

**Running head: TREATMENT PLAN**

**TREATMENT PLAN**

**FINAL PAPER**

**Maritza Grandison**

**Clinical Social Work Practice II with Families**

**Prof. Jessica Morales**

**04/29/23**

## Treatment Plan 3.0

Date: 4/15/2023

Case/Client #: 40051

Clinician Name: Maritza Grandison  
Family Counseling.

Theory: Psychoeducational

**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:** Helps people understand and cope with mental health disorders.

1. Select Goal Type: Psychoeducational Family Therapy

*Measure:* The purpose of psychoeducation is to educate individuals and their families on mental health issues that one or more family members may be experiencing. Psychoeducation empowers the family unit with knowledge, resources, and the aid of a mental health professional to help guide them.

*Interventions:*

- a. Encourage Maria to practice at least two positive coping skills learned during session and ask Derrick to work with Maria in their implementation.
- b. Provide educational resources and training to enhance Maria understanding of MDD.

**Working Phase Client Goals:** Psychoeducational Family Counseling

*Measure:* Decrease Maria's level of depression.

*Interventions:*

- a. Maria will come prepared to discuss her understanding her diagnosis and to communicate the same with her family.
- b. Maria and her family will read MDD informational material disseminated during session and be prepared to share in discussion at next session.

*Measure:* Maria and her family will attend individual psychoeducation and share their understanding of what they learned and how they feel it affected their family unit. Maria and her family will speak in one statement.

*Interventions:*

- a. Maria and her family will receive psychoeducation on Major Depressive Disorder.
- b. Maria will work with therapist to learn how to cope with her depression.

*Measure:* Maria and her family will repair communication and trust.

*Interventions:*

- a. Assess family's knowledge of long-term depressive symptoms for Major Depressive Disorder (MDD).

- b. Maria's and her family will continue on they psychoeducation at least two learned coping mechanism.

### **Closing Phase Client Goals: Psychoeducational Family Counseling**

*Measure:* Check on progress made at each family member as they read on MDD informational material disseminated during session and be prepared to share in discussion at next session.

*Interventions:*

- a. Maria and her family to continue to attend psychoeducation Counseling.  
b. Maria and her family develop a plan on how to communicate and build a better family relationship.

*Measure:* Increase the ability to set realistic goals and objectives provided through the psychoeducation resources and training to enhance her life and her family.

*Interventions:*

- a. Maria will write a family journal.  
b. Communicate on a daily basis with each one in the family system to build a stronger family unit.

### **Treatment Tasks**

1. Develop working therapeutic relationship using theory of choice:  
*Relationship building approach/intervention:*  
a. Family will share their understanding of what they learned and how they feel it affected their family unit. Family members will speak in 1 statement.
2. Case conceptualization of individual, relational, and community dynamics using theory of choice.  
*Strategies and techniques:*  
a. Maria (AF) sought counseling for possible mental health issues. She had been battling what she believed to be depression for at least two years. Maria (AF) reported feeling like she was losing her mind. One minute she was great the next she was angry. She felt irritated and tired most of the time and couldn't understand why. She had become an insomniac.  
b. Maria and her family will schedule and attend counseling sessions.
3. Identify needed referrals, crisis issues, collateral contacts, and other client needs.  
a. *Crisis assessment intervention(s):* Refer (C21) for counseling/medical and evaluation for using drugs.  
b. *Referral(s):* Family doctor or school counselor.

### **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.:*

Treatment plan and counseling adopted to (C21) age by using humor, realness and realness. It will help maintain rapport.

**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.:*

This is a bi-racial and bi-cultural family gender role identifies considered with interventions for reestablishing parental coalition: want to avoid unfair division of labor and burden with cultural traditions.

**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:*

This family that adheres to the Judeo-Christian values, although they recognize that they are non-practicing. They believe in God and the holy scriptures but have no church affiliations.

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

Maria (AF) will south be counseling for possible mental health issues. She had been battling what she believed to be depression.

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

Summarize evidence for using this approach for this presenting concern and/or population: There is an extensive evidence base for using systemic-strategic approaches with families and adolescents with substance abuse, including functional family therapy, multidimensional family therapy, multisystemic family therapy, and brief strategic family therapy. Virtually all evidence-based treatment for adolescent substance abuse have a significant systemic-strategic. Additionally, these approaches, particularly brief strategic, have been researched and shown to be effective with Latino families.

