

Case Conceptualizations and Treatment Recommendations from a Recovery Perspective

What are the Precipitators of this presentation?

- When the state came to review evaluations, they felt that the evaluations did not meet “Best Practice” guidelines for form or content, lacked sufficient clinical detail, and often failed to establish necessity of service other than using the phrase “it is medically necessary”
- Evaluations recommending a specific program or a specific provider vs recommendation for a level of care or service based on treatment

Precipitators Continued

- As per the state, “specific psychologists routinely supplying cookie-cutter evaluations, cutting and pasting portions of the evaluations or providing fixed and duplicative recommendations regardless of the child’s presenting issues, diagnosis or abilities.”

We at VBH

Shared some of the states' concerns around the evaluations so we began brainstorming ways to address the issues

So to address Concerns

- VBH has continued to work towards improving the quality of evaluations through CASSBE -2 trainings, regular CCASBE auditing. Providers are given written feedback and those scoring below an established threshold are offered peer mentoring
- VBH has decided to also hold a provider forum to discuss case conceptualization and treatment recommendations

Goals for Today's Seminar

- To facilitate open communication around evaluation writing and how to incorporate strong case conceptualizations
- To discuss utilization of recovery oriented procedures to further develop treatment recommendations and case conceptualizations
- To look at some sample evaluations to discuss strong evaluations and areas in need of improvement

So what makes a good Evaluation?



The Format as Suggested in the Guidelines for Best Practice in Child and Adolescent Mental Health

- Identifying Information
- Reason for Referral
- Relevant Information
- Interview
- Discussion
- Diagnosis
- Recommendations

According to DPW, Office of Mental Health and Substance Abuse Services

- A Life Domain Format is suggested for psychiatric and psychological evaluations
- The goals of the Life Domain Format for Psychiatric and Psychological Evaluations are:
 - To help the evaluator construct a strengths based interview and written report
 - To help the evaluator identify crisis situations
 - To assist the evaluator in obtaining core information so that the interagency team is free to promote a creative treatment plan, rather than engage in recitation of past failure
 - To assist the evaluator in recommending individualized services and natural supports consistent with CASSP Principles which support the child

The goals of the Life Domain Format for Psychiatric and Psychological Evaluations are:

- To support inclusion of parents, caregivers and other team members into the evaluation process
- To encourage participation by the psychiatric or psychologist as an active member of the interagency and treatment team, helping to achieve consensus regarding needs, services, and monitoring progress

The goals of the Life Domain Format for Psychiatric and Psychological Evaluations are:

- To create a comprehensive document that serves as a baseline for future evaluations and as a source of reference for subsequent review of the child's progress over time

According to state guidelines, characteristics of a quality evaluation include a report that is:

- Comprehensive- Is all of the necessary information present?
- Organized- Does the report provide a cohesive story?
- Respectful- Are strengths and goals, not just problems identified within the report?
- Individualized- Is there a clear picture of the child/individual that emerges with developmental progression and actual experiences?
- Thoughtful- Do the recommendations go beyond the prescription of medically necessary services into assistance with linking the family and child to appropriate services and resources?

Recommendations for Clinical Evaluations from American Psychiatric Association

Facilitate the individual or family telling the story

Utilizes information from multiple sources and ideally encompasses a multidisciplinary approach

Addresses risk assessment

Respectful evaluation which involves a non-judgmental attitude

Is culturally relevant

May use structured interviews, rating scales, and functional assessments

Formulates a differential diagnosis and treatment recommendations



VALUE BEHAVIORAL HEALTH
of PENNSYLVANIA

A VALUEOPTIONS® COMPANY

What makes a good conceptualization?

- The conceptualization will be anchored in a diagnosis
- The conceptualization will be evidence based and may include self reports
- Has a hypothesis that has good treatment utility and will assist in guiding treatment planning

In all areas of treatment, there is increasing interest, both nationally and statewide in...

RECOVERY

So what is recovery?

