

1: The Character Therapist: T3 - Therapy Basics: Treatment Plans

Play Therapy Defined " Play therapy is defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures.

Successful Treatment Plans for Adjustment Disorder written by: Read part one here. Once the patient learns to deal with the issue that brought about the disorder in a healthy and sometimes slightly detached manner, they will most often be fully recovered from the grim effects of it in three to six months. Asking for help may be the hardest hurdle to overcome for some folks who have situational depression. They will need the help of a trained therapist, psychologist, or psychotherapist who knows the most effective way to handle grief, loss, or the disabling upheaval of what brought about the condition. Trained mental health professionals will also be able to determine that this is indeed what the patient is suffering from and not a more serious mental disorder. So the goal is to get that person over the bridge to acceptance. If it helps heal combat veterans who witnessed the horrifically depressing attributes of war, it can work for anyone else too. Psychotherapy is the most common and trusted treatment plan for an adjustment disorder because the patient will begin to come to terms with how the external stressor affected them. A patient will learn to unravel the discouraging and bleak reoccurring thoughts until they gain a more healthy perspective. A psychotherapist will point out valuable insights that the patient is unable or incapable of seeing and understanding. Plus, they know effective coping mechanisms to employ such as cognitive therapy. In many ways a person with situational disorder is his or her worst enemy. But the new skills learned to cope with this condition will actually improve their lives when they do overcome it. Some of our greatest lessons are learned after coming out of dismal anguish and when you realize that you can help someone who is going through the same thing. You are plugged into what Abraham Lincoln deemed "the better angels of our nature. Support groups are a viable solution because hearing others going through similar circumstances can help the depressed individual come to terms with their own suffering. Although you have to be careful because that might make them feel even worse or guilty about their own feelings. But the fact that there is still wide-spread famine, war, and hospitals filled with dying children due to terrible diseases may help put things in perspective. Finally, there are nutritional supplements and homeopathic remedies that can help. The long and the short answer is to learn to adjust to circumstances, accept what is, and ask for help until the effects of situational depression are adequately managed or eliminated completely. Most people fully recover from it in three to six months by seeking and adhering to these treatment methods.

2: Therapy Goals - Nancy Thomas Parenting | www.enganchecubano.com

This is a fictitious case. All names used in the document are fictitious Sample Treatment Plan Recipient Information Provider Information.

Coordination A therapeutic model is presented in which the mental health counselor functions as a play therapist with children who have been sexually abused. Play therapy, as addressed in this article, is based on existential, client-centered, and developmental theories. Sexual abuse is a crisis that often occurs within the family, one that causes devastating effects on the child. On a fundamental level, child sexual abuse involves a violation of trust. According to Erikson, trust is the first psychological need that is developed during those first few years of life and is needed for later competence. When that trust is violated by a family member or relative, children begin to doubt themselves and mistrust others. Important factors in sexual abuse of children are the power dynamics of these situations, and a violation of trust between the child and the parent or friend of the family. Sexual abuse is more than simple aggression or injury committed by a family member or a friend of the family against another. It is a situation in which a more powerful person takes advantage of a less powerful one in a relationship that was based on trust Sgroi, When sexual abuse involves a child, especially of preschool age, the child already has a sense of inadequacy and a sense of inferiority, compared with parents and older siblings. In fact, the effects of sexual abuse on such a child seem to block many basic developmental needs i. For example, the lack of trust and security can manifest itself in sleep disturbances. The child may first begin having dreams containing thoughts and fears of being overpowered and smothered. Often, the child does not want to sleep alone. With continual sleep disturbances, nightmares, and the resulting fatigue, the child might have difficulty with interpersonal relationships, and the child may regress to an early stage of emotional development Gil, Although every child has individual ways of coping with an abusive event, there are thoughts and feelings as a result of the psychological trauma that are usually present. Often there is a fear of continual sexual assault and fear of abandonment. These fears can lead to depression and anxiety, and may trigger defenses of aggression and problems with impulse control or withdrawal Finkelhor, In most instances, the sexually abused child will face secondary trauma in the crisis of discovery Tufts New England Medical Center, Division of Child Psychiatry, In addition, the child may show symptoms of a difficulty achieving separation and autonomy. The child remains tied to "splitting" the self and others into all good or all bad, based on experiences of being alternately rewarded and rejected unpredictably and arbitrarily Fairbairn, Some parents will become overly protective causing the child to lose self-confidence. Or, the child may regress to infantile behaviors such as sucking the thumb, wetting the bed, or talking "baby talk. Under such circumstances, it is usually difficult for the child to talk to the parents about what is being experienced Green, Children are given the opportunity to "play out" their feelings and problems Axline, ; Moustakas, In addition, the child begins to interpret experience in terms of symbols or images. As children grow and mature, their playful interaction with objects becomes more complex and sophisticated. As symbolic representation becomes a more refined cognitive skill, objects take on more and more meaningful associations and become abstractions. Later, objects become part of dramatic play and games with rules. Throughout these changes, objects are always a source of curiosity and interest Piaget, Gil, Strand, and Webb have used play therapy techniques in working with children in crisis and with abused children. Strand described a six-step approach to the treatment of sexually abused children. These steps are taking a developmental assessment, obtaining a sexual abuse history, enhancing ego strengths, surfacing the trauma and assessing its impact, working through, and resolving issues. When providing treatment of play therapy for abused children, the mental health counselor needs to have an ecosystemic and multidimensional perspective that will consider all of the systems that are involved in the interactions with the child and family members. These levels of systems may include all of the social service and legal systems that operate within their own regulations and from their own perspectives. Problems can develop when too many institutions are working with the child and family members. An example is when various family members have their own individual health provider with different agencies involved. As a result, little discussion can occur between the health providers managing the

