ZIA PARTNERS

Changing the World: Inspiring Hope, Health & Recovery

Transforming systems at every level
to be about the needs, hopes and dreams
of the people and families with complex needs
who come to our door

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Integrated Stage-matched Treatment/Recovery Planning

Recovery-oriented strength-based process based on CCISC Principles

The Principles inform practice and documentation!

Recommended preparation for this training

It is recommended to watch the following video trainings prior to this one:

- **Welcoming, Integrated Systems of Care for Individuals/Families with Co-occurring MH/SU Conditions**
- **Integrated Longitudinal Strength-based Assessment (ILSA)**

It is recommended to watch the following video trainings either before or after this one:

- **Integrated Stage-Matched Interventions for Individuals/Families with Co-occurring MH/SU Conditions**

CCISC: Comprehensive Continuous Integrated System of Care

- Co-occurring is an expectation, not an exception, in MH and SUD
- All programs in the system become welcoming, recovery-oriented, trauma-informed, culturally fluent, and co-occurring-capable. (ASAM 3rd and 4th Edition)
- All persons delivering care become welcoming, recovery-oriented, trauma-informed, culturally fluent, and co-occurring-competent. (ASAM 4th Edition)
- ALL services and interventions (including assessment) are designed to welcome, engage, and provide integrated services to individuals and families with multiple co-occurring complex issues (mental health, SUD, health, housing, trauma, etc.).

How do we get there clinically?

Research-based recovery-oriented principles of successful **integrated assessment, case presentation, recovery planning,** and intervention that can be applied to any population in any program by any person delivering care.

Six Principles of Successful Client-Centered Integrated Assessment and Intervention

- **Co-occurring is an expectation, not an exception**. This expectation must be incorporated in a **welcoming** manner into everything we do. We welcome **identifying** each issue that people have.
- **Recovery partnerships** or service partnerships are empowered, **empathic, hopeful, integrated, and strength-based, working with people step by step over time**, building on their periods of strength and success, to address ALL their issues to achieve their vision of a happy, meaningful life.
- **All people with co-occurring and complex issues are not the same**. Different programs and different systems have responsibility for serving different sub-populations, but all programs are co-occurring capable. **Each program provides cooccurring-capable services to its own population** and helps other programs with their populations.
- **All the co-occurring issues are primary,** and integrated best-practice **small step interventions for <u>each</u> issue at the same time are needed.**
- Progress for any issue involves moving through **stages of change**; interventions and outcomes should be **stage-matched for <u>each</u> issue**. We start with areas of **immediate risk** and then tie the rest to client goals.
- Active change for each issue involves adequately supported, adequately rewarded **skill-based learning, so that people develop and practice the skills they need to succeed for <u>each</u> issue**, with big rounds of applause for each small step of progress. **Skills include self-management and asking for help; medication skills and psychosocial skills.**

What are the most important goals of Treatment/Recovery Planning

- **The plan provides a common language to guide interventions and progress**
- **The language is easily understood by the person served and their family**
- **The language is also easily understood and applied by the whole service team.**
- **The plan identifies and reinforces the client's hopeful goals, plus the following:**
- **Identify and describe each primary issue**
- **Describe the person's successes, strengths, and skills for each issue, to build on.**
- **Identify stage of change for each issue**
- **Include the person's current treatments and supports for each issue**
- **Determine the next best interventions for EACH issue to create a treatment plan.**
- **Identifies next small steps of progress to get a "round of applause".**
- GOOD TREATMENT PLANNING IS NOT JUST FOR THE PAYERS!!!

Assessment of Individuals with Co-occurring Disorders (ILSA)

- Welcoming and hope
- Empathy
- Chronologic story
- Screening for problems and risk
- Periods of strength and success
- Diagnosis determination
- Stages of change
- Skills and supports

Principle #1

Complexity is an expectation.

- Welcome people with complexity as priority customers.
  - **Assessment process begins with formal welcoming.**
  - **Welcoming is visually prompted on the assessment format.**
- Remove access barriers that make it hard to be welcomed.
  - **The assessment begins as soon as possible. There are no requirements re: substance levels or length of sobriety.**
- See all the complex issues: integrated screening and documentation. **LIST EACH ISSUE AS PRIMARY**

Principle #2

Recovery partnerships are **empathic, hopeful, integrated**, and strength-based.

- Hopeful goals for a happy life.
  - **Begin by reconnecting with the person's happy life vision and what they most want help with to make progress.**
  - **Document happy life vision.**
- Integrated empathy is based on listening to the client's story.
- The foundation of "integration" is understanding that EACH issue is part of the client's story every day.
  - **Understand the person's or family's recent story, and how they have been addressing each of the issues present.**

Principle #2

Recovery partnerships are empathic, hopeful, integrated, and **strength-based**.

- Document strengths used during the preceding time period, as the foundation for the plan.
  - **Document all the strengths the client has been using to survive and make progress in the face of all of his or her issues and challenges.**
  - **For each issue, what is the client doing right?.**
  - **The more serious the challenges are, the more strength it has been taking to "get through the day".**
  - **The more serious the challenges are, the more important it is to focus on what the client is already doing right and help them find small steps of progress.**

Strengths and Successes (Right Now!)

