

# **First Coast Advantage & Suwannee River AHEC Present Treatment Plans and Service Plans: Training the Trainer**

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# Overview

- What is a treatment plan? Service plan?
- What are goals and objectives?
- Choosing your treatment focus
- Target symptoms
- Measuring objectives in the treatment plan
- Examples of treatment plans and services plans
- Questions and Discussion

# Treatment Plans and Service Plans

- The individualized treatment plan is a structured, goal-oriented schedule of services developed jointly by the client and the treatment team. The plan must contain written treatment-related goals and measurable objectives.
- An assessment conducted by a licensed practitioner of the healing arts must be completed prior to the development of the treatment plan.
- ***Medicaid will reimburse for services 45 days prior to the authorization date. The treatment plan becomes effective on the date it is authorized (i.e., signed and dated) by the treating practitioner.***

# The Treatment Plan

- **Must contain all of the following components:**
  - ICD-9-CM diagnosis codes consistent with assessment;
  - Goals that are appropriate to the client's diagnosis, age, culture, strengths, abilities, preferences and needs;
  - Measurable objectives and target dates;
  - A list of the services to be provided;
  - The amount, frequency and duration of each service;
  - It is not permissible to use the terms "as needed," "prn."
  - Signature of the client or guardian and treatment team;
  - Signed statement by treating practitioner that services are medically necessary and appropriate to diagnosis.

# The Service Plan

- A written plan describes the client's service needs
  - mental health maintenance;
  - medical;
  - dental;
  - legal;
  - family support and family education;
  - education, vocational, job training;
  - housing, food, clothing, transportation and other services.

# The Service Plan must:

- Be an identifiable document;
- Be developed with the client and the client's legal guardian (if applicable);
- Describe the client's service needs
- Describe actions of the targeted case manager in partnership with the client;
- Contain measurable goals and objectives derived from the client's assessment;
- Have identified time frames for achievement of goals;

# The Service Plan must:

- Include the name of the individual or agency responsible for providing the specific assistance or services;
- Be consistent with the client's treatment plan(s);
- Be signed and dated by the client, the client's parent, guardian or legal custodian (if the client is under 18 years of age), the client's mental health targeted case manager (must include title), and the mental health targeted case manager's supervisor (must include title); and
- Be retained in the client's case record.

- ***Treatment Plans and Service Plans should be tailored to the individual client based on the client's problems and needs. These plans should not be mass-produced, even in the event that the clients have similar problems.***

# Goals and Objectives

- *The goal is where we want to be*
- Goals are general statements which describe desired long-term outcomes of the services provided.
- Goals do not have to be stated in measurable terms, and can be global goals that reflect a desired outcome
- Goals provide direction for the treatment/service plan
- Goals must be stated in positive, proactive language about what the client will do instead of about what they will not do

# Goals and Objectives

- *Objectives are the steps needed to reach your goal*
- They are specific action steps or strategies
- They must be measurable and achievable outcomes rather than a description of the process.
- Case Management objectives do not need a numeric measure to be measurable. The measure is through the completion of the referral, linkage and/or advocacy related to a specific resource.

# Goals and Objectives

- **Effectively designed Goals and Objectives are:**
- Conceivable - can be expressed in words
- Believable – something that clients believe they can attain
- Achievable - can be attained through the client's time, energy and effort
- Measurable – keep goals concrete, specific and behavioral (non-behavioral goals, such as having more self esteem and getting in touch with feelings are difficult measure).
- Desirable - something that the client wants

# Measurable Objectives State:

- Behaviors, knowledge, and/or skills to be changed as a result of case management.
- What are the desired outcomes - the intended behavior, knowledge, and/or skill changes that should result from case management activities.
- How progress is measured - what tool or device will be used (e.g. surveys, data from other sources, etc.) to measure the expected changes.
- Proficiency level - identify the criteria for success.
- When will the outcome occur - Identify the time frame for success

# Choosing a Treatment

- What is a treatment for this client that:
  - Fits the clinical problems
  - Is delivered at the client's level
  - Is evidenced-based
  - Is available in the center or community
- Medication use in children
  - Some evidence for use in adolescents
  - Little evidence for use in children, except for ADHD
  - Psychosocial treatment most often is first-line approach

# Target Symptoms

- Thorough assessment elicits targets for treatment
  - Anxiety
  - Parent-child problems
  - Defiant behaviors
  - Sadness
  - Poor school functioning
  - Others?
- Key to monitoring progress is measuring these symptoms or behaviors

