

A STEVENS PUBLICATION

employee assistance

Behavioral Healthcare Solutions in Today's Managed Care Environment

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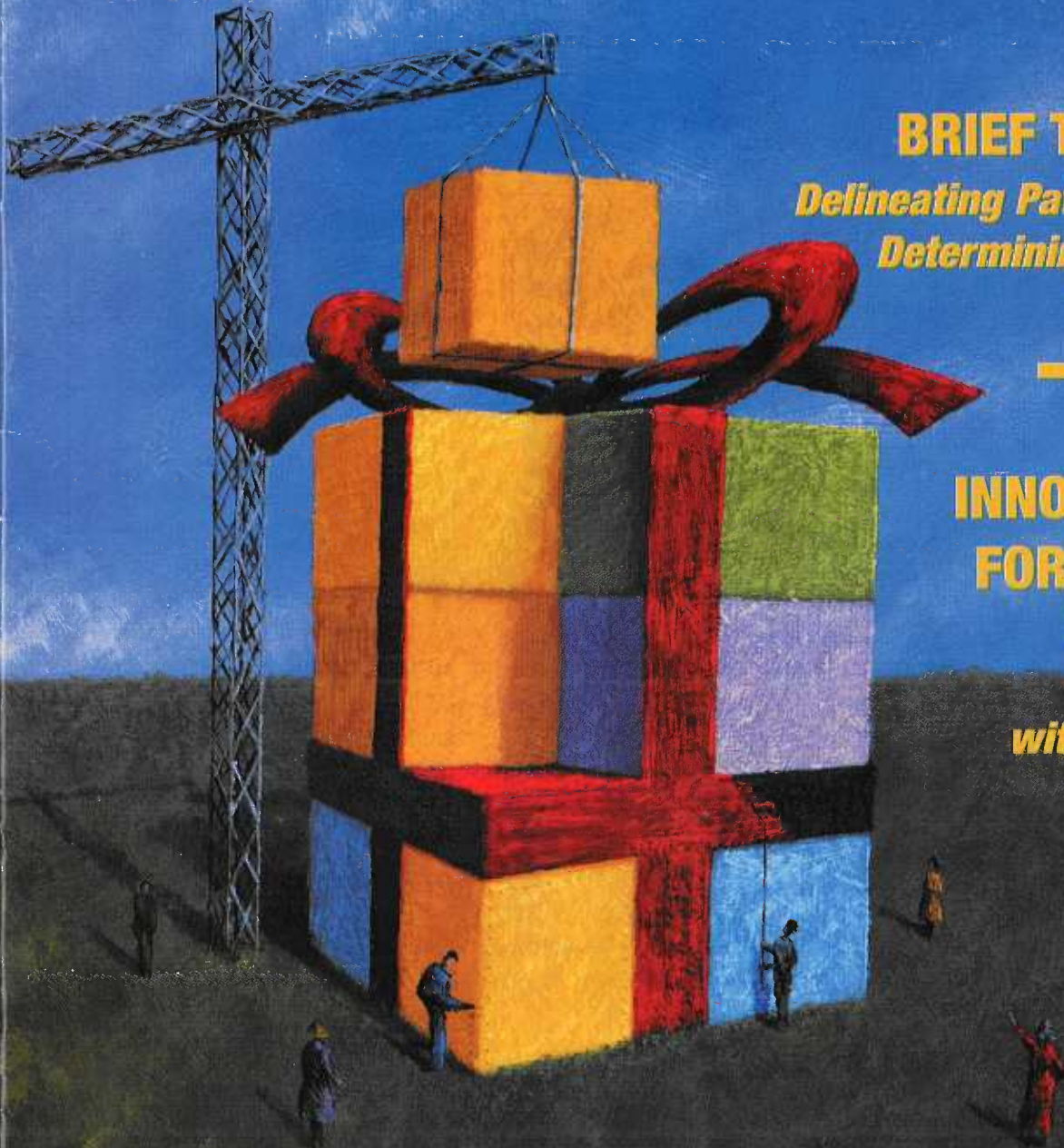
Packaging Options Constructing CD Payment Systems

BRIEF THERAPY

*Delineating Patient Goals,
Determining Patterns*

INNOVATIONS FOR STRESS

*Enhancing
Treatment
with Software*





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Pia Mellody is a certified addiction counselor and registered nurse who has worked in the addiction and recovery field since 1977. She is internationally known for her lectures and workshops on codependence, addictive relationships and spirituality. She has authored "Facing Codependence", "Breaking Free", and "Facing Love Addiction".



Patrick J. Carnes, Ph.D., C.A.S., is a nationally known trainer and speaker on addiction and recovery issues, as well as the author of 4 books on addiction and recovery. As Clinical Director for Sexual Disorder Services, he is creating new programs for sexual addiction and trauma treatment.

