

# Developing Case Conceptualizations and Treatment Plans

**T**his 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 at the next session. However, when that day arrives, Veona 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 has used her rent money to pay the attorney you recommended she get to represent her son. Frustrated, you go into crisis intervention mode and try to connect her with community resources so 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 you acknowledge the seriousness of the client's 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 of, 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. Veona's parents either ignored how she was behaving or what was happening to her or 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 her own parents were to her. 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 a loving parent 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's ability to communicate 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's ability to communicate 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 that 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 who was released four and a half months ago from prison after serving three years of a five-year prison sentence for assault. He was sentenced to jail after beating a man unconscious in a drunken brawl following a football game; Pat denies any memory of the reason for the fight, but he is sure the other man started it. This was Pat's only stint in prison, but he had been arrested on a regular basis before this for getting into fights in bars. For these incidents, he received first fines, then probation, and finally time in prison. His current probation officer has insisted he attend treatment to decrease his aggressive behavior and alcohol abuse in an attempt to break his cycle of getting into trouble at bars.

Pat was an average student in high school and went on to get an associate's degree in computer repair. Before going to prison, Pat spent a year working as a computer technician in a small company. He is proud of holding down this job so long and admits to enjoying work with computers. He indicates he would return to computer repair if he could ever get a break. After prison, he quickly found out that no one wanted a computer technician with a history of violent behavior. Determined to work, Pat finally gained employment as the custodian of a large department store. Pat has treated his boss very respectfully, both because he had to work very hard to find any job and because this man was the only one who would give him a try despite his criminal record. Although he is a self-described loner,

Pat has been carefully observing his boss and the other store employees trying to understand what makes them “tick”—this is a game he has played with himself since high school. Pat does not intend to lose this job, unless it is to move upward. His probation officer meets with him weekly and has made it very clear that he plans to monitor Pat’s progress in treatment. There have been no aggressive episodes within the work environment to date, nor does he have any history of fighting at work.

Pat has never been married and presently has no children. He is currently involved in an intimate relationship with Alice, a 19-year-old European American female; this relationship is in its second month. Pat has had a number of intimate relationships, none of which has lasted beyond six 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 that they move out of the neighborhood and he never sees them again. Pat denies understanding why women run out on him. Pat does admit that he has been in quite a few fights with men. Pat has never been married and has no children. During his time in jail, Pat realized he was tired of problems with the police and tired of changing women; he wants Alice to “stay put.”

When asked about his childhood, Pat says that he was raised by two people who never stopped drinking or fighting. He denies having any memories of home that didn’t involve his parents being violent, or passed out somewhere in the house. Pat has been responsible for himself for as long as he can remember. Neither of his parents seemed to take responsibility for making sure he had meals. He learned early on how to grab food and then run off to a corner of the house to eat. Otherwise, one or the other of his parents was bound to find him, give him a few swift kicks, and then grab his food. No one in Pat’s neighborhood or at school seemed to notice that he was mostly skin and bones and always covered in bruises. However, there were people in the neighborhood who would pay him to walk their pets or clean out their garages. Pat quickly learned the value of work, as the money he earned bought him food to eat at the local store.

At school, Pat intentionally kept a low profile, doing the minimum necessary to stay out of trouble. He was socially isolated until high school, when he was old enough to begin work after school at a gas station. When the station closed down late at night, he and the other attendants would go drinking in the woods after long hours of pumping gas. Once they started drinking, they would keep drinking until all the alcohol was gone. Currently, Pat binges on the weekends, but he never drinks on a work day.

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 could 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 you use Pat’s characteristics and presenting concerns to guide your choice (Hubble et al., 1999). The 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, how unconscious or how deep in the unconscious the precipitants of his problems will be conceived to 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 involve analyzing 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 located 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. Perhaps, to avoid the anxiety generated by these unmet needs, Pat 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 will need to develop significant insight into his unconscious conflicts before he can 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.

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## DEVELOPING YOUR THEORETICAL UNDERSTANDING

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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 his or her 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 on 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 and what is most useful clinically (American Psychiatric Association, 2002, Section 2; American Psychological Association [APA], 2007c, 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 outcomes 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 outcomes 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 outcomes.

There are no standard criteria for evaluating treatment plans beyond their conformity to legal and ethical mandates and adherence to a format acceptable to licensing agencies and insurance companies (American Psychiatric Association, 2002; APA, 2007c). However, the research literature indicates that treatment goals stated in small and specific terms that Pat can understand and in such a way that he can see them 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). This text recommends an overall strategy for writing goals of this type 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).

