Clinical Reasoning and Case Formulation Modules

Curriculum for Masters Level University Students

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Developed in partnership with the State of New Mexico Behavioral Health Services Division by Ray Foster, Ph.D. and Kate Gibbons, LCSW Ph.D(c).

Overview

Clinical and practical reasoning requires broad knowledge, good judgment, and disciplined analysis. The ability to effectively use clinical reasoning in decision-making is a complex process requiring practitioners to be aware of multiple functions and dynamic contexts, to use a diverse knowledge base, and to deal with multiple variables and individuals. The Clinical Reasoning and Case Formulation Modules address key concepts for building a reasoning and formulation process in practitioners. Key concepts covered include the differences between a clinical diagnosis and a clinical case formulation and discerning an appropriate sequence and pace of case work by working from urgent to strategic, from practical to clinical, and from operationally defined outcomes to precise intervention strategies.

Purpose

The purpose of the Clinical Reasoning and Formulation training is to advance the awareness and skills necessary for effectively providing person centered practice by developing reasoning and logic skills in clinical practice.
Outcomes

Students and participants will gain understanding, capability, and capacity in methods of reasoning and formulation. Course participants will build skills in:

- developing a bio-psycho-social assessment;
- using key organizing questions to strengthen situational awareness, clinical grasp, and clinical foresight;
- constructing a clinical case formulation;
- learning the logical order of goal setting;
- planning interventions; and,
- creating clinically sufficient and audit compliant encounter notes and documentation.

Logic of Clinical Reasoning and Case Formulation

Clinical reasoning involves thinking through the aspects of a person’s life situation to determine reasonable actions in casework. A complex decision-making process, clinical reasoning requires that practitioners make multi-functional decisions about case work in dynamic contexts with multiple variables. Clinical decisions are embedded in decision-action cycles where situations evolve and where decision and actions influence each other in repeated cycles.

Case formulation synthesizes information into a formative understanding about how a person’s symptoms, situations, and difficulties develop over time, and how a change process might be designed to address areas of concern. Clinical formulation describes the relationship among problems and concerns, leading to an approach for selecting and guiding appropriate intervention strategies. Case formulation evolves as new knowledge and understandings are gained over time. Integrating clinical reasoning and case formation sets a foundation for diligent clinical practice.
Using DSM-5 Components as Structural Elements in Case Formulation

The instructional design of the curriculum differentiates between the nature and purposes of a clinical diagnosis and a clinical case formulation using the framework for case formulation provided in the DSM-5. Clinical diagnosis and case formulation are different functions, requiring different processes. A clinical diagnosis uses a categorical approach to describe symptoms occurring in grouped patterns to set a focus for treatment outcomes, such as improved functioning or decrease in symptoms. Diagnosis is a deficit-based process rooted in a disease concept focused on the degree of deviance from a normal pattern of symptoms associated with a disorder. A notable degree of deviance justifies a “medical necessity” to authorize treatment for the disorder. A case formulation ties together the mechanisms that cause and maintain a person’s need for services and supports, with the origins and precipitants currently activating and contributing to problems and concerns. Diagnosis and case formulation are complimentary functions. Having a diagnosis authorizes intervention, while the clinical case formulation provides the *whats*, *whys*, and *hows* of the course of action to be taken in an evolving framework.

**Targeted Learners**

Training modules have been developed with a specific student in mind. The ideal student is ready to learn and has received instruction in the core fundamental and basic components of social work practice, behavioral health care, and integrated healthcare, person-centered recovery, and service delivery systems. The instructions and materials are a good fit for second year students ready to enter a practicum setting at a community mental health clinic or integrated care setting. Students should be prepared for application of concepts to both simulated and actual casework with persons, families, and youth receiving services. Modules, instruction methods, content, activities, and assignments are expected to work best with students who have context and expectation for high quality service delivery, who take responsibly for their learning, and possess qualities of discipline to participate in both self-directed and classroom style instruction.
**Instructional Design and Content**

The modules designed for teaching Clinical Reasoning and Formulation cover concepts, organizers, techniques, and guidance on the use of reasoning and case formulation processes in frontline clinical practice. Instructional design of the modules includes individual and small group work applying the organizers and concepts to both simulated and live casework functions in practice with a person in services. Application of concepts includes assessment, planning, selecting of interventions, documentation, monitoring, and adjustment of service functions. Trainings modules are designed in a manner aligning with the principles of adult learning, with a variety and combination of instructional activities to stimulate learning in the cognitive, affective, and behavioral domains.

