

## **Clinical Treatment Planning for Families**

At-risk Individual from Field Placement

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## **Introduction to Client**

Gibson Greg is a 31-year-old African American male referred to The Bowery Mission by a Sun River Health facility social worker. He is a single unemployed man with no children. He has lived with his 50-year-old mother since his release from prison six months ago. According to Mr. Gibson, growing up was quite a traumatizing experience because he was raised by an abusive father, whom he described using unpleasant terms. He blames the childhood traumatic experiences for dropping out of school in the 9<sup>th</sup> grade. He also suffered a great deal of physical and emotional abuse while serving a one-year prison sentence (2005 to 2006) at Rikers Island, New York City's largest jail, for drug possession. Gibson became a substance abuser when he dropped out of school, but he stopped while serving his prison sentence.

Unemployment and lack of housing have lately been Mr. Gibson's biggest problems, primarily because of poor education, criminal record, and mental health issues. He was also incarcerated two years after his first prison sentence for first-degree assault. Mr. Gibson was released after serving a one-year sentence and was provided temporary housing by his mother, but he was compelled to move out due to overcrowding. Lack of accurate documentation prevented his admission to a single men's shelter. The client is the second oldest in a family of two but has not maintained close contact with his eldest brother. He attributes this to the emotional distress and general lack of interest in others, besides his anger management issues and the stigma faced by many ex-convicts.

Since his release from prison, Mr. Gibson has struggled to sleep because of distressing dreams and intrusive thoughts linked to his time spent at Rikers Island, including his childhood. He is extremely uncomfortable with having nightmares about his experiences in jail. Gibson also experiences anxieties and depressive episodes accompanied by a low interest in the hobbies and

interests he used to enjoy. These problems have made it hard for him to build strong and healthy relationships or friendships, besides weakening ties with family members.

### **Presenting Concerns**

Gibson suffers from anxiety, sleep problems (distressing dreams), and irritability primarily linked to traumatic experiences in prison and a history of bipolar disorder. Trauma exposure is associated with presenting post-traumatic stress disorder (PTSD) symptoms that he is experiencing, besides bipolar disorder, which has seen him lose interest in activities and friendships. According to Baranyi et al. (2018), exposure to violent events like jail fights is one of the causes of PTSD and can worsen with time if untreated. Gibson's PTSD has not been treated, especially since it was not diagnosed before the current session. Baranyi et al. (2018) state that the point prevalence of PTSD among male prisoners is 21.1%, which is higher than pooled point prevalence of 6.2% for both male and female prisoners. The prevalence is attributed to exposure to violence and traumatic experiences in prison (Baranyi et al., 2018).

It is imperative to point out that the prevalence of PTSD and other mental health issues is generally high among members of most low-income communities in the United States (Baranyi et al., 2018). This problem has affected Gibson's ability to consider mental health treatment. Hence, Gibson's risk for PTSD could have been exacerbated by his low economic status. It is estimated that 4.4% of adults in America experience bipolar disorder at some point in life. It is characterized by mood changes and intense emotional states that make it hard for the individual to function normally (Du Rietz et al., 2018). Gibson's bipolar disorder problems encompass difficulties building strong and healthy relationships or friendships and ties with family members. Irritability or poor anger management exposes Gibson to the risk of fighting with others.

## **Background Information**

Gibson was raised by a single mother from the age of 7 following a divorce from his abusive father. Before the divorce, Gibson was close to his father, but incessant physical and emotional abuse between the age of 3 and 7 forced him to disengage. His father denied any allegations of abuse, contributing to prolonged exposure to abuse. Gibson's mother was working three shifts, and this made it hard for her to realize what he was going through, except one time when he came home early to him bruised. She promptly reported the case after confronting the husband. She filed for divorce to protect Gibson from his father, who cut ties and communication with him when he remarried two years later.

Gibson was not diagnosed and treated for the trauma he experienced as a child. Consequently, this affected his education because he could not build strong, healthy relationships or friendships and occasionally responded violently to provocation. He dropped out of school with undiagnosed bipolar disorder. Gibson's mother drank alcohol while pregnant with him, which contributed to the development of attention deficit hyperactivity disorder (ADHD), diagnosed at the age of 8. Gibson was exposed to more trauma while serving his one-year prison sentence at Rikers Island. Consequently, he struggles with nightmares, flashbacks, and intrusive thoughts.

