Treatment Planning

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Provider Engagement Series



Care Coordination



Treatment Planning



Titration of Services



Discharge Planning

Learning Objectives

1. Define Treatment Planning
2. Identify key components and considerations of treatment planning
3. Recognize how to assess progress with treatment planning and when modifications is needed
4. Identify the process of preparing for discharge planning

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Member Scenario



- Member is a 34-year-old female.



- Alcohol Use Disorder, Severe
- Generalized Anxiety Disorder
- Major Depressive Disorder, Moderate, Recurrent
- Diabetes

Member Scenario:
Care Coordination/Service Engagement



Legal/Department of Children and Families (DCF)

- Probation involvement
- DCF involvement - removal of child from care.
- Member's mother is child's current caregiver following DCF involvement

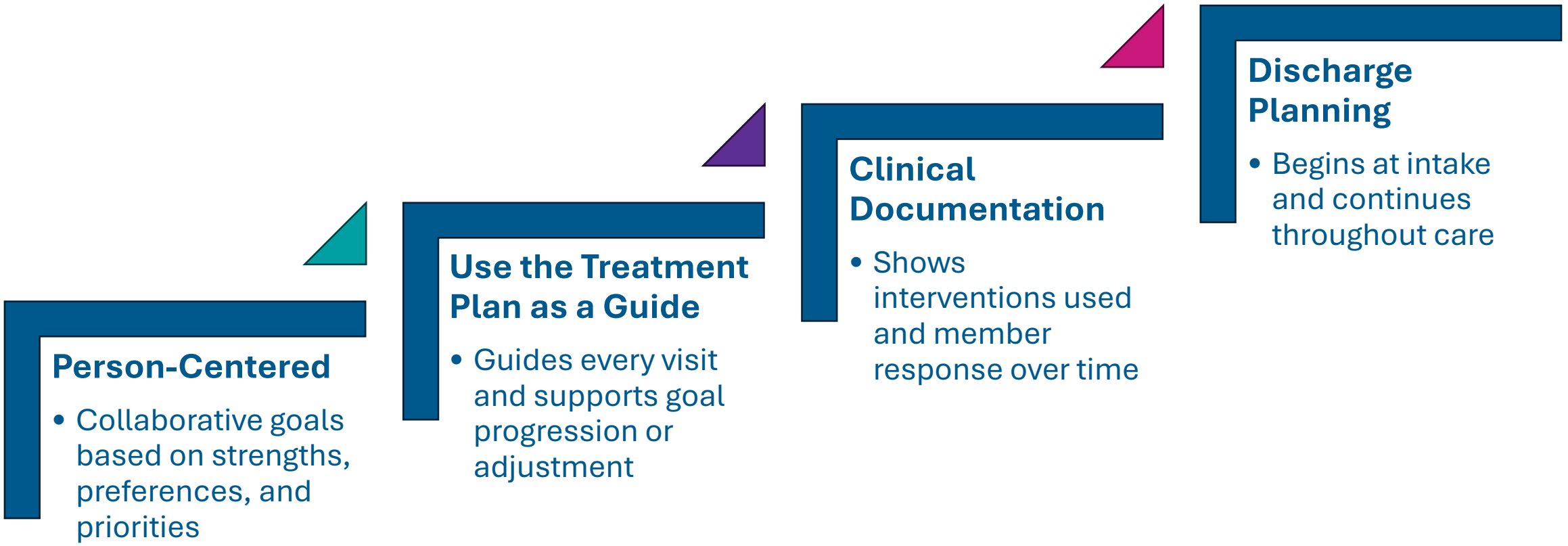


Services at Multiple Agencies

- Behavioral Health Provider - Targeted Case Management and Individual Therapy
- Parenting Program Provider - Parenting Class
- Psychiatry Provider - Medication Management
- Medical Provider - PCP for diabetes management
- Substance Use Treatment Provider - Court ordered substance use groups

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Important Steps of Treatment Planning



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(Treichler et al. 2019)

Developing a Person-Centered Treatment Plan

- Biopsychosocial assessment
- In-depth interview (member and supports/family/other providers) to understand baseline and priorities
- Screening tools (examples: PHQ-2/9, GAD-7, CAGE-AID, AUDIT)
- Cultural considerations
- DSM-5-TR diagnosis aligned with presenting problems, history, MSE, and assessment data



(Treichler et al. 2019)

(Treichler et al. 2019)

Member Scenario: Person-Centered Treatment Planning

Assessment & Information Gathering

- Therapist completes a biopsychosocial assessment using an in-depth interview and motivational interviewing.
- Explores:
  - Desired goals and outcomes
  - Treatment preferences
  - Cultural considerations
  - Strengths, interests, and social supports
- Reviews behavioral and physical health needs, medications, and current providers/services.

