

Cap Class 5
March 25, 2008
Biopsychosocial Process in Treatment Planning

DSM IV (4) Criteria to indicate Drug Abuse:

Must have one (recurrent) or more within 12 months

Recurrent Substance Use Resulting in failure to fulfill obligations at work, school, or home

Example: Going in hung over to forgetting your wedding anniversary to not showing up to Thanksgiving-3 times a year is what constitutes "Role Failure"

12 times during a one month mega problem

Recurrent use in situations that are physically dangerous

Example: Drinking and Driving. Even *one* beer.

Running Heavy Equipment with having taken a drug or drink.

Recurrent substance related legal trouble

Example: DUI, Bar Fights

Continued Use despite knowledge of related social or interpersonal problems

Example: Getting fired, Marriage failure, someone close to you tells you that they think you, as a substance user, have a drug/alcohol problem.

Substance Abuse: A maladaptive pattern of psychoactive substance use that causes significant impairment or distress

Why is the bar so low? The client is not aware of the severity of the problem because Denial is so strong. Addicts don't always tell the truth.

DSM IV for Substance Dependence (3 or more in 12 Months)

More severe than Substance Abuse

*Tolerance: More drug for same impact

*Withdrawal: Characteristic Symptoms

Ex. Physical (DT's), Emotional (Anger, Depression)

Substance Used in larger amounts for longer time

Cravings or Unsuccessful attempts at control/quit

Ex. Saying to yourself that I need to quit this and then I don't

A great deal of time spent in drug use

Ex. Preparing for drug use, Thinking about how to get it, Waiting all week to get paid,

Calling on Thursday night to plan to drink on Friday night.

Important social, occupational or recreational activities curtailed(missed)

Ex. Plan to go fishing on Sat. morning but being too hung over

Substance used despite related problems

Ex. Physical: Drinking when you have liver disease

Legal: Using illegal drugs when you are required to take a random drug test 2x / year.

Social: Using even though your friends will not talk to you.

***Tolerance/Withdrawal are the trademarks for this diagnosis**

How to Recognize Substance Use/Abuse

*See Power Point Timeline Example

Alcohol:

Money and Time spent, Harder forms (beer to hard liquor), More use for same effect, Lost place to live, Arguments between important people in life, Lost Job, Entering Treatment Facility.

Diagnosis: Alcohol Dependant

Marijuana:

Money and time spent, Unsuccessful attempts to stop, Variation in usage (blunt, bowl, bong), Going from social use to using alone.

Diagnosis: Marijuana Dependant

*Poly substance dependant with these substances

*Importance of Diagnosis

Treatment Plan

Starting Point-the priority example: worse addiction

See how they assess their problem

Legally you don't have a right to treat anyone for a substance related illness if you can not prove that they have a substance related problem.

What do Alcohol and Marijuana have in common?: They are both socially accepted to some extent (as opposed to shooting up with needles), They are psychoactive (affect brain) substances. They are "downers" (for the person who is up most of the time, driven—high energy) High energy as a strength to get off the drug. Potential problem, change in addiction-performance. Needing to actually slow someone down, in cases of mania. Listen to this tape as you exercise (instead of reading this book). This does not look like letting the client run the treatment, but it does mean tailoring the treatment to fit the needs of the individual. These two drugs help the client escape in some way.

Assessment Tool: Addicts are in denial, they lie based on conscious or unconscious motivations. Addicts believe they are the exception to the laws that govern addiction. Ex. I drive better stoned. I play pool better when I'm drunk.

Ponder This:

Could this be due to the sense of well-being that occurs in the addict's brain/body when he/she uses the substance?

