

iMR - 5 STEP – Intense TEAM Treatment Program – It Works

Brief Intro: This program does not require that you purchase anything! All tools are provided as needed. Case management, communication and data entry tasks are completed by each of the treatment TEAM members. iMR provides web based case management, reports, monitoring alerts and other tools that enable automatic case data entries as authorized. (e.g. email, phone, phone text, direct entry, etc..) Program enrollment is based on client and TEAM acceptance of program conditions.

[Contents: Pg 1 – Summary, Pg 2 - Personal/Misc, Pg 3 – Benefits, Pg 4 – Requirements/Acceptance, Pg 5 – Diagnosis Desc., Pg 6 – Monitoring Desc., Pg 7 – Process Flow, Pg 8 – Process Tasks, Pg 9 – iMR Perspectives]

Summary:

This Summary is being published at the first of the document - before any factual basis is established. Our busy lives reduce the amount of time we spend reading stuff.

I have been involved with Behavioral Treatment clinics and agencies for four decades. This has included Inpatient, Outpatient and Self treatment processes. Experience with AA/NA has convinced me that long term alcohol/drug abstinence is as successful using these 12 Step meetings as by organized treatment enterprises and government agencies. AA/NA activities are long term and based on real world conditions. Organized treatment is short term and done in unique environments.

Experience with intense monitored treatment programs that are used for critical employees has proven that TEAM treatment processes can dramatically improve results. (i.e. medical, airline, transportation, etc.) These processes provide the atmosphere and communications needed to improve “real world” treatment results – on a continuous basis. I am convinced that if these “intense” TEAM treatment processes were made available to all clients; positive behavioral and substance abuse results would exceed any treatment processes currently used.

TEAM treatment means that a TEAM* is active and supports diagnosis, treatment plans, treatment tasks and other real world circumstances. (*TEAM = Medical, Clinical, Vocation, Family, Social, Legal and other supporting processes)

Historical and Current Treatment Efforts

This nation is inundated with programs that claim they improve drug induced destructive behaviors. Unfortunately, Federal statistics over the last 5 decades verify that these processes aren't working. Why is this?

1. The results of drug assessments do not convince the individuals involved that they are actually responsible for their past behaviors and the results of these behaviors.
2. Treatment plans include a package of activities that are:
 - ▶ designed to protect the designer against liability issues
 - ▶ not designed by a treatment TEAM **and** the client
 - ▶ not accepted as doable by the client
3. Treatment tasks are not definitively monitored, published and updated as needed.
4. Treatment TEAM members are not defined. Treatment participant roles are not formalized.

Note: A growing number of Professionals are managing treatment programs that use drug management as a component. These professionals are, in fact, assuming responsibility for the client's welfare. They are also assuming responsibility for the results of any treatment programs where drugs are a key component. Recent issues pertaining to the conflicts between ASAM Treatment criteria and DSM-V elements are related to treatment perceptions. Substance Abuse and Addiction are classified by some as a Disease and by others as Destructive behaviors – that can be fixed with drugs. This is not a Common Sense playground.

Personal

With 39 years of recovery, this is what my *final* Inpatient Treatment did for me!

1. Kept me from using alcohol/drugs for a period of time
2. Provided me with an atmosphere that helped develop some new thought processes
3. Convinced me of the benefits of 12 Step Programs
4. Provided me with some educational facts
5. ***Provided me with a post treatment contact that was a 12 Step participant and willing to work with me as I participated in real world activities. Dan was a Sponsor and TEAM member.***

Step #5 is the reason I have 39+ years of sobriety. AA/NA participation is still going on and has a positive impact on my attitudes and life.

Miscellaneous

My four decades of healthcare experience has created a skeptical perspective of programs that have been designed by treatment entities, agencies and universities. Many propose that behaviors and chemical imbalances can be a reason for dependency, addiction and disease. Most are designed because the one before it hasn't worked. Nationally, trillions have been spent, hundreds of agencies have been created, thousands of grants used and hundreds of programs introduced and then phased out. Note: During these efforts, the guidelines of the 12 Step programs – that have successfully turned millions of lives around have been ignored or discounted. Reason: AA/NA ***traditions*** prevent actions that could minimize the possibility of individual improvements, such as: building treatment organizations.

