**Documenting Outcomes Related to Substance Use Disorder**

Think about what it is about the client’s use of substance(s) that makes them take a particular action, which results in a significant impairment in an important area of life functioning.

F**ORMULA:**

**Due to client’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (symptoms of SUD), client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (behaviors) resulting in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (outcome).**

Example: “Due to client’s dependency on sustaining his meth use, client attempted to sell a car he stole, resulting in his arrest, incarceration, and current probation status.”

*\*NOTE: It is not required or necessary to use this formula…if the documentation shows how all three are connected, you can write it however you like!*

**Tip:** If you know the outcome (unemployment, no housing, loss of social support, etc.), you can work backwards to get to the behavior and how it is related to a SUD.

Example: Client has been unemployed for the past 3 years.

Q: What happened 3 years ago with his/her employment?

A: He/she lost his/her job.

Q: How did he/she lose their job?

A: He/she was fired.



Q: What did he/she do that got him/her fired?

A: He/she stopped showing up for work.



 Q: Why did he/she stop showing up for work?

A: He/she was drinking throughout the night and unable to get up in the morning. He/she started showing up to work later and later, eventually stopping. He/she has not been able to work since then.



Due to client’s excessive drinking throughout the night, he/she was often tardy or did not show up to work because he/she was unable to get up in the morning, which resulted in him/her getting fired and being unemployed for the past 3 years.

**Documentation**

1. Basis for the DSM-5 SUD diagnosis description of how the client meets criteria for the diagnosis
2. Outcome related to the SUD  description of life areas most severely affected by the substance use
3. Corresponding level of care  what is indicated based on off #1 and severity of #2 that will meet the client’s needs

Sample Format:

**“Client meets criteria for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DSM-5 SUD diagnosis). Severity is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mild, moderate, severe) as he/she meets \_\_\_\_\_\_\_\_\_\_\_\_ (number of DSM-5 criteria for SUD diagnosis) of the criteria. Client endorses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (criteria). (Continue with all criteria). Client has had a pattern of problematic use over/within the last \_\_\_\_\_\_\_\_\_\_\_ (duration of use). Client meets medical necessity based on the above diagnosis and significant impairment in dimensions \_\_\_\_\_\_\_\_\_\_\_\_ (numbers with most severe risk ratings) of the ASAM Criteria. Due to client’s \_\_\_\_\_\_\_\_\_\_\_\_ (symptoms of SUD), client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (behaviors) resulting in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (outcome). (Continue with other dimensions with the most severe risk ratings). Client is most appropriate for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (level of care) and will need \_\_\_\_\_\_\_\_\_\_\_\_\_ (services that will address client’s problems).”**

*\*\*Any format can be used, as long as the required elements are addressed. \*\**

**Example:**

Client meets criteria for (F10.10) Alcohol Use Disorder, Moderate. Severity is moderate as she meets 5 of the criteria. Client endorses daily cravings to use that have led to preoccupation with drinking and feelings of agitation and restlessness. Client states that she has stopped working out and spending time with friends and family. She spends most of her time at home drinking alone, often neglecting to take care of responsibilities like paying bills and completing household tasks. Client stopped going to her job as a waitress because she was either drinking at home or sleeping after blacking out. Client has had a pattern of problematic use over the last year, but client has been sober for about two weeks. Client meets medical necessity based on the above diagnosis and impairment in dimensions 5 and 6 of the ASAM Criteria. Due to client’s inability to tolerate cravings to continue drinking, client states she is “always planning my next drink” and has stopped participating in social activities with friends and family. Client states that she feels guilty for this and that she would like to be close with her family again and “have people that are there for me instead of being all alone because I pushed everyone away.” Due to client spending time drinking, she has not been keeping up with paying bills or completing household tasks, resulting in her being behind on payments and accumulating debt. She is no longer able to pay off the debt because she has no job. Due to her spending time drinking or recovering from the effects, client has stopped going to work resulting in job loss. Client’s risk for continued use and problem potential are significant as she states that she has not made any attempts to try stopping since she began and that “I don’t know how to stop.” Client was unable to verbalize any ways to manage cravings, other than by drinking, and states that “everything is a trigger.” Therefore, client does not have the skills needed to be able to abstain from drinking for prolonged periods of time. Client would benefit most from the Intensive Outpatient Treatment Services level of care to increase her understanding and awareness of the effects of drinking as well as cravings and triggers. Client needs a moderate level of support to be able to learn healthy coping skills and relapse prevention skills in order to become self-sufficient in applying them as she improves in functioning.

