First 30 Days: Tracking Outcomes and Discharge Planning

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EFFICIENT PRACTICES. EFFECTIVE CARE.

Agenda

- Brief Overview:
  - Why the First 30 Days are Important
  - The Goals of the First 30 Days
  - Key Components of the First 30 Days
- Planning for Discharge
- Tracking Progress and Outcomes
- Staying on Track
- Questions?

Why Are the First 30 Days Important?

- There is a high drop out rate within the first 30 days.
- When clients leave they don't keep it to themselves
- If clients discontinue early, they often return later with more serious difficulties
- If we aren't successful in the first 30 days, the underuse and overuse of services is increased

Goal of the First 30 Days

Alignment with practitioner, clinical formulation, and caregiver's felt needs

How do you know if this is accomplished:

- ✓ There are shared goals or **focus** of treatment
- ✓ There is an **understanding of what treatment is and the role** of caregiver, child, and therapist in successful treatment
- ✓ There is **clear agreement** for the treatment plan

The Alignment Model of the First 30 Days

Alignment
(shared goals and focus of treatment)

- Shared Understanding of Treatment
- Clear Roles in Treatment
- Psychoeducation
- Collaborative Treatment Plan
- Agreement with Child

Focus on Strengths

Key Components of the First 30 Days

Initial engagement

Clinical formulation and assessment

Collaborative treatment planning and goal setting

Making Informed Decisions

- Psychoeducation
  - Instilling hope/ reducing blame
  - Orienting to services
  - Information on illness
  - Information on treatment options

Overcoming provider and client barriers to do this consistently!

Collaboration Wheel

Establish Strengths!

- Promotes alignment
- Build on to address problems
- Move away from ‘problem’ focus
- Helps to indicate outcomes

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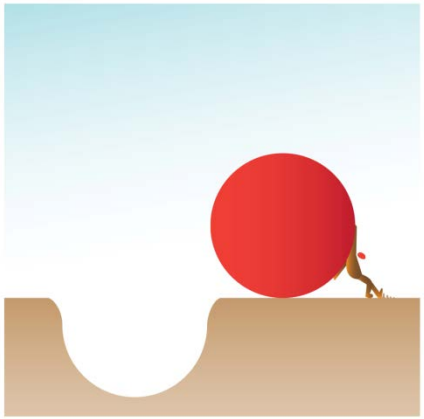
Establish Baseline

- Assists with monitoring progress
- Assists with agreement of treatment focus
- Assists with collaborative treatment planning and goal setting



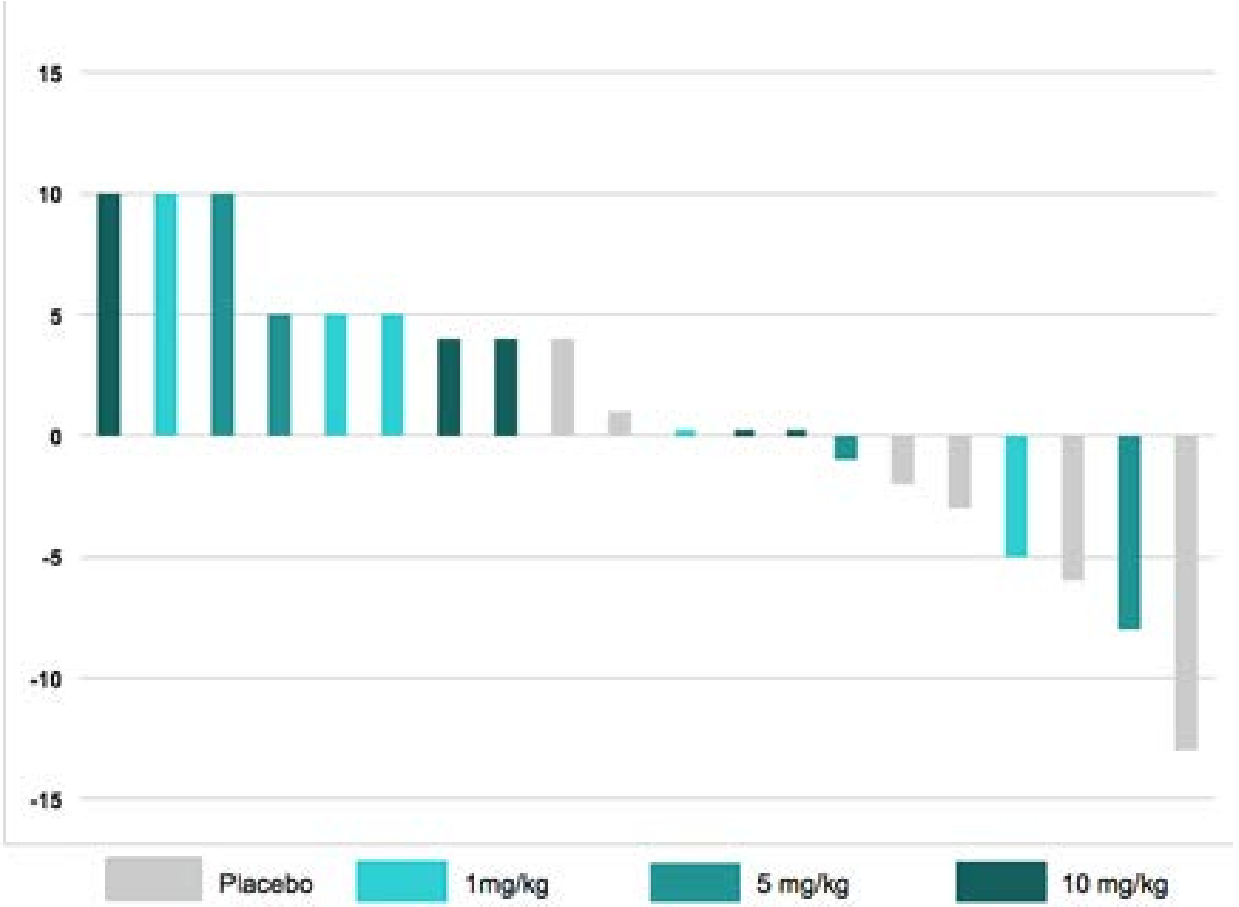
Collaborative Treatment Planning: Transparency, Consensus and Specificity