Many clinicians are 'recovering' individuals themselves and are dedicated to providing effective services to their clients.

Most clinics, that employ these clinicians, are concerned with continuing their operations and this requires balancing treatment deliverables with cash flow. Eventually, the focus is principally on cash flow and treatment deliverables and effectiveness become secondary. Regulations and audits guide general deliverables; however, bed and group counts are the principal measurement of success.

Common sense would suggest that the diagnosis of an individual's psychological, social and criminal behaviors would be negatively affected if they are using drugs. (e.g. Alcohol is a depressant, Amphetamines can result in paranoia and stress, etc.) Question: how valid are these diagnosis if the client is using? Shouldn't substance abuse issues be addressed before behavioral diagnosis processes are begun?

The use of opiates, illegal drugs and medical prescriptions have created withdrawal needs that must be provided by Inpatient treatment and, in some cases, include the use of alternative drugs to ease withdrawal symptoms. These processes have shifted professional treatment focuses from becoming abstinent from drug use to using appropriate drugs to fulfill individual needs. Individuals that are using these “new generation drugs” are not suitable for the iMResponsible.com TEAM treatment program until they are drug free.

Personal experience with drug recommendations made by physicians has led me to believe that significant study should occur before any drug is used. I have not taken any prescription that did not have undesirable side effects. Some are long lasting. The song that is sung = “the benefits outweigh the negative side effects”. Common sense is also useful in these circumstances.

Treatment Exhibits:

Benefits

iMResponsible.com TEAM TREATMENT BENEFITS

The iMR.com processes provide each individual with a “real world” Toolkit that maximizes the probability of changing destructive behaviors caused by alcohol/drug use. This “proven” set of processes encourages the client and treatment TEAMS to adhere to treatment conditions and commitments made by all TEAM participants.

1. Comprehensive, meaningful and accurate assessments are completed by the Individual and are reviewed by a TEAM of supporters. Individual acceptance of the need for change is a mandatory program requirement.
2. A “doable” Performance Plan is developed by the TEAM – including the client
3. The Individual becomes Accountable for realistic tasks and has continuous TEAM support.
4. The Individual begins to recognize that helping others – helps themselves
5. No “undoable” conditions are included in these programs. Should financial or other circumstances change, program modifications will be made by the supporting TEAM members.

Requirements

iMResponsible.com INDIVIDUAL/TEAM - REQUIREMENTS

Each Client must:

1. Complete a self diagnosis of historical behaviors – including substance use
 - ▶ (Drugs – Psychological – Social/Criminal Behaviors)
2. Review and Accept the diagnosis results
3. Participate in a TEAM Intervention
 - ▶ Define participating TEAM members
 - ▶ Define future TEAM tasks - develop Treatment Plan
 - ▶ Insure TEAM treatment tasks are “doable”
 - ▶ Insure Client tasks include voluntary services
 - ▶ Formalize Treatment Plan Conditions
 - ▶ Establish if any tasks are critical = create “Alerts”
4. Submit case management data as tasks are completed
 - ▶ Reporting processes were defined during TEAM Intervention
5. Understand that all Individual and TEAM tasks will be monitored
 - ▶ All TEAM member tasks will be continuously monitored and logged.
6. Adhere to program conditions for minimum of one year

Acceptance

iMResponsible.com INDIVIDUAL ACCEPTANCE

The iMResponsible.com 5 Step Program is Voluntary. It is designed for Individuals who earnestly wish to change destructive behaviors and are willing to commit themselves to a demanding and long term recovery program.

Before an Individual begins involvement in a program of analysis and improvement, they need to answer the following questions in a positive fashion. If they do not do so – with conviction - the probability of success is significantly diminished.

