

One

Developing Case Conceptualizations and Treatment Plans

This book was designed to help you develop effective case conceptualization and treatment planning skills. In this chapter, a structure for developing these tools is introduced that includes four steps: (a) selecting the theoretical perspective that is most appropriate to the client; (b) utilizing a premise, supporting material, and a conclusion as key features of a case conceptualization; (c) utilizing a treatment plan overview, long-term goals, and short-term goals as key features in developing a treatment plan; and (d) developing an effective personal writing style that is comfortable for you and may be motivating to your client.

The text provides exercises for helping you through these steps while paying close attention to the extratherapeutic factors that the client brings into treatment including his or her strengths and resources. The exercises also stress writing treatment goals in a manner that helps the client see them as relevant and credible, creates a sense of hope and expectancy, and builds trust between you and the client. These factors are critical to developing a positive therapeutic alliance and in achieving a positive treatment outcome (Hubble, Duncan, & Miller, 1999).

Developing conceptualizations is time-consuming, so why not just go directly to the treatment plan? When there is no careful conceptualization,

there may be treatment chaos. For example, assume that Veona, a White female in her mid-30s, comes in to consult with you because her teenage son has just been arrested and she doesn't know what to do. She expresses a lot of fears for his safety in jail. Since she presents with this crisis, you go into crisis management mode and provide her with emotional support and advice about how to get legal representation. You intend to do a careful intake at the next session. Week 2 arrives, however, and before you can try to do this, she presents with a new crisis; her relationship with her significant other seems to be breaking up, and she's desperate for help in saving it. You try to initiate a conversation about her son, but she quickly diverts back to this relationship crisis. You go into crisis management mode and give her emotional support to calm her down and try to initiate a constructive conversation about her relationship issues. You're determined to conduct your intake in the next session. However, the client comes in drunk. You make several attempts to find out what happened with her teenage son and her significant other but quickly give up and send her home. Your plan is to be very firm when she comes in for her fourth session; thus, before she has a chance to tell you anything, you indicate the need to conduct a thorough intake. Veona interrupts you and indicates she is about to become homeless if she can't find the money to pay her rent by tomorrow. She used her rent money to pay the attorney you had recommended she get to represent her son. Frustrated, you go into crisis intervention mode and try to connect the client with community resources so that she won't become homeless.

Treatment is in a state of chaos because you don't know whether Veona's son is out of jail or not, you don't know if Veona is still with her significant other, and you don't know if she has a long-standing problem with alcohol or if her drunkenness was just a reaction to extreme stress. You may also be exhausted from all these crises.

Rewind and assume that while acknowledging the seriousness of her son's difficulties, when she brings them up, you still carry out an intake during the first session. Based on this intake, you come up with a behavioral conceptualization to capture what you consider to be her basic issues. The following is the premise or theory-driven introduction to this conceptualization:

Veona is a 35-year-old Caucasian woman who was raised by parents who modeled aggressive expressions of anger and aggressive or neglectful problem solving. Either Veona's parents ignored how she was behaving or what

was happening to her or they overreacted to her mistakes and developmental struggles and used abusive punishment. Veona survived this history by developing a people-pleasing style where she carefully observed the people around her and tried to meet their needs so that they would accept her and not hurt her. Her passive approach to her own needs led to an early pregnancy outside of marriage. As she raised her son alone, she sought to be a “better parent” than she had had herself. She strove to attend to all of her son’s needs and deny him nothing. As she had no role models for effective parenting, her wish to be loving led her to overindulge the desires of her son. Her desire to avoid abusive parenting practices has led her to avoid setting limits on her son’s behavior. Veona’s strengths lie in her sincere desire to be a good parent, her ability to observe and predict the moods of others, and her average level of intelligence that allows her to understand the consequences of her son’s present behavior. At this time, Veona is very aware that she and her son are having serious difficulties, but she is not aware of how her permissive and people-pleasing style is related to these difficulties.

After completing the full conceptualization process, you decide that Veona would profit from a treatment plan that will teach her communication and problem-solving skills. Your long-term goals are as follows:

LONG-TERM GOAL 1: Veona will learn how to recognize and express her feelings assertively.

LONG-TERM GOAL 2: Veona will learn to express concerns in a relationship without blaming others.

LONG-TERM GOAL 3: Veona will learn how to negotiate solutions that respect the needs of self and others.

LONG-TERM GOAL 4: Veona will learn how to recognize her goals for a relationship.

LONG-TERM GOAL 5: Veona will learn how to break down goals into small steps that can be accomplished.

When Veona comes in for Session 2, if she wants to talk about her son’s legal problems, you will (a) work on Veona communicating clearly to the police and her teen and (b) help Veona set goals around the arrest situation. If she wants to discuss imminent relationship failure, you will (a) work on Veona communicating clearly to her significant other and (b) help Veona set goals around the relationship. In both situations, you are not ignoring the crisis Veona wants to discuss. However, you are helping her build the skills she needs no matter what “issue” she wants

to talk about. As she progresses through the treatment plan, her new skills may help her avert a life full of emergencies. Thus, while the process of developing a case conceptualization and treatment plan is time-consuming at first, over time it will increase the likelihood you will provide effective and time-efficient treatment. The four-step case conceptualization and treatment planning process will now be discussed in detail using the case of Pat.

Selecting a Theoretical Perspective

Pat is a 25-year-old European American male with a history of violent behavior toward men and verbal abuse of women. He was recently released from jail and given 2 years of probation. He served 3 years of a 2- to 5-year prison sentence for assault. He was sentenced after beating a man unconscious in a drunken brawl following a football game. This was Pat's first time in jail; however, he had been arrested 2 years earlier for participation in a bar fight. Pat was raised in a violent home where he witnessed domestic violence and was a victim of child abuse. He is presently involved in a new intimate relationship with Alice, a 19-year-old European American female; this relationship is in its second month.

Pat's past intimate relationships have never lasted beyond 6 months. He meets these women in his neighborhood and, after a brief dating period, invites them to move in. He says that he always finds the relationships satisfying but that the women always disappear one day when he is at work. He reports they move out of the neighborhood and he never sees them again. Pat has never been married and has no children. During his time in jail, Pat realized that he was tired of changing women and wants Alice to "stay put."

Pat has been working for the past 4 months as the custodian of a large department store. He is underemployed. Despite his above-average level of intelligence and his associate's degree in computer repair, his criminal record has prevented him from gaining any type of employment in his field. Although he is a self-described loner, Pat has been carefully observing his boss and fellow employees and trying to understand what makes them "tick"—this is a game he has played with himself since high school. There have been no aggressive episodes within the work environment to date. However, Pat's probation officer has mandated he participate in treatment with you. The officer meets with Pat weekly and plans to monitor Pat's progress in treatment.

