



Recovery & Resiliency- Based Individualized Treatment Planning

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Objectives

- Participants will be able to identify at least 10 concepts/values/principles of Recovery & Resiliency (R&R)
- Participants will be able to apply the concepts, values and principles of R&R when writing Individualized Treatment Plans
- Participants will be able to identify the similarities and differences between physical and mental health rehabilitation
- Participants will be able to identify at least 1 change required by members, providers, programs, payers, and systems of care in order to fully implement R&R

(ASSUMPTION: participants already understand the required basic steps and documentation standards for writing a treatment plan that will be accepted by OMHSAS VBH-PA)



Recovery & Resiliency- Based Individualized Treatment Planning: Part 2

Concepts of Recovery & Resiliency and Beginning the Goal/Objective Setting Process

VALUEOPTIONS

PENNSYLVANIA

- Over the past three decades, policy documents and mandates have emerged in Pennsylvania which point to recovery as a guiding principle and core practice orientation for mental health services.
- In 1984, PA received a grant from NIMH and formed the State Community Support Program (CSP):
 - Key coalition for consumers, family, advocates, and providers to collaborate and create an innovative approaches to service evaluation and systems change
 - One outcome are Consumer/Family Satisfaction Teams (C/FST)

PENNSYLVANIA

- In 2005, OMHSAS published *A Call for Change* to:
 - Stimulate thinking, generate discussion and provide guidance for targeted strategic planning.
 - Offer basic framework for transformation to a recovery-oriented system.
 - Differentiate the philosophical and practical differences between MH and D&A recovery concepts.

- OMHSAS' definition of recovery:
 - A self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices and opportunities that promote people reaching their full potential as individuals and community members.

Using Assessments to Develop ITPs

“Focus is on Recovery & Resiliency as a *growth or restoration* of **functioning** rather than simply reduction of symptoms”



<u>FARS Profile</u> <u>Ed S.-36yo married male</u>	No Problem		Slight Problem		Moderate Problem		Severe Problem		Extreme Problem
	1	2	3	4	5	6	7	8	9
Depression						x			
Anxiety			x						
Hyper Affect		x							
Thought Process			x						
Cognitive Perf.				x					
Medical/Physical	x								
Traumatic Stress	x								
Substance Use					x				
Interpersonal Rel.		x							
Family Relations		x							
Family Environ.		x							
Socio-Legal			x						
Work or School				x					
ADL Functioning			x						
Ability/Care for Self			x						
Danger to Self				x					
Danger to Others			x						
Security/Mngmt. Needs				x					

Describe Domain to be Addressed

Situation: Moderate to Severe level of Depressive functioning as evidenced by:

- FARS rating of 6 on Depression Domain;
- Self report of depressed mood;
- feelings of worthlessness;
- Sadness;
- loss of interest in most activities;
- negative thoughts about himself;
- sleep problems expressed as difficulty going to sleep and early awakening.

John C. Ward, Jr., Ph.D.
2005 FCCMH/FLAPRA Conference

Describe Goal Statements

For example- the following goals might be of interest to the member:

- **“I will stop my bad thoughts”**
- **“I will exercise more”**
- **“I will sleep better”**

Define Objectives for Change

For example- here are some objectives that might meet the members goals:

- **“I will learn to notice when I think bad thoughts about myself and write them down in a journal”.**
- **“I will learn to notice nice things about myself and write them down in a journal”.**
- **“I will start exercising 30 minutes 3 times a week by ----”**
- **“I will sleep at least 6 hours every night by ----”**

Describe Action Plan

- 1) “I will attend ‘X Group’ for Depression 3 times this week”**
- 1) “I will meet with my therapist on ---- to discuss my negative and positive thoughts in my journal”**
- 3) “I will take the dog for a 30 minute walk after dinner on Monday, Wednesday and Saturday”**
- 4) “I will review and practice the ‘good sleep hygiene’ tip sheet given to me by my therapist every night after dinner”**

Next Step...

Now...pick another “Clinically Elevated” Domain (e.g., Danger to Self & Substance Use) and continue the process ...

Whatever the Tool...Seek Congruence.....

MEMBER INPUT must be in an assessment!

ASSESSMENT data must be reflected in a treatment plan!

TREATMENT PLAN must lead to building needed skills!

STRENGTHS help build skills!

NEW SKILLS must push the treatment plan forward!

PROGRESS NOTES and treatment plan must match!

Every treatment team member must be going in the same direction!!!!

Developing a Goal.....

- Goals are general statements of intent/desire- undefined or ill-defined- and that's just fine!
- Everyday Goals
 - I want to work for myself
 - I want to lose weight
 - I want to have children
- Behavioral Health Goals
 - I want to feel better about myself
 - I want to get along with others better
 - I want to come to terms with my sexual abuse

How do you know a goal is being met??