## **Choice of Theory**

### **Cognitive-Behavioral Family Therapy (CBFT)**

According to Brown et al. (2018), psychotherapy is often the most preferred first-line treatment for a wide range of mental health problems in different contexts. Family therapies focus on a broad range of psychiatric disorders, including bipolar disorder, obsessive-compulsive

disorders, and anxiety disorders. These therapies have been proven to be more effective when achieving long-term treatment outcomes than individual therapies (Brown et al., 2018).

Therefore, cognitive-behavioral family therapy (CBFT), a collaborative and goal-oriented therapy (Lan & Sher, 2019), is considered the most effective theoretical approach to treating Gibson, particularly given his age, trauma exposure, and culture. The client exhibits mental health problems that can be addressed by focusing on dysfunctional behaviors, cognitions, or emotions, as recommended by Hutcheson (2019).

Different forms of cognitive behavioral therapy have been empirically proven to be effective in treating trauma- and stressor-related disorders (Samar et al., 2023). CBFT is considered the most flexible form of family therapy because it can be applied to multiple settings to achieve objectives related to promoting desired changes as well as influencing interaction styles within families. An essential aspect of CBFT is using empirically-supported principles, techniques, and interventions designed to realize long-term treatment effects (Lan & Sher, 2019). CBFT is grounded on assumptions around family relationships, behaviors, and cognitions with mutual influence on one another (Hutcheson, 2019).

CBFT is a practical, theoretical approach to treating Gibson's PTSD and bipolar disorder linked to many problems like mood changes and intense emotional states. Du Rietz et al. (2018) note that a client's economic status exacerbates some psychological conditions. Gibson is unemployed, and his criminal record has denied him employment opportunities. His low economic status has increased his risk for PTSD and other psychological disorders like bipolar. According to Ruglass and Yali (2019), most racial minorities in the United States are associated with poor economic statuses, including the increased risk of incarceration. This has been evidenced by high incarceration rates among African Americans (over 38% of the prison

population) relative to their total population (Kovera, 2019). Gibson's incarceration had an adverse impact on his psychological well-being, and his racial affiliation could have increased the risk of incarceration as an African American, which has resulted in implicit racial bias (Kovera, 2019). He was exposed to violence and traumatic experiences, which are widespread in prisons. Baranyi et al. (2018) estimate that the high prevalence of trauma- and stress-related disorders in prison populations is correlated to high prevalence rates of PTSD.

Gibson's bipolar disorder has contributed to him losing interest in activities and friendships, including mood changes and intense emotional states. As a collaborative and solution-focused approach, CBFT can be effective in alleviating these symptoms. By addressing the impact of bipolar disorder, Gibson will benefit through an enhanced ability to manage manic episodes, including developing effective coping strategies. CBFT will be instrumental in fostering the family's overall functioning by enabling him to develop a good relationship with his mother. Moreover, CBFT has proven effective in alleviating bipolar symptoms like anger, irritability, and aggression. These problematic behaviors are usually addressed through social problem-solving and improved emotion regulation, as Priest and Cobb (2020) noted.

### **Client Goals**

<b>Problem Areas and Target</b>	<b>Client Goals</b>	<b>Interventions</b>
<b>Problems</b>		
Distressing dreams and intrusive thoughts linked to his time at Rikers Island, including his childhood.	Decrease distressing dreams and intrusive or maladaptive thoughts associated with traumatic experiences in	CBFT

	prison.	
Irritability and poor anger management have exposed the client to the risk of fighting with others.	Improve interpersonal functioning through improved anger management, communication and social skills, and access to a support system.	CBFT
Poor coping skills	Improve coping skills like mindful practices and relaxation techniques to help ensure long-term outcomes by managing symptoms and employing evidence-based interventions to prevent relapse.	CBFT

### **Interventions (Evidence-Based Practice)**

CBFT accentuates that an individual's emotional and behavioral reactions are primarily influenced by individual interpretations grounded on their cognitions. Any intervention related to this theoretical approach is driven by the goal of employing cognitive and behavioral strategies to address problematic behaviors by restructuring cognitions and schemas (Gehart, 2017).

Therefore, considering Gibson's case, in which he reports being unemployed and homeless and

finding it difficult to fall asleep and stay asleep due to distressing dreams and flashbacks, the recommended interventions focus on reducing symptom severity and enhancing his overall functioning. These interventions include psychoeducation and problem-solving.

### **Psychoeducation**

Psychoeducation interventions have the goal of increasing at-risk individuals' understanding of the disorder as well as their capacity to manage severe symptoms (Varghese et al., 2020). These interventions will be helpful in enabling Gibson to understand positive and negative symptoms like distressing dreams and intrusive or maladaptive thoughts associated with traumatic experiences in prison. Understanding these symptoms will form the basis for treatment and prognosis. It will be implemented as basic informative sessions that entail giving basic information about psychological disorders while creating opportunities for open communication and improved interactions with other family members. It is imperative to note that psychoeducational interventions will help the client manage symptoms related to stress and environmental factors, which often exacerbate the manifestation of negative symptoms, as Varghese et al. (2020) discuss.

