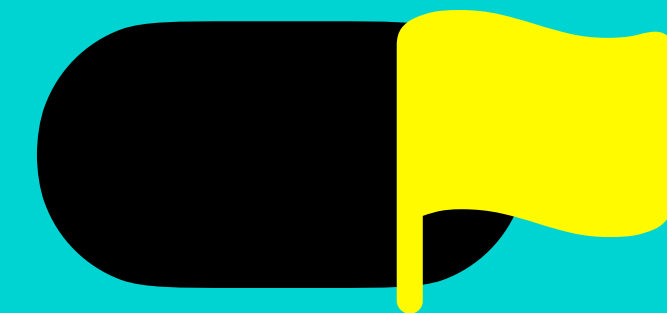


LAB DAY

PLANNING AND IMPLEMENTING CHANGE-ORIENTED STRATEGIES

FALL 2023 SOWK 486W WEEK 11

JACOB CAMPBELL, PH.D. LICSW AT HERITAGE UNIVERSITY



AGENDA

PLAN FOR WEEK 11

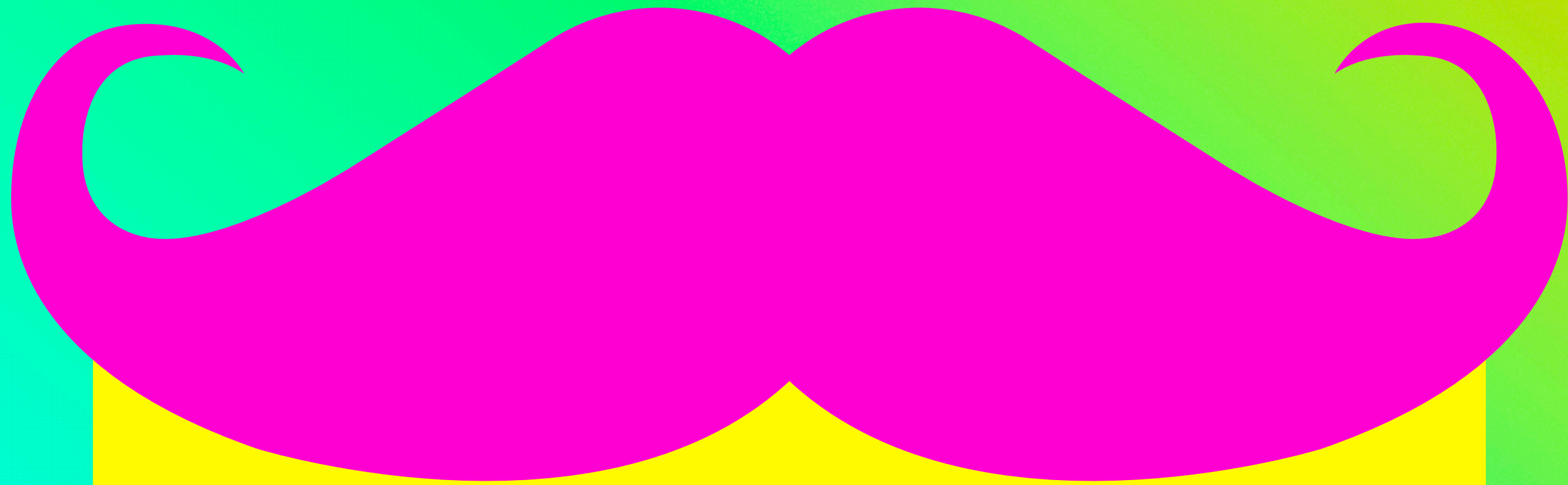
Talk about cognitive distortions and cognitive restructuring