Questionnaire – Elements required for effective Program Participation:

- | | <u>Yes</u> |
|------------------------------------------------------------------------------|------------|
| 1. Are you responsible for your behaviors? | [] |
| 2. Do you have a history of destructive behaviors? | [] |
| 3. Do you want to change your behaviors? | [] |
| 4. Are you willing to honestly complete a behavioral self assessment? | [] |
| 5. If appropriate, will you assist in designing a “doable” treatment plan? | [] |
| 6. Will you commit to the conditions of this long term plan? (Inc. AA/NA) | [] |
| 7. Will you work with family, friends, employers or others during treatment? | [] |
| 8. Will you submit reports of tasks completed as required? | [] |

I understand:

- | | |
|-------------------------------------------------------------------------|-----|
| 9. A Review of task status will be published to Team Members each week. | [] |
| 10. I am Accountable for my treatment plan compliance. | [] |
| 11. Positive results have been proven – if I comply with program terms. | [] |

I have reviewed the contents of this publication and accept the conditions shown

Name: _____ Date: ____/____/____
Signature

Description of Diagnosis Tools

Diagnosis - Description

During the last 20 years, iMResponsible has designed diagnostic tools that are comprehensive, accurate, objective and effective when testing clients that have manifested destructive behaviors. Psychological and/or Anti-Social/Criminal Behavior issues were added to complete these behavioral diagnosis processes.

A. This is how it began:

- A statistical analysis of over 12,500 completed assessments provided evidence that a variety of factors negatively influence all behavioral healthcare diagnosis.

Issues:

- Completed by the Clinician – not the Client
- Test author biases – no independent test validation
- Variance in Clinical experience and skills
- Inaccurate and subjective presentation of results
- Results *are not* “accepted” by client and denial continues to exist
- Symptoms, Consequences and Risk Factors are not all diagnosed

iMR Fixes:

- Client self assessments – designed using MMPI processes and specific population criteria
- Multiple test scales included in compilation – all scales independently validated
- Immediate accurate computerized scoring
- Effective presentation of results
- Results – include symptoms, consequences and risk factors
- Results – include Alcohol/Drug, Psychological, Social and Criminal Behaviors
- 20+ years and 100,000+ effective client results
- Support of Legal conditions and parameters
- Supports ASAM and DSM-IV treatment grids

B. Compu-Tools Assessments (Scales Included)

Compu-Tools Alcohol/Drug (Adult)

- M.A.S.T.: (Consequences of habitual alcohol use.) (Dr. Selzer, 1970)
- N.C.A.: (National Council on Alcoholism, 1972)
- Life Areas: (Vocation, Health, Family, Social and Legal) (Dr. Weinberg, 1972)
- DSM IV R: (Diagnostic Statistical Manual - APA)
- Self Test – (Alcohol) (John Hopkins Univ., 1977)
- Self Test - (Drugs) (Modified - Dr. Skinner, 1989)

Compu-Tools Alcohol/Drug (Teen)

- Youth Diagnostic Scale: (Pathological “Style” of Use, Problematic Consumption/Consequences of Use.) (Alibrandi, 1978)
- Dependency Checklist: (Stage of Use, Need for Treatment, Risk Factors and Self Test) (Dr. Basham, 1984)
- Life Areas – Modified: (Health, School, Family, Friends and Legal) (Dr. Weinberg, 1972)
- DSM IV R: (Diagnostic Statistical Manual - APA)(See Separate Notes on DSM-V)
- Self Test – Family Use: (Children of Alcoholics)

Anti-Social – Criminal Behaviors

- Anti Social Personality Disorder
- Conduct Disorder
- Anti Social Practices (MMPI Modified)
- Anti Social Behaviors (Walters, 1991)
- Irresponsible Behaviors
- Self-Indulgent Behavior
- Interpersonal Intrusiveness
- Social Rule Breaking
- Criminal Lifestyle
- Oppositional Disorder (Reported by Friends, Family or Acquaintances)

Psychological Scales

- Depression (John Hopkins Univ., 1977)
- Anxiety (Drs. Westhuis, Thyer, 1989)
- Cognitive (Drs. Raulin, Miers, 1985)
- Anger (Dr Glenda Loomis, 1990)

Compu-Tools are compilations of independently validated test scales designed to be completed by the client. Other Tools are single scales, designed by authors or groups, maybe independently validated and not designed for accurate client completion.

