A Counselor's Guide to Objective, Measurable, Obtainable and Reimbursable Treatment Plans

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About the Presenters

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Objectives

- Participants will learn to write objective and measurable goals, interventions and techniques that are evidence-based.
- Participants will learn to write treatment plans that consider clients’ strengths and interests, diagnoses and stages of change.
- Participants will write treatment plans that consider payer source and compliance standards.
Good Treatment Planning

- Client-centered
- Objective and measurable (empirically-supported)
- Obtainable (goals and objectives)
- Reimbursable

Components of a Treatment Plan

- Problem selection (e.g., diagnosis, focus of treatment)
- Problem definition (e.g., diagnostic criteria/symptoms, level of adaptive functioning)
- Goal development (e.g., long-term outcomes of treatment)
- Objectives (e.g., short-term, measurable, behavioral goals likely to be completed during treatment)
- Intervention (e.g., empirically-supported techniques used by counselor or social worker)

Adapted from:

Additional Considerations

- Diagnosis and symptoms
- Symptom severity
- Symptom salience (e.g., presence of suicidal ideation)
- Client's distress
- Level of adaptive functioning/severity of impairment (World Health Organization Disability Assessment Schedule; WHODAS)
- Disability related to the disorder
- Gender and Culture
- Cognitive, emotional, behavioral, and physiological processes that co-occur with the symptom set
- Stage of change
- Past response to treatment
- Baseline level of functioning (caution setting goals too high)
- Any other important considerations
Compliance Considerations

- International and National Accreditation (e.g., Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (JCO), Council on Accreditation (COA))
- State Compliance Standards (e.g., Ohio Department of Mental Health and Addictions Services (MHAS), Administrative Code/Law)
- County Behavioral Health Boards
- Agency Policies and Procedures
- Managed Care Systems, Private Insurance, Payer Source

International and National Accreditation

- Non-profit organization
- Promote quality services and positive treatment outcomes
- Each accrediting body has standards that must be met to earn accreditation
- Accredited programs and agencies are evaluated at set periods (e.g., every three years) to determine ongoing accreditation
Ohio Department of Mental Health and Addictions Services (MHAS)

- Offer state-level licensing and certification
- Promote quality services and positive treatment outcomes
- Approve/offering funding for services
- NOTE: often govern the content of treatment notes/plans and frequency of updates (e.g., treatment plans must be updated annually or every 90 days)

County Behavioral Health Boards

- Offer county-level licensing and certification (e.g., grant-funded programs)
- Promote quality services and positive treatment outcomes
- Approve/offering funding for services
- Usually comply with state standards
- NOTE: often govern the content of treatment notes/plans and frequency of updates (e.g., treatment plans must be updated annually or every 90 days)

Agency Policies and Procedures

- Unique to each institution
- Most agencies have policies specific to documentation standards
- Policies and procedures should comply with international and national accreditation, state law, and ethical codes, state and county level regulatory bodies
Managed Care Systems, Private Insurance, Payer Source

- Ensure quality of care
- Ensure consistent/empirically-supported practices are used
- Control cost
- GOAL – finance health care that is medically necessary and cost-effective through the use of empirically-supported techniques and interventions
- Hold providers accountable: may need to justify services
- Determine number of sessions and approved services (e.g., counseling, psychiatric case, community psychiatric support treatment)

THE GOLDEN THREAD

- Treatment planning starts with the diagnosis/symptoms
- Goal, objectives and interventions are directly tied to the diagnosis (e.g., cannot diagnose a client with BiPolar I disorder and identify goals connected to symptoms of Schizophrenia)
- Goals, interventions and interventions from treatment plan should be reflected in progress notes (should not diagnose a client with BiPolar I, develop goals, objectives and interventions connected to BiPolar I and then use an intervention associated with Substance Use in session and document on the progress note)
- NOTE: Examples of THE GOLDEN THREAD noted throughout presentation through the use of gold, underlined font
Useful Tools

Helpful Questions

• What are the main points here?
• What experiences and actions are most important?
• What symptoms are being reported?
• What themes are coming through?
• What is her/his point of view/worldview?
• What is most important to her/him?
• What does her/she want me to understand?
• What decisions are implied in what she/he is saying?
• What is she/her proposing to do?
• What background, circumstances surround this client's life and affects the way the client understands and deals with their problems?
• What age related psychosocial/developmental tasks is the student/client facing?
• How does the client construct meaning (i.e. determining what is important and right)?
• How does the clients personality style and temperament affect their approach to the world?

