



Toolbox Training

Module 8

Referral, Service Coordination and Documentation

Unifying science, education and service to transform lives



UI College of
Public Health



Module 8 – Referral, Service Coordination, and Documentation

Goals and Objectives

Listed below are the goals and objectives of the module and the corresponding TAP 21 competencies.

Module 8 Goals and Objectives	SAMHSA CSAT TAP 21 Competencies
<p>Referral, Service Coordination, and Documentation</p> <p>Goal: Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Define referral and service coordination from a co-occurring perspective; 2. Discuss impact and appropriateness of documentation; 3. Illustrate readiness of change and the impact on referrals; 4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective; 5. Develop multidisciplinary team approaches; 6. Discuss the impact of cultural relativity and client follow-up. 	<p><i>THE PROFESSIONAL PRACTICE OF ADDICTION COUNSELING (PPAC)</i></p> <p><i>III. REFERRAL</i></p> <ol style="list-style-type: none"> 1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs. 2. Continuously assess and evaluate referral resources to determine their appropriateness. 3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral. 4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs. 5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through. 6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care. 7. Evaluate the outcome of the referral. <p><i>IV. SERVICE COORDINATION</i></p> <ol style="list-style-type: none"> 1. Initiate collaboration with referral source. 2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information. 3. Confirm the client's eligibility for admission and continued readiness for treatment and change. 4. Complete necessary administrative procedures for admission to treatment. 5. Establish accurate treatment and recovery expectations with the client and involved significant others. 6. Coordinate all treatment activities with services provided to the client by other resources. <p><i>VII. DOCUMENTATION</i></p> <ol style="list-style-type: none"> 1. Demonstrate knowledge of accepted principles of client record management. 2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties. 3. Prepare accurate and concise screening, intake, and assessment reports. 4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules. 5. Record progress of client in relation to treatment goals and objectives. 6. Prepare accurate and concise discharge summaries. 7. Document treatment outcome, using accepted methods and instruments.

Module 8 – Referral, Service Coordination, and Documentation

Pre-session Assignment

All participants to read:

McLellan, A. T. (1999). Does Clinical Case Management Improve Outpatient Addiction Treatment. *Drug and Alcohol Dependence*, 55, 91-103.

Be prepared to reflect on and discuss this article at the training session.

Elective articles:

Rapp, C. A. (1998). The Active Ingredients of Effective Case Management. *Community Mental Health Journal*, 34(4), 363-80.



ADDICTION COUNSELOR TRAINING SERIES

Referral, Service Coordination, and Documentation

AGENDA

14-Nov-07

8:30 AM registration
9:00 AM Treatment Knowledge
10:30 AM break
10:45 AM Treatment Knowledge
noon lunch
1:00 AM Treatment Knowledge
Referral, Service Coordination, and
2:15 AM Documentation
3:30 AM break
Referral, Service Coordination, and
3:45 AM Documentation
4:30 AM close

15-Nov-07

8:30 AM registration
Referral, Service Coordination, and
9:00 AM Documentation
11:00 AM break
Professional Readiness: Attitudes and
11:15 AM Values
noon lunch
Professional Readiness: Attitudes and
1:00 PM Values
2:45 PM break
Professional Readiness: Attitudes and
3:00 PM Values
4:30 PM close



Module 8 – Handout 1

Case Study

Directions

1. Divide into small groups of 3-4.
2. Review the Case Study on the following page.
3. Answer the Case Study – Discussion Questions as a group. Utilize the DSM-IV Criteria of Opioid Dependence as an aid.
4. Appoint a Spokesperson to summarize your answers.
5. Report back to larger group for interactive discussion.

Module 8 – Handout 1 (continued)

Jason

The client is a 35-year-old Native American male school teacher. He was adopted at the age of three into a white upper middle class family where he was raised in a Christian belief system which he currently practices. He teaches math at a junior high school and is in some difficulty because of “calling in sick much too much.”

Although he has been injecting heroin on and off since he was 16, he has never been arrested. He has been through many episodes of heroin detoxification, mostly outpatient methadone detoxification but has also been in three inpatient drug treatment programs. The last inpatient program was a 28-day, biopsychosocial recovery program, and he remained both heroin and alcohol free for about six months following treatment. Although he wanted to be on methadone maintenance, he could not “document” his history of heroin addiction (this was 10 years ago). His wife is in recovery, and insisted that he return to treatment after she discovered he was taking large quantities of codeine pills from several doctors for a back injury following an automobile accident. She is unaware that he was also shooting heroin at least once daily. He has been alcohol abstinent for the past two years.

His only current medical problem is that he is hepatitis C positive, and he has been so for at least 10 years. He and his wife have incurred debt with numerous credit card holders and they are behind three months on mortgage payments. He has past medical bills at the hospital and treatment facilities for care. His daughter’s teachers repeatedly send home notices requesting he attend school activities to support his daughter. His daughter recently began missing athletic practice at school and when questioned why she stated, “my dad needs me at home sometimes”. His two cars are paid for, however one has mechanical problems. He enjoys working out at the gym, his membership is intact, but has not gone for two months.

