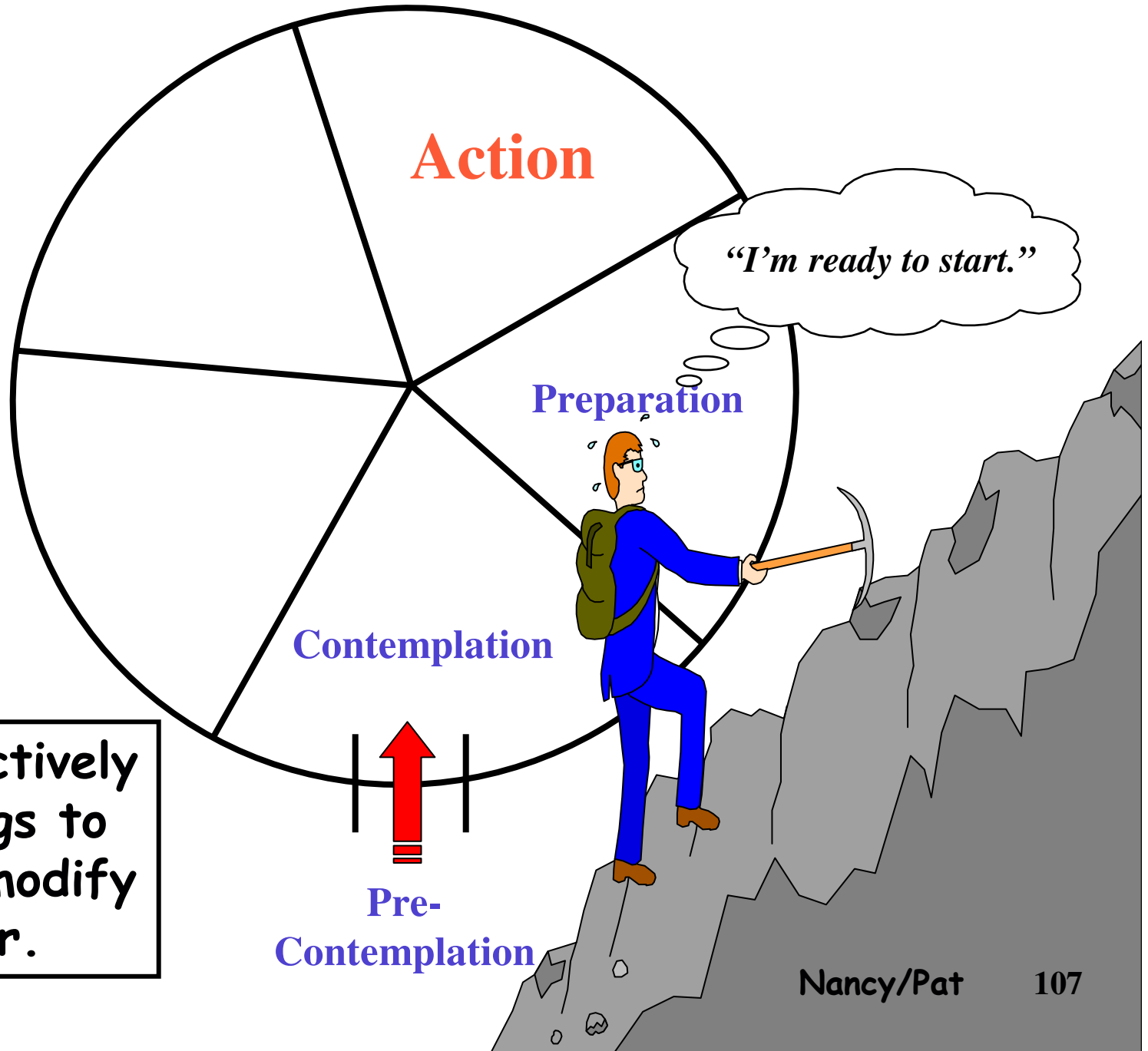
Person is
certainly thinking
about changing a
behavior. 86

Preparation



Person is seriously considering & planning to change a behavior and has taken steps toward change.