The planning process in crisis

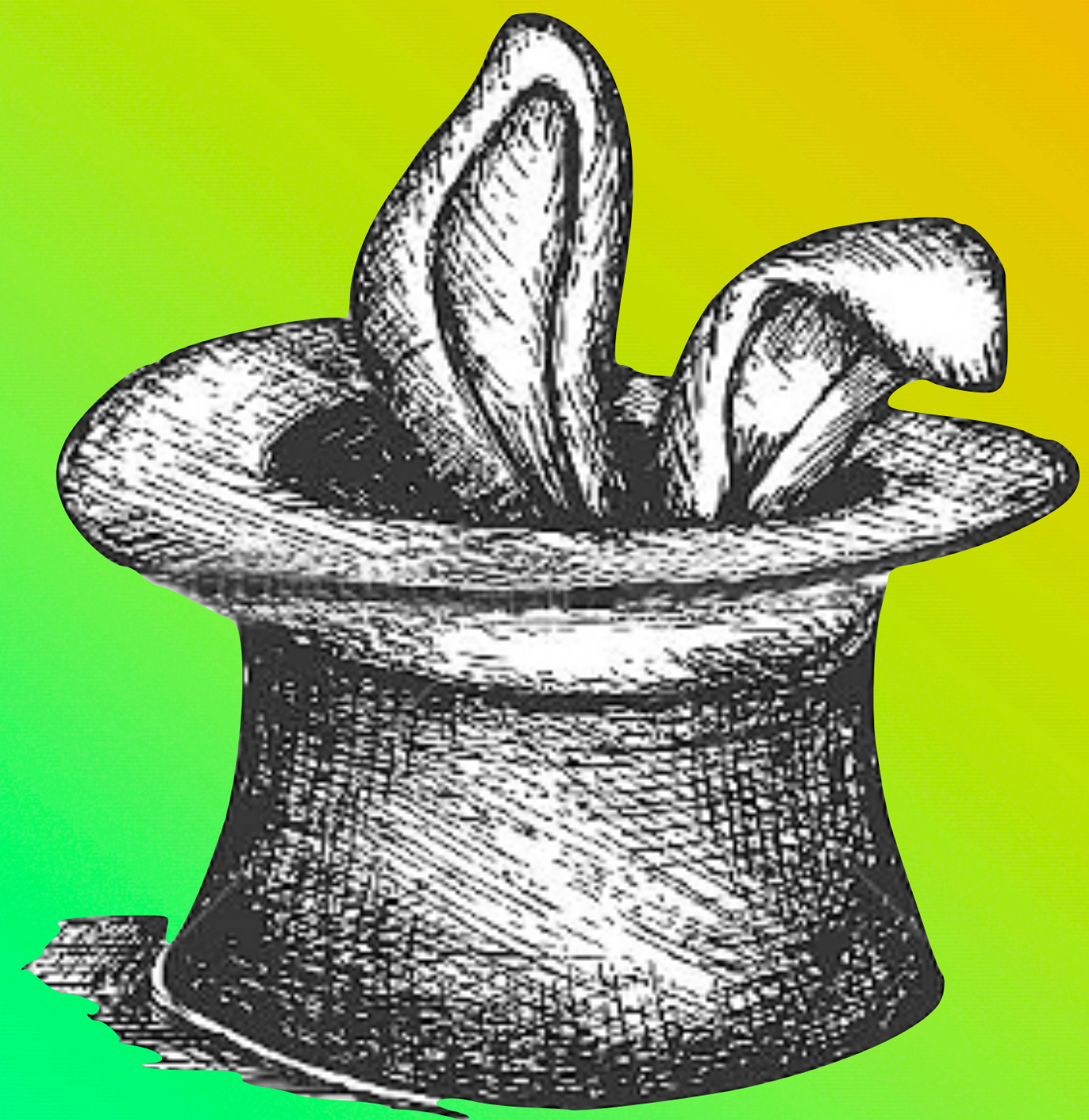
Documenting our plans

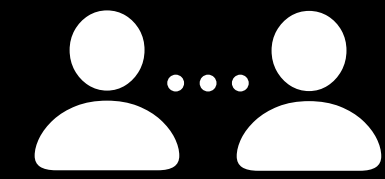
Task Management





**THINK OF A
NUMBER,
ANY NUMBER**





Small Group Discussion

EXAMPLES IN THE MEDIA

PERSONAL EXAMPLES

THINKING DISTORTIONS

AKA... COGNITIVE DISTORTION, THINKING ERRORS

All or nothing thinking

Blaming

Catastrophizing

Discounting positives

Emotional reasoning

Inability to disconfirm

Judgment focus

Jumping to conclusions

Mind reading

Negative mental filtering

Overgeneralization or
globalization

Personalizing

Regret orientation

“Should” statements

Unfair comparisons

What ifs



COGNITIVE RESTRUCTURING

WHAT YOU DO

Intervention techniques in CBT are designed to help clients modify their beliefs, faulty thought patterns or perceptions, and destructive verbalizations, thereby leading to changes in behavior.

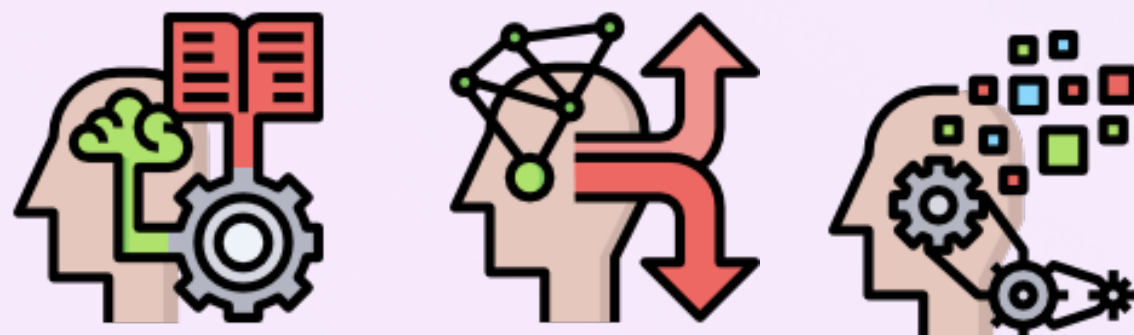
Assist client in accepting that their self-statements, assumptions, and beliefs determine emotional reactions to events

Assist clients in identifying dysfunctional self-statements, beliefs, and thought patterns that underlie their problem.

Assist clients in identifying situations that engender dysfunctional cognitions

Assist clients in replacing dysfunctional cognitions with functional self-statements

Assist clients in identifying rewards and incentives for successful coping efforts



SUPERFLEX

AND THE UNTHINABLES



Rock Brain - I make people get stuck on their ideas.

Glassman - I make people have huge upset reactions.

D.O.F. - I make people overly competitive.

Mean Jean - I get people to act mean and bossy.

Space Invader - I get people to invade other's personal space.

ME - I get people to only talk about themselves.

Wasfornonce - I get people to use humor at the wrong time, the wrong place or with the wrong person.

Brain Eater - I distract people.

Body Snatcher - I move people's bodies from the group.

Energy Hare-y - I give people too much energy.

Topic Twistermeister - I make people jump off topic.

Worry Wall - I make people worry too much.

On-Wonderer - I don't like people to socially wonder about others.

Grump Grompaning - I put people in grumpy moods.

SUPERFLEX
takes on the Unthinkables!

Superflex helps a citizen be a more flexible thinker, which allows the person to better control his or her brain and change how he or she thinks. He helps a citizen think about how to act and behave to keep others (and himself/herself) feeling good. He helps a citizen be a better problem-solver by thinking of many different solutions to one problem. He helps a citizen notice when an Unthinkable is becoming more active in his brain and then quickly comes up with a strategy to defeat the Unthinkable.

www.socialthinking.com

© 2010 Think Social Publishing

Defense Mechanisms

1 What is a defense mechanism?

2 Situation How do you respond (act) when:

- | | | | |
|----------------|-----------------|------------------|--------------|
| • Disrespected | • Mad At Parent | • You're Hit | • Blamed |
| • Yelled At | • Embarrassed | • Make A Mistake | • Get Caught |
| • Put Down | • You Lose | • Confronted | • Hurt |
| • Laughed At | • Feel Pressure | • Frustrated | • Angry |

4 Choice

Who chooses the defense?