Collateral & Screening

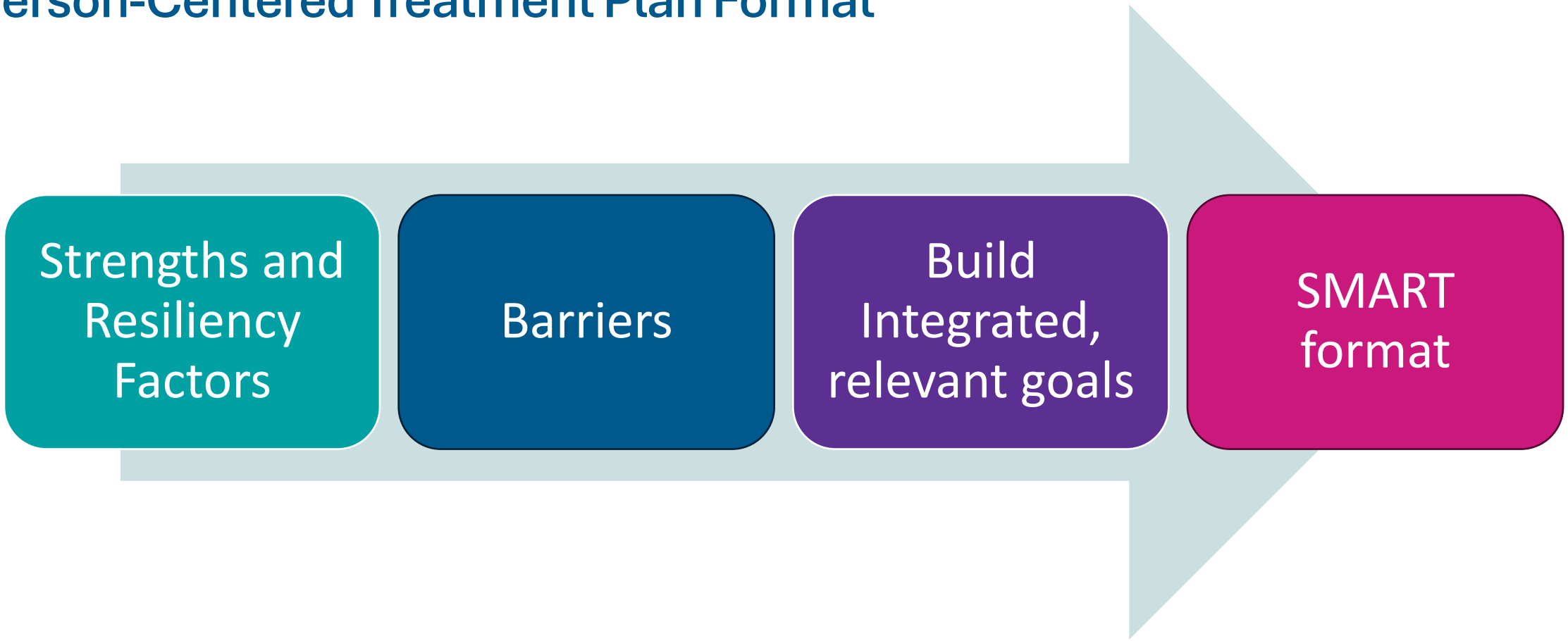
- With Release of Information, therapist conducts collateral interviews with:
  - Involved agencies
  - Member's mother
- Gathers information on symptoms, needs, barriers, strengths, and resiliency
- Administers screening tools (e.g., PHQ-9, GAD-7) to:
  - Establish baseline
  - Identify specialized needs
  - Monitor progress over time

Diagnosis & Integrated Goal Development

- Therapist renders DSM-5-TR diagnosis to guide treatment planning
- Therapist, Targeted Case Manager, and member collaborate to:
  - Develop integrated, individualized SMART goals
  - Incorporate member's baseline scores and target outcomes
  - Align goals with preferences, culture, strengths, and interests

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Person-Centered Treatment Plan Format



(Treichler et al. 2019; MacLeod, 2012)

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Member Scenario: Applying this process

Strengths and Resiliency Factors

- Maintained sobriety for 90 days
- Actively attends AA meetings
- Has a supportive AA sponsor
- Child is in the care of the member's mother
- Maintains a positive, supportive relationship with her mother

Barriers

- Lack of transportation due to DUI creates barriers to attending appointments
- Limited contact with child despite positive relationship with mother
- Separation from child increases depressive symptoms
- Experiences low motivation (e.g., difficulty getting out of bed)
- Increased alcohol cravings linked to rumination and guilt

(Treichler et al. 2019; MacLeod, 2012)

Member Scenario: Applying this process

Integrated, relevant goal

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

SMART format

- **Specific:** Reduce transportation barriers to treatment
- **Measurable:** Apply for at least **2 transportation assistance resources** and develop a written weekly transportation plan with case manager
- **Achievable:** Supported through Targeted Case Management at Agency A
- **Relevant:** Reduces missed appointments and stress that triggers cravings.
- **Time-Bound:** Complete applications and establish plan within **30 days**.

