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APRIL, 2004 AMCAP CONVENTION PRESENTATION

“HAVING A SAY”: SPECIFIC AND DIRECTIVE TREATMENT PLANS THAT CONNECT THE CLIENT TO THEIR HEALING JOURNEY

In the field of Child Psychology one component remains as the foundation for treatment. That component is positive reinforcement of desirable behavior. Often that staple principle is underused when working with adults.

A specific treatment plan that formalizes the objectives and facilitating goals of therapy can provide a mode of administering positive reinforcement *by the client*, as well as by the therapist.

The creation of a clear and directive treatment plan clarifies for the client a way for them to learn to do their life differently and more happily than before. It also helps alleviate the fear of the unknown. For clients that fall into the ‘professional client’ mode or go shopping from therapist to groups to retreats, New Age, whatever, it makes it clear that you expect them to participate in their healing journey. This may weed out a few and you may also be the first to offer them something different.

Another principle of successful treatment is accountability. A variety of researchers have found that workbooks, ‘buddies’, and ‘sponsors’ provide a consistency of focus on change for the client rather than the retelling of their story again and again. By revisiting the treatment plan at pivotal points in the therapy, the client is able to acknowledge and account for the progress they are making. Self-recriminations and discouragement of the past are replaced with more confidence in their ability to overcome the negative effects of their history.

Specific & Directive Treatment Plan

Minimizes over-dependency
Increases client empowerment
Dispels the ‘mystery’ & ‘magic’ of therapy
Provides engine starters for down times
Diminishing of the pay-off for staying stuck
Promotes use of appropriate resources
Acknowledges and accounts for progress

I. Defining the components of a specific and directive treatment plan

- A. **Assessment** – including what the client states is their hope for outcome.
- B. **Objective** – Statement of what will be the specific desired outcome.
- C. **Goals** – The means and method of achieving an Objective
- D. **Review** – going over plan with client to encourage their feedback and questions.
- E. **Signature** (optional) – when plan is understood and finalized they sign both copies

II. Constructing this type of treatment plan

- A. **Simple questionnaire** sent with demography papers.
- B. **First session assessment interview**
 1. Questionnaire has provided them with an opportunity to think through their answers before their first visit. (If they come w/out completing it or report doing it in a rush last night or this morning they have provided you with place to explore.)
 2. Q. gives you a starting point
 3. Usually the client is more forthcoming because some of their fear has been softened.

4. It is easier for you to make observations, i.e. dress, body language, 'tells', charming.
 5. At the end of the first appointment, clients frequently report having a feeling of accomplishment. (I always thank them for being forthcoming with information. I always tell them that they are also assessing me – do they think that I am someone they can work with. Also, that it is important that they make the decision about whom ever they will be sharing such private information.)
 6. Giving them an assignment the first session gets them involved immediately, even before the treatment plan is introduced.
 - a. Human Rights exercise
 - b. Therapeutic Journaling
- D. Formulate Objectives
- E. Formulate Goals –
- F. Basic Treatment Plans for someone with depression, dependent personality, PTSD, ADHD, are usually similar. The individuation occurs mostly in the formulation of Goals.
- G. Resource contacts as part of the goals of treatment.
- H. Sample Treatment Plans.

III. This method facilitates client motivation and use of resources

- A. Therapist's job is to shape the plan, to incorporate client responsibility, and empowerment.
- B. Include resource contacts as part of the goals of treatment.
- C. Going over the plans with the client gets them involved and also feedback.
 1. Not understanding wording
 2. Not agreeing the an Objective
 3. Having them restate, from their own understanding, how they want the Objective or Goals stated.
 4. Signing it helps create some level of commitment and choice.
- D. By keeping the sessions focused on the agreed plan the client is less likely to go down the self-defacing, self-pitying, or repetitive story telling path that open- ended sessions often create.
- E. The specific nature of the plan allows the client a continuous reminder that they have a way out of their pain and when they are not in your office they are much more likely to use what they are learning rather than a coping mechanism.
- F. Treatment Plans keep the therapist on track and make follow through on a particular skill more likely.

Ask at the start of each session if anything has happened since the last session that they want to be sure to get to so you will start there thus eliminate doorknob issues.

It is important to be aware of events that may have traumatized the client at any level between sessions. That event will then effect how they view the past experiences with which you have been dealing. Because assignments are a part of treatment plan MO you will be able to track actual cognitive improvement or deterioration more quickly.

Improvement often must be defined by stating your observations, asking the client if family members or friends have made observations about changes in them.

Educating the client to what this change or improvement means in the context of their healing. We have more scientific information about brain 'wrinkles' and how to retrain the brain and also the effect on the brain as a result of trauma. This encourages conceptualizing of their feelings and thoughts.

