# PCN 662A Topic 3 Lecture

## Treatment Planning

## Introduction

Treatment planning can be a dynamic means of engaging and motivating clients in setting realistic, clear goals and objectives to move in healthy and productive directions. Treatment plans should guide both individual and group counseling. It is worth noting that treatment plans for clients with addictions and clients with serious psychiatric disorders treated at mental health clinics are typically more detailed than for standard counseling clients presenting with adjustment disorders or dysthymia. In the former, usually not only problems, goals, and some clear behavioral objectives are incorporated, but also interventions and timelines are utilized, which provide needed structure, concreteness, and achievability.

## Addressing the Issue

Addressing problems should be stated in clear, nonjudgmental, nonstigmatizing behavioral terms. Below are some examples of alternative ways of addressing counseling issues.

Instead of using the phrase "alcohol dependence," or "Charles is an addict," one could state "Charles is experiencing increased tolerance for alcohol as evidenced by the need for more alcohol to relax," or (more severe) "Charles needs to drink to avoid acute abstinence syndrome symptoms as evidenced by having ‘the shakes' in the morning."

Instead of stating "Client is promiscuous," use the statement "Client participates in unprotected sex four times a week."

Instead of recording "Client is resistant to treatment," state "In past 12 months, client has dropped out of three treatment programs prior to completion."

Instead of stating "Client is in denial," state the discrepancy as "Client reports two DWIs in the past year, but states that alcohol use is not problem." (Stilen, Carise, Roget, & Wendler, 2005, p. 12)

## Setting Goals

Goal setting should be collaborative, strengths-based, and affirmatively focused. For each goal, there should be an assessment of readiness to change. Clients might really want to get a job, but they do not see why they should not continue to drink heavily. One can use a version of the simple readiness ruler. The ratings are roughly equivalent to the Transtheoretical Stages of Change as postulated by James Prochaska and Carlo DiClemente (1995). "Not ready" is less jargon-ridden than "precontemplative," and "unsure" is easier than "contemplative."

In the Motivational Interviewing approach, instead of "resistance," consider saying "ambivalent" or "not ready to change." Using Motivational Interviewing and the Stages of Change approach takes the argumentation out of the session. If the focus is on making a change, then the discussion is open to the change the client wants.

If a client is precontemplative or not ready to change (notice this wording is much less stigmatizing than "in denial" or "resistant") in regard to a particular goal or problem area, consider working around the issue and concentrating on something else, which has the advantages of:

Rolling with the resistance, meaning there will be other opportunities in counseling sessions to further address the issue.

Actively engaging and retaining the client in the change and counseling process. The client is prepared for addressing the area in which motives for not changing currently outweigh motives for change.

## Setting Objectives

It is important for the counselor to guide the client toward change that will lead to successful treatment and conclusion of counseling. Setting attainable objectives is an important part of that guidance. A concept that describes the use of objectives is the term SMART Treatment Planning (Stilen et al., 2005), which uses an acronym for objectives that are;

Specific - using precise behavioral terms to indicate how functioning will be improved.

Measurable - objectives, interventions, and achievement is quantifiable via assessment scale or scores, client report, mental status change.

Attainable - during active treatment phase, focus on improvements, not cures.

Realistic - achievable given client's environment, supports, diagnosis, and level of functioning.

Time-limited - have target dates

SMART Treatment Planning can also can be developed collaboratively with clients by asking open-ended questions such as "What small things do you think you could do to work towards the goal?" The counselor may need to make suggestions.

## Interventions

An intervention is what the program staff will do to assist a client in meeting an objective. Interventions have been addressed in-depth in previous courses in the counseling program; however, they are addressed here because remembering the effect they can have in the counseling session is important. Interventions are often unpleasant for clients because clients may have been resistant to meet objectives and an intervention will force them to move toward the achievement of the objective. Consider these factors in using interventions:

Decide which theoretical approach will be used, such as Rational Emotive Behavior Therapy (REBT).

The type of services, resources, and modalities that will be utilized.

The treatment and service frequency.

Which staff member will implement and monitor this plan component.

How affirmations and positive reinforcements will be used.

In conjunction with the use of interventions, noting current diagnoses and current and highest rating in the past year on the Global Assessment of Functioning (GAF) scale from 1 to 100 (Axis V in the American Psychiatric Association's [2000] Diagnostic and Statistical Manual of Mental Disorders [DSM-IV-TR]) are very important. These assessments are usually noted on the treatment planning form. Medication management is also a section on the treatment plan, noting all medication prescriptions and amounts and compliance with the medication plan.

## Conclusion

Setting goals is the first step in moving clients toward successful completion of treatment. Associated with goal setting, but more detailed and readily tracked, setting objectives allows the client and counselor to implement a treatment plan. Interventions may or may not be used, but they are an available tool to help counselors when clients resist making the necessary changes important in their treatment.

## References

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed. text revision). Washington, DC: Author.

Prochaska, J. O., Norcross, J., & DiClemente C. (1995). Changing for good. New York: Avon Books.

Stilen, P., Carise, D., Roget, N., & Wendler, A. (2005). SMART treatment planning utilizing the addiction severity index (ASI): Making required data collection useful. Kansas City, MO: Mid-American Addiction Technology Transfer Center.