

Withdrawal Management Treatment Plan Instructions

REQUIRED FORM:

Based on Intergovernmental Agreement guidelines, an Individual Recovery/Treatment Plan is a required document within the client file.

WHEN:

This form is to be completed in accordance with timeframes specified below:

- Withdrawal Management – within 72 hours of admission to program.

COMPLETED BY:

To be completed jointly by LPHA/Counselor and client based upon the information obtained during the initial intake, assessment and treatment planning sessions with the client.

REQUIRED ELEMENTS (do not leave any blanks):

CLIENT INFORMATION

- **Client Name:** Client's full name. (**NOTE:** to be entered on each page of the Treatment Plan)
- **Primary Counselor:** Primary LPHA/SUD Counselor name.
- **Client ID#:** Client ID is SanWITS number (**NOTE:** to be entered on each page of the Treatment Plan)
- **Admission Date:** Date client was admitted to program.
- **DSM-5 Diagnosis(es):** Enter the DSM-5 diagnosis. More than one diagnosis can be entered, but the *Primary diagnosis must be a Substance Use Disorder.*
- **Date of the Initial Treatment Plan:** Enter date the Treatment Plan was completed.
- **Was a physical exam completed?** Check the appropriate box. If Yes is checked, provide the date of the physical. (Inform client that further proof of physical exam may be required).
- **Assessments/Forms Reviewed:** Check the appropriate boxes; if other, provide details.
- **If client's preferred language is not English, were linguistically appropriate services provided?** Check the appropriate box; if No, explain in detail.
- **What does the client want to obtain during and after withdrawal management (use client's own words):** Document the client's expectations regarding treatment services and what the client hopes to gain from receiving services at the program. You may use client's own words.
- **Client Strengths/Resources/Abilities/Interests (to be used to reach treatment plan goals):** Use Motivational Interviewing techniques to obtain strengths-based client information to use when creating treatment plan goals.

Goals Short Term and Long Term:

- **Select related ASAM Dimension:** Check appropriate box(es). Review all 6 ASAM dimension criteria to assess which box(s) to check.
- **Problem Statement:**
 - Personalize problem(s) unique to the client.
 - Write problems in client language and *prioritize* (withdrawal concerns, medical condition, emergent, realistic for completion, what is needed for safety of client)

- If a physical health concern is identified (e.g., pregnancy or medical condition such as diabetes), this needs to be addressed in one of the problem areas on the plan.
 - 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, medical condition that may be of a concern while detoxing and dental work which could all be incorporated into one problem as they are all related to ASAM dimension 2.
 - 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.
 - 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.
 2. If multiple problems are grouped together, then include a specific goal to resolve each of the specific problems.
 3. If client has been identified as having a medical conditions or having withdrawal symptoms, a goal that the clients completes is withdrawal management services.
 4. 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.
 5. 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.
 2. Include specific actions the client will do to reach their goals (e.g., Client will follow medical advice during withdrawal and take medication as prescribed).
 3. 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).

WITHDRAWAL MANAGEMENT PROPOSED SERVICES (INCLUDE FREQUENCY AND DURATION) (Ex: Observation: every 30 minutes for a duration of 24 hours)

- **Check the appropriate Modality box and enter frequency and duration for each box checked:** List includes observation and medication services, individual services, case management, collateral services, patient education, and group services.

Client was offered a copy of the plan: Check Yes or No; if No, document why.

TREATMENT PLAN SIGNATURES

- **Client Signature:** Client to sign and date.
 1. The client must be present and participate in the treatment plan to bill for treatment plan services.
 2. Client signature provides evidence of client participation and agreement with the Individual Recovery/Treatment Planning process.
 - **For Withdrawal Management:** Client must sign within 72 hours of admission to program. If client **refuses to sign** the treatment plan, please document reason for refusal and the strategy that will be used to engage client for participation in treatment plan. Future attempts to obtain the client's signature on the treatment plan should be documented in progress notes.
- **Counselor/LPHA/MD Name, Signature, and Date:** LPHA/Counselor/MD's legibly printed or typed name, signature with degree and/or credentials, and date of completed Individual Treatment Plan.
 - **For Withdrawal Management:** All signatures must be in place within 72 hours from time of admission.
 - The date of LPHA/Counselor/MD signature is considered the treatment plan completion date.