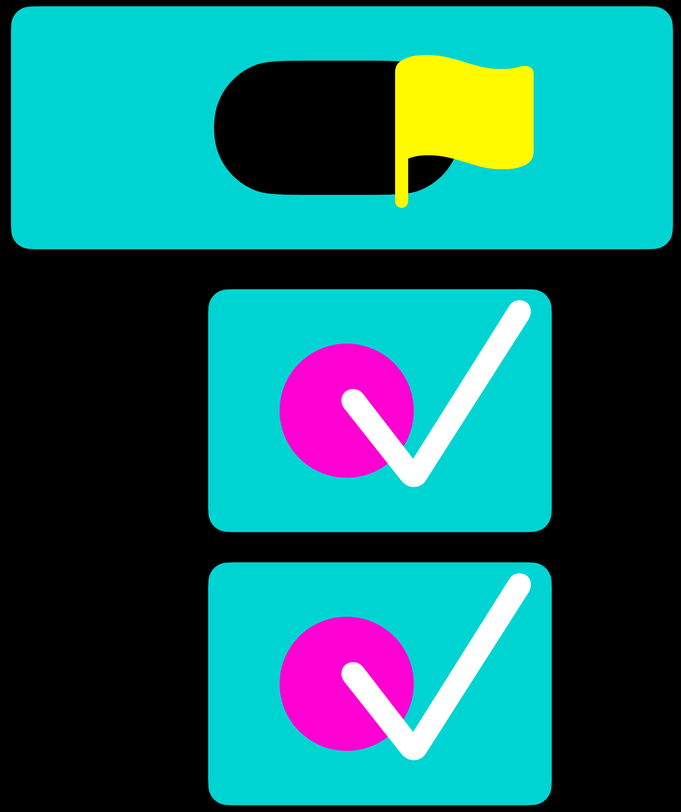
LAB DAY

PLANNING AND IMPLEMENTING CHANGE-ORIENTED STRATEGIES

Fall 2026 SOWK 486W Week 11

Jacob Campbell, Ph.D. LICSW at Heritage University



WEEK 11

AGENDA

Talk about cognitive distortions and cognitive restructuring

Practice with planning

Documenting our plans

The planning process in crisis

LEARNING OBJECTIVES

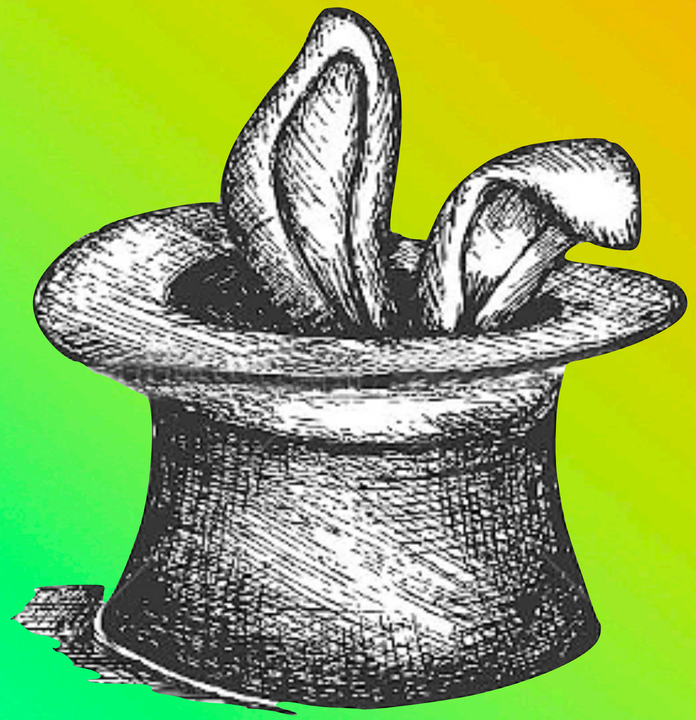
- Identify and challenge common cognitive distortions.
- Apply a structured goal formulation process to client scenarios.
- Develop and document client treatment plans and progress notes.
- Utilize an 8-step crisis intervention model to assess, plan, and respond to client needs.



PLEASE REVIEW

I SUBMITTED FEEDBACK FOR THE PAPER. PLEASE LOOK AT THE PAPERS AND THE COMMENTS/TRACKED CHANGES IN THE DOCUMENT. I SPENT A LOT OF TIME TRYING TO PROVIDE HELPFUL FEEDBACK.