- How are you managing to stay engaged with your treatment team, and to follow any treatment recommendations?
- How are you doing right now with any mental health issues? Choices/decisions? Symptoms? Meds? Med effects/side effects? What strengths are you using to manage those?
- How are you doing right now with your substance use? Choices/decisions? Withdrawal symptoms? Cravings? What strengths are you using to manage that?
- How are you doing right now with your physical health status? Choices? Symptoms? Pain? Meds? Med effects/side effects? What strengths are you using to manage those?
- Are there any other issues that are affecting you right now? Living situation? Legal issues? Worries about someone in your family, for example? How are you managing the face of these other issues?

Principle #3

All people with complex issues are not the same.

- **Document diagnosis or diagnoses for each relevant MH, SU/addictive, and PH issue.**
- **Distinguish substance misuse and mild/mod/sev SUD.**
- **Distinguish transient MH disorders, persistent disorders, and persistent disabling disorders.**
- **Identify "trauma" as an issue if it is significantly affecting the person currently, even without a diagnosis of PTSD**

Principle #4

For people with complexity, all co-occurring conditions are primary.

- **Integrated multiple primary condition-specific best practice interventions are needed**. For each issue, based on past success and current services being utilized, identify what is likely to be the best set of interventions to recommend.
  - Interventions for MH, SU, PH generally include **medication and psychosocial skills**, both **self-management and "asking for help".**
  - If this is not clear for any issue, identify where you and the client can obtain **additional information or assessment to figure it out.**

Based on goals, stage of change, strengths and skills for each issue, identify (in relation to the recommendations), what would be the best achievable next "baby steps" for the client, and the interventions that will help the client take those steps.

Principle #5

Integrated stage-matched interventions for multiple primary issues/conditions

- Recovery of the *person* with one or more conditions.
- **Stage of change is issue-specific, not person-specific.**
- Recovery involves addressing *each* condition over time in small steps, moving through stages of change for *each issue.*
- Integrated services involve stage-matched interventions and outcomes for *each* condition.
  - **Identify stage of change for each issue.**
  - **Use sentence prompts to identify stage of change.**
  - **In a family, different members may be in different stages for the SAME issue.**

Stages of Change

Issue-specific, not person-specific.

- **Pre-contemplation:** You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me.
- **Contemplation:** I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now.
- **Preparation:** I'm ready to start changing but I haven't started, and I need some help to know how to begin.
- **Early Action:** I've begun to make some changes, and need some help to continue, but I'm not committed to maintenance or to following all your recommendations.
- **Late Action:** I'm working toward maintenance, but I haven't gotten there, and I need some help to get there.
- **Maintenance:** I'm stable and trying to stay that way as life continues to throw challenges in my path.

Principle #6

Adequately supported, adequately rewarded, skill-based learning for each condition.

- Small steps of practical learning
- Self-management skills and “asking for help” skills; Medication skills and psychosocial skills
  - **Skill-based learning requires practice, rehearsal, role play and repetition – principles of adult learning, 1-1 or group.**
- Rounds of applause for each small step of progress
  - **The service plan identifies measurable stage-matched objectives (“baby steps”) for each primary issue and how to earn a “round of applause” for each step of progress.**

There is no one correct intervention or program.

Integrated Stage-Matched Treatment/Recovery Planning

is organized to match interventions based on the principles and document those interventions in a way that can be understood and used by client, family, and treatment team.

Principles Made Simple

Integrated Planning Summary

- Integrated plans occur in the context of a welcoming, empathic, hopeful, continuing, integrated recovery partnership
  - Addressing multiple primary issues
  - Identifying adequately supported, adequately rewarded, strength-based, skill-based, stage-matched, community-based learning for each issue
  - Moving toward the goal of a happy, meaningful life

Clinical Practice Design Activities

CCISC Case Presentation Format

- **The (age) person I am presenting is amazing/cool/special because:**
- **I like or feel connected to the person I am presenting because:**
- **His or her vision for a happy, meaningful, proud, successful life is:**
- **Over the past several weeks/months, in the face of multiple challenges:**
- **List all the challenges.... (e.g., continuing mental health issues, substance issues, cognitive/learning issues, health issues, past and current trauma, relationship challenges, housing issues, criminal justice issues, etc.)1. 2. 3.**
- **This person has amazingly made progress toward his/her goal of happiness by...: (List positive things that they have been doing, specifically to make progress for each challenge). STAY WITH A STRENGTH BASED FOCUS. Note the STAGE OF CHANGE for each issue, reflecting progress in a way that is "stage-matched". 1. 2. 3.**
- **From this, I would like some help from the team identifying smart next steps (skills, etc.) that the person and I/the team can work on for each issue toward their vision of a happy life.**

Clinical Practice Design Activities

CCISC Integrated Recovery Plan Template

PROGRAM		Date: 2025	
PERSON: Client Strength Based Discussion: Describe recent or relevant periods of success:		Team Members Person's Vision for a Happy Life	
GOALS AND OBJECTIVES:	**WHAT DO WE DO? (Stage matched interventions)**	**RESPONSIBLE PERSONS (Who does what?)**	**Milestones of Progress and Opportunities for Rounds of Applause**
1. Issue: Stage: Goal Objectives			
2.Issue: Stage: Goal Objectives			
3. Issue: Stage: Goal Objectives			
4. Issue:			

Generating the Hopeful Vision and Problem List

Hopeful Vision and Goals: This rolls forward from the beginning of the assessment to the top of the problem list and treatment plan and is rolled forward – and continually expanded upon – at each treatment plan interval.