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## KEY FEATURES IN DEVELOPING A CASE CONCEPTUALIZATION

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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 the same function for this introductory paragraph by 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, the topic sentence might read, “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 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 are suggested for developing an effective treatment plan. The first feature is the treatment plan overview. This is a brief paragraph that provides a brief explanation for how the treatment plan will be implemented. It can be written 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. These goals will assist in charting 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. Expect to need more short-term goals to support ambitious, versus moderately difficult, long-term goals. 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 details 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 in achieving positive treatment outcomes (Hubble et al., 1999; Lambert et al., 2004).

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## DEVELOPING YOUR PERSONAL WRITING STYLE

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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 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 two complete case conceptualizations and treatment plans. The first always uses the assumptions of the theory to guide its organization. The second follows another style that might be particularly potent in connecting with the client (see Table 1.1). Research shows that instilling hope is an important factor in positive treatment outcomes (Wampold, 2010). Thus, when clinicians adapt their writing style to reflect the personal perspectives of their clients, it can increase their clients' sense of hope and ownership of their treatment. At the end of this chapter, abbreviated examples



of six different styles for adapting your clinical work are provided. These examples include premises, treatment plan overviews, and partially completed treatment plans. All of these examples are based on a behavioral analysis of the case of Pat in order to highlight differences based on writing style versus theory. The labels used to describe each style have been created by the author and include assumption-based, symptom-based, interpersonally based, historically based, theme-based, and diagnosis-based.

**Table 1.1** Location of Case Conceptualization and Treatment Plan Examples by Domain, Chapter, Style, and Format

Domain	Chapter	Style	Format
Violence	3	Assumption, Historical	Basic, Problem
Gender	4	Assumption, Diagnosis	Basic, SOAP
Socioeconomic Status	5	Assumption, Thematic	Basic, Problem
Race & Ethnicity	6	Assumption, Historical	Basic, Problem
Sexual Orientation	7	Assumption, Interpersonal	Problem, Basic
Race & Ethnicity	8	Assumption, Interpersonal	Basic, Basic
Age	9	Assumption, Symptom	Problem, Basic
Age	10	Assumption, Diagnosis	Problem, SOAP
Socioeconomic Status	11	Assumption, Symptom	Problem, Problem
Violence	12	Assumption, Thematic	Problem, Problem

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. There is a complete conceptualization and treatment plan using this style in each chapter.

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 full conceptualizations and treatment plans using this style, read the cases of Alice in Chapter 9 or that of Zechariah in Chapter 11.

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 himself 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 full conceptualizations and treatment plans using this style, see the cases of Ellen in Chapter 7 and Sergio in Chapter 8.

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, and psychosocial development. For complete examples of the historically based style, see the cases of Jeff in Chapter 3 and John in Chapter 6.

The theme-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 or realm of the client's life within the context of the theme. For a complete example, see the case of Ann in Chapter 5 and Jake in Chapter 12.

The diagnosis-based style organizes information about Pat around the framework of the formal diagnostic system created by the American Psychiatric Association (2013) in the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The diagnosis style is very similar to the symptom style, as the DSM-5 is organized primarily around symptoms. A diagnosis-based style is most often required within medical settings. The premise for this style should include the major data, but not supportive details, indicating a diagnosis of one or more mental disorders, a situation or interaction between people that provides a focus of clinical attention, or the lack of such a disorder or need for treatment. 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 address the client's level of functioning within one 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 one of his or her primary roles. Full examples of the diagnosis-based style, the cases of Marie and Amber, can be found in Chapters 4 and 10, respectively.

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, or emergency coverage of your cases by another clinician (APA, 2007c, 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), the *problem format* (Treatment Plans 4–5), and the *SOAP format* (Treatment Plan 6).

