



## **Treatment Planning in TIER® Workflow®**

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### **Discussion**

Behavioral health organizations utilize many different approaches to development of treatment plans within their organizations. A well-designed treatment planning process is an important service delivery resource to help individuals and their families identify and prioritize problems or needs that will be addressed through treatment services. Also, CMS and accreditation organizations such as JCAHO, CARF, and COA require that organizations formalize a treatment planning process beginning at time of admission and updated at key decision points based on length of stay in treatment and/or clinical condition or needs of the client.

Three approaches to treatment planning and related forms are included in the Service Delivery component of TIER® Workflow:

- An Initial Treatment plan is provided for clients receiving short-term Level 1 (Brief) services or the equivalent period of time from intake until a more comprehensive (master) plan or update is needed.
- A Master Treatment plan is provided as a more comprehensive plan for clients receiving Level 2-3 (Intermediate and Extended) services.
- A Continuing Care Plan is provided for clients receiving Level 4 (Continuing Care) services

It is important to note that the initial and master treatment plan approaches are designed for use in Level 1-3 service programs in which the focus is “primary treatment” to assist clients in achieving a higher level of functioning, personal stability or growth.

In addition, an Integrated Clinical Summary is provided to assist staff with creating a formulative summary of significant findings, from completed baseline and special assessments, as a basis for development of the Master Treatment plan. (See narrative on the Integrated Clinical Summary). In this manner, prioritized problems or needs from the integrated summary can be initialized to the Master Treatment plan for development of related goals, objectives, and interventions/modalities.

In turn, the continuing care planning approach is designed for use in Level 4 service programs in which the primary focus is “supportive or maintenance” treatment services. The Continuing Care plan is designed to address residual needs in various domains as part of extended services including case management.

A copy of the Initial Treatment Plan is included below:

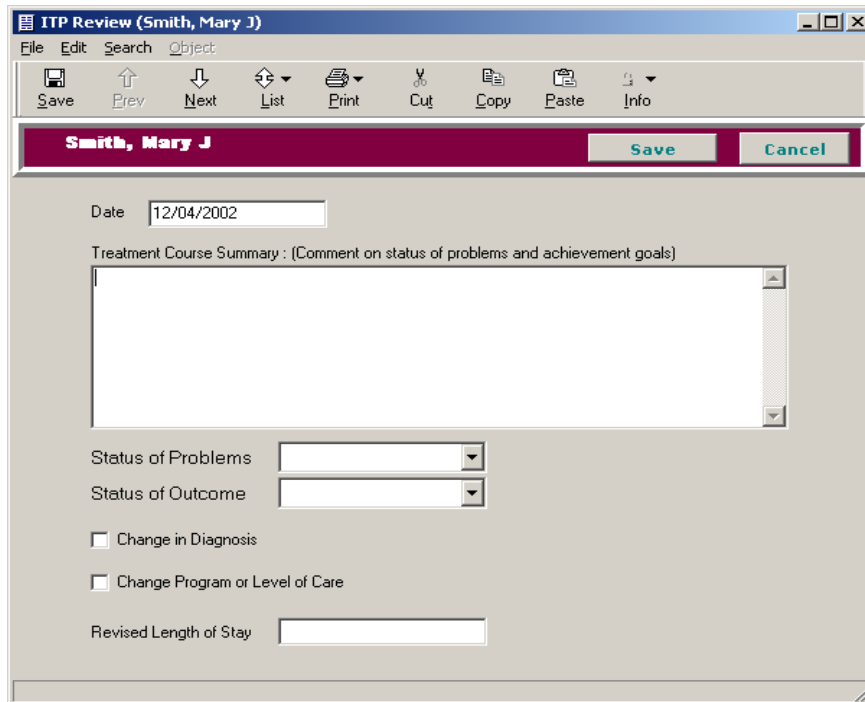
The Initial Treatment plan consists of selected problems that can be further defined after selection, targeted outcomes, selected treatment modalities with frequency, and staff assignments. The List View displays the completed plan for the problem selected. Initial discharge criteria and target achievement date are also included on the form.

