

Integrated Treatment Planning

Why is integrated treatment important?

Historically, treatment for substance use disorders was done in isolation from other healthcare systems. This approach forces patients and families to choose which system to seek treatment in.

The concept of integrated treatment was developed to respond to the difficulties clients had when navigating between substance use and mental health systems.

Parallel treatment systems continue to be an issue for people with concurrent disorders. Whether patients are working with hospitals, corrections facilities or community health services, all clinicians and treatment teams should work together in a coordinated, integrated manner to remove this treatment barrier.

Goals of integrated treatment planning

At the service level, the goals for integrated treatment planning are to:

- Improve access
- Improve quality of care
- Improve health outcomes

Treatment planning is collaborative

Treatment planning is a collaborative approach with the person experiencing an addiction issue, mental health concern, or both, as well as their family. It incorporates health-care services, community supports, self-help groups, and cultural supports (such as elders and cultural support workers) to support recovery outcomes.

An integrated treatment plan should be developed with the person and their family, and in consultation or collaboration with other addiction and/or mental health services.

Benefits of integrated treatment planning

Integrated treatment planning can help in many ways:

- Meeting the person's needs in a timely manner
- Reducing the need for the person to navigate complex health systems
- Providing a measure for tracking progress
- Providing a forum for engagement with the person and their family
- Providing an opportunity for health professionals to offer information and education
- Communicating actions, intentions and goals
- Ensuring treatment effectively targets the person's needs
- Building on the team's skills and using available resources
- Providing multidisciplinary staff with a common understanding and language
- Providing health professionals with the sense that their work is effective and meaningful

Identifying concurrent concerns

During the assessment or treatment planning phases, there should be ongoing consultation and collaboration with all services and clinicians to provide the most appropriate care. Other areas of support that ensure basic life needs are being met should also be part of the coordinated care and treatment plan (such as housing and employment, and cultural and traditional practices).

Broadly defined, integrated treatment is "any mechanism by which treatment interventions for [concurrent disorders] are combined within the context of a primary treatment relationship or service setting" (Substance Abuse and Mental Health Services Administration, 2003). One clinician or treatment team takes overall responsibility for blending treatment and support interventions into one coherent package.

Alberta Health Services (AHS) Patient First Strategy (PFS)

The PFS can be applied to working with people with concurrent disorders. This strategy strengthens AHS's culture and practices to fully embrace patient- and family-centred care.

This model of care sees people and their families as integral members of the health-care team. It encourages their active participation in all aspects of care, including as partners in planning, implementation and evaluation of care and services.

You can learn more about the PFS here:

<https://www.albertahealthservices.ca/assets/info/pf/first/if-pf-1-pf-strategy.pdf>.

Integrated treatment planning models

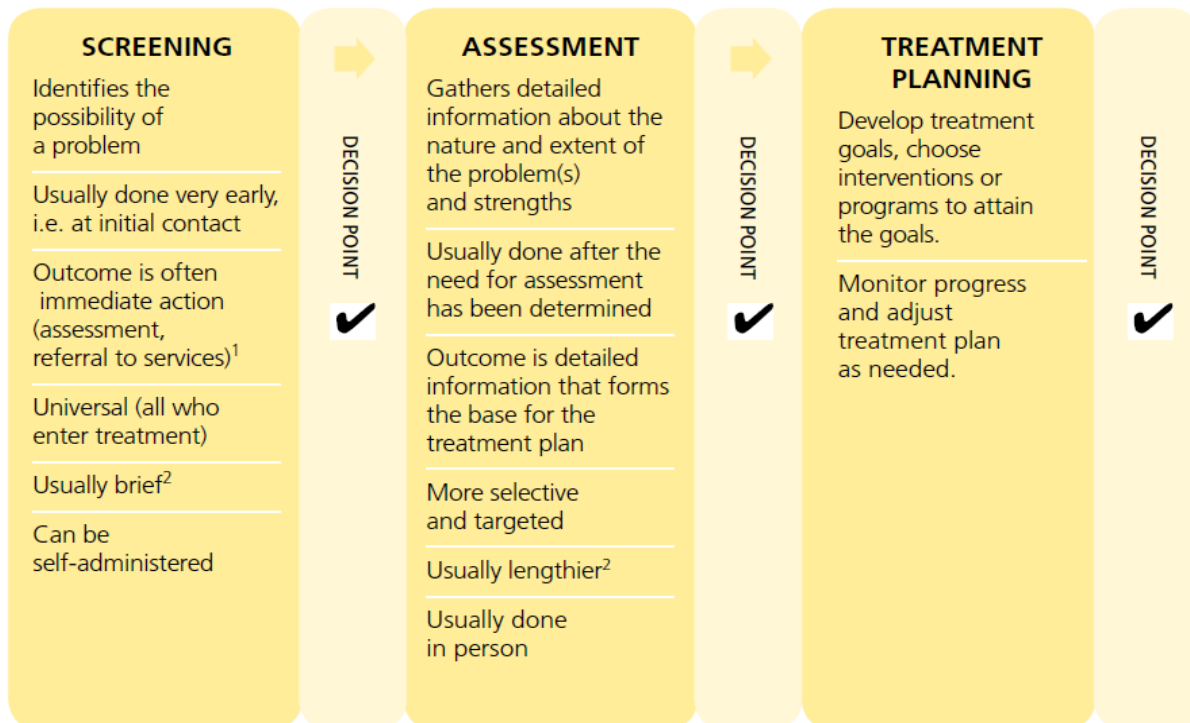
There are other models for treating concurrent disorders based on evidence-informed practice, including:

- **Integrated placement and support (IPS)**
The IPS model supports employment for individuals with mental illness who want to work in competitive settings.
- **Integrated dual disorder treatment (IDDT)**
The IDDT model involves cross-trained practitioners providing integrated, comprehensive services to people with concurrent disorders simultaneously in the same venue, with the goal of recovery from both illnesses.

Clinical decision-making and integrated treatment planning

As discussed in chapters 3 and 4, screening, assessment and treatment planning can overlap, but they also have unique qualities and follow a progressive timeline. The sequencing of the three activities makes sense, as each process builds on the others (see below). Between each process is a decision point where the clinician, in collaboration with the person and their family, decides what to do next. For integrated treatment planning, these decision points and the overall process should appear seamless to the person, even when multiple clinicians or program areas are involved.

Clinical decision-making process



¹ While assessment may identify immediate needs, it is usually more concerned with longer-term treatment planning and service co-ordination.

² Some assessment tools may actually be briefer than some screening tools if the assessment tool focuses only on specific disorders, and the screening tool is multidimensional in its coverage.