The basic format has goals stated in terms of what the client needs to achieve, learn, or 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 coming 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. For the purposes of this book, 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. 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 following examples provide insights concerning the case of Pat described earlier in this chapter. 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 is chosen because it has a number of strengths for 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 three 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

Pat's childhood learning experiences taught him that dysfunctional behavior, such as verbal and physical aggression, is rewarded and emotional vulnerability is punished. Pat learned a lot from observing his parents; he is a master of verbal and physical assault and has also learned to associate physical dominance with sexual arousal and fear with emotional vulnerability. He also saw how to take alcohol in gulps rather than sips and to consider the needs of children irrelevant. His parents provided no positive consequences for Pat and gave no demonstration of emotional regulation or nonviolent problem-solving; the only strategy he had for dealing with his parents that led to positive consequences was to eat fast and learn how to hide effectively. Despite this violent upbringing, Pat did learn to inhibit any aggressive impulses he might have in his dealings with neighborhood adults. These neighbors were a good source of income if he was reliable and worked hard. Pat also learned that if he kept a low profile at school, he would be safe. While Pat has trouble inhibiting his aggression, particularly when drinking, he did graduate from high school and did gain an associate's degree. He has also learned that he wants to have a stable relationship with a woman rather than a revolving door of sexual partners. Pat's consistent interest in observing others, and his ability to inhibit his aggression within some environments, are all signs that he may be able to stop, think, and learn from prosocial role models at work, within the probation arena, and in the therapy environment.

### Treatment Plan 1: Assumption-Based Style

*Treatment Plan Overview.* Pat is most motivated to maintain a romantic relationship and to stay out of jail; thus, his treatment goals will focus on these issues. Pat's probation officer meets with him weekly 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. 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: Pat will learn to recognize the positive and negative consequences that follow behavior and determine which behaviors he would like to use to strengthen his relationship with Alice.

#### *Short-Term Goals*

1. Pat's behaviors in therapy, such as arriving on time, coming regularly, being polite, and not making threats during discussions, will be noted as relationship-building behavior whenever they occur.
2. Pat will consider whether the clinician's responses to him (smiles, a relaxed posture, leaning forward, etc.) serve to build a relaxed or a stressful relationship.
3. Pat will gain practice tuning in to his own immediate behavior within the treatment session, identify the obvious and subtle cues he is using in his interactions with the clinician, and ask the clinician whether they are being experienced as building a relaxing or a stressful relationship.
4. Pat will discuss with the clinician what Alice does when he comes home that he wants to continue and consider telling Alice that he likes these behaviors and wants them to continue.
5. Pat will discuss with the clinician the pros and cons of providing Alice with positive consequences for doing what he likes, and ignoring any of Alice's behavior that he doesn't like, for building a positive relationship with Alice.
6. Pat will learn about the power of deep breathing, progressive muscle relaxation, and self-hypnosis as consequences he can give to himself to control behaviors that could damage his relationship with Alice or lead to jail time.
7. Pat will select a method of controlling his own negative behaviors and practice it in session with the clinician in role plays of situations he finds provoking.
8. Pat will use his preferred method of relaxing immediately before walking into his home after work.
9. Other goals will be developed as needed for mastering Long-Term Goal 1.

LONG-TERM GOAL 2: Pat will use his observational skills to determine how his boss, his coworkers, and the store customers provide positive and negative consequences to each other that don't involve verbal or physical aggression.

LONG-TERM GOAL 3: Pat will learn how to tune in to his body and recognize when he is having reflexive positive or negative responses to the behavior of others and decide whether he wants to continue to learn or unlearn this behavior.

## Premise 2: Symptom-Based Style

Pat's most serious problems are that he engages in violent fights with men, drinks excessively, and can't maintain adaptive relationships with women. Pat learned to fight from modeling his parents' violent behavior and being physically abused by them for being visible within their home. His parents also taught him that the purpose of alcohol was to get drunk. These learning experiences around alcohol were further reinforced by his peers at the gas station, who also drank to excess. Thus, Pat didn't learn how to develop nonviolent conflict resolution strategies. Pat did learn how to work hard, persevere, and inhibit his anger in the school and work environment. He also developed strong observational skills due to his curiosity about why people do what they do. These strengths may support Pat in learning new behaviors within the therapy experience.

## 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 and that he does not want to lose his relationship with Alice. Long-Term Goals 1, 2, and 3 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 happens 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 involving treatment sessions and probationary appointments that have made Pat angry in the past to help him develop personal awareness of when his anger is rising.

- b. The clinician will follow the same procedure 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 its 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 for 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 via reenactments within the treatment setting.
8. Other goals will be developed once Pat is able 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.

LONG-TERM GOAL 3: Increase Pat's relationship-building skills so that it will be more likely that he can maintain his relationship with Alice or another woman.

