

# Treatment Planning M.A.T.R.S: Utilising the ASI



# Module 3 Workshops

**Workshop 1:** Understanding Treatment Planning and the ASI

**Workshop 2:** Treatment Plans

**Workshop 3:** Prioritising Problems

**Workshop 4:** Putting Treatment Planning M.A.T.R.S. into Practise

# Module 3 training goals

- 1. Increase familiarity with treatment planning process**
- 2. Increase understanding of guidelines and legal considerations in documenting client status**
- 3. Increase skills in using the Addiction Severity Index (ASI) in developing treatment plans and documenting activities**

# Workshop 1: Understanding Treatment Planning and the ASI



# Pre-assessment



Please respond to the pre-assessment questions in your workbook.

(Your responses are strictly confidential.)

# Icebreaker

How do you define  
treatment planning?



# Icebreaker: The Good and the Bad



# The Good and the Bad

	Negative Aspects of Treatment Planning	Positive Aspects of Treatment Planning
1		
2		
3		
4		
5		



# Workshop 1: Training objectives (1)



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

1. Use ASI information to develop individualised treatment plans
2. Identify characteristics of a programme-driven and an individualised treatment plan
3. Understand how individualised treatment plans help to keep people in treatment and lead to better outcomes

Continued

# Workshop 1: Training objectives (2)

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

4. 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
5. Practise 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 standardised screening / assessment tool
- Training on clinical interviewing



**The goal of this training is...**

**To bring together the  
assessment and treatment  
planning processes**



# Treatment plans are often. . .

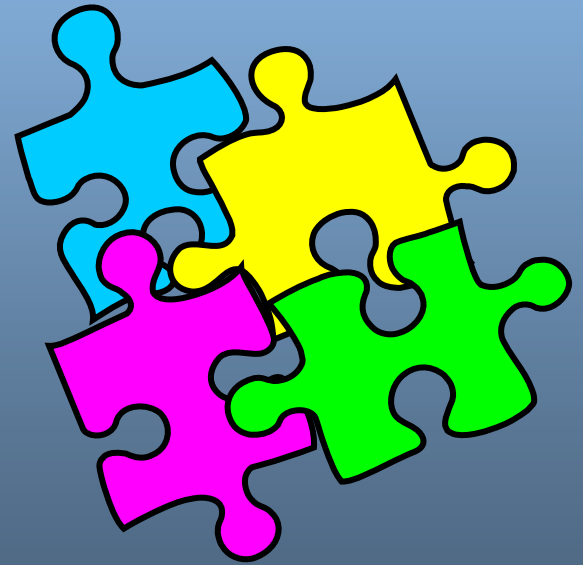
“Meaningless & time consuming.”

“Same plan, different names.”

“Ignored.”



# The What, Who, When, and How of Treatment Planning



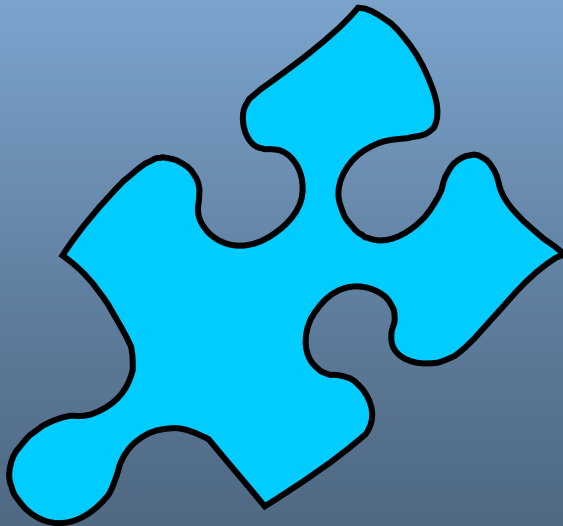
# What is a treatment plan?

A written document that:

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

# Who develops the treatment plan?

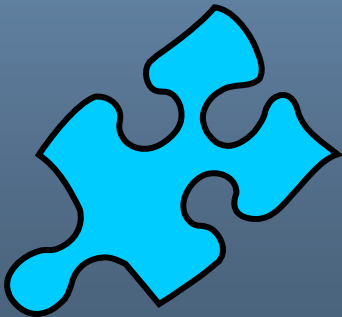
Client works with treatment providers to identify and agree on treatment goals and identify strategies for achieving them.





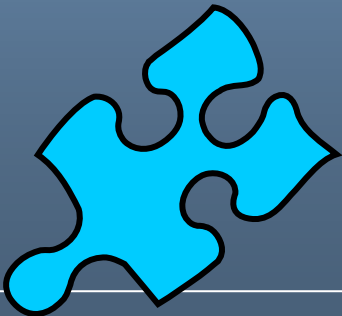
# When is the treatment plan developed?

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



# How does assessment guide treatment planning?

- The Addiction Severity Index (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?

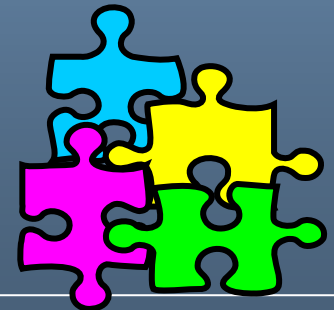
- A reliable and valid instrument, widely used both nationally and internationally
- Conducted in a semi-structured interview format
- Can be effectively integrated into clinical care



# What is the ASI?

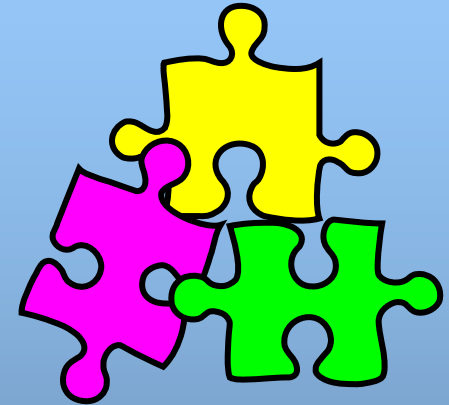
Identifies 7 potential problem areas:

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



# 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. Clinical applications
2. Evaluation uses



# 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





**ASI is now more clinically useful!**

## **New and Improved DENS Software (2005)**

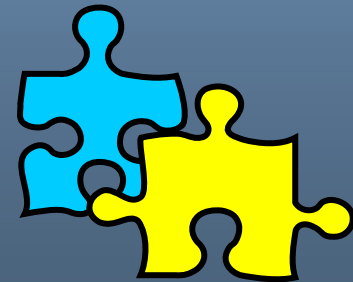
**Uses ASI information to define possible problem lists and prompt and guide clinician in developing a treatment plan.**



# Clinical application

## Why use the ASI?

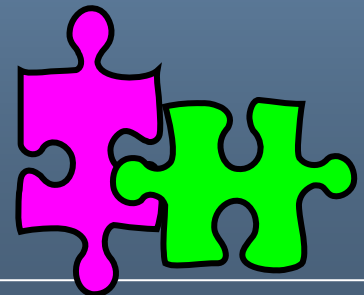
- Uses a semi-structured interview to gather information a clinician generally collects during assessment
- Shown to be an accurate or valid measure of the nature and severity of client problems



# Clinical application

## Why use the ASI?

- Prompts clinician to focus session on important problems, goals, and objectives
- Basis for reviews of progress during treatment and documentation
- Basis for discharge plan



# Clinical application

Why use the ASI?

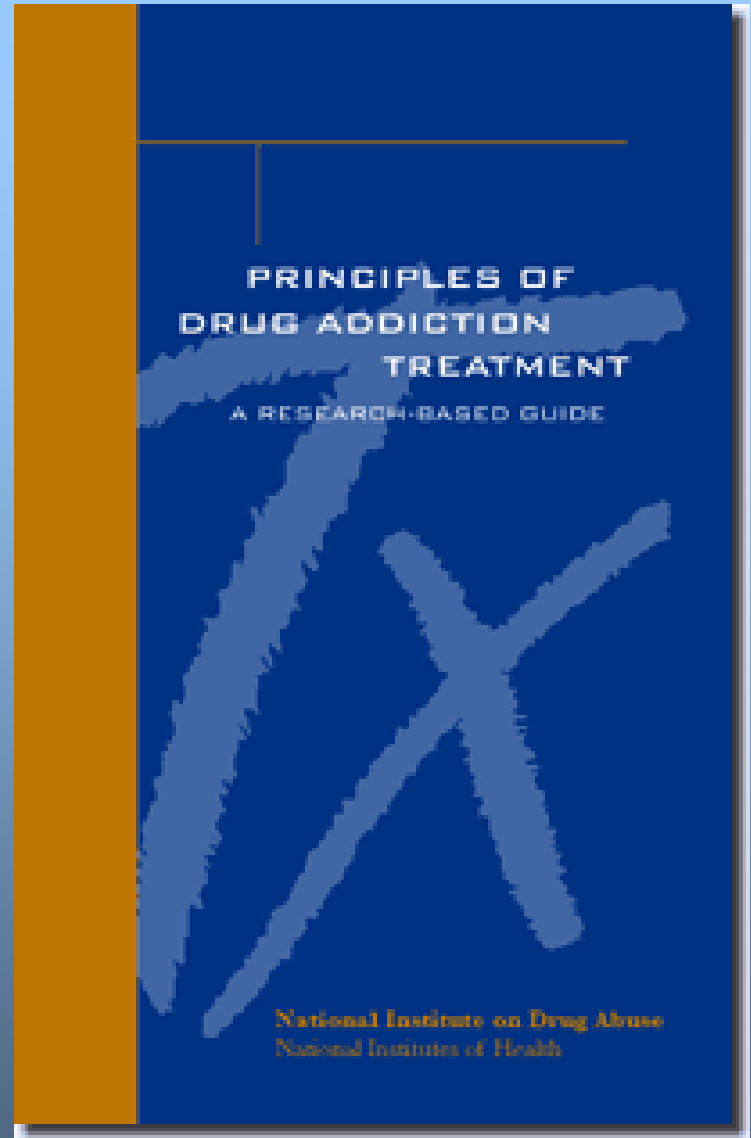
NIDA Principle 3:

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

**The ASI assesses all these dimensions.**



# Clinical application



# Clinical application

## Clinical use of ASI improves rapport

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



# 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.”**



# Evaluation uses

## For Programme Directors:

- Identifies types of client problems not addressed through the programme's treatment services
- Quantifies client problems
- Identifies trends over time



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# Evaluation uses

## For Programme Directors:

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

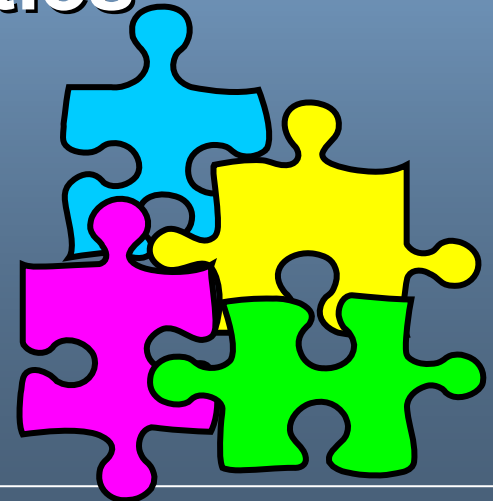


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# Evaluation uses

## For Programme Directors

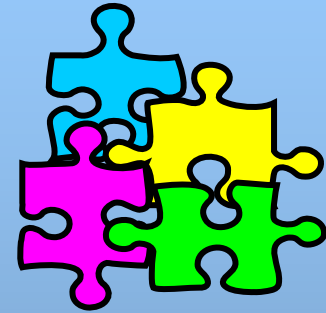
- Positions programmes for increased funding through participation in clinical trials and other research opportunities