The problem look up table consists of 35 common problem/need areas and targeted outcomes. The look up list of problems/needs and outcomes can be further expanded to incorporate the types of problems/needs typically displayed by client populations treated by the organization. While multiple problems can be addressed in a client’s initial treatment plan, typically, only two or three problems are addressed, at any given time, as part of the initial plan.

Similarly, the modality, frequency, and staff assignment look up tables can be expanded by the organization to reflect the approved interventions, modalities and procedures used by the organization. Use of the look up tables facilitates development of the treatment planning process.

Note also that the Initial Treatment plan form contains a Review subform that can be used to document progress in treatment and current status of outcomes and problems. Multiple reviews of a client's treatment plan can be documented. Reviews of the initial plan are generally done on a daily basis in inpatient and monthly in outpatient settings.

A copy of the Initial Treatment Plan Review subform is included below:



The Master Treatment plan format and process is designed similarly to the Initial Treatment plan in that 35 problems/needs are included in the look up table. The Master plan also includes a specific treatment goal related to the selected problem along with three recommended treatment objectives for each selected treatment goal. The problem/need statements, goals, and objectives can be edited to ensure that treatment plans are individualized for each client and family. In addition, appropriate treatment modalities, frequencies and staff assignments can be selected for treatment objectives thus completing the plan for each prioritized problem or need.

In TIER<sup>®</sup> Workflow, development of the treatment objectives for each goal reflects a unique approach that is derived from William Bloom's Taxonomy of Educational Objectives (Bloom, 1956 and Karathwhol, 1954). The Taxonomy was written in three domains: the cognitive, the affective, and the psychomotor. In the cognitive domain, Bloom emphasized the significance of the focus of actions verbs in development of educational learning objectives. He established, through extensive research, that each learning goal should include delineation of a minimum of six objectives with a specific sequence of focus of the action verbs for each objective. Under Bloom's model, the statement of the learning problem or need and the delineation of an appropriate goal for each problem or need, while important and deserving of careful consideration are of less

consequence to successful achievement and application of knowledge and skills than the process for defining learning objectives for each goal.

A summary of Bloom’s taxonomy format is below:

Other Action Verbs	Focus Of Action Verb	Intent of Action Verb
identify, explain, complete	<b>Objective 1: Recall</b>	identify specific knowledge and information
describe, express, discuss	<b>Objective 2: Comprehension</b>	understand and interpret knowledge and information
make, participate, follow	<b>Objective 3: Application</b>	demonstrate knowledge and understanding
determine, compare, relate	<b>Objective 4: Analysis</b>	assess new behavior and abilities
develop, plan, prepare	<b>Objective 5: Synthesis</b>	integrate new abilities
decide, estimate, assess	<b>Objective 6: Evaluation</b>	evaluate progress and experience

Bloom supported the reliability and validity of his model through extensive research. We have found that Bloom’s model is also an effective conceptual framework for developing treatment objectives, and the objectives in the master treatment plan have been derived from application of the Bloom model. However, rather than establishing six objectives for each treatment goal, three objectives are provided that address the first three action verbs: **recall; comprehension; and application**. Also, a fourth “other” objective format is provided to allow for creating an individualized **analysis, synthesis** or **evaluation** objective for the selected goal.

An example of the format is below:

- Problem: Anxiety as evidenced by severe and chronic somatic symptoms, inability to relax, poor concentration and attention span.
- Goal: To be free from or experience less severe symptoms of anxiety.
- Objective 1: Client will identify and thoroughly explore situations and thoughts that cause feelings of anxiety.
- Objective 2: Client will learn and demonstrate skills to reduce the effects and physical symptoms of anxiety.
- Objective 3: Client will report that feelings of anxiety have significantly diminished.
- Objective 4: Other .....

