

# Family Therapy Treatment Plan Template

**Name:** Donald Baron.

**Date:** October 10, 2020

**Referral Source:** TBI Day Habilitation Program NYC.

**Family members involved:** Donald and his mom Janelle.

**Background and history of the client(s) and/or family:** Donald is a 30-year-old African American male who lives with his mother Janelle aged 50 years. Donald grew up in New York City with his Mother and Father, he is an only child and had a good relationship with his parents, however, after the early death of his father from heart-related issues, Donald at age 16 years old, was sent to live with his grandparents in South Carolina, as a result of financial difficulties. Donald reports having a close relationship with his grandmother but felt his grandfather was verbally abusive and he was pleased when he passed away a couple of years after he went to live with them. Donald was a B average student and had lots of friends.

While attending the local community college Donald collapsed and was admitted to the hospital with a Brain Edema. After admittance to the hospital, Donald developed a sinus infection which resulted in mucus on the brain and a Traumatic Brain Injury (TBI). Donald underwent multiple brain surgeries due to complications from the infection and a brain abscess, which result in the onset of his seizure disorder. Donald also exhibited post CVA (Stroke) symptoms, immobility of limbs, cannot distinguish left from right, aphasia, obesity and cognitive impairment. Donald's cognitive deficits include decreased memory, impaired judgment, impulsiveness, and decreased organizational skills and decision making. Upon discharge from the hospital, Donald was sent to a Long-Term Care (LTC) facility for 10 months for rehabilitation. It was clear from Donald's physical and cognitive limitations that upon discharge from the LTC facility Don would not be able to return to his grandmother's, because of his young age and depressive symptoms placement in a Nursing Home facility was not advised, so he returned to New York City to live with his mother where there was greater access to services.

Donald had not lived with his mother for four years and their relationship was tense/confrontational and distant. Due to neighborhood violence and other safety concerns, Donald and his mother recently moved into a two-bedroom first floor, which is located in a safer neighborhood. Janelle is employed at a flea market and works long hours for hourly pay. When she returns home, she is often so exhausted she goes straight to her room. Janelle has a long-time boyfriend Tyrone, who Donald refers to as his stepdad. Donald and Tyrone have a good relationship and Tyrone is active in the weekend care of Donald. Janelle was recently hospitalized for three weeks due to a brain aneurysm, during this time Tyrone moved into the apartment to oversee Donald's care.

Donald has a Home Health Aide (HHA) for eight hours a day (four hours a.m. and four hours p.m.) Monday through Friday, to assist Donald with his activities of daily living. On a weekend Janelle or her boyfriend assist Donald. As a result of his unsteady gait and cognitive deficits, Donald requires supervision and assistance when traveling in the community. Furthermore, Donald was unable to complete community college and has never been employed. Donald is aware of his physical and social limitations; he is often frustrated by his lack of ability and lack of opportunities for employment. Donald

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would also like to date and be in a relationship like his peers. Donald currently attends a TBI Day-Habilitation Program in NYC five days a week.

**Outside Agencies and systems affecting the family:** TBI Habilitation Day Program, Supplemental Security Income (SSI), Medicaid Waiver for Individuals with Traumatic Brain Injury (TBI).

**Strengths of Client(s) and family:** Even though the extended family lives in a different State they support and help each other under pressure. Donald is a TBI survivor and has overcome many physical, emotional, and cognitive challenges in his road to recovery. Janelle and Donald were able to move to a safer neighborhood. Janelle is a hard worker and resilient (death of her husband, her son's TBI) and a good advocate for her son in getting the services he requires. Janelle's boyfriend helps with Donald's care and they have a good relationship. Donald has a vision for his future.

**Barriers to progress:** Financial concerns Janelle's hourly rate, reliance on SSI benefits to pay the rent. Janelle's perception that Donald is unable to understand his limitations because of what she perceives to be cognitive deficiencies. Donald's impulsiveness and risky behaviors caused by the TBI. The unhealthy communication between mother and son. Donald's social isolation, unfamiliar with the new neighborhood and lack of social support. Ethnicity, a single mom and disabled African American male.

