

## Treatment Plan 3.0

Date: 4/3/2023

Case/Client #: Confidential Information

Clinician Name: B.A. Theory: Brief Family Treatment (Solution Focused Family Therapy)

**Modalities planned:** Individual child, Individual adult and Family

**Recommended session frequency:** Weekly

**Expected length of treatment:** 8 Sessions

### Treatment Plan with Goals and Interventions

**Early Phase Client Goal:** *During this stage clinician is to gather information about the family's presenting problem.*

*Goal: Clients will demonstrate improved communication of feelings*

Objective 1. Becoming aware of the changes that have taken place

*Measure:* Able to self-regulate for a period of 6 months.

*Interventions:*

- a. Pre-Session Change: at the beginning stage of therapy, asking the clients what changed they have noticed that have/started to happen since they called to make an appointment
- b. Therapists will, via listed modalities, use play therapy, art, and mindfulness exercises, to assist young clients in identifying changes that have occurred and distress the children might be experiencing.

**Working Phase Client Goals:** *During this phase the clinician should allow the family to define their goals for coming to therapy and for their family.*

*Goal: Alleviate reactivity to trauma in the family*

Objective 1. Increase understanding of family trauma

*Measure:* Able to develop vocabulary of what has transpired in the past and how it has affected the present for a period of 6 months.

*Interventions:*

- a. The therapist will implement coping questions to help the clients identify the trauma
- b. Therapists will, via listed modalities, use play therapy, art, and mindfulness exercises, to assist young clients in identifying the trauma that has occurred and the distress it might have caused.

Objective 2. Heal from family trauma due to a history of substance abuse and mental illness

*Measure:* Able to pinpoint triggers of trauma and work through feelings for a period of 6 months.

*Interventions:*

- a. The therapist will implement exception questioning to help create a sense that there is life on the other side of trauma. Asking questions like "can you think of a time when trauma did not affect your day?"
- b. Therapists will, via listed modalities, use play therapy, art, and mindfulness exercises, to assist young clients in identifying changes that have occurred and distress the children might be experiencing.

Objective 3. Effectively manage stress and anxiety

*Measure:* Able to identify stress factors for a period of 6 months.

*Interventions:*

- a. The therapist will use coping questions to see how they have managed stress thus far.
- b. The therapist will assist the client in finding coping techniques to reduce stress and anxiety and prepare to handle future stressful situations.
- c. Therapists will, via listed modalities, use play therapy, art, mindfulness exercises, to assist young clients and family in identifying and applying alternative anger expression techniques.

**Closing Phase Client Goals:** During this termination phase discussions about progress towards goals will take place. Clinicians are to allow clients to take ownership and responsibility of progress and positive changes.

Goal: Foster Deeper understanding and empathy to overall strengthen family unit

Objective 1. The clients will identify their emotional triggers

*Measure:* Able to communicate emotions in a calm manner for a period of 6 months.

*Interventions:*

- a. The therapist will use termination questions to see how the client's emotional awareness has grown and how they will implement that knowledge in the future.
- b. Therapists will, via listed modalities, mindfulness exercises, and verbal exercises to assist young clients and family in identifying and convey emotions.

Objective 2. The clients will use verbal communication to convey their needs

*Measure:* Able to sustain their needs for a period of 6 months.

*Interventions:*

- a. The therapist will use the complaints to request tactics to get clients to express their needs.  
Example: I would feel better if we could sit and talk through how I am feeling at the moment.
- b. Therapists will, via listed modalities, use play therapy, art, mindfulness exercises, to assist young clients and family in identifying emotions and needs.

## Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:

Solution Focused Family Therapy

*Relationship building approach/intervention:*

- a. Asking each family member to reply to the Miracle question. This will give clinicians a better understanding as to what they believe the problem is, and what they envision life being like once the problem is solved.
- b. Asking scaling questions to each family member to see where they stand with situations.
- c. Because this family does involve small children under the age of 5, I believe play therapy would be the best approach for them.

1. Case conceptualization of individual, relational, and community dynamics using theory of choice.

I will be using Solution Focused Brief Therapy.

*Strategies and techniques:*

- A. Speaking to the Foster mother and the biological mother in separate meetings. They do not see eye to eye and usually have different versions of the same stories. When meeting with them separately I would ask them coping questions to see how they have been managing.

B. Miracle Question/Answer: If the problem were to be resolved overnight, what would the client be doing differently the next day?