# Evaluation uses

## For Clinical Supervisors

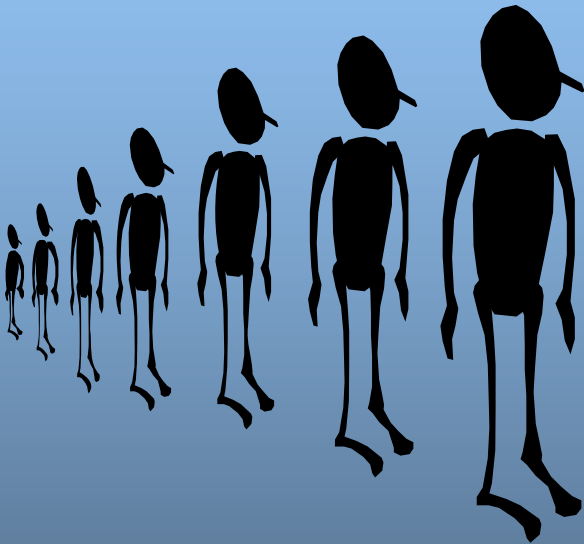
ASI data can be used to



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

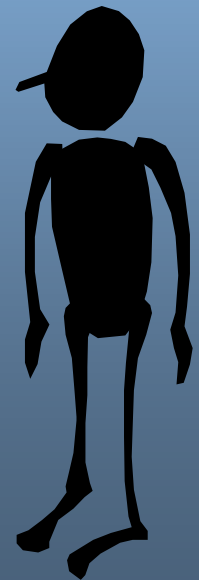
# Workshop 2: Treatment plans

**Programme-Driven**

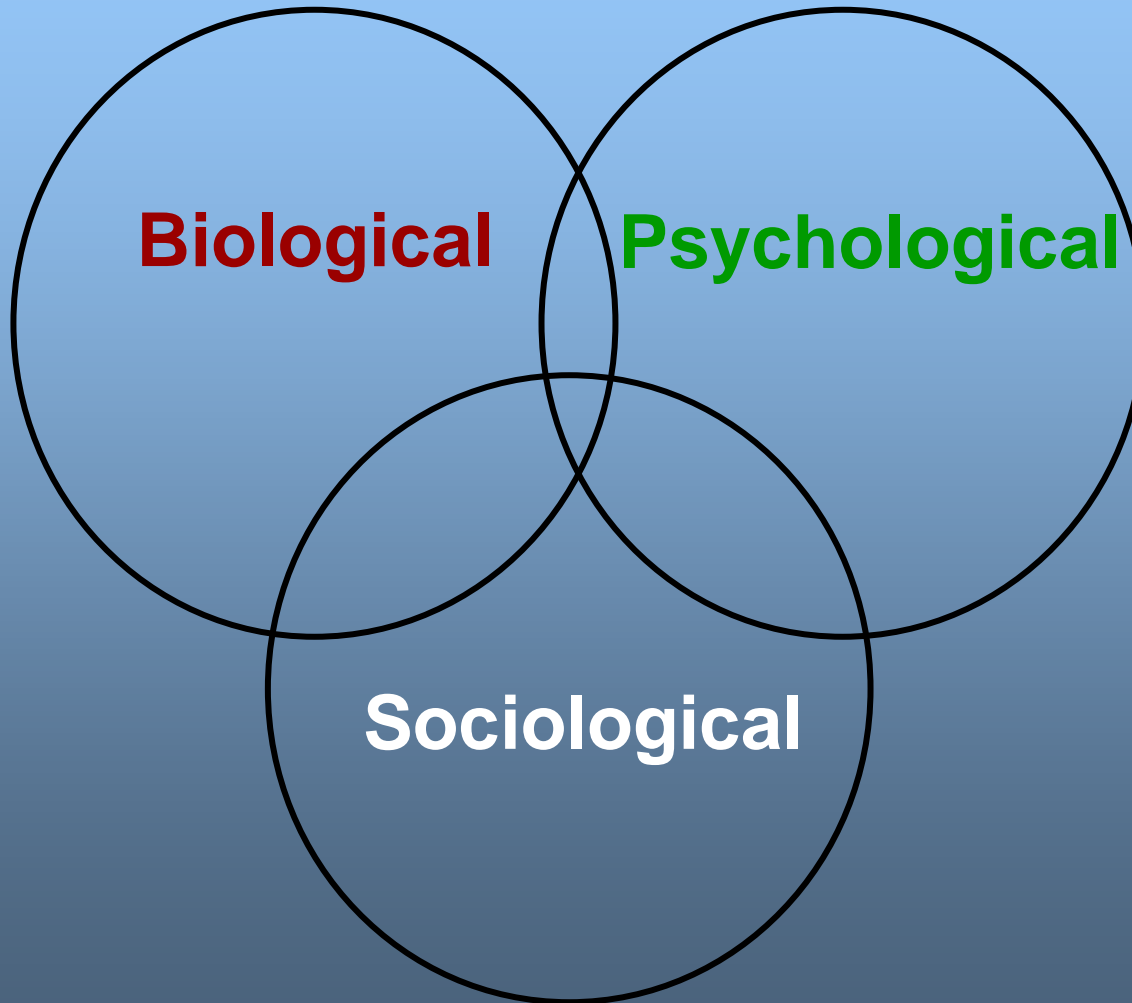


**versus**

**Individualized**



# Biopsychosocial Model



# Biopsychosocial Model example ...

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

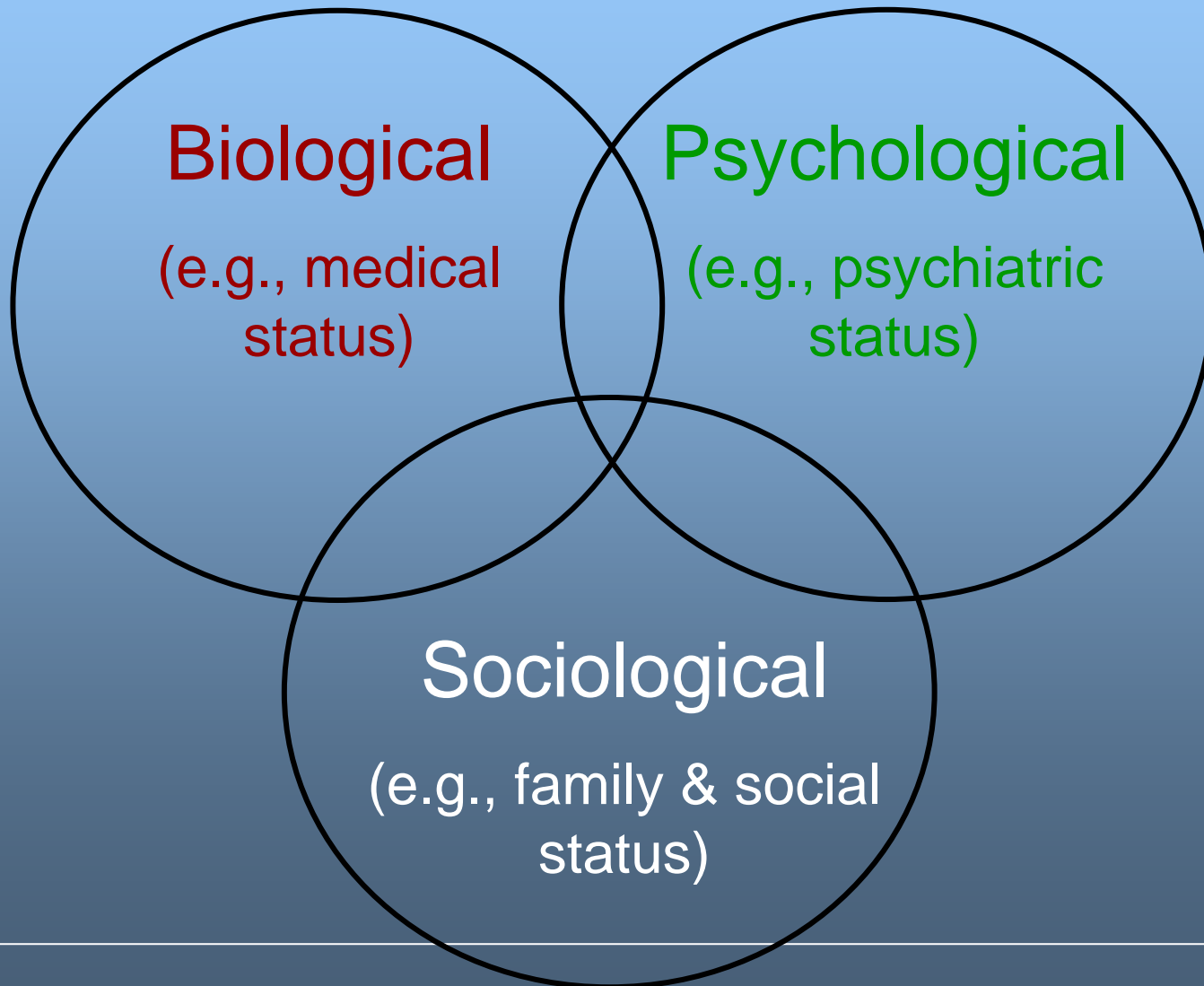


**Sociological**

How available are drugs or alcohol in the home?

How close do they live to the treatment centre?

# ASI problem domains and the biopsychosocial model



## Field of substance abuse treatment: Early work

# Programme-Driven Plans

“One size fits all”





# Programme-driven plans

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



# Programme-driven plans

Client will . . .

1. “Attend 3 Alcoholic Anonymous meetings a week”
2. “Complete Steps 1, 2, & 3”
3. “Attend group sessions 3 times / week”
4. “Meet with counsellor 1 time / week”
5. “Complete 28-day programme”



*“Still don't fit right”*

# Programme-driven plans

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

*"ONLY wooden shoes?"*



# Treatment planning: A paradigm shift

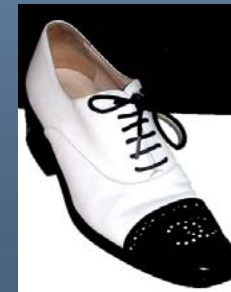
## Individualised Treatment Plans



- Many colors / styles available -

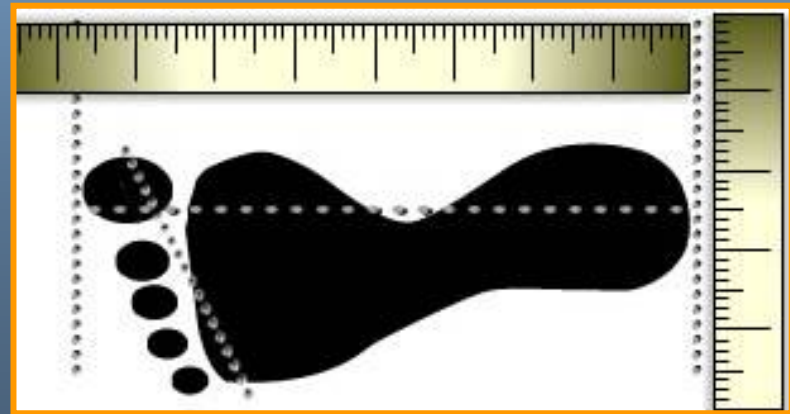
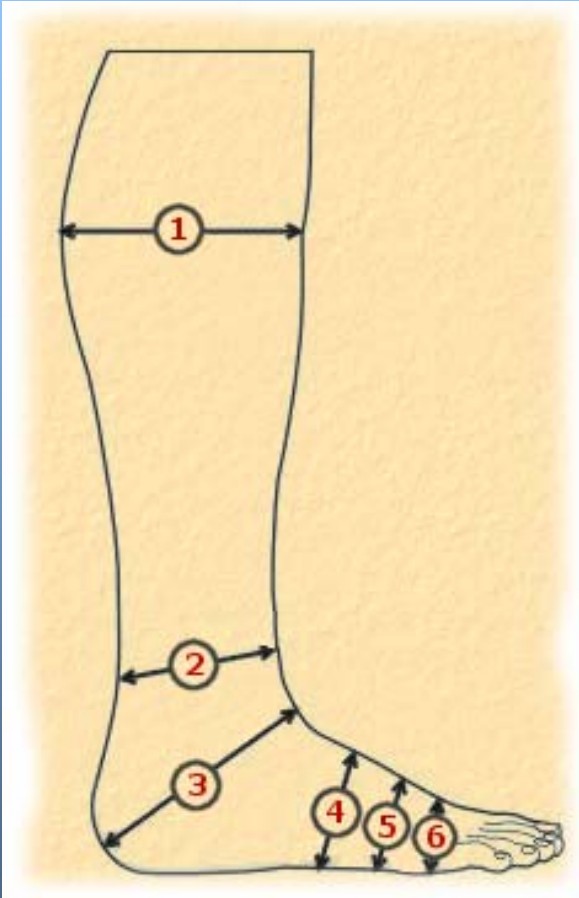