There are many theoretical approaches or systems of treatment currently available for understanding Pat. Research on a variety of talk therapies has found them to be effective (Editors of *Consumer Reports*, 2004; Lambert, Garfield, & Bergin, 2004). So, how will you choose an approach to use with Pat? You can choose an orientation based on your personal preferences. When a client isn't appropriate for your approach, you can refer this individual to another clinician; this is a completely ethical choice. However, the outcome literature suggests that you will maximize treatment effectiveness if Pat's characteristics and presenting concerns are used to guide your choice (Hubble et al., 1999). This type of approach that "fits" the theoretical orientation to the client is referred to as integrationism or systematic eclecticism (Lambert et al., 2004).

While it is legitimate to conceptualize Pat's concerns from many different theoretical perspectives, the theory chosen will have important repercussions for treatment, including how hard it will be for Pat to understand/perceive his problems from that perspective, how unconscious or deep in the unconscious the precipitants of his problems will be, and how long treatment will take to resolve these problems (Prochaska & Norcross, 1999, 2009). For example, a behavioral approach to Pat's case would analyze his symptoms and immediate life circumstances. The focus of a treatment session might be on the immediate antecedents and consequences of a recent violent episode. The precipitants of a particular episode of violence, and the immediate consequences of it, would be in his immediate past and therefore relatively easy for Pat to recall and contemplate. In contrast, a dynamic approach to Pat's case would focus on unconscious psychological conflicts as the root cause of his violence. Pat would need to become aware of events in his distant past that resulted in his experiencing, for example, unmet needs for security and nurturance. To avoid the anxiety generated by these unmet needs, Pat may have had to develop an aggressive lifestyle, whereby through acts of violence he provided himself with a facade of security and safety. As an adult, he has perfected a violent interpersonal style that provides him with "protection" from a hostile world. Only under the influence of alcohol might Pat's anxiety be low enough for him to try to relate to women and address his need for nurturance. From this dynamic perspective, Pat would first need to develop significant insight into his unconscious conflicts before he could address his current issues with violence. Thus, Prochaska and Norcross (1999, 2009) assume that Pat would need more treatment sessions to change constructively using dynamic treatment than he would using behavioral treatment.

Developing Your Theoretical Understanding of Pat

The first step in developing a case conceptualization of Pat is to choose the theoretical viewpoint that will guide an understanding of him at the time that he enters treatment. This theoretical viewpoint will determine the types of questions you ask him and thus the type of information that is included in your case conceptualization and treatment plan.

A case conceptualization of Pat will provide a theoretical perspective for understanding who he is and why he behaves as he does. In general, conceptualizations contain case history information that is theoretically based and includes a formulation of the client's difficulties as well as strengths. Professionals prepare many other types of reports on clients that may include this type of information, such as case histories, intakes, and assessment reports. There is no consensus across clinical settings for what constitutes each type of report. In general, case histories provide the greatest detail about the client's past history, intakes focus more on the client's present functioning, assessment reports focus on the interpretation of psychological testing, and case conceptualizations stress a theoretical understanding of the client to use in guiding treatment decisions. Comprehensive client files may include several types of reports, and what a clinician includes in the case record will be a combination of legal or funding requirements as well as what is most useful clinically (American Psychiatric Association, 2002, Section 2; American Psychological Association [APA], 2007, Guideline 2).

A treatment plan for Pat will be a theory-driven action plan for helping him change constructively. It may focus on the goals to be attained, such as "Pat will learn new methods of anger control," or on what needs to change, such as "Pat will stop assaulting others when angry." Research links positive outcome with treatment plans that are designed around a client's unique characteristics and that take advantage of the client's personal strengths and resources (Hubble et al., 1999). Treatment progress, within the first three sessions, is also related to positive outcome for 80% of clients (Haas, Hill, Lambert, & Morrell, 2002). Thus, a treatment plan that aids the clinician in conducting effective and time-efficient treatment sessions may improve client outcome.

There are no standard criteria for evaluating treatment plans beyond their need to meet legal and ethical mandates and be in a format acceptable to licensing agencies and insurance companies (American Psychiatric Association, 2002; APA, 2007). However, the research

literature indicates that treatment goals stated in small and specific terms that Pat can understand and see as valuable to attain are most likely to influence him (Hubble et al., 1999). In addition, goals written in a manner that fits Pat's expectations, wishes, and values may be more motivating (Egan, 2007). Thus, this text recommends an overall strategy for writing these types of goals that also, whenever possible, take advantage of Pat's strengths and resources. The effectiveness of treatment can be documented through the step-by-step attainment of these specific goals. In addition, seeing progress documented in this way may help maintain Pat's hope; this is an important common factor in effective treatment (Hubble et al., 1999).

Key Features in Developing a Case Conceptualization

In writing conceptualizations, two key organizational features are recommended. The first feature is the premise. The premise is a succinct analysis of the client's core strengths and weaknesses, tied to the assumptions of a selected theoretical perspective. It can be organized in many ways but should always set up an organizational structure for the entire conceptualization and be theoretically sound. If *premise* is not a meaningful term to you, think of this feature as serving to provide an overview of the client, or as *preliminary* or *explanatory* statements, or as a summary of the key features of the client, or as a *proposition* on which arguments are based, or as *hypotheses*, or as a *thesis statement*, or as a *theory-driven introduction*. This series of alternative key words is provided so that you can select the words that have the clearest meaning for you.

A premise at the beginning of a case conceptualization gives the reader a concise understanding of the main issues to be covered in the conceptualization, and the topic sentence of the premise serves this same function for this introductory paragraph through setting up what is going to be discussed. The premise topic sentence could include an overview of the client demographics and reason for referral—for example, "Pat is a 25-year-old, European American male who was referred for treatment of his violent behavior by his probation officer." However, there are many other possibilities. For example, "Pat enters treatment with two major goals: to keep Alice in his life and to keep himself out of jail" or "Pat doesn't agree that he has problems with aggressive behavior, but he does

agree that his current life consists of a controlling probation officer, an unstable relationship with Alice, and a boring job.” After the topic sentence, the premise will go on to consider both Pat’s strengths and his weaknesses, as understood through the lens of the theory that has been selected to guide treatment, and it will end with a sentence that draws a general conclusion about Pat’s prognosis or ties the paragraph together in some way before transitioning to the next one.