The modules are designed to include visual, auditory, and kinesthetic learning styles. The instructional process includes small group work using a case simulation designed to highlight key concepts, organizing tools, and clinical reasoning processes. Instructors are encouraged to stimulate interaction and discussion between and with students by referencing and applying practice examples and stories, as appropriate to the content area. Exemplars are provided for assigned activities and discussed in class to enhance learning. Next step planning for integration of clinical reasoning concepts and organizers into daily practice are covered in the workshop activities.

Modules are offered in a progressive sequence, building upon earlier concepts as foundation for clinical skill and capability. Each training modules is designed in a 75-90 minute block of instruction time, depending on the pace of the instructor, class size, and characteristics of students. Modules may be provided consecutively as a stand-alone course or seminar format used for building awareness about clinical reasoning and case formulation. Modules may be used in a complementary manner to existing courses addressing DSM-5 and clinical diagnosis, behavioral healthcare, integrated healthcare, techniques for working with individuals, or basic functions of practice--assessment, planning and goal development, and documentation.
Terms Used

Terminology and language specific to behavioral healthcare and integrated health care settings is used throughout the curricula. In order to build cohesiveness in understanding, these terms and definitions are provided as follows:

**Practice** consists of the actions taken to help a person in need to get better, do better, and stay better in their life. The purpose of practice is to help a person having disruptive life needs or threats of harm to achieve and maintain adequate levels of well-being, supports for living daily functioning, and fulfillment of life roles. Practice involves conceptualizing, organizing, and providing interventions that change lives and achieve essential outcomes related to resiliency and recovery.

**Practice Model** An agency's Practice Model defines basic functions used by frontline practitioners to join with persons receiving services to bring about a positive life change process that helps them get better, do better, and stay better. It encompasses the core values of the agency (e.g., use of person-centered care principles) and defines the fundamental expectations concerning working relationships, integration of efforts among the practitioners serving a person in need, and essential action patterns or functions associated with effective case practice. An agency's Practice Model becomes a central organizer for training of frontline staff, supervision, performance and quality measurement, and accountability.

**Integrated Care** recognizes that physical and mental health are interrelated in the overall health and well-being of a person. Integrated care involves the coordination and physical and mental health services, with each aspect given equal attention. Integrated care services to improve the overall wellness and physical health status of persons with mental health and/or co-occurring substance abuse disorders.

**Evidence-Based Treatments (EBT)** are treatments based on outcome research and supported by evidence showing effectiveness. EBTs expected to be are delivered with...
consistently and with fidelity the components of the intervention. Examples of EBTs include Assertive Community Treatment (ACT), Motivational Interviewing (MI), and Multi-Systemic Therapy (MST).

**Person-Centered.** Person-Centered Care is an approach designed to assist someone in planning and achieving life goals and supports. It was originally used as a life-planning model to enable individuals with disabilities and requiring support to increase their personal self-determination and improve their own independence. It is accepted as evidence-based practice. Person-centered care is currently becoming the standard in many areas of practice and is the guiding philosophy behind the integration of medical and behavioral health care. It is evident that individuals and families are more invested in any process where they feel they are an integral part. Self-Directed Care is built upon person-centered care principles and practices.

**Strengths-Based.** Strengths-based practice is person-centered, with a focus on future outcomes and strengths that the people bring to a problem or crisis. This approach enhances the capacities of individuals and families to deal with their own challenges. Key features of this approach include:

- Strengths-based practice assesses the inherent strengths of a person or family and then builds on those strengths when addressing life changes, recovery and empowerment.
- It avoids the use of stigmatizing language or terms that families use on themselves and eventually identify with, accept, and feel helpless to change.
- It fosters hope by focusing on what has been historically successful for the person and builds on these past successes to support positive future changes.
- It inventories the positive building blocks that already exist in his/her environment that can serve as the foundation for growth and change.

**Solution-Focused.** This approach is future-focused, goal-directed, and focuses on solutions, rather than on the problems that brought the person to seek help. It targets the
desired outcomes of intervention as a solution rather than focusing on the symptoms or issues identified at intake. This technique gives attention to the present and the future desires of the person, rather than focusing on the past experiences. The practitioner encourages the person to imagine their future as they want it to be and then the practitioner and person collaborate on a series of steps to achieve that goal. Solution-focused practice aims to bring about the person's or family's desired change in the least amount of time.

*Wellness-, Resiliency-, Recovery-Oriented.* To provide effective interventions, the practice used for a youth or an adult should support wellness, resiliency, and recovery.