- Custom style & fit -



# Individualised plan

**“Sized” to match  
client’s  
problems and  
needs**



# To individualise a plan, what information is needed?

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



# To individualise a plan, what information is needed?

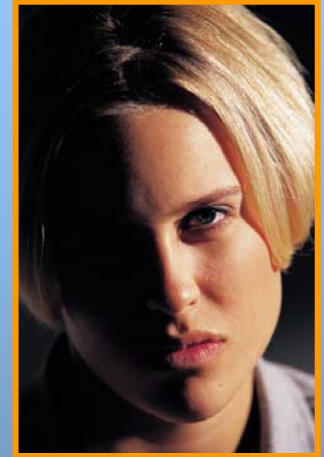
Possible sources of information might include:

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



# Case A assessment information: Jan

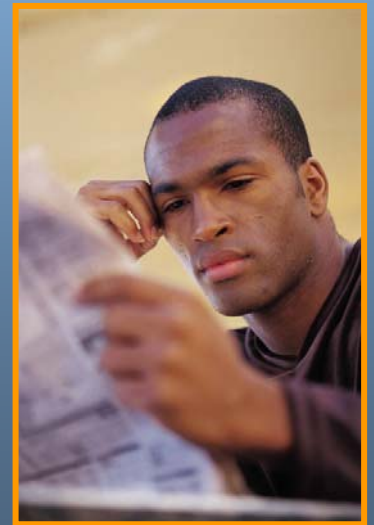
- 27-year-old, single Caucasian female
- 3 children under age 7
- No childcare available
- Social companions use drugs / alcohol
- Unemployed
- Low education level
- 2 arrests for possession of meth & cannabis plus 1 probation violation





# Case B assessment information: Dan

- 36-year-old, married African-American male
- 2 children
- 2 arrests and 1 conviction for DUI (driving under the influence of alcohol)
- Blood alcohol content at arrest - .25
- Employed
- High severity family problems



# The “Old Method”: (Programme-Driven) Problem Statement

“Alcohol dependence”

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



# The “Old Method”: (Programme-Driven) Goal Statement

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

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



## The “Old Method”: (Programme-Driven) Objective Statement

“Will participate in outpatient programme”

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



## The “Old Method”: (Programme-Driven) Intervention Statement

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

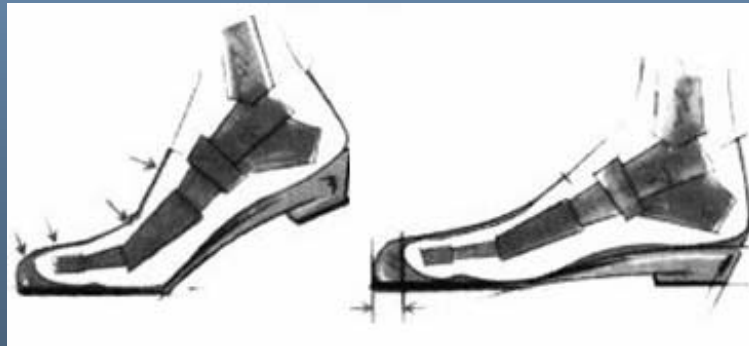


- This sounds specific, but it describes a programme component

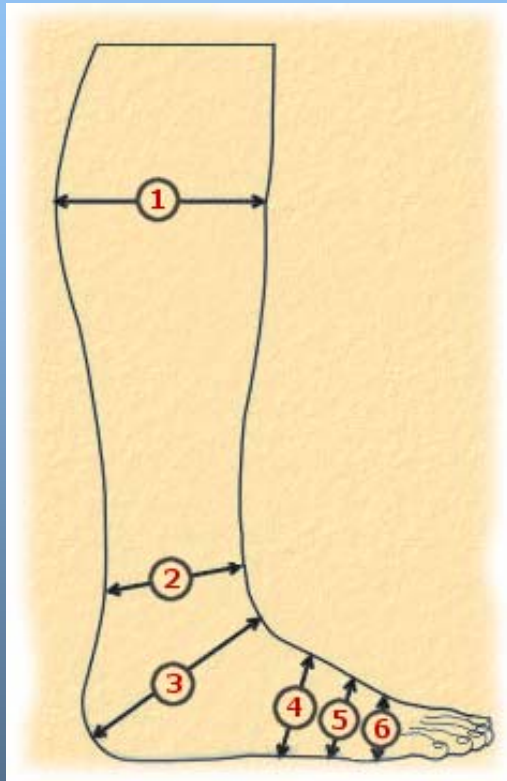
# Why make the effort?

## Individualised Treatment Plans:

- Lead to increased retention rates, which are shown to lead to improved outcomes
- Empower the counselor and the client, and give focus to counseling sessions



# Why make the effort?



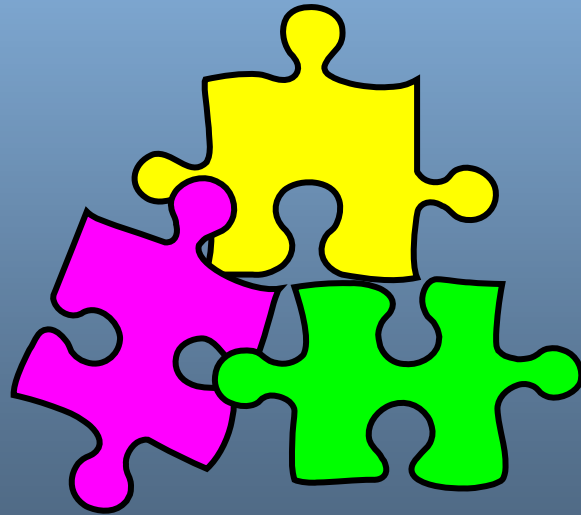
## Individualized Treatment Plans:

- Like a good pair of shoes, this plan “fits” the client well

## ASI:

- Like measurements, the ASI items are used to “fit” the client’s services to her or his needs

**What is included  
in any treatment plan?**





# Treatment plan components

**1. Problem Statements**



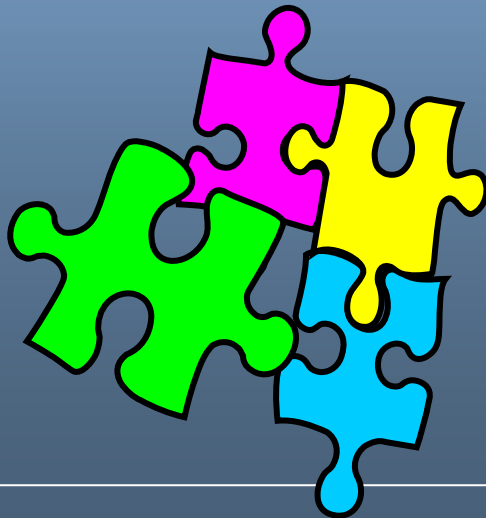
**2. Goal Statements**



**3. Objectives**

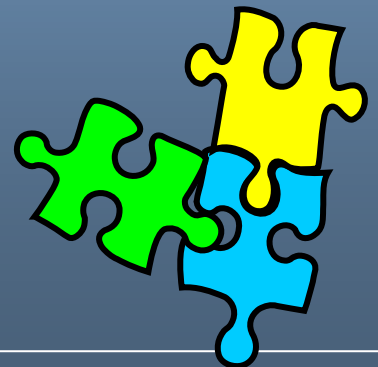


**4. Interventions**



# 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



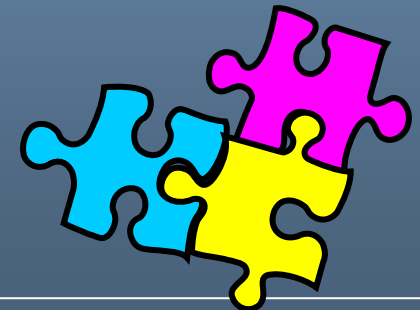
# Problem statement examples

- **Van\* is experiencing increased tolerance for alcohol as evidenced by his 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**



# Goal statement examples

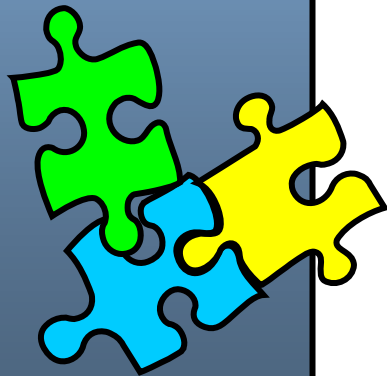
- Van will safely withdraw from alcohol, stabilise physically, and begin to establish a recovery programme
- Meghan will obtain necessary prenatal care
- Reduce the impact of Tom's psychiatric problems on his recovery and relapse potential



# 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

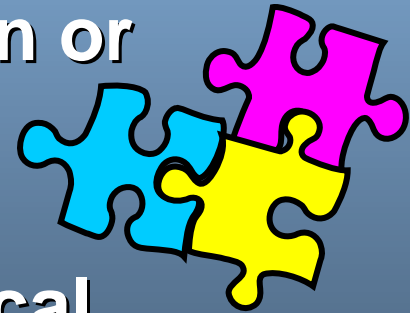


Other common terms:

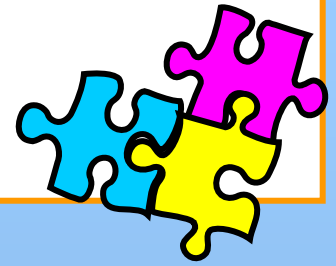
- Action Steps
- Measurable activities
- Treatment strategies
- Benchmarks
- Tasks

# 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 managing those feelings

# Review: Treatment Plan Components

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)

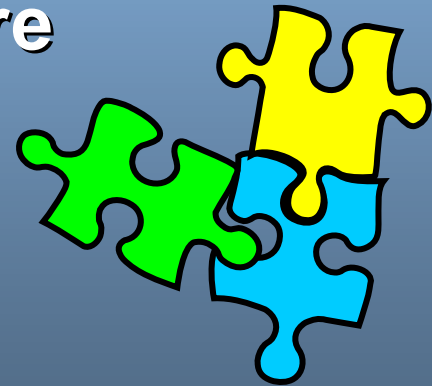




# Treatment plan components

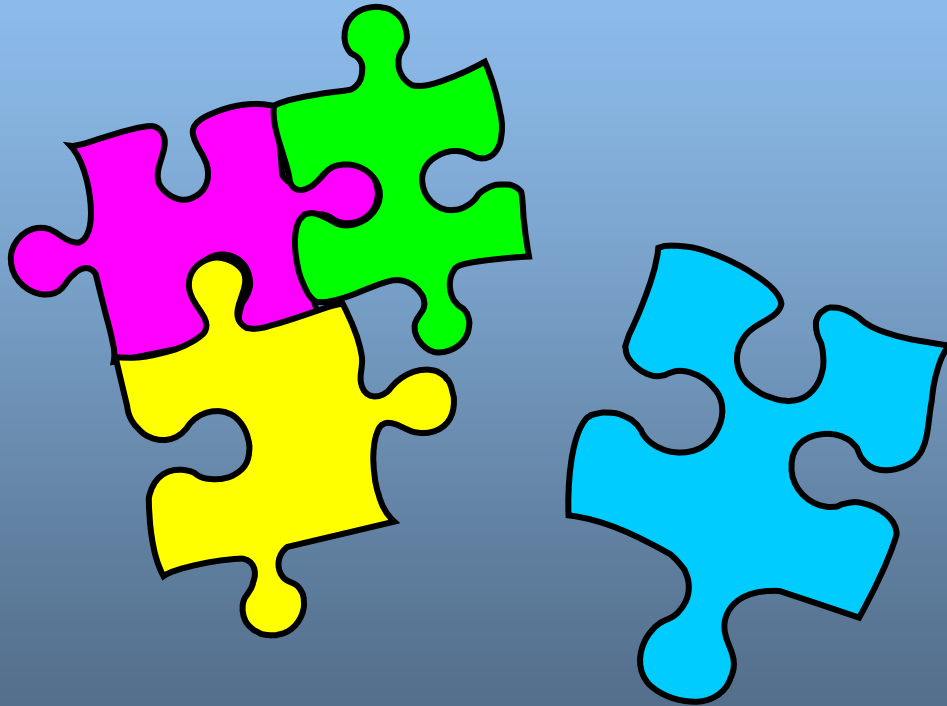
Other aspects of the client's condition:

1. **Client Strengths\*** are reflected
2. **Participants in Planning\*** are documented



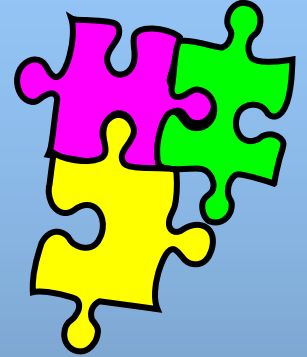
\*The DENS Treatment Planning Software includes these components

# ASI Narrative and Master Problem List



# Master Problem List

Refer to ASI Narrative Report  
(Workshop 2, Handout 1)



- Review case study
- Focus on problems identified in the:
  - **alcohol/drug** domain
  - **medical** domain
  - **family/social** domain



# ASI Master Problem List

Date Identified	Domain	Problem	Status	Date Resolved
	Alcohol/Drug	The client reports several or more episodes of drinking alcohol to intoxication in past month.		
		The client reports regular, lifetime use of alcohol to "intoxication."		
		The client reports using heroin in past month.		
	Medical	Client has a chronic medical problem that interferes with his/her life		
	Family/Social	The client is not satisfied with how he/she spends his/her free time		
		The client reports having serious problems with family members in the past month		
		The client is troubled by family problems and is interested in treatments		

Sample Handout



# 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



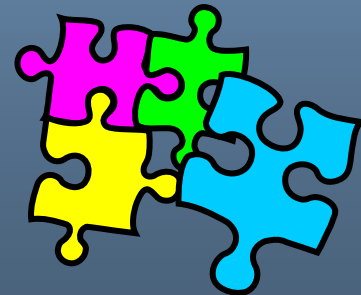
# Tips on writing problem statements

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



# Changing language

1. Client has low self-esteem.
2. Client is in denial.
3. Client is alcohol dependent.
4. Client is promiscuous.
5. Client is resistant to treatment.
6. Client is on probation because he is a bad alcoholic.



# Changing language: Pick two

- Think about how you might change the language for 2 of the preceding problem statements
- Rewrite those statements using non-judgemental and jargon-free language





# 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 (driving while intoxicated) 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



Continued

# Changing language: Examples

## 4. Client is promiscuous.

- Client participates in unprotected sex 4 times a week with multiple partners

## 5. Client is resistant to treatment.

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

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

- Client has legal consequences because of alcohol-related behaviour



# Case study problem statements

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

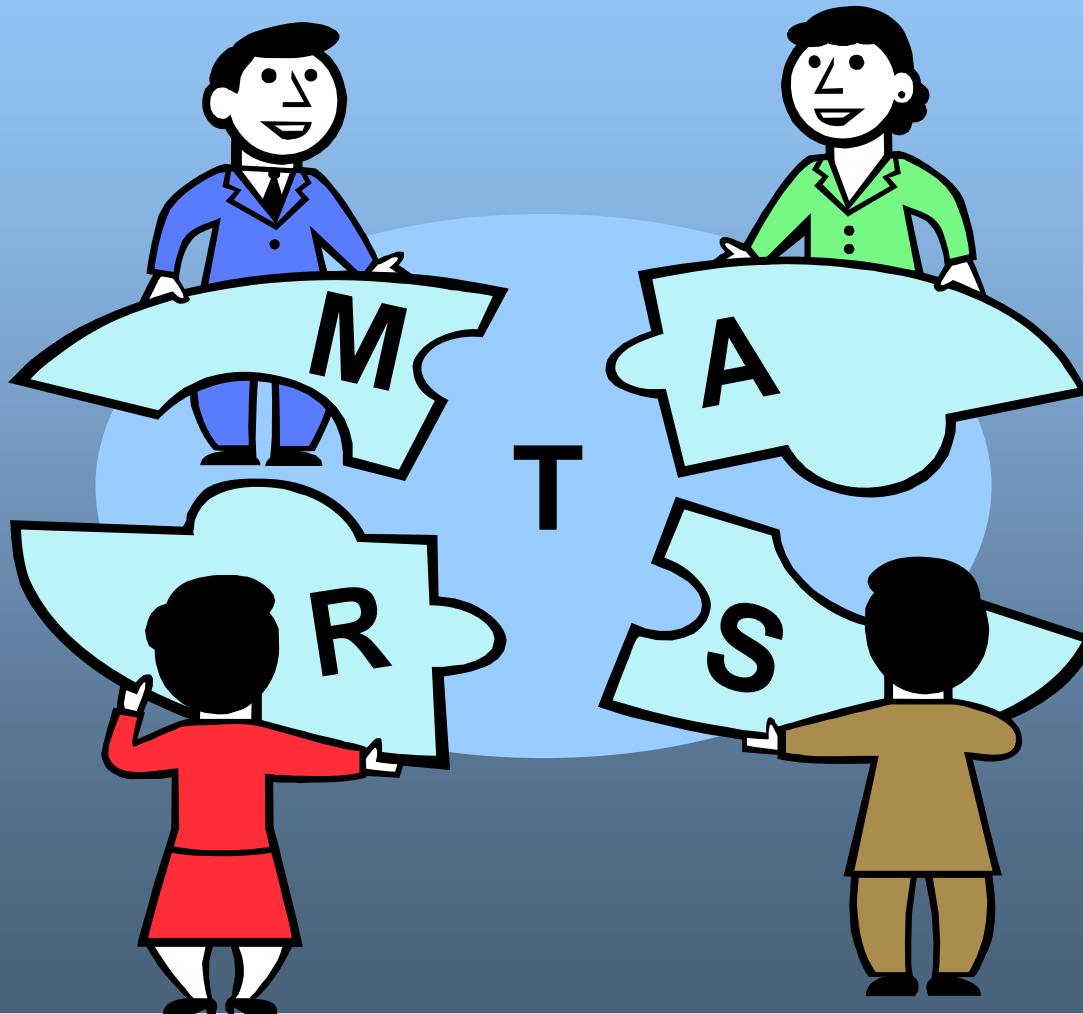


Write 1 problem statement for each domain.