Cognitive deterioration means something must be done immediately to assess the cause. This is rare yet may not be noticed or may be interpreted as regression rather than a possible medical situation. It may also be caused by a recent abreaction that the client has not told you about.

Resources come from where the client is at any point.

- a. Biblio-therapy > books you may recommend or they refer to
- b. Their poems, art or some they refer to
- c. Classes they take for degrees or to learn something new
- d. Basic community

IV. Ways to use treatment plan reviews

- A. When the client demonstrates compliance with treatment goals.
- B. When the client demonstrates non-compliance with treatment goals.
- C. When there are additional stressors, trauma, or life-changes during the therapeutic process
- D. When client has had a significant insight.
- E. When the client asks how they are doing.
- F. When the client is stuck. A review may indicate a change in an Objective or Goal.
- G. When, in the process of therapy, the client reveals additional issues that have been previously hidden.

V. Recognize how this type of treatment plan teaches clients how to be their own therapist

- A. Therapy Finis –
 - When the client is nearing the end of their healing journey
 - a. I assign an essay on What I now know.
 2. Preparing client to leave therapy.
 - a. Educate them that leaving therapy at this time does not mean that if they need to come back that they have 'failed'.
 - b. Sometime there are difficulties in life that may trigger past pain and best efforts are not taking care of it totally. A booster session with an objective person may assist in their understanding and walking through it with them reinforces learned skills.
- B. When a client must leave before achieving all of their treatment objectives.
 1. Encourage them to write the essay
 2. Suggest Internet or phone sessions
 3. Give them a journal to encourage continuing self-help

Couple Therapy Questionnaire

HUSBAND/WIFE [each get separate copy]

NAME _____ DATE _____

It will be helpful if you would define the areas of concern you have.
Please be as specific as possible.

My greatest concern about marriage counseling is:

The two most important areas of *personal* change I want to focus upon are

- 1)
- 2)

The two most important areas of change, within our marriage, I want to focus upon are

- 1)
- 2)

The one thing I think you should know about me that is important to our joint therapy is that

Any other comments: _____

NEW COUPLE QUESTIONNAIRE

(HUSBAND/WIFE) _____ DATE _____
[Each get separate copy]

In as few words as possible, please state what you believe the problem is (not who) within your marriage. Be specific, i.e. “We do not communicate” is not specific; “When we talk we seem to say the same things without resolving anything” is more specific.

List three (3) behaviors that you have that may create difficulties in your relationship.

Often there are negative assumptions/myths/core-lies* created in younger years that are accepted as truth within the self and create stumbling blocks in life, such as, “Frequently, when I am interacting with others, particularly my spouse, I find that I am defensive, angry, or hurt.”

Identify one ‘stumbling block’ in how you interact.

What I have figured out so far about this is that these situations seem unsafe because I am telling myself

Hope Eternal
PTSD Treatment Plan
(Date)

OBJECTIVE: Hope will recognize the effects of her childhood experience on her past and present thought and behavior patterns.

Goal: She will use Journaling to identify her thoughts and feelings concerning childhood experiences.

Goal: She will identify her “core lie” (distortion of personal worth) and how it continues to influence her adult life.

Goal: She will identify the coping mechanisms (CM) that she used as a child and that she continues to use in her adult life.

❖ She will learn skills to replace the CMs with rational thinking and behavior.

OBJECTIVE: Hope will demonstrate her rational thinking, decision making, and behavior as she faces life experiences.

Goal: She will honor her life experiences by understanding and accepting what has happened, her responsibility in each experience and acknowledge the responsibilities of others in these experiences.

Goal: She will learn management skills to recognize and change her reactions into responses-of-choice. This will include, ‘Be Still’, Journaling, and Assertive Skills.

Goal: She will demonstrate proficiency in self-correcting of negative, subjective thoughts that have resulted in creating dependent thinking and behavior.

Goal: She will recognize the difference between objective and subjective thinking and demonstrate her ability to apply Conscious Choice Technique (CCT) to her thought processing.

OBJECTIVE: Hope will be able to identify specific feelings she is having and be able to recognize and acknowledge the thoughts that produced these feelings.

Goal: By using CCT, she will complete the processing of uncomfortable feelings, primarily fear, and the thoughts associated with those feelings.

Goal: She will recognize and document her experiences in changing irrational feelings into event-appropriate feelings (congruency) as she corrects her thinking about the event.

OBJECTIVE: Hope will report a healthy sense of self, which is comprised of congruence of her inner and outer experience.

Goal: She will report that interacting with others is less stressful.

Goal: She will report being able to assert her thoughts and opinions with more confidence and also having an appreciation for others thoughts and opinions without a feeling of being diminished herself.