### **Client Perspective (Optional)**

*Has treatment plan been reviewed with client:* X  Yes  No; If no, explain: \_\_\_\_\_

*Describe areas of Client Agreement and Concern:* \_\_\_\_\_

\_\_\_\_\_  
Therapist's Signature, Intern Status

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature, License

\_\_\_\_\_  
Date

## Treatment Plan 3.0

Date: 4/15/2023

Case/Client #: 40051

Clinician Name: Maritza Grandison

Theory: Structural therapy

**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:** Family's ability to emotionally and practically navigate separation and divorce to reduce detachment.

*Measure:* Structural family therapy (SFT) looks at the deficits of the family structure that negatively impact family dynamics. SFT seeks to improve the interactions between family members to create homeostasis in the family unit. SFT is strength based and outcome oriented.

*Interventions:*

- a. Role play. Family members will engage in role playing. Role playing helps family members to see a situation from different points of view and to identify current or emergency problems.
- b. Reframing. Family member will be presented with scenarios that contain negative aspects. They will then be instructed to restructure the scenario using a positive perspective.

**Working Phase Client Goals:** Structural therapy

*Measure:* The family members will recognize the creation of subgroupings within the family structure and work towards understanding their benefits and disadvantages.

*Interventions:*

- a. Each family member will draw a family portrait
- b. Each family will create a family ecomap

*Measure:* Derrick will attend family psychotherapy to address his detachment from his family.

*Interventions:*

- a. Derrick will work with his therapist to improve his relationship with his family.
- b. Derrick and his family as a whole will work on creating a genogram to the best of their understanding.

*Measure:* Rebuild communication and trust with his family.

*Interventions:*

- a. Derrick will attend couple therapy to twice a week for six months.
- b. Derrick and Maria will communicate more in regards to the family issues.

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

1. Select Goal Type: Structural therapy

*Measure:* Family's ability to emotionally and practically navigate separation and divorce to reduce (CM21) substance misuse.

*Interventions:*

- a. Directives that instruct client to make a small but meaningful alternative to symptom pattern.
- b. Circular questions to safely communicate about feelings, plans, desires, related to detachment, divorce and separation to identify possibilities for proceeding.

*Measure:* Increase father's emotional connection to children to reduce children's frustration towards father.

*Interventions:*

- a. Each family member will draw a family portrait.
- b. Reframing to help Maria and children adjust to new roles and regulations.

### Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:

*Relationship building approach/intervention:*

- a. Trust and respect the family system while adapting their language and maintaining therapeutic alliance. Maintain neutrality and use client language to build relationship with all members.

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

*Strategies and techniques:*

- a. Derrick presents an unaddressed form of detachment. He is concerned about his wife and family and is afraid that they will end up divorced, but do not know what to do.
- b. This family presents as dysfunctional.

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

- a. Crisis assessment intervention(s): (CM21) for medical/psychiatric evaluation due to substance used.
- b. Referral(s): Family PCP/school counselor.

### 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.:*

Treatment plan adapted by CM21 age by using friendly, humor and building rapport.

**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.:*

Attend to gender-role identities considered with interventions for reestablishing parental coalition.

Also avoid unfair division of labor and burden within cultural traditions.

**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:*

This is a family that adheres to the Judeo-Christian values, although they recognize that they are non-practicing. They believe in god and the holy scriptures but have no church affiliations.

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

Assess CM21's school and peer environment to better understand motivation for substance use as well as cultural viable options for avoiding substance use.

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

Summarize evidence for using this approach for this presenting concern and/or population: There is an extensive evidence base for using systemic-strategic approaches with families and adolescents with substance abuse, including functional family therapy, multidimensional family therapy, multisystemic family therapy, and brief strategic family therapy. Virtually all evidence-based treatment for adolescent substance abuse have a significant systemic-strategic. Additionally, these approaches, particularly brief strategic, have been researched and shown to be effective with families.

### **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

## Treatment Plan 3.0

Date: 4/15/2023

Case/Client #: 40015

Clinician Name: Maritza Grandison

Theory: CBT

**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 symptom

1. Select Goal Type: Cognitive Behavior Family Therapy

*Measure:* Reduce traumatic experiences from CBT therapy. Cognitive behavior therapy (CBT) is a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems (Corey, 347).

*Interventions:*

- a. CM21 will identify a common negative message he says to himself.
- b. CM21 will learn the value of self-care

**Working Phase Client Goals:** Cognitive behavioral Family therapy.

*Measure:* Improve anxiety and self-worth

*Interventions:*

- a. (CM21) will keep a Journal and write something positive about himself
- b. (CM21) will use meditation and mindfulness practices to calm his thoughts.

*Measure:* CM21 will attend psychotherapy to reduce substance misuse.

