Chapter 3: Treatment Planning (pages 50 – 64)

1. What should you do for your patient if you only have time to get a chief complaint?
   a. Take a brief history of the present problem.
   b. Ask the patient for symptoms.
   c. Look for signs and diagnose the problem.

2. What are some of the ethical principles listed in your text that come into play with treatment planning?

3. If you give alcoholics a way out of treatment, they will ________________.

4. Many brief interventions have proven effective in bringing some alcohol problems under control, including one or more of the following:

5. Psychologically, what three forces work inside the patient's mind?

6. What did Sigmund Freud call these three forces?
7. What did Eric Burne call these three forces?

8. What do religious people call these three forces?

9. What does Alcoholics Anonymous call these three personalities?

How to Build a Treatment Plan

10. What is a diagnostic summary?

11. What is a problem list?

12. A treatment plan must have specific __________ and __________ that you can measure.
13. True or false. The problem list should change throughout treatment, as problems are resolved and new ones are discovered.

14. How long should each problem be?

15. What should you ask yourself about the patient once you have identified a list of problems?

16. What is a goal?

17. True or false. Problems are concrete concepts so you can actually see, hear, taste, or smell them.

18. True or false. Goals are abstract concepts so they are not actually tangible.

19. What questions should you ask to develop goals?

20. What is an objective?

21. Is an objective abstract or concrete?

22. True or false. Objectives must be measurable.

23. Remember, if you can see it, it’s an _____________; if you can't see it but you want it to happen it is a _______________.
24. What are the purpose of goals and objectives?

25. What are interventions? Are they objective and/or measurable?


27. What questions should you ask yourself when developing your treatment plan?

28. What three things must the patient do to get better?

29. Look at the sample Biopsychosocial Interview in Appendix 7 on page 238. Make a copy of it and practice by conducting an interview with a friend or family member who pretends he or she is having a problem with alcohol or drugs and is seeking treatment for the first time. Allow 1 to 2 hours of uninterrupted time to complete the interview.
30. Before you begin the interview, imagine yourself sitting in a comfortable chair in your office. You are relaxed and ready to begin the Biopsychosocial Interview with the client sitting across from you. What will you say to the client as you begin the Biopsychosocial Interview?

31. After you have completed the practice interview, reflect on these questions:

- How did you feel after the interview was completed?
- What part of the interview was effortless for you?
- What part required more effort than you thought?
- Where do you believe you could improve?
- Ask the person you interviewed to give you some constructive feedback on how they felt during the interview and what they thought went well and what could use improvement.
- You may also want to enlist the help of a seasoned professional counselor to observe you conducting the Biopsychosocial interview. That person could then offer you more constructive criticism that will help you improve your clinical skills.
32. Look at the completed Sample Biopsychosocial Interview, Diagnostic Summary, and Treatment Plan Perkinson has provided on pages 56 through 64. Using that sample as a guide, write a narrative summary of your interview using the following headings:

- Patient Name
- Demographic Data
- Chief Complaint
- History of the Present Illness
- Past History
- Medical History
- Family History
- Mental Status
- Psychological Testing
- Lab tests
- Diagnostic impression
- Diagnostic summary
- DSM-IV-TR diagnosis
- Treatment plan
  - Primary Problem
    - Long-term goals
    - Short-term objectives/therapeutic interventions
  - Secondary problem
    - Long-term goals
    - Short-term objectives/therapeutic interventions
  - Objective ratings

33. Based on the information gathered during the Biopsychosocial Interview, a diagnosis is determined by consulting the DSM. What are your diagnostic impressions of your “pretend” client?

*Please note that only trained and licensed professional counselors or certified addiction professionals are able to diagnose an individual with a mental health or substance use disorder.*
34. Review your completed biopsychosocial interview in the narrative format. Pretend that you have never met or interacted with the person whom you interviewed and reflect on the following questions based on the information in your narrative:

- What are the client’s age, gender, racial and ethnic cultural issues, and disabilities, if any?
- What is the client's chief complaint that brought him or her into treatment?
- What is the client's history of alcohol and other drug use?
- What is the status of the client's physical and mental health?
- Has the client ever sought treatment for his or her addiction?
- Does the client present with any family issues?
- What occupation is the client in? What is his or her work history?
- Does the client have any history of involvement in the legal system? Is the client currently involved in the legal system?
- What are the client's religious and spiritual beliefs? Do those beliefs play a role in his or her life at this time?
- What is the highest grade the client has completed in school?
- What is the client's mental status?
- Is the client able to perform basic life skills?
- What is the client’s socioeconomic status? What type of lifestyle does the client lead?
- What is the client's primary diagnosis?
- Does the client have any presenting medical problems?
- What psychosocial stressors may hinder the client’s treatment and potential progress?
- What is the client’s highest GAF in the past year?
- How many problems, goals, objectives, and interventions are listed in the treatment plan? What is the first problem that was identified?