**Family's description of the presenting Problem:** Donald feels like his mom treats him as a child, talks abusively and threatening (to call the police), she belittles him and thinks he is unable/incapable of having a normal life like his peers. Donald is frustrated that they have never talked about the impact of his TBI and how angry he feels as a result of what he has lost. Donald is upset that his mother is restricting his ability to leave the apartment. This is causing great frustration and animosity in Donald towards his mother. Donald admits he has an obsession with money and buying junk food and movies. Donald also admits that he can become defiant if he feels he is being treated like a child and will put himself at risk to show he is not a child. Janelle has a low tolerance for noise and will often scream at Donald if he has his television too loud. Donald and his mom report that they rarely talk and when they do it often ends in a shouting match. Janelle feels Donald is incapable of going out in the community (as a result of the confusion that Donald experiences from the TBI, and the fact that they are now living in a new neighborhood that Donald is not familiar with). Furthermore, she feels he is lazy with an inability to control his eating. Janelle feels that Donald uses his disability to manipulate others into helping him get what he wants. Janelle is frustrated by his ungratefulness in light of the limited finances that they have available to them and feels that even if she had the money to give him a bigger allowance, he would just blow it all because of his lack of impulse control.

**Assessment tools:** Beck Depression Inventory-II (BDI-II). Family Adaptability and Cohesion Scale IV (FACES-IV) offers a comprehensive scale to measure the dimension of cohesion, family functioning, and flexibility within a family unit (Olson, D.H., Gorell, D. M., 2006). An ecomap to assess community supports and network, and a genogram will be utilized to assess the family dynamics.

**DSM Diagnosis (if applicable):** Major Neurocognitive Disorder Due to Traumatic Brain Injury 294.11, Seizure Disorder/Obesity

**Theoretical formulation of the problem:** Donald exhibits chronic depressive symptoms which fluctuate in intensity ranging from mild to severe. As a result of ongoing communication issues with his mother and two recent explosive incidents, in which his mother threatened to call the police, Donald is

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experiencing heightened levels of stress. Furthermore, as a possible impact from the increase in his stress levels, Donald has experienced a resurgence of seizure activity which was previously under control. Donald's depression is also linked with unresolved grief issues of the loss of the person he was before his TBI and grief over the loss of who he wanted to become. Donald feels his mother belittles his cognitive understanding and refuses to acknowledge that he has the ability to understand the full impact that the TBI has had on both of their lives. Donald has poor judgment and impulse control issues as a direct result of the TBI, consequently his mother limits activities outside of the home, and even though Janelle works long hours outside of the home she overly micromanages Donald's access to food (Donald is morbidly obese) and money. Donald is unable to travel in the community unaccompanied because of his memory deficiency and needs assistance with his activities of daily living. Donald feels he has little to no control over his life and since moving to a new area his social isolation and loneliness have significantly increased along with some risk-taking behaviors.

The worker will come from a strength and resilient perspective implementing a combination of Cognitive behavioral therapy (CBT) and Rational emotive behavior therapy (REBT) to address Donald's depression and provide specific coping strategies. CBT is an effective evidenced-based theory widely used in depressive clients to address and challenge maladaptive thoughts and behaviors (Zastrow, 2013). One aspect of REBT attempts to change the client's focus to meaningful or enjoyable activities which supports Donald's goals to shift his limited activities within the home to developing hobbies and relationships within the community and furthering a sense of independence (2013). A psychoeducational focus will be utilized to facilitate a greater understanding of the long-term impact of TBI recovery and depression, along with providing additional support therapy through a support group which is also an element of REBT. Structural Family theory will be implemented to help address the negative communication and rigid boundaries between Donald and his mother. By implementing the Structural family theory, it will help the family to reorganize family structures into more positive outcomes and utilizing the enactment process will help facilitate change in the session which can be continued in the home setting. (Van Hook, 2008). Social learning theory techniques have shown helpful in addressing operant conditioning behaviors (2008), this theory will be utilized to help Donald recognize his compulsive spending and eating habits and help to build mutually agreed acceptable behavior and the consequences for deviating from his goals.

