Training Handout: Treatment Planning

Purpose

Use this handout to follow along with the training slides and apply treatment planning principles to a realistic, multi-system member scenario.

Member Scenario

Presenting Situation

A 34-year-old woman is engaged in behavioral health treatment for co-occurring Alcohol Use Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder. She also manages diabetes through primary care.

Due to concerns related to substance use and stability, her child was removed from the home and is currently in the care of the member's mother. The member is working toward reunification while stabilizing recovery, mental health symptoms, and medical needs.

Treatment Planning: Key Principles

- **Person-centered:** The member is an active partner in planning; caregivers are included when appropriate and with consent.
- **Whole-health:** Behavioral health, substance use, and medical needs are addressed together.
- **Data-informed:** Baseline screenings and repeat measures are used to monitor progress.
- **Coordinated:** Roles and responsibilities are clearly defined across providers and systems.
- **SMART goals:** Goals are Specific, Measurable, Achievable, Relevant, and Time-bound.
- **Updated as needed:** Plans are revised for crisis, level-of-care changes, diagnosis changes, major life events, hospitalization, or provider changes.

Assessment and Planning Process

The therapist completes a comprehensive biopsychosocial assessment using an in-depth interview and motivational interviewing to understand the member's goals, preferences, cultural considerations, strengths, social supports, and interests.

Behavioral and medical needs, current medications, and involvement with other services are reviewed. With appropriate releases, collateral information is gathered from involved agencies and, when clinically appropriate, the member's mother.

Screening tools establish baseline measures and guide treatment planning. DSM-5-TR diagnoses support clinical decision-making.

The therapist, TCM, and member collaborate to develop integrated SMART goals based on the member's presentation, baseline data, strengths, and desired outcomes.

Applying the Process to the Scenario

Strengths and Resiliency Factors

- 90 days of sobriety
- Active participation in AA with a supportive sponsor
- Positive and supportive relationship with her mother

Identified Barriers

- Limited transportation due to a DUI, impacting appointment attendance
- Reduced contact with her child, contributing to depressive symptoms and alcohol cravings

Example SMART Goal

Transportation and Stability

SMART Goal Statement:
Within 30 days, the member will work with her case manager to apply for at least two transportation assistance resources and develop a weekly transportation schedule to support attendance at medical, behavioral health, and DCF-related appointments.

Monitoring Progress and Updating the Plan

- Progress toward goals is reviewed at every therapy and TCM visit.
- Therapists review goals, reinforce skills, and complete screenings (e.g., PHQ-9) every 2–4 weeks.
- Providers coordinate regularly to ensure alignment across systems.

Update the Treatment Plan When:

- A crisis occurs
- Level of care changes
- Diagnosis changes
- A significant life event occurs
- Hospitalization occurs
- A provider change occurs

Indicators of Progress and Readiness for Step-Down

Signs the member may be ready for reduced service intensity include:

- Sustained sobriety for 90 days with cravings reduced from 4–5 days per week to once per week
- Continued AA attendance twice weekly and an active relapse prevention plan
- Depressive symptoms reduced from 9 to 3 on a 1–10 scale
- A consistent transportation plan with reduced anxiety related to appointment attendance

Service intensity is adjusted based on clinical presentation, documented progress, and available supports.