The second organizational feature, which follows the premise, is the theoretically based *supporting material*. It can also be understood as a *detailed case analysis* that provides evidence to back up the statements made in the premise. This supportive material includes an in-depth analysis of the client’s strengths (strong points, positive features, successes, coping strategies, skills, factors facilitating change) and weaknesses (concerns, issues, problems, symptoms, skill deficits, treatment barriers) considered from within the same theoretical perspective that guided the premise. Information from the client’s past history, the client’s present history, behavioral observations in the treatment session, and other sources may be included in the overall case conceptualization as *appropriate* to building an effective analysis of the client.

The support paragraphs should be written following a coherent organizational structure that was set up by the premise. At the end of these support paragraphs, the conceptualization should draw conclusions about the client’s overall level of functioning at this time, contain broad treatment goals, include any windows of opportunity for achieving these goals, and note any barriers to goal attainment that exist at this time.

Key Features in Developing a Treatment Plan

Three organizational features will be suggested for developing an effective treatment plan. The first feature is the treatment plan overview. This is a brief paragraph, in client-friendly language, that could help increase clients’ ownership of their treatment plan and responsibility for their own outcome in treatment. The overview can also be used to help a referral source understand the intent of your treatment plan and your respect for his or her role in it as appropriate.

The second feature is the development of long-term (major, large, ambitious, comprehensive, broad) goals that stem from the main concepts developed in the premise of the case conceptualization. These are goals that the client ideally will have achieved by the time treatment is terminated. The information contained in the premise, and the topic

sentences of the support paragraphs, should provide the information needed to develop your long-term goals as they should reflect the most important or basic needs, issues, or goals of the client at this time.

The third organizational feature is the development of short-term (small, brief, encapsulated, specific, measurable) goals that the client and clinician will expect to see accomplished within a brief time frame to chart treatment progress, instill hope for change, and help the clinician plan treatment sessions. Early positive change is part of the trajectory toward successful treatment (Hubble et al., 1999, Chapter 14). Therefore, a plan that helps highlight for the client even small steps taken toward change is more likely to lead the client toward a positive outcome.

Every long-term goal should have a series of short-term goals that will be used to move the client toward its accomplishment. The more ambitious the long-term goal, the greater the number of short-term goals that may need to be developed. If treatment has stalled, it may be that the short-term goals were too large or difficult and need to be broken down further. It also may be that the goals were inappropriate and need to be redesigned.

Ideas for the development of short-term goals may come from the supportive detail contained in the case conceptualization. While a client's difficulties have a clear connection to treatment goals, so do strengths. For example, if Pat has strategies that help him keep his aggression under control at work, then treatment goals for expanding his use of these strategies at home and in the neighborhood would capitalize on these strengths. Additional ideas for goals will come from the theoretical model that is chosen to guide treatment. For example, in behavioral therapy, the clinician takes on the role of an educator. Therefore, treatment goals may center on the skills, or information base, that the clinician will help the client master. Taken together, the long- and short-term goals provide an action plan for helping the client change effectively.

The text exercises will guide you to develop goals that are (a) stated in specific terms that the client can understand, (b) congruent with what the client wants to achieve, and (c) viewed as attainable by the client, as such goals are the most motivating (Egan, 2007; Hubble et al., 1999). In some cases, all the long-term goals may be worked on simultaneously. In other cases, goal achievement will follow a specific order as each goal builds on what came before. The strategy for implementing the plan should be included in the treatment plan overview and clearly explained to the client since a collaborative, working relationship has been found to be critical for positive treatment outcome (Hubble et al., 1999; Lambert et al., 2004).

Developing Your Personal Writing Style

Professional writing requires a clear and specific organizational plan. Within this plan, there are many different styles for organizing an effective case conceptualization and treatment plan. Based on your prior training or style of viewing the world, it may seem at first as if professional writing requires you to abandon the style that comes most easily to you. This viewpoint often develops because the examples provided during training may follow one specific style (or use one type of organizational strategy). This text seeks to demonstrate the power and legitimacy of different writing styles by modeling the effective use of six different styles of writing conceptualizations and treatment plans; the intent is to encourage you to identify, and practice developing, your own professional writing style.

Each theoretical chapter in this book contains a complete case conceptualization and treatment plan following a particular style (see Table 1.1). At the end of this chapter, abbreviated examples of each style including premises, treatment plan overviews, and partially completed treatment plans are provided. All of these examples are based on a behavioral analysis of the case of Pat in order to highlight differences based on writing style. The labels used to describe each style have been

Table 1.1

Location of Case Conceptualization and Treatment Plan Examples by Domain, Chapter, Style, and Format

Domain	Chapter	Style	Format
Violence	3	Historical	Problem
Gender	4	Diagnosis	Assessment
Race & Ethnicity	5	Assumption	Basic
Sexual Orientation	6	Interpersonal	Basic
Race & Ethnicity	7	Assumption	Basic
Age	8	Symptom	Basic
Socioeconomic	9	Symptom	Problem
Violence	10	Thematic	Problem

created by the author and include assumption-based, symptom-based, interpersonally based, historically based, thematically based, and diagnosis-based styles.

The assumption-based style organizes information about Pat in terms of the major assumptions of the psychological theory chosen for understanding his dynamics. The topic sentences of the premise, support paragraphs, and long-term goals are all constructed around the assumptions of the theory. To read a complete conceptualization and treatment plan using this style, see the case of John in Chapter 5 or that of Sergio in Chapter 7.

The symptom-based style organizes information about Pat in terms of the major symptoms he presents with in treatment. Therefore, the topic sentence of the premise will highlight all the symptoms that will be dealt with in the conceptualization, and each long-term goal in the treatment plan will focus on each of these symptoms in turn. To read a full conceptualization and treatment plan using this style, read the case of Alice in Chapter 8 or that of Zechariah in Chapter 9.

The interpersonally based style organizes information about Pat in terms of his relationships with significant others. The topic sentence of the premise lists the significant relationships that will be discussed in the conceptualization. Each of these relationships will have a long-term goal associated with it. Each support paragraph will discuss one of these relationships. If appropriate, another support paragraph may focus on the client's relationship with him- or herself. This can be useful in dealing with personal identity, self-esteem, one's personal view of the world, or other self-focused issues as appropriate to the theoretical orientation chosen for the conceptualization. To read a full conceptualization and treatment plan using this style, see the case of Ellen in Chapter 6.