Recovery Definition

- According to SAMSHA (2012)
- Recovery is: a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential

Principles of Recovery- According to SAMHSA 2012

- Recovery is person driven
- Recover emerges from hope
- Recovery occurs via many pathways
- Recovery is holistic
- Recovery is supported by peers and allies
- Recovery is supported through relationship and social networks
- Recovery is culturally-based and influenced

Principles of Recovery- According to SAMHSA 2012

- Recovery is supported by addressing trauma
- Recovery involves individual, family, community strengths and responsibilities
- Recovery is based on respect

The 15 Essential Elements for Recovery Treatments:

1. Person-centered
2. Inclusive of family and other ally involvement
3. Individualized and comprehensive services across the lifespan
4. Systems anchored in the community
5. Continuity of care (pretreatment, treatment, continuing care, and recovery support)
6. Partnership/consultant relationship

The 15 Essential Elements for Recovery Treatments:

- 7. Strengths-based (emphasis on individual strengths, assets, and resilience)
- 8. Culturally responsive
- 9. Responsive to personal belief systems
- 10. Commitment to peer recovery support services
- 11. Inclusion of the voices of individuals in recovery and their families
- 12. Integrated services
- 13. System-wide education and training
- 14. Outcomes-driven
- 15. Adequately and flexibly financed

Recovery Language Grid

Language Not Reflecting Recovery	Language that Promotes Acceptance, Respect & Uniqueness	Comments
<p>Max is mentally ill Max is a bipolar Max is...</p>	<p>Max has a mental illness Max has schizophrenia Max has been diagnosed with bipolar disorder Max is a person with...</p>	<p>Avoid equating the person's identity with a diagnosis. Max is a person first and foremost, and he also happens to have bipolar disorder Very often there is no need to mention a diagnosis at all It is sometimes helpful to use the term "a person diagnosed with," because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not</p>

Recovery Language Grid

Alex is an addict	Alex is addicted to alcohol Alex is in recovery from drug addiction	Put the person first Avoid defining the person by the issues that they are addressing
Rebecca is brain damaged	Rebecca has a brain injury	Put the person first Avoid defining the person by their struggles
Mark is normal/healthy	Mark is someone without a disability	Referring to people without disabilities as normal or healthy infers that people with disabilities are not normal and not healthy

Recovery Language Grid

<p>Sarah is decompensating</p>	<p>Sarah is having a rough time Sarah is experiencing...</p>	<p>Describe what it looks like uniquely to that individual—that information is more useful than a generalization Avoid sensationalizing a setback into something huge</p>
<p>Mathew is manipulative</p>	<p>Mathew is trying really hard to get his needs met the way that he knows Mathew may need to work on more effective ways of getting his needs met</p>	<p>Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how</p>
<p>Marty is non-compliant</p>	<p>Kyle is choosing not to... Kyle would rather... Kyle is looking for other options</p>	<p>Describe what it looks like uniquely to that individual—that information is more useful than a generalization. Is the member even in agreement with the plan of care or do they not see a need for this plan of care?</p>

Recovery Language Grid

<p>Megan is very compliant</p>	<p>Megan is excited about the plan we've developed Megan is working hard towards the goals she has set</p>	<p>Being compliant means that someone is doing what they were asked or told to do. The goal of recovery-oriented services is to help the person define what they want to do and work towards it together. Someone being compliant does not mean that they are on the road to recovery, only that they are following directions.</p>