THINK OF A NUMBER, ANY NUMBER



THINKING DISTORTIONS



Small Group Discussion

EXAMPLES IN THE MEDIA

PERSONAL EXAMPLES

AKA... COGNITIVE DISTORTION, THINKING ERRORS, OR UNHELPFUL THOUGHT PATTERNS

- All or nothing thinking
- Blaming
- Catastrophizing
- Discounting positives
- Emotional reasoning
- Inability to disconfirm
- Judgment focus
- Jumping to conclusions
- Labeling
- Mind reading
- Negative mental filtering
- Overgeneralization or globalization
- Personalizing
- Regret orientation
- “Should” statements
- Unfair comparisons
- What ifs

(Hepworth et al. , 2023)

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.



Brain Process - Human Resource Vector Png Clipart

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

(Hepworth et al., 2023)

SUPERFLEX

AND THE UNTHINABLES



Defense Mechanisms

1 What is a defense mechanism?

2 Situation How do you respond (act) when:

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

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?

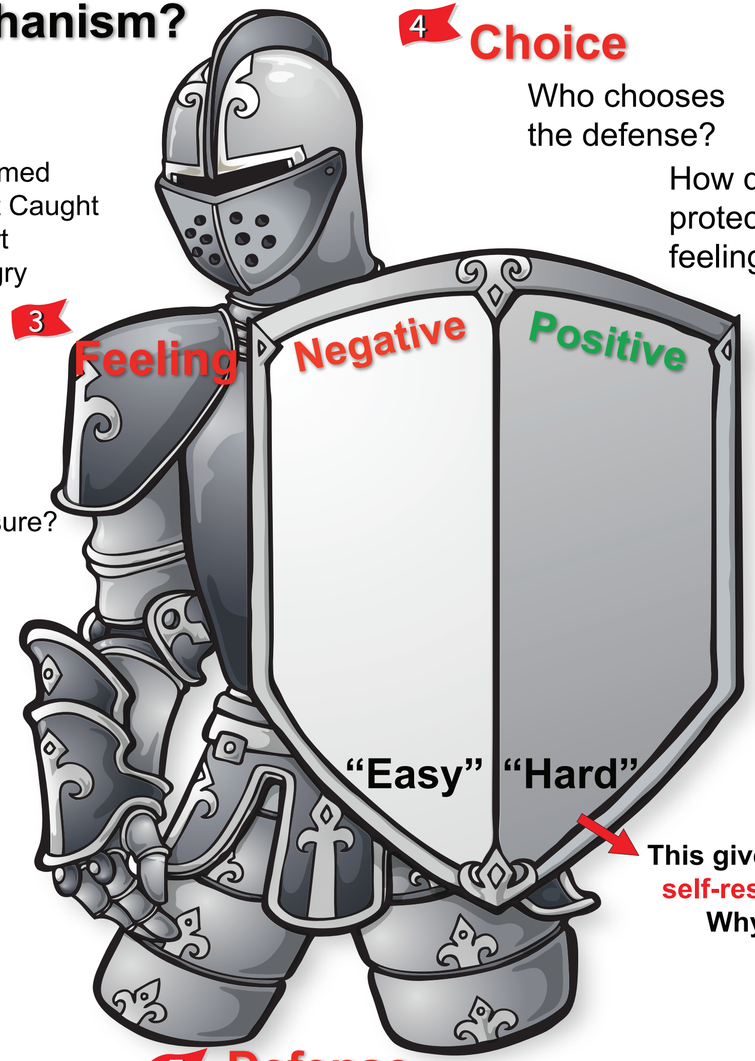
3. **Don't let other people control how you will respond.**

   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?