The historically based style organizes information about Pat based on his personal history using selected time periods from past to present or vice versa. The time periods selected are individualized to the client's needs and current situation. Examples could be early childhood, elementary school, high school, college/vocational school, and adulthood. Or, for a therapeutic issue that occurred during disrupted adult development, examples could be early college years, tour of duty in war zone, return to civilian life, and divorce. If the client is a young child, it might be relevant to organize information based on such issues as physical development, cognitive development, or psychosocial development. For a complete example of the historically based style, see the case of Jeff in Chapter 3.

The thematically based style organizes information about Pat around an important theme or metaphor that epitomizes Pat's behavior or view of the world. In this style, the theme is introduced within the topic sentence of the premise. Each long-term goal utilizes the theme under the assumption that it was selected because it captures something meaningful to the client in a "nutshell." The topic sentence of each support paragraph in the conceptualization introduces an important aspect/realm of the client's life within the context of the theme. For a complete example, see the case of Jake in Chapter 10.

The diagnosis-based style organizes information about Pat around the framework of the formal diagnostic system created by the American Psychiatric Association (1994) in its *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. The diagnosis style is very similar to the symptom style as the *DSM-IV-TR* is primarily organized around symptoms. A diagnosis-based style is most often required within a medical setting. The premise for this style should include the major data, but not supportive details, for providing a diagnosis of the client on all five axes of the *DSM-IV-TR*. The topic sentence of the premise highlights the major symptoms of the client. Each long-term goal of the treatment plan might likewise highlight one symptom. Or, if there is only one primary symptom, each long-term goal might reflect helping improve the client's level of functioning within each of the client's primary roles such as worker, husband, and father. Each support paragraph will focus on one symptom or, when there is only one symptom, may discuss the client's current level of functioning within each of his or her primary roles. A full example of the diagnosis-based style, the case of Marie, can be found in Chapter 4.

The six styles discussed in this chapter are not intended to be all-inclusive. Other strategies could be used to effectively organize your clinical work. Professional writing allows for a great deal of flexibility in style; however, there must be a clear organizational plan that will easily communicate to other professionals your current understanding of your client and your client's treatment plan. This may be needed to support clinical supervision of your work, case reviews by accreditation boards, court-ordered evaluations, and emergency coverage of your cases by another clinician (APA, 2007, Guideline 5).

Do your conceptualization and treatment plans have to follow a parallel structure? No. An assumption-based case conceptualization does not have to be followed by treatment goals expressed in terms of the theory's assumptions. However, this can be an effective strategy in that

the reader, whether it is your supervisor or a judge, can easily follow your professional reasoning. Similarly, if Pat blames his problems on the alcoholic parents who neglected him, he might be most motivated to work on treatment plan goals that are developmentally expressed. If his treatment plan meets his expectations that his problems today are not “his fault” but due to his alcoholic parents not giving him what he needed, he may be more motivated to work on them.

There is no standardized format for presenting the goals of a treatment plan. Different clinicians and different clinical settings have preferred formats. Three formats will be modeled in the examples at the end of this chapter. These have been labeled the basic format (treatment plans 1–3, 5), the problem format (treatment plan 4), and the SOAP format (treatment plan 6).

The basic format has goals stated in terms of what the client needs to achieve/learn/develop. This may be a motivating format for the client as it is stated in terms of the goals the client wants to achieve. It is also useful when the client has a very negative reaction to any indication that he or she has any “problems” or “issues.” The problem format has goals stated in terms of what maladaptive behavior or issues need to be reduced. This may be most motivating for clients who are very frustrated by their own behavior and ready for change. Similarly it may be a good format for parents who are very frustrated by the maladaptive behavior of one of their children or for a probation officer who is determined to prevent recidivism in a parolee. The final format is an adaptation of the “SOAP” note that is commonly used in medical settings. This note was first developed by Lawrence L. Weed, MD. He developed it to go along with his “Problem-Oriented Medical Record (POMR).”

Dr. Weed wanted the medical record to clearly draw attention to the client’s presenting problem, the current status of this problem, and the immediate plan for dealing with the problem and then conclude with why this plan was chosen. The clinician was to write a new SOAP note each day (a short-term plan) rather than come up with goals for a more long-term plan. The letter *S* refers to the subjective data provided by the client. The letter *O* refers to the clinician’s objective data developed through testing or informal assessment of the client. The letter *A* refers to the clinician’s assessment of the client based on the *S* and *O* data. The letter *P* refers to the clinician’s immediate plan vis-à-vis the client. The uses of the *S*, *O*, and *A* parts of the note will be used following the procedures described by Bacigalupe (2008) and Keenan (2008) in their Web documents for training students in the use of Dr. Weed’s SOAP note. For the purposes of this book,

the *P* section of the SOAP note will be extended to include the long- and short-term goals described in this volume.

The three formats modeled in this text are intended to encourage you, if you have the freedom to choose, to select the format you believe will be most likely to engage the client in constructive change.

Examples of Premises and Treatment Plan Styles

All the examples provide insights concerning the case of Pat. Assume that the clinician has carried out a comprehensive intake with him as well as conferred with his probation officer. As you read each example, assume that the clinician will be monitoring Pat's potential for harm toward others whether or not this is made explicit in the treatment goals. All the examples are based on behavioral theory so that differences in writing style can be highlighted.

Behavioral theory was chosen as it has a number of strengths in considering Pat's unique characteristics at this time. It is action oriented, and he prefers a quick pace. He was recently in prison, so a highly structured approach should not seem unusual or burdensome to him. In fact, it should provide significantly less structure than he has been used to in the last 3 years. In addition, his jail term was reduced due to his learning how to be a "good inmate," and this past learning might be effectively incorporated into the treatment plan. Finally, achievement of behavioral goals is relatively quick, and this fast response may be needed to prevent Pat from being sent back to jail.

Premise 1: Assumption-Based Style

From a behavioral perspective, Pat has been taught to use aggressive strategies within all aspects of his life, and he has not been taught to use, or value, relationship-enhancing skills such as self-control or empathy. His father battered his mother on a regular basis. In addition, from Pat's perspective, both of his parents used verbal or physical violence as their only child management strategy. Pat has sought out a deviant social support network that has reinforced his aggressive behavior. Pat thus learned to be aggressive through modeling, reinforcement, and punishment. Alcohol may serve as his only mechanism for dampening his sense of personal failure in relationships and in his underemployment. His deviant social support system makes it unlikely that he received any modeling of controlled drinking. Pat may have developed a classically conditioned association of

alcohol with feeling less stressed. Despite these serious issues, Pat has shown a consistent interest in observing others, which opens up the possibility of his learning from prosocial role models. He has also been able to recognize that his own violent behavior led to the negative consequence of his recent jail time. Finally, Pat is motivated to maintain his current relationship with Alice and stay out of jail. While the prognosis is guarded, treatment focused on these two issues may provide an opening for initiating changes in his destructive lifestyle.