### Premise 3: Interpersonally Based Style

Whether in relation to his parents, peers, or intimate partners, Pat has not learned how to develop relationships that are free from physical violence unless he keeps both physically and emotionally at a distance. His parents modeled a violent, drunken relationship with each other. To avoid physical abuse, he had to hide from them. The closest thing Pat has ever had to friends has been the peers he has gone drinking with. From them he learned that you never drink unless you continue until you black out. During bar experiences, he learned to always fight to win. He continued to fight, despite receiving steadily increasing sanctions from the police; the feelings of dominance he gained during the fight were more powerful reinforcement than the punishments he was getting from the police—until he was sent to jail. Despite the lack of intimacy his past relationships have brought, Pat is determined to have a long-term intimate relationship with a woman. In addition, with coworkers, he has shown no verbal or physical aggression; he views work as critical to his survival and is motivated to maintain this employment. Pat is very intelligent and can learn quickly when he is motivated to do so. He has shown a long-standing interest in learning through observing others. Maximizing these skills in treatment may help improve Pat's guarded prognosis for overcoming his destructive learning history. Focusing on what Pat cares about most, having a solid relationship with Alice and staying out of jail, may be most motivating to him at this time.



### Treatment Plan 3: Interpersonally Based Style

*Treatment Plan Overview.* Pat's greatest motivations at this time are to keep his relationship with Alice and stay out of jail. Thus, his goals will be designed to take advantage of these motivations by focusing on the building of relationship skills. Treatment will start with his reading a book on relationship-building skills and discussing the different skills with the clinician to discover how and why they might build rather than damage relationships. Once this has been achieved, he will analyze the major relationships he has experienced in his life and determine when using new skills with other people could help him stay out of conflict with the law, get a better job, and maintain a relationship with Alice. Long-Term Goal 1 will be achieved first, and then he will work on Long-Term Goals 2, 3, and 4 simultaneously. (This treatment plan follows the *basic format*.)

LONG-TERM GOAL 1: Pat will read a book that explains the concepts of relationship building, relationship damaging, and neutral behaviors and consider whether he wants to be more conscious of when he uses these types of skills in his own relationships.

#### *Short-Term Goals*

1. Pat will discuss what he has read in the book during treatment sessions and discuss in what ways he agrees or disagrees with how behaviors are categorized as relationship building, relationship damaging, or neutral.
2. Pat will observe relationships in the TV shows that he watches and keep a record of the relationship-building, relationship-damaging, and neutral behaviors that he observes and discuss this record during treatment sessions.
3. Pat will observe his boss and keep a record of the relationship-building, relationship-damaging, and neutral behaviors that he observes and discuss this record during treatment sessions.
4. Pat will observe and keep a record of the relationship-building, relationship-damaging, and neutral behaviors that he observes on his way to work and discuss this record during treatment sessions.
5. Pat will watch a movie with the clinician that covers relationship skills and discuss the advantages and disadvantages of his using them within his own relationships.
6. Other goals will be set as needed to clarify the differences between types of relationship behaviors.

LONG-TERM GOAL 2: Pat will analyze his relationship with his parents for examples of relationship building, relationship damaging, and neutral relationship behavior and consider the consequences these behaviors had for him and for their marital relationship.

LONG-TERM GOAL 3: Pat will analyze his relationships with his peers for examples of relationship building, relationship damaging, and neutral relationship behavior and consider whether he wants to make any changes in his current or future relationships.

LONG-TERM GOAL 4: Pat will analyze his relationship with Alice for examples of relationship building, relationship damaging, and neutral relationship behavior and consider whether he wants to make any changes in his relationship with her.

#### Premise 4: Historically Based Style

As Pat developed from childhood through adolescence, he learned that his personal world was either violent or neglectful and that only he could ensure his own survival. While adults in his neighborhood and school reinforced the idea that his abused body was normal, these other environments did teach him that hard work could lead to money and enough to eat. Adult Pat has been very motivated to have a relationship with an adult woman. However, while he knows that he doesn't want a relationship like the one his parents had with each other, he doesn't know what makes relationships succeed or fail. While motivated to be "different," he lacks the skills he needs to develop a stable adaptive relationship; however, he is persistent, and despite a number of failures, he continues to try again. His strengths lie in his ability to learn through observation, his ability to inhibit his physical aggression in certain situations, and his curiosity about why people do what they do. This curiosity may provide Pat with motivation to try new behaviors in pursuit of his goals of keeping Alice engaged in a relationship and keeping out of jail.

#### 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 did not learn how to solve relationship problems without violence when he was growing up.

LONG-TERM GOAL 1: Pat will examine what he learned from his parents about conflict resolution when he was a young child and teen.

