

# **DESIGN FEATURES OF THE BERKELEY TRAINING ASSOCIATES**

## **TREATMENT PLAN LIBRARY**

by Stan Taubman, PhD

The BTA Treatment Plan Library (TPL) was developed in collaboration with the California Treatment Planning Coalition, representing the Behavioral Health Care Departments of 27 California Counties. Program directors, quality improvement administrators, service delivery staff, consumers, and family members participated in multiple levels of review in the course of developing the Library. These participants represented child and youth, adult and older adult programs in both mental health specialty and alcohol and drug specialty service programs.

These reviews have led to the development of a Treatment Plan Library for use in Electronic Health Records that will improve the quality and consistency of treatment plan documentation by effectively addressing

- Wellness and Recovery Orientation
- Medi-Cal Requirements
- Differences in Age Group Needs (Child, Youth, TAY, and Older Adult Concerns)
- Cultural Competence Considerations

## **EXECUTIVE SUMMARY**

### **Wellness and Recovery Orientation**

1. Accessible Language: The BTA TPL is written in everyday language at a sixth grade reading level whenever possible to all for use directly by consumers as well as by staff.
2. Consumer's Own Words: Every section of the TPL contains open field items in which the consumer's own words can be entered.
3. Consumer's Own Perspective: All Goal and Objective items are expressed from the consumer's own perspective in the first person and in terms of what "I want" or what "I will" work toward.
4. Client Centered Change: All items referring to a consumer's efforts to follow the recommendations of professionals are expressed in terms of the consumer's choice, not compliance with the recommendations or prescriptions of others.
5. Diverse Array of Goal/Objective Options: The BTA TPL contains over 3000 items for expressing the diverse array of goals and objectives of concern to consumers, including a consumer's/client's Life Goals, or hopes and dreams.

### **Medi-Cal Requirements**

1. Specific, Observable, Measurable Objectives: Over 2500 are provided.

2. Observable Indicators are referenced by Objectives.
3. Important Areas of Life Functioning are the focus for three of the TPL's seven volumes.
4. Coherent Documentation - Goals and Objectives can be easily related.
5. Coherent Documentation - Objectives and Interventions can be easily related.
6. Coherent Documentation - Treatment Plan and Progress Notes can be easily related.
7. Coherent Documentation - Assessment and Treatment Plan can be easily related.
8. Clinical Risk is thoroughly addressed throughout the TPL's volumes.

### **Cultural Competence Considerations**

Hundreds of items are provided throughout the seven volumes of the BTA Treatment Planning Library with reference to acculturation, language, immigration status, cultural community participation, faith community participation, faith healers, prejudice, discrimination, ritual, cultural stress, cultural identity, sexual orientation and many other related issues.

### **Attention to Differences in Age Group Needs**

1. Developmental issues, family relationships, and other issues of special interest to children, youth and older adults are included throughout the BTA TPL.
2. The BTA TPL addresses the "40 Developmental Assets" commonly used in many child and youth services.
3. The BTA TPL relates to all 16 categories of the CANS assessment framework used in many child and youth services.
4. An extensive section on Developmental Progress is included in TPL volumes related to Goals, Objectives, and Interventions for Providers.

### **Other Considerations**

1. ANSA: The BTA TPL relates to all 14 categories of the ANSA assessment framework.
2. SAMHSA Wellness 10x10 categories are referenced throughout Strengths and Barriers.
3. Stages of Change, commonly used in Motivational Interviewing, are specifically addressed.
4. Accessibility to a Diverse Staff with language accessible to practitioners of various professions, specialties, theoretical preferences, and levels of education.

5. Content Relevant to a Variety of Evidence Based Practices, addressing all three of the major types of Goals and Objectives for which efficacy has been demonstrated for evidence based practices. Functional, Clinical, and Subjective Experience/Humanitarian outcomes.

## **ELABORATED DESCRIPTION**

### **Wellness and Recovery Orientation**

1. Accessible Language: The BTA TPL is designed for use directly by consumers as well as by staff. Therefore, most text is written in everyday language at a sixth grade reading level whenever possible. Technical terminology is included to facilitate searches by staff, auditors, and administrators, but the technical term is presented as parenthetical and secondary, following the everyday language term.

2. Consumer's Own Words: The BTA TPL contains over 5400 open fields, or "fill in the blank," items that can be used by consumers to express Life Goals, Treatment Goals, Strengths, Barriers, Objectives, and Interventions in their own words. Every section of the TPL contains open field items.

3. Consumer's Own Perspective: All Goal and Objective items are expressed from the consumer's own perspective in the first person and in terms of what "I want" or what "I will" work toward. Items related to medications or acting on recommendations from staff clearly state that they relate only to medications or recommendations that the consumer/client has chosen to accept. No items are included which express compliance with what a staff person is instructing the consumer to do.