“I’m an addict through and through. I don’t think I’ve ever stopped being an addict, even when I was going to AA every day. I wasn’t using, but I thought about using every day. My wife cleaned up when she was pregnant with our daughter and she just got her 12-year chip. She moved on with her life, but I’m stuck. My back injury really threw me into a tailspin. At first, I really needed the codeine, but now I’m just sucking them up so that I don’t go in to withdrawal. We’ve got to be really careful here. If my wife finds I’m back on the needle, she’ll be out the door this time.”



Module 8 – Handout 1 (continued)

Case Study – Discussion Questions

1. What stage do you feel this client is in utilizing Prochaska and DiClemente's "Stages of Change" model?
2. Record DSM-IV multi-axial evaluation (I-V). (see next page) Does this client meet DSM-IV criteria for opioid dependence?
3. What level of care would you recommend? Provide justification?
4. Would this client be a potential candidate for pharmacotherapy treatment?
5. List focus areas for service coordination?
6. What process would you utilize for referral within your agency? How would you assist the client in this process utilizing motivational interviewing?
7. What are the treatment options for this client in your geographic area and what process would you utilize for referral?
8. List "Stages of Change" motivational considerations pertinent to this case and develop open-ended questions for use with this client?

Module 8 – Handout 1 (continued)

Worksheet for DSM-IV Criteria for Diagnosis of Opioid Dependence

Client's Name: _____

Diagnostic Criteria (Dependence requires meeting 3 or more criteria)	Meets criteria Yes / No	Notes/Supporting Information
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- tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication of desired effect
 - (b) markedly diminished effect with continued use of the same amount of the substance
- withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- there is a persistent desire or unsuccessful efforts to cut down or control substance use
- a great deal of time is spent in activities necessary to obtain the substance, sue the substance or recover from its effects
- important social, occupational, or recreational activities are given up or reduced because of substance use
- the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

Signature _____ Date _____

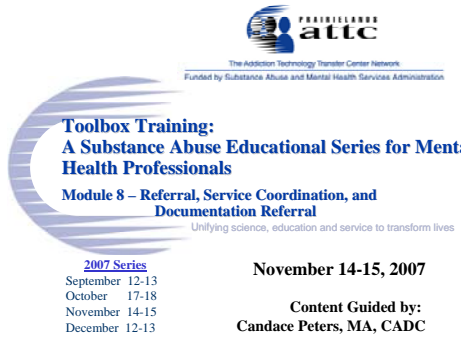
Criteria from American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, pg.197.


Title Slide – Toolbox Training: A Substance Abuse Educational Series

Module 8 – Referral, Service Coordination, and Documentation

Content Guided by: Candace Peters, MA, CADC

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 The Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration
**Toolbox Training:
 A Substance Abuse Educational Series for Mental Health Professionals**
Module 8 – Referral, Service Coordination, and Documentation Referral
 Unifying science, education and service to transform lives
2007 Series
 September 12-13
 October 17-18
 November 14-15
 December 12-13
November 14-15, 2007
 Content Guided by:
Candace Peters, MA, CADC

Today's Presenter

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 Faculty, The University of Iowa
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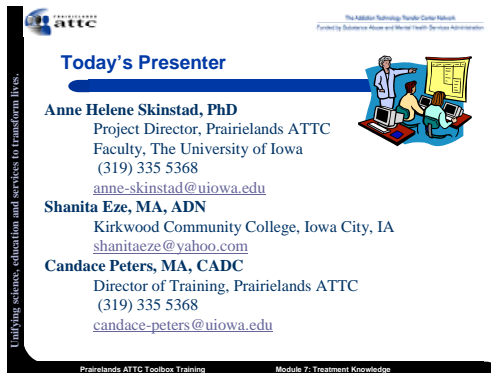
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 The Addiction Technology Transfer Center Network
 Funded by Substance Abuse and Mental Health Services Administration
Today's Presenter
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 PrairieLands ATTC Toolbox Training Module 7: Treatment Knowledge

Agenda

See Agenda Handout for more information.

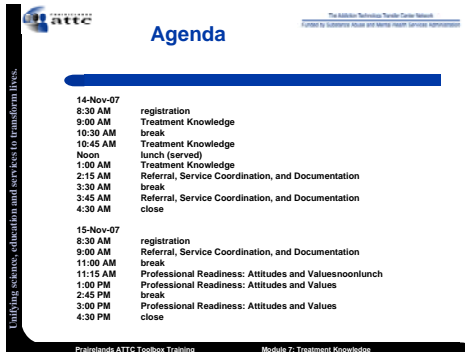
14-Nov-07

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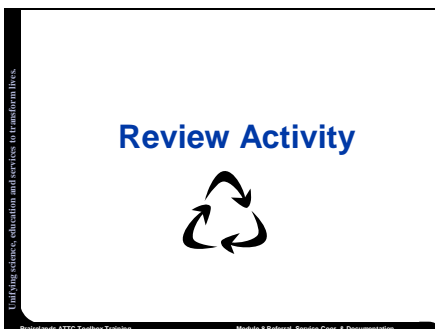
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Review Activity: Concept Map Module 7: Treatment Knowledge

Presenter will provide instructions.