Goal: She will report making clear and confident decisions when the decision is hers alone to make.

Goal: She will consciously evaluate relationships, particularly with family members, in an objective thought processing.

Goal: She will report a general feeling of wellbeing in the important relationships of her life.

Faith Strong
PTSD-Depression Treatment Plan
(Date)

OBJECTIVE: Faith will recognized the effects of her childhood experience on her past and present thought and behavior patterns.

Goal: She will use journaling to identify her thoughts and feelings concerning childhood experiences.

Goal: She will honor her life experiences by understanding and accepting what has happened, her responsibility in each experience and acknowledge the responsibilities of others in these experiences.

Goal: She will identify the coping mechanisms (CM) that she used as a child and that she continues to use in her adult life by completing the CM Identification exercise.

❖ She will learn skills to replace the CMs with rational thinking and behavior.

OBJECTIVE: Faith will demonstrate her use of rational thinking, decision making, and behavior as she faces life experiences.

Goal: She will recognize the difference between objective and subjective thinking and demonstrate her ability to apply Conscious Choice Technique (CCT) to her thought processing.

Goal: She will identify her “core lie” (distortion of personal worth) and how it continues to influences her adult life.

Goal: She will learn management skills to recognize and change her reactions into responses-of-choice. This will include, ‘Be Still’, Journaling, and Assertive Skills.

Goal: She will demonstrate proficiency in self-correcting of negative, subjective thoughts that have resulted in creating dependent thinking and behavior by recording examples in her journal.

OBJECTIVE: Faith will be able to identify specific feelings she is having and be able to recognize and acknowledge the thoughts that produced these feelings.

Goal: By using CCT, she will complete the processing of uncomfortable feelings, primarily fear, and the thoughts associated with those feelings.

Goal: She will recognize and document her experiences in changing irrational feelings into event-appropriate feelings (congruency) as a result of correcting her thinking about the event.

OBJECTIVE: Faith will report a realization of her genuine spiritual self, which comprises of congruence of her inner and outer experience.

Goal: She will report specific interactions with others as less stressful in comparison to similar interactions in the past that were distressful to her.

Goal: She will report being able to assert her thoughts and opinions with more confidence and also having an appreciation for others thoughts and opinions without a feeling of being diminished herself.

Goal: She will report making clear and confident decisions when the decision is hers alone to make.

Goal: She will consciously evaluate relationships, particularly with family members, in an objective thought processing.

Goal: She will report a general feeling of wellbeing in the important relationships of her life.
 >Upon achieving her objectives, Faith will demonstrate the clarity of her self-concept by writing an essay about her healing journey – “**What I now know**”.

Guy Mann
Treatment Plan
(Date)

OBJECTIVE: Guy will recognize that childhood experiences have effected his past and present thought and behavior patterns.

Goal: He will use journaling to identify his thoughts and feelings concerning childhood experiences.

Goal: He will identify the coping mechanisms (CM) that he used as a child and that he continues to use in his adult life by use of a CM Evaluation Exercise.

Goal: He will learn skills to replace the CM(s) with rational thoughts, feelings, and behaviors.

OBJECTIVE: Guy will demonstrate rational thinking, decision making, and behavior as he faces life experiences.

Goal: He will identify his “core lie” (distortion of personal worth) and how it continues to influence his adult life.

Goal: He will accept that feelings come from thoughts and consciously identify the thoughts and feelings he is having and record them in his therapeutic journal.

Goal: He will learn skills to enable him to recognize and change his reactions to responses-of-choice. This will include, ‘Be Still’, journaling, and assertive skills.

OBJECTIVE: Guy will self-correct the patterns of thought distortion.

Goal: He will recognize the difference between objective and subjective thinking

Goal: He will demonstrate proficiency in self-correcting of negative subjective thoughts that have resulted in creating dependent thinking and behavior.

Goal: He will demonstrate his ability to apply Conscious Choice Technique (CCT) to his thought processing.

OBJECTIVE: Guy will report a healthy sense of self, which is comprised of congruence of his inner and outer experience.

Goal: He will recognize his tendency to withhold or withdraw feelings that arise from interactions, particularly with his wife and children.

Goal: He will report that interacting with others is less stressful and more satisfying.

Goal: He will recognize and accept that he has a variety of feelings and that these feelings are to be honored as a part of his humanity by recording these experiences in his journal.

Goal: He will report a general feeling of wellbeing in the important relationships of his life.

Goal: He will report experiencing and exhibiting desirable feelings more spontaneously.