1. Identify needed referrals, crisis issues, collateral contacts, and other client needs.

a. *Crisis assessment intervention(s)*:

- At the moment there are no crisis assessments interventions needed.

b. Collateral contacts:

- Collateral sessions with the grandmother and the biological mother are very much needed.
- Collateral sessions between the foster mom, the father, and the biological mom are needed.

c. *Referral(s)*: I would like to refer the foster parents to a parent support group for adoptive and foster parents. I also would like to refer them to a parent support group of parents whose children struggle with substance abuse.

### Diversity Considerations

*Describe how treatment plan, goals, and interventions were adapted to address each area of diversity:*

**Age:** *Include developmental tasks, cognitive ability, family life cycle, generational differences, etc.:*

- Developmental tasks:
  - B.Y: Adapt to new social roles
  - B.G: Not enough information is given at this time
  - B.B: Learn to maintain healthy relationships
  - B.L: Learn to form relationships with others
  - B.A.: Learn how to communicate effectively
- Cognitive ability
  - B.Y: The grandmother's cognitive ability is spectacular. She is able to use critical thinking, and problem solving techniques.
  - B.G: From the information gathered thus far, his cognitive ability is moderate.
  - B.B: Her cognitive ability at times is inconsistent due to her substance abuse. When sober, she is able to have reasonable thinking.
  - B.L: Client is able to remember moments, repeat phases, and pay attention to details during play therapy
  - B.A.: Client is very sharp. He is very verbal and has a great memory.
- Family life cycle
  - B.Y: She is in her later phase of life, however due to her daughters substance abuse she had to step up and take responsibility over the children. So now she is in the Families with young children phase.
  - B.G: He is in the later phases of his life and it is very evident in the way he approaches his life and relationships. He is not appointed by the court as the foster dad, he is very much emotionally checked out and takes little to no responsibility over children.
  - B.B: She is in the leaving home phase however she has not been able to gain her independence due to her being in shelters and rehabs.
- Generational differences:
  - B.Y: Despite her age, she is willing to learn more about mental health and help her daughter and grandchildren. She mentions that she is learning to share her feelings.
  - B.G: Because of generational differences. He is not aware of how important mental health is or how to process and share his feelings.
  - B.B: Because of her severe mental issues she feels that her parents do not understand her.

**Gender/Sexual Orientation:** *Include specific gender role identity (e.g, working mother, traditional male, male-female transsexual, etc.), sexual orientation, ethnically based gender roles, etc.:*

- B.Y: Working grandmother who has turned into foster mom to her grandkids; She identifies as a straight women
- B.G: Traditional male who if a father and grandfather; He identifies as a straight male
- B.B: She is a mother but has lost custody of her children. She identifies as a bisexual woman
- B.L: She is a young child who identifies as a girl.
- B.A.: He is the youngest child and he identifies as a boy.

**Race/Ethnicity/Religion/Class/Region:** *Include race, ethnicity (i.e., Italian American rather than White), immigration-status, religious beliefs, socio-economic status, and geographic region:*

The geographic region is northeast America, The family members are all born and raised New Yorkers.. The matriarch (the grandmother, the foster mother) is of hispanic, more specifically, puerto rican dissent. The grandfather is black, which makes the daughter and the grandkids of black and hispanic dissent.

When it comes to religious beliefs they identify as baptism but are not strict in following the denominations practices. They do hold close to biblical teaching and realize that faith plays a major part of having hope in their lives.

They are a lower middle class, working class family. The grandparents both have jobs, the grandfather is a plumber and the grandmother is a teacher.

**Other factors:** *Identify any other significant diversity considerations, such as school, work, community etc.:*

Some important factors in this case are:

- An open ACS case: grandmother is in constant contact with her lawyers regarding kinship issues and a social worker who is court appointed to follow the case.
- School: the children attend a school where they are aware of the foster case taking place. It has been reported that teachers are very involved with the young children and know to report any unusual and negative behavior to foster parents.

### Evidence-Based Practice (Optional)

Summarize evidence for using this approach for this presenting concern and/or population:

- When it comes to implementing Solution focused therapy it would be good to use because this technique works with families who do not suffer from severe mental health problems, aside from the daughter, B.B. This formula for therapy puts solutions at the forefront. Further, SFFT highlights positive attributes of the family members and their patterns and the information can be used to help overcome difficult scenarios and strengthen familial bonds.

### Client Perspective (Optional)

*Has treatment plan been reviewed with client:* Yes

*Describe areas of Client Agreement and Concern:* N/A

Lillian Gomez, Clinical MSW Intern 4/10/23

Therapist's Signature,

Intern Status

Date

Supervisor's Signature, License

Date