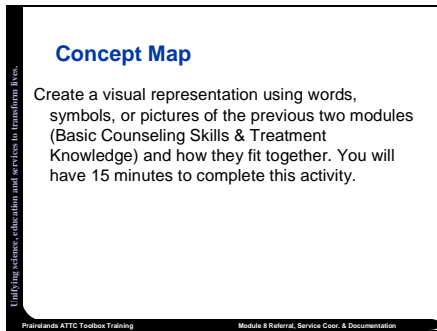
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Review Activity: Concept Map

Module 7: Treatment Knowledge

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Concept Map

Create a visual representation using words, symbols, or pictures of the previous two modules (Basic Counseling Skills & Treatment Knowledge) and how they fit together. You will have 15 minutes to complete this activity.

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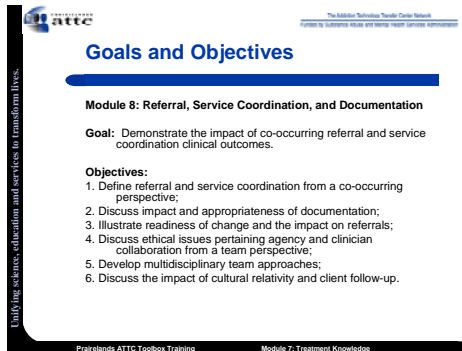
Concept Map: Create a visual representation using words, symbols, or pictures of the previous two modules (6-Treatment Planning and 7-Treatment Knowledge) and how they fit together. Discuss your concept map in small groups.

You will have 15-minutes to complete this activity.

Module 8: Referral, Service Coordination, and Documentation

Goals and Objectives

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Goals and Objectives

Module 8: Referral, Service Coordination, and Documentation

Goal: Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.

Objectives:

1. Define referral and service coordination from a co-occurring perspective;
2. Discuss impact and appropriateness of documentation;
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5. Develop multidisciplinary team approaches;
6. Discuss the impact of cultural relativity and client follow-up.

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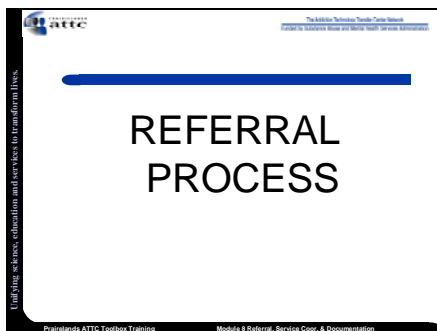
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Title Slide – Referral Process

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REFERRAL PROCESS

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Referral Is ...

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

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The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

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 Module 8 Referral, Service Coordination & Documentation

Referral (continued)

1) Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.

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1) Establish and maintain relations with:

- civic groups
- agencies
- other professionals
- governmental entities
- the community-at-large

to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.

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- *Networking and communication*
- *Using existing community resource directories including computer databases*
- *Advocating for clients*
- *Working with others as part of a team*

Referral (continued)

2) Continuously assess and evaluate referral resources to determine their appropriateness.

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2) Continuously assess and evaluate referral resources to determine their appropriateness.

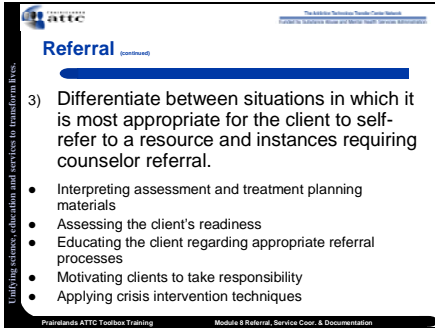
- Establishing and nurturing collaborative relationships with key contacts in community service organizations
- Interpreting and using evaluation and client feedback data
- Giving feedback to community resources regarding their service delivery

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 Module 8 Referral, Service Coordination & Documentation

- Establishing and nurturing collaborative relationships with key contacts in community service organizations
- Interpreting and using evaluation and client feedback data
- Giving feedback to community resources regarding their service delivery

Referral (continued)

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Referral (continued)

3) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

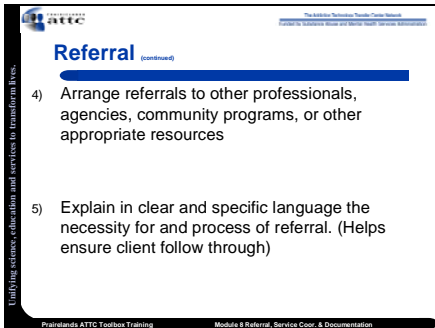
- Interpreting assessment and treatment planning materials
- Assessing the client's readiness
- Educating the client regarding appropriate referral processes
- Motivating clients to take responsibility
- Applying crisis intervention techniques

3) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

- Interpreting assessment and treatment planning materials *to determine appropriateness of client or counselor referral*
- Assessing the client's readiness *to participate in the referral process*
- Educating the client regarding appropriate referral processes
- Motivating clients to take responsibility *for referral and follow-up*
- Applying crisis intervention techniques

