

Family Therapy Treatment Plan

Tanea Sample

Nyack College

March 29, 2020

FAMILY THERAPY TREATMENT PLAN

Name: Taneaia Sample, SW Intern

Date: January 22, 2020

Referral Source: DHS Intake Worker, Ms. Smith

Family members involved: Mother- Ms. R. Garciaberas (33 y/o); Children T. Garcia (9 y/o, female) and A. Garcia (10 y/o, female)

Background and history of client(s) and/or family:

Ms. R.G. is a 33-year-old female of Hispanic descent from Puerto Rico. She is exploring the occupation of a home health aide as she just completed the required training. Ms. R. G. completed high school in Puerto Rico. She went to school to be an esthetician in the Bronx but could not receive her certifications due to not having the finances to pay the tuition in full. Ms. R. G has 10 siblings residing in the Dominican Republic with whom she has an okay relationship with. Ms. R. G has a good relationship with her mother who is Ms. Beras. Ms. R. G was raised in the Dominican Republic (DR) by her mother and step-father J. Carpio who she considers as her father. Ms. R. G reported that she and her siblings were hit with "chancletas" (flip flops in Spanish) when they were bad. Ms. R. G did not have a very good relationship with her biological father F. Garcia as he was not around when she was growing up. He moved to Puerto Rico and she did not see him until she was an adult in her 20s and moved to PR herself. Ms. R. G stated that her biological father has diabetes. Ms. R. G is not aware of any other medical history in her family. Ms. R. G was not sure about any psychiatric illness in her family. Ms. R. G is not aware of any substance abuse history in her family. Ms. R.G experienced Hurricane Maria in September 2017 which forced her to leave her home and move back to DR with her mother until 2018. Ms. R. G was in a domestic violence relationship with the biological father of her son who is not in care and resides in Puerto Rico. Ms. R. G expressed that she loves her babies and giving birth to them was the best part. However, the men she chose to have children by were no good. The children are enrolled in a public school in the Bronx where they do not have any academic problems.

Outside Agencies and systems affecting the family: N/A

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Strengths of Client(s) and family:

The family strengths are that Ms. R. G is a single mother of two children under her care. She is a woman who still appears to remain strong and do the best she can for her children. She appears to have a close bond with her children. Ms. R.G. appears to be loving and protective of her children. Her willingness to allow SW Intern to conduct mental health screenings and engage in discussion of possible referrals shows self- awareness, and willingness to make her family system stronger. Ms. R.G. is very open and engaging with the SW Intern. She has shown willingness to engage in mental health services. She has been consistently trying to find employment as she just completed home health aide training recently. The children have friends in school that they rely on to help them with the English language in class when they do not understand something.

Barriers to progress:

Ms. R. G has a limited education which serves as a potential barrier as obtaining quality employment is potentially harder. Also, not fluently being able to speak and understand English serves as another potential barrier as it affects the type of employment, she can find. The family has a limited income. Ms. G has minimal emotional or financial support outside of her family unit. Due to Ms. G having minimal support, she does not have anyone to care for her children on the weekends so she could work more hours.

Family's description of the presenting Problem:

According to Ms. R. G, the presenting problem is that they recently entered the shelter system in September 2019 because they could no longer reside with family due to limited space and disagreements. Before they arrived in New York, they were living in the Dominican Republic with her mother Ms. S. Beras because she had to leave her home in Puerto Rico in September 2017 due to Hurricane Maria. Ms. R. G expressed that she is really upset that she could not reside with her relatives anymore and had to enter the shelter system. It has been difficult for her to find employment due to a language barrier and not having much work experience. Also, now that she found work, she is not working enough hours to get out of the shelter. Ms. R.G has not been able to find adequate employment to move out of the shelter. Ms. R.G must have employment working 30 hours a week to be eligible for a housing voucher, but

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she is working 20 hours a week at this time. Until she can receive an assignment that gives her 30 hours a week for at least 3 months or another job that will add on to her hours she is already doing, her stay in the shelter system becomes longer.

Assessment tools:

Genogram

- SW Intern utilized the genogram assessment tool with Ms. R. G to help me gather more information about her and her family especially when it comes to inheritance patterns, her family structures, and emotional processes over time within her family.

Family Lifeline Assessment

- SW Intern utilized the family lifeline assessment tool with Ms. R. G as it is a tool that helped to summarize the history of her family, particularly her significant experiences over a period of time in a chronologically- sequenced manner. At the same time, it includes how she has coped with these stressful life events. This was helpful to have Ms. R. G. talk about the displacements and instability she was having over the years especially when it came to her family being displaced by Hurricane Maria and how she coped with it.

Mental Health Assessment Tool (Anxiety Screening) GAD-7

- SW Intern utilized the GAD anxiety screening mental health assessment tool with Ms. R.G because based on her expressing her thoughts and feelings, it seems that she was exhibiting symptoms of anxiety. Ms. R. G. scored a 4 which was moderate. She even expressed that she becomes easily overwhelmed, worried, restlessness and sleep disturbance of not being able to sleep at night when she hears about the time frame that she may be in the shelter, her having a limited income and not being able to be found eligible for any housing vouchers at this time.