Description of Monitoring Processes

Comprehensive Behavioral Assessments determine if a destructive pattern exists.

A Performance Contract provides a roadmap for improving behaviors. This contract contains doable elements and can be modified as circumstances require. All activities can be compared with the contract conditions. Selected tasks can be given an “alert condition” which results in: an end of week notification - to the team - if the task(s) are not completed as promised. All clinical team tasks can also be given alert status.

Comprehensive Case Management and Activity Monitoring provide motivation for TEAM members to adhere to the promises made in the treatment plan. iMResponsible.com has been providing monitoring services since the mid -90's and has proven the effectiveness of these processes over time.

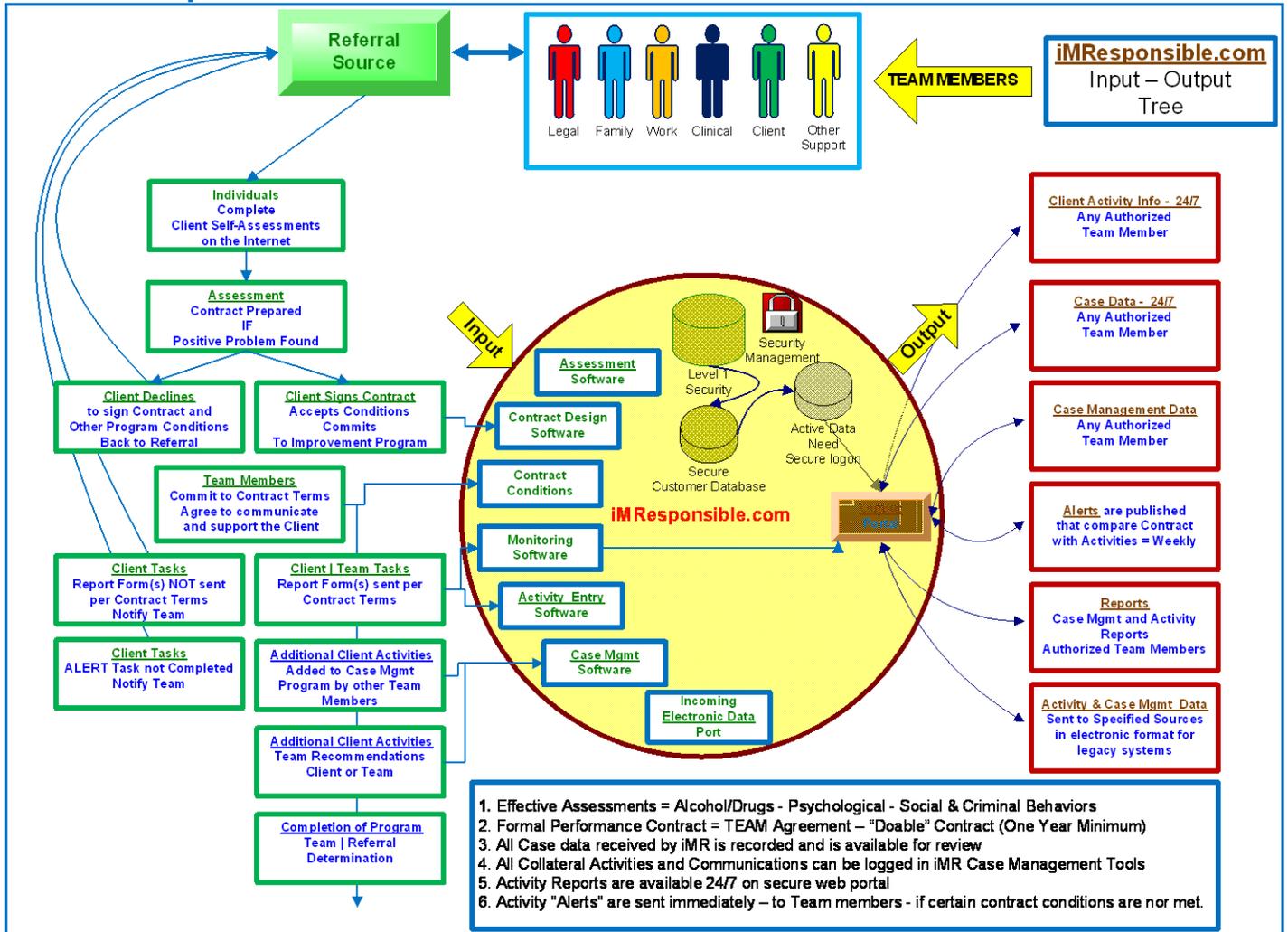
A principal element of the monitoring program is that each “TEAM” member becomes responsible for their treatment actions or tasks. Timely and complete reporting of task completions results in accountability. The monitoring system never sleeps, ignores excuses and quickly changes individual perspectives.

