Treatment Plan 3.0

Date: 4/23/23 Case/Client #: _____
Clinician Name: Lourdes Tayas, MSW Clinical Intern Theory: Solution-Focused

Modalities planned: Outpatient Individual Adult 1 Individual Child 1 Couple ☐ Family Y Group: _____
Recommended session frequency: 1 Weekly ☐ Every two weeks ☐ Other: _____
Expected length of treatment: 12 weeks

Treatment Plan with Goals and Interventions

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

1. AM1 will increase coping skills that worked six (6) years ago "when pregnant and was in abstinent" to reduce using substances.
   Measure: Able to sustain positive activities with no more than 3 days/week marijuana smoking and once a week alcohol drinking for a period of 4 weeks.
   Interventions:
   a. AM1 will be able to use journaling daily to identify various feelings and triggers.
   b. AM1 will be able to effectively resolve interpersonal conflicts without triggering emotions.
   c. AM1 will be able to budget personal finances so as not affect basic family needs.

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

1. AM1 will engage in sports activities, increase connection with people to reduce hopelessness and anxiety.
   Measure: Able to sustain playing sports at least once a week for a period of 4 weeks.
   Interventions:
   a. AM1 will join group to increase possibilities meeting other members in the community who are interested in sports and /or other activities she prefers.
   b. AM1 will create dedicated time for "sports activity" and begin to reconnect.
   c. AM1 will agree to receive services offered for daycare.

2. AM1 will increase cooperation with service providers to reduce feeling overwhelmed with managing household challenges.

   Measure: Able to agree on services at home 3 times per week with no more than once a week reported feeling overwhelmed.
   Interventions:
   a. AM1 will use miracle question if the next morning all problem is gone? How does it look like to her?
   b. AM1 will use scaling questions breaking down goals into smaller parts, to include time management, define other people's role reducing feeling overwhelmed in 4 weeks.

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3.AM1 will increase utilizing relaxation techniques, decrease using substances particularly when facing distressful situations triggering negative past.

Measure: Able to sustain no more than 3 times/week marijuana smoking, no more than once a week alcohol drinking for a period of 4 weeks.

Interventions:

a. AM1 will increase self-awareness, practice breathing and relaxation exercises as an automatic response to cravings.

b. AM1 will reduce available substances at home to avoid being triggered.

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

1. AM1 increase using services to reduce feeling overwhelmed.

Measure: Able to sustain positive interaction with others, including with service providers for a period of 4 weeks.

Interventions:

a. Use miracle question if all her problem is gone, what it looks like to her the next morning?

b. Use scaling questions to identify small steps to move toward attaining this goal.

2. AM1 increase of insights and reflections to reduce feeling of isolation.

Measure: Able to sustain positive mood for a period of 4 weeks

Interventions:

a. AM1 increase attempts to connect and develop meaningful experiences to reduce feeling isolated.

b. AM1 increase sense of well-being by maintaining calm and relax behavior without using substances, to decrease negative consequences.

Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:

Relationship building approach/intervention:

a. AM1 will use her new effective way communicating with family members, friends, and others, settings up boundaries to gain healthy interaction.

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

Strategies and techniques:

a. AM1 will increase active participation in the community; inspire hope and optimism.

b. AM1 will think of moments she feels successful such as having a child and moving into the apartment, use the moment toward fulfilling positive goals.

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

a. *Crisis assessment intervention(s):* AM1 will be referred to an outpatient substance use counseling for support and to cut down on substances.

b. *Referral(s)*:AM1 referral for case management for a wraparound services including childcare and homemaking.

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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.:*

AM1 is in a developmental stage as an emerging adulthood. Economic independence and decision making are priorities. Being involve with life decisions, building intimate relationship and finding new sources of identity. This generation is less self-absorbed more focusing outward toward establishing intimate relationships. Achieving career consolidations and building life structure. Involves experimentation with choices, occupation, friendships, values, and lifestyle.

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.:*

AM1 was once a working mother. A single parent raising a six-year-old child who values traditional gender role identity that she witnessed growing up. She values independence and autonomy in decision making.

'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*:

AM1 parents are from the South before they moved to New York for economic opportunities where she was born. Both her parents are black African-American embracing Christian belief, values, and culture. AM1 shares her parent's culture and values, but not their religion.

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

AM1 has been pursuing to communicate with both parents for a support, acknowledgement, and sense of belongingness.

Evidence-Based Practice (Optional)

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

Client Perspective (Optional)

AM1's was traumatized by being abused by her father in the past both emotional and sexual. Currently experiencing pain and hard to accept that she and her daughter are being treated unfairly by family as if they are not existing. AM1 view that her substance use is helping. She believes without using substances, she cannot function for her daughter's needs. She is not worried about negative consequences being young 25

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years old. She expressed her plan to reduce using, but still not clear how she can handle the pain she has been experiencing. She is worried about her ability to bear the pair without the substances.