New Client Questionnaire

1) How would you describe your mood most of the time? (circle one)

Cheerful/happy
Anxious/nervous

Sad/depressed
Angry/irritable

Changes all the time

2) Do your moods change very frequently, abruptly, and unpredictably YES NO
If yes, please explain

3) Do you have trouble in your relationships with others? YES NO
If yes, please explain

4) Have you ever had a problem with substance abuse, including illegal or prescription drugs? YES NO
If yes, please explain

5) Do you presently or have you had an eating disorder? YES NO
If yes, please explain

6) Have you gotten sudden intrusive pictures, thoughts, words or feelings while awake or sleeping that frighten you? Yes ___ No ___
If yes, please explain:

7) Do you have blocks of time during which you have no recall of what has happened?
Yes ___ No ___ If yes, briefly explain:

8) Have people told you that you have done things that you don't remember doing?
Yes ___ No ___ If yes, briefly explain:

9) Does it seem that at times you feel strange to yourself, or do things that you do not want to do but feel you can't control? Yes ___ No ___
If yes, please explain:

10) Do you harm yourself in any way, when you may or may not know it?
Yes ___ No ___
If yes, please explain:

11) Have you had therapy before? If so, when, where, with whom, and outcome?

12) What do you hope will be the outcome from entering therapy at this time?

Thank you

SUGGESTIONS FOR SATISFYING THERAPEUTIC JOURNAL WRITING

1. Start by taking a few minutes of focused quiet. “Go inside yourself”, i.e. visualize, use music, relaxation breathing.
2. Date every entry. It helps identify cycles.
3. Keep what you write. You may want to review issues or check your progress.
4. Write quickly, don’t edit or try to make it make sense. Don’t worry about your penmanship or language.
5. Start writing and keep writing until there isn’t anything more. Begin anywhere.
 - a. Date
 - b. Event
 - c. Feeling
 - d. Question
 - e. Issue
6. Tell the complete truth fast. Go to the bottom line, i.e.
 What is the reason I want to escape?
 What is the reason I am doing a coping mechanism?
 What am I feeling and does it match what is actually happening?
 Etc.
7. Protect your own privacy. Keep journals where others cannot come across them.
8. Write naturally. Let it flow without thinking about what will come next. Trust your inner wisdom to guide you. Give yourself permission to play, to cry, to cuss, to vent, and to be honest with yourself.

There is only one person, who can write the story of your life with all its treasures and tears. That person is you!

[Second page]

“THE TERRIBLE TEN” OF JOURNAL WRITING

Here is a list of the ten most common “rules” people associate with journal writing. See how many you agree with, even secretly:

1. I should spell all the words correctly and use proper grammar and punctuation.
2. I should write until I get to the bottom of an issue. It is not okay to quit before it is finished.
3. I should write every day, or at least at regular intervals.
4. My journal shouldn’t be messy. I shouldn’t cross out words or lines or write things in the margins.
5. My journal should be interesting for other people to read.
- 6 I should let anyone who is interested read my journal. (People who believe their journal should be interesting for other people to read often believe this.)
7. I shouldn’t write horrible things about people I love, use *foul words*, complain, whine, or get angry.
8. In case I get run over by a truck, I should destroy my diaries periodically to spare my child the pain of finding and reading them.
9. Once I start journal writing, I should stay with it. It should become a lifetime discipline.
10. Fill in your favorite journal rule:

Good news! You can draw a great big X through all of those “rules” because none of them is really a rule of journal *writing*. *In fact, journal writing does not have any rules. Imagine the freedom and possibilities of knowing you can make no mistakes!* TRUST THE PROCESS - FLY, BE FREE!

LIST OF BASIC HUMAN RIGHTS

UNIVERSAL RESPONSIBILITY:

I am responsible for how I think, feel, and behave in all circumstances.

FOUNDATION FOR ALL HUMAN RIGHTS:

I take only those rights for myself that I am willing to give to another.

I have the right to:

- utilize my agency without violating another's.
 - have and express my own feelings and opinions and
 - have them have equal weight with others.
 - change my mind and my behavior.
 - make mistakes, be responsible for them, their consequences, and to be self-correcting.
 - refuse requests without feeling guilty, selfish, or the need to justify.
 - consider my own needs, set my own priorities, and make my own decisions.
 - decide what to do with my own property, body, and time.
 - choose how, when, and by whom I will be touched.
 - privacy and to be alone.
 - ask for what I want and recognize that the other person has the right to say no.
 - ask for more information.
 - choose not to assert myself and to choose passivity.
 - ask for change in another's behavior if that person continues to violate my rights.
 - be independent.
 - personal growth through whatever ethical & moral channels my talents & interest lead me.
 - to be treated as a capable human being and not be patronized.
 - be listened to and taken seriously.
 - be treated with respect and dignity.
 - _____
 - _____
- I have the most difficulty giving myself the right to _____
- I have the most difficulty giving others the right to _____