How do you protect your feelings?

6 Four Steps to Control Your D.M.

1. Recognize the situation.

When you are in a pressure situation, these are the signs:
You feel angry, frustrated, nervous.

What outward behaviors can you use to help control the pressure?

2. Identify the situations where you can practice step 1.

What are the situations you need to practice this?

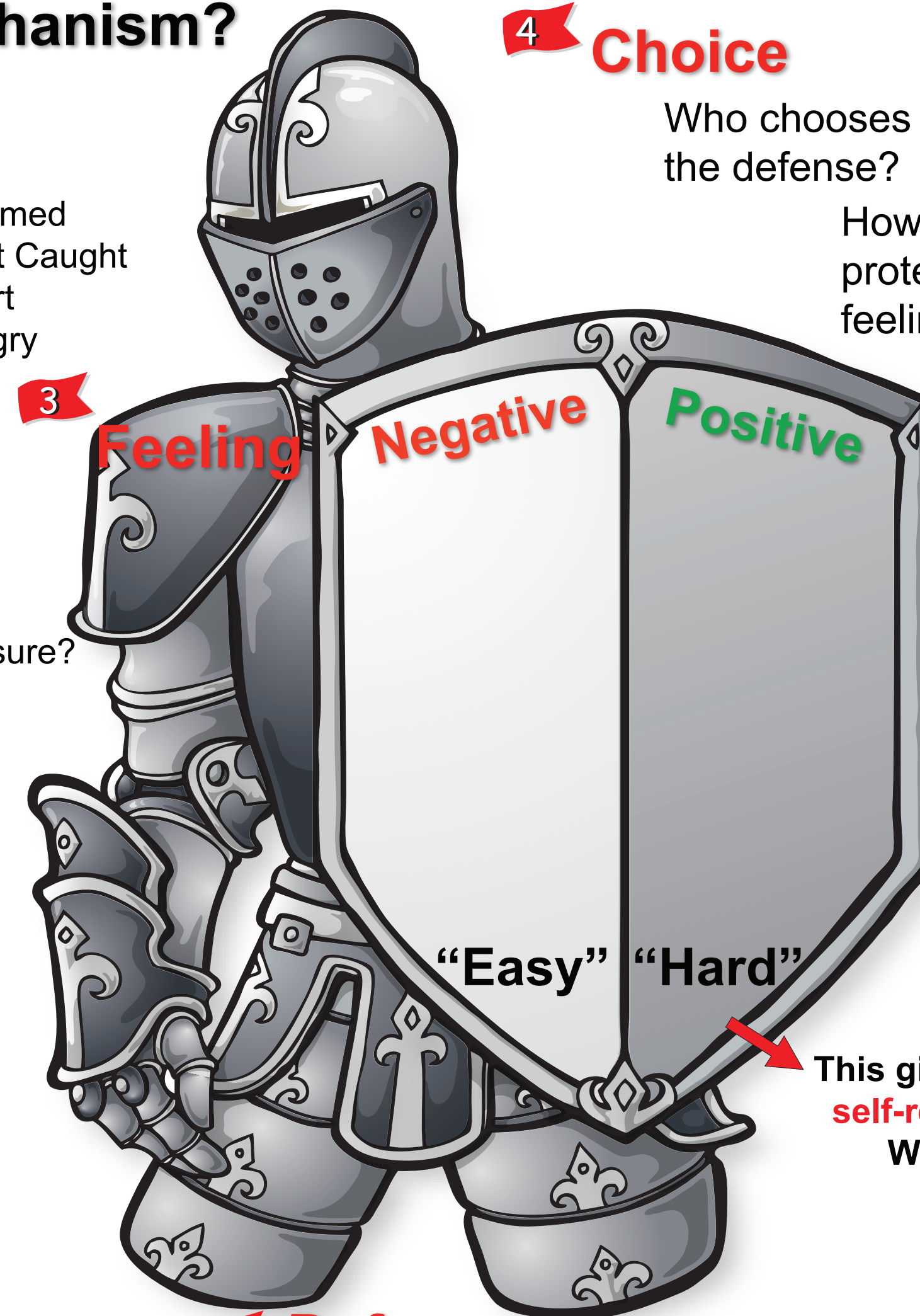
3. Don't let other people control how you will respond.

You know that someone is trying to control you if they are yelling at you, physically attacking you, or putting you down.

4. Select a positive solution.

What would motivate you to do the tougher (harder) thing?

What might happen if you stay in control?



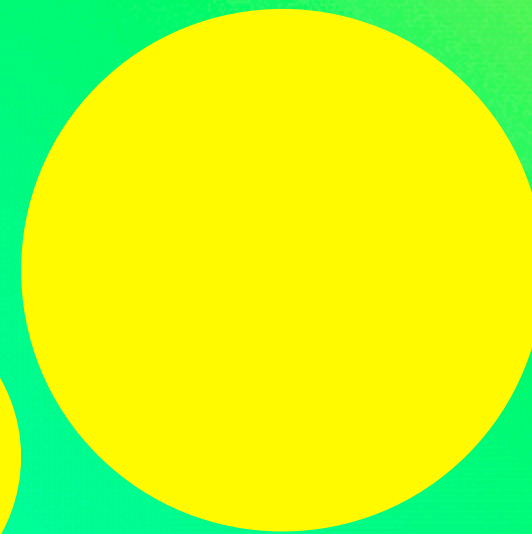
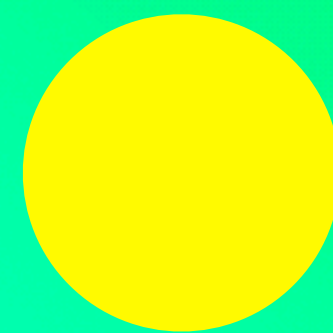
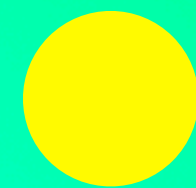
5 Defense



How do you know when you've selected a positive defense mechanism?