Prompts

• Examples:
  • Assist
  • Asses
  • Assign
  • Compare
  • Explain
  • Reduce
  • Revise
  • Action Verbs!
Common Factors Across Therapies That Are Associated With Positive Outcomes

<table>
<thead>
<tr>
<th>Support Factor</th>
<th>Learning Factor</th>
<th>Action Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catharsis &amp; Trust</td>
<td>Advice</td>
<td>Behavioral regulation</td>
</tr>
<tr>
<td>Identification with therapist</td>
<td>Affective experiencing</td>
<td>Cognitive anxiety</td>
</tr>
<tr>
<td>Positive relationship</td>
<td>Assimilation of problematic experiences</td>
<td>Encouragement of living skills</td>
</tr>
<tr>
<td>Resilience</td>
<td>Cognitive learning</td>
<td>Role modeling</td>
</tr>
<tr>
<td>Release of tension</td>
<td>Insight</td>
<td>Behavior modeling</td>
</tr>
<tr>
<td>Structure</td>
<td>Feedback</td>
<td>Reality testing</td>
</tr>
<tr>
<td>Therapeutic alliance</td>
<td>Rationale</td>
<td>Success experience</td>
</tr>
<tr>
<td>Therapist/client active participation</td>
<td>Behavioral control</td>
<td>Working through</td>
</tr>
<tr>
<td>Therapist warmth, respect, empathy, acceptance, genuineness</td>
<td>Cognitive mastery</td>
<td></td>
</tr>
</tbody>
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Support factors are correlated with establishing a counselor-client relationship.
Learning and Action factors are correlated with treatment.


BUILDING BLOCKS OF TREATMENT PLANNING

Building Blocks of Treatment Planning
- Diagnostic Assessment
- Treatment Plan (Individualized Service Plan)
- Progress Note
- Termination Summary
**Diagnostic Assessment**

- Client diagnosis and associated criteria/symptoms must be identified to select treatment goals, objectives and interventions.
- Most manage care and private insurance companies consider treatment necessary and reimbursable when medically indicated.
- The diagnosis, symptoms and severity are evidence of medically necessary treatment.
- Change in symptoms and alleviation of diagnosis are indicators of progress and/or termination (e.g., doctor will be reimbursed for treating cancer if the doctor documents symptoms of cancer. Doctor will not be reimbursed for cancer if documenting symptoms of heart disease).

**Frequency:** Admission and update every 90 days

**Purpose:**
- Identify symptoms, diagnosis, strengths, limitations, needs, abilities, treatment preferences, level of adaptive functioning, psychosocial history, determine appropriate level of care

**Assessment Considerations:**
- Presenting problem, service needs and preferences
- Diagnostic Criteria
- Lethality assessment
- Social history relevant to treatment including: employment and/or school history; community involvement, interests and supports; history of involvement with the legal system; role of religious practices in the person’s life; description of current living arrangements, ethnic and cultural influences; developmental history, and use of alcohol and/or drugs
- Mental status examination
- Considerations of special needs and additional services
- Health/medical history
- History or indications of abuse, neglect or violence
- Current or previously used medications, including allergies, effectiveness, side effects or adverse reactions.
- A summary of assessment information that includes a DSM-V diagnosis.
Treatment Plan

- Frequency: Second session and update every 90 days
- Typically include:
  - Measurable goals that address the client's strengths, skills needed and natural supports
  - Measurable treatment objectives with a time frame for achievement that identifies the therapeutic intervention, frequency, service and the provider responsible for service delivery
  - Goals and objectives that relate to needs, preferences and obstacles identified in the diagnostic assessment
  - Other agencies involved in treatment, when applicable
  - Transition/discharge planning

SMART Goals

- Specific – concrete, use action verbs
- Measurable – Numeric or descriptive, quantity and quality
- Attainable – appropriately limited in scope, feasible
- Results-oriented – Measures outputs or results, may include accomplishments
- Timely – Identifies target dates, includes interim steps to monitor progress

From:

EXAMPLE: Decrease symptoms of depressed mood (sadness, loss of interest, worthlessness) from an “8 – depressed mood impacts my life all day/every day” to a “6 – depressed mood impacts half of my day/ever day” on a scale of 1-10 (10= most severe) in the next 90 days.
Progress Note

- Frequency: During or following session/meeting with client
- Typically include:
  - Date of the service contact
  - Time of day of the service contact, start/stop time, including a.m or p.m.
  - Duration of the service contact
  - Description of the activities of the service
  - Therapeutic interventions
  - Behavior and the response to the intervention of the person served and
  - Progress toward treatment goal
- The progress note will be directly tied to the goals and objectives listed on the client’s current treatment plan (Golden Thread)
Termination Summary

- Reason:
  - Reached treatment goals
  - No longer benefiting from services
  - Referred to another agency or level of care
  - Client discontinued services or involuntarily terminated
- Typically include:
  - Date of admission
  - Date of discharge
  - Date of last contact
  - Diagnostic criteria at admission
  - Diagnostic criteria at discharge
  - Level of care and services provided during treatment
  - Client’s response to treatment, including progress in meeting treatment goals and condition at discharge
  - Recommendations and/or referrals for additional treatment or other services, and after care options.
  - Reasons for termination

STAGES OF CHANGE

Readiness for Change

- The proper question is not, “Why isn’t this person motivated?” but rather, “For what is this person motivated?”