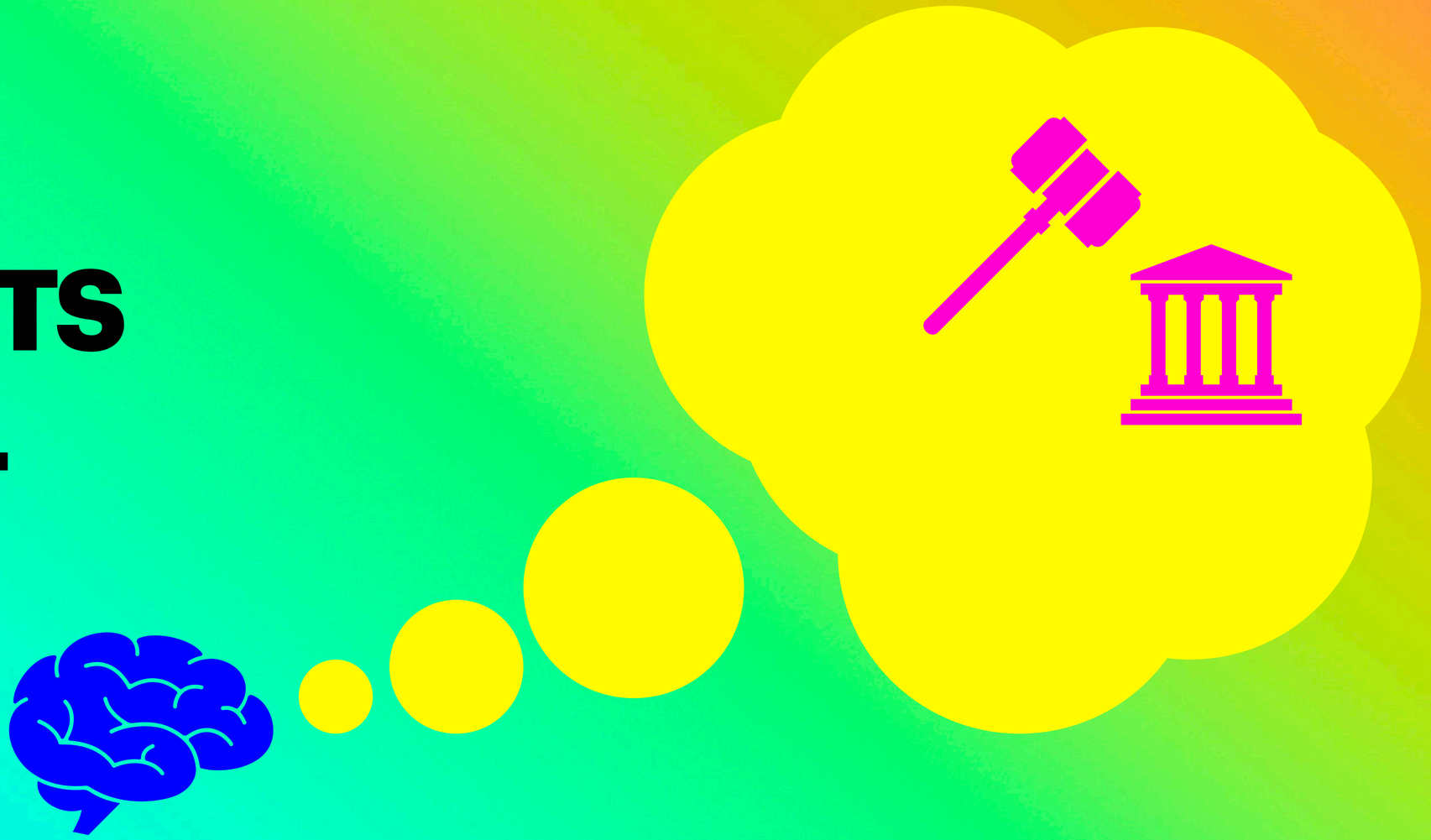


How do you know when you've selected a positive defense mechanism?

"When you are helping, not hurting, yourself and others."

© WhyTry LLC 2013

PUTTING YOUR THOUGHTS ON TRIAL



(Grohol, 2018)



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TEDx Reno - Feeling Good
by David Burns

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!