**Treatment Plan Reference Sheet**

How do I know what goals to create?

1. Ask the client what he/she wants or needs the most help with!

2. Look at the dimensions of the ASAM Criteria and find the highest risk level ratings.

3. Discuss with client what he/she would like to improve in each dimension.

**STATEMENT OF PROBLEM:**

1. In the client’s own words. Can use quotes.

2. Can be long-term.

3. May or may not be achievable during this treatment phase.

4. Should tie back to the impairments identified in the assessment (making it related to

SUD).

5. OK if it does not directly relate to SUD. *\*\*If it does not relate to SUD, explore with*

*client to break it down to what can be worked on in the short-term! \*\**

**STATEMENT OF GOAL:**

1. This is what will help the client work towards resolving the statement of the problem

above.

2. Must relate to SUD.

3. Must be SMART.

a. Specific

b. Measurable

c. Achievable

d. Realistic

e. Time-bound

4. Duration (how long will it be worked on for? i.e., For the next 30 days, 90 days, etc.)

**ACTION STEPS:**

1. Describes what you as the provider will do to help the client meet his/her goal above.

2. Describes what the client will do to work towards his/her goal above.

3. Must include

a. who will provide the service (i.e., counselor, provider, therapist, etc.)

b. type of service (i.e., individual counseling, group counseling, case management)

c. frequency (how often? i.e., 1x/week, 2x/month, etc.)

**TARGET DATE:**

1. The expected date that client will achieve his/her action steps above.

2. Not program specific (i.e. date of discharge after the 8 week program).

3. Can be before the discharge date. All action steps of a goal may have the same target

date.

**Treatment Plan Checklist**

**Statement of Problems**

☐ Can be in the client’s own words

☐ Tied back to the ASAM dimensions

**Statement of the Goal**

☐ Specific

☐ Related to SUD

☐ Ties back to the problem identified in the ASAM Dimension

☐ Measurable

☐ Achievable

☐ Realistic

☐ Time-Bound

**Action steps & Target Date**

☐ Each indicates the type of service

☐ Each includes the frequency

☐ Written as what client or counselor will do (either or both)

☐ Connected to the goal/objective

☐ Reasonable expectation that this will help the client

☐ Within the scope of practice for the counselor

☐ Target date is indicated for each action step

**Signatures**

☐ Signature line includes printed name and credentials

☐ Signed by the counselor

☐ Counselor signature has the date of signature

☐ Signed by client

☐ Client signature has the date of signature

☐ If client has refused to sign, it is documented (along with plan for how to address this) in the

 progress note

☐ Signed by the Medical Director/physician or LPHA

☐ Medical Director/physician or LPHA signature has the date of signature

**Continued Service and Discharge Criteria (The ASAM Criteria 2013, pp 299-306)**

**Continued Service Criteria:** It is appropriate to retain the patient at the present level of care if:

1. The patient is making progress, but has not yet achieved the goals articulated in the individualized

treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the

patient to continue to work toward his or her treatment goals;

or

1. The patient is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working on the goals articulated in the individualized treatment plan. Continued treatment at

the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;

and/or

1. New problems have been identified that are appropriately treated at the present level of care. This

level is the least intensive at which the patient’s new problems can be addressed effectively.

To document and communicate the patient’s readiness for discharge or need for transfer to another level of

care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the

patient’s existing or new problem(s), the patient should continue in treatment at the present level of care. If not, refer the Discharge/Transfer Criteria, below.

**Discharge/Transfer Criteria:** It is appropriate to transfer or discharge the patient from the present level of

care if he or she meets the following criteria:

1. The patient has achieved the goals articulated in his or her individualized treatment plan, thus

resolving the problem(s) that justified admission to the current level of care;

or

1. The patient has been unable to resolve the problem(s) that justified admission to the present level

of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated;

or

1. The patient has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at

another level of care or type of service therefore is indicated;

or

1. The patient has experienced an intensification of his or her problem(s), or has developed a new

problem(s) and can be treated effectively only at a more intensive level of care.

To document and communicate the patient’s readiness for discharge or need for transfer to another level of

care, each of the six dimensions of the ASAM criteria should be reviewed. If the criteria apply to the

existing or new problem(s), the patient should be discharged or transferred, as appropriate. If not, refer to

the Continued Service criteria.