SUBSTANCE USE DISORDERS : ASSESSMENT, TREATMENT PLANNING AND DOCUMENTATION

Randall Webber, MPH, CADC

Screening

- Determines whether a client needs a full assessment
- Usually answered by a ‘Yes’ or ‘No’
  - “Have you ever used marijuana?”

PURPOSE OF SUD ASSESSMENT

- Gather biopsychosocial information
- Screen for immediate concerns
- Develop rapport (Strengthen therapeutic alliance)
- Identify issues and patterns
- Identify strengths and resources
- Provide hope
- Propose a diagnosis
- Lay foundation for treatment plan(s)

Steps in doing assessment

- Evaluate mental status
  - Orientation x3
  - Memory
  - Current intoxication and withdrawal
- Explain the purpose of the assessment/confidentiality information
- Enlist client in being an active participant
- Gather information and verify client goals
- Ensure cultural sensitivity

Components of the assessment

- May follow ASAM dimensions
  - Intoxication and withdrawal
  - Biomedical conditions and complications
  - Emotional, behavioral and cognitive conditions and complications
  - Readiness to change
  - Relapse, continued use or continued problems
  - Recovery/living environment

Components of the assessment

- Demographic information (Begin looking for client strengths and resources)
  - Identify referral source and begin ROI process
  - Employment (past and present)
  - Education (past and present)
  - Legal history (identify legal mandates)
- Alcohol and other drug history
  - Incidence
  - Recency
  - Level and frequency of use
  - Problems/concerns
  - Severity
  - Periods of abstinence/sobriety

ASAM Level of Care Placement

Components of the assessment

- Level of care (LOC) placement
  - Place client in least restrictive LOC
    - Level I: Low intensity outpatient
    - Level II: Intensive outpatient/partial hospitalization
    - Level III: Inpatient/residential
    - Level IV: Medically-managed inpatient/residential

Acute intoxication & withdrawal

- Risk associated with client's current level of intoxication
- Risk of withdrawal symptoms
- Does the client have sufficient supports to assist in ambulatory withdrawal?

Components of the assessment

- Medical history and immediate concerns
  - In what level of care do the problems need to be managed?
  - Does the client require the services of a physician?

Biomedical conditions and complications

- Illnesses that need to be addressed due to risk of treatment complication?
- Chronic conditions that require on-going medical management?
- Communicable diseases?
- Pregnancy?

Components of the assessment

- Psychological history and immediate concerns
  - Include diagnostic and treatment history
    - Incidence
    - Recency
    - Severity
    - Service utilization
- Current major symptoms
- Past/present medications
- Potential for harm to self or others
- History of trauma

Components of the assessment

- Can these problems distract from participation in treatment?
- Does the client require additional psychological or psychiatric evaluation?

Emotional, behavioral and cognitive conditions and complications

- Are there current conditions that need to be addressed because they create risk or complicate treatment?
- Are there chronic conditions that need stabilization or on-going treatment?
- Do any conditions appear to be an expected part of the SUD or do they appear autonomous?
- Is client able to manage activities of daily living?

Components of the assessment

- Readiness to change/Stage of change (SOC)
- Relapse, continued use potential
  - How likely is the client to remain abstinent without support?
  - Does client understand the factors that lead to use/relapse?
  - Does the client have an understanding of how to manage triggers/high-risk situations?

Stages of change

- Precontemplation
  - I don’t have a problem
  - I don’t need treatment
- Contemplation
  - I’m not sure whether I have a problem
  - I could benefit from treatment, but it could interfere with work
- Preparation
  - I need to figure out what type of treatment would be best for me

Stages of change

- Action
  - I’m participating in an intensive outpatient program
  - I’m attending AA meetings
- Maintenance
  - Since stress is a trigger for my use, I’m using the relaxation techniques I’ve learned
  - I’m attending AA and have a sponsor

Readiness to change

- How aware is the client of relationship between AOD use and negative life consequences?
- How ready, willing and able is the client to make changes related to SUD?
- How much does the client feel in control of treatment services?

Components of the assessment

- Readiness to change (SOC)
- Relapse, continued use potential
  - How likely is the client to remain abstinent without support?
  - Does client understand the factors that lead to use/relapse?
  - Does the client have an understanding of how to manage triggers/high-risk situations?

Components of the assessment

- Relapse, continued use potential
  - Previous attempts to cut down or stop substance use
  - Relapse history

Relapse, continued use or continued problems

- Is the client in immediate danger from continued AOD use?
- Does the client have any knowledge of skills required to address mental health distress?
- What are the client's skills in dealing with protracted withdrawal or cravings?
- How well can the client cope with negative mood, stress or peer pressure?
- How aware is the client of relapse triggers?

Components of the assessment

- Recovery/living environment
  - Current living situation
  - Housing stability
  - Others in household (screen for use within living situation)
  - Community supports or challenges

Recovery and living environment

- Do family members, significant others, living, school or work situations pose a threat to client's sobriety or engagement in treatment?
- Does the client have supportive relationships, financial, educational or vocational resources that can increase the likelihood of successful recovery?
- Are there legal, vocational, social service or criminal justice mandates that can increase the likelihood of successful recovery?
- Transportation, child care, housing or employment issues?