### **Problem-solving**

One of the goals of family therapy is to strengthen the problem-solving behavior of the affected family member (Varghese et al., 2020). As a result, problem-solving is an evidence-based intervention applicable to CBFT because it highlights the need to identify problems and find ways to address them in the context of psychological disorders like PTSD and bipolar disorder. A problem-solving intervention will help Gibson address the housing problems linked to unemployment and overcrowding in his mother's house. For example, problem-solving will

focus on helping him obtain alternative housing assistance. Antidepressant medication might be considered when addressing difficulties falling and staying asleep.

## **Treatment Tasks**

### **Initial Phase Therapeutic Tasks**

#### a) Establishing a therapeutic relationship

This treatment task involves respecting the client's cultural values (familyism and communalism) and beliefs (religious beliefs) and maintaining a non-judgemental attitude toward his presenting concerns. It is important to show empathy, support, listen actively, and ask the right questions to get the client to open up.

#### b) Assessment

Conducting an assessment to identify the dynamic in play requires careful consideration of individual, systemic, and broader cultural dynamics (Gehart, 2017). Gibson has housing problems linked to unemployment and overcrowding in his mother's house. He feels depressed and has a low mood, experiences anxiety, and has lost interest in many activities. He has been struggling with chronic insomnia; he finds it difficult to fall asleep and stay asleep due to distressing dreams and flashbacks.

#### c) Treatment goals

- Decrease distressing dreams and intrusive or maladaptive thoughts associated with traumatic experiences in prison.
- Improve interpersonal functioning through improved anger management, communication, and social skills, and access to a support system.

- Improve coping skills like mindful practices and relaxation techniques to help ensure long-term outcomes by managing symptoms and employing evidence-based interventions to prevent relapse.
- d) Referrals, crisis issues, collateral contacts, and other client needs
- Referral to alternative housing program that accepts people with a criminal record.
  - Referral to a social support group to help the client develop social skills and anger management.

### **Initial Phase Client Goal**

- e) Reduce irrational beliefs

Use psychoeducation to foster a good understanding of symptoms to form the basis for treatment and prognosis. Basic informative sessions that entail giving basic information will reduce irrational beliefs about PTSD and bipolar disorder.

- f) Monitor client progress

An Outcome Questionnaire will be used to rigorously evaluate the treatment interventions based on patient satisfaction. The questionnaire will be customized to match the client's unique needs.

### **Working Phase Client Goals**

- g) Reduce irrational beliefs

Use psychoeducation to increase the client's understanding of PTSD and identify any irrational beliefs that can be challenged immediately or through a rigorous approach.

Educate the client on ways to manage the depressed mood. Develop realistic schemas with thought records.

h) Reduce the use of negative schemas

Use Socratic dialogue to identify better skills that Gibson can apply to deal with their symptoms. Assign homework tasks like written narratives, such as trauma accounts, to increase client engagement and support the process of developing realistic schemas.

i) Reduce mutually reinforcing negative patterns

Reducing negative patterns associated with the client's negative symptoms like irritability and nightmares requires communication training to improve their social interactions.

Addressing unwanted aspects of relational interactions is a priority.

### **Closing Phase Therapeutic Task**

j) Aftercare planning

Work with local agencies or organizations to identify community-level resources like housing programs that support ex-convicts, and spiritual resources, besides schools and other institutions that can equip him with core skills and knowledge. Access to a mindfulness-based cognitive therapy group will minimize the risk of relapse.

### **Closing Phase Client Goals**

k) Increase ability to make realistic interpretations

Address irrational beliefs about the problem areas through continuous psychoeducation and problem-solving training. This will increase a sense of wellness. Employing thought records and Socratic dialogue will help identify and demystify unrealistic beliefs.

- 1) Increase ability to relate to others.

Gibson has lost touch with his friends and father, and thought records, and Bibliotherapy will be helpful in enhancing his ability to relate to others. Reducing repression and enhancing the client's capacity for intimacy.