Referral (continued)

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Referral (continued)

4) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources

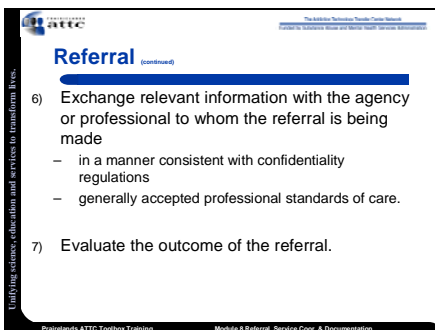
5) Explain in clear and specific language the necessity for and process of referral. (Helps ensure client follow through)

4) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources *to meet client's needs.*

5) Explain in clear and specific language the necessity for and process of referral *to increase the likelihood of client understanding and follow through.*

Referral (continued)

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Referral (continued)

6) Exchange relevant information with the agency or professional to whom the referral is being made

- in a manner consistent with confidentiality regulations
- generally accepted professional standards of care.

7) Evaluate the outcome of the referral.

6) Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.

7) Evaluate the outcome of the referral.

Title Slide – Service Coordination

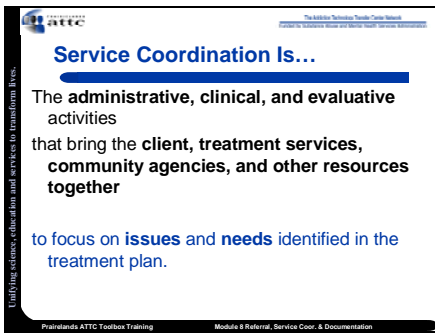
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Service Coordination is...

The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

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Service Coordination

Includes:

- Case Management
- Client Advocacy

Establishes:

- a framework of action for the client to achieve specified goals

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Service Coordination (continued)

Involves:

- Collaboration with the client and significant others
- Coordination of treatment and referral services
- Liaison activities with community resources
- Liaison activities with managed care systems
- Ongoing evaluation of treatment progress
- Ongoing evaluation of client needs

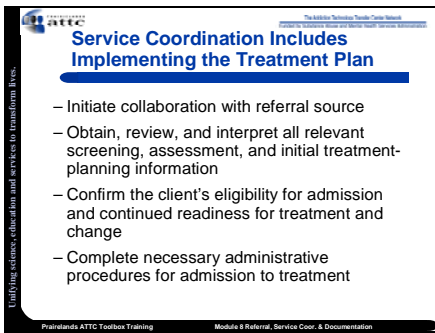
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Service Coordination Includes Implementing the Treatment Plan

- Initiate collaboration with referral source
- Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information
- Confirm the client's eligibility for admission and continued readiness for treatment and change
- Complete necessary administrative procedures for admission to treatment

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... Implementing the Treatment Plan (continued)

Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:

- Nature of services
- Program goals
- Program procedures
- Rules regarding client conduct
- Schedule of treatment activities
- Costs of treatment
- Factors affecting duration of care
- Client rights and responsibilities

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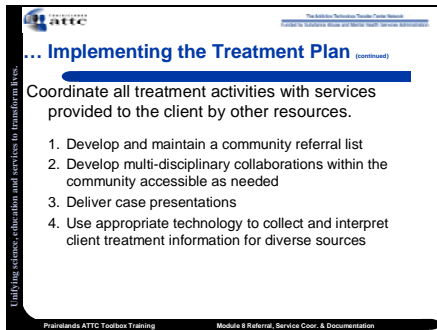


... Implementing the Treatment Plan (continued)

Coordinate all treatment activities with services provided to the client by other resources.

1. Develop and maintain a community referral list
2. Develop multi-disciplinary collaborations within the community accessible as needed
3. Deliver case presentations
4. Use appropriate technology to collect and interpret client treatment information for diverse sources

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... Implementing the Treatment Plan (continued)

Coordinate all treatment activities with services provided to the client by other resources.

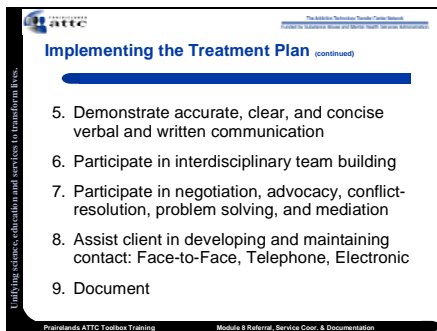
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... Implementing the Treatment Plan (continued)

5. Demonstrate accurate, clear, and concise verbal and written communication
6. Participate in interdisciplinary team building
7. Participate in negotiation, advocacy, conflict-resolution, problem solving, and mediation
8. Assist client in developing and maintaining contact: Face-to-Face, Telephone, Electronic
9. Document

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Implementing the Treatment Plan (continued)