case of the impact of the abuse on the whole family. Or, triangular patterns can develop when one agency involves another in carrying out its functions and in diffusing conflict with a client and the family. Institutions and mental health counselors may be working at counterproductive purposes. To prevent these problems from occurring, the mental health counselor can act as a mediator between the child, parents or caretakers, and the various agencies. One of the goals of therapy is to provide corrective experiences for the child that can enable the child to develop a sense of trust, safety, and well-being. Other goals of treatment are the following: Establish a relationship that will enable the child to work through the difficulty that has been experienced. Provide a medium for working through defenses and anxieties. Provide opportunities for the child to learn about self in relation to the mental health counselor. Assist the child in learning to use freedom with a sense of responsibility. Help the child to verbally process experiences so that optimal generalization is effected. To illustrate specific goals used with an individual client, a case example is presented to show how the goals and play therapy techniques are used to empower the sexual abuse victim. The first session is the initial or intake session, which is common to all therapeutic cases. The purpose of this session is to gain an understanding of the problem, the symptoms manifested by the family and the victim, the interactions and interdependencies of family members and with other systems involved in the case, such as the school or the social service agencies. The second purpose is to stabilize the family, and third, to analyze the data, conceptualize the problem, and set goals. The stages of play therapy and the role of the therapist are illustrated in Appendix A. To illustrate the stages of the play therapy process, a case example is presented. Standard ethical procedures are used in reporting this case. In this case, as is typical of play therapy, the sessions occurred in a "playroom. There were aggressive acting-out toys such as guns, bop bag, toy soldiers, wolf and alligator puppets, rubber knife, and bats. For emotional release and creative expression, there were toys and equipment such as wet and dry sand trays, pitcher of water, Lincoln Logs, blocks, and art materials. Cheryl was the youngest child of five children of parents who were separated. Due to physical abuse in the family, the mother moved to a shelter but did not check in until When the mother was turned down, she moved in with her mother, age According to the maternal grandmother, Cheryl "was spoiled and would cry. When the maternal grandmother assessed the situation, she took Cheryl from her mother and sought custody. Because the grandmother was separated from her husband, she was seeing a mental health counselor for assistance in dealing with the loss and also taking a literacy class to learn how to read. When Cheryl joined her, the grandmother began taking parenting classes. Six months later, Cheryl told her Grandmother that a friend of the family "has been messing with me" and showed the grandmother what had happened. The grandmother called the police who investigated the case. However, the case was dismissed because Cheryl could not articulate clearly the name of the perpetrator to the investigating officer and no other evidence could be obtained.

