

Treatment Plan Addendum Instructions

WHEN:

This form is to be utilized, as needed, if additional problems are identified beyond the 3 problems allocated on the initial or updated Treatment Plan Form. It is to be attached to the Initial or Updated Treatment Plan form.

NOTE: The ASAM Level of Care Recommendation form (F306) shall be completed in conjunction with (and not after) the Initial/Updated Treatment Plan.

COMPLETED BY:

To be completed jointly by LPHA/Counselor and client as needed to complete the Treatment Plan.

REQUIRED ELEMENTS:

- **Client Name:** Complete with client's full name.
- **Client ID:** Complete by entering the client's SanWITS' Unique Client Number (UCN).
- **What type of Treatment Plan is this Addendum attached to:** Mark Initial Treatment Plan or Updated Treatment Plan to indicate what type of treatment plan this addendum is attached to.
- **Date of this Treatment Plan:** Document the date of the treatment plan this Addendum Treatment Plan form is attached to.

PROBLEM

- **Problem #:** Indicate the appropriate problem number (i.e. 4, if this is the first additional problem)
- **Select related ASAM Dimension(s):** Check appropriate box(s). Review all 6 ASAM dimension criteria to assess which box(s) to check.
- **Problem Statement(s):**
 1. Personalize problem(s) unique to the client.
 2. Write problems in client language and *prioritize* (emergent, realistic for completion, what is needed to prevent relapse?)
 3. If a physical health concern is identified (e.g., pregnancy or lack of a physical in the last 12 months), this needs to be addressed in one of the problem areas on the plan.
 4. Multiple related issues may be combined into one problem statement that fall under the same ASAM dimension(s). For example, a client may have multiple bio-medical issues, such as needing a physical exam, follow up care on diabetes, and dental work which could all be incorporated into one problem as they are all related to ASAM dimension 2.
 5. If the client cannot demonstrate having had a physical exam within 12 months prior to admission to treatment, then a problem must identify lack/need for a physical exam.
 6. If the client has demonstrated completion of a physical exam within 12 months prior to admission to treatment, and a significant medical illness has been identified; then a problem may be that the client needs to address appropriate treatment for the illness.
- **Goal(s):** What does the client and program want to accomplish? Use "SMART" acronym (Specific, Measurable, Attainable, Realistic, Time-Related):

1. Goals must be measurable and achievable. If multiple problems are grouped together, then include a specific goal to resolve each of the specific problems.
 2. If the client has not received a physical exam within 12 months prior to admission to treatment, a goal that the client completes a physical examination must be included.
 3. Should a client demonstrate completion of a physical exam within 12 months prior to admission to treatment, and a significant medical illness has been identified; a client goal to obtain appropriate treatment for the illness must be included.
- **Action Steps:** Action steps to be taken by the LPHA/Counselor and/or client to accomplish identified goals:
 1. Include specific actions the LPHA/counselor will do while providing treatment services to the client (e.g., individual counseling, group, etc.) to help the client reach their goals. Include the use of evidence-based treatment interventions (e.g., Motivational Interviewing, Relapse Prevention) to be utilized, if applicable.
 1. Include specific actions the client will do to reach their goals (e.g., Client will identify a list of potential doctors and contact at least 1 to schedule an appointment to complete a physical).
 2. If multiple problems are grouped together, then include a specific action step to accomplish each of the specific problem goals.
 - **Target Date(s):** Estimated date of completion per action step. Dates to reflect each of the specific goals and action steps (i.e., if there are 3 goals, there will be 3 target dates).
 - **Resolution Date(s):** Actual task completion date to be documented on the treatment plan after the treatment plan has been developed. Remember to document if the client did not complete a goal or action step when carrying over the same goal/action to the next plan. Dates to reflect each of the specific goals and action steps (i.e., if there are 3 goals, there will be 3 resolution dates).