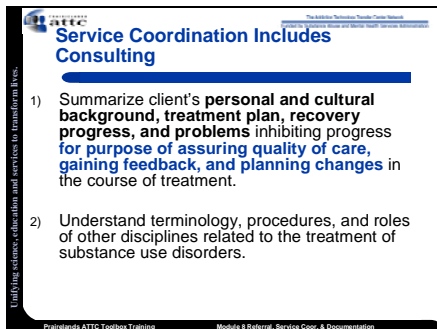
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8. Assist client in developing and maintaining contact: Face-to-Face, Telephone, Electronic
9. Document

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Service Coordination Includes Consulting

- 1) Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.
- 2) Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

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Service Coordination Includes Consulting

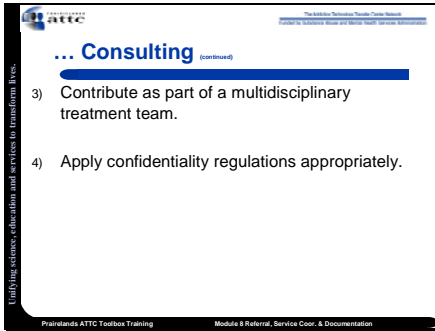
- 1) Summarize client's **personal and cultural background, treatment plan, recovery progress, and problems** inhibiting progress **for purpose of assuring quality of care, gaining feedback, and planning changes** in the course of treatment.
- 2) Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

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Consulting (continued)

- 3) Contribute as part of a multidisciplinary treatment team.
- 4) Apply confidentiality regulations appropriately.

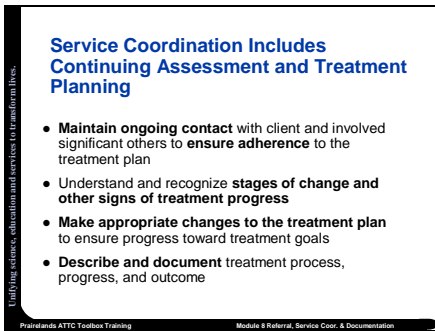
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Service Coordination Includes Continuing Assessment and Treatment Planning

- Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan
- Understand and recognize stages of change and other signs of treatment progress
- *Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals*
- Describe and document treatment process, progress, and outcome

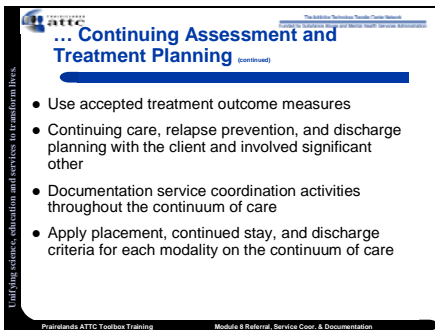
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... Continuing Assessment and Treatment Planning (continued)

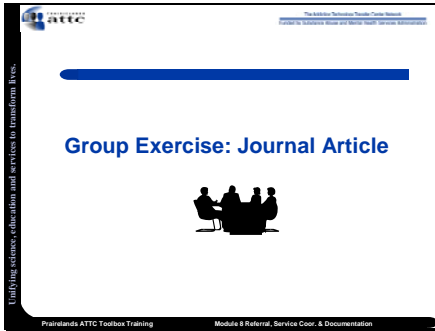
- Use accepted treatment outcome measures
- Continuing care, relapse prevention, and discharge planning with the client and involved significant other
- Documentation service coordination activities throughout the continuum of care
- Apply placement, continued stay, and discharge criteria for each modality on the continuum of care

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Title Slide – Group Exercise: Journal Article

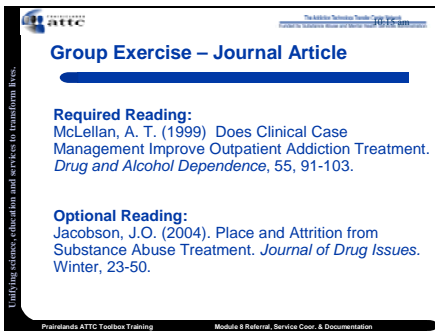
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Group Exercise: Journal Article

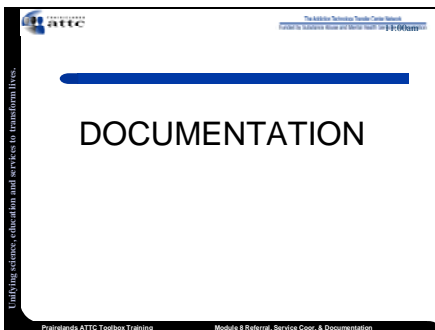
McLellan, A. T. (1999) Does Clinical Case Management Improve Outpatient Addiction Treatment. *Drug and Alcohol Dependence*, 55, 91-103.

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Title Slide – Documentation

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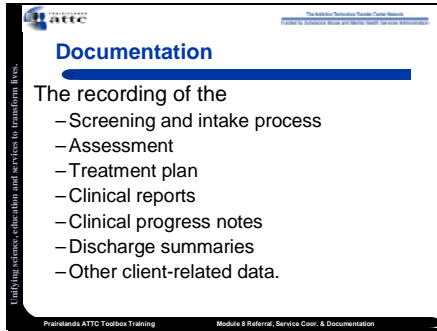


Documentation

The recording of the

- Screening and intake process
- Assessment
- Treatment plan
- Clinical reports
- Clinical progress notes
- Discharge summaries
- Other client-related data.