- Joint selection of high priority goals
- Joint selection of treatments
- Joint selection of discharge criteria

Joint Selection of Discharge Criteria

- A good assessment helps to create the discharge criteria
- Discharge planning begins at admission and is a crucial step in the process that should not be skipped
- Is intrinsically linked with goal setting
- Should be clearly stated in the plan and shared with the individual/family
- Ask the individual/family:
  - What would need to change so that they could manage on their own and not be in need of mental health treatment?
  - How would things be different for you if our work has made a difference?
  - What do you hope that we are able to accomplish together?

Bring a Person from Clinical to Sub-Clinical



Key Question: Are there still functional deficits?

Discharge Planning

- Discharge planning that is clear, collaborative, and aligned with families may prevent:
  - Therapist reluctance to end treatment even if client is ready
  - Families that are reluctant to end or have become dependent on the services
  - Lack of focus of treatment, especially with complex cases

Tracking Progress

- Utilize standardized assessment with families and reassess as needed
- Create behavioral indicators with families
- Get consistent and regular feedback
- Helpful resources:
  - Use a treatment planner worksheet from day one (see example)
  - Use a session planner worksheet – go in with a plan for your session to prevent getting side tracked right away
  - Use some kind of tracking system (e.g., spreadsheet)

Tracking Progress

- Utilize standardized measures:
  - Resource: http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp
- Make sure to assess family context and functioning:
  - One tool is the Family Assessment Device: http://web.up.ac.za/UserFiles/FAD.pdf
- Many of you are working with complex cases experiencing a number of family and other contextual stressors.
- The goal here is not to overwhelm the client with scales but to judiciously choose which ones are needed.

How do you create behavioral indicators/ idiographic measures?

- Identify concerns specific to the parent.
- Identify concerns specific to the child.
- Identify concerns specific to other settings (e.g., school)
- Create a measure that is simple, attainable, and easily tracked.
- Consider whether a simple worksheet may be helpful to track at home.
- Collaboratively discuss progress using a tracking system with both caregiver and client periodically.

Example: Anxiety Idiographic Measure

Level of Anxiety

Please rate your level of anxiety or worry from 1 through 10.

1 = no anxiety / no worries **10 = very high anxiety / many worries**

Level of Anxiety	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Average
1-10								
1-10								
1-10								
1-10								

Family Feedback is Critical

- Incorporate feedback into every session – create a culture of feedback
- Summarize the session and ask for how they think it went
- Be open to feedback and adjusting your methods
  - One resource:
  - http://www.whatispcoms.com/about-pcoms/

Ongoing Assessment

- Evaluation is a continual activity rather than an event that marks the start and end of an episode of care.
- The work of supporting an individual/family towards recovery and wellness involves a process of assessment and reassessment.
- Continual review is needed to ensure alignment to the unique needs of each person.
- The task is to review and evaluate progress towards achieving the individuals/family's identified recovery goals.

Ongoing Assessment

- Assessment and reassessment should occur at several key points in the overall service delivery process. The information gathered can help to evaluate the trip, monitor progress and direct mid-course corrections or even detours to points of interests
- This helps to ensure the plan is:
  - Dynamic
  - Current
  - Relevant
  - Contains up to date reflections of the individuals/family's challenges and needs
- Actually utilized

Discharge Planning

- A true commitment to recovery means fostering independence of the individual/family, not fostering dependence on service delivery systems and professionals.
- Providers have an obligation to repeatedly re-evaluate the individual's and family's readiness to discontinue services entirely or transition to a lower level of care.
- Sometimes individuals/families do not need ongoing professional services but can preserve gains and/or make continued progress with a mix of community, family, and peer based support.