- **Wellness** is an active process in which a person becomes aware of and makes choices toward a more healthy and successful existence. Wellness is a conscious, self-directed, and evolving process of achieving full potential which is multidimensional and holistic, encompassing lifestyle, physical, mental and spiritual well-being, and the environment.

- **Resiliency** is the process of managing stress and functioning well when faced with adversity or trauma. For example, persons are resilient when they are able to use their inner strengths to positively meet challenges, manage adversities, heal from the effects of trauma, and thrive in life given their unique characteristics, goals, and circumstances. Resilience (self-efficacy) is aided by a trusting relationship with a caring, encouraging, and competent adult who provides positive guidance and promotes high expectations.

- **Recovery** is a process through which persons improve their health and wellness, live a self-directed life, and strive to reach their full potential. Intervention and goals are developed in accordance with the guiding principles of recovery, which are: hope, person-driven, holistic, peer supported, relational, responsive to culture and to trauma, focused on strengths and responsibility, and respectful.

*Trauma-Informed.* To provide trauma-informed care to youth or adults receiving services, practitioners should understand the impact of trauma on child development and on adult
behavior and learn how to effectively minimize its effects without causing additional trauma. A growing body of evidence indicates maltreatment can alter brain functioning and consequently affect mental, physical, emotional, and behavioral or socio-emotional development. Practices for providing trauma-informed care should be used for persons who have experienced complex trauma and who have lingering adverse affects of trauma today.

*Outcome-Focused and Results-Driven.* Desired outcomes guide the intervention process and can best be stated as life-change outcomes (related to well-being, essential supports, daily functioning, and/or role fulfillment). Goals are used by the person and his/her team to select strategies, supports, and services for working toward goal attainment. Delivery of intervention strategies and supports is carefully tracked to determine: 1) whether the strategies and supports are being provided in an adequate manner; 2) whether the strategies are working or not working based on progress being made; and, 3) whether the outcome has been met. Case practice decisions are informed by the progress (or lack of progress) being made toward the attainment of planned goals, and when a strategy or provider of the strategy is not working effectively, the practitioner quickly recognizes the failure and promptly replaces the provider or strategy.
Clinical Reasoning and Case Formulation Modules

Module 1 Practice Concepts

This module provides foundational concepts and components of practice, building to identifying expectation for practice that align with the principles of resiliency and recovery models and evidence-based treatments. These foundations are important for grounding students in a common understanding of the components of practice.

<table>
<thead>
<tr>
<th>Topic Module 1</th>
<th>Learning Outcomes: By the end of the course, participants will be able to:</th>
<th>Content</th>
<th>Methods</th>
<th>Materials</th>
<th>Time Use</th>
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</thead>
<tbody>
<tr>
<td><strong>Session 1</strong></td>
<td>Explain what is meant by practice and the purpose of practice in the context of service to others and in the context of behavioral health settings.</td>
<td>Exploration of practice; what is meant by practice, why do practice. The purpose of practice</td>
<td>Activity</td>
<td>Open</td>
<td>Activity 15min</td>
</tr>
<tr>
<td>What is Practice: Basic concepts of practice (1.5 hours)</td>
<td>Differentiate behavioral health and integrated care settings.</td>
<td>Key principles used in recovery-oriented practice</td>
<td>Discuss</td>
<td>ended</td>
<td>Discuss 15min</td>
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<tr>
<td></td>
<td>Identify components of Recovery and Resiliency practice model and describe how expectations present in practice</td>
<td></td>
<td>Lecture</td>
<td>for students</td>
<td>Lecture 15min</td>
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<tr>
<td><strong>Session 2</strong></td>
<td>Identify the components of practice and describe the importance of each component.</td>
<td>Identifying and defining components of practice</td>
<td>Lecture Activity</td>
<td>Slides 1-13</td>
<td>Lecture 15min</td>
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<tr>
<td>What are Practice: Basic Components of Practice (1.5 hours)</td>
<td>Describe how hierarchy of needs is applied to practice</td>
<td></td>
<td>Activity</td>
<td>Slides, tip booklet: pgs 3-7</td>
<td>Activity 30 min</td>
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Developed by Ray Foster and Kate Gibbons for the New Mexico Behavioral Health Services Division • Fall 2017
Module 1-Session 1: What is practice?

Activity: Student Introductions and Formation of Small Workgroups

Assign students into small groups. Direct students to talk with each other about their personal and professional reasons or purposes for working in the field of behavioral health or social work. Have students introduce each other, using the reasons for working the field.