“When you are helping, not hurting, yourself and others.”

PUTTING YOUR THOUGHTS ON TRIAL



(Grohol, 2018)





WHAT WOULD YOU DO?

P. 285

THE CRISIS INTERVENTION MODEL: PROCEDURES OF CRISIS INTERVENTION

Review the 8-step procedures of crisis intervention

A 34-year-old mother of three, aged, 5, 9, and 11 has been hospitalized following a violent confrontation with her boyfriend. In addition to her physical condition, she is depressed and concerned about her children. During the period of her hospitalization, the children lived with an aunt. As the hospital social worker, you meet with her to complete a psychosocial assessment. During the brief session, she stated, "I never want to see him again (the boyfriend). If it weren't for my children, I would hang it all up. I seem to always end up choosing the wrong men in my life. I don't want my kids to see me as a loser but it is true, I am. I just want to get out of here and live my life with my children in peace."



THE CRISIS INTERVENTION MODEL:

PROCEDURES OF CRISIS INTERVENTION

Step 1: Assessment of the Crisis

Step 2: Make Contact, Establish Rapport, and Provide Support

Step 3: Elicit the Client's Definition of the Problem, Narrow Down, and Triage the Identified Problems

Step 4: Ensure Client Safety

Step 5: Examine Alternatives

Step 6: Make Plans

Step 7: Obtain Commitment

Step 8: Referral and Follow-up




CRISIS STABILIZATION SUPPORT PLAN

FROM TCCH BHS

Page 1:

- General Information

		Tri-Cities Community Health Behavioral Health Services	
Crisis Stabilization Support Plan (CSSP)			
Initial Date:		To Be Reviewed:	
A. ASSESSMENT			
I. Client Personal Information			
Client Name:		Date of Birth:	Age:
Gender:	Client Ethnicity:		
Client Place of Birth:		Primary Language:	Secondary:
Height:	Weight:	Hair:	Eye:
Other Identifier:			
II. Referral & Admitting Problem			
Referral Source:			
Client Presenting Problem (symptoms/length):			
III: Recent Psychiatric Services			
Name of Provider/Date(s)	Reason for Treatment (E.g. Substance Abuse, Psych. hospital, residential, OP/ and diagnosis)	Medication(s) Prescribed?	Outcome: Successful/Unsuccessful/AMA
Client Current Substance Use: (Include result of GAINS assessment)			
V: Crisis/Risk Assessment			
Client History of Suicide/Homicide: (Ideation, plan, means, attempt(s) when/age?)			
Current Crisis/Risk Assessment: (Must include current risk of suicide/homicide/risk of self-harm.)			
Current Medications:			
IX: Environmental Need/Barriers to Treatment			
Does the client need any of the following: (Please check all that apply)			
<input type="checkbox"/> housing <input type="checkbox"/> food <input type="checkbox"/> clothing <input type="checkbox"/> ADL's <input type="checkbox"/> primary support network/death or loss <input type="checkbox"/> social/recreational <input type="checkbox"/> employment <input type="checkbox"/> education <input type="checkbox"/> Economic <input type="checkbox"/> legal <input type="checkbox"/> chronic medical condition(s)/access to healthcare <input type="checkbox"/> Transportation <input type="checkbox"/> Other			
psychosocial/environmental problems			
Admitting Diagnosis			
Axis I: Axis II: Axis III: Axis IV: Axis V: Current GAF:			
*Have all releases of information been obtained for all formal/informal supports?: (E.g. medical providers, legal providers, DSHS etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

CRISIS STABILIZATION SUPPORT PLAN

FROM TCCH BHS

Page 2:

- Crisis and Planning Information



Tri-Cities Community Health
Behavioral Health Services

Crisis Stabilization Support Plan (CSSP)

B. MY PLAN

Crisis Definition: (What Does it Look Like?)	
--	--

What Works:	<input type="checkbox"/>
What Doesn't Work:	<input type="checkbox"/>

Road blocks:	<input type="checkbox"/>
Functional Strengths and Tools for Planning:	<input type="checkbox"/>

Plan of Action:	<input type="checkbox"/>
------------------------	--------------------------

Who to Call for Help:

Police/Ambulance: 911

NECCS: (509) 545-6506

Crisis Response Unit: (509) 783-0500 available 24/7

Others (Family, Friends & Helpers):

_____	Date: ____/____/____
Client Signature	

_____	Date: ____/____/____
Case Manager Signature	

_____	Date: ____/____/____
Clinical Supervisor Signature	

DEVELOPING RESPONSES

I am here because God told me to come. How is a goal going to help me? I trust God to guide me in what to do. Do you believe in God?

What do you know about my situation? You are so young and it's hard for me to see how you can help me.

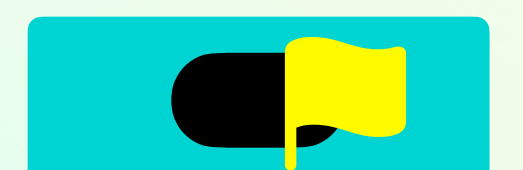
The court will take my children no matter what I do, so how is having a goal going to help?

You need to be clear; I don't want to be here. I'm only doing this stuff with you because the judge said that I had to come.

My family didn't want me to come see you again. They worry that you will put too many American ideas in my head.

Don't waste our time. She got herself pregnant. You want her father and me to be involved because you must think that it is okay to be unmarried and pregnant. Well, you're wrong!