Problem List: Treat each problem as "primary" and routinely identify them on the list as follows.. List Addiction or MH first depending on what type of program. Identify stage of change for EACH issue next to it. *Circle on a checklist: PC, C, PR, EA, LA, M (precontemplation, contemplation, preparation, early action, late action, maintenance)*

- **Addiction** (list substances separately if in different stages)
- **Mental Health** (list any diagnoses, with prominent symptoms if present)
- **Medical** (list any significant diagnoses, with prominent symptoms if present)
- **Legal**
- **Housing**
- **Relationships… And so on.**

From Assessment to Treatment Plan

- The treatment plan should follow easily from what you've learned in the assessment.
- Like the assessment, the treatment plan is not about just filling out a form.
- The treatment plan informs the client and everyone on the treatment team about **HOPE, STRENGTHS, & STAGES FOR EACH PRIMARY ISSUE,** what we are working with the client on learning and changing, and what interventions we will be using to help them.

What new decisions do they need to make?

What new skills do they need to learn?

From strength-based assessment to treatment plan

For each issue:

- If the client is in contemplation, how will we help them make good decisions about what to do about the issue to help them achieve their goals? What new interventions (e.g., meds for addiction) might we ask them to consider?
- If the client is in an active stage of change: What strengths/skills have they already demonstrated, and what new skills do they need to learn? Skills are self-management (psychosocial and medication) and asking for help (psychosocial and medication) from peers, family/friends, professionals.

Completing the Treatment/Recovery Plan

To illustrate how the treatment plan format shown earlier, supports developing an integrated stage-matched recovery plan based on the 6 principles, we will use an example based on an assessment of an actual client.

The client (Mr. T) is a 50ish year-old man served by a CMHC. He has schizoaffective disorder, alcohol use disorder, and has been living in a tent for 10 years. He has slowly developed a connection with his case mgr by attending her “welcoming green tea group”

Clinical Practice Design Activities

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3. Issue: Stage: Goal Objectives			
4. Issue:			

Happy Life Goals and Problem List

- **Person's Goals for a Happy Life:**
- **I would like to get some of my life back that I had before my wife died. I know it will never be the same without her, but I know I can do better for myself. I would like a home with somebody, and I don't want to be bored like I am. "All I have is time." I know I need to do something about the drinking, but this has "really got a hold on me."**
- **Problem List (N.B.** Schizoaffective d/o could be listed first in the CMHC.)

1. **Housing/Homelessness – Early action for being safer in the tent; Preparation for looking for permanent housing.**
2. **Alcohol Use Disorder – Early action: He has cut his drinking in half, and wants to continue to make small steps of progress**
3. **Schizoaffective Disorder – Late action: He is taking meds mostly consistently, but needs help to address voices and insomnia**

Strength-based Discussion

"Mr. T is doing relatively well in his life right now (last several months) even though he faces considerable environmental, social, and behavioral/physical health challenges to achieving his goals of a happy life. During this time, he has created a very helpful working relationship with his treatment team, managed to begin to work on cutting down his drinking by trying not to drink as much by himself, continues not to use heroin, and he is beginning to problem-solve what to do about his living situation, which is right now a tent. He also has been, in his words, "making very good decisions" about using medications to stabilize his auditory hallucinations and his depression related to schizoaffective disorder. Mr. T is an articulate, witty, and personable man who likes the company of other people."

Examples of Stage-Matched Interventions and Opportunities for Rounds of Applause

Preparation for other housing – Identify a step that is small enough to get started

- **Mr. T and the team will create a decision tree framework for viable short-term and long-term housing alternatives vs staying longer in the tent. Based on this Mr. T will identify one or two small steps to take toward his short-term and long-term housing goals.**

Early Action—Decision making and skill building to implement initial steps of change.

- **Work on very small steps of skill building for asking for help sooner rather than later and healthier substitute activities for drinking or socializing in drinking establishments. Mr. T will identify one step to take to minimize his drinking one day this week: e.g., include thinking about calling (or calling) his CM for support before entering the bar, removing alcohol from the tent, spending more time in a non-drinking activity like walking, biking**

Late Action: Reinforce successful decision making, provide skill education + logistics support.

- **Mr. T and MD will review current meds and impact on symptoms and discuss options for improving symptoms of poor sleep (including relaxation techniques) and cravings. Mr. T might also keep a log of symptoms (sleep, voices) while on different medications to have good awareness of med combinations and effects vs. symptoms**

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What will be your next small step of success as a system, agency or program?

And let’s give each other a round of applause!!!

Thank You