*Interventions:*

- a. (CM21) will work with the therapist to process self-awareness and personal growth.
- b. (CM21) will provide art therapy, can be great approach in working with the client's feelings and encourage expression through art.

*Measure:* Rebuilding his thoughts process and behavior.

*Interventions:*

- a. (CM21) will psychotherapy for once a week for 6 months.
- b. (CM21) and his parents will communicate more often to set boundaries.

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

*Measure:* CM21 will keep a journal to show progress in therapy and develop reasonable goals and objectives.

*Interventions:*

a. Family's ability to emotionally and practically navigate the family issues and for CM21 to continue his individual therapy and to stop the use of substance.

b. Instruct CM21 to make a small but meaningful alternative to symptom pattern.

*Measure:* Increase awareness of his thoughts and behavior. Sustain low conflict and problem solving for a period of a week.

*Interventions:*

a. (CM21) will continue writing in his journal to bring awareness to negative thoughts pattern.

b. (CM21) will focus on the positive and not the negative.

### Treatment Tasks

1. Develop working therapeutic relationship using theory of choice:

*Relationship building approach/intervention:*

a. Respect and trust the family system while adapting their language to build relationship with all members.

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

*Strategies and techniques:*

a. CM21 is aware that his father wished for him to follow in his footsteps, but he loves art and structures, so what better way to marry both his passions. He definitely is moving out as soon as possible.

b. Assess the problem interactional sequences, including rise of tension, symptom, return to homeostasis, metacommunication, and complementary patterns; assess role of all members in the household substance use; contact school counselor.

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

a. *Crisis assessment intervention(s):* Refer (CM21) for medical/psychiatric evaluation due to alcohol/

b. *Referral(s):* Family doctor, school counselor.

### 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.:*

Treatment plan adapted to CM21 age by using humor and genuineness to establish and maintain rapport.

**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.:*

White vs African American gender role-identities considered with interventions for reestablishing parental coalition; want to avoid unfair division of labor and burden within cultural traditions.

**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:*

This is a family that adheres to the Judeo-Christian values, although they recognize that they are non-practicing. They believe in God and the holy scriptures but have no church affiliations.

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

Assess CM21 school and peer environments to better understand motivation for substance use as well as culturally viable options for avoiding substance use.

### **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

## **Critical analysis of how policies affect each family.**

### ***Structural Theory***

When looking at a current social policy through a Structural family therapy lens, one could consider how the proposed policy might affect the family system. Depending on the particulars of the policy, it could have a negative effect if it ignores power dynamics, overlooks family needs, or reinforces existing inequalities and imbalances within the family system (Gehart, 2017). At the same time, the policy could be favourable if it allows for more decision-making autonomy and supports the development of healthy boundaries and communication within the family.

### **Psychoeducation Theory**

Analysing a current social policy through the lens of Psychoeducation Family Counselling, one might initially consider the effects of such policy on the family's communication and problem-solving routines (Gehart, 2017). Depending on the specifics of the policy, it could harm the family if it does not allow families the autonomy and resources to address their issues on their terms or if it reinforces existing power dynamics and thus prevents genuine, healthy problem-solving conversations (Gehart, 2017). On the other hand, the policy could be a positive force enabling the family to access resources, systems of support, and other forms of material/financial assistance.

### **Narrative Theory**

Assessing social policy through the lens of Narrative family therapy, one might initially evaluate how the policy might affect the family's ability to create and sustain new stories. Depending on the specifics of the policy, it could be seen as a negative if it limits the family's capacity to create a meaningful and new version of their family history or if it limits their ability

to access a meaningful transition in the present day (Gehart, 2017). Conversely, the policy could be favourable if it allows the family to pivot away from previously limiting narratives, interact with different people or resources, and create new starting places.

## REFERENCES

- Brown, C. & August-Scott, T. (2007). *Narrative Therapy: Making Meaning, Making Lives: Vol. 1<sup>st</sup> Edition*. Sage Publications, Inc.
- Fox, M. (2009). Working with Systems and Thinking Systemically- Disentangling the Crossed Wires. *Educational Psychology in Practice*, 25(3), 247-258.
- Gehart, D. (2013). *Mastering Competencies in Family Therapy: A Practical Approach to Theory and Clinical Case Documentation* (3rd ed.). Pacific Grove, CA: Brooks/Cole.
- Minuchin, S., (1974) *Families and Family Therapy*. Harvard University Press.
- Van Hook, M.P. (2014). *Social work practice with families: A resiliency-based approach* (3rd ed.). Oxford University Press.