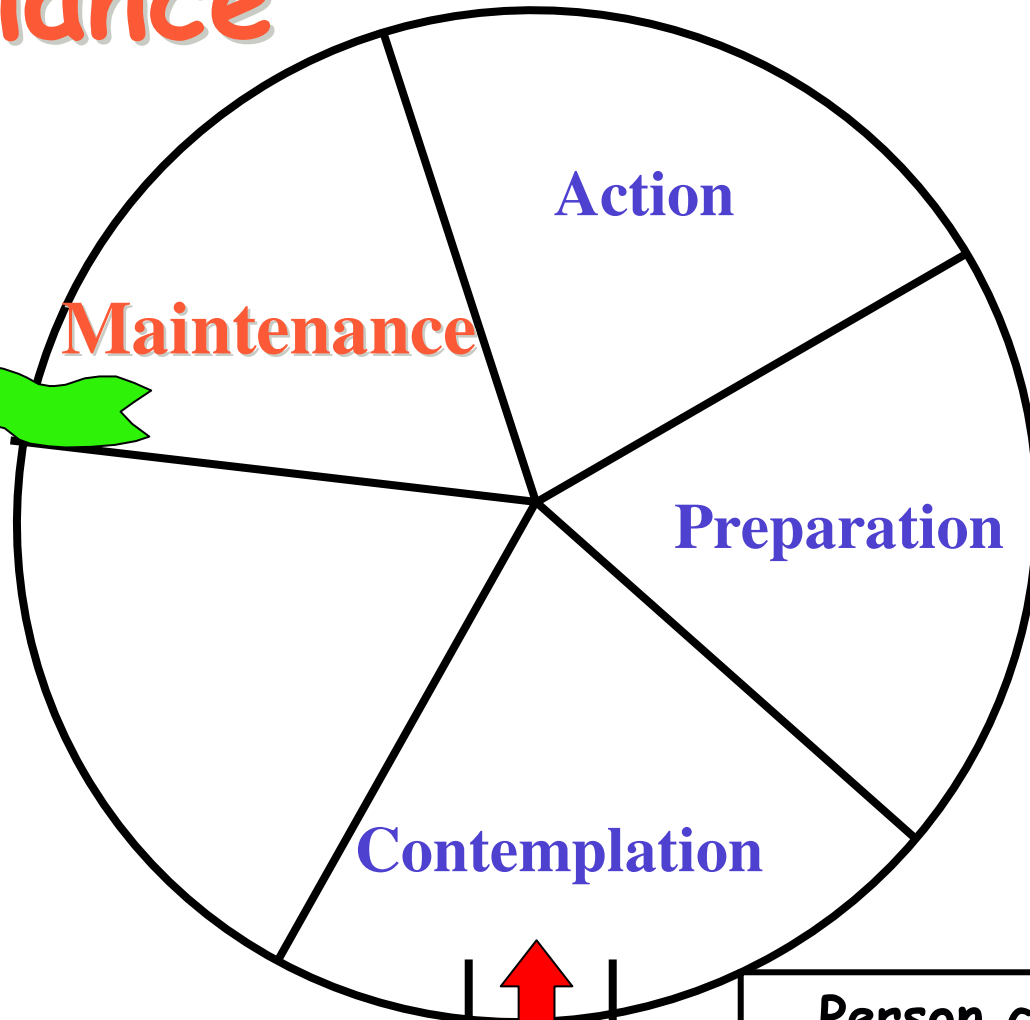
Action



Person is actively doing things to change or modify behavior.

Maintenance

“How do I keep going?”

