POLICY MANUAL

Subject: Treatment Planning **Effective Date**: 2/1/94

Initiated By: Cinde Stewart Freeman
Chief Quality Officer

Approved By: James B. Moore
Chief Executive Officer

Review Dates: 2/95 CSF, 2/97 CSF, 3/10 CB/DF 3/10 Committee, 2/14 Committee 4/15 Committee

Revision Dates: 12/10/98 2/19/02 CSF, 12/30/02 CSF, 02/11 Committee, 03/12 DK, 04/12 DNF, 07/13 WRPC

POLICY:

Each Patient shall have a Master Treatment Plan (MTP) that is a comprehensive, age-specific, and individualized. The plan for treatment will address the patient's biological, psychological, educational, social, cultural, and developmental needs and choices. To ensure that the MTP is comprehensive, treatment planning is approached from a multi-disciplinary perspective. In addition to the patient, those involved in the treatment planning process, may include the patient's physician, nursing staff, licensed therapists, primary counselors, licensed substance abuse counselors, direct care staff, teachers and recreation activity therapists. Master treatment planning is completed by members of the multidisciplinary team on each individual patient. The assigned primary counselor is responsible for coordinating the planning, implementation, and evaluation of the patient's treatment plan. Treatment planning is done in cooperation with the patient and is based on the patient's individual needs and goals.

PROCEDURE:

1. The MTP identifies problems, measurable goals/objectives, interventions and discharge criteria.

2. The MTP is initiated at the time of admission and developed throughout the course of treatment by identified program staff with participation from the patient, family (as appropriate) and members of the treatment team within five days of admission (residential programs) or the seventh outpatient session (IOP programs). Active patient participation in the development of the MTP increases the likelihood that the patient will work toward the identified goals and objectives.

3. Problems identified in the biopsychosocial assessment by the counselor and/or patient shall be identified on the MTP and a determination made whether the problem is to be addressed during treatment, deferred and addressed in continuing care or referred out to another provider. Problem statements are written in a language that the patient can understand.

(Continued)

4. Goals for each problem to be addressed during treatment are stated in behavioral terms (i.e. eliminate, diminish, etc.) and reflect what the patient hopes to accomplish prior to discharging from treatment.

5. Objectives (*are stated in measurable (an action verb), behavioral terms; a statement of what the patient should be able to do as a result of treatment interventions).* Writing objectives in this way assists the patient in developing a sense of mastery or competency and reinforces continued work toward the goal.

6. Interventions are planned actions conducted by staff to facilitate behavioral changes (identified as objectives and goals). Interventions include the frequency and the discipline or staff member responsible for carrying out the intervention(s).

7. Upon the completion of the MTP and when revisions to the plan are made, a copy of the plan is reviewed with and signed via the electronic medical record (EMR).

8. Implementation, evaluation, and revision of the treatment plan is documented in the EMR.

9. MTPs are reviewed within 7 days after initiation of the plan, when clinically indicated and weekly thereafter. The purpose of the review is to evaluate the patient's progress (or lack of) toward objectives/goal(s) achievement. Additions, deletions, or revisions of objectives, goals and interventions may be made at the time of the review. Patients, family members and/or significant others are may participate in the review process as appropriate.

10. The review process is documented in the EMR.