Has treatment plan been reviewed with client: Yes
Describe areas of Client Agreement and Concern: Although less optimistic on the immediate result, she is willing to try to make her substance use plan work incrementally, aiming to reduce usage to a low level. As to the reason for using drugs, she believes this is all for her child's needs. She wants to be seen active daily by her child. She does not worry about health consequences.

Salient Characteristics of the theory: Solution Focus Theory (SFT) is a future focused, goal-oriented therapeutic approach to brief therapy, emphasizes strengths and resiliencies focusing on exceptions to their problems and conceptualized solutions, encouraging clients to increase behaviors that have worked for them in the past.

Key Processes of Family Resilience: With SFT, clients generally build solutions to their problems without any assessment of the nature of their problems. Significant change can be achieved for most problems that clients present by small changes which are important because they set ongoing change processes in motion in the system. Use family skills and available resources to solve the problem.

Background Information: AM1 has a history of being sexually abuse at age 10 by her father who is alcoholic. She was in and out of psychiatric hospital as a child, diagnosed with Bipolar, lived with few aunts, who were also drinkers, and back to her mother's care who also was also an alcoholic. She was removed by ACS to live with several foster homes, until she over-aged the system. Now that she is 25-years-old, she believes of freedom, except of traumatized emotions manifesting by depression, anxiety, sadness, and sometimes rage. She and her daughter live in one-bedroom apartment in a public housing in the city. She

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reported to continually experiencing abuse by his father, not physical or sexual, but emotional. She believes her father has been inflicting pain intentionally by rejecting her as if she does not exist. This feeling caused tremendous pain, the only relief is to use substances to function for her child and herself.

Presenting problem:AM1 smokes 1-2 joints of marijuana daily and drinks alcohol 1-2 times per week to remain active and functioning. The use of substances is seen to master her traumas, past experiences of neglect by his father when she was a child and continues to feel the same by not being rejected as a family member currently.

Dynamic: Difficulty maintaining positive relationships with his father and most relationships become conflicted is a repeat of early relationships with her parents, who neglected her, but she continues to pursue it.

Symptoms: Depression, anxiety, substance use, conflict with loved ones, isolation, loss of interest, feeling "blah" crying spells and anger.

Hypothesis: Using substances is a way healing old traumas, presenting herself as active functional for her daughter's eyes, but continuously feeling the pain from past experiences, manifesting in symptoms of depression, anxiety, sadness, languishing and sometimes rage.

DSM-5 Unspecified Trauma – and Stressor- Related Disorder 309.9 (F43.9)

This category applies to presentations in which symptoms characteristic of a trauma-and stressor-related disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but to do not meet the full criteria for any of the disorders in the trauma -and stressor-related disorders diagnostic class. This unspecified trauma- and -stressor related disorder category is used in situations in which the clinician chooses not to specify the reason tha the criteria are not met for a specific trauma-and -stressor related disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

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Discharge Planning:

Anticipated discharge date: April 28, 2023

The MSW Clinical Intern will ensue that other people's involvement, family or friends, referral, and coordination of resources are in place at the date of the termination including discharge assessment for:

(a) Medical (b) safely/emergency (c) home management (cleaning, cooking, maintenance) (d) budgeting (f) transportation and travel (g) recreational and leisure, and (h) social and personal skills.

The discharge date is April 28, 2023, which was discussed and agreed upon at the start of providing the services.

Theory #2 Psychodynamic Theory (Object Relations Theory)

Treatment Plan for Individual with Depression/Anxiety: Psychodynamic

Early-Phase Client Goals

1. Increase awareness of self-object patterns and reduce splitting, idealizing, or other defense strategies to reduce depressed mood and anxiety.
    (a) Identify one relationship/area of life in which AM1 can begin to work through the assessed pattern.
    (b) Listen to and interpret for AM1's self-object patterns and defense patterns related to depressed mood and anxiety

Working-Phase Client Goals:

1. Decreased interactions based on projections and/or a revolving slate of entitlements to reduce depressed mood/anxiety.
    (a) Offer interpretations of projection patterns and revolving slate issues to increase client awareness.
    (b) Use in-session examples of transference to help client work through projection patterns.

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2. Reduce influence of negative parental introjects to enable authentic relating to reduce hopelessness and depressed mood.
    (a) Detriangulate to help client separate negative parental interjects from interpretations and assumptions in current relationships.
    (b) Identify one to three relationships in which client can work through negative parental interjects.
3. Increase autonomy and ego-directed action by making unconscious processes conscious to reduce conflict.
    (a) Elicit to develop client motivation to work in productive directions in relationship.
    (b) Identify one to two relationships/areas of life client can work through dynamics increase autonomy and goal-directed action.

