Comments on writing treatment plans

-Documentation of medical necessity: The key question an assessment should provide an answer to is: "Why does the client need treatment now?" What is client's explicit reason for seeking therapy? What symptoms are making life more difficult than previously? How is a mental health issue impacting day- to-day functioning? Describe how symptoms of anxiety, depression, etc. are manifested in the client's behavior. Each person will have a unique expression; not all depressed people cry; some become angry and irritable.

-Client strengths (skills, abilities, motivation): People grow from their strengths. Document client past achievements and probe for the strengths which were responsible—these are the basis for change and improvement for the future. Why particular activities are enjoyable: Do they provide a creative outlet? Do they meet a need for praise? Do they provide competition which the client wins? Focus on strengths and resiliency by exploring past success and tie to expectations for future success. Surviving difficult experiences can provide inner resources such as determination, courage, patience, etc.

-Client identified areas for improvement and outcome measures: What outcomes does the client desire from the time they invest in counseling? Parental expectations are usually clear. Unless adolescents "buy in" or invest in the process, therapy will probably not be successful. Sometimes they will buy in sideways, as in "What do I have to do to keep my mother from nagging at me?" Goals should be stated in the client's language: "I'll be able to (positive change or outcome) at the end of treatment, as shown by (indications or criteria measuring change)." Goals include the measurements which show accomplishment; for example, how will you know when an anxious client is no longer anxious? Use the SMART Goals tool to formulate measurable goals:

SMART Goals

<u>S</u>pecific: Are specific activities included? Could the client understand what is expected? Are they stated in the positive?

<u>M</u>easurable: Can change or progress toward meeting the objectives and can be documented and evaluated? What assessments will be used – e.g. CANS (from Magellan of Nebraska website); Burns or Beck Depression and Anxiety Inventories; PHQ-9; Child behaviors checklists; 1-10 scales of self report of progress; coping skills used 4/5 times there is a stressor; baseline symptoms coping used 20% of time effectively/current progress client is using coping skills 85% of the time; client has identified 3 thinking errors she/he has changed and replaced with reasonable thoughts, etc.

<u>A</u>ttainable: Can the client take steps toward meeting the objectives? Goals are aligned to the deficit and active (use action words—suggestions below).

<u>R</u>ealistic: Can the client meet the objectives given their current situation? Are the objectives challenging and achievable?

<u>T</u>ime-Limited: Is the time frame specified for the objectives?Has the client's stage of readiness to change been considered in the objectives and the time frame for completion? How will you and the client adjust to changes in the goals when barriers arise that prevent progress? Suggested action words: describe, identify, experience, practice, develop, explain, apply, list, name, recognize, select, state, tell, express, report, restate, review, demonstrate, employ, detect, separate, create, detect, manage, organize, plan, prepare, produce, choose, determine, judge, increase understanding…..

-Recommendations for use of community/peer support: Medicaid therapy reimbursements are based on medical necessity not as support or maintenance service or a court order. Once a client has reached a baseline status, community resources are the appropriate level of service. Medicaid mental health coverage is only available for treatment of acute psychiatric symptoms that are significantly impairing day to day functioning. Examples of community supports for adult clients include family members (explored ongoing), support groups for medical issues, divorce, parenting, specific parenting issues, sexual abuse, AA/NA, Al-Anon, Gambler's Anonymous and domestic violence. Other community supports include YMCA/YWCA, Regional Behavioral Serivces, Community support worker, local library, local community centers, parenting classes, community college classes. Examples of community supports for children and adolescents include support groups for divorce, anger, Al-anon, AA/NA and sexual abuse groups, after school programs, extra-curricular activities, Big Brothers/Big Sisters, Teammates, Boy Scouts/Girl Scouts, church youth groups, Girls, Inc. and Boys and Girls Club.