4. Client Centered Change: All items referring to a consumer's efforts to follow the recommendations of professionals are expressed in terms of the consumer's choice. Consumers may select items which express their desire for help with medications they have chosen to take, or objectives that they have chosen to pursue. There are no items calling on a consumer to "comply" with the recommendations or prescriptions of others simply because they are expected by others.

5. Diverse Array of Goal/Objective Options: The BTA TPL contains over 3000 items for expressing the diverse array of goals and objectives of concern to consumers. These include over 800 Goals, both Life Goals (hopes and dreams), and Treatment Goals, plus over 2200 Objectives. Goals and Objectives are available for the full diversity of clients in public behavioral health care services, from those clients who are focused on finding help to restore a pre-crisis state of affairs, those who want relief from distressing symptoms, and those who seek the help of behavioral health services in the pursuit of major life changes.

The TPL was not designed to promote, stress or emphasize the goals and objectives valued by any particular philosophy or theoretical orientation, and did not eliminate items that might be contrary to a philosophy or theory if the item might be meaningful to some consumers. Items that

might have been screened out in a treatment plan library that was designed solely for staff use were included in the BTA TPL because this Library is designed for use directly by consumers as well as by staff.

### **Medi-Cal Requirements**

1. **Specific, Observable, Measurable Objectives:** The BTA TPL provides over 2500 Objectives stated in specific, observable and measurable terms. These Objectives are presented in a developmental sequence of realistically achievable steps.
2. **Observable Indicators:** Most Objectives include the phrase "as evidenced by" to prompt staff and consumer/client to identify which observable indicators of achievement will be used.
3. **Important Areas of Life Functioning:** All Objectives are related to one of 41 issues. These issues include both important areas of life functioning (such as Housing or Education) and symptoms of behavioral health conditions which often impair an individual's important areas of life functioning (such as Addictions or Delusions, Hallucinations and other Related Symptoms, or Psychosis).
4. **Coherent Documentation - Goals and Objectives:** Without an ultimate Goal as a unifying frame of reference for the many specific Objectives, a diverse array of Objectives loses a sense of direction and focus, thereby creating vulnerability for an audit disallowance. In the BTA TPL Treatment Goals and Objectives are both organized according to the same set of 41 issues so that a variety of Objectives can more clearly be related to one another and to an overarching Goal.
5. **Coherent Documentation - Objectives and Interventions:** The BTA TPL, Volume 6, presents a variety of Interventions. These Interventions are organized according to the same 41 issues that are used to organize Goals and Objectives in order to enhance the documented relationship between Goals/Objectives and Interventions.
6. **Coherent Documentation - Treatment Plan and Progress Notes:** The BTA TPL presents lists of intervention procedures stated in general terms for concise documentation in the Treatment Plan. These are followed by extensive lists of the specific techniques used to implement each of these more general intervention procedures for use as a reference when writing Progress Notes. This supports a clear relationship between the more general Intervention Procedures of the Treatment Plan and the specific session specific interventions of a Progress Note.
7. **Coherent Documentation - Assessment and Treatment Plan:** An extensive listing of over 650 Strengths and Barriers address the kinds of issues commonly found in comprehensive behavioral health care service assessments, in order to enhance the documented relationship between the Assessment and this aspect of the Treatment Plan.
8. **Clinical Risk:** Hundreds of items are provided for documenting thorough attention to issues of Self-Harm, Suicide, Addictions, Substance Use, and other aspects of clinical risk and clinical risk management.

## **Cultural Competence Considerations**

Hundreds of items are provided throughout the seven volumes of the BTA Treatment Planning Library with reference to acculturation, language, immigration status, cultural community participation, faith community participation, faith healers, prejudice, discrimination, ritual, cultural stress, cultural identity, sexual orientation and many other related issues.

## **Attention to Differences in Age Group Needs**

1. The 41 psychosocial issues used to organize the content of Treatment Goals, Objectives and Interventions for Providers include the following items which tend to be of special interest to programs focused on specific age groups. (Chapter numbers refer to the Chapters of Volume 4: Objectives.)