##### *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 consider whether they had relationships he would call friendships.
  - a. Pat will articulate how well his parents' 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 that behavior for each of them in 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 in regard to his 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: Pat will examine what he learned from his teachers' and neighbors' failure to respond to his physical signs of being abused and neglected when he was a child and a teen.

LONG-TERM GOAL 3: Pat will examine what he learned from his neighbors' giving him money for working for them but not responding to his physical signs of being abused and neglected when he was a child and a teen.

### Premise 5: Theme-Based Style

"Can I make her stay put?" 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 taught him to be who he is today. From a behavioral perspective, many of his difficulties stem from faulty learning experiences in which the use of aggression and an overindulgence in alcohol were modeled and reinforced as much as direct caregiving and nurturing were ignored. In his family, the young Pat was left to learn that only in not staying put, but rather in hiding, was he safe. These experiences led him to consider it safer to keep others at a distance, and thus he didn't develop social skills through ongoing peer interactions. As a result, he did not learn the skills that might invite people to stay put and relate to him rather than melting away when he isn't looking. Pat's strengths can be seen in his ability to reflect on, and try to learn from, watching others and his recognition that it was

his violent behavior that landed him in jail. This recognition may be an opening for Pat to learn new strategies that could help him motivate Alice to “stay put.” In the past, he has struggled against heavy odds to survive. This persistence has the potential to serve him well. He can use his intelligence and ability to learn from observing others to develop the power to maintain relationships.

### Treatment Plan 5: Theme-Based Style

*Treatment Plan Overview.* Pat has started and then lost many relationships with women in the past. He is currently very interested in Alice “staying put” and not disappearing while he is at work, as prior partners have. The only stable relationship he observed was the one between his two alcoholic parents. When they weren’t drinking, he only saw them engaging in violent exchanges. Thus, he doesn’t have relationship-maintaining skills. He may be motivated by treatment focused on his being able to maintain a stable relationship with Alice. Long-Term Goal 1 is to be completed before beginning Long-Term Goal 2. (This treatment plan follows the *problem format*.)

PROBLEM: Pat did not learn how to help a woman want to “stay put” in a relationship with him.

LONG-TERM GOAL 1: Pat will examine stable interpersonal relationships and determine which skills he may want to learn in order to encourage Alice to stay put.

#### *Short-Term Goals*

1. Pat will observe current interpersonal relationships in his neighborhood, work environment, and so on and explore the question “Who has stable relationships and why?”
2. Pat will consider which verbal and physical behaviors provide evidence that these relationships are stable.
3. Pat will observe the consequences (neutral, negative, positive) during new social interactions that he witnesses between people who have stable relationships and determine which skills result in neutral, negative, or positive consequences.
4. Pat will make a list of skills he would like to learn to use in his own relationships.
5. Pat will watch a movie that he enjoys and observe whether the men and women are using the behaviors that lead to stable or unstable relationships.
6. Pat will watch a movie selected by the clinician and observe whether the men and women are using behaviors that lead to stable or unstable relationships.
7. Pat will discuss which verbal behaviors he would like to try using in developing a positive relationship with his probation officer.
8. Other goals will be set as appropriate to identify skills Pat considers to be of value to him.

LONG-TERM GOAL 2: Pat will practice relationship-maintaining strategies with Alice, within the context of treatment sessions, to make it more likely that she will stay put and continue relating to him.

### Premise 6: Diagnosis-Based Style

Pat has a lifelong history of being either abused or neglected by individuals who were responsible for his welfare. His parents never showed emotional regulation in their interactions with each other or him. His neighbors and teachers did not reach out to help raise him. He developed survival techniques that included ducking and hiding to keep safe and observing others to try to understand what made them “tick.” While he has come to view the world as a basically hostile place in which sane people have learned to be on their guard, he does recognize that some people, like his current boss, are not dangerous and deserve respect. He has also learned that hard work and responsibility can get him physical security (i.e., a warm place to live and enough food to eat). Pat works hard and has the ability to learn new skills, such as computer skills, if given the opportunity. In addition, he shows evidence of regretting the time he spent in prison and the loss of some of his past interpersonal relationships. However, he lacks awareness of how episodes in which he lost control of his anger led to his difficulties with the law and his relationship failures. This profile of episodic losses of control of anger leading to serious consequences can be considered compatible with a primary DSM-5 diagnosis of 312.34 Intermittent Explosive Disorder (American Psychiatric Association, 2013). Further assessment is needed to determine if a diagnosis of an Alcohol-Related Disorder is appropriate. Both of Pat’s parents may have been alcoholics, and there are indications that excessive alcohol use occurred prior to Pat’s most violent outbursts. While showing serious episodes of loss of control of his anger, Pat also has a long-standing history of seeking constructive employment and learning new job skills. He had pride in his earlier work as a computer technician and currently shows a sense of loyalty to his current employer despite feeling underemployed. These bode well for his ability to profit from new learning experiences that will teach him how to regulate his emotions and sustain intimate relationships.

