Planning: The Critical Link

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Learning Objectives

- Identify the six Stages of Change
- Delineate and associate assessed issues with the domains of Impairment, Disability, and Handicap; suggesting the appropriate type(s) of intervention for each
- Refocus attention from the product of the completed plan to the therapeutic, dynamic, and engaging process of planning
- Identify strategies for overcoming barriers to good and effective planning with individuals
Assessment/Treatment Planning Areas of Growth

- Written in individualized language: 80%
- Incorporating all assessed needs into IRP: 59%
- Including co-occurring issues into IRP: 37%
- Including whole health and wellness in IRP: 64%
“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”

~ Abraham Lincoln
Where Should We Focus?

- Treatment
- Recovery
- Outcomes
- Psychiatric Rehab
- Person-Centered
- Consumer-Driven
- Whole Health & Wellness
- Stage of Readiness
Engagement begins at “Hello”....

We must meet individuals where they are

All individuals have the ability to grow and change, even helpers!
Mental health assessment gives the helper an overall picture of how well you feel emotionally and how well you are able to think, reason, remember (cognitive abilities), and function in your daily life.
Assessment

Formalized screening to:

- Identify presenting issues/treatment needs
- Evaluate for both behavioral health and substance use disorders
- Screen for Intellectual Developmental Disabilities (IDD) or cognitive impairments
- Assess imminent risk to promote safety
Assessment

Formalized screening to:

- Delineate between physical and behavioral health needs
- Geared towards individual’s age and stage of development
- Encompasses family history and family dynamics
- Evaluate community involvement & natural supports
Assessing the “Whole” Individual

- Emphasis is on wellness
- Holistic approach

- Co-occurring issues include:
  - Behavioral health needs
  - Substance use disorders
  - Intellectual Developmental Disabilities (IDD)
  - Physical/medical conditions
Initial Assessment

To admit or not

Screen in or out of services

Imminent risk

Walk-in access vs. scheduled appointment

Intake approach

Brief evaluation vs. complete assessment

Provide referral as needed if not able to provide the necessary treatment
<table>
<thead>
<tr>
<th>Types of Assessment</th>
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<tbody>
<tr>
<td>Nursing</td>
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<tr>
<td>Psychiatric</td>
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<tr>
<td>Safety</td>
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<tr>
<td>Psychological</td>
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<tr>
<td>Neuropsychological</td>
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<tr>
<td>Substance Use</td>
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<tr>
<td>Nutritional</td>
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<tr>
<td>Educational</td>
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<tr>
<td>Trauma</td>
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<tr>
<td>Readiness</td>
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<tr>
<td>Functional (skills)</td>
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<td>Resource (supports)</td>
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<tr>
<td>Vocational</td>
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<td>Psycho-spiritual</td>
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</table>
Best Practice Aids

Supplemental Screening Tools:

- **Substance use** (ASI, SASSI, CAGE AID, AUDIT, S-BIRT, MAST, DAST)

- **Mental health** (Beck Depression Inventory, Kessler 6 or 10, M3 Checklist, Mood Disorder Questionnaire)

*These are examples of best practices which may be applicable to your practice but it is not an exhaustive list. This list is not comprehensive nor to be considered a mandate.*
Best Practice Aids

Supplemental Screening Tools:

- **Suicidality** (Columbia Suicide Severity Rating Scale, SAFE-T, Suicide Behaviors Questionnaire)
- **Trauma** (UCLA-PTSD-RI, Life Event Checklist, PTSD Checklist, ASD-Kids)

*These are examples of best practices which may be applicable to your practice but it is not an exhaustive list. This list is not comprehensive nor to be considered a mandate.*
Best Practice Aids

- **Child specific behaviors** (CBCL-Preschool or School Age, Parent Behavior Checklist, Vanderbilt Assessment tools)
- **Functional Assessment** (AFLS (adults), Self Help Functional Skills Checklist (C&A), BCPR Functional Assessment Process, ANSA/CANS)

*These are examples of best practices which may be applicable to your practice but it is not an exhaustive list. This list is not comprehensive nor to be considered a mandate.*
Stages of Change
Prochaska & DiClemente: Model of Change

“Move through a series of stages in the adoption of healthy behaviors or cessation of unhealthy ones”

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse
Stages of Change Model

Prochaska & DiClemente:

- **Pre-contemplation:** not really considering change, “ignorance is bliss”
- **Contemplation:** ambivalent about change, “sitting on the fence”
- **Preparation:** planning to act within, trial/error, “testing the waters”
Stages of Change Model

- **Action**: practicing new behavior(s), 3-6 months
- **Maintenance**: continued commitment to sustaining behavior, 6 months to 5 years
- **Relapse**: resuming old behaviors, “fall from grace”

Reassess *motivation* and *barriers* if an Individual is not progressing or relapses. This is normal!
Stages of Change

Assesses for readiness to engage and consider change.