Recovery Language Grid

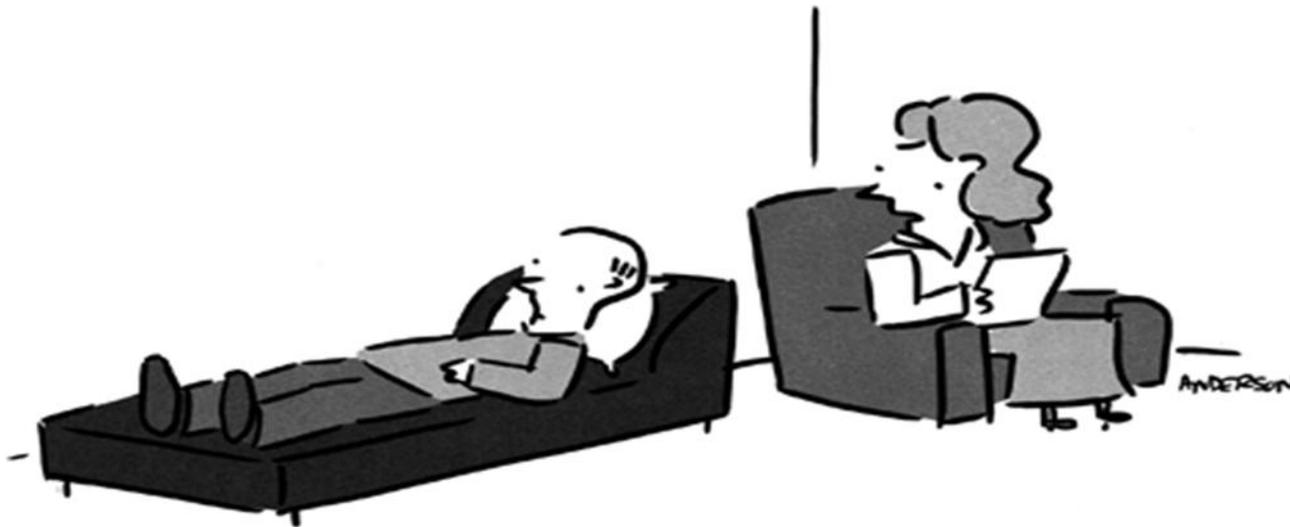
<p>Joan is resistant to treatment</p>	<p>Joan chooses not to... Joan prefers not to... Joan is unsure about... Joan is not engaged in...</p>	<p>Describe what it looks like uniquely to that individual—that information is more useful than a generalization Remove the blame from the statement</p>
<p>Allie is high functioning</p>	<p>Allie is really good at...</p>	<p>Describe what it looks like uniquely to that individual—that information is more useful</p> <p>As taken from: Recovery Language, http://www.dshs.wa.gov/pdf/dbhr/mh/MHRecoveryLanguage08022010.pdf</p>

**So how will this impact treatment
recommendations and prescriptions
if at all?**

We may be going from this..

© MARK ANDERSON

WWW.ANDERTOONS.COM



"I haven't the foggiest what's causing this.
Just try to knock it off, OK?"

To...

© MARK ANDERSON

WWW.ANDERSTOONS.COM



"And what would you like the forecast to be?"

Things that will Remain the Same...

- Good formulation and hypothesis for the basis of behaviors
- Diagnostic considerations
- A service plan which stems from the presentation of symptoms
- A rationale for recommended services and interventions
- For reevaluations, there are outcomes measures incorporated into the evaluation

Things that will Remain the Same...

- Strengths of the child and how this will be utilized in treatment recommendations
- Services that are prescribed meet medical necessity standards

Things that may be different...

- Increased emphasis on child/ family/ individual goals
- Is not build upon discreet periods of treatment but it is ongoing and flexible
- Emphasis on motivation, competence, and independence
- Evidence of resilience
- Person first language use will occur
- Success stories are shared throughout the community

So here are some sample evaluations...

- What are the strengths of the evaluations?
- What are areas for improvements?
- If you were writing the evaluations, how would you suggest to improve them?
- What is one ideas that could be incorporated into your own practice that you would like to try?

Questions?

References...

- Guidelines for Best Practice in Child and Adolescent Mental Health Services
http://www.dpw.state.pa.us/ucmprd/groups/public/documents/manual/s_001583.pdf
- Welcome Recovery to Practice
www.samsha.gov/recoverytopractice
- Summer Therapeutic Activities Programs
- Children's Bureau powerpoint- presentation November 5, 2013
- SAMSHA's Working Definition of Recovery
- Cognitive Behavioral Case Formulation- Persons and Tompkins
- <http://www.parecovery.org/index.shtml>
- <http://www.dshs.wa.gov/pdf/dbhr/mh/MHRecoveryLanguage08022010.pdf>
- Practice Guidelines for the Psychiatric Evaluation of Adults

Thank You

Presented by Lisa Kugler, Psy.D.

Lisa.Kugler@valueoptions.com