

A Youth Guide to Treatment and Treatment Planning:

A Better Life



Eileen Mary Grealish, M.Ed., and
Mark Chenven, M.D.



About the Authors

Eileen Mary Grealish, M.Ed., designs and implements individualized, strengths-based strategies that have direct impact on young people and families. She is a recognized expert in functional strengths and needs assessment, crisis planning, and staff supervision in Wraparound and family/person-centered practice. As president of Community Partners, Inc., Grealish focuses on writing and teaching about delivery of comprehensive community-based services including Wraparound and the development of innovative treatment and behavior plans. She can be contacted at mary@wraparoundsolutions.com.

Mark Chenven, M.D., is a board-certified child and adolescent psychiatrist with a lifelong commitment to improving mental health services for youth and families. He is the executive medical director at Vista Hill, a not-for-profit behavioral health provider in San Diego. Dr. Chenven is co-chair of the American Academy of Child & Adolescent Psychiatry Committee on Systems of Care and is an associate clinical professor in the Department of Psychiatry at the University of California, San Diego. He can be contacted at mchenven@vistahill.org.

Contents

Treatment and Treatment Planning

- 1 What Is Treatment?
- 3 Treatment Planning = Planning for a Better Life
- 4 Treatment and Outcomes: A Few Examples
- 7 Is Treatment a Choice?
- 11 What to Expect

Life Domains, Outcomes, Needs, and Strategies

- 13 Life Domains in Treatment Planning
- 14 Outcomes (Goals and Results)
- 16 Needs Statements...
- 17 ...Not Lists of Service Statements
- 20 Strategies: Some Are Strength Based; Some Are Not
- 26 How Do Life Domains, Outcomes, Needs, and Strategies Fit Into the Treatment Plan?

Treatment Plans and Treatment Teams

- 28 Elements of a Treatment Plan
- 31 Treatment Teams
- 35 Closing

Acknowledgments

We want to thank all of the young people who read, reviewed, and discussed the content of this guide, with us and in groups, at conferences, at home, and in their treatment settings. Their insights and experiences have been extremely instructive and filled with wisdom, a mature understanding of justice, and good sense. We also would like to thank members of Youth MOVE, family members, service providers, and the physicians on the American Academy of Child & Adolescent Psychiatry Committee on Systems of Care for their valuable input.

Development of this guidebook was partially supported by the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. We are grateful to the branch, under Gary Blau's able leadership, for making this publication possible.

The content of this publication does not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

The narrative examples included herein are fictitious. Jamie, Shawn, Dan, and Juan are fictional characters developed to exemplify various treatment and treatment-planning scenarios. Any connection to real people or circumstances is purely coincidental.

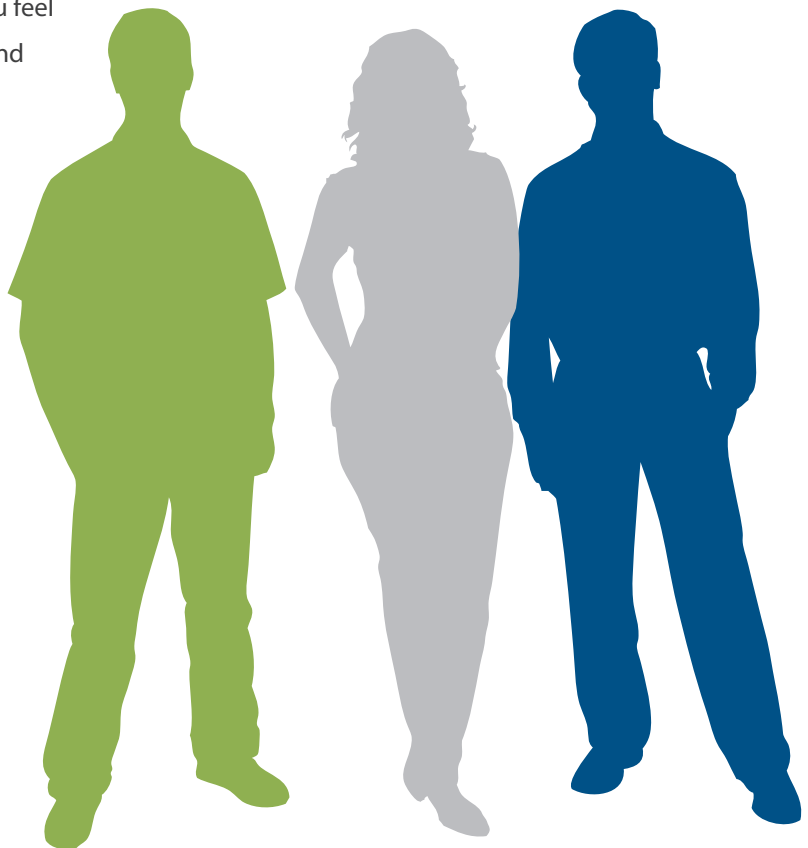
Treatment and Treatment Planning

What Is Treatment?