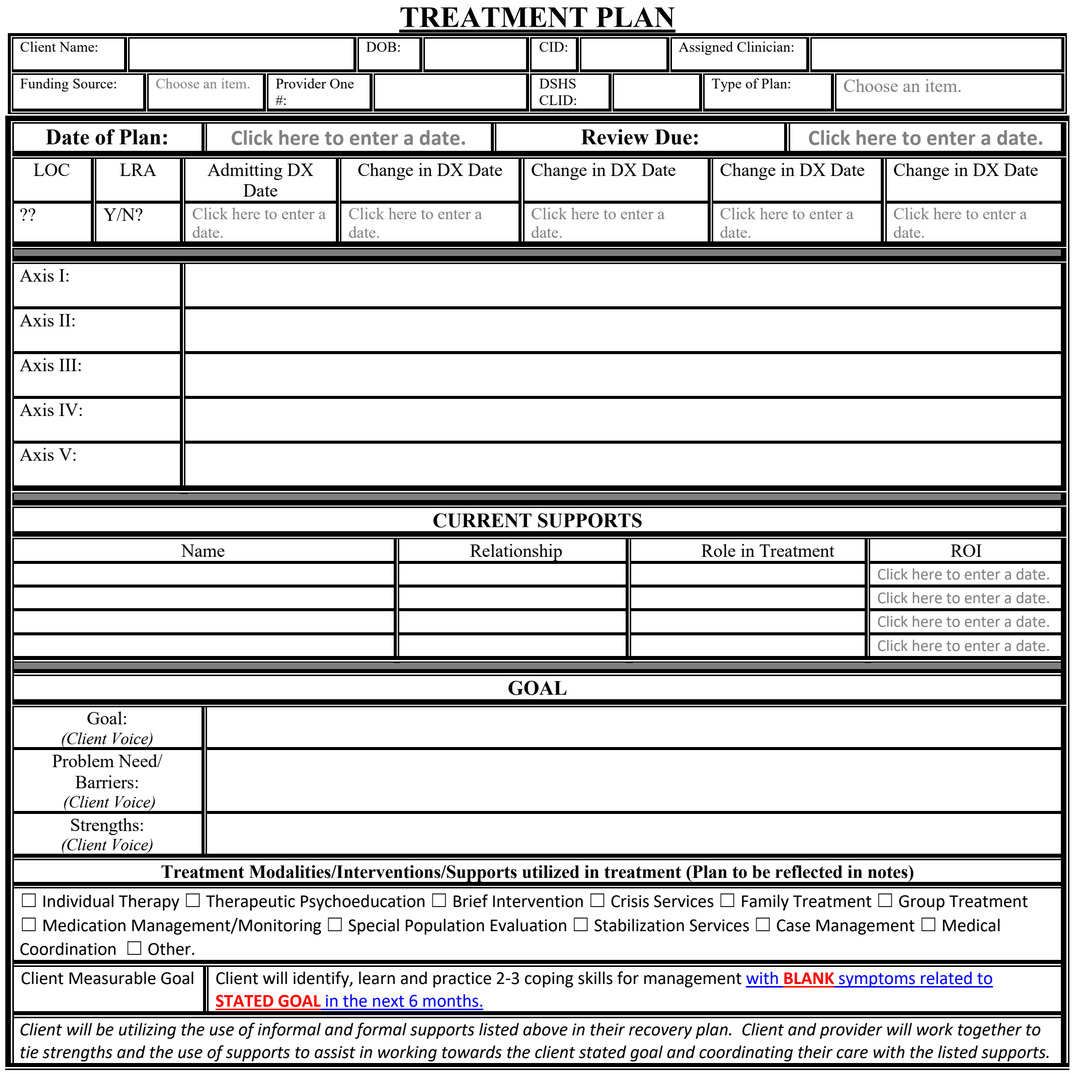
How will having a goal help me? I've never been able to accomplish anything before.

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)

☐ Individual Therapy ☐ Therapeutic Psychoeducation ☐ Brief Intervention ☐ Crisis Services ☐ Family Treatment ☐ Group Treatment ☐ Medication Management/Monitoring ☐ Special Population Evaluation ☐ Stabilization Services ☐ Case Management ☐ Medical Coordination ☐ 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

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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: *(Client Voice)*	
Problem Need/ Barriers: *(Client Voice)*	
Strengths: *(Client Voice)*	

Treatment Modalities/Interventions/Supports utilized in treatment (Plan to be reflected in notes)

☐ Individual Therapy ☐ Therapeutic Psychoeducation ☐ Brief Intervention ☐ Crisis Services ☐ Family Treatment ☐ Group Treatment ☐ Medication Management/Monitoring ☐ Special Population Evaluation ☐ Stabilization Services ☐ Case Management ☐ Medical Coordination ☐ Other.

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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)

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GOAL	
Goal: *(Client Voice)*	
Problem Need/ Barriers: *(Client Voice)*	
Strengths: *(Client Voice)*	

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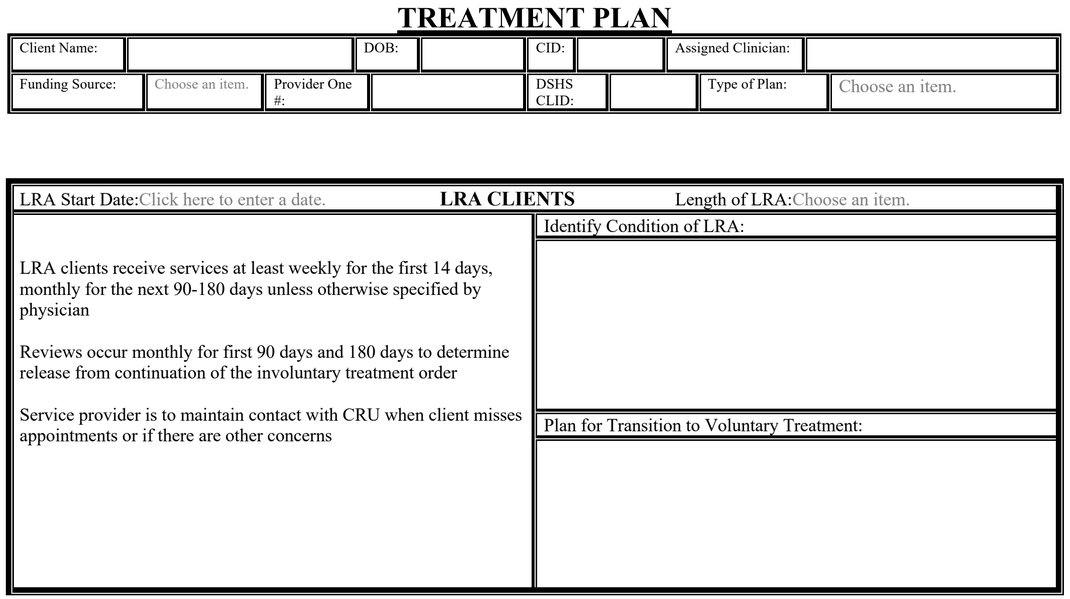
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TREATMENT PLAN

