

## Revised Treatment Plan

<b>Name</b> Client Name "M"		<b>DOB</b> 11/02/1953	<b>Date of Plan</b> 10/10/2006	
<b>Therapist</b> Therapist Name		<b>Supervisor</b> Dr. Supervisor		
<b>Presenting Problem</b>		Excessive alcohol use Related to marital issues; spouse of 28 years is heavy drinker		
<b>Axis I</b>	Alcohol dependence	<b>Axis II</b>	Dependency issues R/O Dependent Personality Disorder	
<b>Treatment modality &amp; estimate of sessions needed:</b>				
<b>Assessment</b> 3 completed	<b>Individual</b> open ended	<b>Family</b>	<b>Group</b>	<b>Other</b>

**Comment** This is a revision of the treatment plan dated 4/01/2006 following 6 months of regular treatment.

Symptom, Problem, Goal, or Direction		Theoretical and Relationship considerations (core beliefs, mechanisms, values, stage of change)	Objectives	Treatment Strategies
1.	Binge drinking when husband drinks	Stage of change: Maintenance	Moderation in the context of husband's drinking	Monitoring Awareness of danger signals that husband will drink Advance planning of strategies
2.	Marital Relationship	Stage of change: contemplation Values marriage Distressed by husband's self-destructive behavior Dependency on the relationship	Acceptance or change Developing a relationship that doesn't operate at the expense of self Client's goal is staying married	Explore values of marriage Explore own role in marriage issues Solution-oriented goals in enhance narrow areas of improved interaction
3.	Husband's drinking	Contemplation stage Guilt feelings about drinking with him	Decrease her feelings of guilt and responsibility for	CRA approach: would probably read Bob's book--read and discuss

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		“Hidden” anger at self-destructive behavior Anger = abandoning her	husband’s drinking Not drinking with him (as he desires)	Problem-solving around high probability times
4.	Adult step-sons seek bailing out	Action stage Feels like she’s inadequate as a parent unless she helps them out Loves them Feels responsibility as a wife and with husband’s lapses in parenting	Providing support and guidance appropriate to the parent of adults Withholding over-supporting behavior	Maintain current level of steadfast caring without providing money when they ask Keep them out of the house Process guilt feelings as they arise
5.	Work issues	Primarily an asset—place of feeling competent and needed Difficulties with co-workers who don’t do their jobs and spins off on her Clients get angry at her; she takes it personally	Value herself in this setting Greater assertion with co-workers Willingness to enlist boss’s help Acceptance of the fact of angry people Decrease her own tendency to personalize other’s problems	Values work on self-as-worker Assertiveness skills through instruction and role-play Acceptance of self, self-awareness and acceptance of world-as-it-is
6.				

Date <b>Aug 7, 2006</b>	Client(s) <b>M</b>	Therapist <b>Therapist</b>					
Payment <b>\$20</b>	Session No. <b>24</b>	Length/Cancel/No Show <b>50 minutes</b>					
Type of session:	Intake	Psychotherapy	<input checked="" type="checkbox"/>	Assessment		Other	
Red Flag issues: Homicide, suicide, violence, child abuse? If yes, document individuals contacted, actions taken.						Yes	No <input checked="" type="checkbox"/>
Notes: ( <b>D</b> escription of major issues or events and therapist response or interventions, <b>A</b> ssessment of situation or of client, <b>P</b> lans for follow up, homework, etc.)							
<p>D Work Good news: old customer who had bawled her out last year was nice recently.  A: Felt good about herself and her value to her employer. Better able to say she is not responsible for customer's bad mood.  P: Continue to check in on work status.</p> <p>D Health: R arm swollen &amp; bandaged. Had infection. Went to doctors &amp; they lanced it &amp; gave antibiotic. Perhaps insect bite. At one time used to grow on her arm. 1970-74 stopped when she got married. Just nerves.  A: anxiety origin of some health concerns historically; may enhance health difficulties she now experiences. Seems to be obtaining adequate health care.  P: Follow up on stress/health history in context of current health concerns</p> <p>D: Assertion [Name] called &amp; has been sent back to Iraq. He &amp; wife divorcing.  [name] called asking M not to talk to [woman's name] but she will anyway. "I'm finally taking care of me."  A: Excellent assertiveness—stood up for her own needs but not at the expense of others. Able to congratulate self; no self-criticism.</p> <p>D Work: Work is better. Making arrangements to get [a task] done. Bldg falling down &amp; are not employing any security at all. This store is not according to [company standards]. M doesn't get upset anymore when customers complain about [task that isn't hers] doesn't get done. "I can't fix it."  A: Noticable change in recent weeks in goals of not letting other's behavior get to her.  P: Follow up on whether other's not meeting store's standards is something she wants to do something about, needs to accept, or just something she wants a place to complain about in therapy.</p> <p>D: Meds Appt c Dr. Buspar no emotions—cut back to 1/3 tablet. Calmer.  A: Reports calmer but doesn't seem so.  P: Gave PANAS to record daily pos and neg emotions. Monitor and follow up.</p>							

