

FOCAL TREATMENT PLANNING* & SYSTEMS OF CARE



John Swanson, M.D.

*(Harper, JAACAP, 1989)

Agenda

Focal Treatment Planning (FTP)

Today's Challenges

FTP at CT BHP

Steps of FTP

Benefits of FTP





Focal Treatment Planning

“Focal Inpatient Treatment Planning,” Harper, JAACP, 1989

1. Select focal problem

Behavior and context, stated empathically to enhance alliance.

2. List contributing factors

3. Choose which factor to intervene

Principle of Parsimony: what has to change for this patient to leave the hospital?

4. Assess outcome





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Focal Treatment Planning

Harper, JAACP, 1989

Intended to address
challenge of...

“choosing from
among the myriad
data available, those
that would guide
treatment”.





Today's Challenges #1 Resource Allocation



75% of funds for children's mental health spent on inpatient and residential levels of care, Benefits unclear. (*which have the least evidence for effectiveness*). *

*(Surgeon General's report on Mental Health, 1999)



Today's Challenges #2:

Fragmentation of Services*

- Lack of coordination
- Silos of service
- Multiple conflicting care plans
- Unclear access requirements

*(New Freedom Commission, 2003)

(Rosie D. v. State of Massachusetts, 2006)



Today's Challenges #3: Lack of accountability*

- What works?
- How to do it?
- Evolution of Evidenced Based Treatment
- Critical to informed consent

*(Community Treatment for Youth, ed. Burns and Hoagwood, 2002)



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Today's Challenges #4:

Consumer & Family-Driven Care*

“The plan of Care will be at the core of the consumer-centered, recovery oriented mental health system”.



*(New Freedom Commission, 2003)



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Focal Treatment Planning Experience at CT BHP

1. Helps to organize inpatient utilization reviews.
2. Helps to organize presentations in clinical rounds.
3. Hopefully yields helpful feedback to providers.



Focal Treatment Planning Experience at CT BHP (cont.)

3. Clarifies referral process to Psychiatric Residential Treatment Facilities (PRTF).
4. Possible: Clarify need and goals for Riverview Hospital.
5. Possible: Improved efficiency of referrals to Residential Treatment Centers.



Focal Treatment Planning

Why Focal Treatment Need rather than Focal Problem?

1. Less static.
2. Less pejorative.
3. More ecological.
4. Focuses on adaptive process.





Focal Treatment Planning Developing a Consensus about Focal Treatment Need

1. Most concerning behavior warranting a Level of Care.
2. Context in which the problem behavior occurs.
3. Associated affect.
4. A particularly relevant contributing factor.



Focal Treatment Planning Examples of Focal Treatment Need

Bill

A boy with intense mood swings, needs ways to manage frustrations and anger at home without hitting or threatening.

Crystal

Survivor of sexual abuse, needs ways to manage loneliness and despair without cutting at home and at school.



Steps of FTP

1. Assemble the care planning team.
2. Arrive at consensus statement of the focal treatment need.
3. Define the goal with the “future vision”.





Steps of FTP (cont.)

4. List contributing factors.
5. Select intervenable factors.
6. Identify matching interventions.
7. Choose the most appropriate treatment setting.
8. Assess the outcome.





