Treatment Planning

Name

Institution

**DQ#1 Treatment planning is emphasized as collaborative, but is this an ideal that is not realized in practice? How does the treatment planning process at your site differ from the ideal that is described in the lecture for this topic?**

Treatment planning refers to dynamic ways of motivating and engaging patients in establishing realistic goals and objectives to move in productive. Treatment plans are often accentuated as collaborative, an aspect that is not often realized in practice. The plan refers to a detailed plan that is often designed to meet the needs of the patient and serves as an essential tool for ensuring continuous engagement of the patient in the treatment (Stilen, Carise, Roget & Wendler, 2005). An ideal treatment plan should be founded on a simple forma that includes the patient’s demographics, personal details and psychological information. The plan should take into consideration the patient’s diagnosis, and the outline of the prescribed treatment. There should also be a provision to measure the outcome of the patient as they progress with the healing.

However, this collaboration of the treatment has been neglected by most healthcare facilities including my practicum site due to treatment complexities. The growing rate of prevalence of individuals with cognitive, sensory, and physical challenges among other disabilities should be informed about their needs through the treatment planning. Knowledge about the conditions of patients should be indicated in the treatment plan and must take into consideration the needs and requirements of the organization and especially the client-counselor level since it is the point where all forms of recovery begin (Stilen, Carise, Roget & Wendler, 2005). However, the requirements of organizational and systematic changes have made it difficult to adhere by the settings of a treatment plan. Healthcare facilities have created the need to revise treatment plans in order to accommodate different of patients with coexisting challenges. The practicum site identified the need to make changes to the treatment plan in order to accommodate the needs of other patients bearing in mind that not all clients respond to the same kind of treatments. This was done in order to ensure that the treatment plans were founded on an individual basis to enhance patient outcomes.

References

Stilen, P., Carise, D., Roget, N., & Wendler, A. (2005). SMART treatment planning utilizing the addiction severity index (ASI): Making required data collection useful. Kansas City, MO: Mid-American Addiction Technology Transfer Center.

**DQ3@ How do you resolve the dilemma that is created when biopsychosocial assessment clearly identifies a major problem area that the client does not wish to contemplate changing?**

The biophysical assessment emphasizes on the significance of an individual’s systematic review and the integration of psychological, biological, and sociocultural factors of the functioning and development of the human. During the biopsychosocial assessment, therapists can identify problems that the client may not be ready to change which creates a dilemma. For instance, some clients may refuse to change their neighborhood due to drug use for fear of getting separated with their family. When such situations come up, one can resolve the dilemma through biopsychosocial review. This is an essential technique bearing in mind that problems often never exist in a vacuum but instead tend to influence one another in varied ways. According to Flanagan (2012), it is never enough to identify an individual physically but one should recognize and analyze their environment as well.

Another strategy that can be adopted is to help the client to achieve an increased ability of self-efficacy and to reduce their desirability of unacceptable problematic behavior while anticipating different barriers. It is of importance to increase the commitment of the client to change in order to improve their decision making abilities. Without this, it can become extremely difficult to make changes to the identified dilemma. An essential strategy is the ability to elicit and explore the situation with the client through reflective skills and open-ended questions to facilitate efficient reasoning. In order to achieve this, the therapist should help the client to identify both intrinsic and extrinsic motivating characteristics. This will help them to connect with their intrinsic motivators in order to enhance their commitment and decision making abilities.

The other option could be to focus on strategies that promote decision making including efficient means of exploring the costs and benefits of changing the already established decisions (Snyderman & Rovner, 2009). Lastly, the therapist should consider exploring the treatment options in order to provide information on the mode of treatment and offer the client potential options. The expectations of the clients should correspond to what is happening in treatment to enhance the treatment outcome.

References

Snyderman, D., & Rovner, B.W. (2009). Mental Status Examination in primary care: A review. American Family Physician, 15, 809-814. Retrieved from http://www.aafp.org/afp/2009/1015/p809

Flanagan, J.S. (2012). Two sample mental status examination reports. Clinical Interviewing, Counseling and Psychotherapy Theory and Practice. Retrieved from https://johnsommersflanagan.com/2012/08/10/two-sample-mental-status-examination-reports/

CAT Two: Class

**Great discussion on the topic of preparing yourselves for when you complete practicum which will come fast. We discussed the beginnings of preparing your portfolio as well as being aware of your theoretical orientation as you try out new theories and approaches with clients. How comfortable are you feeling with this process and defining the finer points of who you are as a counselor and being able to present this in interviews to obtain a job once you are done with practicum? What areas did you find you still need to work on?**

It feels good to understand my expectations through the definition of finer things in the industry. Since the beginning of the session, I have learnt the importance of the portfolio and its effects on my career as a counselor (**Carney & And Others., 1996). The** importance of recording the practicum with diligence is not only satisfying but also overwhelming. It is of great importance to understand that all the things that I have acquired during my study play a huge role in my career. The associations I have participated in and the conferences I have attended all play a huge role in who I have become over the years.

Other than the portfolio, I have come to understand the importance of sharpening my skills as a counselor. The ability to listen is something that I didn’t have in the beginning although I have come to understand and learn to listen with my ears and eyes. Listening to patients is an essential tool that one cannot succeed in this industry without. Failure to understand what the client is trying to say when they lack the words can be damaging for any counselor. I have managed to gain the favor of my supervisor and my patients due to the art of listening. It has contributed significantly to the success I have acquired so far in my career. Other skills that I can talk about proudly are communication, empathy, care, and showing compassion for my clients. I have come to understand that people in need what to feel that the person they are sharing their issues with can feel what they are feeling without getting judged.

However, although my efficiency has reflected in different areas of practice, I have a long way to go in terms of analytical skills. I am weak at probing my clients for fear that they could feel victimized or judged. The inability to ask questions with caution has limited my ability to explore the client’s relevant issues reasonably. In future, I will avoid asking many questions and will practice increased caution when handling my patients.

References

**Carney, J. S., & And Others. (1996). The Use of Portfolios in the Clinical and Comprehensive Evaluation of Counselors-in-Training. Counselor Education and Supervision (Vol. 36, pp. 122–32). Retrieved from https://search-ebscohost-com.lopes.idm.oclc.org/login.aspx?direct=true&db=eric&AN=EJ544063&site=eds-live&scope=site**