Learning Through Focus Groups: Evaluation of the Treatment Planning Process by Clinicians Within a Community Mental Health Center

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Background

- The idea for this study was prompted by results from the 2005 MHSIP Consumer Survey given by the Colorado DMH. This survey asked mental health consumers to rate their satisfaction in five different domains:
  - Perception of access,
  - Perception of quality/appropriateness,
  - Perception of outcome,
  - Participation in service/treatment planning, and
  - Overall consumer satisfaction.
- Only 53% of the participants agreed that they participated in service/treatment planning (much lower than the national average of 81% on this measure, as well as the Colorado average of 67%).
- Last year we described how adult consumers define participation in their Individual Service Plan (ISP) as a way to understand if our scores were due to different definitions of participation. We also asked consumers to share their perception of: 1) Current level of participation in their ISP 2) Desired participation level in treatment planning, 3) Changes that consumers would like to see in terms of treatment planning, 4) Consumer's definition of recovery, and 5) the role of the ISP in recovery.
- This year, we present case manager's and therapist's perception on the same issues (we will be referring to both as clinicians in results).
- By exploring both sides we can determine in what areas consumers and clinicians agree and in what areas we need to work to change perceptions.
- Learning perceptions in the field help us understand whether the current ISP is useful in guiding treatment and changes could be made to make it more relevant for consumers.
- Questions intended to assess similar issues to those addressed by the consumers, but from the clinician's point of view. We also added questions to explore how the ISP in its current format may help/hinder a consumer-based, recovery-oriented focus.

Methodology

- 9 focus groups were conducted with 66 staff (case managers and therapists)
- Staff was invited to discuss participation and recovery during lunch
- One focus group included case managers from our Rehabilitation Services site (2Succeed). We did not conduct Focus groups with our residential counselors/managers.
- The focus groups were conducted and analyzed using Krueger and Casey's (2000) approach to theme discovery.
- Leading questions
  - How would you define participation?
  - Describe your level of participation in creating/developing your treatment/service plan/ISP at MHCD?
  - Does the treatment/service plan/ ISP reflect the treatment the consumers are receiving or wish to receive at MHCD?
  - Would you like to change the treatment plan process? If so, what would that look like?
  - Do you always give a copy of the treatment plan to consumers? If not, why not?
  - Describe how comfortable you are in addressing consumer's questions about their medication and treatment. Is there anything that would make you more comfortable?
  - Describe your interactions with team psychiatrists. In general, how would you describe consumer's interactions with team psychiatrists?
  - How would you define recovery? What are your beliefs about recovery?
  - What role does the ISP play in consumer's recovery?
- We included questions related to features in our electronic medical record (eCET/Netsmart) that may impact the treatment planning process.

Results

Participation in Planning is Modulated by Level of Functioning/Level of Engagement

- Almost every clinician/CM agreed that the level of participation in planning of services is strongly affected by the level of engagement/level of functioning of the consumer

"It definitely makes a difference on how high functioning the consumer is…there are some that are very capable of directing their own goals and treatment plan and there are some who refuse to participate so it depends on who you are working with"

"It also depends on how engaged the consumer really is…some of them you can design a very effective service plan and then you don't see them for a few weeks at a shot. It is really hard to make a whole lot of progress if their not really engaged in any services or treatment."

How Staff Define Participation

(1) Building an alliance with the consumer

"My idea of participation is an alliance with the client so they feel comfortable. I think that is a major part before you can get to working with them. Because if they don't' tell you what they want and they are not honest and they are scared….you know you are not going to get a whole lot…..allowing them to trust you and share things."

"Participation takes more than one person. You need that alliance you have to be able to dialog."

(2) Participation as a system

"Whenever I think of participation I think of a group of people, more than one person, a system"

"Involvement of the people it effects"

Participation in the Development of the Individual Service Plan (ISP)

(1) Clinicians saw their role as a guide and/or educator in developing the ISP with the consumer

"I think it is also a role of educating the client because I think a lot of clients come in and think that you have services that you do to them and they are going to just sit there and absorb the knowledge that they don't really have to do anything. But it is also an educational process about educating them about what they want is really important and also trying to coach them to put what they want into behavioral ….that is hard for people who have masters to come up with behavioral goals so much less someone who is just off the street or even kids especially teenagers. I think that is the challenge making it so it makes sense clinically and that it also makes sense to consumers."