# Tools to Measure Outcomes

- Depression:
  - Hamilton Depression Rating Scale (HAM-D);
  - Montgomery-Asberg Depression Rating Scale;
  - Beck Depression Inventory;
  - Reynolds Adolescent Depression Rating Scale;
  - Child Depression Inventory
- Anxiety
  - Beck Anxiety Inventory;
  - Hamilton Anxiety Scale;
  - Multidimensional Anxiety Scale for Children

# Tools to Measure Outcomes

- Attention-Deficit/Hyperactivity Disorder
  - SNAP-IV (Swanson, Nolan and Pelham ADHD rating scale, version IV);
  - Conners ADHD Rating Scale;
  - Vanderbilt ADHD Rating Scale
- Obsessive-Compulsive Disorder
  - Yale-Brown Obsessive-compulsive Scale (YBOCS)
- Schizophrenia
  - Positive and Negative Symptoms of Schizophrenia (PANS)

# Tools to Measure Outcomes

- Posttraumatic Stress Disorder
  - The Child PTSD Symptom Scale (CPSS)
  - Edna Foa, PhD, Department of Psychiatry, University of Pennsylvania, 3535 Market Street, 6th Floor , Philadelphia, PA 19104, (215) 746-3327  
Email: [foa@mail.med.upenn.edu](mailto:foa@mail.med.upenn.edu)
  - Modified PTSD Symptom Scale (MPSS-SR)
    - Obtain from Sherry Falsetti, Ph.D. ,Dept. of Family and Community Medicine ,College of Medicine at Rockford ,Univ. of Illinois at Chicago  
1221 East State Street, Rockford, IL 61104

# Tools to Measure Outcomes

- General Symptoms
  - Brief Psychiatric Rating Scale (BPRS)
- Functional Outcomes
  - Global Assessment of Functioning
  - Columbia Impairment Scale
  - Children's Global Assessment Scale (CGAS)
  - FARS and CFARS
  - Child & Adolescent Functional Assessment Scale (Kay Hodges, Ann Arbor, MI)
  - Brief Impairment Scale (for children, Hector Bird)

# Other ways of measuring outcomes

- Patient reported symptom severity
- Sleep diaries
- Daily school report cards
- Behavior plan charts: % of days meeting behavioral goals
- Response to behavior plans: did they get the incentive?
- Client or parent report of presence suicidal ideas, psychotic symptoms, etc. (can use chart and track days without symptoms)
- Other ideas??

# Treatment Plan Examples: Depression

- **Problem:** Depression as evidenced by a persistent feeling of sadness, preoccupation with death, suicidal thoughts, lack of interest in previously enjoyed activities, low energy, verbalizations of low self esteem, reduced appetite and increased sleep.
- **Goal:** Alleviate depressed mood and return to previous level of effective functioning as indicated during the initial assessment.

# Treatment Plan Examples: Depression

## Objectives:

- Therapist/Client will complete a written depression inventory (e.g. Hamilton Depression Rating Scale (HAM-D), Montgomery-Asberg Depression Rating Scale, Beck Depression Inventory, Reynolds Adolescent Depression Rating Scale, or Child Depression Inventory) and discuss results with therapist
- Therapist/Client will complete subsequent inventories and monitor improvement (eg. >30% reduction in score)
- In partnership with the therapist, client will identify at least 3 examples of negative self-talk that brings on feeling of depression

# Treatment Plan Examples: Depression

## Objectives (continued):

- Client will replace each negative self-talk statement with a positive statement
- Client will write in my (portable) journal when negative self talk occurs or summarize in 1 paragraph at the end of each day
- Client will make a weekly list of their positive accomplishments (e.g. exercise, meditate, attended a social event, visit family, etc.)
- The therapist will probe aspects of the client's life and identify those sources that contribute to depression
- Therapist will refer client for a psychiatric evaluation to determine the appropriate course of treatment pharmacologically if symptoms persist

# Treatment Plan Examples: Anxiety Disorder

- **Problem:** Anxiety as evidenced by excessive and exaggerated fear and worry with no obvious reason that interferes with every aspect of client's life (e.g. work, school, family relationships and social activities)
- **Goal:** Reduce overall frequency and intensity of fear and worry and resolve the key issue that is the source of fear and worry so that there is an increased ability to function on a daily basis

# Treatment Plan Examples: Anxiety Disorder

## **Objectives:**

- Client will complete a written depression inventory (e.g. Beck Anxiety Inventory, Hamilton Anxiety Scale, or Multidimensional Anxiety Scale for Children) and discuss results with therapist
- Client will complete subsequent inventories and Therapist will monitor for an improvement in the overall score
- Therapist will assist client in making a list of things or circumstances that cause excessive fear and worry
- Therapist will assist client in identifying the negative thoughts that precipitates feeling of fear and worry

