Ask Clients to Participate in Treatment Planning

Problem

Clients without a personal stake in their own treatment are less likely to stay engaged and continue treatment.

Solution

Ask clients to participate in creating their own treatment plans with goals and objectives and ways of achieving them that meet their individual needs.

Featured Stories

Gosnold, Inc. in Falmouth, Massachusetts increased continuation rates through four weeks of treatment from 72 percent to 88 percent by introducing a solution-focused therapy group for patients to develop their own small scale, rapid-cycle changes using PDSA cycles, which they called Plan-Do-Measure-Act (PDMA) cycles. Patients made personal changes and tracked their progress. For more information, see the change bulletin.

Mid-Columbia Center for Living in The Dalles, Oregon increased continuation rates from 59 percent to 84.5 percent by having all their clients attend a pre-treatment group after assessment to teach them the rules and expectations of group and the stages of change. The clients discussed their motivations for being in treatment and created their treatment plans.

Lessons Learned

- Use information gathered during the first contact as the basis for creating a treatment plan.

- Use undesirable behaviors as learning opportunities. For example, if a client has a relapse, instead of kicking them out of treatment, help them practice getting back on track with their recovery.

Tracking Measures

Cycle Measure	Data Collection Form
No-show rate for treatment sessions	No-show Tracking Spreadsheet

Action Steps

Plan
1. Select a group to test this change.
2. Decide how you will ask clients to participate in making their own treatment plans.
3. Collect baseline data for the no-show rate at the selected group.

Do
4. Ask clients to participate in planning their own treatment plans for the next

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NIATx Aims

Reduce waiting time
Reduce no-shows
✓ Increase continuation
Increase admissions

Financial Impact

✓ Increase revenue
✓ Increase staff retention
Reduce costs

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two weeks.

Study 5. Track and calculate the no-show rate at the selected group for the same two-week period.

6. Check the fidelity of the change. Was the change implemented as planned?

7. Evaluate the change:

- How did clients react to being more involved in planning their own treatment?

- Does this change lessen the workload of your counselors?

- Did the no-show rate decrease?

Act 8. Adjust the method for involving clients in creating their treatment plans based on the experience of this group of clients and re-test this practice for two more weeks.

Repeat this series of steps until you have refined the process for involving clients in creating their treatment plans and expand this practice until all of your clients are doing so.

Related Promising Practices

- Encourage Clients to Use PDSA Cycles to Test Their Own Changes

- Use Motivational Interviewing During Treatment

- Orient Clients

- Identify Clients at Risk for Leaving and Intervene

- Tailor Treatment to Each Client's Individual Circumstances and Needs

- Transition Clients to the Next Level of Care as Soon as They are Ready

More Stories

Women's Recovery Association in Burlingame, California increased continuation to the fourth treatment session from 80 percent to 100 percent by helping their clients create a Recovery Vision. First they asked each client to talk about how they are now and how they're currently feeling. Then, they helped each client transform these thoughts and feelings into a vision of how they want to be and how they want to feel in the future. This increased clients' commitment to attend sessions during the first four weeks of treatment and pay fees in advance.

Fayette Companies in Peoria, Illinois increased the chances that clients stayed in treatment at some level of care instead of leaving treatment completely by having residential patients develop their own personal recovery plans. They allowed clients to decide when it was time to leave treatment and used this as an opportunity to normalize what might otherwise be considered an early departure. They used undesirable behaviors as learning opportunities, rather than grounds for discharge. For further information, see It's Time to Stop Kicking People Out of Addiction Treatment. For more information, see the business case.