Discussion: Exploring the Meaning of Practice

- What is practice?
- What do we mean by practice?
- Why do practice?

Lecture: Defining the Nature and Purpose of Practice

- Explain the nature and purpose of practice
- Use Slides 1-5 in developing the main concepts about practice
Lecture: Seeing the Relationship between Needs and Services

- Explain the purposes of Behavior Health services
- Introduce and explain Maslow’s Hierarchy of Need as a basis for identifying the types and intensities of supports and services a person may require
- Use Slides 6-11 in developing the main concepts

Activity and Discussion: Linking Needs and the Goals of Service Delivery

- Introduce Maslow’s hierarchy of need
- Use slides 13-18 to develop the concept of prepotent needs
- Assign students to small groups or dyads
- Direct students to identify examples of prepotent needs that might be common in persons seeking behavioral health services that would be a stronger influence than treatment.
- Invite students to discuss the different levels of Maslow’s and relate each level to practice and to service delivery processes (such as identification of needs and goals).
- Discuss examples

Module 1-Session 2: Components of Practice

Lecture: Introducing the Guiding Principles of Practice

- Introduce the Guiding Principles of Practice, Recovery and Resiliency
- Introduce and explain the Practice Wheel, focusing on each practice function and its relationship to the other functions
- Present Slides 14-21 and use the elements presented to show how the Practice Wheel provides practice functions that lead to Resiliency and Recovery

Activity: Linking Guiding Principles to Core Practice Functions

Assign students to read aloud the Key Concepts in the Tip Booklet for:
- page 3 - Guiding principles of practice
- page 4 - Framework for Practice
Assign students break into 3 groups.

Assign one practice area from the tip booklet for each group:
- Page 5 Recognition, Connection, Rapport
- Page 6 Engagement and Commitment
- Page 7 Detection and Response

Groups are to identify a person to take notes and one person to be ready to present or give an example.

Each group is to discuss the practice area assigned to them in the following topics:
- Explain what the assigned practice area means and requires of practitioners.
- Explain why the assigned practice area is important to working with person’s seeking care.
- Identify examples of the practice area observed in actual situations.

Instructor will then rotate around the groups and have a speaker present why the practice area is important and offer an example.

Module 1-Session 3: Teaming and Collaboration

Lecture: Teamwork and Collaboration

- Introduce and explain teaming and collaboration as core practice elements
- Present Slides 22- when conducting this lecture
- Introduce and explain the Tip Sheet Booklet focusing on Page 11 Teamwork/Unity of Effort
Activity: Defining and Understanding Teaming and Collaboration

- Ask students to volunteer to read out loud each of these sections on page 11 of the tip booklet:
  - Desired Outcomes of Practice
  - Key concepts: first paragraph
  - Key concepts: Common Purpose
  - Key concepts: Unity of Efforts
  - Practice Tips #1
  - Practice Tips #2
  - Practice Tips #3
  - Practice Tips #4
- Conduct discussion on the relevancy of each section.

Lecture: Collaboration and Shared Decision-Making

- Introduce and explain basic concepts using Slides 25-29 (including video)
- Identify and explore situations in which things can go wrong in collaboration

Activity: Pitfalls to Collaboration

Job Aid: Collaboration and Shared Decision-Making: Pitfalls and Remedies

- Organize students into small groups or dyads
- Introduce and explain the Job Aid to students concerning pitfalls in collaboration and decision-making
- Assign 1-2 pitfalls to each group/dyad depending on the size of the class
- Allot students 5-7 minutes to read the assigned pitfall and solution aloud in groups/dyads, discuss, and give experiences of these situations in teamwork, how it was resolved,…etc.
- Open discussion to the larger group by choosing a few of the pitfalls and reading out to the entire class the pitfall, remedy, and examples (including examples from the video).
Module 2 Introduction to Clinical Reasoning and Case Formulation

