# An integrated treatment planning model for the simultaneous treatment of complex patients with multiple comorbidities

Lori Eickleberry, Ph.D., ABPP [a,b], Christina Doro, Psy.D.[a], Rachael Unger, Psy.D.[a], Amy Simler, Psy.D.[a], Courtney Purdy, Psy.D.[a], Huda Abu-Suwa, M.S.[a,b]
Institute for Life Renovation [a] Nova Southeastern University [b]

**Background:** Recommended treatment planning for individual outpatient treatment of patients often includes a biopsychosocial assessment and treatment targeting specific goals or outcomes pertaining to a few problem areas. Little research or guidelines have been presented for systematic methodology for treatment planning of highly complex patients presenting with multiple comorbidities in need of individualized, intensive, and integrated outpatient care. An individualized comprehensive intensive outpatient program for complex patients that has demonstrated effectiveness with complex cases outlines treatment planning methodology for treating these complex cases.

**Method:** Existing treatment planning models have been adapted for the simultaneous treatment of multiple disorders and problems using a model of integrated care. Flow-chart diagrams are presented and highlighted with case examples.

**Results:** Results indicated significant decreases in Beck depression Inventory (BDI) scores (t=4.96, p<.001), and State-Trait Anxiety Inventory (STAI) state (t=4.90, p<.001) and trait scores (t=5.70, p<.001). Significant increases were found in quality of life measured by the Quality of Life Inventory (QOLI) overall t-scores (t=-6.10, p<.001) and skills measured by the Five Factor Mindfulness Questionnaire (FFMQ) observe (t=-3.22, p=.006), describe (t=-3.01, p=.009), act with awareness (t=-3.05, p=.008), nonjudge (t=-3.39, p=.004), and nonreact (t=-2.69, p=.02) scores were also found.

**Discussion:** Published observations about treatment planning are limited. Effective treatment planning of complex cases is especially multifaceted and intricate. While this provides methodology for systematic treatment of complex patients with multiple comorbidities and problems, more research is needed to validate the extent of its effectiveness and to continue to evolve its utility.

**Key References:**

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- Hayes, S. & Strosahl, K. (2004). *A practical guide to acceptance and commitment therapy.*
- Linehan, M. (2003). *Cognitive-behavioral treatment of borderline personality disorder.* Guilford Press: New York, NY.
- Makover, R.B. (2016). *Treatment planning for psychotherapists: A practical guide to better outcomes (Third Edition).* American Psychiatric Association Publishing: Arlington, VA

**ASSESSMENT**

1. Signs/Symptoms
2. Personal History
3. Ecosystemic Factors
4. Psychological Testing
5. Interdisciplinary Collaboration for diagnosis and treatment planning

**DIAGNOSIS & TREATMENT PLANNING**

1. Diagnosis **(AIMS)**
2. Case Conceptualization
3. Prognostic Considerations
4. Literature review for EBT for patient symptoms and needs
5. Choosing treatments **(STRATEGIES)**
    1. Prioritizing Treatment Targets **(GOALS)**
        1. Life-Threatening Behaviors
        2. Therapy-interfering Behaviors
        3. Quality of Life Interfering Behaviors
        4. Decrease behaviors that interfere with living according to values
        5. Increase behaviors that lead toward values
    2. Choose specific treatment methods **(TACTICS)**
6. Clinician-Related Contextual Variables (choice of fit)

**CONSENT**

1. Share case conceptualization with patient
2. Discuss treatment plan with patient
3. Written consent for one month
4. Detailed individual Schedule
5. Implementation

**WEELY CONSULTATION & REVISED TREATMENT PLANNING**

1. Weekly Interdisciplinary Collaboration
    1. Review Progress
        1. Case Conceptualization using CBT (general chain analysis)
        2. Prioritizing Treatment Targets (specific chain analysis)
            1. Life-Threatening Behaviors
            2. Therapy-interfering Behaviors
            3. Quality of Life Interfering Behaviors
            4. Decrease behaviors that interfere with living according to values
            5. Increase behaviors that lead toward values
        3. Review Patient Data
            1. Weekly Outcome measures
                1. Symptoms
                2. Skills acquisition
            2. Self-Monitoring
        4. Choose tactics for addressing goals
    2. Treatment Revision
        1. GOALS
        2. TACTICS
    3. Discuss Progress and Treatment Plan with Patient

**CONSENT**

1. Week 4, Discussion of treatment recommendations with patient
    1. collaborative agreement for new month
    2. Step-down from IOP
    3. Referral
    4. Discharge
2. Detailed Individual Schedule