

Treatment Plan 3.0

Date: 4/16/23

Clinician Name: Jessica Yoon

Case/Client #: Hayman

Theory: Satir Growth Model

Modalities planned: Individual Adult Individual Child Couple Family Group: _____

Recommended session frequency: Weekly Every two weeks Other: _____

Expected length of treatment: 6 months

Treatment Plan with Goals and Interventions

Early Phase Client Goal: Manage crisis; reduce distressing symptoms.

1. Learn communication skills to reduce family conflict.

Measure: Able to sustain Weekly for a period of 2 Weeks.

Interventions:

a. Coach on healthy communication tools and skills, using "I" statements.

b. Identify communication/survival stances that occur in conflicts.

Working Phase Client Goals: Target individual and relational dynamics using theoretical concepts.

1. Increase positive sense of self/increase self-esteem within individual members.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

a. Identify and describe individual sense of self-worth/self-esteem.

b. Sculpting the family role/the way the individual wants to be viewed.

2. Increase realistic expectations of family members during therapeutic process.

Measure: Able to sustain Weekly for a period of 1 Months.

Interventions:

a. Identify family role(s) and family of origin's effects.

b. Identify family dynamics and change rigid rules and patterns from family of origin.

3. Increase behaviors that promote positive relationship within family members.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

a. Identify and describe individuals' perception of members through use of sculpting technique.

b. Coaching on communicating emotions and communicating in a healthy manner.

Closing Phase Client Goals: Long term goals or goals set by theory's definition of health.

1. Increase congruent communication patterns to reduce family conflicts.

Measure: Able to sustain Weekly for a period of 3 Weeks.

a. Role play positive communication and communication members want to hear.

b. Sculpt positive interactions and congruent communication stances.

2. Increase sense of self/self-worth of members to reduce negative sense of wellness.

Measure: Able to sustain Daily for a period of 3 Weeks.

Interventions:

a. Sculpt differences between healthy sense of self and negative sense of self.

b. Coaching clients to speak from positive sense of self/self-worth.

Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:

Relationship building approach/intervention:

a. Therapist's Self: Therapist being authentic; utilizing a genuine, empathic sense of self; Therapist use of Congruent communication and create safe space where clients can also communicate congruently.

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

Strategies and techniques: Assessment of Family Functioning

a. Role of the symptom in the system

b. Family dynamics

c. Family roles

d. Family life chronology

e. Survival triad

f. Survival stances

g. Six levels of experience: the iceberg

h. Self-worth and self-esteem

i. Mind–body connection

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

a. *Crisis assessment intervention(s):* _____

b. *Referral(s):*_____

Treatment Plan 3.0

Date: 4/16/23

Case/Client #: Hayman

Clinician Name: Jessica Yoon

Theory: Solution-Focused Therapy

Modalities planned: Individual Adult Individual Child Couple Family Group: _____
Recommended session frequency: Weekly Every two weeks Other: _____
Expected length of treatment: 3 months

Treatment Plan with Goals and Interventions

Early Phase Client Goal: Manage crisis; reduce distressing symptoms.

1. Decrease conflict by reducing focus on clients' problems.

Measure: Able to sustain Weekly for a period of 2 Weeks.

Interventions:

- a. Identify problem and shift into positive, solution-focused perspective with present-future focused questions.
- b. Use coping questions to identify previous solutions that may or may not have worked.

Working Phase Client Goals: Target individual and relational dynamics using theoretical concepts.

1. Increase positive actions mentioned in miracle question to reduce parent relationship conflict.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

- a. Ask miracle question, ask family what they wish would change.
- b. Ask exception questions and identify moments where family did not have presenting issue.

2. Increase couple's agreement on each person's role in the marriage and family to reduce parental conflict.

Measure: Able to sustain Weekly for a period of 3 Months.

Interventions:

- a. Use scaling questions to highlight current status of family and to identify ways of meaningful change.
- b. Utilize therapeutic compliments to encourage clients to identify moments of strength and solution.

3. Increase positive family interaction as highlighted in miracle question to reduce family conflict.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

- a. Use relationship questions to describe and identify clients' relationship dynamics.
- b. Utilize solution-focused stance to encourage clients to disclose wants and desires.

Closing Phase Client Goals: Long term goals or goals set by theory's definition of health.

1. Increase family's sense of closeness to reduce family conflict.

Measure: Able to sustain Weekly for a period of 3 Months.

Interventions:

- a. Use scaling questions to measure current status and identify ways to improve.
 - b. Use present-future-focused questions to identify what currently works.
2. Increase sense of self/self-worth of members to reduce negative sense of wellness.
Measure: Able to sustain Weekly for a period of 3 Months.
Interventions:
- a. Use present-future-focused questions to identify what changes to attempt in the future.
 - b. Use therapeutic compliments to identify solutions working in family and to identify future ones.

Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:
Relationship building approach/intervention:
 - a. Assumes a “not knowing” stance (the beginner’s mind) with the
 - b. Attend to client word choice- echo their key words
 - c. Asks questions to elicit family goals, their view of potential solutions, and behavior patterns that exemplify exceptions to the problem stance
 - d. Help the family shift from problems to solutions (modest goals)
 - e. Act as encourager:
 - Acknowledge and convey understanding and empathy
 - Focus on possibility and future orientation: Asking how family knows when the problem is solved
 - Stance of curiosity: Asking how will the family solve the problem

2. Case conceptualization of individual, relational, and community dynamics using theory of choice.
Strategies and techniques: Assessment of Family Functioning
 - a. Interlocking pathologies
 - b. Self-object relations patterns
 - c. Splitting
 - d. Projection/projective identification
 - e. Repression
 - f. Transference and Countertransference
 - g. Parental interjects

3. Identify needed referrals, crisis issues, collateral contacts, and other client needs.
 - a. *Crisis assessment intervention(s):* _____
 - b. *Referral(s):*_____

Treatment Plan 3.0

Date: 4/16/23

Clinician Name: Jessica Yoon

Case/Client #: Hayman

Theory: Object Relations Theory

Modalities planned: Individual Adult Individual Child Couple Family Group: _____

Recommended session frequency: Weekly Every two weeks Other: _____

Expected length of treatment: 12 months

Treatment Plan with Goals and Interventions

Early Phase Client Goal: Manage crisis; reduce distressing symptoms.

1. Increase awareness of self-object patterns and transference between couple/family members and reduce defense strategies to reduce family conflicts.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

- a. Identify and describe client self-object patterns, transference within system, and defense patterns related to conflict in couple/family.
- b. Listen to and interpret for client self-object patterns, transference within system, and defense patterns related to conflict in couple/family.

Working Phase Client Goals: Target individual and relational dynamics using theoretical concepts.

1. Decrease couple/family interactions based on projections to reduce family conflicts.

Measure: Able to sustain Weekly for a period of 3 Months.

Interventions:

- a. Identify moments of transference and projective identification.
- b. Offer interpretations of projection patterns to increase each person's awareness of dynamics.

2. Decrease couple/family interactions based on projections to reduce family conflicts.

Measure: Able to sustain Monthly for a period of 3 Months.

Interventions:

- a. Identify family role(s) and family of origin's effects.
- b. Identify family dynamics and change rigid rules and patterns from family of origin.

3. Decrease influence of negative parental introjects to reduce family conflicts.

Measure: Able to sustain Weekly for a period of 1 Month.

Interventions:

- a. Detriangulate to help client separate negative parental interjects from interpretations and assumptions in current relationships.
- b. Identify one to two relationships in which clients can work through negative parental interjects.

Closing Phase Client Goals: Long term goals or goals set by theory's definition of health.

1. Increase capacity for intimacy without loss of self to reduce family conflicts.

Measure: Able to sustain Daily for a period of 3 Months.

Interventions:

- a. Interpret defenses and projections that hinder capacity of mature love.
- b. Identify one to two opportunities to work through issues that block capacity for intimacy.

Treatment Tasks

4. Develop working therapeutic relationship using theory of choice:
Relationship building approach/intervention:
 - a. Create a holding environment
 - b. Help reexperience their previous experiences with caregivers (good and bad)
 - c. Enables the family members to tolerate and experience difficult painful life events in such a way that they can tolerate the anxiety and integrate them in a manageable way.
 - d. Encourages understanding and the ability to handle anxiety. The therapeutic stance is calm and helpful.
 - e. Help understand their object relations and roles of projections and projective identifications.
 - f. Help develop healthy ways of coping with anxiety and responding to each other.
5. Case conceptualization of individual, relational, and community dynamics using theory of choice.
Strategies and techniques: Assessment of Family Functioning
 - a. Interlocking pathologies
 - b. Self-object relations patterns
 - c. Splitting
 - d. Projection/projective identification
 - e. Repression
 - f. Transference and Countertransference
 - g. Parental interjects

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

a. *Crisis assessment intervention(s)*: _____

b. *Referral(s)*: _____

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.:*

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.:*

Stereotypically, women in Puerto Rican culture were expected to submit to family's needs and expectations, be prepared to be a wife and a mom rather than a career. Use sculpting techniques to identify patterns from family of origin that influence family dynamics currently. Differentiate between the two and also find similarities in order to model the way they influence family dynamics today.

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:*

AF1 comes from a Puerto Rican family where families are seen as a single unit; the family as a whole is prioritized above individualities. To leave the family unit is to betray one's culture. AM1 comes from an Irish American, single-parent household and we can assume that client did not have extensive income/finances. AM1's Ethnic origin Points to potential of alcoholism and consumption. Family was asked to identify family role(s) and family of origin's effects and identify family dynamics, and change rigid rules and patterns from family of origin.

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

Evidence-Based Practice (Optional)

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

Client Perspective (Optional)

Has treatment plan been reviewed with client: Yes No; If no, explain: _____

Describe areas of Client Agreement and Concern: _____

Therapist's Signature, Intern Status Date

Supervisor's Signature, License Date