(Treichler et al. 2019; MacLeod, 2012)

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Incorporate Evidence Based Practice

Recovery Model

Culturally appropriate care



Motivational Interviewing

Integrated Healthcare

Stages of Change

Holistic

(Treichler et al. 2019)

Treatment Planning Considerations

Person-Centered Planning

Member is an active partner in treatment planning

Caregivers included when appropriate

Goals are age & developmentally appropriate with a clear baseline

Goal Review & Updates

Update goals following:

- Crisis, hospitalization, or level of care change
- Change in diagnosis or provider
- Significant life change

Monitoring Progress

Progress is assessed ongoing

Use evidence-based screening tools

Documentation reflects progress & discharge planning

Service Intensity

Services are stepped down gradually based on progress & supports

Services may be titrated up if symptoms worsen & documentation supports the change

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(Treichler et al. 2019; MacLeod, 2012)

Member Scenario:
Applying Treatment Planning Considerations

Person-Centered Planning

- Member's primary goal is regaining custody of her daughter
- Member actively participates in developing treatment goals
- Goals are aligned with what matters most to the member, not assigned by providers
- Collaborative planning supports engagement, motivation, and compliance

Goal Review & Updates

- Goals reviewed regularly by therapist and Targeted Case Manager
- Goals remain flexible and responsive as symptoms and circumstances change
- Treatment planning adapts as the member progresses toward custody-related goals

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Member Scenario:
Applying Treatment Planning Considerations

Monitoring Progress

- Targeted Case Manager assesses progress toward goals at each visit
- Therapist:
  - Reviews treatment plan goals at each session
  - Follows up on coping skills and tools
  - Administers PHQ-9 every 2–4 weeks
- Providers coordinate throughout treatment to ensure consistent care

Service Intensity

- As symptoms decrease, providers reassess service need and frequency
- Indicators supporting step-down include:
  - 90 days of sobriety; reduced alcohol cravings
  - Decrease in hopelessness and sadness from 9 to 3
  - Stable transportation plan with reduced anxiety
- Services may be adjusted to support continued progress and independence

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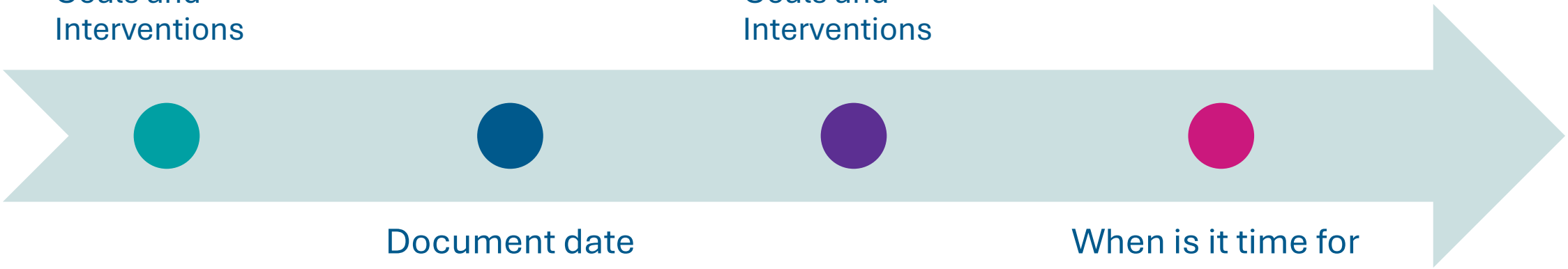
Summary of the Treatment Planning Process

Documenting

- Progress Notes need to be tied to specific SMART Goals and Interventions

What is working and not working?

- Assessing the Treatment Plan, Goals and Interventions



Document date goals were initiated and completed

When is it time for Discharge?

- Member & Provider Discussion

- (Treichler et al. 2019; MacLeod, 2012)

References

- Treichler, E. B. H., Evans, E. A., & Spaulding, W. D. (2019, May 23). Ideal and Real Treatment Planning Processes for People With Serious Mental Illness in Public Mental Health Care. Psychological Services. Advance online publication. http://dx.doi.org/10.1037/ser0000361

- MacLeod, L. (2012). Making SMART goals smarter. *Physician Executive*, *38*(2), 68.

- Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery: 10 guiding principles of recovery* (PEP12-RECDEF). U.S. Department of Health and Human Services. https://library.samhsa.gov/sites/default/files/pep12-recdef.pdf

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