Clinical reasoning involves thinking through the various aspects of a person’s life situation to arrive at reasonable decisions about prevention, diagnosis, or treatment of a clinical problem in a specific instance. Clinical formulation describes the relationships among the problems and provides an evolving clinical framework for interpreting the nature and causes of presenting problems, leading to an approach for selecting and guiding suitable interventions and strategies for care.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Learning Outcomes: By the end of the course, participants will be able to:</th>
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<tbody>
<tr>
<td>Module 2</td>
<td></td>
<td>Introduce the concepts to build clinical reasoning: Situational Awareness, grasp, and foresight; habits of mind; thinking patterns. Exploration of habits and skills necessary for sound clinical judgment and formulation</td>
<td>Lecture Activity</td>
<td>Slides 30-39 Handouts: Habits of Mind Job Aid: Errors in Clinical Reasoning</td>
<td>Lecture 15 min Activity 30 min</td>
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<tr>
<td>Session 1</td>
<td>Identify components of good clinical reasoning. Improve understanding and recognition of strong habits of thinking and order of service delivery. Increase reasoning competencies and skills. Distinguish between clinical diagnosis and clinical formulation</td>
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Module 2-Session 1: Building Strong Reasoning and Formulation Habits

Lecture: Introducing Clinical Reasoning Concepts

- Introduce and explain Slides 30-34 to build a foundation for Clinical Reasoning
- Define Clinical Reasoning
- Distinguish between a Clinical Diagnosis and Clinical Case Formulation
- Introduce and explain the concepts of Situational Awareness, Clinical Grasp, and Clinical Foresight
Activity: Show How Clinical Reasoning Builds on “Habits of Mind”

- Handout: Habits of Mind.
- Request a student volunteer read out loud the definition of Habits of Mind to the class for discussion.
- Ask for several volunteers (as time permits) to choose one of the 16 to read aloud and discuss meaning and relevancy to Clinical Reasoning in case practice.

Lecture: Explaining Clinical Reasoning Processes and How Error Can Creep In

- Handout: Steps in Clinical Reasoning
- Review steps in the Clinical Reasoning process and explain how those steps help to build situational awareness, clinical grasp, and clinical foresight
- Introduce and explain Slides 35-39 focusing on ways that errors can enter the clinical reasoning processes used in case practice

Activity: Exploring Possible Errors in Clinical Reasoning

- Introduce and explain the handout: Errors in Clinical Reasoning thinking patterns.
  Provide personal examples of how you have experienced such an error in your work.
- Organize students into small groups (there should be 7 groups).
- Assign a Clinical Reasoning Process Step from page 1 for discussion in groups
- Assign 2 Errors to each group from page 2
- During the large class discussion, ask groups to read aloud the assigned error and definition and relate to a Habit of Mind.
**Module 3: Bio-Psycho-Social Framework**

A Bio-Psycho-Social (BPS) Framework is a device used for organizing information about a person’s life situation to help reveal importation fact patterns necessary developing a clinical understanding. An organizer is provided for students to synthesize data into easily understood components, called the “5-Ps”. The “5-Ps” identify Predisposing, Precipitating, Perpetuating, Protective, and Predictive Factors that practitioners should know about a person’s life situation as a basis for developing a clinical case formulation. These “5-Ps” are applied across a person’s physical, psychological, and social history and present situation to develop clinical insights that will be useful in planning interventions, supports, and services. Students will make use of a detailed case simulation in applying a BPS organizer to the case. This activity builds upon previously gained skills in reasoning and practice.

<table>
<thead>
<tr>
<th>Topic</th>
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<th>Content</th>
<th>Methods</th>
<th>Materials</th>
<th>Timing</th>
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<tbody>
<tr>
<td>Session 1</td>
<td>Understanding the Framework and the 5 “Ps” (1.5 hours)</td>
<td>Explain the components and 5 “Ps” of the bio-psycho-social-grid and the importance of each component to understand the areas contributing to a person seeking services.</td>
<td>Exploration of the BPS grid and each of the 5 “Ps”; Introduction of simulation for application to organizers and tools</td>
<td>Lecture Activity Lecture Activity Discussion</td>
<td>Slides 40-47 Handout Bio-Psycho-Social Assessment 5 “Ps” Slides 48-50 Case Simulation Organizer: Case Formulation Worksheet</td>
</tr>
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</table>
Module 3 Session 1: Understanding of Bio-Psycho-Social Assessment Organizer, including the “5-Ps”

Lecture: Introducing the Bio-Psycho-Social Framework as an Analytic Organizer

- Using slides 40-44 Introduce the BPS framework and explain the “5-Ps” [key factors necessary of clinical understanding] when assessing a person seeking services:
  - Predisposing factors
  - Precipitating factors
  - Perpetuating factors
  - Protective factors
  - Predictive factors
- Illustrate the importance and use of the Biological, Psychological, and Social Dimensions used in the BPS assessment framework.
- Explain how the BPS framework works as an assessment organizer of case information used to surface important patterns (e.g., triggers for relapse) and reveal insights necessary for developing “situational awareness,” “clinical grasp,” and “clinical foresight”
- Use Slides to guide in developing and weaving together the main concepts into an assessment framework that helps develop:
  - Situational Awareness
  - Clinical Grasp
  - Clinical Foresight
Activity: Exploring the “5-Ps”

- Handout Design of Bio-Psycho-Social Assessment Organizer
- Assign students into 5 groups: 1 group for each “P-factor”.
- Discuss and answer questions: What does this “P-factor” mean? What are examples that fit into this “P-factor”? Why is it important in the assessment process?
- Discuss each of the “5-Ps” as a class activity.