Chapter 6: Anger Management

Chapter 7: Being Involved with Other People (Social Participation)

Chapter 11: Death and Dying

Chapter 14: Eating

Chapter 15: Education Related Goals

Chapter 16: Family Related Goals

Chapter 17: Family/Caregiver Involvement with Care

Chapter 20: Feeling Troubled due to a Very Painful Event (Posttraumatic Stress)

Chapter 23: Health

Chapter 28: Parenting/Caregiver Goals

Chapter 29: Problems Getting Along with People in Authority (Oppositional Behavior)

Chapter 31: Self-Control (Impulse Control)

Chapter 32: Self-Esteem

Chapter 33: Self-Harm Risk

Chapter 36: Substance Use

Chapter 37: Suicide

## Chapter 39: What Children and Youth Accomplish as they Grow (Developmental Progress)

2. The BTA TPL includes comprehensive lists of developmental assets, using the popular framework of "40 Developmental Assets" .
3. The BTA TPL was reviewed to assure a variety of items directly relevant to each of the 16 categories of the Child and Adolescent Needs and Strengths assessment framework (CANS).
4. The section "What Children Accomplish as they Grow (Developmental Progress) is addressed in relation to Goals, Objectives, and Interventions for Providers. Specific developmental milestones and themes are presented for each stage of development from infancy through adolescence.

### **Other Considerations**

1. ANSA: In addition to addressing all 16 issues presented by CANS, as noted above, the BTA TPL was reviewed to assure the inclusion of a variety of items directly relevant to each of the 14 categories of the Adult Needs and Strengths Assessment framework (ANSA).
2. SAMHSA Wellness 10x10: The BTA TPL cross references each of the SAMHSA Wellness 10x10 categories throughout the Volumes on Strengths and Barriers (Challenges).
3. Stages of Change: Objectives and Interventions for Providers which relate to Substance Use have been organized to address the stages of change model developed by Prochaska, Norcross, and DiClementi which is commonly used in relation to Motivational Interviewing.
4. Accessibility to a Diverse Staff: The EMR TPL will be used by practitioners of various professions, specialties, theoretical preferences, and levels of education ranging from pre-baccalaureate through doctoral. In order to include terminology relevant to all practitioners, the BTA TPL was developed to assure that...
  - every staff member would be able to find enough terminology in the Library that speaks to them personally so that they can document their services and, conversely...
  - there is enough variety of language in the Library so that staff at various levels of education, staff at various levels of service, and staff who work in various kinds of programs with all kinds of Medi-Cal beneficiaries and community mental health target population clients will be able to use the Library.

For example, the BTA TPL contains a complete listing of the elements of Dialectical Behavior Therapy and other complex intervention models and methods, and it also contains an extensive list of Action Words expressed in everyday language, which are more likely to be familiar to staff and consumers/clients who have not necessarily had extensive formal training in counseling or psychotherapy.

5. Content Relevant to a Variety of Evidence Based Practices: Outcome studies on recovery oriented programs have addressed all three of the major types of Goals and Objectives for which

consumers tend to seek help, and for which efficacy has been demonstrated for evidence based practices.

According to Brekke and Long, in their study of consumers served by the publicly funded mental health system in Los Angeles County's mental health, these evidence based practice outcome domains are

- Functional variables, including such issues as inpatient and emergency room utilization, school, employment and housing.
- Clinical variables, including such issues as cognitive functioning, affect regulation, and perception.
- Subjective Experience, also referred to as Humanitarian outcomes, which include issues such as self-esteem and satisfaction with life.
- All of these outcome variables are addressed throughout the BTA TPL.

**Functional Issues: The BTA TPL contains...**

- over 600 items related to empowering consumers who seek skills such as job related personal skills, parenting skills, communication skills, social skills, and activities of daily living skills
- over 20 items related to recreation, over 130 items related to playing an instrument, athletic event or games, and 5 specifically related to having fun
- over 70 items directly related to housing
- over 90 items directly related to school and education
- over 200 items directly related to jobs, employment, and work
- over 60 items directly related to relationships with friends
- over 200 items directly related to relationships with family
- over 90 items related to spirituality and/or participation in a faith community
- \$ over 190 items related to developing coping techniques
- over 100 items related to health, hygiene and grooming
- and many other items related to functional

**Humanitarian Issues: The BTA TPL contains...**

- over 80 items specifically related to a sense of spirituality and faith
- over 50 items specifically related to a sense of pride
- over 60 items specifically related to a sense of identity
- over 35 items specifically related to a sense of self-esteem
- over 130 items specifically related to culture
- over 40 items specifically related to a sense of meaning
- and many other items related to humanitarian outcomes

**Clinical Issues: The BTA TPL contains...**

- over 580 items related to strengths, including over 90 with open fields that allow a consumer to identify strengths in his/her own words
- over 280 items related to symptoms which not only express a client's concerns about relieving subjective distress but also make it possible for staff to demonstrate medical necessity to meet third party payor requirements

- over 300 items related to empowering a consumer to identify and manage symptom triggers
- over 100 items specifically related to alcohol/drug use and abuse
- over 200 items specifically related to clinical risks such as suicide and assault
- and many other items related to clinical outcomes