# Treatment Plan Examples: Anxiety Disorder

## **Objectives (continued):**

- Client will identify what has been the most effective intervention in relieving fear and worry (e.g. deep breathing, talking, etc.)
- Therapist will coach client in learning at least 1 new technique to cope with anxiety (e.g. progressive relaxation, guided imagery, meditation, yoga, etc.)
- Through cognitive-behavioral therapy, Therapist will assist client in identifying at least 3 negative thinking patterns and/or irrational beliefs that are fueling the anxiety

# Treatment Plan Examples: Anxiety Disorder

## **Objectives (continued):**

- Therapist will challenge these thoughts/irrational beliefs and encourage client to develop at least 1 alternative or less extreme ways of viewing things for every negative thinking pattern and/or irrational belief
- After consulting a physician, client will engage in at least 30 minutes of physical activity (e.g. walking, bicycling, sports, etc.) 3-5 times a week to aid in reducing symptoms of anxiety
- Therapist will refer client for a psychiatric evaluation to determine the appropriate course of treatment pharmacologically if symptoms persist

# Treatment Plan Examples: ADHD

- **Problem:** Short attention span, easily distracted, and repeated failure to follow through on instructions or complete tasks
- **Goal:** Sustain attention and concentration for consistently longer periods of time and increase the frequency of on-task behaviors

# Treatment Plan Examples: ADHD

## **Objectives:**

- Parent will provide teacher with an ADHD Rating Scale (e.g. SNAP-IV, Conners or Vanderbilt) to complete and return to therapist
- Parent will complete an ADHD Rating Scale and return to therapist
- Therapist will review results with parent/client to establish a base point to begin therapy and monitor treatment effectiveness and changes over a specified period of time
- Parent/Teacher will complete subsequent rating scales and the therapist will monitor for an improvement in the overall score
- Therapist will assist parents in developing and implementing an organizational system to increase on tasks behaviors using calendars, charts, notebooks, etc.

# Treatment Plan Examples: ADHD

## Objectives (continued):

- Therapist will encourage parents to maintain regular communication with the teachers about client's progress via weekly written progress report or written log
- Therapist will educate the client and parent about the symptoms of ADHD via pamphlets, booklets, and DVDs
- Therapist will coach parents/teachers on how to give proper instructions (e.g. obtain client's attention, make one request at a time, clear away distractions, repeat instructions, etc.).
- Parents in partnership with the therapist and teachers will identify a variety of positive reinforcers or rewards to maintain motivation for achieving desired goals and changes in behavior

# Treatment Plan Examples: PTSD

- **Problem:** Intense distress when exposed to reminders of a traumatic event
- **Goal:** Recall traumatic events without becoming overwhelmed with negative emotions and develop and apply effective coping skills that will allow client to carry out normal responsibilities and activities

# Treatment Plan Examples: PTSD

## **Objectives:**

- Client will identify verbally and/or in writing events and other stimuli that triggers thoughts and feelings associated with past trauma
- Therapist will teach the client to calm himself/herself using relaxation tapes, deep breathing exercises, deep muscle relaxation, positive imagery, biofeedback, etc. (specify)
- Therapist will assess client for appropriateness for treatment using Trauma-focused CBT, Exposure, or other technique
- Therapist will provide a thorough explanation written and verbally of the technique chosen which includes why the specific technique was chosen, how long they expect therapy to last and how to tell if the therapy is effective
- Therapist will implement appropriate technique (list the specific steps) for PTSD

# Service Plan Examples: Non Compliance with Meds

**Problem:** Client does not take medications consistently or as prescribed

**Goal:** Regular, consistent use of psychotropic medications at the prescribed dosage, frequency and duration.

# Service Plan Examples:

## Non Compliance with Meds

- Client will identify all prescribed medications which includes their names, times administered and dosage
- Client will identify the reason for the use of each medication
- Client will indicate at least 3 reasons (e.g. side effects, stigma, etc.) why he/she is unwilling to take medication
- With the assistance of the TCM, client will replace misinformation and mistaken beliefs that support medication non-compliance
- Client will identify potential side effects of medication (e.g. headaches, nausea, infections, and abdominal pain).
- TCM will assess the client's ability to properly self-administer medications and arrange for supervision if applicable

# Service Plan Examples:

## Non Compliance with Meds

- TCM in partnership with the client, will arrange for medication to be distributed in a multi-dose, compartmentalized daily medication box
- TCM will monitor the client's use of medication and accurate pill counts in pill bottles weekly
- TCM will refer client and family/caretaker to a psycho-educational program to increase understanding of severe and persistent mental illness and the need for medication
- TCM will arrange for a medication management appointment with a psychiatrist to evaluate client's continued need for medication.
- TCM will assess for signs of decompensation (e.g. increased psychosis, poor personal hygiene, suicidal ideations, etc.)