Example: Treatment Planner Worksheet

- Beginning – Middle – End
- A “scratch pad” for planning which elements will be of best use during what phase of treatment

Example: Session Planner Worksheet

- Structure to each session
  - Beginning (Check-In/Review)
  - Middle (Intervention)
  - End (Summary/strengths/feedback)

Staying on Track: Overcoming Challenges

- Preparing for challenges at the beginning of treatment means you can manage them better when they arise.
- It also helps you stay on focus with the original purpose and goal of the treatment.
- If you get stuck, think back to the First 30 Days

A focus of treatment is imperative.

If you don't have a clinical focus, you may be faced with a heard of COWs (Crisis of the Week).

Understanding a Stalled Treatment Process: Thinking Through The Decision Making Process

- The problem of diagnosis
  - **Have we assessed the problem correctly?**
  - **Do we have the total picture?**
  - **Have we assessed the strengths of the family?**
  - **Have we assessed and addressed practical barriers that disrupt the treatment process?**
- The problem of practitioner-caregiver/child misalignment
  - **Has their been a successful engagement process?**
  - **Is there a discrepancy between the treatment plan aims and the felt need of the caregiver and child?**
  - **Are their cultural values, beliefs, and preferences that have not been taken into account?**

Question 1:

Have we used the right approaches and treatment interventions?

- **Review the diagnosis thoroughly**
  - **How was the diagnosis made?**
  - **Who was involved in contributing to the final diagnosis?**
- **Review the core clinical problem that has been the focus of treatment**
  - **How was this determined?**
  - **Is this core clinical problem area that the practitioner has been addressing endorsed by the child and caregiver?**

Question 1:

Have we used the right approaches and treatment interventions?

- **Review the interventions and approaches**
  - **What interventions have already been tried?**
  - **Is there a way to measure progress on the critical clinical problems?**
  - **Are we consumed by a herd of COWS? Have we been able to stay focused or do we meander from one crisis or problem to another (putting out many different small brush fires)?**

Question 2:

Have we applied the interventions skillfully?

Possible Problems

- Dosage and Duration (e.g., attendance and progress tracking)
  - Missed appointments
  - Lack of "homework"
- Order of intervention strategies (e.g., treatment planner)
- Fidelity to the intervention
- Adaptation of the intervention in a way that maintains the active ingredients
  - Variation vs Deviation

Possible Strategies

- Use the progress tracking, treatment planner and session planner to identify problem area, adjust, and get back on track
- Communicate with family and get feedback as to what they would like to do

When Measures Say Different Things

- If standardized and ideographic measures say:
  - The same thing whether improving or worsening – provider and family have same perception
  - The opposite thing – misperception on either provider or family side
    - Revisit measures –
      - Make sure ideographic is measuring what family goals are – assess if measuring right goal or if goal has changed
      - Make sure standardized measure is tapping into right problem (or is the focus problem incorrect?). Is the measure easily understood by the family?

Let's Practice!

- Chat in one example of an ideographic measure you use with families.

- Consider the following:
  - Is it simple?
  - Is it feasible?
  - Is it measurable?

Here you are creating draft measures but it is best to collaboratively develop these with the client/parent to ensure you are identifying practical goals.

Role Play: Putting these Concepts into Action!

- Counselor will be meeting with Jerry, a parent who was referred by her child's school due to her child's disruptive behaviors in the classroom. Jerry is extremely frustrated with the school as they routinely call her, while she is at work, to inform her of the difficulties they are having with her child. It has gotten to the point where she is at risk of losing her job. Jerry is even more frustrated because her child does not display these behaviors at home.
- Jerry has met a couple of times with the counselor to complete the assessment and treatment plan.

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Focus on Strengths

Collaboration is Key!

Consultation Webinar Next!

- Consultation Webinar for the First 30 Days
  - Wednesday, February 18th; 12:00-1:00pm
- Recommendations:
  1. Review and complete the First 30 Days Checklist!
  2. Bring to the webinar your questions and comments
  3. Bring to the webinar specific challenges in implementing the concepts from the First 30 Days Webinars with clients

Questions

Next Webinars in the Series

- View first two webinars on www.ctacny.com
- Consultation Webinar for the First 30 Days
  - **Wednesday, February 18th; 12:00-1:00pm**
  - **Use the First 30 Days Checklist!**
- Next Core Area:
  - Family Alignment: Caregiver Engagement Strategies Part I
  - **Wednesday, March 4th; 12PM to 1PM**

Thank you for participating with us today!

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