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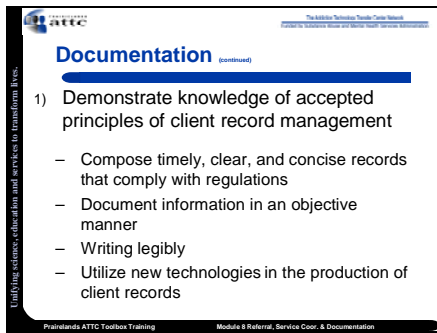
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Documentation
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 - Screening and intake process
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 - Clinical progress notes
 - Discharge summaries
 - Other client-related data.
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Documentation (continued)

1) Demonstrate knowledge of accepted principles of client record management

- Compose timely, clear, and concise records that comply with regulations
- Document information in an objective manner
- Writing legibly
- Utilize new technologies in the production of client records

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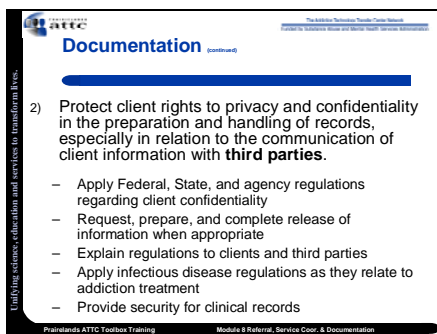
Unifying science, education and service to transform lives.
Documentation (continued)
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 - Document information in an objective manner
 - Writing legibly
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 Prairielands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

Documentation (continued)

2) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.

- Apply Federal, State, and agency regulations regarding client confidentiality
- Request, prepare, and complete release of information when appropriate
- Explain regulations to clients and third parties
- Apply infectious disease regulations as they relate to addiction treatment
- Provide security for clinical records

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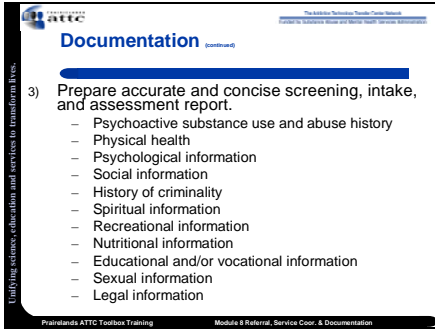
Unifying science, education and service to transform lives.
Documentation (continued)
 2) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with **third parties**.
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 - Explain regulations to clients and third parties
 - Apply infectious disease regulations as they relate to addiction treatment
 - Provide security for clinical records
 Prairielands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

Documentation (continued)

3) Prepare accurate and concise screening, intake, and assessment report. *Essential elements of screening, intake, and assessment reports, including but not limited to:*

- Psychoactive substance use and abuse history
- Physical health
- Psychological information
- Social information
- History of criminality
- Spiritual information
- Recreational information
- Nutritional information
- Educational and/or vocational information
- Sexual information
- Legal information

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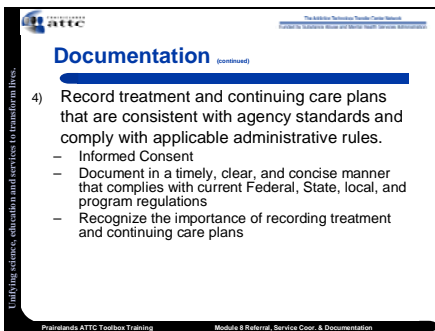


Documentation (continued)

4) Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

- Informed Consent
- Document in a timely, clear, and concise manner that complies with current Federal, State, local, and program regulations
- Recognize the importance of recording treatment and continuing care plans

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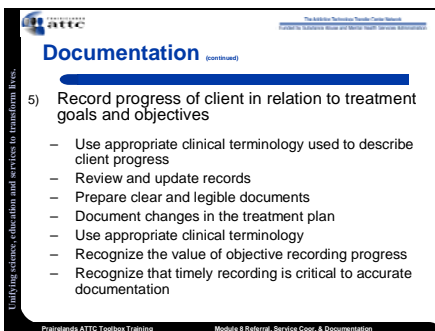


Documentation (continued)

5) Record progress of client in relation to treatment goals and objectives

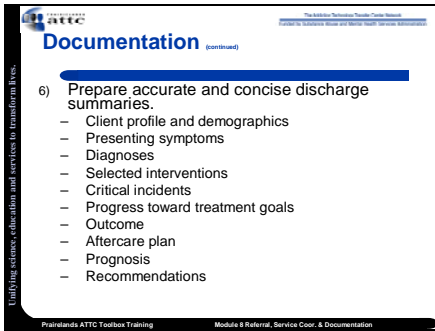
- Use appropriate clinical terminology used to describe client progress
- Review and update records
- Prepare clear and legible documents
- Document changes in the treatment plan
- Use appropriate clinical terminology
- Recognize the value of objective recording progress
- Recognize that timely recording is critical to accurate documentation