Treatment Plan 1: Assumption-Based Style

Treatment Plan Overview. Pat is an intelligent man who wants to be in control of his own life, so treatment will focus on helping Pat learn behaviors that he may choose to use to develop a more stable relationship with Alice and stay out of jail. Relationship-building skills will be emphasized, as will how to decrease behaviors that are destructive within relationships. To decrease the likelihood of treatment having any negative impact on Pat's relationship with Alice or putting him at risk for jail time, all new relationship skills will be first practiced within the treatment relationship. Pat's probation officer meets with Pat on a weekly basis to ensure that Pat has not engaged in any violent behavior. Pat has found these meetings aversive as the focus has been exclusively on reviewing Pat's past acts of violence. Instead the officer will be asked to reinforce Pat's attempts to exert positive control in relationships within the past week as well as reviewing probation expectations. Long-Term Goals 1 and 2 will be addressed simultaneously. (This treatment plan follows the *basic format*.)

LONG-TERM GOAL 1: Provide learning experiences that enhance Pat's ability to engage in relationship-enhancing skills within his relationship with Alice when he chooses to do so.

Short-Term Goals

1. Relationship-building behaviors within the treatment relationship, such as arriving on time, coming regularly, being polite, and not making threats during discussions, will be noted and praised.
 - a. Using observation, Pat will reflect on what verbal and nonverbal behaviors the clinician is using within the session to make the treatment relationship positive. Consequences of these behaviors for building trust and good feelings within a relationship will be discussed in detail.

- b. Pat will practice noticing subtle cues the clinician may be giving him to indicate approval of prosocial behavior—for example, smiles, relaxed posture, and leaning forward.
 - c. Pat will practice noticing obvious cues the clinician gives, such as the use of praise or expressing appreciation for effort, that indicate approval of prosocial behavior.
 - d. Pat will practice noticing his own immediate behavior within the treatment session, identify the obvious and subtle cues he is using in his interactions with the clinician, and label them as relationship building or relationship damaging.
 - e. Pat will discuss what changes in his behavior were perceived, in prison, as the behavior of a “good” inmate and if any of these might enhance his relationship with Alice.
2. Pat will discuss what “good” behaviors he might direct toward Alice in terms of their potential for building a positive relationship.
 - a. Subtle and obvious cues Alice might use to indicate approval of Pat’s behavior will be discussed.
 - b. Pat will discuss which of Alice’s behaviors he likes and the subtle and obvious cues he has given her in the past to indicate approval of these behaviors.
 - c. The value of providing obvious versus subtle indications of approval for increasing the strength of a relationship will be underscored within the session.
 - d. Pat will practice providing obvious indications of approval to Alice within role-plays with the clinician.
3. Pat will practice effective listening skills within role-plays with the clinician to use in the future with Alice. The potential positive consequences of these skills will be stressed, and the dangers of any loss of control of his anger toward both Alice and himself (in terms of jail time) will be highlighted.
4. Pat will observe individuals that he identifies as living the good life and consider the skills they are using to sustain this good life.
5. Pat will practice positive behaviors he has observed in these successful individuals within treatment sessions.
6. At home, Pat will notice when he might use effective listening skills with Alice.
7. After Pat has achieved enough success on Long-Term Goal 2, conjoint sessions for Pat and Alice will begin where they will practice effective listening about problems they are having with other people in their lives.
 - a. Pat and Alice will be coached to provide each other with positive reinforcement for sharing life concerns with each other.

- b. Pat and Alice will be coached to provide each other with positive reinforcement for good listening skills.
- c. Pat and Alice will be coached to provide each other with positive reinforcement for understanding the information the other expresses.
8. Pat and Alice will practice effective listening about problems they are having, within their own relationship, in conjoint sessions.
9. Other goals will be developed as needed to integrate good listening with effective problem solving from Long-Term Goal 2.

LONG-TERM GOAL 2: Provide learning experiences that will enhance Pat's ability to use nonaggressive, conflict resolution strategies in his interactions with Alice in order to strengthen their relationship.

LONG-TERM GOAL 3: Provide learning experiences that will enhance Pat's ability to use nonaggressive, conflict resolution strategies in his interactions with other people, especially men, so that Pat can stay outside of jail and have the opportunity to maintain his relationship with Alice.

Premise 2: Symptom-Based Style

Pat's most serious problems revolve around his violent behavior and excessive drinking. From a behavioral perspective, these impulse control difficulties may have developed because of faulty learning experiences, including his modeling of aggressive parental behavior and lack of explicit help in learning prosocial skills. His parents were erratically attentive to his behavior. Sometimes they supplied no consequences in response to his behavior; at other times, they supplied verbally or physically abusive consequences that were not clearly tied to Pat's behavior. Pat learned that to have control in an interpersonal relationship he needed to be violent and that alcohol dulled the pain when he was not in control. Pat's strengths include his ability to control his aggressive impulses within the jail and his current work environment and to respond positively to the reinforcement of being paid on a weekly basis. He enjoys watching others and trying to figure out their motivations. Thus, he has the ability to reflect on the meaning of behaviors for an individual's character. He has also shown the ability to learn from the examples set by others and was able to modify his behavior enough to be released early from jail. While overall his motivation for change is low, the enjoyment he gains from observational learning may provide an opening to begin the treatment process.

Treatment Plan 2: Symptom-Based Style

Treatment Plan Overview. Pat's probation officer is monitoring his aggressive behavior and level of drinking. If Pat loses control of his aggressive behavior, his parole will be violated, and he will be sent back to jail. Pat will develop behavioral strategies that ensure he maintains control of his aggressive impulses. He will learn to recognize when he needs to stop drinking so he can think clearly and avoid a situation that could land him back in jail. While Pat does not agree with the probation officer that he has a problem with aggression and excessive alcohol use, he does agree with the clinician that he does not want to go back to jail. Long-Term Goals 1 and 2 will be worked on simultaneously to decrease the likelihood that Pat will come into conflict with the law. (This treatment plan follows the *basic format*.)

LONG-TERM GOAL 1: Decrease Pat's violent behavior to keep him out of jail.

