

## Treatment Plan Guidelines

### Key Concepts in Treatment Planning

SMART = Specific, Measurable, Achievable, Realistic, and Time frames

How do you make goals measurable?

- Give an estimate of the measured behavior that you want to improve. For example, client will reduce lying behaviors to less than one time per week. An easy way to make a goal measurable is to put a number on the behavior.
- Use the phrase “as evidenced by” and then include the measurement tool:
  - Client report
  - Parent report
  - Caregiver report
  - Journal
  - School progress report
- A well-written goal looks like this: The client will reduce episodes of lying to less than two times per week as evidenced by parent report.
- A well-written objective looks like this: The client will verbalize at least three consequences of lying behavior to the counselor.

### Care Logic Instructions

\*\*One treatment plan per client; all services can be addressed in one treatment plan.

\*\*CCFT updated every 30 days; OP, MM, and THL updated every six months

\*\*If there is treatment plan already entered, ALWAYS select “review” to add a new treatment plan

#### **“Tx plan info section”**

- For Plan Type select the program for which you are writing the treatment plan
- Begin Date = the date you are beginning your treatment plan
- End Date = leave open
- Complete remaining boxes with simple statements. Only 1-2 sentences needed. If reviewing and someone else has written these in, then you can add to what has already been written if you’d like, or you can leave it alone.
- Be sure to check ALL services that the client is receiving at the bottom

**“Treatment plan development”** and **“My supports and strengths”** are self-explanatory. Clicking the “other” box allows for you to write client specific strengths which is always a good choice and makes for a more robust treatment plan.

**“Health and treatment needs assessment”** = Don’t make any selections or complete any sections; simply select Submit to get to the next screen.

#### **“Problems/Goals/Objectives”**

Multiple programs (CCFT, OP, and THL) should all be working off the same goals. This is encouraged and it signifies a multi-disciplinary approach to assisting the client. A well-written, simple plan is much better than a long, poorly written, convoluted plan. Therefore, there should only be a maximum of **three needs** for the client; too many more becomes unattainable. And, it is okay if you only have 1-2 goals and 1-2 objectives per need. Keep in mind that if a client is enrolled in THL, then one of the needs must always be THL: Wellness.

For example, an “Anger Management” need might look like this:

- Need: Anger Management
- Goal: Client will refrain from getting into fights when angry at least 6 out of 7 days per week as evidenced by parent report.
- Objective: Client will talk about past angry outbursts/behaviors and identify the consequences of these actions (CCFT or OP).
- Objective: Client will implement at least one positive coping skill to use when feeling angry (CCFT or OP)
- Objective: Client will attend 8 out of 10 scheduled mental health appointments to receive treatment for his anger management (THL).
- Objective: Client will take medication prescribed to assist with anger management symptoms and outbursts (THL).

Whenever possible, **avoid using the pre-written Care Logic goals/objectives**. They are not client specific and they are not measurable.

Be sure to select estimated completion dates within the objectives. You can always review them and keep them if objectives are not accomplished when reviewing future treatment plans. This satisfies the “time frames” as required in SMART goals/objectives.

#### **“Discharge plan”**

- Barriers to discharge
  - Almost every client has a barrier to completing their treatment. The MCO’s specifically look at this on the treatment plan, and they want to see how you plan to overcome the barriers.
  - So be sure to select “yes” and then identify at least one barrier that could impact the client’s progress in treatment.
- Recovery Supports: this is how you plan to help the client overcome their barriers to progress/discharge
- Before Stepping Down I would like to complete the following:
  - Many of these are for one treatment service only; so, if you have a client in multiple services keep this in mind
  - Complete \_\_\_% of my treatment plan goals is the best selection here. It applies to all of our clients, especially if they have multiple services
  - Once you select that option, you can enter a percentage of goals you want to see them complete.

#### **THL specific things to consider:**

- Don’t forget to always have a THL Wellness and corresponding goals/objectives to satisfy the HEDIS gaps.
- Client specific needs identified within the DLA can be addressed as goals/objectives under another need. For example, if a client is working on Oppositional Defiant Behavior, then transportation, appointment adherence, and medication compliance can all be THL related objectives under that need.
- If there are other needs identified in the DLA *unrelated* to mental health (such as time management, housing, or leisure for example) then whenever possible find creative ways to “weave” these into the predominant mental health treatment needs. If a client is working hard on specific THL needs not related to mental health and you are unable to “weave” in with another MH goal, then go ahead and add another THL related need to address the work being done.
- If you find yourself working on various other needs not listed on the treatment plan, be sure to update the treatment plan as soon as you are able to.