# Service Plan Examples

## Poor Personal Hygiene

- **Problem:** Poor Personal Hygiene
- **Goal:** Understand the need for good hygiene and implement healthy personal hygiene practices

# Service Plan Examples

## Poor Personal Hygiene

### Objectives:

- TCM in partnership with client will prepare an inventory of the client's positive and negative functioning regarding ADLs (e.g. does not take a bath, does not brush teeth, wears dirty clothes, etc.).
- The client will identify a trusted person that can provide daily feedback regarding daily hygiene and cleanliness.
- TCM will coordinate feedback from this individual (obtain release) to the client.
- Client will list or verbalize the negative effects of not giving enough effort to performing daily ADLs.
- TCM will discuss the medical risks (e.g. dental problems, infections, lice, etc.) with the client that are associated with poor hygiene
- TCM will refer client for an assessment to identify any cognitive barriers to ADL success

# Service Plan Examples Unable to Maintain Sufficient Housing

- **Problem:** Unable to maintain sufficient housing
- **Goals:** Maintain sufficient housing for an extended period of time (at least one year or longer)

# Service Plan Examples

## Unable to Maintain Sufficient Housing

- TCM in partnership with client will identify barriers (e.g. behavior, financial, etc) to maintaining long-term housing
- TCM will assist client in resolving specific barriers to maintaining housing (e.g. finances, fears, lack of understanding of available alternatives, etc.)
- TCM will educate the client about available housing options
- TCM in partnership with client will develop a list of pros and cons for each housing option in order to make an informed decision
- TCM and other treatment team members (e.g. psychiatrist, therapist, etc) will assess the client's readiness for independent living

# Service Plan Examples

## Unable to Maintain Sufficient Housing

- TCM will assist the client with obtaining general entitlements, as well as specific subsidies that are available for assisting mentally ill individuals with housing
- TCM will meet with housing managers and others to advocate on behalf of client, to train about mental illness issues and the client's rights, and how to contact TCM when a crisis arise
- TCM will educate client about his/her rights as related to the Americans with Disabilities ACT which includes reasonable accommodations that must be made for him/her
- TCM will coordinate contact with legal assistance programs if the client's rights continued to be violated

# Service Plan Examples: Non-Compliance with Treatment

- **Problem:** Client fails to access or follow through with medical treatment due to severe and persistent mental illness
- **Goal:** Develop and implement a comprehensive plan for treatment of medical conditions

# Service Plan Examples: Non-Compliance with Treatment

- **Objectives:**
- TCM in partnership with client will arrange for a physical examination to determine client's medical needs
- TCM will in partnership with client make arrangements for transportation to medical, dental and other health care appointments
- TCM in partnership with PCP will educate the client about their medical conditions and treatment options and assist in making decisions about medical conditions
- TCM in partnership with client will assist in making arrangements for client's medical appointments

# Service Plan Examples:

## Non-Compliance with Treatment

- TCM upon obtaining releases of information, will provide family and/or significant others
- with information regarding the client's medical needs and encourage support and positive reinforcement
- TCM in partnership with client will maintain medical benefits (e.g. responding to any correspondence from insurance companies regarding any charges, etc.)
- TCM will monitor for signs of non-compliance to medical treatment and other relevant signs
- of deterioration (e.g. unsanitary living conditions, etc.)

# Service Plan Examples: Abuse or Suspected Abuse of a Child

- **Problem:** Child is at risk for removal from the home due to suspected or confirmed abuse
- **Goal:** Parent/Guardian will establish limits on punishment such that no physical harm can occur and respect for this child's rights is maintained

# Service Plan Examples:

## Abuse or Suspected Abuse of a Child

### **Objectives:**

- TCM will assess for safety and the ongoing appropriateness of the child remaining in the home
- TCM will report any suspected or known abuse to the Department of Children and Families
- TCM in partnership with the child will develop a safety plan (e.g. phone numbers to call, a safe place to run to, etc.)
- TCM will refer family for individual and family counseling (if these services have not been established)
- TCM will monitor the child's school performance both behaviorally and academically for signs of deterioration (e.g. attendance, physical appearance, grades, etc.)