How will having a goal help me? I've never been able to accomplish anything before.



PROCESS OF GOAL FORMULATION

SIX STAGES

Determine clients' readiness

Explain the purpose and function of goals

Formulate client-driven goals

Increase goal specificity

Determine barriers and benefits

Rank goals according to priorities

(Hepworth et al., 2022)



TREATMENT PLAN

FROM TCCH BHS

Page 1:

- Plan info and general
- Collateral Contact INfo
- First Goal

TREATMENT PLAN						
Client Name:		DOB:		CID:		Assigned Clinician:
Funding Source:	Choose an item.	Provider One #:		DSHS CLID:		Type of Plan:
						Choose an item.
Date of Plan:		Click here to enter a date.		Review Due:		Click here to enter a date.
LOC	LRA	Admitting DX Date	Change in DX Date	Change in DX Date	Change in DX Date	Change in DX Date
??	Y/N?	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.
Axis I:						
Axis II:						
Axis III:						
Axis IV:						
Axis V:						
CURRENT SUPPORTS						
Name		Relationship		Role in Treatment		ROI
						Click here to enter a date.
						Click here to enter a date.
						Click here to enter a date.
						Click here to enter a date.
GOAL						
Goal: (Client Voice)						
Problem Need/ Barriers: (Client Voice)						
Strengths: (Client Voice)						
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)						
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.						
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.					
Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.						

TREATMENT PLAN

FROM TCCH BHS

Page 2:

- Goals 2-4

TREATMENT PLAN							
Client Name:		DOB:		CID:		Assigned Clinician:	
Funding Source:	Choose an item.	Provider One #:		DSHS CLID:		Type of Plan:	Choose an item.
GOAL							
Goal: <i>(Client Voice)</i>							
Problem Need/ Barriers: <i>(Client Voice)</i>							
Strengths: <i>(Client Voice)</i>							
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)							
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.							
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.						
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>							
GOAL							
Goal: <i>(Client Voice)</i>							
Problem Need/ Barriers: <i>(Client Voice)</i>							
Strengths: <i>(Client Voice)</i>							
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)							
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.							
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.						
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>							
GOAL							
Goal: <i>(Client Voice)</i>							
Problem Need/ Barriers: <i>(Client Voice)</i>							
Strengths: <i>(Client Voice)</i>							
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)							
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.							
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.						
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>							

TREATMENT PLAN

FROM TCCH BHS

Page 3:

- LRA specific information

TREATMENT PLAN

Client Name:		DOB:		CID:		Assigned Clinician:	
Funding Source:	Choose an item.	Provider One #:		DSHS CLID:		Type of Plan:	Choose an item.

LRA Start Date: Click here to enter a date.	LRA CLIENTS	Length of LRA: Choose an item.
LRA clients receive services at least weekly for the first 14 days, monthly for the next 90-180 days unless otherwise specified by physician		Identify Condition of LRA:
Reviews occur monthly for first 90 days and 180 days to determine release from continuation of the involuntary treatment order		
Service provider is to maintain contact with CRU when client misses appointments or if there are other concerns		Plan for Transition to Voluntary Treatment:

TREATMENT PLAN

FROM TCCH BHS

Page 5:

- Goal review page

TREATMENT PLAN									
Client Name:		DOB:		CID:		Assigned Clinician:			
Funding Source:	Choose an item.	Provider One #:		DSHS CLID:		Type of Plan:		Choose an item.	
GOAL REVIEW									
Date of Plan:	Click here to enter a date.			Review Due:	Click here to enter a date.				
Goal: (Client Voice)									
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)									
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.									
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.								
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>									
DISCUSSION WITH CLIENT:									
REVIEW OF EFFECTIVENESS OF PLAN:									
ASSESSMENT OF LEVEL OF CARE:									
GOAL REVIEW									
Date of Plan:	Click here to enter a date.			Review Due:	Click here to enter a date.				
Goal: (Client Voice)									
Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)									
<input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Psychoeducation <input type="checkbox"/> Brief Intervention <input type="checkbox"/> Crisis Services <input type="checkbox"/> Family Treatment <input type="checkbox"/> Group Treatment <input type="checkbox"/> Medication Management/Monitoring <input type="checkbox"/> Special Population Evaluation <input type="checkbox"/> Stabilization Services <input type="checkbox"/> Case Management <input type="checkbox"/> Medical Coordination <input type="checkbox"/> Other.									
Client Measurable Goal	Client will identify, learn and practice 2-3 coping skills for management with BLANK symptoms related to STATED GOAL in the next 6 months.								
<i>Client will be utilizing the use of informal and formal supports listed above in their recovery plan. Client and provider will work together to tie strengths and the use of supports to assist in working towards the client stated goal and coordinating their care with the listed supports.</i>									
DISCUSSION WITH CLIENT:									
REVIEW OF EFFECTIVENESS OF PLAN:									
ASSESSMENT OF LEVEL OF CARE:									

Care Plan

(Student)

(Date)

Complete the following tasks EVERY week	
Student Contact	<input type="checkbox"/> Completed
Student Phone Call	<input type="checkbox"/> Completed
File Infractions	<input type="checkbox"/> Completed
Letter to Home	<input type="checkbox"/> Completed

Complete EVERY OTHER week	
Room Search	<input type="checkbox"/> Completed
Parent Contact	<input type="checkbox"/> Completed
Complete as Required	
School Update	<input type="checkbox"/> Completed

SPIRITUAL Goal

Student	1)
Student	2)
Counselor	1)
Counselor	2)

EDUCATIONAL Goal

Student	1)
Student	2)
Counselor	1)
Counselor	2)

PERSONAL Goal

Student	1)
Student	2)
Counselor	1)
Counselor	2)