"I think one of my messages is advocating for the client's needs and one of the things I say is …help me to understand….what does that mean…. Help me to understand or explain to me. I look at advocating for other people."

(2) Clinicians expressed that participation was limited because the instrument was overwhelming for consumer

"The fact that it is so long overwhelms consumers."

(3) Technology can hinder the process

"They don't want to sit in front of the computer and do it and that is really hard…that is really hard and that is when they don't want to participate."

"Hardly ever can I get them in front of the computer usually I will take the information that I gather at personal meetings or one of those setting and apply it to the computer what they say and then after enter ISP I take it back to them and I will say ..in our sessions you talked about this or this and I will put them all together. This is what you talked about over the last month and I have put it on this paper, the ISP. I hardly ever get them to come in to the computer."

(4) Timing can effect the level of participation

"The real importance is trying to get them on baseline, housed and comfortable. Sometimes that takes more than six months. Don't be surprised if that goal is going to continue for years, our clients are severe …three months later they are out on the street and you are starting from scratch all over again. It is hard to explain that on the treatment plans, because it just appears that we are not doing our job and that is not true"

ISP Reflects the Treatment

(1) ISP can be viewed as merely a requirement by staff and consumers

"It is so hard because we get clients in different stages of change. We get clients who don't think they have a problem and don't want to change. It is not really reflective of what they want on the treatment plan because we got to at least cover both the psychiatric and the substance use realm because it is required for our ISPs. Sometimes when you get to a substance use realm they don't want to get recovery, so sometimes it is just putting that and they don't really want to do it because they don't identify…"

(2) The same instrument, ISP, is being used to meet clinical, billing, and quality improvement system needs; the needs of these systems are not always compatible

"I think that is really the challenge. That was the problem with my last job. They wanted the clients to participate in the treatment plan so we put down what the clients wanted to be done and then Medicaid would come in to do an audit or whoever…..and say this doesn't make sense. We would also have to write reviews for insurance and they would say this isn't clinical. That was the challenge making it clinical enough for the agencies and auditors but making it so the clients understand it. This is the ongoing thing I've seen in the other places I have worked….(continued) "this is an ongoing thing I have seen in my other places of employment too. We get the client to tell us what they want but when we put what they want the insurance says, well, that makes no sense."

"My experience has been that the treatment plans are more for the clinic to show that they are providing services and not so much for the client."

"So in a way, it's almost like the instrument doesn't fit the population at least the way it's being used because the population doesn't come in once a week which would be great if they did then it wouldn't be an issue…"

(3) ISP is considered a working document, but events happen so quickly in consumer's lives that the document gets in the way when the concern should be on stabilizing the consumer

"Or you design a very good service plan and the needs all of sudden develops in another area that is not in the service plan and you might spend the next three or four months just dealing with an issue. Say they had adequate housing when you did their service plan, the next week they go on a bend then they are evicted then there is a snowball effect and there is a lot of stuff happening, they are in and out of the hospital…and before the service plan it's a workable plan, but it means getting them back into [the center] to say I need to add this to it now but when they are not psychiatrically stable you are not going to get them in to even change that little piece."

Changes to the ISP

(1) Technology can be a <u>good thing</u> (guide to consumers and helps think outside the box, easy to read, provide options in making things measurable, short-cut) or a <u>bad thing</u> (repetitive, too many options, not all options apply, options make the document lengthy and cumbersome, connectivity problems)

"One of the biggest problems is a computer problem. I have sat down with a client and had good participation and kept them focused for an hour and a half to get a nice ISP done and I hit next and it's gone. Blown away in the ozone…"

"The fact that it is so long overwhelms consumers."

"If you get them in front of the computer and they see all the options they can choose from it is helpful….it helps them put it into words."

Consumers Receiving a Copy of their ISP

(1) Clinicians report giving the consumer the option for a copy, but state that consumers often don't accept it due to its length and confusion about its purpose.

"I give them a choice. I have times that I have given it to them and they just leave it in the lobby. I have a lot of clients who chose not to take the copy with them"

"Again it goes back to what I said it depends on their level and where they are at. The high functioning consumers want a copy, the other ones might not."

Clinicians Comfort in Talking About Medications with Consumers

(1) Clinicians felt comfortable listening to client's concerns about medications and enjoyed learning about the medications.

"Absolutely, we have a lot of education about meds here. I think that is one of the best parts that I wasn't expecting, I have learned a lot about the meds and how they work."