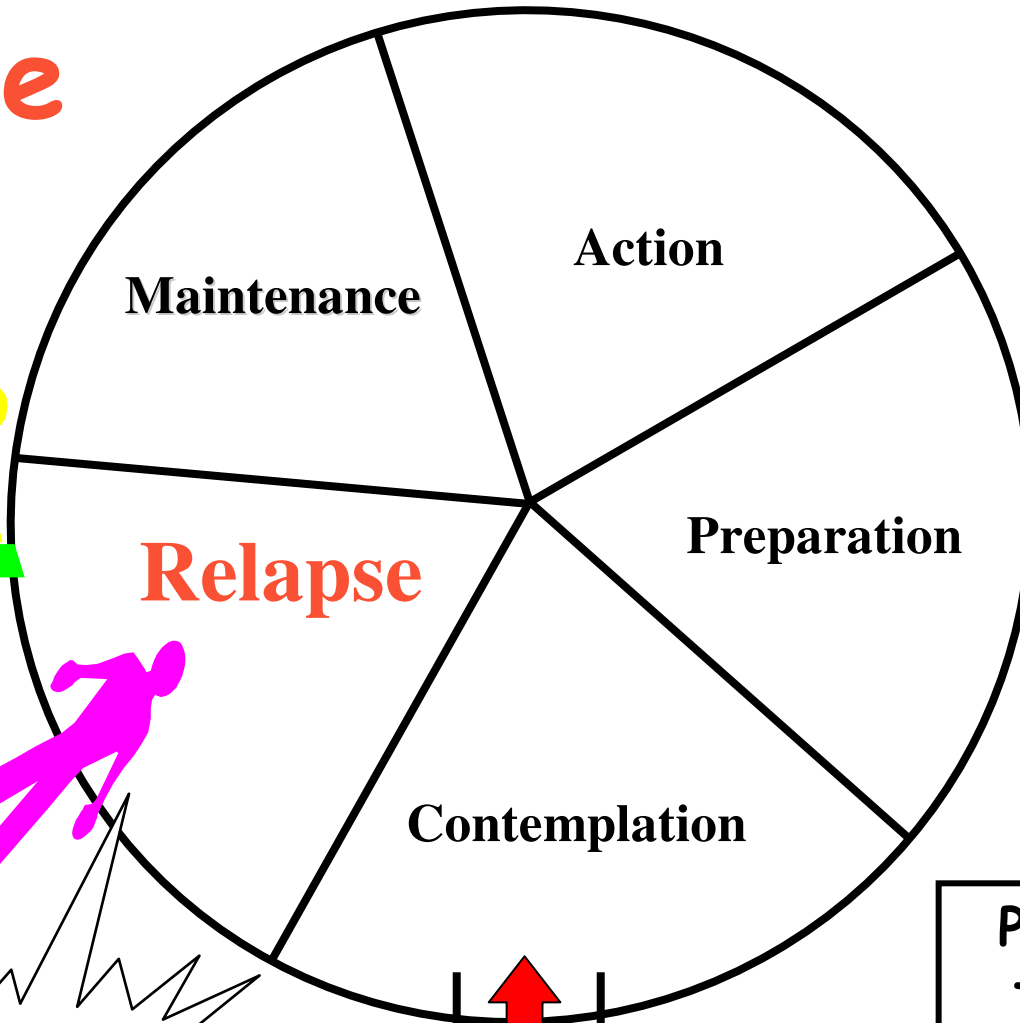
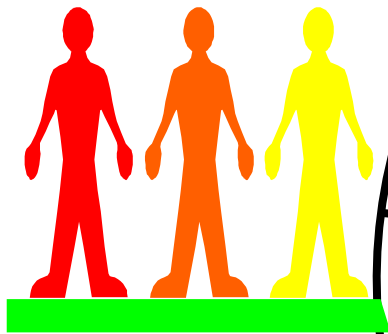