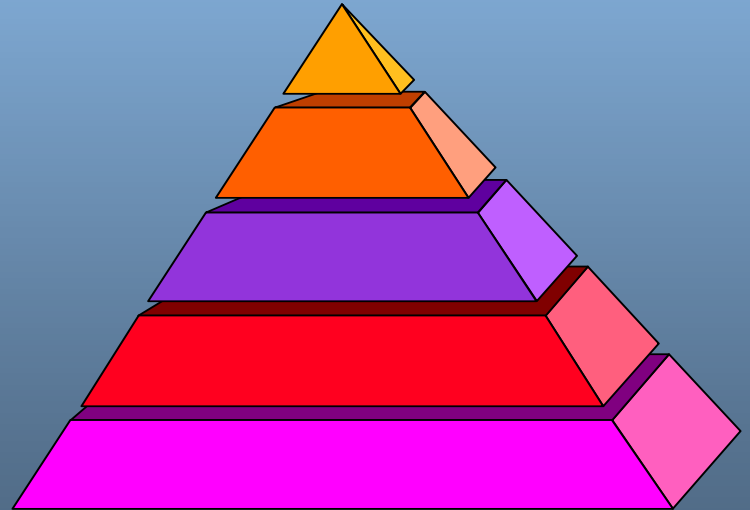
# ASI Treatment Plan Format

Date Identified	Domain	Problem	Status	Date Resolved

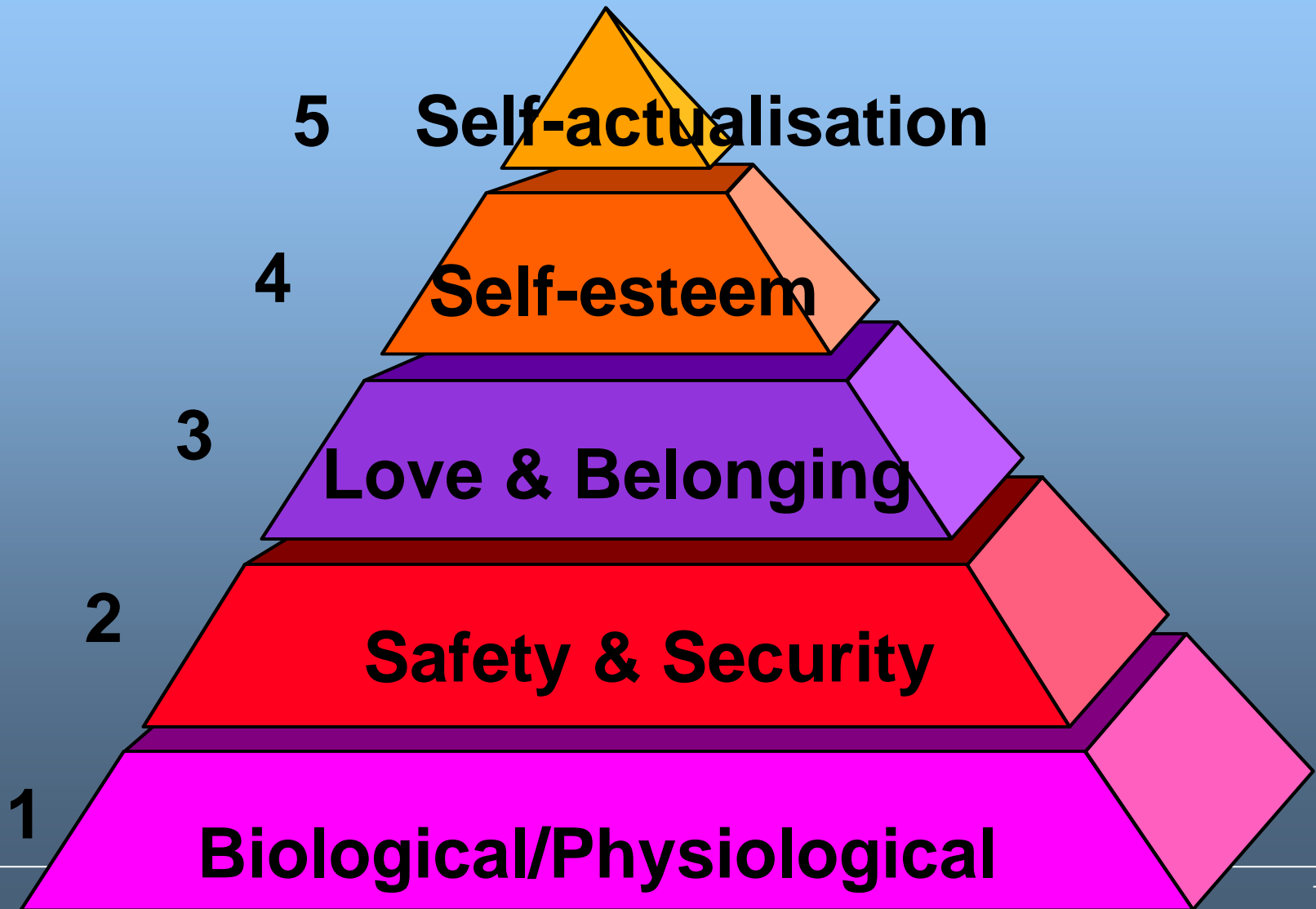
# Workshop 3: Prioritising problems



**Now that we have the  
problems identified...how do  
we prioritise them?**

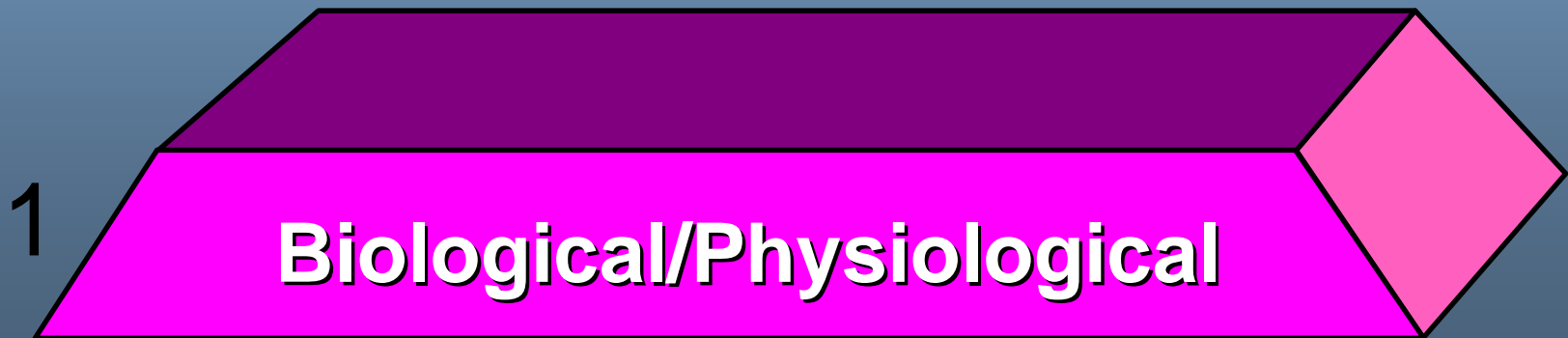


# Maslow's hierarchy of needs



# Physical needs

- Substance Use
- Physical Health Management
- Medication Adherence Issues





# Safety & security

- Mental health management
- Functional impairments
- Legal issues

2

**Safety & Security**



# Love & belonging



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

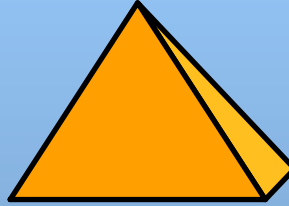
# Self-esteem



- Achievement and mastery
- Independence/status
- Prestige

# Self-actualisation

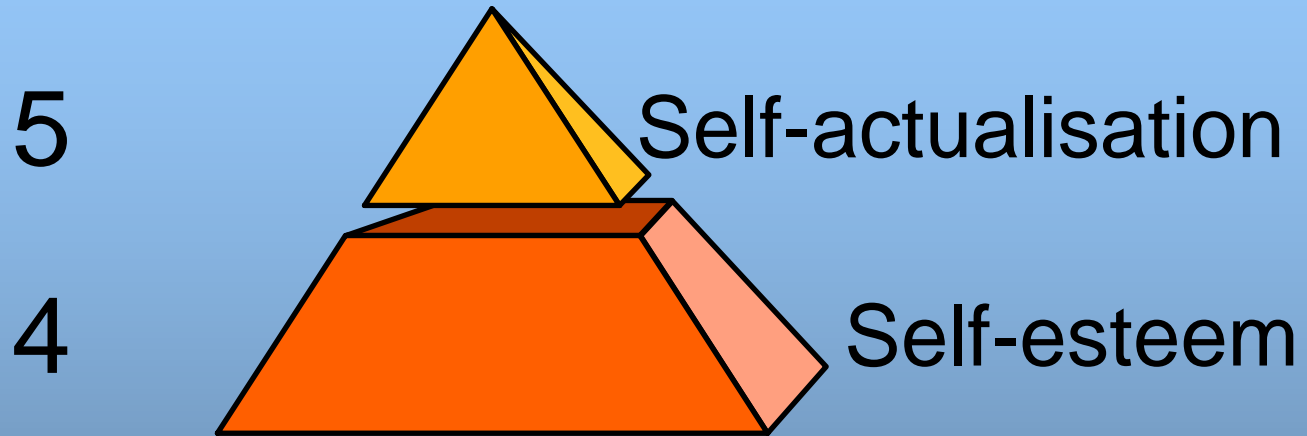
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Self-Actualisation

- Seeking personal potential
- Self-fulfilment
- Personal growth

# Self-esteem & self-actualisation



- Is “self-esteem” specific?

# Relationship between ASI domains & Maslow's hierarchy of needs

Self-actualisation

Self-esteem

Love & Belonging

Safety & Security

Biological/  
Physiological

ASI Domain 5 – Family/Social Relationships

ASI Domain 2 – Employment/Support Status

ASI Domain 4 – Legal Status

ASI Domain 1 - Medical

ASI Domain 3 – Drug / Alcohol Use

ASI Domain 6 – Psychiatric Status

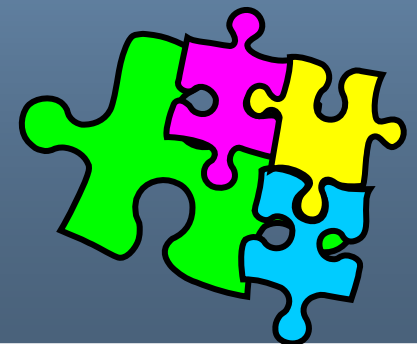
# Practise prioritising

- **Pick 3 ASI problem domains for John Smith that appear most critical.**
- **Which domains should be addressed 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and why?**



# Writing goal statements

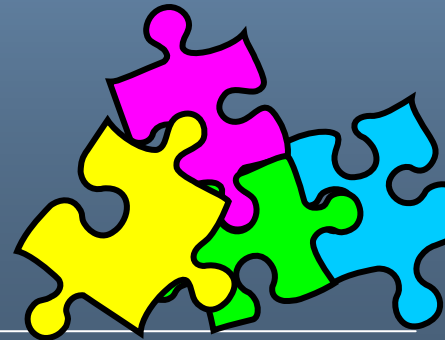
- Use ASI Treatment Plan Handouts
  - Alcohol / Drug Domain
  - Medical Domain
  - Family / Social
- Write at least 1 goal statement for each domain
- Write in complete sentences



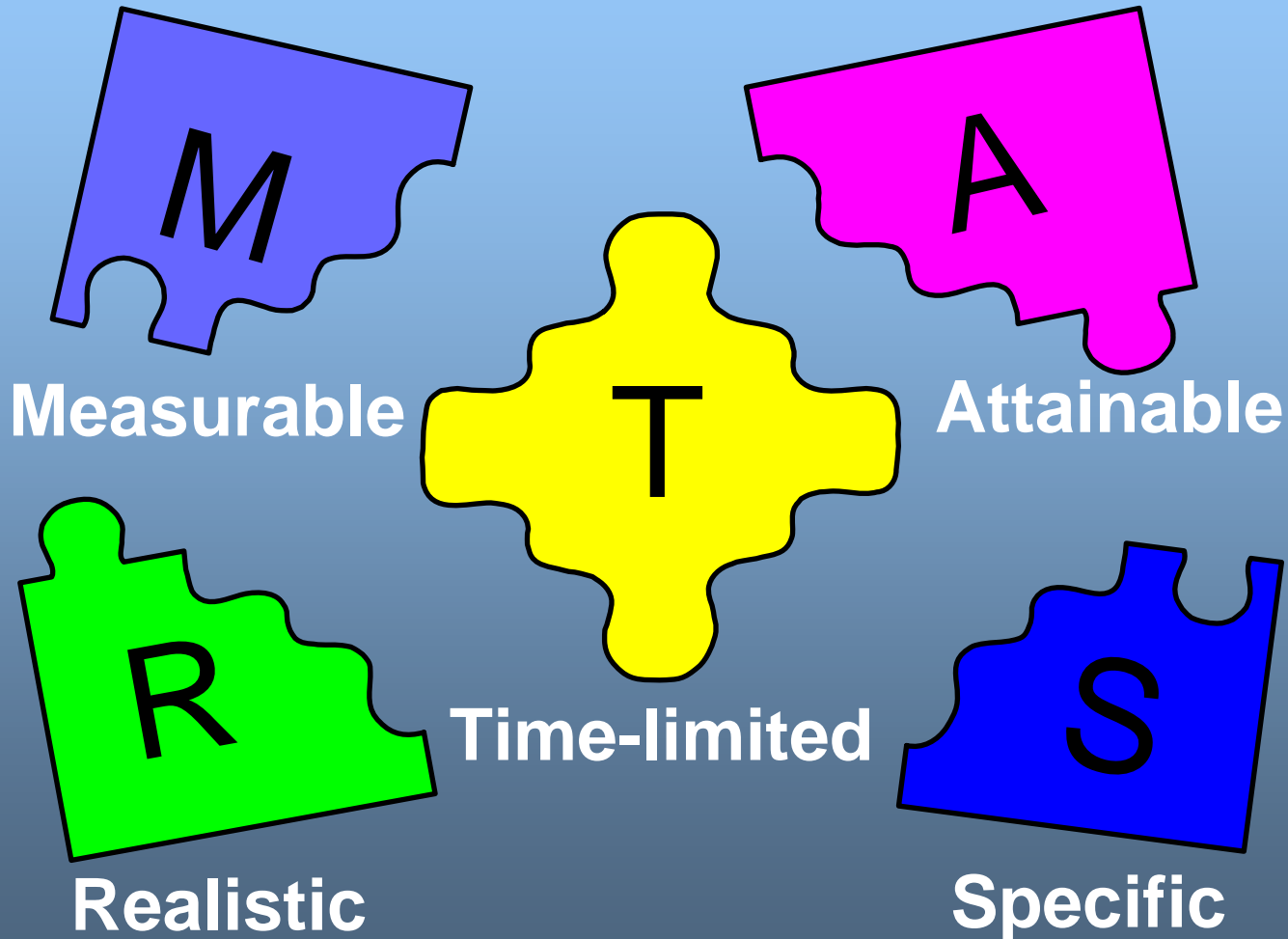


# Check-in discussion

- 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?

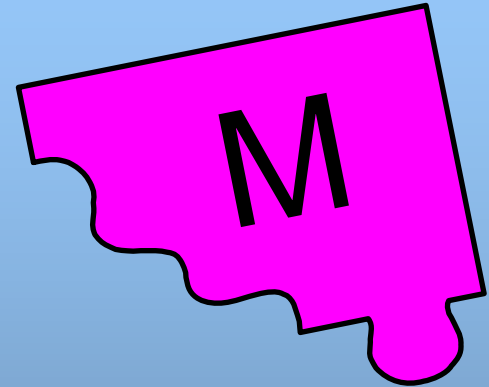


# Treatment M.A.T.R.S. objectives and interventions



# M.A.T.R.S. objectives & interventions

## Measurable



- Objectives and interventions are measurable
- Achievement is observable
- Indicators of client progress are measurable
  - Assessment scales / scores
  - Client report
  - Behavioural and mental health status changes

# M.A.T.R.S. objectives & interventions

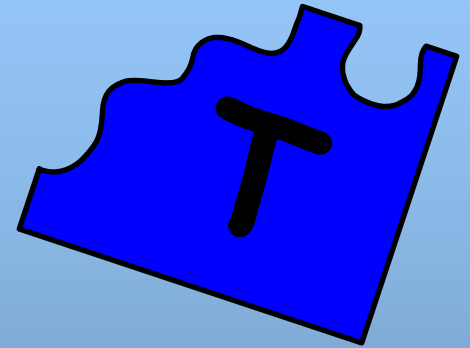


## Attainable

- Identify 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

# M.A.T.R.S. objectives & interventions

## Time-limited



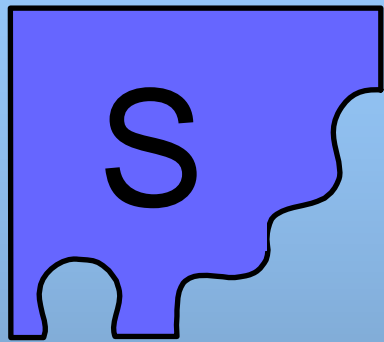
- Focus on time-limited or short-term goals and objectives
- Objectives and interventions can be reviewed within a specific time period

# M.A.T.R.S. objectives & interventions



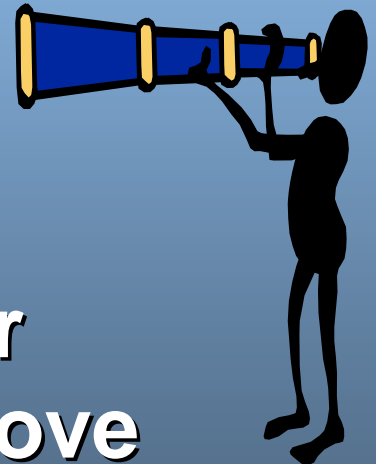
- Client can realistically complete objectives within specific time period
- Goals and objectives are achievable given client environment, supports, diagnosis, level of functioning
- Progress requires client effort

# M.A.T.R.S. objectives & interventions



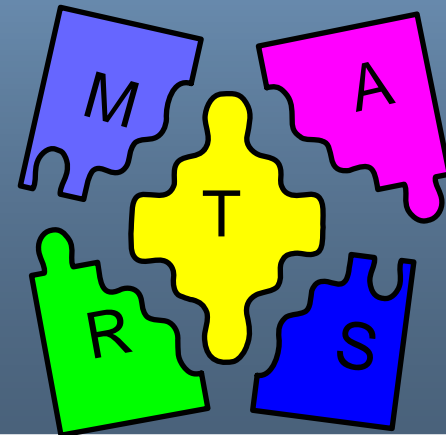
**Specific**

- **Specific and goal-focused**
- **Address in specific behavioural terms how level of functioning or functional impairments will improve**



# M.A.T.R.S. clinical example

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





# 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.



# Do examples pass M.A.T.R.S. guidelines?



What makes these examples **measurable**?