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.

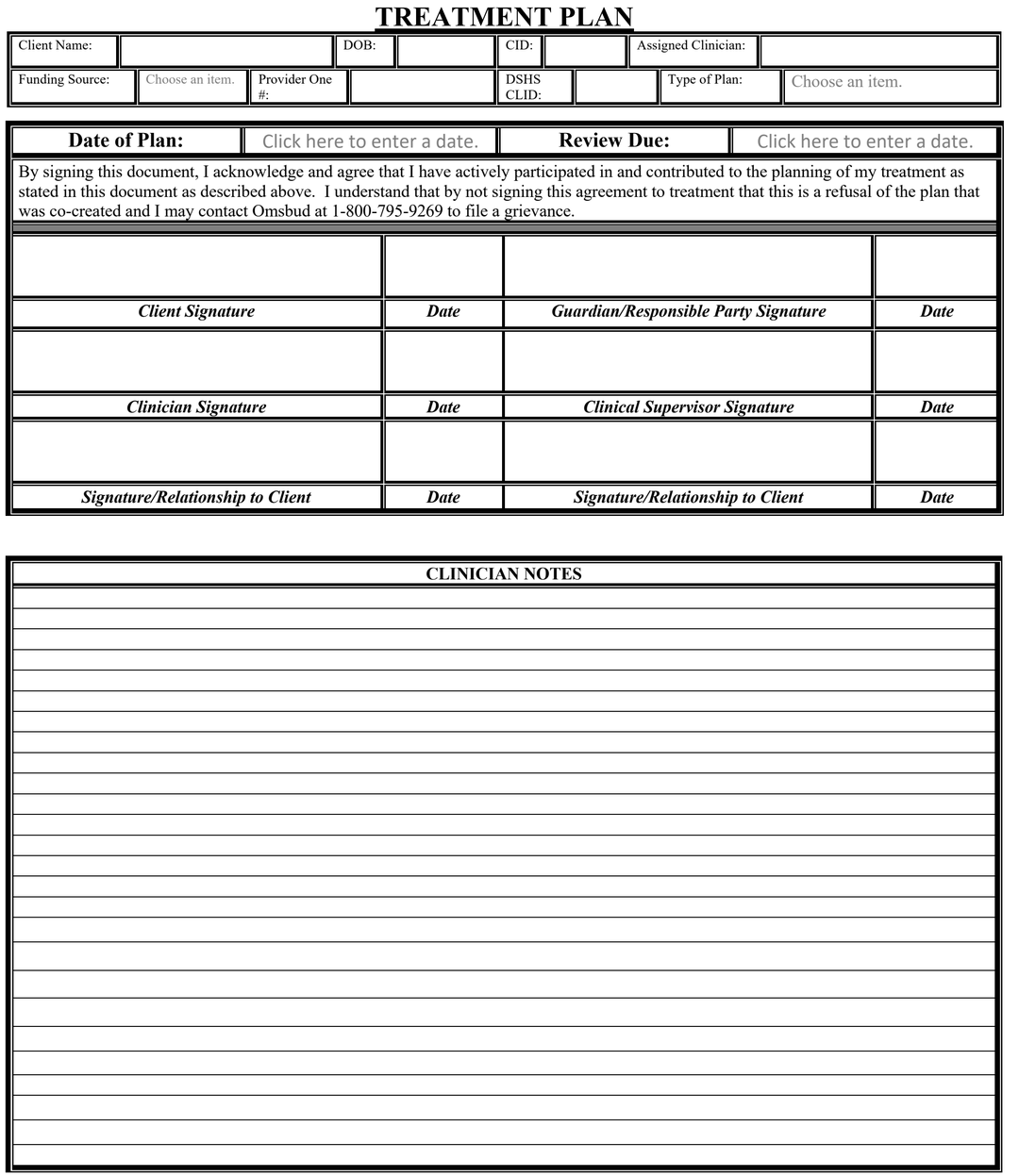
LRA Start Date: Click here to enter a date.	LRA CLIENTS	Length of LRA: Choose an item.
LRA clients receive services at least weekly for the first 14 days, monthly for the next 90-180 days unless otherwise specified by physician Reviews occur monthly for first 90 days and 180 days to determine release 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	Identify Condition of LRA: Plan for Transition to Voluntary Treatment:	