Counselor Comments/Evaluation

--

Counselor Signature

Student Signature

CARE PLAN

JUBILEE YOUTH RANCH

Basic Set of Goals

- Individual goals set by students and staff

CREATE A GOAL PLAN

Client/Family:	Staff:		
Statement of Concern:			
Goal Statement:			Goal #__
General Tasks:			
Identify Strengths/Resources:		Identify Potential Barriers/Obstacles:	
Tasks/Steps–Participant:		Tasks/Steps–Staff:	



EXAMPLE DOCUMENTATION

Date	Progress Note
11/02/22	(D) This writer met with Johnny and discussed his goal progress. Johnny
	reported that he has been attempting to use deep breathing when
	frustrated. He described a situation last week with client 13452, and
	the incident where he was getting into other students belongings and
	handling them without permission. Johnny reported taking deep breaths
	instead of punching 13452. This writer encouraged this positive behavior
	and reflected experience back to concept of "If Then Thinking." (I) Johnny
	appeared cooperative. He appeared to be encouraged by the positive
	feedback from staff. (P) Follow up with Johnny about progress next week
	regarding using deep breathing. _____ <i>Jacob Campbell, LICSW</i>



How I Write My Notes

A Look Into the Madness





Getting Things Done

the art of stress-free productivity

from the New York Times bestselling author

David Allen

A brand new
edition for
2015 ✓



“OUR PRODUCTIVITY IS DIRECTLY PROPORTIONAL TO OUR ABILITY TO RELAX; ONLY WHEN OUR MINDS ARE CLEAR AND OUR THOUGHTS ARE ORGANIZED CAN WE ACHIEVE RESULTS AND UNLEASH OUR CREATIVE POTENTIAL.”