- OBJECTIVES- measurable objectives with action steps
- Goal- I want to work for myself
- Objectives-
 - I will get a business license by November.
 - I will negotiate a plan to work part time with my current employer beginning in January.
 - I will develop a business plan and secure financing by March.

Break it Down...

- I will get a business license by November...HOW?
- I will negotiate a plan to work part time with my current employer beginning in January....HOW?
- I will develop a business plan and secure financing by March....HOW??



**Recovery & Resiliency- Based
Individualized Treatment
Planning: Part 2**

Now do an ITP....

VALUEOPTIONS

It Is What it Is

- **Documentation MUST reflect the entire picture of the assessment, treatment, and outcomes**
- **Like it or not, what ‘they’ say is correct: “If it’s not documented- *it didn’t happen*”**
- **Like it or not, providers must meet the expectations of multiple authorities...*this* training is about adding more strengths-based and Recovery/Resiliency in our treatment plans**

Revised Treatment Plan Example #1: (11 year old child)

Real Example

- Goal: Client will reduce non-compliant behaviors from 75% to 25%
- Objectives:
 - Client will build a therapeutic relationship with her therapist
 - Client will learn two replacement behaviors to non-compliance per week
 - Client will be aware of consequences for her defiance

Pretend Counterproposal

- **Goal: I want people to like me**
- **Objectives:**
 - **I will do fun things with my brothers every week**
 - **I will say nice things to my parents every week**
 - **I will make a new friend this month**

Revised Treatment Plan Example #1 cont.

■ (Real) Key Actions:

- Develop a trusting relationship
- Modeling techniques, replacement behaviors and cognitive behavioral techniques can be utilized
- Develop a behavior chart for parents to utilize

■ (Pretend Counterproposal) Key Actions:

- **I will write down 3 things I like to do with my brothers and do at least 2 of them every week**
- **I will write down 2 reasons why I get mad at my parents and talk to them about it**
- **I will find one new person I want to talk to this month**

*(*Note- you may also need to add what the therapist's actions will be under the member actions to satisfy other regulations)*

Revised Treatment Plan Example #2- 39 y/o male with aggression

- (Real) Goal: Client will take control of anger outbursts
- Objectives
 - Client will reduce frustration by 75% within 6 months
 - Client will identify 3 triggers
 - Client will learn to verbalize anger instead of acting out
- (Pretend Counterproposal) Goal: I will get a job
- Objectives:
 - I will identify situations that frustrate me and how that could make it hard to get a job within 3 months
 - I will identify three jobs I am interested in within 3 months
 - I will apply for a job within 6 months

Revised Treatment Plan Example #2 cont.

- (Real) Key Actions:
 - Client will attend Anger Management Group every week
 - Client will keep a journal of times he feels angry
 - Client will discuss the things in his journal with therapist

- (Pretend Counterproposal) Key Actions:
 - I will start a journal of things that bother me and bring it to therapy sessions
 - I will look at the 'help wanted' section of the paper and circles jobs that sound interesting
 - I will fill out an application for a job I like.

*(*Note- you may also need to add what the therapist's actions will be under the member actions to satisfy other regulations)*

Example #3: In-Patient Goals and Objectives

I want to restore hope and meaning in my life

- | | |
|----|--|
| A. | I want discuss with my counselor how I want my life to be (my hopes, dreams, etc) |
| B. | I want to discover 3 personal strengths and/or accomplishments about myself (discuss w/ counselor, group, etc.) |
| C | I want to discover 2 ways I can help my outlook by helping someone else here (discuss w/ counselor, group, etc.) |

Example #3 Cont: In-Patient Goals and Objectives

I want to be able to control the voices

- | | |
|----|--|
| A. | I want to turn my back to the voices when they are bothering me by talking with someone else |
| B. | When the voices bother me I want to change my focus through meditation or prayer |
| C. | I want to discuss with my doctor what medications are right for me. |

Example #3 cont: Inpatient Goals and Objectives

I want to experience a renewed level of energy in my life

- | | |
|----|---|
| A. | I want to develop a mental picture of myself having energy and vitality |
| B. | I will discuss my daily activities and accomplishment in group once a day |
| C. | I want to practice exercising 15 minutes each day. |

Revising Exercise

- Using the handout, please re-write the statements to make them reflect Recovery or Resiliency concepts.

Remember

- Success in life is a *journey*- not a *destination*...



William Anthony & Robert Frost

- (RF 1914) Silas has “nothing to look backward to with pride, and nothing to look forward to with hope, so now and never any different”
- (WA 1991) Psychiatric Rehabilitation (Recovery) seeks to instill “Pride in things done, but since forgotten and hope for things undone but still possible.”

Questions and Summary

What final thoughts or questions do you have today about this part of the webinar- or both parts in general?