1. Treatment Plan
 - a. A Map for Recovery
 - i. Ongoing
 - ii. Unique
 - iii. Strengths- to be built on Weaknesses-"know thyself"
 - b. Sources of Problem List Information
 - i. Assessment
 - ii. Interaction b/w therapist and client

- iii. Client self discovery
 - iv. Client significant relationships
 - v. Any source of information
 - 1. Parole officer calling
 - c. Problem List
 - i. Grows and Changes
 - ii. Basis for the direction of the Treatment Plan
 - iii. Briefly and clearly stated: Readable by client at a third grade reading level (communication b/w therapist and client)
 - iv. Agreed on by the client
 - d. Goals
 - i. Brief statement of condition to be addressed during treatment. Intended strategy for solving the problem. Behavioral, you can see a visible change. Must be measurable. Must be positive. Replace old behavior with new behavior.
 - 1. Long term-be sober in 6 months—develop skills to keep long term housing.
 - 2. Short term-Quit drinking—get housing for tonight
 - e. Objectives
 - i. Example: Go to a restaurant and fill out an application by Wednesday. Not using words like learn, look, understand.
 - 1. Specific
 - 2. Easily identifiable
 - 3. Clearly and easily evaluated
 - 4. Discerned with five senses
 - 5. Dated with expected completion
 - f. Outline
 - i. Problem-Identified by assessment
 - 1. Goal-adaptive behavioral change
 - a. Objective-acceptance understanding healthy skill development (to keep from being overwhelmed by the big picture). Must be MEASURABLE
 - i. Intervention-what is going to make sure that the person does what they have planned to do (Cognitive Counseling, Anger Mgmt., Relaxation Training) What is Blue Cross paying you, the therapist, for? You, as a clinician, can only bill for what is listed on the treatment plan.
 - ii. Frequency-An hour a week
- g. Treatment Plan Review done by Florida Administrative Code 65D-30
 - i. Done at **all** significant transitions (3, 6, 9 months)
 - 1. Admission
 - 2. Promotion or Advancement (based on accomplishment/compliance)
 - 3. Retention or Demotion (based on digression/noncompliance)
 - 4. Discharge

5. Major Change in Circumstance (HIV test positive, Moral Failure, Getting fired from Job)
6. At least Every 30 Days-must be reviewed
- h. Treatment Documentation
 - i. Treatment Plan
 1. Client Involvement
 2. Signed and dated and credentialed
 - ii. Progress Note-important (bullets) that happen in a counseling session
 1. Details of progress or lack thereof
 2. Relates to Treatment Plan
 3. Foundation for treatment plan review (see above)
 - a. Individual Note
 - b. Group Note
 - c. Intake Note
 - d. Significant Occurrence Note

An Example of a Map for Recovery/Treatment Plan

1. Problem List
 - a. Family Problems
 - b. Depression/stress
 - c. Time Management
 - d. Self-Worth
 - e. Substance Use (the elephant in the living room)
 - f. Housing-as a result of drug use
 - g. Finances
 - h. Responsibilities-Job/ Commitment
2. Prioritize the List (Maslow's Hierarchy of Needs-see below)
 - a. Housing (Physiological/Survival Needs)
 - b. Substance Use
 - c. Depression-Problem; giving medication to a newly sober individual
 - i. Start with three. Let the Holy Spirit be your guide in determining the priority of the client's needs. These have to be understandable and obtainable.
 1. Problem 1 Need for Housing (if the need arises that your client needs residential treatment; then the treatment plan shifts to a referral).
 - a. Goal to secure housing: explore options.
 - i. Objectives-Specific "baby steps" to reach goal. Need to have a time frame in which to be completed
 1. Provide client with information about available Housing. (Responsibility of Therapist) Done Immediately

2. Provide a phone and ask client to call (if capable) to be done immediately-within a couple of hours.
 3. Explore willingness of client (to be done by case manager)
2. Problem 2 Need Substance Use
 - a. Goal to gain sobriety for alcohol dependant through Detox
 - i. Objectives
 1. Refer to a hospital
 2. Provide transportation
 - a. Drive them yourself
 - b. Call an Ambulance