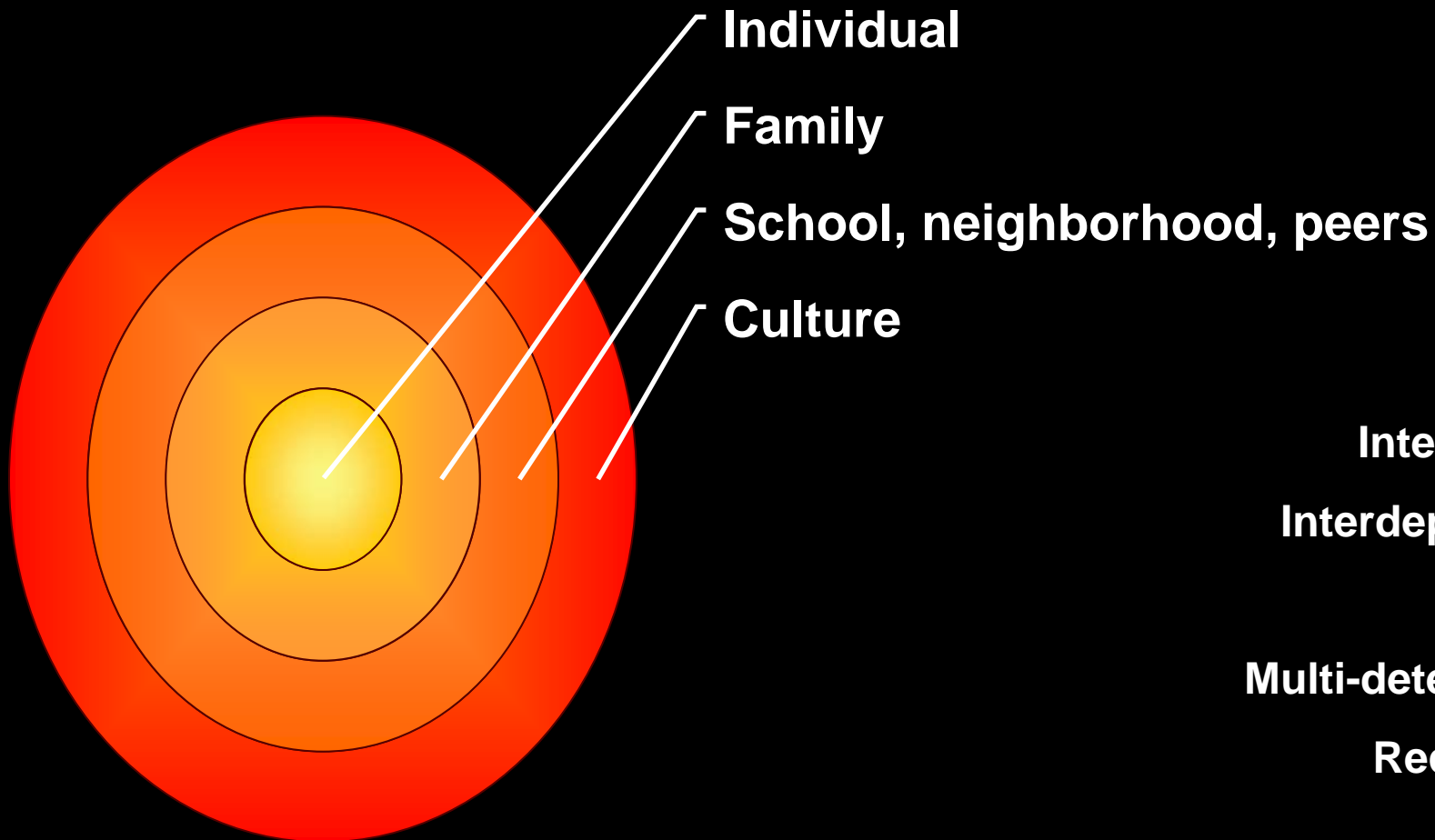
Focal Treatment Planning

Why is Future Vision so important?

1. The work is to “improve the fit” not “fix the child”.
2. We leverage strengths to improve the fit. Strengths are usually relationship based and context dependent.
3. Should children have to earn their next placement? Earn caretaking relationships? Is this a repetition of earlier rejection?



Transactional-ecological Causality



Interrelated

Interdependent

Holistic

Multi-determined

Reciprocal

Transactional



Focal Treatment Planning Benefits

1. Reinforces the Individualized Care Planning Team.
 - Empowerment, Voice & Choice
 - Longitudinal Planning, Ecological Validity



Focal Treatment Planning Benefits (cont.)

2. Makes referrals more efficient by clarifying treatment needs in advance.
 - Match specific treatment with specific provider & specific environment
 - Helps with level of care determination & utilization reviews
 - Enhances accountability with all parties (esp. care planning team)
 - Path to evidence based treatment (EBT)



Focal Treatment Planning Benefits (cont.)

3. Reinforces resiliency & recovery.

- Strength based, ecologically oriented
- “Improve the fit” not “fix the child”
- Combines non-linear thinking (creativity) with linear/logical thinking to yield accountability without blame
- By resisting a deterministic (reductionistic) explanation for “problems”, hope stays alive. Hope is the key to resiliency & recovery.



Focal Treatment Planning

A Final Note

Focal Treatment Planning is related to, *but different than*, discharge planning.

Discharge planning is an important case management function that must occur simultaneously with the Focal Treatment Planning process, from day one.



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Focal Treatment Planning

Q & A



THANK YOU!