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Documentation (continued)

Slide 125



The Addiction Technology Transfer Center Network
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Documentation (continued)

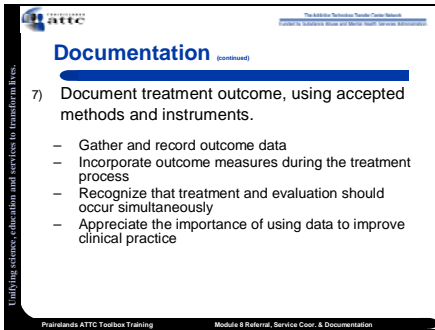
- 6) Prepare accurate and concise discharge summaries.
 - Client profile and demographics
 - Presenting symptoms
 - Diagnoses
 - Selected interventions
 - Critical incidents
 - Progress toward treatment goals
 - Outcome
 - Aftercare plan
 - Prognosis
 - Recommendations

Prairielands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

- 6) Prepare accurate and concise discharge summaries. *The components of a discharge summary, including but not limited to, are:*
 - Client profile and demographics
 - Presenting symptoms
 - Diagnoses
 - Selected interventions
 - Critical incidents
 - Progress toward treatment goals
 - Outcome
 - Aftercare plan
 - Prognosis
 - Recommendations

Documentation (continued)

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The Addiction Technology Transfer Center Network
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Documentation (continued)

- 7) Document treatment outcome, using accepted methods and instruments.
 - Gather and record outcome data
 - Incorporate outcome measures during the treatment process
 - Recognize that treatment and evaluation should occur simultaneously
 - Appreciate the importance of using data to improve clinical practice

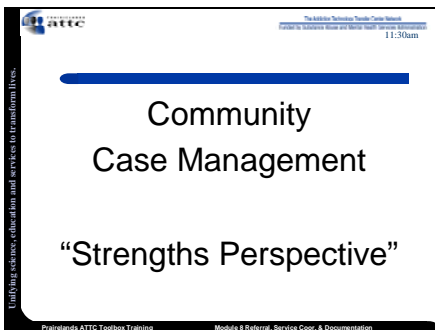
Prairielands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

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Community Case Management

"Strengths Perspective"

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The Addiction Technology Transfer Center Network
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 11:30am

Community Case Management
 "Strengths Perspective"

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Strengths Perspective to Case Management

Siegal et al., 1995

- Seeks to encourage clients to become more deeply involved in their own treatment
- Simultaneously assists clients in learning how to acquire and retain resources that will support their recovery

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

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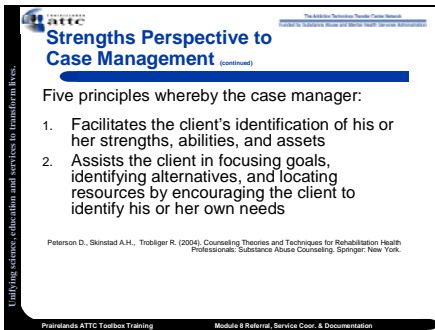
Strengths Perspective to Case Management (continued)

Five principles whereby the case manager:

1. Facilitates the client's identification of his or her strengths, abilities, and assets
2. Assists the client in focusing goals, identifying alternatives, and locating resources by encouraging the client to identify his or her own needs

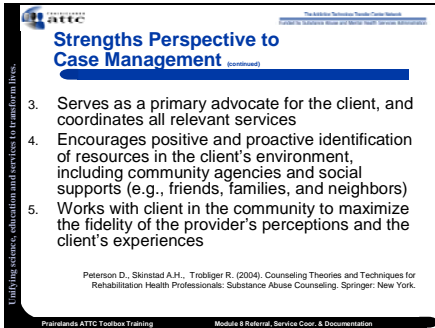
Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

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Strengths Perspective to Case Management (continued)

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3. Serves as a primary advocate for the client, and coordinates all relevant services
4. Encourages positive and proactive identification of resources in the client's environment, including community agencies and social supports (e.g., friends, families, and neighbors)
5. Works with client in the community to maximize the fidelity of the provider's perceptions and the client's experiences

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

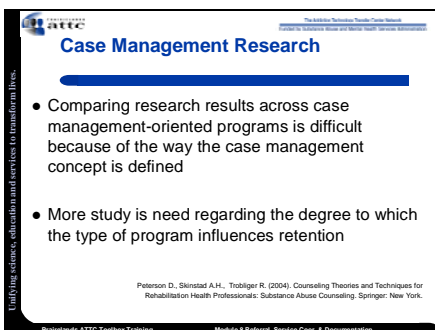
Title Slide – Research

Slide 131



Case Management Research

Slide 132



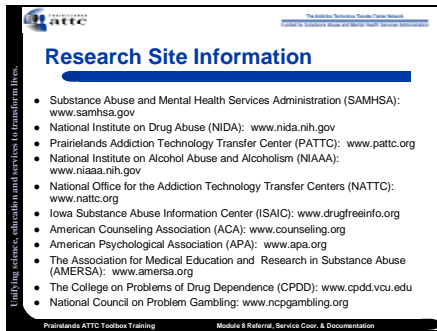
- Comparing research results across case management-oriented programs is difficult because of the way the case management concept is defined
- More study is need regarding the degree to which the type of program influences retention

Peterson D., Skinstad A.H., Trobliger R. (2004). *Counseling Theories and Techniques for Rehabilitation Health Professionals: Substance Abuse Counseling*. Springer: New York.