What makes these examples **attainable**?



What makes these examples **time-limited**?



What makes these examples **realistic**?



What makes these examples **specific**?

# Workshop 4: Putting Treatment Planning M.A.T.R.S. into Practise

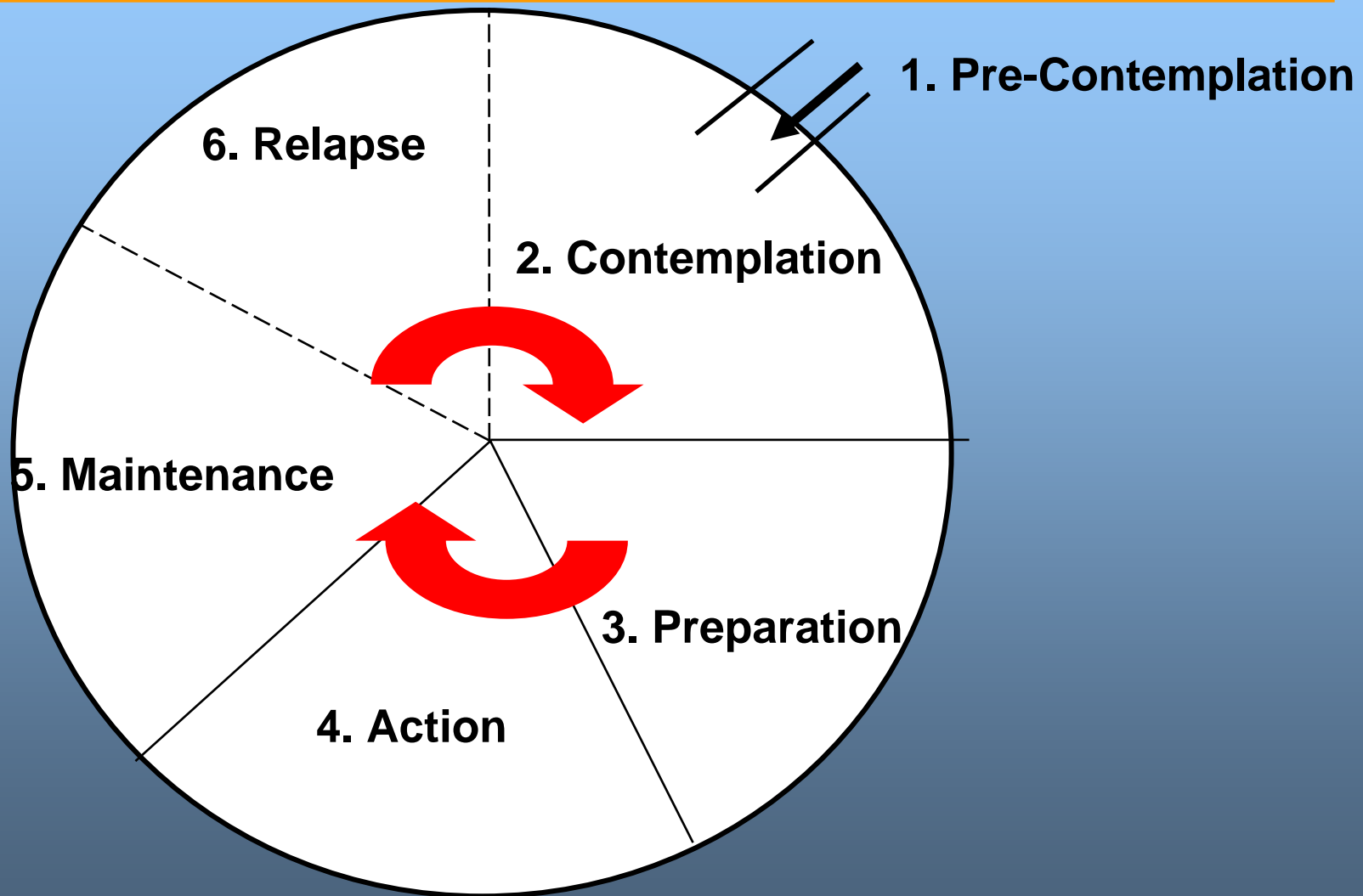


# The Stages of Change: Illustrated



Adapted from Prochaska & DiClemente, 1982; 1986

# Consider “Stages of Change”



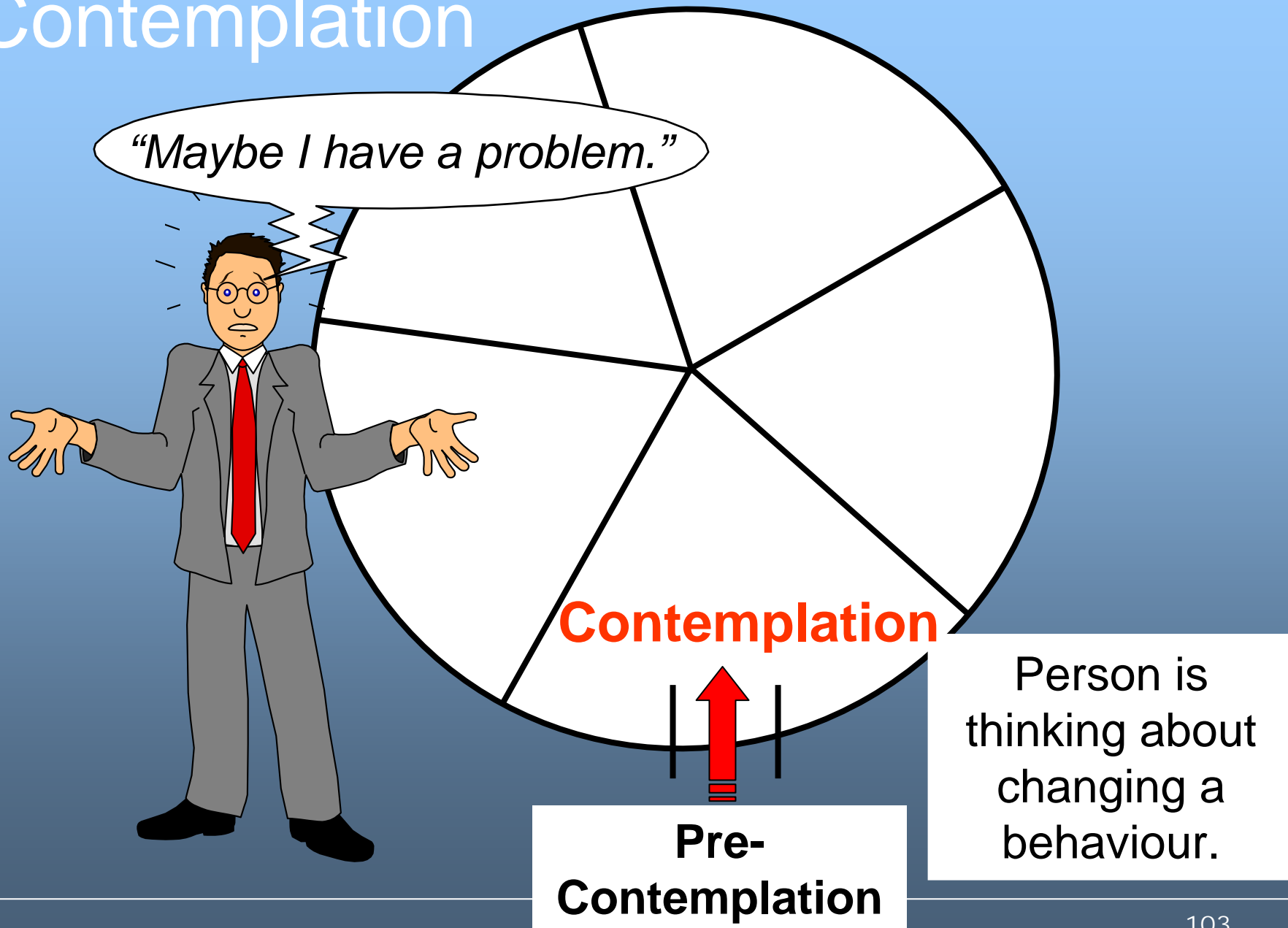
# Pre-contemplation



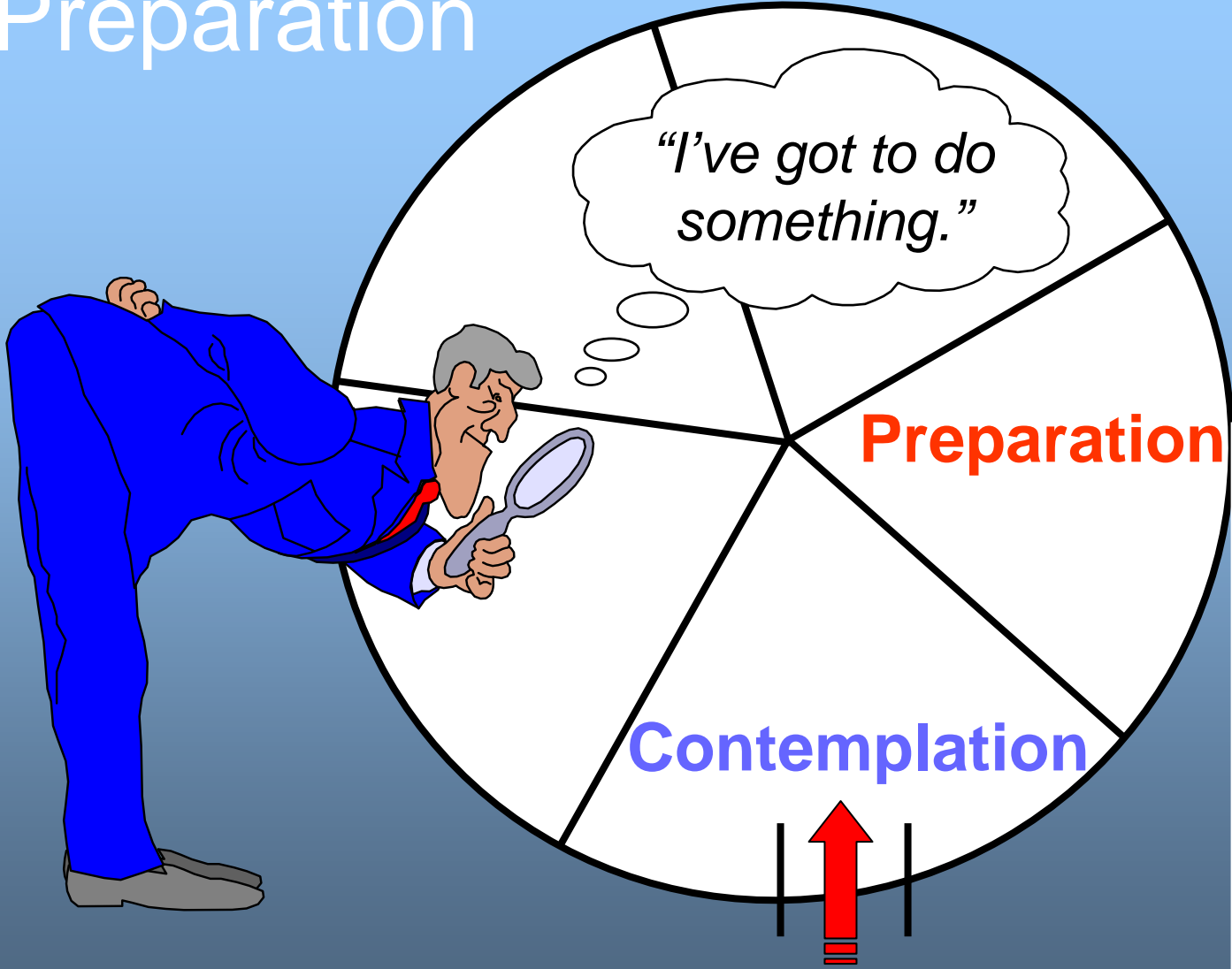
*"I don't have a problem."*

Person is not considering or does not want to change a particular behaviour.