TREATMENT PLAN

FROM TCCH BHS

Page 4:

- Signature Page



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.

By signing this document, I acknowledge and agree that I have actively participated in and contributed to the planning of my treatment as stated in this document as described above. I understand that by not signing this agreement to treatment that this is a refusal of the plan that was co-created and I may contact Omsbud at 1-800-795-9269 to file a grievance.

Client Signature	*Date*	*Guardian/Responsible Party Signature*	*Date*
Clinician Signature	*Date*	*Clinical Supervisor Signature*	*Date*
Signature/Relationship to Client	*Date*	*Signature/Relationship to Client*	*Date*

CLINICIAN NOTES

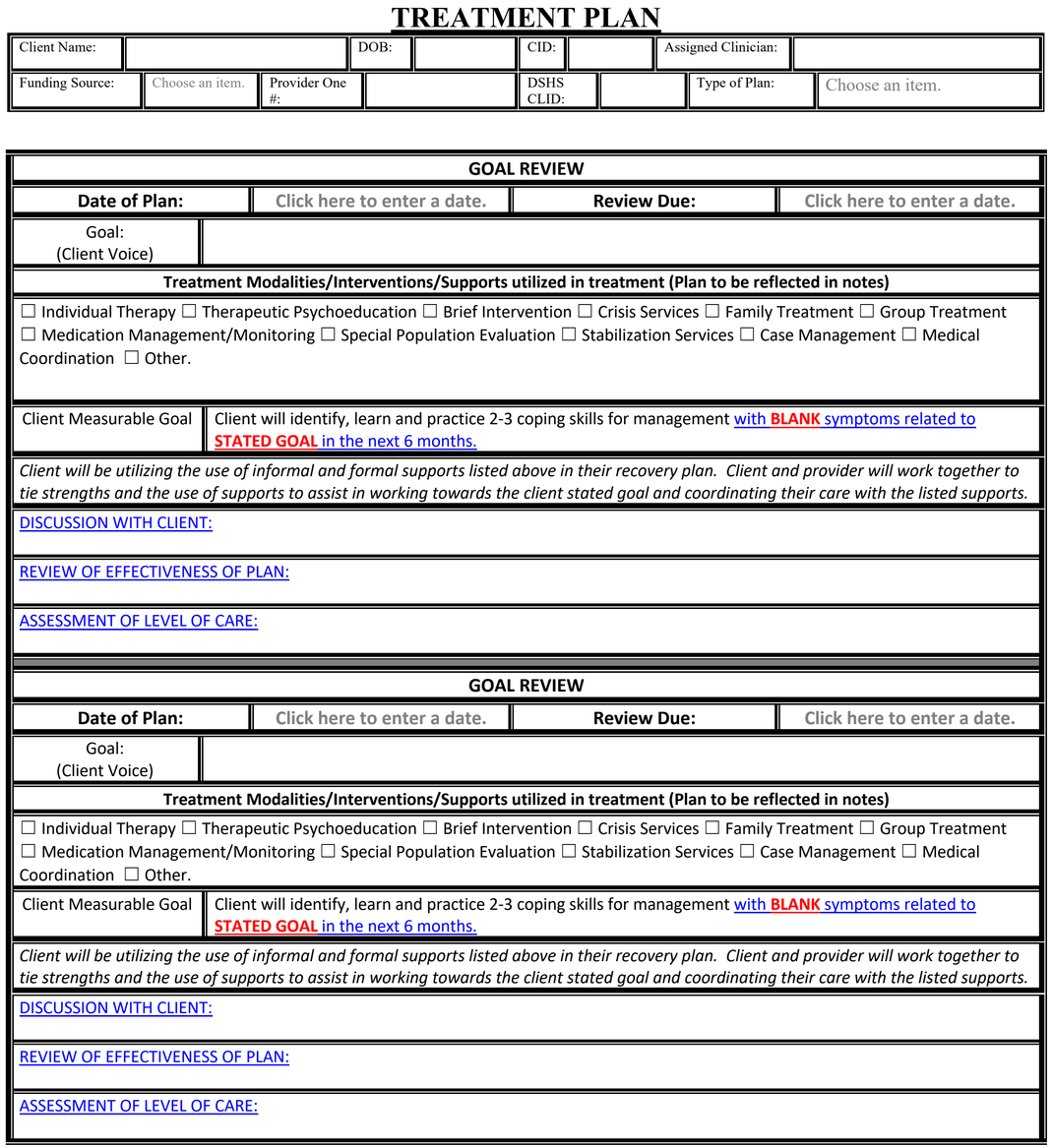
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TREATMENT PLAN