Closing-Phase Client Goals

(1) Increase capacity for mature love without loss of self to reduce depression and anxiety.
    a. Interpret defense and projections hinder capacity for mature love.
    b. Identify one of two opportunities to work through issues that block capacity for a mature love.
(2) Develop reciprocal commitments that include a fair balance of entitlements and indebtedness to increase capacity for a mature love.
    a. Identify legacies, loyalties and revolving slate patterns that have imbalanced current relationships.
    b. Examine the ledger of entitlements/indebtedness to identify more appropriate and balanced calculation of what is due and what is owed.

Treatment Tasks

1. Develop working therapeutic relationship.

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a. Create a holding environment that include contextual issues as well as client's dynamics.

b. Work through client transference and monitor therapist countertransference.

2. Assess individual, systemic, and broader cultural dynamics.

a. Identify self-object relations patterns, splitting, projective identification, repression, parental interjects and defense patterns.

b. Identify interlocking pathologies, transference with the family, ledger of entitlements and indebtedness, and capacity for mature love.

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

a. Crisis assessment intervention(s): Address crisis issues such as self harm, suicidal ideation, substance use, risky sexual behavior, etc.

b. Referral(s): Connect client with resources in client's community that could be supportive, make collateral contacts as needed.

Theory #3 Experiential Family Therapies- -

EFT Treatment Plan: Client Goals with Interventions

Early-Phase Client Goals

1. Increase family's awareness of negative interaction cycle and primary emotions that fuel it to reduce conflict and hopelessness.

a. Use validation, reflecting emotions, evocative responding, and empathic conjecture to identify secondary and primary emotions.

b. Tract the negative interaction cycle, first with secondary emotions and later identifying primary emotions.

c. Reframe in the context of the negative interaction cycle and attachment needs.

Working Phase

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1. Increase engagement and emotional expression of withdrawn party to reduce conflict/avoidance.
    a. Use empathy, validation, and conjecture to facilitate identification and expression of attachment needs.
    b. Use enactments to allow for direct communication of needs, the acceptance of other(s) and new interaction sequences.
2. Decrease criticism from pursuing party's and increase pursuer's expression of attachment emotions to reduce conflict
    a. Heighten pursuer's primary emotions to facilitate softening of blaming position.
    b. Use enactments to promote acceptance by other(s) and to facilitate new interaction sequences.
3. Increase the ability to both/all to respond to the other(s) in ways that create a sense of relational safety and bonding even in moments of tension to reduce conflict, depressed mood, and/anxiety.
    a. Tract the interaction cycle and empathetic conjecture to help each person's see how his or her response affects others.
    b. Use enactments that help directly express primary emotional needs as well as respond in supportive ways when the other reaches out.

Closing Phase

1. Increase family's ability to respond effectively to new stressors to reduce conflict and hopelessness.
    a. Track positive interaction cycles to reinforce positive changes.
    b. Reframe both positive and negative interaction cycles in terms of attachment needs
2. Increase family's ability to consistently respond to one another in ways that solidify a secure bond to reduce conflict, depression, and anxiety.
    a. Use enactments to facilitate direct expression of emotional needs.
    b. Facilitate turning the new emotional experience into a new response.

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Treatment Tasks

1. Create a working alliance with the family.
    a. Use empathic attunement and genuineness to develop a safe emotional content of the therapy process.
2. Assess individual, systemic, and broader cultural dynamics.
    a. Identify the negative interaction cycle, including pursuer/distancer roles.
    b. Identify secondary and primary (attachment) emotions that characterize cycle.
    c. Assess attachment history, including attachment injuries, as well as history of trauma.
3. Identify needed referrals, crises issues, collateral contacts, and other client needs.
    a. Assess appropriateness of EFT, ruling out substance abuse, trauma, abuse/neglect, violence, conflicting agenda, or other contraindications.
    b. Crisis assessment intervention(s): Address crisis issues such as psychological abuse, intimate partner violence, hidden affair, self-harm, suicidal ideation, substance use, etc.
    c. Referral(s): Connect client with resources in client's family and community that could be supportive; make collateral contacts as needed.

<u>How policies affect this family, including strategies for macro change at the agency, local, state, and federal levels beneficial to this family.</u>

1. Administration for Children's Services (ACS) protects and promotes safety and well-being of New York City's children and families by providing child welfare, juvenile justice, and early care and education services. – Currently, this family is receiving Family Treatment Rehabilitation (FTR) services for substance use, mental health, parenting, case management, all inclusive with the ACS' services through non-profit and is funded with local & state and government programs.

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References:

1. Gehart, D. (2013). *Mastering Competencies in family therapy: A practical approach to theory and clinical case documentation (3rd ed.).* Pacific Grove, CA: Brooks/Cole. ISBN 1305943279-13: 9781305943278.
2. Van Hook, M.P. (2014). Social work practice with families*: A resiliency-based approach (3rd ed.).* Oxford University Press. Print ISBN 13: 9780190933555, ISBN 10: 01909333550
3. Desk Reference to the Diagnostic Criteria: from DSM-5 by American Psychiatric Association

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Therapist's Signature,	Intern Status	Date	Supervisor's Signature,	License	Date

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