# Contemplation



# Preparation

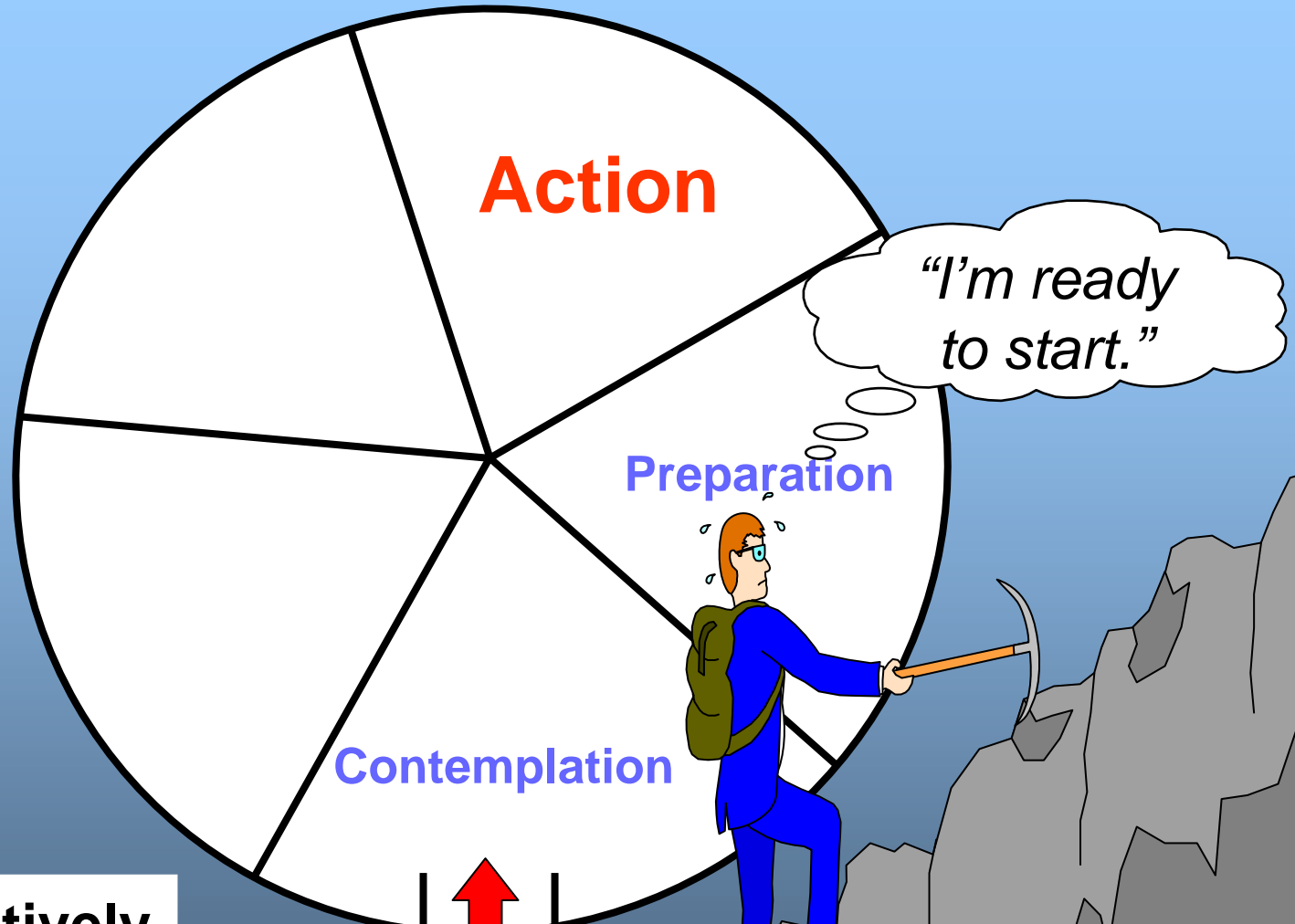


Person is seriously considering & planning to change a behaviour and has taken steps towards change.

Pre-  
Contemplation



# Action



*"I'm ready to start."*

Preparation

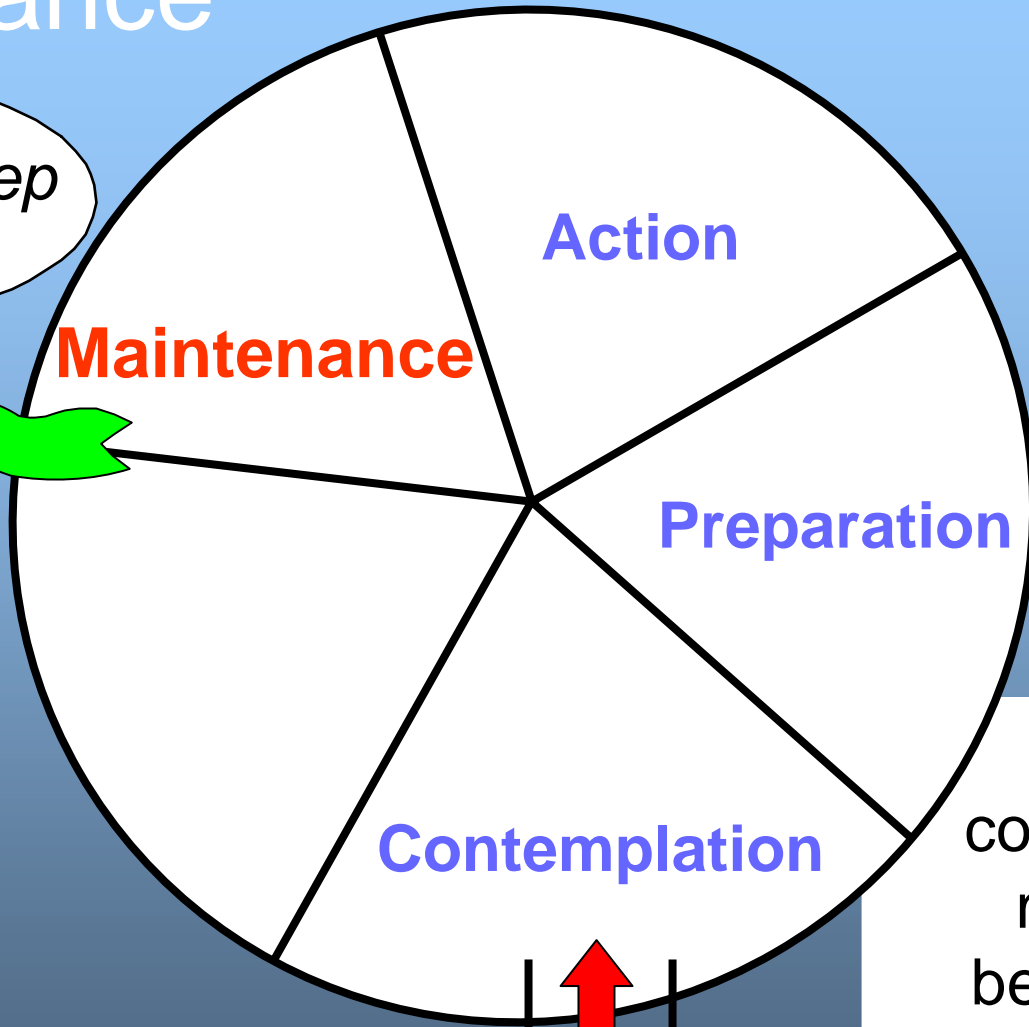
Contemplation

**Person is actively doing things to change or modify behaviour.**

**Pre-Contemplation**

# Maintenance

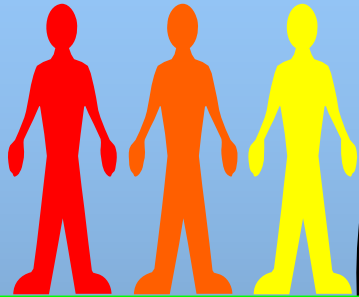
"How do I keep going?"



Pre-Contemplation

Person continues to maintain behavioural change until it becomes permanent.

# Relapse



Maintenance

Action

Relapse

Contemplation

*"What went wrong?"*

Pre-Contemplation

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

# Treatment planning process review

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



**Example**

# ASI Treatment Plan Format

Date	Problem Statement		
Goals			
D/C Criteria	Objectives		
Interventions	Service Codes	Target Date	Resolution Date
Participation in the Treatment Planning Process			
Participation by Others in the Treatment Planning Process			

# M.A.T.R.S. objectives & interventions

## 1. Alcohol / Drug Domain

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



# M.A.T.R.S. objectives/interventions test

- **Measurable? Attainable?**

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

- **Time-Related? Realistic?**

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

- **Specific?**

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



# M.A.T.R.S. objectives & 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

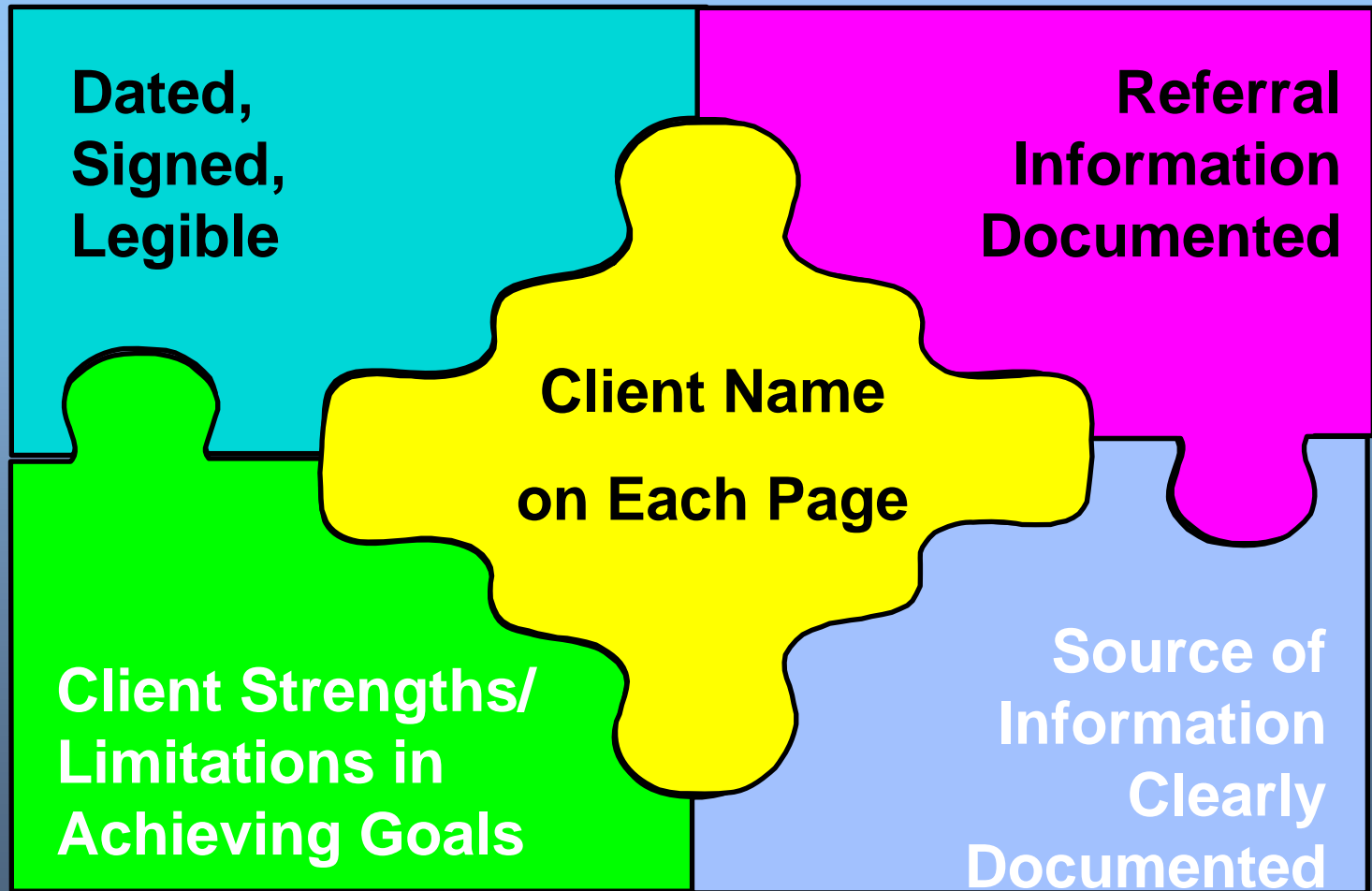
## New, improved DENS Software (2005)