Lecture: Introducing the Case Simulation to be Used in Case Formulation Activities

- Introduce the simulation that will be used for clinical case formulation activities including development of a BPS assessment organizer
- Present and explain Slides 49-51 to develop the main concepts
- Provide the case simulation to students and give them time to read the case simulation (about 15 minutes).

Activity: Working with Organizers for Assessment and Case Formulation

Handouts: Complete Case Formulation tool (also slide 49) for simulation. BSP Assessment Worksheet and Case Formulation Worksheet.

- Have students stay in their assigned groups and complete this organizer for the “P” assigned previously
- Assign each group a different “P” with one group assigned section 3 Solution Possibilities
- Have all 5 groups complete #2 Presenting Problem (in the center of the tool) as well as Desired Life Changes and Impairment in Functioning.

Discussion: Debriefing Student Experiences in Working with Organizers

Group presentations and discussion on examples of completed tool for simulation. Each group to present assigned components of the BPS Assessment and Case Formulation worksheets.
Module 3- Session 2: Application of Bio-Psycho-Social Assessment Organizer

Lecture: Applying the BPS Assessment Organizer

- Introduce the BPS Assessment Organizer and show how it is a useful device for assembling and interpreting assessment information in a concise manner
- Illustrate the BPS Organizer using Slides 51-53
- Review “5-Ps” with students.

Activity: Completing a BPS Assessment Organizer for the Case Simulation

- Assign students to small work groups or dyads
- Have students work in small groups to complete a BPS Organizer using the simulation.
- Have small groups present their work from selected portions of the BPS Organizer and describe their experiences in assembling assessment information into the organizer. What worked for them? What insights were drawn from the fact patterns?
- Provide an example of a completed BPS Organizer for the case simulation

Lecture: Applying Organizing Questions to Case Simulation

- Introduce and explain the purpose of the organizing questions that are used together with the BPS Assessment Organizer in developing situational awareness, clinical grasp, and clinical foresight. Rely on Slides 54-55.

Activity: Applying the Clinical Questions Worksheet to the Case Simulation

- Have each group or dyad completes the full clinical questions worksheet [In some situations, this could be an assignment completed outside the classroom].
- Have a reporter from each group or dyad reports out on 1 or 2 of the questions.
- Provide example of a completed Clinical Questions worksheet for the case simulation.

Discussion: Applying the Clinical Questions Worksheet to Another Case

- Identification of a suitable case example to use for application of organizers in final assignment
Module 4 Logic of Action

Logic of Action involves a set of strategic concepts aimed at deciding what to do first and next in case practice and why, recognizing the importance of sequence and pace in practice activities, reasons for not overwhelming persons receiving, strategies for building a deliberate and intentional pathway for intervention and care.

<table>
<thead>
<tr>
<th>Topic Module 4</th>
<th>Learning Outcomes:</th>
<th>Content</th>
<th>Methods</th>
<th>Materials</th>
<th>Time Use</th>
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<tbody>
<tr>
<td>Session 1. Logic of Action (1.5 hours)</td>
<td>Identify components of sound clinical practice related to deliberate actions in casework. Increase understanding and recognition of strong habits of action in order of service delivery. Increase reasoning competencies and skills</td>
<td>Introduce to the 7 Logic of Action concepts to build clinical finesse. Exploration of habits and capabilities necessary for discerning the appropriate pace and order or action in working with a person or family in services.</td>
<td>Lecture Activity</td>
<td>Slides 56-65 Handouts: Job Aid Organizing Principles to Apply when Planning Outcomes and Courses of Action. Tip Book pgs 8-9</td>
<td>Lecture 30min Activity 30min Activity 30min</td>
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Module 4-Session 1: Logic of Action

Lecture: Introducing Logic of Action Concepts

- Present and explain the concepts in Slides 56-65
- Discuss the use of logic sequence when organizing a course of action – deciding what to do first and next in life situations
- Present and explain the organizing principles to use when developing a logical course of action
Activity: Applying Organizing Principles in Planning a Course of Action

- Introduce and explain the handout: Job Aid-Organizing Principles to Apply when Planning Outcomes and Courses of Action.