Components of the assessment

- LOC placement
  - Utilize ASAM criteria
  - Place client in least restrictive LOC
    - Level I: Low intensity outpatient
    - Level II: Intensive outpatient/partial hospitalization
    - Level III: Inpatient/residential
    - Level IV: Medically-managed inpatient/residential

Treatment planning

- Individualized
- Three C's
  - Collaborative
  - Creative
  - Client driven
- Focuses on the client's view of their stated problems
- Engages the client in treatment
- Enhances the therapeutic alliance

Treatment planning

- Treatment plan(s) flow directly from assessment information
- Include client in developing the plan
- Problem list (Identify role of AOD)
  - Begin with most immediate and severe problems
  - For each problem, identify primary goal
  - For each goal, determine treatment objectives
  - Be sure to take into account client strengths and resources

Characteristics of the treatment plan

- Must be measurable.
  - It must have a set of problems and solutions that the staff can measure.
  - The problems must be specific, not vague.
    - A problem is a brief clinical statement of a condition of the client that needs treatment.
  - The problem statement should be no longer than one sentence and should describe only one problem.
  - Problem statements are abstract concepts

Problem statements

- Client is currently in withdrawal from opioids and requires stabilization
- Client requires educational and training regarding substance use disorders
- Client has self-medicated her symptoms of depression with alcohol and other drugs
- Client suffers from low self-esteem

Goal development

- Goals should be:
  - More than elimination of pathology
  - Directed toward learning new/more functional methods of coping.
  - Focused on more than just stopping old dysfunctional behavior.
    - Concentrate on replacing it with something more effective.

Goal development

- *Not* "The client will stop drinking."
- *Instead*
  - "The client will develop a program of recovery consistent with a sober lifestyle."
  - "The client will learn to cope with stress in an adaptive manner"
- *Not* "The client will stop negative self-talk."
- *Instead*
  - "The client will develop and use positive self-talk"
  - "The client will develop a positive self-image"

Goal development

- The client will learn the skills necessary to maintain a sober lifestyle.
- The client will learn to express negative feelings to his or her spouse.
- The client will develop a positive commitment to sobriety.
- The client will learn healthy communication skills

Developing treatment objectives

- An objective is:
  - A specific skill that the client must acquire to achieve a goal.
  - A concrete behavior that you can see (see Johnny)
  - Stated so clearly that almost anyone would know when he or she saw it

Goal or objective?

- The client will read about Step One in the *Alcoholics Anonymous* book (2001)
- The client will understand the concept of addiction as an illness
- The client will gain insight into the factors that resulted in his/her relapse
- The client will keep a daily record of his/her mood

Interventions

- Interventions are:
  - What you do to help the client complete the objective.
  - Measurable
- There should be at least one intervention for every objective
- They may include every treatment available from any member of the treatment team
- If the client doesn't complete the objective, new interventions should be added to the plan

Examples of interventions

- Assign the client to write a list of five negative consequences of his or her drug use.
- In group, the client will discuss his or her anxious feelings.
- Have the client develop a personal recovery plan that includes all of the activities that he or she plans to attend.

Putting it together

- *Goal A:* Develop a program of recovery consistent with a sober lifestyle, as evidenced by:
- *Objective 1:* Client will identify with his counselor 5 times when alcohol use negatively affected his life by (6-1-19).
- *Intervention:* Assign the client the homework of making a list of 5 times when alcohol use negatively affected his life.
- *Responsible staff:_____

Putting it together

- Objective 2: Client will complete her chemical use history and share in group his understanding of his alcohol problem (6-1-19).
- *Intervention:* Assign the client to complete a chemical use history exercise and then have her share her answers in group.
- *Responsible staff _____

Putting it together

- Objective 3: Client will develop a written relapse prevention plan (6-25-19).
- *Intervention:* In a counseling session, teach the client about relapse prevention and help him to develop a written relapse prevention program.
- *Responsible staff _____

Progress notes

- What is the purpose of progress notes?
  - To keep track of what happened in group/individual counseling sessions
  - To document client's participation (e.g., in group) and progress on treatment goals and objectives
  - To identify next steps/changes in treatment plan
  - To help other counselors pick up your case and understand what's been going on

Progress notes

- Progress notes include the following data:
  - Problem being addressed from the treatment plan
  - The patient's clinical course
  - Each change in the patient's condition
  - Descriptions of the patient's response to treatment
  - The outcome of all treatment
  - The response of significant others to important events during treatment

Progress Notes: A. Client 5/10/19

- What happened in group?
  - *Counselor provided an educational presentation on relapse prevention as related to ASAM dimension 5 and led a discussion concerning how the topic was relevant to each client's concerns and treatment plan.*
- Client response to group process
  - *Client arrived on time for group and participated in the group discussion* (No!)
  - *Client arrived on time for group, was attentive during the educational portion of the group and actively participated in the group discussion that followed. He said that he has not had the opportunity to practice drug refusal skills.*

Progress Notes

- Next steps/changes in treatment plan
  - *Client needs to develop drug refusal skills so that he is prepared should he be offered substances. He should roleplay high-risk situations with peers and seek their input. Client should continue to attend IOP sessions in order to strengthen his relapse prevention plan.*

Progress notes

- What happened in the individual session?
  - The focus of this session was relapse prevention as related to ASAM dimension 5. Client identified primary triggers and developed a plan for managing them. (No!)
  - The focus of this session was relapse prevention as related to ASAM dimension 5. The client identified payday as being his primary trigger. He decided to have his check direct-deposited, having his wife manage the family's finances and have bank make automatic payments to pay his bills as relapse prevention strategies. Client will initiate these changes and report progress to counselor and peers

Progress notes

- Make sure to distinguish between observations and personal opinions or judgments.
  - Opinions/judgement: *“Client was hostile toward others and looked like he was ready to hit someone. Client probably drank last night.”*
  - Client observation: *“Client appeared extremely angry in group; sat with fists clenched and rigid posture. When asked to talk, client refused.”*

Progress notes

- How often should you write progress notes?
  - Outpatient: Each client contact
  - Inpatient: Each day