Guides counsellor in documenting:

- Client strengths
- Participants in planning process



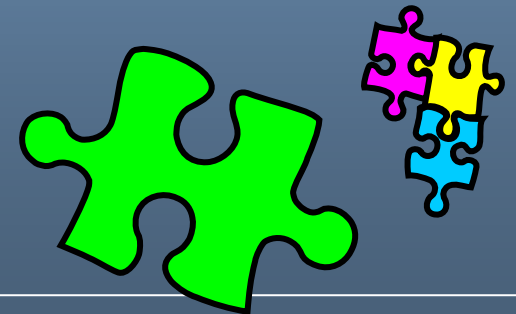
# Documentation: Basic guidelines



# Documentation: Basic guidelines

Entries should include . . .

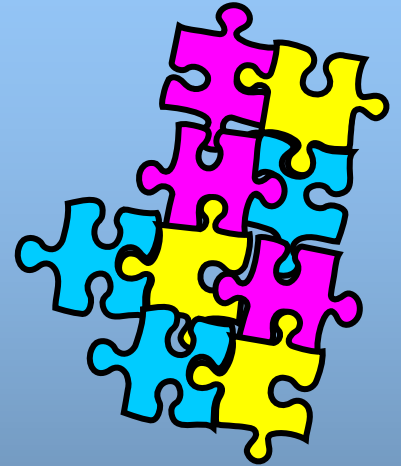
- Your professional assessment
- Continued plan of action



# Documentation: Basic guidelines

## Describes . . .

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



# Documentation: Basic guidelines

The client's treatment record  
is a legal document

Clinical  
Example:  
Agency Trip

# 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 conflicts and rivalries
- Chart client's non-conforming behaviour
- Record premature discharges
- Note limitations of the treatment provided to the client



# Method of Documentation



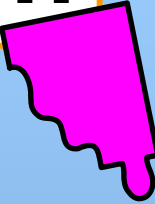
# S.O.A.P. method of documentation

**S**ubjective - client's observations or thoughts, client statement

**O**bjective – counsellor's observations during session

**A**ssessment - counsellor's understanding of problems and test results

**P**lan – goals, objectives, and interventions reflecting identified needs





# S.O.A.P. note example

30 June 2007: 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.



# 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, test 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

**C**lient Condition



**H**istorical significance of client condition

**A**ction – What action counsellor took in response to client condition

**R**esponse – How client responded to action

**T**reatment Plan – How it relates to plan

# Case Note Scenario

*You are a case manager in an adult outpatient drug and alcohol treatment programme. You have an active caseload of 25 patients, primarily young adults between the ages of 18 and 25 who have some sort of involvement with the adult criminal justice system. Jennifer Martin is your patient.*

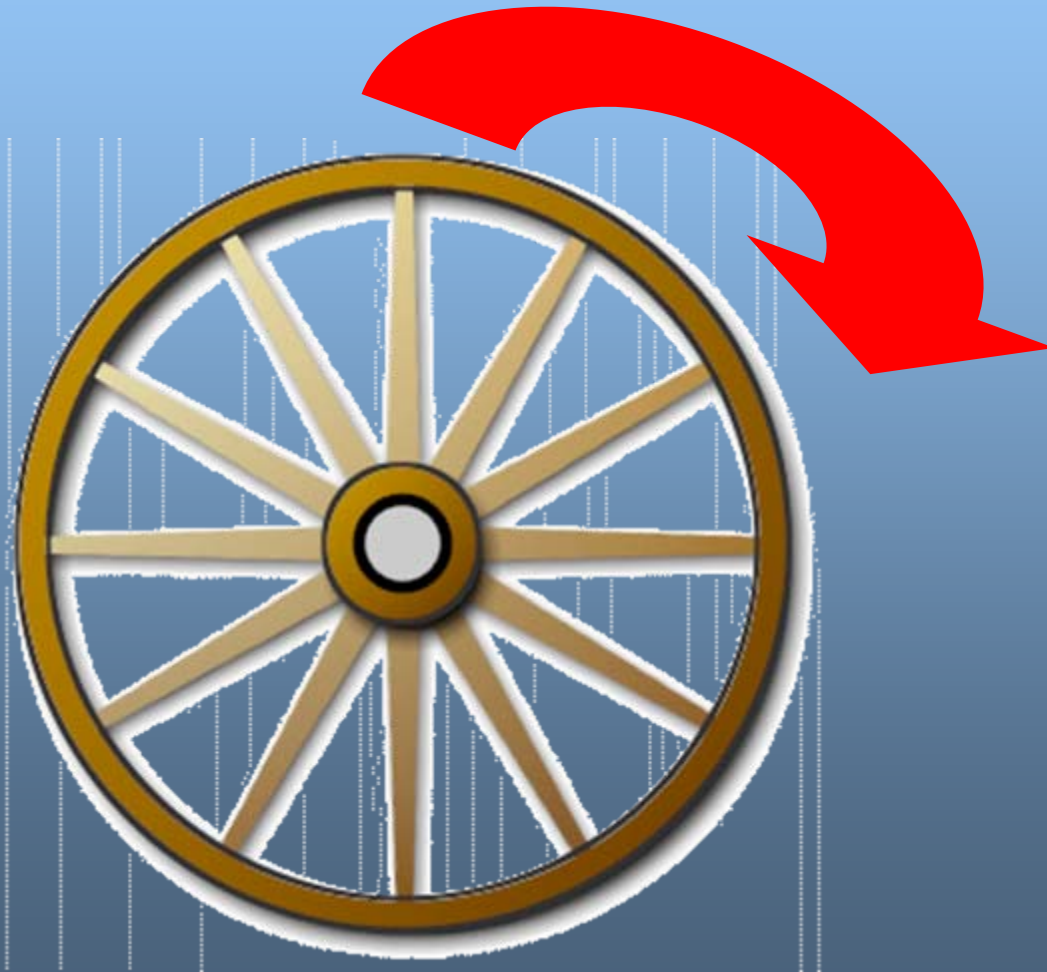
**Case Manager:** “I am glad to see you made it today, Jennifer. I was starting to get worried about your attendance for the past two weeks.”

**Jennifer:** “I’ve just been really busy lately. You know, it is not easy staying clean, working, and making counselling appointments. Are you really worried about me or are you just snooping around trying to get information about me to tell my mom and probation officer?”

**Case Manager:** “You seem a little defensive and irritated. Are you upset with me or your mom and your probation officer, or with all of us?”

Write a  
Documentation  
(Progress)  
Note

**A treatment plan is like the hub in a wheel**



**SCREENING &  
ASSESSMENT**

**INITIAL SERVICE  
AUTHORIZATION**

**LEVEL OF CARE**

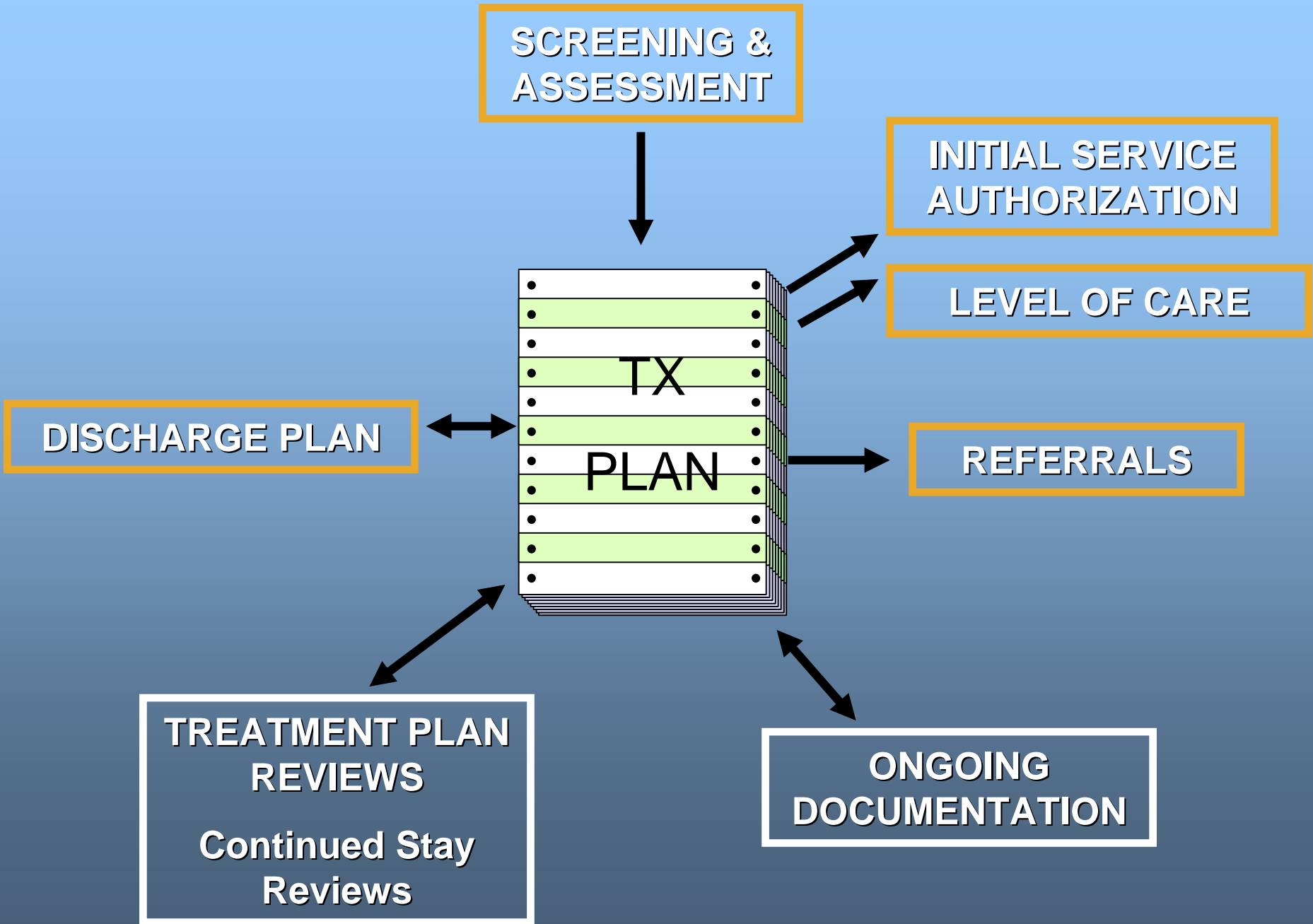
**DISCHARGE PLAN**

**TX  
PLAN**

**REFERRALS**

**TREATMENT PLAN  
REVIEWS**  
Continued Stay  
Reviews

**ONGOING  
DOCUMENTATION**



# Other organisational 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?



# Post-assessment



**Please respond to the post-assessment questions in your workbook.**

**(Your responses are strictly confidential.)**



**Thank you for your time!**

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