- Place students into 7 groups and assign each group one of the Organizing Principles from this handout.
  - Recognize that a Person’s Needs are Not the Absence of Services You Wish to Offer;
  - Work from Outcome to Action;
  - Work from Urgent to Strategic;
  - Work from Practical to Clinical;
  - Find and Use Ready Opportunities for Gaining Early and Repeated Successes;
  - Avoid a Pace of Action that Would Overwhelm a Person and Reduce Commitment to a Change Process

- Direct groups to discuss and be prepared to present on the following questions:
  - What is the essence of the principle?
  - Why is this principle important?
  - How is practice and quality of services influenced if the principle is not followed?

Activity: Learning and Using Key Organizing Questions

- Introduce Tip Booklet page 9: Strengthening Frontline Organizing Questions for Use in Assessment and Case Formulation
- Assign students into 7 groups
- Assign each group two of the organizing questions presented on the Tip Sheet (two groups will have #13).
- Have each group read and discuss why each question is important to practice and to building disciplined reasoning and formulation habits.
- As time permits, ask groups to read assigned questions and explain relevancy.
Discussion: Understanding the Importance of the Organizing Questions

- Report out examples to large group for discussion with this question:
  - Why is this and each component important in the context of service delivery, clinical reasoning and formulation, and in working with people in services?
Module 5 Sequence of Casework

The next steps for integration of clinical reasoning and formulation concepts, tools, and organizers with Logic of Action into daily practice are offered in the following mechanisms of practice: Goal Development, Intervention Planning, Writing Episode Notes, Reflection and Adjustment of Plans and Interventions.

<table>
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<tr>
<th>Topic</th>
<th>Learning outcome:</th>
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<tr>
<td>Module 5</td>
<td>By the end of the course, participants will be able to:</td>
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<th>Content</th>
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<tr>
<td>Instruction to introduce components of appropriate goal development and differentiate types of goals and words of the person, Exploration of EBTs and logic for goal development and identification of strategies, supports, and interventions. Instruction on development of clinically sound, compliance adequate treatment plans</td>
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<tr>
<th>Methods</th>
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<td>Lecture</td>
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<td>Discuss</td>
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<tr>
<td>Lecture 67-75</td>
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<td>Tipbook page 10</td>
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<td>Handout: Frequent Mistakes in Goal Setting</td>
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<td>Organizer: Goal Logic Planning Worksheet Organizer examples Slides Tipbook pgs 12 and 13 Organizer: Planning Worksheet examples</td>
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<td>Lecture 30m Activity 15m Activity 15m Activity 30m</td>
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<tr>
<th>Topic</th>
<th>Learning outcome:</th>
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<tr>
<td>Session 1 Planning Goals and Interventions (1.5 hours)</td>
<td>Appropriately complete tasks for goal development and planning for interventions. Develop capability for writing goals and identifying effective, appropriate, EBTs.</td>
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<tr>
<th>Content</th>
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<tr>
<td>Instruction to adequately compose notes for an episode of care Instruction on how to</td>
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<tr>
<td>Slides Tipbook pgs 12 and 13 Organizer Planning Worksheet examples Slides Tipbook pgs 15-16 Quick Study Job Aid-Writing</td>
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<td>Lecture 10min Activity 15min Discuss 10min Activity 15min Discuss 10min Activity 15min</td>
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Developed by Ray Foster and Kate Gibbons for the New Mexico Behavioral Health Services Division • Fall 2017
Module 5 - Session 1: Planning Goals and Interventions

Lecture: Exploring Wellness and Recovery Goals

- Introduce Tip booklet - Wellness and Recovery Goals, page 10
- Request student volunteers to read aloud each section:
  - State and explain the Desired Outcomes of Practice
  - Present the Key Concepts related to identification and setting
  - Cover each of the Practice Tips
Discussion: Setting Goals and Avoiding Frequently Seen Mistakes

- Introduce and orient students Slide: #69 Use Clinical Reasoning When Constructing SMART Goals
- Introduce Handout: Frequent Mistakes in Goal Setting
- Read through Handout *Frequent Mistakes in Goal Setting* (both sides) to or with students
- Surface and discuss types of mistakes that are frequently seen in goal setting and how to avoid them