### 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 learning emotional regulation skills and ending or reducing his alcohol use 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. 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; 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 long-term relationship with Alice.

Legal history: Pat was recently released from prison. He was convicted of assault with intent to harm and given a prison sentence of two to five years. Pat was released after three 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 began seeking employment as a child and 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, Fourth Edition (WAIS-IV), 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 severe 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 episodic losses of control and risk-taking tendencies as well as severe family disruption. As a result, Pat is not likely to view the clinician as trustworthy. The clinician must take responsibility for demonstrating trustworthiness. His working diagnosis at this time is 312.34 Intermittent Explosive Disorder. His current functioning at this time reflects at least an average level of intelligence, stable employment, and motivation to develop a stable relationship with Alice. He has minimal social support in the form of weekly parole meetings; there is no evidence at this time regarding whether Alice does or does not seek to remain in a relationship with Pat.

### Assessment

At this time, Pat shows no signs of significant emotional turmoil or distress related to his past violent behavior or alcohol abuse except for a clear desire to not return to jail and not lose his relationship with Alice. Pat's behavior is consistent with a diagnosis of 312.34 Intermittent Explosive Disorder. His adult behavior is also consistent with a view of Pat as an adult survivor of an abusive and neglectful upbringing. Based on his self-report, he was not given needed physical or emotional support as a child to develop emotional regulation skills or constructive relationship skills. Both Pat's high level of intelligence and his ability to observe and analyze others might be utilized in supporting his learning of these needed skills. 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

Treatment plan overview: Pat has a significant potential to be a danger to others, and thus his level of anger will need to be monitored on an ongoing basis. All the fights that the clinician is aware of involved men. It is unknown at this time if he has ever physically abused Alice. Involving the probation officer in assessing Alice's safety as well as monitoring Pat's level of anger will be an asset to treatment. Pat is most motivated to maintain a relationship with Alice, to maintain constructive employment, and to stay out of jail. His relationship with Alice will be worked on first, as he is unambiguously motivated to do something different than he has in his past relationships with women. Pat has strong observational skills. Utilizing these within the treatment plan will aid success.

LONG-TERM GOAL 1: Pat would like to maintain his relationship with Alice.

#### *Short-Term Goals*

1. Pat will read a book on relationship building and discuss with the clinician any skills within it that he thinks might be useful in his relationship with Alice.
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 in his relationship with Alice.
3. Pat will observe TV broadcasts, videos, and movies and discuss with the clinician any relationship skills he sees that he thinks might be useful to him in building a stronger relationship with Alice.
4. Pat will practice relationship skills he has found useful within role plays with the clinician as a way of strengthening these skills prior to trying them with Alice.

5. Pat will read a book about the destructive impact violence has on relationships and discuss with the clinician any skills within it that he observed in his parents' relationship and consider whether violence played a role in any of his prior relationships with women.
6. Pat will observe TV broadcasts, videos, and movies that involve realistic relationship violence and discuss with the clinician the impact he observed that this violence had on the couple's relationship.
7. Pat will read a book about emotional regulation skills and consider whether there are one or more skills within the book that might be of value in his attempts to achieve his personal goals with Alice.
8. In role plays with the clinician, Pat will practice using emotional regulation skills that he considers useful for maintaining his relationship with Alice.
9. Pat will practice skills he has found useful within conjoint treatment sessions with Alice.
10. Other goals will be set as needed to accomplish Long-Term Goal 1.

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 types of case conceptualizations and treatment plans recommended within this chapter require 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 Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Publishing.
- American Psychological Association. (2007). Record keeping guidelines. *American Psychologist*, 62(9), 993–1004.
- Dunn, D. S. (2004). *A short guide to writing about psychology*. New York, NY: Pearson Education.
- Pan, M. L. (2008). *Preparing literature reviews: Qualitative and quantitative approaches*. Glendale, CA: Pyczak.