Nancy/Pat

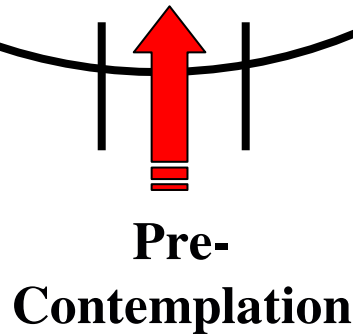
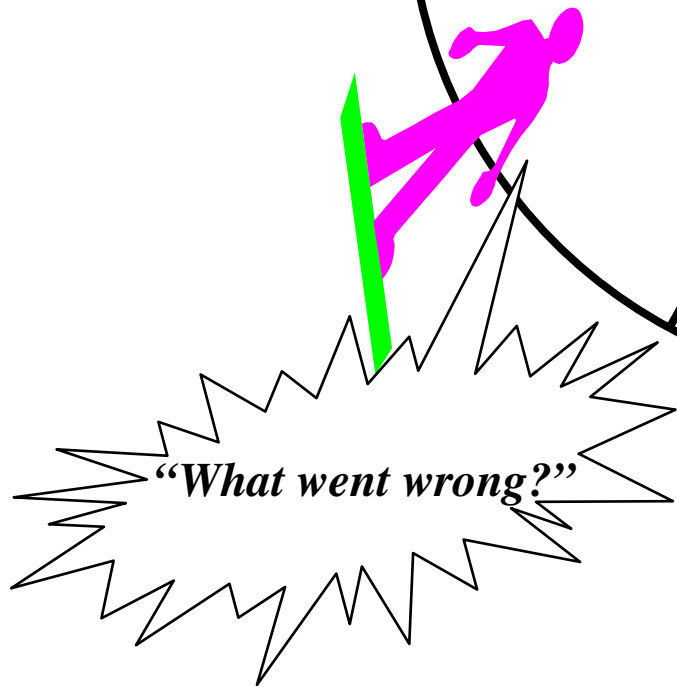
Person continues to maintain behavioral change until it becomes permanent. 108

Pre-Contemplation

Relapse



Relapse

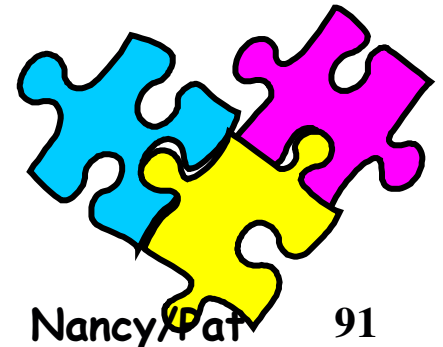


Person returns to pattern of behavior that he or she had begun to change.

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

1. Alcohol/Drug Domain

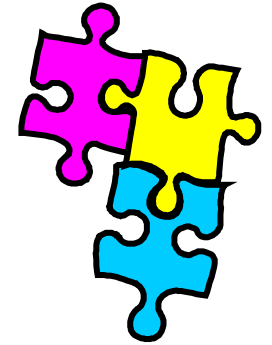
- Write 2 objective statements
 - Required or optional for discharge?
- Write 2 intervention statements
 - Assign service codes and target dates



S.M.A.R.T. Objective/Intervention Test

Specific?

Will client understand what is expected and how program/staff will assist in reaching goals?



Measurable? Attainable? Realistic?

Can change be documented? Achievable within active treatment phase? Is it reasonable to expect the client will be able to take steps on his or her behalf? Is it agreeable to client and staff?

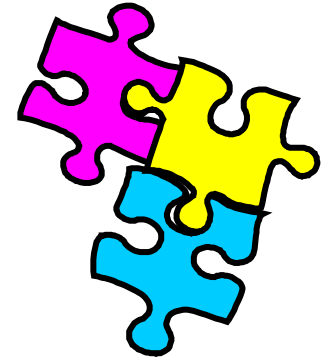
Time-Related?

Is time frame specified? Will staff be able to review within a specific period of time?

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

2. Medical Domain

3. Family/Social Domain



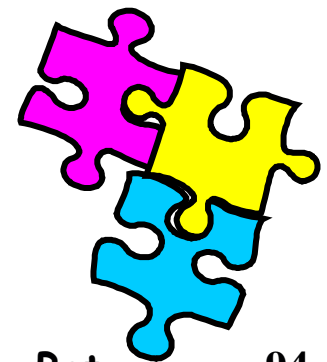
- Write 2 objective statements
 - Required or optional for discharge?
- Write 2 intervention statements
 - Assign service codes and target dates