Research Site Information

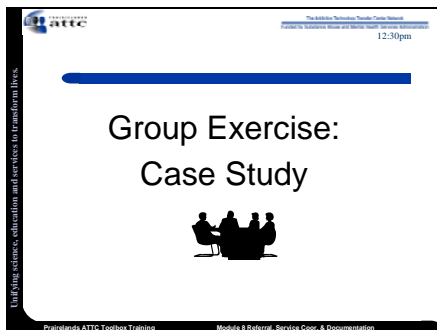
- Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
- National Institute on Drug Abuse (NIDA): www.nida.nih.gov
- Prairielands Addiction Technology Transfer Center (PATTC): www.pattc.org
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): www.niaaa.nih.gov
- National Office for the Addiction Technology Transfer Centers (NATTC): www.nattc.org
- Iowa Substance Abuse Information Center (ISAIC): www.drugfreeinfo.org
- American Counseling Association (ACA): www.counseling.org
- American Psychological Association (APA): www.apa.org
- The Association for Medical Education and Research in Substance Abuse (AMERSA): www.amersa.org
- The College on Problems of Drug Dependence (CPDD): www.cpdd.vcu.edu
- National Council on Problem Gambling: www.ncpgambling.org

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Title Slide – Group Exercise: Case Study

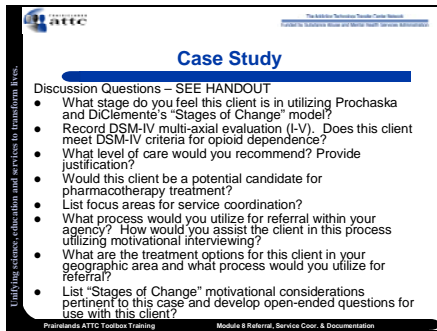
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Case Study

See **Module 8 – Handout 1** for details.

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Case Study

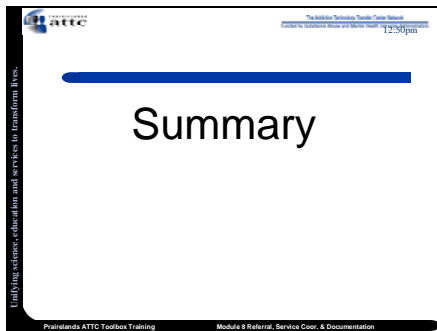
Discussion Questions – SEE HANDOUT

- What stage do you feel this client is in utilizing Prochaska and DiClemente's "Stages of Change" model?
- Record DSM-IV multi-axial evaluation (I-V). Does this client meet DSM-IV criteria for opioid dependence?
- What level of care would you recommend? Provide justification?
- Would this client be a potential candidate for pharmacotherapy treatment?
- List focus areas for service coordination?
- What process would you utilize for referral within your agency? How would you assist the client in this process utilizing motivational interviewing?
- What are the treatment options for this client in your geographic area and what process would you utilize for referral?
- List "Stages of Change" motivational considerations pertinent to this case and develop open-ended questions for use with this client?

Prairie Lands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

Title Slide – Summary

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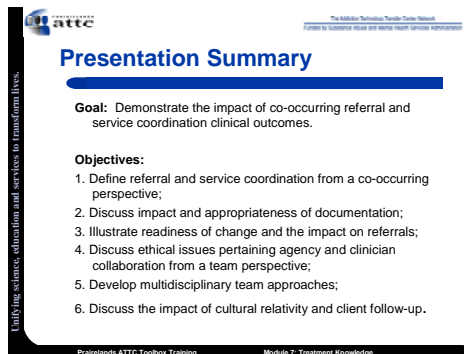
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Summary

Prairie Lands ATTC Toolbox Training Module 8 Referral, Service Coord. & Documentation

Presentation Summary

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Presentation Summary

Goal: Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.

Objectives:

1. Define referral and service coordination from a co-occurring perspective;
2. Discuss impact and appropriateness of documentation;
3. Illustrate readiness of change and the impact on referrals;
4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective;
5. Develop multidisciplinary team approaches;
6. Discuss the impact of cultural relativity and client follow-up.

Prairie Lands ATTC Toolbox Training Module 7: Treatment Knowledge

Goal: Demonstrate the impact of co-occurring referral and service coordination clinical outcomes.

Objectives:

1. Define referral and service coordination from a co-occurring perspective;
2. Discuss impact and appropriateness of documentation;
3. Illustrate readiness of change and the impact on referrals;
4. Discuss ethical issues pertaining agency and clinician collaboration from a team perspective;
5. Develop multidisciplinary team approaches;
6. Discuss the impact of cultural relativity and client follow-up.