Lecture: Introduction to the Logic of Goal Setting and Sequencing

- Explain the logic used in the setting and sequencing of goals. Refer to Slide 70-71.
- Link the Logic of Action Principles to goal setting
  - Work from outcome (goal) to action
  - Work from urgent to strategic
  - Find opportunities for early and repeated successes
  - Avoid a pace and complexity that would overwhelm the person
- Introduce the organizer on Intervention Goal Logic

Discussion: Quick Study Job Aid for Practitioners Planning Outcomes and Interventions for an Adult Services Participant

- Request student volunteers to read aloud each component of the Job Aid

Activity: Completing a Goal Logic Worksheet/Planning Worksheet Organizer

- Introduce and orient students to slides 72-73
- Assign students into dyads or small groups.
- Direct students to complete Intervention Goal Logic/Planning Worksheet Organizer for the simulation case.
- Have students complete an Organizer/Planning Worksheet for the simulation.
- Have students present and discuss their work on the Goal Logic worksheet.
• Provide examples of goals for case simulation.

**Activity: Exploring Elements Involved in Planning Interventions**

Explore Tip Booklet [pages 12] on Planning Intervention Strategies, Supports, & Services
- Request student volunteers to read aloud each section:
- Review the Desired Outcomes of Practice
- Identify and discuss the Key Concepts
- Consider each of the practice tips and how the tips might be implemented

Explore Tip Booklet [page 13] on Implementing Strategies, Supports, & Services
- Request student volunteers to read aloud each section:
- Review the Desired Outcomes of Practice
- Identify and discuss the Key Concepts
- Consider each of the practice tips and how the tips might be implemented

Ask students to name an appropriate intervention for each of the domain areas listed under “practice Tips”

**Activity: Writing Intervention Plans for Interventions**

• Assign students into small groups
• Complete Intervention Planning Worksheet for two interventions related to the case simulation.
• Direct some of the groups to present the intervention developed.
• Provide example

**Module 5-Session 2: Writing Plans and Progress Notes / Reflecting and Adjusting**

**Lecture and Discussion: Exploration of Clinical Techniques**

• Use slides 76-79 to introduce the global concepts in intervention and treatment approaches
Activity: Two Clinical Techniques

- Give students time to read the Tip Sheets on these two clinical techniques:
  - Solution Focused Brief Therapy, page 15
  - Motivational Interviewing, page 16
  - Have students discuss how these techniques can be integrated

Discussion: Writing Encounter Notes that are Clinically Sufficient and Compliant

- Refer to slides 80-84 Handout: Quick Study Job Aid-Writing Progress Notes That Are Clinically Sufficient and Compliant with Funding Requirements
- Read handout to or with students

Activity: Writing Encounter Notes that are Clinically Sufficient and Compliant

- Worksheet: Encounter Notes Worksheet
- Provide the Encounter Facts for Intervention to students. Read through facts.
- In small groups, students are to complete episode description and notes for simulation using organizer and the encounter facts provided.
- Presentations of episode note by a couple of the groups
- Provide examples of Encounter Notes Worksheet for simulation

Discussion: Reflection, Tracking, and Adjustment

- Read with or to students Tip Booklet page 14: Situation Tracking, Plan Adjustment, and Transitioning.
- Handout: Job Aid-Reflective Loops.
- Ask for student volunteers to read aloud this job aid.

Activity: Reflecting and Adjusting

- Introduce and orient students the Organizer: Reflection and Adjustment Worksheet
• In small groups, direct students to complete organizer for Reflection and Adjustment for simulation.
• Presentations of suggestions for reflection and adjustment by groups
• Provide examples for reflection and adjustment for simulation.

Discussion: Course Deliverables

• Work with students to identify an appropriate case for application of materials and organizers to a case.
Module 6: Deliverables and Final

I. Complete session assignments and application of tools and organizers to simulation.

II. Participation in-group and dyad work

III. Application of tools and organizers to a case (to be completed individually and would serve as a final assignment to determine competency and mastery):

1. Provide a 1-page description of the person receiving services
2. Complete each of the tools and organizers
3. Develop goals based on the description and the Goal Logic Worksheet and Planning tools
4. Provide a description of 2 intervention scenarios for 2 types of service based on the completed Planning tools.
5. Complete Encounter Notes for both intervention scenarios with the following
   a. Note that is compliant but not clinically sound and provide an explanation as to why it is compliant but not clinically sound.
   b. Note that is clinically sound but not compliant provide an explanation as to why it is clinically sound but not compliant.
   c. Note that is both clinically sound and compliant provide an explanation as to why it is both compliant and clinically sound.