Other Required Elements

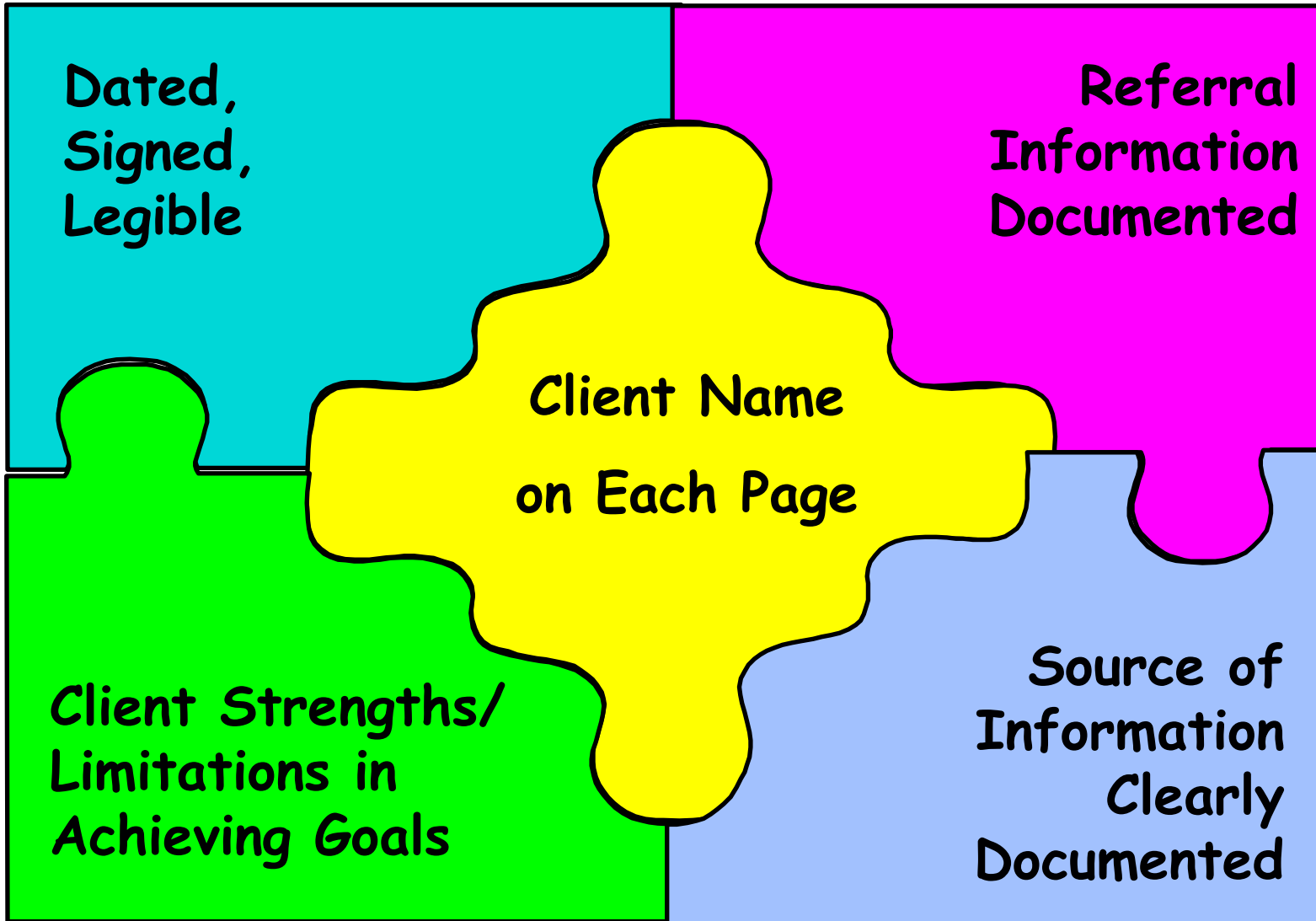
New, Improved DENS Software (2005)

Guides counselor in documenting:

- Client Strengths
- Participants in Planning Process



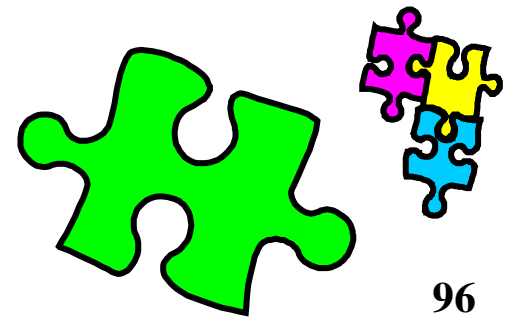
Documentation - Basic Guidelines



Documentation: Basic Guidelines

Entries should include . . .

- Your professional assessment
- Continued plan of action

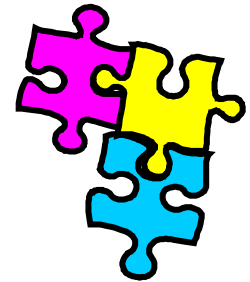


Nancy

Documentation: Basic Guidelines

Describes . . .

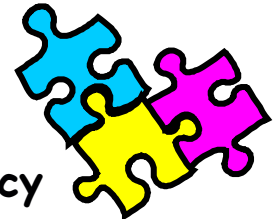
- Changes in client status
- Response to and outcome of interventions
- Observed behavior
- Progress towards goals and completion of objectives



Documentation: Basic Guidelines

Legal Issues & Recommendations:

- Document non-routine calls, missed sessions, and consultations with other professionals
- Avoid reporting staff problems in case notes, including staff conflict and rivalries
- Chart client's non-conforming behavior
- Record unauthorized discharges and elopements
- Note limitations of the treatment provided to the client



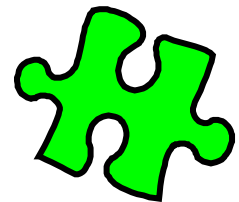
S.O.A.P. Method of Documentation

Subjective - client's observations or thoughts, client statement

Objective - counselor's observations during session

Assessment - counselor's understanding of problems and test results

Plan - goals, objectives, and interventions reflecting identified needs



S.O.A.P. Note Example

06/30/05: Individual Session

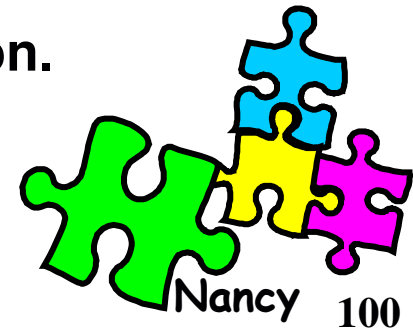
S: “My ex-wife has custody of the kids and stands in the way of letting me see them.”

O: Tearful at times; gazed down and fidgeted with shirt buttons.

A: Client has strong feelings that family is important in his recovery process. He has a strong desire to be a father to his children and is looking for a way to resolve conflicts with his ex-wife.

P: Addressed Tx Plan Goal #4, Action Step 1. Continue with Tx Plan Goal #4, Action Step 2 in next session.

Mary Smith, CADAC



Tx Plan Reflected in Documentation?

Client quote

S: “My ex-wife has custody of the kids and stands in the way of letting me see them.”

Physiological observations?

O: Tearful at times; gazed down and fidgeted with shirt buttons.

Problem statements, testing results, ASI severity ratings, non-judgmental professional assessment

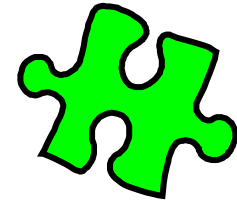
A: Client has strong feelings that family is important in his recovery process. He has a strong desire to be a father to his children and is looking for a way to resolve conflicts with his ex-wife.

Goals, Objectives, Interventions

P: Addressed Tx Plan Goal #4, Objective 1. Continue with Tx Plan Goal #4, Objective 2 in next session.

C.H.A.R.T. Method of Documentation

Client Condition



Historical Significance of client condition

Action - What action counselor took in response to client condition

Response - How client responded to action

Treatment Plan - How it relates to plan