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Cover Art by *Stephen Schildbach*



BREAKING THROUGH BARRIERS THAT AREN'T REALLY THERE



Why, in such an individualistic country, do we strive so hard to produce magic-bullet solutions that assume health problems can be resolved within narrowly defined and stringently controlled treatment tunnels, and how can we stop? Most of us won't unless the type or lack of care we get is life-threatening. Too many don't even stop then because, incredibly, when our health plans refuse procedures, treatment or a particular medication, we feel there is no option.

A recent article on formulary hassles with managed care in *Psychiatric Times* included an example of a professor with severe depression who began to threaten suicide after formulary changes switched him to a different medication. The HMO refused to switch him back in spite of pleas from the family. The professor eventually carried out this plan. My first thought was, "If his plan provider would not prescribe the former drug anyway, why didn't he go outside the plan?" I'm sure you have all heard such stories and encountered that strange mindset that health plan rulings are chiseled in stone.

True, there have been a variety of efforts to change the way the system works. A number of organizations and healthcare experts have tried to close the quality gaps through more selective networks, up-to-date formularies and treatment outcomes measurement, but their approaches still seem to fuel a lot of the streamlining strategies that cannot adapt to the individual. State and federal government have approached system shortfalls by legislating treatment requirements, especially for length-of-stay, but there are too many problem situations to legislate them all.

Instead of only trying to change "the system," maybe we should spend more time developing other systems, such as the one Lee Wenzel suggests in this issue's cover article.

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DETECTIVE WORK

A Master Challenge in Brief Therapy



By Leonard M. McNabb, LSW, DCSW, NBCCH

The roots of brief therapy are extensive, contributing the following similarities: 1) an active style; 2) negotiation with the client; 3) a focus on strengths, resources and skills; 4) a belief in uniqueness, respect and best choices; and 5) teaching of choice and outcome at a psychological level.

These involve positive, mutually instructive interchanges between the client and the therapist, so they can create a new option within a new context; thus, generating change well into the future. With the therapist's coaching, the client discovers this change, which is outcome-delineated rather than time-limited.

The concept of process is the key to brief therapy. Suggestion is used to stimulate the retrieval of the person's own resources, associating the success states to create a context that helps them develop better ways of resolving problems and gives them a sense of mastery of particular experiences at that time and in the future. Together, the client and therapist co-create an environment that motivates continued change.

Some of the most effective tools in the engagement/assessment stage are:

- Social interaction — greeting rituals and mannerisms that are culturally appropriate for the client.

- Mirroring matching — trying to replicate in voice tempo, tone or movements behavioral thought and speech patterns.

- Pacing — assisting the development of rapport by mirroring for an extended period.

- Leading — attempting a behavioral or thought shift to influence outcome toward goals outlined earlier with client.

- Accessing cues — calibrating behavioral manifestations for internal responses (BMIRS).

- Strategies — automatically using a sequence (set) in processing and sorting to resolve issues. Dealing with difficulties when a set is in a context that the solution path does not fit.

- Utilization Principle — shaping new outcomes from the starting point the client presents, avoiding a hidden agenda.

Goal Delineation Stage

Early in the first session, it is important to establish the purpose and direction for treatment, describing goals in terms of what the client will be able to do, see, hear and feel upon completion of the work. There are four specific models to assist in goal delineation. The following is a description of the focus of each of the models and a sampling of the questions they use.

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The Goldiamond Outcome model looks at presented outcome, areas changed and unchanged, history of change, assets for handling change and consequences. Under "assets," for example, the client would be asked:

- 1) What skills do you have that we can use? Please name all of your skills.
- 2) Are there times when the present problem is not a problem? When?
- 3) Please name related problems that you were able to solve.
- 4) Did you once have a mastery of the present situation?

Under "consequences," the client would be asked:

- 1) What special advantages does your problem have for you? Please give some examples.
- 2) What things have you been excused from because of your problem?
- 3) How does your present situation jeopardize you?
- 4) What do you like to do?
- 5) What do you find yourself doing instead of the activities you described?
- 6) Who else is interested in the changes you are after?
- 7) Who has been helpful to you in the past?
- 8) Do you have any questions?

In the Klein Sorting model, goal framing is divided into brief tests.

Outcome Test: What do I really want? What is the outcome I am after?

Relevancy Test: How would I know if I were getting my outcome? What would I see, hear and feel? Would I be able to demonstrate it?

Context Test: When do I want my outcome? When do I not want it?

Ecology Test: What will the result do for me? How will it change my life? What difference will it really make?

Limits Test: What stops me from having my outcome now? What accounts for the difference between my current situation and what I desire?

In the Solutions-Focused model, the thrust is to instill hope through the co-creation of solutions based upon presuppositional work, including the belief the client has the inner resources to resolve the issue once empowered by the therapist.

The five most important steps are to: enhance pretreatment or treatment change-