"I feel pretty comfortable talking to the clients about it and hearing their perspective, but making sure they do talk to the doctor."

(2) Clinicians had clear idea of their scope of practice in discussing medications and encouraged communication with team psychiatrist.

"They know so much more about the medications than we do and side effects…even if we know some there are always additional.. say physical things that we don't' know much about….I don't about that and I tell them I wish I knew more about this and I will gladly go with you to the doctor appointment or I recommend you talk to the nurse …"

"I will discuss their reactions to the medications but I will always refer them back to the doctor because it's a med adjustment or it could be that med is not working and I am not a psychiatrist and I cannot make that call. I always refer them back no matter what."

Clinicians Talking about the Relationship Between Psychiatrists and Consumers

(1) Clinicians discussed the rapport between consumers and team psychiatrists and its level appeared to vary among team psychiatrists.

"I know there are times when consumers don't feel comfortable asking the doctor questions so they will call me instead to ask questions."

" I think all the psychiatrists and nurse practitioners we have here are very approachable compared to some other places.."

(2) Staff appeared confused about the role of psychiatrists whether it included therapy or just medication monitoring.

"I think they sometimes get a little confused whether the psychiatrist is there for meds or for therapy…because I know a lot of times they want to utilize them like a therapist almost …I actually had a guy just the other day said he actually wants to go to an actual therapist too…."

(3) Limited time effected service delivery

"Well, the agency including case managers and therapists operate from a strengths perspective but it seems to get lost when you get to the 20 minute psychiatry appointment."

"Yeah, now they are abbreviated to like a 5 or 10 minute appointment. But they really need the full amount of time to address things."

Clinicians' Beliefs about Consumer Recovery

(1) Clinician's suggested recovery was individualized and defined by the consumer

"I think it depends on the client."
"They decide on their recovery. Not according to what we say. An acceptance level that this is where this person is at…"

(2) Recovery as a process with no beginning and endpoint

"I think it is important to think of it as ongoing like you never really give up; you just take each day at a time."

And to do that on a daily or weekly or monthly basis that is great and that is a sign of recovery to me."

"Recovery is huge and it goes on for a long time…"

"I don't think there should be time tables put on recovery."

(3) Role of clinicians as educators/guide/coach but questioning when to push and when let consumer lead?

"I hear from my consumers all the time that 'I am not doing well, I am failing, I am not in recovery', but you look back and say you didn't leave your house for a month but you have come in to see me for the last three months ,that is recovery, you are doing something."

"It is hard not to interject your personal beliefs. You can be a very hopeful person but ….it is just really tough."

The Role of ISP in Recovery

(1) Can be a very useful tool to remind clinicians and consumers of accomplishments and the path ahead

"I just wanted to say that writing out the first, initial part of the ISP is helpful for me at the time because it keeps in my head what they want to do, …"

"and I think sometimes our folks don't think of the strengths they have because they are so ….beaten down or tired so you really have to pull that out of them too."

(2) The language can sometimes be a problem. Clinicians in different groups spoke about "reframing"

"I think conceptualizing it for folks is really difficult. It is just such a big concept. That first one about what is your overall goal…it is just such a big concept…"

(3) Recovery depends on level of functioning/engagement ….not individualized to where the consumer is at that moment.

"I would say for certain clients, and every client is different, I don't think an ISP should go into great detail for some clients where for other clients it is very helpful. For some clients it should just be the basics, the housing, the psychiatric, the medical, substance use…."

Conclusions and Future Directions

- Despite of the fact that clinicians consider the ISP a "working document", it is difficult to keep it up-to-date and reflect service delivery.
  - When consumers "decompensate", things change rather quickly and changing the plan accordingly is difficult and inefficient.
- Our current process is not necessarily compatible with individualized service delivery
  - Many options are "canned" thus individualization becomes difficult
  - Try to implement a process that will provide clinicians with options, but flexible enough that it allows clinicians and consumers flexibility to tailor the ISP to their needs
- There is an imbalance between consumer oriented ISP, the State compliant ISP, and billing requirements. Perhaps different instruments/tools are needed-
  - Development of a system to create small cue cards that consumers can carry around as goals reminders

For more information about research on mental health and Recovery/Resiliency at MHCD, or to access our conference presentations and/or publications, please visit our website at http://www.outcomesmhcd.com

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