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)			
☐ Individual Therapy ☐ Therapeutic Psychoeducation ☐ Brief Intervention ☐ Crisis Services ☐ Family Treatment ☐ Group Treatment ☐ Medication Management/Monitoring ☐ Special Population Evaluation ☐ Stabilization Services ☐ Case Management ☐ Medical Coordination ☐ 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.		
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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)			
☐ Individual Therapy ☐ Therapeutic Psychoeducation ☐ Brief Intervention ☐ Crisis Services ☐ Family Treatment ☐ Group Treatment ☐ Medication Management/Monitoring ☐ Special Population Evaluation ☐ Stabilization Services ☐ Case Management ☐ Medical Coordination ☐ Other.			
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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.			
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	☐	☐ Completed
Student Phone Call	☐	☐ Completed
File Infractions	☐	☐ Completed
Letter to Home	☐	☐ Completed

Complete **EVERY OTHER** week	
Room Search	☐ Completed
Parent Contact	☐ Completed
Complete as Required	
School Update	☐ Completed

SPIRITUAL Goal

Student
1)
2)

Counselor
1)
2)

EDUCATIONAL Goal

Student
1)
2)

Counselor
1)
2)

PERSONAL Goal

Student
1)
2)

Counselor
1)
2)

Counselor Comments/Evaluation

_____ _____

Counselor Signature Student Signature

CARE PLAN

JUBILEE YOUTH RANCH

Basic Set of Goals

- Individual goals set by students and staff

PROCESS OF GOAL FORMULATION

SIX STAGES

Determine clients' readiness

Explain the purpose and function of goals

Formulate client-driven goals

Increase goal specificity

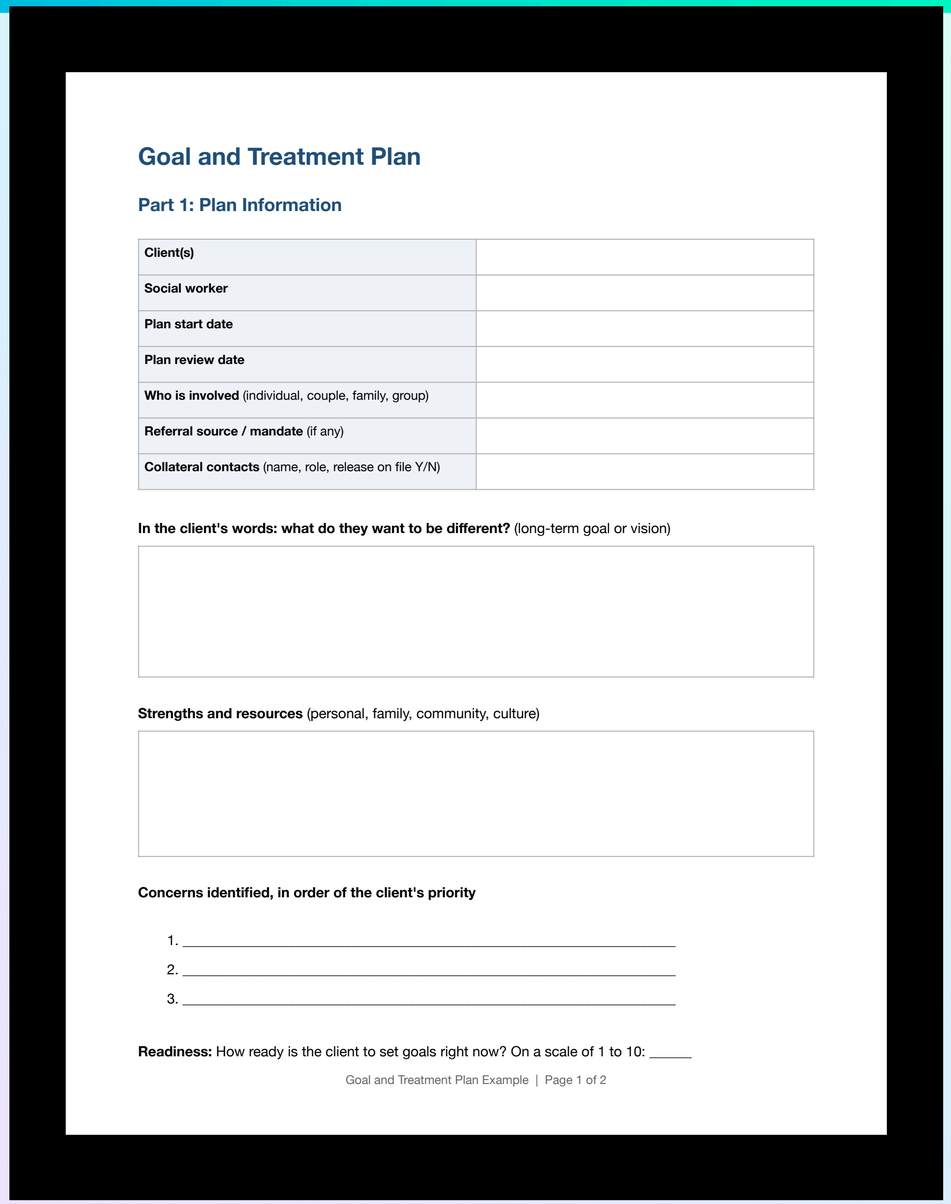
Determine barriers and benefits

Rank goals according to priorities

(Hepworth et al., 2023)



CREATE A GOAL PLAN



Goal and Treatment Plan

Part 1: Plan Information

Client(s)	
Social worker	
Plan start date	
Plan review date	
Who is involved (individual, couple, family, group)	
Referral source / mandate (if any)	
Collateral contacts (name, role, release on file Y/N)	

In the client's words: what do they want to be different? (long-term goal or vision)

Strengths and resources (personal, family, community, culture)

Concerns identified, in order of the client's priority

1. _____
2. _____
3. _____

Readiness: How ready is the client to set goals right now? On a scale of 1 to 10: _____

Goal and Treatment Plan Example | Page 1 of 2

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CASE EXAMPLES

Pick a scenario, discuss what it might look like to role-play this, and go through the planning process.