### **Diversity**

Kavalcı and Güven (2023) emphasize that managing diversity-related factors during therapy is critical to making clients feel respected, supported, and understood. One way to accomplish this when working with Gibson is to use a strengths-based approach that underscores the need to highlight a client's strengths rather than deficits or problems. Some of the strengths exhibited by the client relate to how he has learned to manage his bipolar disorder, commitment to purpose, and strong relationship with his mother, and a solid religious faith nurtured during childhood. Cultivating cultural humility is another important diversity-related factor that entails recognizing, acknowledging, and respecting cultural differences. Culturally competent psychotherapists create a safe and welcoming environment that will encourage the client to open up. It is important to be open to learning new things about different cultures as another critical component of cultural competence, including integrating culturally responsive interventions. Ultimately, addressing diversity-related factors will ensure that the client is provided with the best possible care.

### **Overall Plan**

Gibson suffers from anxiety, sleep problems (distressing dreams), and irritability primarily linked to traumatic experiences in prison and a history of bipolar disorder. The traumatic experience in prison is linked to PTSD symptoms that he is exhibiting, including

nightmares, flashbacks, and intrusive thoughts. The CBFT, a collaborative and goal-oriented therapy, is considered the most effective theoretical approach to treating Gibson, particularly given his age, trauma exposure, and culture. He exhibits mental health problems that can be addressed by focusing on dysfunctional behaviors, cognitions, or emotions. The recommended interventions include psychoeducation and problem-solving. The treatment plan is client-centered and is grounded on three client goals: decreasing distressing dreams and intrusive or maladaptive thoughts, improving interpersonal functioning, and improving coping skills like mindful practices and relaxation techniques to help ensure long-term outcomes.

## References

- Baranyi, G., Cassidy, M., Fazel, S., Priebe, S., & Mundt, A. P. (2018). Prevalence of post-traumatic stress disorder in prisoners. *Epidemiologic Reviews*, *40*(1), 134-145. <https://doi.org/10.1093/epirev/mxx015>
- Brown, W. J., Dewey, D., Bunnell, B. E., Boyd, S. J., Wilkerson, A. K., Mitchell, M. A., & Bruce, S. E. (2018). A critical review of negative affect and the application of CBT for PTSD. *Trauma, Violence, & Abuse*, *19*(2), 176-194. <https://doi.org/10.1177/1524838016650188>
- Du Rietz, E., Coleman, J., Glanville, K., Choi, S. W., O'Reilly, P. F., & Kuntsi, J. (2018). Association of polygenic risk for attention-deficit/hyperactivity disorder with co-occurring traits and disorders. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*, *3*(7), 635-643.
- Gehart, D. R. (2017). *Mastering competencies in family therapy: A practical approach to theory and clinical case documentation*. Cengage Learning.
- Hutcheson, C. L. (2019). Cognitive behavioral family therapy. In L. Metcalf (Ed.), *Marriage and family therapy: A practice-oriented approach* (pp. 95–118). Springer Publishing Company.
- Kavalcı, G., & Güven, E. (2023). Parental conflict and depression: Family cohesion as a mechanism perpetuates schemas and affects the perception of social support. *The American Journal of Family Therapy*, *51*(1), 1-20. <https://doi.org/10.1080/01926187.2022.2120111>

- Kovera, M. B. (2019). Racial disparities in the criminal justice system: Prevalence, causes, and a search for solutions. *Journal of Social Issues*, 75(4), 1139-1164.  
<https://doi.org/10.1111/josi.12355>
- Lan, J., & Sher, T. G. (2019). Cognitive-behavioral family therapy. *Encyclopedia of Couple and Family Therapy*, 497-505. [http://dx.doi.org/10.1007/978-3-319-15877-8\\_40-1](http://dx.doi.org/10.1007/978-3-319-15877-8_40-1)
- Priest, J. B., & Cobb, K. F. (2020). Depression, anxiety, and other internalizing disorders. *The Handbook of Systemic Family Therapy*, 2, 241-263.  
<https://doi.org/10.1002/9781119438519.ch43>
- Ruglass, L. M., & Yali, A. M. (2019). Do race/ethnicity and religious affiliation moderate treatment outcomes among individuals with co-occurring PTSD and substance use disorders? *Journal of Prevention & Intervention in the Community*, 47(3), 198-213. <https://doi.org/10.1080/10852352.2019.1603674>
- Samar, B. Ş., Akkuş, K., & Kütük, B. (2023). Effectiveness of Cognitive–Behavioral family therapy: A systematic review of randomized controlled trials. *Psikiyatride Güncel Yaklaşımlar*, 15(1), 175-188. <https://doi.org/10.18863/pgy.1115301>
- Varghese, M., Kirpekar, V., & Loganathan, S. (2020). Family interventions: Basic principles and techniques. *Indian Journal of Psychiatry*, 62(Suppl 2), S192-S200.  
[https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_770\\_19](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_19)