The Master Treatment plan also includes a Review subform that is identical to the ITP Review form so that multiple reviews of the client’s course and response to treatment along with status on problems and goals can be documented. As discussed above, programs that provide Level 2-3 services generally use the master treatment plan. Reviews should be done on a regular basis such as monthly, bi-monthly or quarterly as

well as whenever a reassessment has been completed with the client and/or the client's diagnosis has been changed.

A copy of the Master Treatment plan with another example of the problem - goal - objective format including modalities, staff assignment and time frames is included below:

**Master Treatment Plan (Akers, William)**

File Edit Search

Save Prev Next List Print Cut Copy Paste Info

**Akers, William** Print Plan Save Cancel

Plan Overview Plan Review

Add Problems from Integrated Clinical Summary

Problem

Goal  Add

Objective

Target Date  Add

Modality  Frequency  Staff  Add

Plan

1. Severe panic attacks evidenced by sudden unexplained episodes of fear or anxiety associated with multiple physical symptoms  
GOAL: To fully recover from panic episodes and successfully prevent attacks in the future.
  - 1.1 Client will identify thoroughly examine all situations in which panic episodes occur and perceived consequences. Target Date:04/16/2004  
Individual Collateral (Full) Weekly William J Carter MD
  - 1.2 Client will understand the causes of panic episodes and effective ways to challenge them Target Date:05/28/2004  
Individual Psychotherapy (Full) Weekly William J Carter MD  
Patient Education Weekly Sally M Johnson LCSW
  - 1.3 Client will develop and be able to implement a series of steps to confront and adjust to feared situations. Target Date:07/16/2004  
Group Therapy Weekly William J Carter MD  
Patient Education Weekly Sally M Johnson LCSW

The third level of treatment planning is Continuing Care planning. This plan is used for clients who receive long term supportive or maintenance case management services. For example, individuals who have chronic mental illness or who have successfully completed a substance abuse recovery program may require such services as supportive counseling, medication management, or support groups. For these individuals a continuing care plan serves as a “support or maintenance” plan to maintain gains made in primary Level 2-3 services.

Organizations that do not provide extensive continuing care services may wish to simply use the initial treatment plan format or extend the master treatment plan to accommodate brief or infrequent continuing care services. However, those organizations that provide extensive continuing care services are encouraged to use the continuing care plan format.

A copy of the Continuing Care plan form with one domain completed is on the following page.

The screenshot shows a software window titled "Continuing Care Plan Domains (Akers, William J)". The window has a menu bar with "File", "Edit", "Search", and "Object". Below the menu bar is a toolbar with icons for "Save", "Prev", "Next", "List", "Print", "Cut", "Copy", "Paste", and "Info". A header bar displays the name "Akers, William J" and two buttons: "Save" and "Cancel". The main content area contains four text boxes:

- Domain: Family
- Need: Maintain and do family social activities together.
- Goal: Prevent deterioration of family relationships.
- Plan: Family will do at least two activities together each week.

At the bottom of the window is a button labeled "Add Another Domain".

As noted earlier, the continuing care plan is developed from “problem/need domains”. The look up table for these includes: educational, vocational, health, family, social, housing, financial, and medication. These categories can be expanded to include all such services provided by the organization. Also, the Continuing Care Plan format includes a list view similar to that of the initial and master treatment plan formats so that multiple domains with related needs, goals and plans can be viewed simultaneously.

Treatment plans are set up to print as Reports in the Service Delivery component of TIER® Workflow.

## Conclusion

TIER®’s Treatment planning resources are designed to automate both the initial and master treatment plans for clients receiving Levels 1-3 primary treatment services. In addition, a continuing care plan is provided for clients receiving Level 4 services. All three of the planning approaches are supported with look up tables and can be further customized to meet the exact treatment planning requirements of the organization.