Short-Term Goals

1. Pat will discuss the antecedents to the fight that resulted in his prison sentence.
2. Pat will discuss the immediate and long-term consequences (positive, negative) of the fight that resulted in his prison sentence.
3. Pat will consider what consequences he would prefer to have following his fights with other men.
4. Pat will become aware of what has happened immediately before he becomes verbally or physically aggressive (thoughts, feelings, behavior) so he can be in control of himself at all times.
 - a. During the session, after warning him this is about to happen, the clinician will intentionally bring up incidents that have made Pat angry that involved treatment sessions and probationary appointments to help him develop this awareness.
 - b. The clinician will follow the same procedures as in (a) but first ask Pat about a recent provocation at work.
 - c. The clinician will follow the same procedure as in (a) but first ask Pat to describe a recent provocation by Alice or a neighbor.
5. Pat will become aware of what happens immediately after he has been verbally or physically aggressive (thoughts, feelings, behavior) and decide if these are positive or negative consequences.
 - a. Pat will reenact with the clinician a recent act of his aggression within the treatment session to heighten his awareness of his thoughts, feelings, and behavior and whether or not he was in control of himself.

- b. Pat will reenact with the clinician a recent act of his aggression at work to heighten his awareness of his thoughts, feelings, and behavior and whether or not he was in control of himself.
 - c. Pat will reenact with the clinician a recent act of his aggression at home to heighten his awareness of his thoughts, feelings, and behavior and whether or not he was in control of himself.
6. Pat will consider taking a personal time-out (taking several deep breaths, looking away, walking away, etc.) when he becomes aware that he might be verbally or physically aggressive.
- a. Pat will develop the ability to calm himself down, using strategies such as deep breathing, progressive muscle relaxation, and self-hypnosis.
 - b. Pat will select the method of relaxation he prefers based on making him feel most in control of himself.
 - c. Pat will try using this method when he is in a session but recalling a recent confrontation at home or at work so that he can feel in control of himself.
 - d. Pat will be aware of when he becomes angry with the clinician within a session and practice taking control of his anger in the moment.
 - e. Pat will try to use one of these methods when he becomes angry with Alice at home so he is in control of what he does.
 - f. Other goals will be developed as appropriate to ensure Pat is in control of his actions when he feels that others are provoking him.
7. Pat will learn, within sessions, problem-solving strategies that do not involve aggressive behavior that he can use during provoking situations if he wants to.
- a. Pat will try to identify what he wanted to achieve in his most recent interpersonal conflict and whether he achieved it.
 - b. Pat will learn to recognize verbally assertive, aggressive, and passive responses within conflict situations that are role-played within the session with the clinician.
 - c. Pat will consider which type of response gives him what he wants without leading to a consequence that could send him to jail.
 - d. Within role-plays with the clinician, Pat will practice assertive verbal responses to getting what he wants as these are least likely to get him in trouble with the law.
 - e. Pat will practice using assertive responses within his next conflict with the probation officer. (The probation officer will be notified, in advance, that Pat will be practicing assertiveness within the probationary appointment so that he provides appropriate consequences for this effort.)
 - f. If Pat has developed enough behavioral control, he will practice how to use assertiveness in conflicts with Alice that are reenacted within the treatment setting.

8. Other goals will be developed as it becomes safe for Pat to practice new behaviors with Alice both within sessions and later at home without harming his relationship with her or coming into conflict with the law.
9. Other goals involving men at work will be developed once it is safe for Pat to practice his new behaviors within the employment setting without being in danger of losing his employment or coming into conflict with the law.

LONG-TERM GOAL 2: Decrease the level of Pat's drinking to the point where he feels in control at all times in order to decrease the danger of his being sent back to jail.

Premise 3: Interpersonally Based Style

Whether in relation to intimate partners, coworkers, or strangers, Pat has learned that social relationships are violent and impulsive. To protect himself, he has learned to get the drop on other people before they can do it to him. With men, he is quick to accelerate from mild confrontation to physical violence, and he has never sought male friendships. With women, he allows himself to begin an intimate relationship, but at the first sign that a woman has some control over his emotions, he reacts with verbal aggression. He has learned that alcohol can effectively blot out feelings of fear and rejection. After his time in prison, in isolation from women, he has learned that he needs a woman in his life and wants to have a stable relationship with Alice. He has noticed, at the department store where he works, that other men can relate in a more relaxed way to women than he can. He admires this and may be open, at this time, to learning communication and problem-solving strategies that would allow him to have these types of exchanges with Alice. He is very intelligent and has shown himself able to analytically observe others and learn new behaviors that can get him what he wants, such as early parole from jail. This may improve his guarded prognosis for being engaged effectively in treatment.

Treatment Plan 3: Interpersonally Based Style

Treatment Plan Overview. Pat's relationships with others have been verbally and/or physically aggressive, which has brought him into conflict with the law. He is now in two relationships that he didn't seek to develop, one with his probation officer and one with the clinician. He is in one relationship that he does want to maintain, the one with Alice.

Treatment will start with using his skill at figuring out what makes other people tick, which is something he enjoys doing. He will observe men relating in a relaxed manner with women and figure out what skills they are using. He will consider using these skills in his relationship with Alice. Once this has been achieved, he will consider when using these skills with other people could help him stay out of conflict with the law and get a better job. Long-Term Goal 1 would be achieved prior to beginning Long-Term Goal 2. (The treatment plan follows the *basic format*.)

LONG-TERM GOAL 1: Help Pat sustain his relationship with Alice.

Short-Term Goals

1. Pat will observe interpersonal relationships to develop a catalog of behaviors that are verbally aggressive, physically aggressive, nonaggressive, or avoidant, and the impact of these different behaviors on the relationships will be discussed within treatment sessions.
 - a. Pat will observe Alice, his neighbors, and the characters on television and keep a record of their behaviors, analyzing them into the categories of verbal aggression, physical aggression, assertive, and neutral.
 - b. Pat will observe the immediate consequences (positive, negative) of the behaviors within the catalog for each person in terms of their maintaining or damaging a relationship.
 - c. In the treatment session, Pat will analyze with the clinician the potential inner thoughts and feelings of the individuals he observed.
 - d. Pat will observe himself and keep a record of his behaviors, analyzing them into the categories of verbal aggression, physical aggression, assertive, and neutral.
2. Pat will consider which behaviors and consequences he has observed in himself are most likely to damage versus strengthen his relationship with Alice.
3. Pat will practice, in role-plays with the clinician, behaviors he considers might strengthen his relationship with Alice.
4. When ready, Pat will use conjoint sessions to practice, with Alice, behaviors that can strengthen the relationship.
5. During a moment at home when he feels relaxed, Pat will practice behaviors that could strengthen his relationship with Alice and will catalog the consequences of this behavior.
6. Other goals will be developed as appropriate to helping Pat build a positive relationship with Alice.