## **Goal 1-** Decrease level of Depression

### Objective 1 – Address impact of past TBI trauma (CBT)

- Intervention 1 - Assess Donald and Janelle's feelings towards the TBI through therapy sessions.
- Intervention 2 - Assess the grief process for Donald and Janelle through therapy sessions.
- Intervention 3 - Explore Janelle and Donald utilizing additional support options such as participating in a TBI support group for families.

### Objective 2 – Family involvement in psychoeducation on TBI (Psychoeducation)

- Intervention 1- Assess during therapy sessions Donald and Janelle's knowledge of long-term depressive symptoms for TBI individuals and cognitive variances among TBI individuals.
- Intervention 2 - Provide educational resources and training to enhance and deepen their understanding of positive coping techniques for an individual with a TBI.

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- Intervention 3 - Encourage Donald and Janelle to discuss at home two positive coping strategies they would like to implement from the psychoeducational material provided.

Objective 3 – Develop positive coping skills for reducing depression (CBT/REBT)

- Intervention 1 - Utilizing CBT during therapy sessions to identify three maladaptive thoughts and behaviors which heighten Donald's sense of inadequacy and limitations.
- Intervention 2 - During therapy sessions identify three positive thoughts/behaviors to replace maladaptive thoughts and behaviors.
- Intervention 3 - Encourage Donald to explore additional coping strategies through attendance at a music therapy group twice a month.

**Goal 2** – Develop healthier (safe) attachment between mother and son (Structural Family Theory)

Objective 1 - Improve communication skills between mother and son

- Intervention 1 - Set up an enactment in therapy session to help Donald voice how he feels about his mother's harsh way of speaking to him.
- Intervention 2 - Role-play in therapy sessions healthier ways to communicate when in conflict.
- Intervention 3 - In therapy sessions discuss mutually agreed upon "time-out" policy when communications seem too painful for either party.

Objective 2 - Enhance and establish clear/safe boundaries between mother and son

- Intervention 1 - Set up an enactment to have the son identify three areas in Donald's life where he wants more freedom.
- Intervention 2 - Set up an enactment for Janelle to express her need for privacy when she comes home from work.
- Intervention 3 - Discuss how to lessen the rigid boundaries by a trial of allowing Donald to go out in the community once a week with his HHA.

Objective 3 - Increase positive interactions between mother and son

- Intervention 1 - During the session list and discuss three positive ways of communicating.
- Intervention 2 - During the session have Donald and Janelle role play positive ways of communicating.
- Intervention 3 - Donald and Janelle will implement the three positive ways of communicating at home that week, then report and discuss the experience with the worker in the next session.

**Goal 3** – Increase sense of independence (Social Learning/CBT Theories)

Objective 1- Increase personal freedom in the community

- Intervention 1 - Have Donald list three activities he would like to participate in the community.
- Intervention 2 - Have mother and son research time, place, and how to transport to the three activities and bring the information to the next session.
- Intervention 3 - Discuss in session the results and pick the most feasible activity to implement the following week.

Objective 2 - Increase financial freedom/responsibility

- Intervention 1 - Have Donald keep a journal of spending habits for a two-week period.
- Intervention 2 - Review and evaluate areas of strengths and concerns from the spending journal.
- Intervention 3 - Discuss and establish a weekly budget and consequences for poor spending.

Objective 3 - Develop support systems outside of the home

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- Intervention 1 - During the session brainstorm and list two ways to build or gain supportive friendships within the community.
- Intervention 2 - In the therapy session choose one idea from the list and research details about where, when and how to get involved.
- Intervention 3 - Implement the agreed upon plan and review with the worker at the following session.

**Date of Next Review:** 04/15/2020 - Reviews administered every four weeks until termination of contact.

**Termination Criterion and Plan for Termination** - Initial contract was for twelve weeks of therapy upon which the client/worker would reevaluate progress and determine if a new contract would be established, taking into consideration the impact of a TBI on cognition and the necessity to possibly extend therapy in order to reach agreed goals.

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## References

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