Provides strategies or processes to guide through the stages.

Motivational Interviewing is helpful in identifying current stage.
Since individuals differ in their **readiness** to make changes, experts suggest matching appropriate interventions to the stage (or readiness).

“Meet people where they are!”
Stages of Change

- **Pre-contemplation**: No intention of changing behaviour
- **Contemplation**: Aware a problem exists, no commitment to action
- **Preparation**: Intent upon taking action
- **Action**: Active modification of behaviour
- **Maintenance**: Sustained change, new behaviour replaces old
- **Relapse**: Fall back into old patterns of behaviour

Transtheoretical Model of Change
Prochaska & DiClemente
“Success, moreover, is defined not just by changing the behavior but by any movement towards change, such as shift from one stage of readiness to another.”

(Integrating Motivational Interviewing, the Stages of Change Model, and Treatment Planning-Kevin Glavin & Rachel Hoffman)
Contemplation to Preparation

- Ready to take action and able to reach out for help
- The intake appointment occurred – “They made it through the door”
- Ambivalent but ready to share their life story
- Assessment and engagement begins here
Where do we go from here?

- Areas of need have been identified
- Preliminary goals discussed
- Strategies have been brainstormed
Mapping the Journey

- Identify the destination
- Select means and methods
- Design the itinerary
- Start journey
A dream written down with a date becomes a **goal**

A goal broken down into steps becomes a **plan**

A plan backed by **action** makes your dreams come true

~Greg S. Reid
The Critical Link

Assessment

Planning

Intervention
In this training, “planning” refers to the following and how each can interact and impact the other:

- **Individualized Recovery Planning**:
  - Treatment Planning (addressing illness & disease)
  - Service Planning (addressing resources/supports)
  - Safety Planning (suicidality and risk reduction)
  - Rehabilitation Planning (increasing skills & supports to obtain valued roles of choice)
  - Wellness Planning (increasing health & wellness)
Why Plan?

Planning is the critical link between assessment activities and desired outcomes via intervention approaches such as treatment, rehabilitation, advocacy, and support.
GOOD PLANS SHAPE GOOD DECISIONS. THAT'S WHY GOOD PLANNING HELPS TO MAKE ELUSIVE DREAMS COME TRUE.

— Lester R. Bittel, in The Nine Master Keys of Management (1972)
The Planning Process . . .

1. Meets the individual where they are
2. Identifies desired outcomes
3. Formulates strategies to achieve outcomes
4. Arranges or creates the means required
5. Identifies, prioritizes, and directs critical actions
If you don’t go after what you want, you’ll never have it. If you don’t ask, the answer is always no. If you don’t step forward, you’re always in the same place.
Why Plan?

A good plan demonstrates thoughtful consideration of needed actions and outcomes to reach the “destination.”
The IRP contains:

- “Destinations”
- “Map”
- “Itinerary”
- Lists “travelers”
- Roles and activities on the “trip”
If you fail to plan, you are planning to fail.
Choosing the Intervention

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<thead>
<tr>
<th>Impairment</th>
<th>Disability</th>
<th>Handicap</th>
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</thead>
<tbody>
<tr>
<td>Condition or symptom (Disease Process)</td>
<td>Limitation of Function (Lack of Doing)</td>
<td>Environmental/Societal (Discrimination/Barriers)</td>
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**Treatment**
- Targeting Symptoms
- Reducing Symptoms
- Alleviating Distress
- Medication

**Rehabilitation**
- Rehabilitation Dx
- Rehab Planning
- Rehab Intervention

**Advocacy**
- Changing the System / Laws
- Changing Society
- Improving Quality of Care
- Creating New Services
There is no such thing as a “Skill Pill”
Complementary Approaches

More Access / Less Stigma

Increased Function

Psych Rehab

Advocacy

Reduced Symptoms / Cures

Treatment
Rules for Planning

- Specific to the individual
- Occurs with the individual
- Individualized language
- Modified as changes occur
- Individual owns their plan
- Ongoing process
The individual is the navigator of the journey and keeper of the map

Although a signature is good and required, it does not necessarily demonstrate involvement.
“Give me six hours to chop down a tree and I will spend the first four sharpening the axe.”

~ Abraham Lincoln
Many of the great achievements of the world were accomplished by tired and discouraged people who kept on working!
Questions and Feedback

The Georgia Collaborative ASO
References

- In search of how people change: Applications to addictive behaviors, American Psychology, 1992, JO Prochaska and CC DiClemente
- Treatment Planning M.A.T.R.S.: Utilizing the ASI to Make Required Data Collection Useful, Blending Initiative, NIDA / SAMHSA
- Multiple Resources from the Boston Center for Psychiatric Rehabilitation and Psychiatric Rehabilitation Association
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

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