DSM Diagnosis (if applicable): Specified Anxiety Disorder with Housing Problems (Homelessness) and Economic Problems (Low Income)

Theoretical formulation of the problem:

Ms. R. G is exhibiting symptoms of specified anxiety disorder with housing problems of homelessness and economic problems of low income. SW Intern completed the Anxiety Screening GAD-7 with Ms. G and she scored a 4. Ms. G has been through some traumatic experiences in her life. There was a time in her life that she was in an intimate partner violence relationship while she was pregnant with one of her children. She has expressed that she and her

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children were displaced from their home in Puerto Rico in September 2017 after the devastation of Hurricane Maria. Then they had to go live with her mother in the Dominican Republic. Ms. R. G came to New York in 2018 where she was residing with her brother and his family, but space was limited. Ms. R. G could no longer reside there and was forced to enter the shelter system with her children on September 9, 2019. Ms. G has been displaced more than once from a stable home and now being in the shelter system may be a reason, she is displaying symptoms of anxiety. This is Ms. R. G's first time living in NY and she is doing her best to adjust to the transition of being in the shelter. The SW Intern will also work with Ms. R.G. with other entities within the shelter such as the housing specialist and case manager who will be able to help her with the financial and housing struggles, she is having.

The SW Intern will come from a strengths-based and trauma-informed perspective with the Garcia family. Additionally, the SW Intern will use Cognitive behavioral therapy (CBT) as a means of exploring negative thoughts she is having and not being able to sleep. CBT would be an effective intervention because the cognitive part of CBT teaches how to recognize and change beliefs that affect the ability to sleep. This type of therapy can help control or eliminate negative thoughts and worries that keep you awake. The behavioral part of CBT helps to develop good sleep habits and avoid behaviors that keep you from sleeping well (Mayo Clinic, 2016). Also, the SW intern will utilize psychoeducation in the short- term counseling with Ms. R.G. SW Intern will utilize psychoeducation because it is where patients and their relatives should be empowered to understand and accept the illness and cope with it in a successful manner (Bauml, 2006).

The goals set for Ms. R.G. will be mutually agreed upon, specified and it will be measurable goals that are related to her area of needs and can be achieved within a certain period. The SW Intern is a part of a clinical services team composed of a clinical director who is a licensed clinical Master of Social worker to collaborate with regard to possible diagnosis and plan for diagnosis. In addition to the clinical director on the clinical service team, the SW Intern will make sure Ms. R.G. stays connected with her case manager who can also offer additional support to the Garcia family in this time of need.

Goal 1- Reduce the anxiety symptoms

- Objective 1: Address her traumatic experiences
 - Intervention 1: Utilize Cognitive Behavioral Therapy (CBT) to address and
 - in sessions.

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- Intervention 3: Explore with Ms. R. G to dispute the negative thoughts she is having about being in the shelter and thinking she will never get out and get a place for her children.
- Intervention 2: Assess Ms. R.G.'s feelings and thoughts utilize additional therapy options such as working with a trained trauma therapist.
- Objective 2: Have Ms. R.G. engage in psychoeducation in her short-term counseling with SW Intern
 - Intervention 1: Assess with Ms. R.G. her understanding of anxiety
 - Intervention 2: Explore with Ms. R. G to utilize additional coping skill options such as journaling her thoughts and watch YouTube videos on meditation skills to help her relax
 - Intervention 3: Utilize psychoeducation in short-term counseling to educate Ms. R. G about anxiety.
- Objective 3: Acquire definitive diagnosis (this will be an ongoing process working in collaboration with the clinical director)
 - Intervention 1: SW Intern will work with the clinical director for diagnosis
 - Intervention 2: SW Intern will work with Ms. R. G and the clinical director for information about his diagnosis.

Goal 2- To increase employment hours and wages within 90 days

- Objective 1-To provide Ms. R. G. with needed resources to increase her employment hours and wages
 - Intervention 1- Ms. R.G. will work with the employment specialist at the shelter to help her with employment opportunities.
 - Intervention 2 - Attend City/Public assistance sponsored continuing educational certificate training program for Home Health Aide in order to increase knowledge (Paid for by Public Assistance aka HRA)
 - Intervention 3- Ms. R. G will go on employment websites such as Indeed.com or Job.com to find employment that fits her experiences.

Goal 3- Better understand the English language so she gets a better job and navigate the systems in New York

- Objective 1: To help Ms. R.G. to better improve her English-speaking skills so that she does not have to rely on a translator
 - Intervention 1- Ms. R. G will download Spanish to English app on her phone that helps her to learn English.
 - Intervention 2- Ms. R. G will explore ESL classes at the Public library within her community
 - Intervention 3- SW intern will do small activities during session to assess her progress with learning English

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Date of Next Review: April 4, 2020

Termination Criterion and Plan for Termination:

The termination criterion is that I discussed termination with Ms. R. G from the onset of the initial meeting with her. I discussed with Ms. R. G that if goals are reached, the specified time for working with her has ended, or when she no longer interested in continuing to meet with me termination will take place. I discussed if she doesn't meet her goals by May 5, 2020, the termination will take place as I will no longer be able to work with her as I will be leaving the agency.

At this time, the plan for termination is to terminate if she reached her goals by April. There will be a treatment plan review on April 4, 2020, and I will see how much she has accomplished with her goals. If Ms. R. G has not completed her goals, I will continue to work with her until May 5, 2020, if she does not move out of the shelter before that date. If Ms. R.G has a move out date to permanent housing before May 5, 2020, I will terminate then.

Signature of Therapist: Tanea Sample, SW Intern

Signature of Supervisor: Michelle Vought, LCSW

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References

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