IMMIGRANT AND REFUGEE SUPPORT

Maria is a social worker working with an organization that supports immigrants and refugees. She is assigned to assist a recently arrived family from a war-torn country. The family consists of a single mother, Fatima, and her three children. They face numerous challenges, including language barriers, cultural adjustment, and trauma from their past experiences. Maria needs to provide them with immediate support, help them navigate the immigration process, connect them with community resources, and promote their overall integration and well-being.

SCHOOL SOCIAL WORK

Jason is a school social worker who is assigned to work with a high school student named Alex. Alex has been displaying behavioral issues in class, has frequent conflicts with peers, and is falling behind academically. Jason needs to conduct a comprehensive assessment of Alex's needs, collaborate with teachers and parents to develop an Individualized Education Plan (IEP), provide counseling services, and facilitate appropriate interventions to support Alex's social-emotional development and educational success.

(The Social Workers Family Blog, 2023)

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. ——————— *Jacob Campbell, LICSW*

CRISIS STABILIZATION SUPPORT PLAN

FROM TCCH BHS

Page 1:

- General Information

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TRI-CITIES COMMUNITY HEALTH

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)
☐ housing ☐ food ☐clothing ☐ ADL's ☐ primary support network/death or loss ☐ social/recreational ☐ employment ☐ education ☐ Economic ☐ legal ☐ chronic medical condition(s)/access to healthcare ☐Transportation ☐ 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.) ☐ Yes ☐ No

CRISIS STABILIZATION SUPPORT PLAN

FROM TCCH BHS

Page 2:

- Crisis and Planning Information

TRI-CITIES COMMUNITY HEALTH

Tri-Cities Community Health
Behavioral Health Services

Crisis Stabilization Support Plan (CSSP)

B. MY PLAN

Crisis Definition: (What Does it Look Like?)	
What Works:	☐
What Doesn't Work:	☐
Road blocks:	☐
Functional Strengths and Tools for Planning:	☐
Plan of Action:	☐

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):

_____ **Client Signature**	**Date**: _____/_____/_____
_____ **Case Manager Signature**	**Date**: _____/_____/_____
_____ **Clinical Supervisor Signature**	**Date**: _____/_____/_____

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

(Hepworth et al., 2023)



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."

(Hepworth et al., 2023)