- Instead of focusing on what the person doesn’t want to change – it’s best to focus on what the person does want to change.

  (Miller & Rollnick, 2002)
Transtheoretical Model

- Transtheoretical Theory = How clients change naturally (on their own) without interference.
- Counselors need to know what stage of change the client is in so that proper interventions can be applied
  - Stages of Change:
    - Precontemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance
    - Termination

The Stages of Change


TREATMENT PLAN LANGUAGE
Precontemplative

- Goal: Consciousness raising/Increasing awareness
- Examples:
  - Assist client with increasing awareness of the costs and benefits of changing unhealthy behaviors that are escalating behavioral health symptoms
  - Assist client with increasing awareness of behavioral health symptoms
  - Assist client with increasing awareness of patterns of behavior

Adapted from:

Contemplative

- Goal: Client self-evaluation
- Examples:
  - Challenge client to evaluate self-perception in relation to behavioral health symptoms
  - Encourage client to identify ways that changing behaviors will impact current level of functioning
  - Assist client with envisioning a future with deceased behavioral health symptoms

Adapted from:

Preparation

- Goal: Empowerment
- Examples:
  - Assist client with identifying ways he or she can contribute to changing behaviors that interfere with personal goals
  - Encourage client to identify strategies to increase control over behavioral health symptoms

Adapted from:
Active

- **Goal:** Reinforce progress toward change
- **Examples:**
  - Assist client with identifying internal gratification achieved through positive changes
  - Encourage client to narrate story reflecting changes made and influence on personal goals
- **NOTE:** Most treatment planners correlate with the active stage of change but language can be adapted to all stages of change

Adapted from:


Maintenance

- **Goal:** Preventing relapse
- **Examples:**
  - Assist client with reviewing strategies to maintain decrease in behavioral health symptoms
  - Assist client with identifying ways to be proactive in maintaining progress made toward goals

Adapted from:


Changing Active Goals: Precontemplation

- **ACTIVE**
  - **Goal:** "Alleviate depressed mood and return to previous level of effective functioning"
  - **Objective:** "Identify and replace cognitive self-talk that is engaged in to support" depressed mood
  - **Intervention:** "Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressogenic schemata"


- **PRECONTEMPLATION**
  - **Goal:** Increase awareness of depressed mood and patterns of unhealthy behaviors
  - **Objective:** Identify examples of negative self-talk from literature and case examples correlated with depressed mood
  - **Intervention:** Assist the client in developing an awareness of the connection between thoughts and depressed mood in people diagnosed with depression
Changing Active Goals: Contemplation

**ACTIVE**
- Goal: "Alleviate depressed mood and return to previous level of effective functioning"
- Objective: "Identify and replace cognitive self-talk that is engaged in to support" depressed mood
- Intervention: "Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressogenic schemata"


**CONTEMPLATION**
- Goal: Identify symptoms of depressed mood
- Objective: Identify impact of cognitive self-talk on depressed mood
- Intervention: "Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressogenic schemata"

Changing Active Goals: Preparation

**ACTIVE**
- Goal: "Alleviate depressed mood and return to previous level of effective functioning"
- Objective: "Identify and replace cognitive self-talk that is engaged in to support" depressed mood
- Intervention: "Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressogenic schemata"


**PREPARATION**
- Goal: Identify symptoms and behaviors associated with depressed mood
- Objective: Identify ways cognitive self-talk impacts depressed mood
- Intervention: Assist the client in identifying ways more positive self-talk could impact mood

Changing Active Goals: Maintenance

**ACTIVE**
- Goal: "Alleviate depressed mood and return to previous level of effective functioning"
- Objective: "Identify and replace cognitive self-talk that is engaged in to support" depressed mood
- Intervention: "Assist the client in developing an awareness of his/her automatic thoughts that reflect a depressogenic schemata"


**MAINTENANCE**
- Goal: Maintain current level of effective functioning absent of symptoms of depression that cause clinically significant distress
- Objective: Engage in ongoing positive cognitive self-talk that supports a healthy level of functioning
- Intervention: Assist the client in reviewing techniques to maintain positive thinking
Material Adapted from:

- Jongsma Treatment Planning Series: http://jongsma.com/

Questions and Answers