Presenting Problem and First Session The purpose of the referral was for short-term treatment to assist Cheryl to work through the sexual trauma. The intake interview was conducted in a clinic room that was separate from the play therapy room. Cheryl presented herself as shy and clinging to her grandmother. When toys were brought into the intake room, Cheryl began talking, although most of her words were unintelligible. After the intake session the mental health counselor took Cheryl and her grandmother to the play therapy room. For all first sessions, assessment is made of family members interacting and playing with one another. The grandmother sat on a chair and encouraged Cheryl to play with the toys. The mental health counselor sat on a pillow next to the sand trays. Cheryl began exploring the room hesitantly and with questions such as "What is this? The typical plan for play therapy is illustrated in Appendix B. Session 2 Cheryl separated easily from her grandmother and began exploring the room in earnest. First, she selected the mother whale and baby and the mother dolphin and baby, and put them in the dry sand tray. Then she picked up the baby bottles and took off the nipples and began a ritual of putting sand in the bottles and emptying them, which lasted 15 minutes. During the last 20 minutes of the hour, Cheryl explored every object in the room and cupboards. With all of the blocks, Lincoln Logs, and games, she emptied them in the middle room and tried to play with them. When she was unable to build a house she became frustrated and went on to the next item. A 5-minute warning was given and Cheryl responded with "no. Sessions Throughout each session, Cheryl maintained a continual dialogue with the mental health counselor, asking questions concerning certain aspects of play, with the

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mental health counselor reflecting the statements or questions saying, "It can be anything you wish it to be. In later sessions, she would fill the bottles with water and would suck on the bottles. She added some new behaviors by picking up the two small baby dolls one White and one Black and pretended to feed them with the bottles. During the fourth session, she began playing with the kitchen area and setting a table for a meal. She pretended to cook food and make coffee. She initiated play with the mental health counselor by asking if the mental health counselor wanted coffee and some food. During the fifth and sixth sessions Cheryl continued the same ritual of playing with the baby bottles, kitchen area, and feeding the baby dolls. New behaviors that Cheryl initiated were playing with three large dolls and putting them on the floor to take a nap, and putting a blanket on them. In addition, she asked the mental health counselor to also lie on the floor and take a nap. She gave each doll a kiss and the mental health counselor a kiss and told all of them to sleep well. Then she began playing with the doll houses and would rearrange the furniture. She began undressing a miniature boy and girl and giving them baths and pretending that they were using the toilet. She showed much concern about not finding any toilet paper. The mental health counselor handed her a tissue and Cheryl was happy.

3: How to Write a Mental Health Treatment Plan: 13 Steps

Play Therapy: Treatment Planning and Interventions: The Ecosystemic Model and Workbook, 2e, provides key information on one of the most rapidly developing and growing areas of therapy. Ecosystemic play therapy is a dynamic integrated therapeutic model for addressing the mental health needs of children and their families.

Thursday, September 24, T3 - Therapy Basics: This goes for fictional therapists and their clients, too. Treatment plans look different depending on which therapist you go to. To make this worthwhile, the goals have to be specific, observable and quantifiable. This could be a legal nightmare were my file on that client to be subpoenaed. So instead, a better way to put this goal would be: Typical treatment plans have room for goals. Interventions are as plentiful as goals, but to give you an idea of what I use frequently, say, with children: This can be 3 or 6 months from when the goals were initially discussed. Treatment plans expire after one year, so for sure a review needs to happen before then. If at the time of any review, it is determined that the goals have been met, then treatment is terminated, and this date is added to the treatment plan as evidence of the acknowledgment of both the therapist and the client that treatment was satisfactorily concluded. We might want to add as an intervention that the therapist referred the client to a nutritionist and exercise consultant both of which would make the client hopefully feel better about herself and get her on the right track. I would note the date that this addition was made to the treatment plan and have the client initial it, as well. This can be a hard one for therapists to remember. I know I did when I started out. But now, I just think of the client. Anything pertinent to their treatment should be noted not only for my own safeguard, but for theirs. A change in a goal or an added intervention is definitely pertinent. Everyone privy to the treatment goals and interventions signs. If there are family therapy goals, then the family signs.

4: The Best Treatment Plan for Adjustment Disorder

Treatment Goals: Goals are the building blocks of the treatment plan. They are designed to be specific, realistic, and tailored to the needs of the person in therapy.

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