

# Using Case Conferences in Treatment Planning

## Integrated treatment planning steps

Once you have gathered information from the screening and comprehensive assessment, the treatment team can begin working on a treatment plan. Treatment planning involves combining that initial information into a clear set of actions with the person, their family members and their treatment team.

The treatment planning process typically occurs at an interdisciplinary case conference, which take place regularly within addiction and mental health teams. These conferences use a collaborative and person-centred approach with a focus on individual strengths and recovery-oriented care.

## The clinician's role

When treatment planning, the clinician:

- Identifies and prioritizes the problem from information gathered from screening and assessment, and presents it at the case conference
- Coaches the person to identify their short-term goals, long-term goals, strengths, and perceptions of the severity of each issue or need
- Provides treatment options and interventions that will help the person meet their recovery goals
- Supports the person and empathizes when they encounter challenges and barriers to achieving their goals
- Celebrates with the person as they take small steps in their treatment plans
- Reviews the treatment plan regularly at case conferences to monitor progress
- Modifies the treatment plan as needed (in collaboration with the person and their family)
- Ensures that treatment and interventions are delivered to the person in a way that is coordinated and collaborative

## Participants at case conferences

Case conferences may include any of the following:

- Person seeking services
- Family members/support system
- Physicians
- Psychiatrists
- Allied health professionals
- Addiction counsellors
- Nursing staff
- Support staff
- Peer support workers
- Mental health clinicians/therapists
- Community service providers

## Weekly case conference example

An addiction and mental health outpatient clinic case conference process may look something like this:

1. The clinician who completed the screening and assessment presents a description of the person to the interdisciplinary team (in person or virtually). This includes the person's hopes, goals, and identified needs.
2. The team discusses best approaches and therapies to help the person achieve their recovery goals.
3. The person joins the case conference to hear the team's recommendations and contribute their thoughts and actions that support recovery.
4. After the case conference, a final treatment plan is written by a clinician and co-signed by the person, who receives a copy.
5. At each conference afterward, the treatment plan is reviewed by the team and the person.

## Sample case conference presentation format

(Used with permission from Zia Partners Inc., 2015)

### Hopeful, Strength-based, Recovery-oriented Integrated Presenting Format

The [age]-year-old [man/woman/boy/girl] I am presenting is an amazing/cool/special person because:

I like or feel connected to the person I am presenting because:

His/her vision for a happy, meaningful, proud, successful life is:

Over the past several weeks/months, in the face of multiple challenges

List all the challenges (e.g., mental health issues, substance use issues, cognitive/learning issues, health issues, past or current trauma, relationship challenges, housing issues, criminal justice issues, etc.):

- 1.
- 2.
- 3.

This person has amazingly made progress toward his/her goal of happiness by doing the following things:

List the positive things that he/she has been doing in general and specifically to make progress for each challenge:

- **STAY WITH STRENGTH-BASED FOCUS** (e.g., “He/she has amazingly made 75% of appointments or taken medications 60% of the time”) rather than “He/she does not keep appointments and is med non-compliant.”
- **Also note the STAGE OF CHANGE** he/she is in for each issue, reflecting progress in a way that is “stage-matched.” (e.g., “He/she has just started to trust us enough to talk about substance issues in spite of bad experiences with talking about these issues with caregivers in the past, and is moving into the contemplation stage.”)

- 1.
- 2.
- 3.

Based on the above, I would like some help from the team identifying smart next-steps of progress (skills, etc.) that the person and I/the team can work on in partnership together, for each of the challenges that he/she is facing, in order to help him/her make progress toward the vision of a happy life.

Excerpt from: [Enhancing Concurrent Capability Toolkit: Integrated Treatment Planning](#)

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