LONG-TERM GOAL 2: Help Pat maintain relationships at work that will support his getting a better job.

LONG-TERM GOAL 3: Help Pat maintain relationships with strangers that will keep him out of conflict with the law.

Premise 4: Historically Based Style

As Pat developed from childhood through adolescence, his needs for physical, cognitive, and psychosocial mentoring were met with indifference or hostility. His caretakers neglected to teach him prosocial skills and modeled violence as the universal response in human interactions. As an adult survivor of a violent upbringing, Pat has developed a hostile view of the world in which all behaviors, whether neutral, positive, or negative, are viewed as threatening. His only mechanism for dealing with stress, beyond physical or verbal aggression, is through the overuse of alcohol. His maladaptive learning history has impeded his ability to develop any positive, intimate relationships. Pat's strengths lie in his ability to inhibit his aggression within the workplace despite his lack of prosocial mentoring. In addition, he is at a point in his life when he recognizes his life would improve if he could maintain a long-term relationship with an adult female, preferably Alice, the woman he is currently living with. This recognition may serve as an opening for new learning within the treatment setting.

Treatment Plan 4: Historically Based Style

Treatment Plan Overview. Due to the neglectful and violent behaviors of his parents, Pat raised himself and did not get help learning how to get what he wanted from life without the use of aggression. Pat has little motivation at this time to explore his own aggressive behavior as he does not agree that it is a problem. He is overtly angry with his parents and feels they "screwed him up." Furthermore, Pat wants to have a better relationship with Alice than his father had with his mother. Thus, he will consider learning the relationship-building skills his parents neglected to teach him. Long-Term Goal 1 will be achieved before progressing to further goals. (This treatment plan follows the *problem format*.)

PROBLEM: Pat raised himself and did not get help learning how to get what he wanted from life without the use of aggression.

LONG-TERM GOAL 1: Help Pat examine the consequences of his parents' violence involving himself and others.

Short-Term Goals

1. Pat will describe what he observed about his parents' behavior toward other adults such as neighbors and extended family members and whether they had relationships he would have called friendships.
 - a. Pat will articulate how well their violent style of relating supported their getting their human needs for companionship, respect, and trust met from adult friends.
 - b. Pat will reflect on whether he learned any viable friendship skills by observing his parents.
 - c. Pat will reflect on how his parents' behavior influenced his choice to be a loner.
2. Pat will discuss his parents' behavior toward each other as spouses and speculate on the consequences of their behavior for each of them getting their needs for intimacy, respect, and security met.
 - a. Pat will reflect on what he learned about how men and women relate to each other by observing his parents.
 - b. Pat will consider the impact his violent upbringing had on his ability to relate to women in a way that would sustain a positive relationship.
3. Pat will discuss his parents' aggressive and neglectful behavior toward him as a child and the consequences of this for him receiving the care and support every child needs.
4. Pat will discuss the impact his violent upbringing had on his ability to consider other people trustworthy.
5. Pat will discuss the impact his violent upbringing had on his ability to succeed at schoolwork.
6. Other goals will be developed as appropriate to helping Pat see the impact of his past violent and neglectful learning history on his current life.

LONG-TERM GOAL 2: Help Pat examine the consequences of his own violence on himself and others now that he is a young adult.

LONG-TERM GOAL 3: Help Pat learn the nonviolent communication and problem-solving skills that his parents neglected to teach him during his childhood.

Premise 5: Thematically Based Style

“Can I ever have power in a relationship without resorting to violence?” This may be a question Pat never asked himself until his recent alliance with Alice. Faced with a history of relationship failure and in danger of losing yet another relationship, Pat may finally be open to thinking about his life and what has led him to being who he is. From a behavioral perspective, many of his difficulties can be seen as stemming from faulty learning experiences in which the use of aggression, the exertion of power, and impulsive outbursts of anger were modeled and reinforced as much as prosocial and thoughtful strategies were ignored. In his family, the young Pat was at the bottom of the power hierarchy and initially defined as the family loser. Pat only gained power as his skills at fighting back increased. Pat’s strengths can be seen as his ability to reflect on, and try to learn from, his own prior experiences. He has noticed that other men can maintain male-female relationships while he currently doesn’t have the power to do so. This recognition may be an opening for Pat to learn new strategies that could help him maintain his relationship with Alice. In the past, he has struggled against heavy odds to survive. This persistence has the potential to serve him well as he seeks to use his intelligence and ability to observe others in developing a different type of relationship power.

Treatment Plan 5: Thematically Based Style

Treatment Plan Overview. Pat is very interested in power. He has many questions related to power: What kind of power can he get in his current situation? How can he stop the law from having power over him? What power can he use to get what he wants out of the treatment relationship? Pat believes that without appropriate power he will be victimized as he was in his childhood. Treatment focused on his gaining power within his life will fit his values. Long-Term Goal 1 is to be completed before beginning Long-Term Goal 2. (This treatment plan follows the *basic format*.)

LONG-TERM GOAL 1: Pat will examine the role of power in interpersonal relationships.

Short-Term Goals

1. Pat will observe current interpersonal relationships in his neighborhood, work environment, and so on and explore the question “Who has power within these relationships?”

2. Pat will consider what verbal and physical behaviors provided evidence for who had power and what behaviors maintained the power.
3. Pat will observe the consequences (neutral, negative, positive) during new incidents of the use of power within these interpersonal relationships and determine who benefited and who lost in the short run and how this might influence the sustainability of the relationship in the long run.
4. Pat will consider whether he ever observed examples of the constructive use of power in which someone was influential in the relationship without causing loss to the other person.
 - a. Pat will search through media, political news, work, or his neighborhood for examples of constructive power.
 - b. Pat will evaluate whether the nonaggressive behaviors that supported constructive power led to stronger and more satisfying relationships in the long run.
5. Pat will make a list of behaviors he has observed that create constructive power.
6. Pat will determine what problems at home, in the neighborhood, or at work are in need of a solution and discuss with the clinician any ideas he has for solving these problems using constructive power.
7. Pat will engage in role-plays with the clinician where he uses his own ideas on how to solve problems using constructive power.
8. Pat will consider whether he would like to try to implement one of his ideas.
9. Other goals will be developed as appropriate for Pat to have power in relationships without jeopardizing his ability to keep the relationship and to keep out of jail.

LONG-TERM GOAL 2: Pat will practice strategies for beginning and maintaining interpersonal relationships using constructive rather than destructive power.