Team members can manually update case management data using the HIPAA approved web tools. Mail, email, phone text (sms), phone photos and electronic uploads can also be used.

Case management data is stored in a database that is unique for each client or customer and protected with three layers of security. When an authorized TEAM member logs into the web based case management system and wishes to view client activity, specific data is extracted from the database and can be viewed or downloaded via encrypted PDF files.

With Case Management or Monitoring, the Client either complies with the conditions on a signed Performance Contract or faces an immediate intervention and escalated treatment options if they fail to do so. Other TEAM member activities are also monitored and corrective actions taken as failures occur.

Description of Treatment Tasks – Decision Tree



iMR Perspectives

iMR.com - Perspectives

The iMR 5 Step Program elements can be classified as “proven based”. This is a step above the “evidence based” processes that are currently popular. The Department of Transportation, FAA, AMA, ANA, Drug Courts and other individually designed programs have included these solutions and tasks – with success.

Most organizations providing behavioral remedies feel they must control the behaviors of their clients in order to protect the public and the agency.

Delegating responsibility to the client requires administrative abilities that are not, generally, available. The 5 Step program fills these needs.

iMR 5 Step experience has shown that the weakest links in the behavioral improvement processes are the organization’s and the clinician’s abilities to meet the demands of their own programs. Management and IT departments have focuses that are organizational – not Client - based.

The Developers of the iMR processes have attended hundreds of organizational meetings and have found that: finances, rules, regulations, staffing, audits, crisis and other issues take precedence over Client solutions and welfare.

Fortunately, new healthcare rules and the focus on treatment effectiveness are gradually encouraging constructive organizational behaviors. If treatment processes are not effective, payment may be withheld. No organization will ignore this correlation.

Funding for the Educational and Corrections verticals are meeting new resistance based on the inability to provide direct cause and effect relationships between monies and results. Alternative processes and solutions are appropriate and are being sought by proactive management.

The Developers of iMRResponsible.com worked with the Idaho and Utah Departments of Education, Corrections, Judicial and Health and Welfare as they developed Compu-Tools and the iMRResponsible.com products.

Education:

- (1) Major School Districts in Idaho have been using Compu-Tools and iMR processes for two decades.
- (2) When students exhibit disruptive negative behaviors, an iMR Intervention is conducted to provide guidance regarding possible solutions or remedies.
- (3) Some School Districts use in-house counselors and others contract with local clinicians. The Student diagnosis is currently conducted by an on-site counselor – using a wireless connection to the iMR site. As Tele-Medicine is more extensively used, the iMR processes could provide both Tele- diagnostic and case management services to these markets.

Health & Welfare / Judicial / Corrections / Health & Welfare

- (1) Each agency used the iMR.com “diagnostic tools” for about a decade after design.
- (2) Agency legacy “case management processes” did not provide positive treatment results.
- (3) During the next 15 years, agencies used grant funds to buy 3-4 new treatment modalities.
- (4) Each new treatment package survived for approximately 3-5 years – until new solutions were needed.
- (5) Entities selling these new packages have effective marketing; but, no “independent validation” of results.
- (6) The current credibility of behavioral solutions needs improvement. More drugs may not be answer.
- (7) The current national drug czar – a recovering addict – indicates our last 40 year efforts were unwise.