DAVID ALLEN





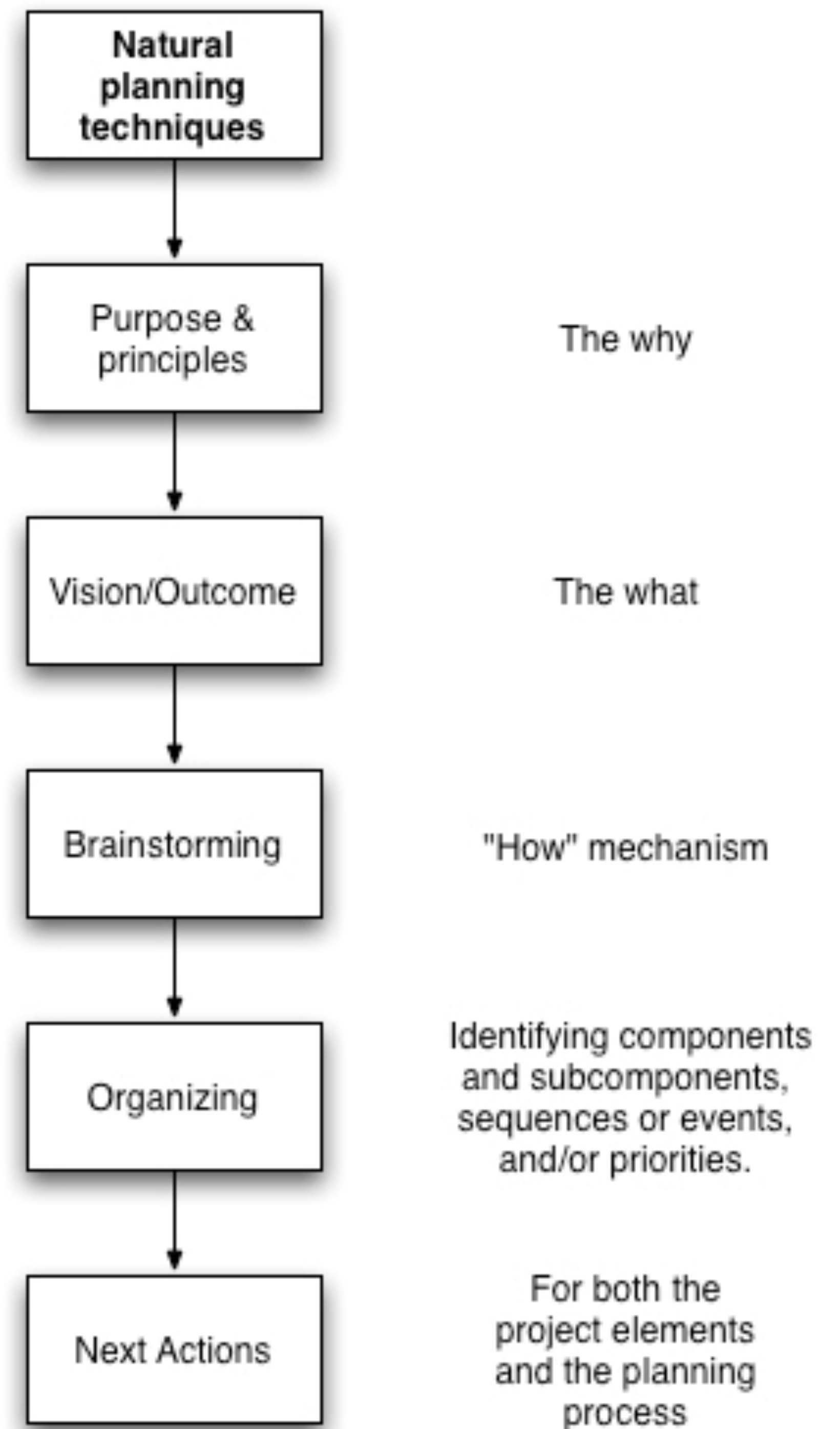
DEVELOPING EFFICIENCY

OUTLOOK, LISTS, AND ULTRA ORGANIZED

PROJECT PLANNING

FIVE PHASES

1. Defining purpose and principles
2. Outcome visioning
3. Brainstorming
4. Organizing
5. Identifying next actions



SIX HORIZONS OF FOCUS

RUNWAY: CURRENT ACTIONS

10,000 FT: CURRENT PROJECTS

20,000 FT: AREAS OF RESPONSIBILITY

30,000 FT: ONE-TO TWO-YEAR GOALS

40,000 FT: THREE- TO FIVE-YEAR VISIONS

50,000+ FT: LIFE



MASTERING WORKFLOW

1. Capture
2. Process
3. Organize
4. Do
5. Review



CAPTURE: THE COLLECTION HABIT

- UBIQUITOUS CAPTURE
- MENTAL SWEEP



Inbox Zero

action-based email

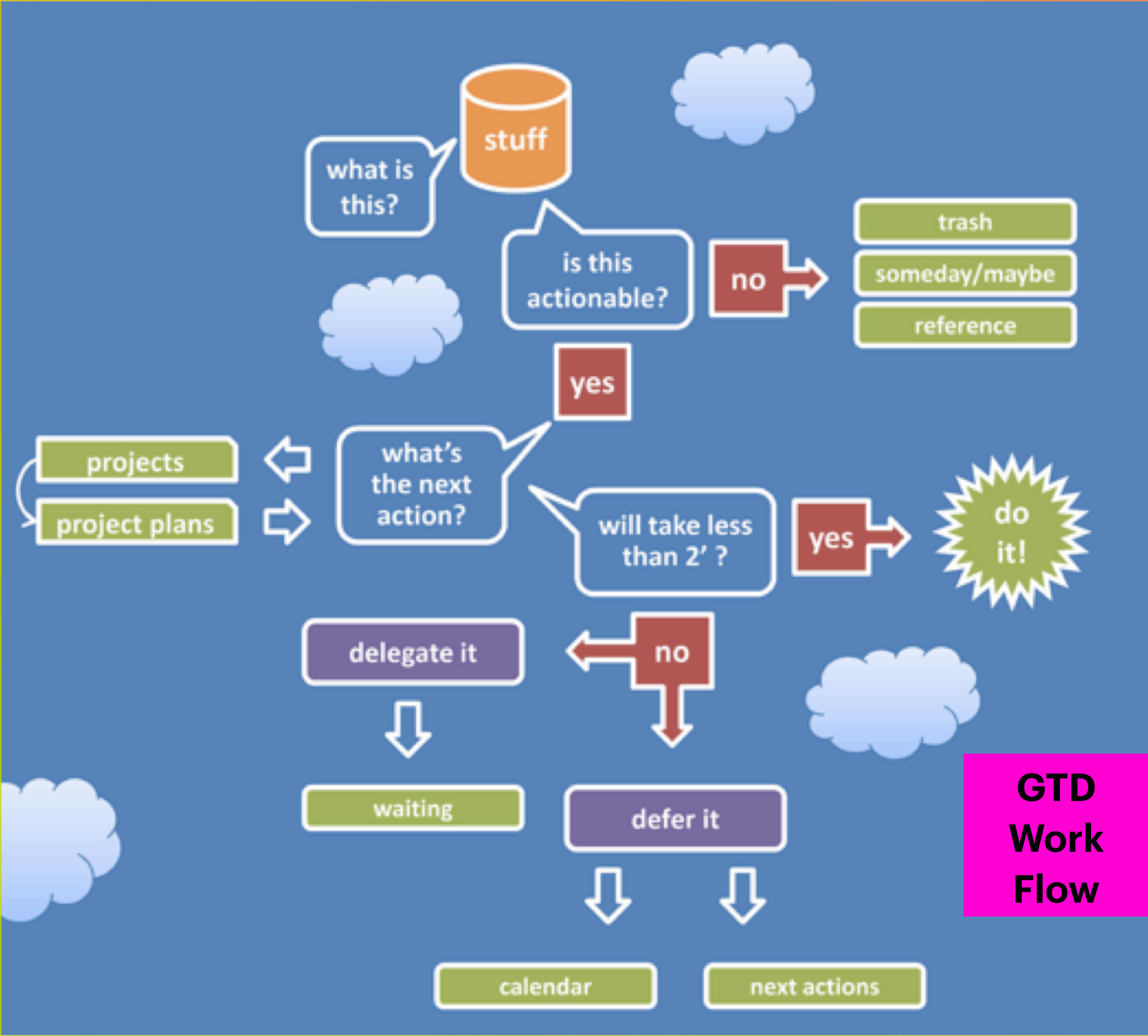
Merlin Mann
Google Tech Talk



PROCESSING YOUR INBOX