Premise 6: Diagnosis-Based Style

Pat has a lifelong history of impulsive and aggressive behavior. He appears to view the world as a hostile place in which sane people have learned to be on their guard and ready to protect themselves. He views himself as an expert in gaining the upper hand in relationships. Although he shows evidence of regretting the time he spent in prison and the loss of some past interpersonal relationships, he continues to show what appears to be an enduring tendency to externalize blame, to view other people as actively hostile, and to evidence an inability to see other people's points of

view. This profile of chronic, egosyntonic, maladaptive behavior is considered most compatible with a primary *DSM-IV-TR* diagnosis of Axis II: 301.0 Paranoid Personality Disorder. Further assessment is needed to determine if an Axis I diagnosis of 305.00 Alcohol Abuse also is appropriate. In recent years, Pat's use of alcohol has increased, and there are some indications that excessive alcohol use occurred prior to his most violent outbursts. Pat's current level of physical health is excellent, so there is no diagnosis on Axis III. On Axis IV, Pat is having difficulties with the legal system, his social environment, and his primary support group, although he does have a history of constructive employment and expresses a desire for a long-term relationship with Alice. On Axis V, Pat has an estimated current Global Assessment of Functioning (GAF) of 40 and an estimated highest GAF in the past year of 50. Because of Pat's long history of maladaptive behavior, his tendency to blame others, and his difficulties in forming a trusting relationship, any positive movement in treatment must be viewed with caution as it could reflect manipulative behavior rather than adaptive change.

Treatment Plan 6: Diagnosis-Based Style

Treatment Plan Overview. Pat is motivated to stay out of jail and continue his relationship with Alice. He does not currently believe that gaining control of his alcohol use, and decreasing his aggressive behavior, is necessary to achieve these goals. The current situation will first be described from his point of view. Then, information that the clinician has garnered from other sources will be summarized. And, finally, a plan based on an integration of this information will be offered to help Pat stay out of jail and strengthen his relationship with Alice. (This treatment plan follows the adapted *SOAP format*.)

Subjective Data

Personal history: Pat is a 25-year-old, European American male who was the only child of two alcoholic parents. He describes being treated by his parents with indifference and hostility. He states that he was often beaten for reasons he did not understand. He witnessed many acts of violence between his parents. He got into trouble in school for aggressive behavior and received poor grades beginning in elementary school. He began coming into conflict with the law as a teenager. This was also the time when he began to drink. He considers himself a loner who never had friends. He says friends are for "losers."

Relationship history: Pat has been involved in many short-term relationships with women. He met these women in bars or in his neighborhood and, after a few weeks of dating, invited them to move in with him, and then, just as suddenly, they secretly moved back out. He has observed other people having longer-term relationships than he has had, and he expresses the desire to maintain a relationship with Alice, long-term.

Legal history: Pat was recently released from prison. He was convicted of assault with intent to harm and given a prison sentence of 2–5 years. Pat was released after 3 years for good behavior. He is currently on parole. He has weekly appointments with his parole officer and is participating in treatment as a requirement of his parole. The officer wants him to decrease his alcohol use and develop nonaggressive strategies for dealing with conflict.

Work history: Pat has been gainfully employed since he graduated from high school. The only disruption of this was his time in prison. Immediately on release from prison, he set out to get a job and is now a custodian at a store.

Objective Data

Standardized intellectual testing using the Wechsler Adult Intelligence Scale-III (WAIS-III) revealed that Pat has an above-average level of intelligence. Pat denied any memory loss, cognitive disorientation, or history of head injury, so no neuropsychological testing was considered necessary at this time. Personality testing utilizing the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) revealed no signs of cognitive confusion, personal turmoil or distress, or physical symptoms. Rather, his profile suggested a history of family and interpersonal discord. His relationships with others can be characterized by suspiciousness, jealousy, and hostility. His scores on items reflective of alcohol abuse are ambiguous, and thus further assessment in this area is called for. His profile suggests a pattern of behavior consistent with a diagnosis of a Paranoid Personality Disorder. As a result, Pat is not likely to view the clinician as trustworthy. The clinician must take responsibility for demonstrating trustworthiness.

Assessment

There are no signs at this time of significant emotional turmoil or distress related to his violent behavior or alcohol abuse. Pat's behavior is consistent with a diagnosis of Paranoid Personality Disorder, but his behavior is also not inconsistent with viewing Pat as an adult survivor of a traumatic upbringing. Both Pat's high level of intelligence and his ability to observe and analyze others might be utilized in making constructive change. However, safety issues

must be monitored carefully as Pat is angry about the referral for treatment. While there were no signs of any loss of control of anger within the treatment session, he has a history of explosive, violent outbursts. Thus, Pat's potential for being a danger to others, including the clinician, will need to be monitored on an ongoing basis.

Plan

Long-Term Goal 1: Pat would like to maintain his relationship with Alice.

Short-Term Goal 1: Pat will read a book on relationship building and discuss with the clinician any skills within it that he finds useful.

Short-Term Goal 2: Pat will observe men and women in his neighborhood and at work and discuss with the clinician any relationship skills he sees that he thinks might be useful to him.

Short-Term Goal 3: Pat will observe TV, videos, and movies and discuss with the clinician any relationship skills he sees that he thinks might be useful to him.

Short-Term Goal 4: Pat will practice relationship skills he found useful within role-plays with the clinician.

Short-Term Goal 5: Pat will practice skills he found useful within conjoint sessions with Alice.

Short-Term Goal 6: When it is considered safe to do so, Pat and Alice will practice in the home setting the relationship skills they are learning in treatment.

Long-Term Goal 2: Pat would like to maintain constructive employment.

Long-Term Goal 3: Pat would like to remain out of jail.

Conclusions

The type of case conceptualization and treatment plan recommended within this chapter requires a great deal of critical thinking prior to actually implementing treatment. Although this is initially time-consuming, this critical thinking will serve you well in planning effective and time-efficient treatment sessions overall.

Developing new skills can create temporary chaos for the learner. As you practice these new case conceptualization and treatment planning

skills, you may enter a temporary period in which your writing seems awkward, rigid, or simplistic and in which you feel confused and uncomfortable. This period of “bad” or “stressful” writing will dissipate with practice, and you will have developed a scholarly approach to writing that reflects your personal style.

Recommended Resources

- American Psychological Association. (2007). Recordkeeping guidelines. *American Psychologist*, 62(9), 993–1004.
- Dunn, D. S. (2004). *A short guide to writing about psychology*. New York: Pearson Education, Inc.
- Pan, M. L. (2008). *Preparing literature reviews: Qualitative and quantitative approaches*. Glendale, CA: Pyczak Publishing.