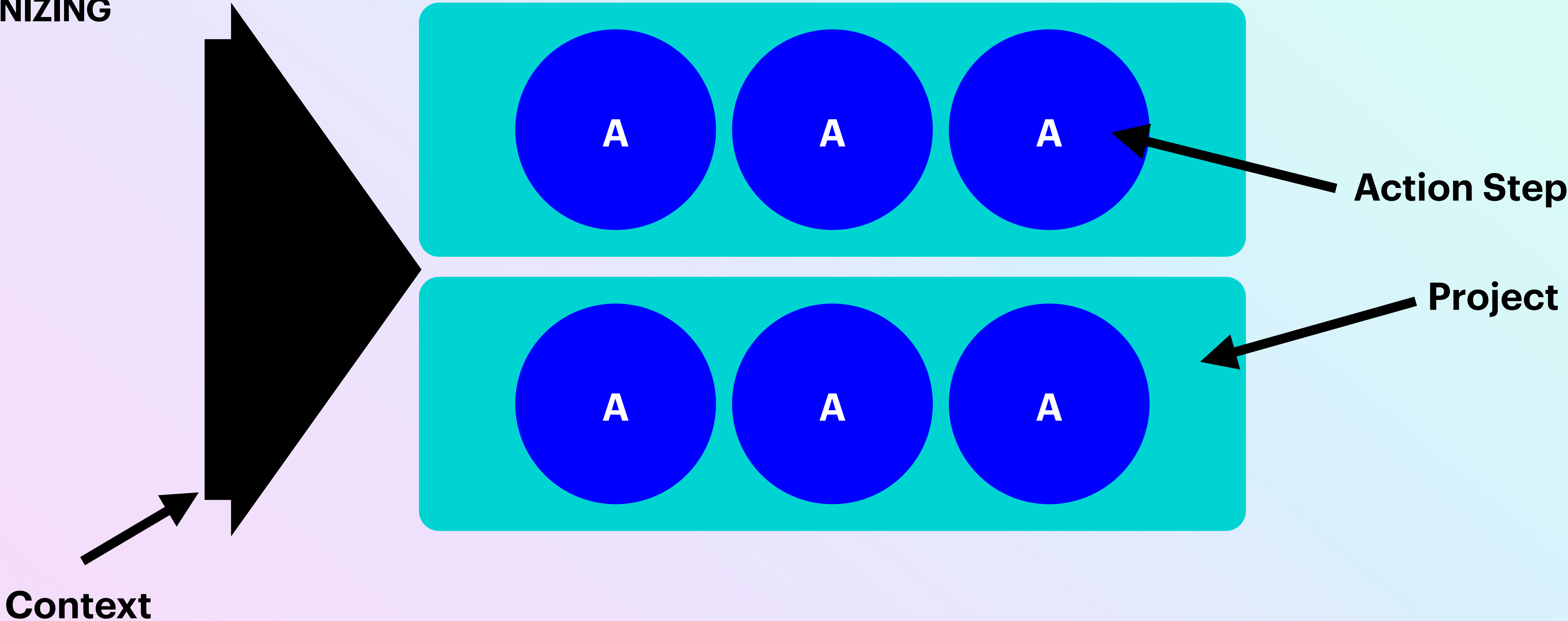
"A PLACE FOR EVERYTHING, EVERYTHING IN ITS PLACE."

- BENJAMIN FRANKLIN



SETTING UP THE RIGHT BUCKETS

ORGANIZING



MAKING THE BEST ACTION CHOICES

DOING

Four-Criteria Model for Choosing Actions

Context

Time available

Energy available

Priority to make decisions



MAKING THE BEST ACTION CHOICES

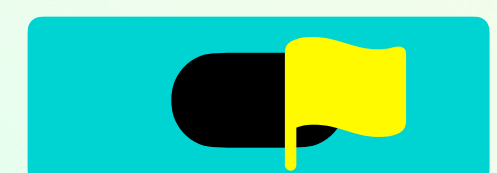
DOING

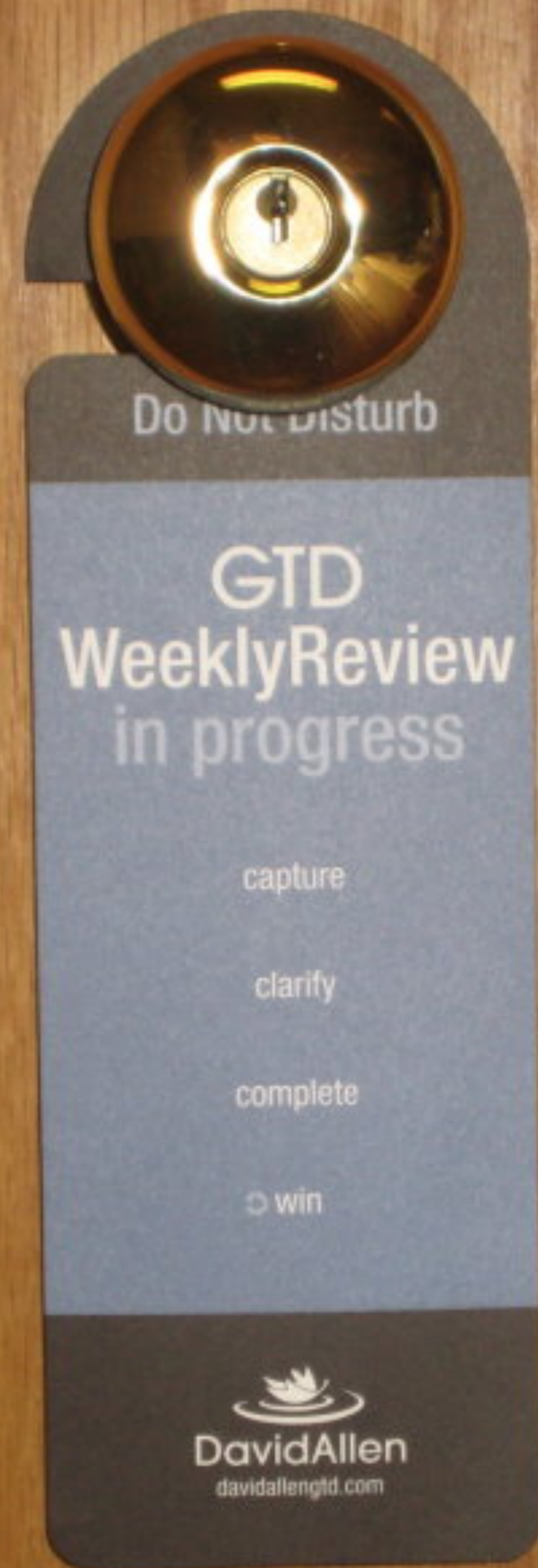
The Threefold Model for Evaluating Daily Work

Doing predefined work

Doing work as it shows up

Defining one's work





REVIEWING

KEEPING YOUR SYSTEM FUNCTIONAL

RESOURCES

Tools

Omnifocus (task management) (Things, 2Do, TaskPaper)

Obsidian (Reference)

Further Information

David Allen - Getting Things Done

Merlin Man - Back to Work