Treatment is the word used to describe all the ways that assistance is provided to young people (and not so young people) to make important changes so that their lives are better.

Treatment can mean lots of different things:

- Talking to experts and other helpers like mentors and youth partners
- Spending special time with relatives and close friends
- Learning new ideas and thinking about yourself and your life in new ways
- Taking medicine to help you feel better, think more clearly, and avoid trouble
- Practicing better ways to manage and protect yourself
- Living in a different place for awhile
- Going to meetings
- Eating a certain way
- Learning to behave differently and get along better with others
- Dealing with drug and alcohol problems

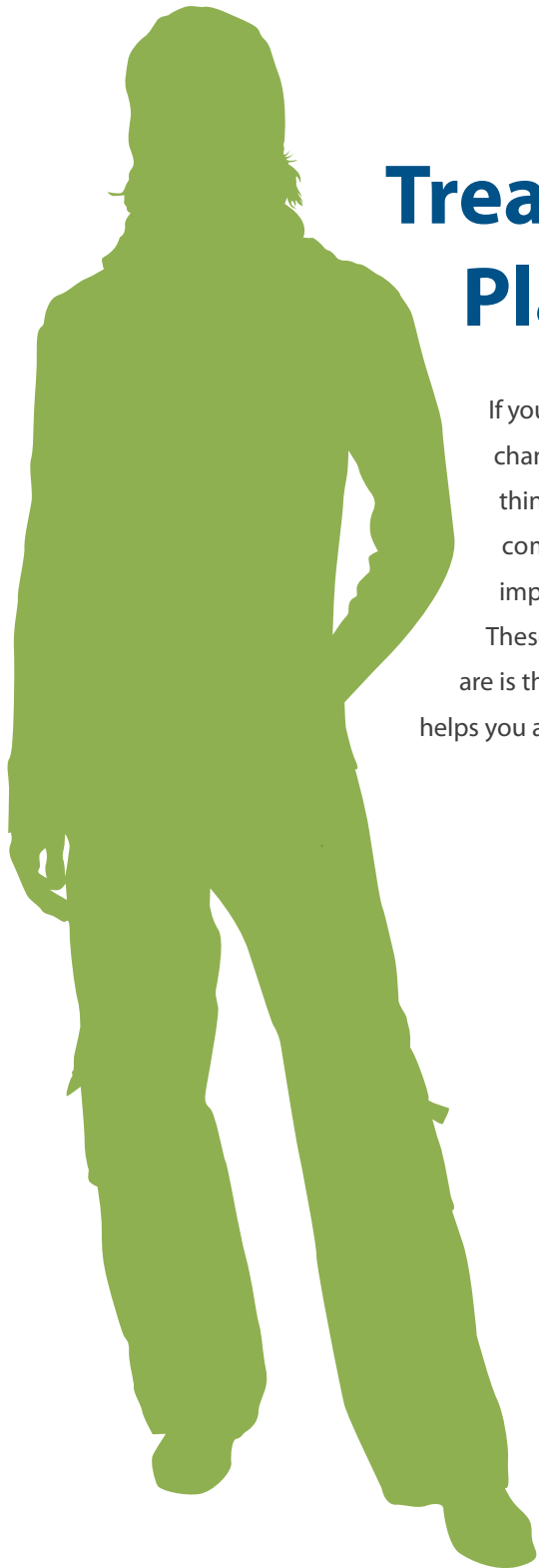


Treatment can be about what you do or what you don't do. It may focus on home, school, or community issues or all three. Sometimes it's based on your religion and sometimes not. Sometimes it's as much about what others are doing (or not doing) as it is about what you are doing (...or not), though how you handle others' behaviors sometimes is a part of it. It can be about what's going on inside you or what's going on between you and others.

So, when you are having problems, it's not always so easy to decide which treatment will work for you and your family. Treatment works best when it's designed for one young person and one family at a time and when it's based on their strengths and beliefs. The main focus of this guide is to help you and those who care for you approach things better with a view toward your strengths, desires, and potential.

This guide is about the kind of treatment youth get when people are worried about their safety, behavior, ability to be happy, mental health, or relationships. If you are considering treatment or may be required to engage in treatment, the most important thing to think through is what you want to or what you're supposed to accomplish in treatment and figure out, with assistance if you need it, what type of help is most likely to get you there. If you feel comfortable with your treatment and if it's designed for you, it's more likely to work.





Treatment Planning = Planning for a Better Life

If you're thinking about treatment and treatment planning, you're thinking about changing one or more parts of your life. Maybe it's because you want to improve things, or maybe you're being forced to change by your parents, the courts, or community authorities. Either way, treatment planning begins when the improvements you are supposed to achieve through treatment are described. These changes are called outcomes (or goals or results). Figuring out what they are is the first step in planning your treatment and your future. The right treatment helps you accomplish your goals and desired outcomes.

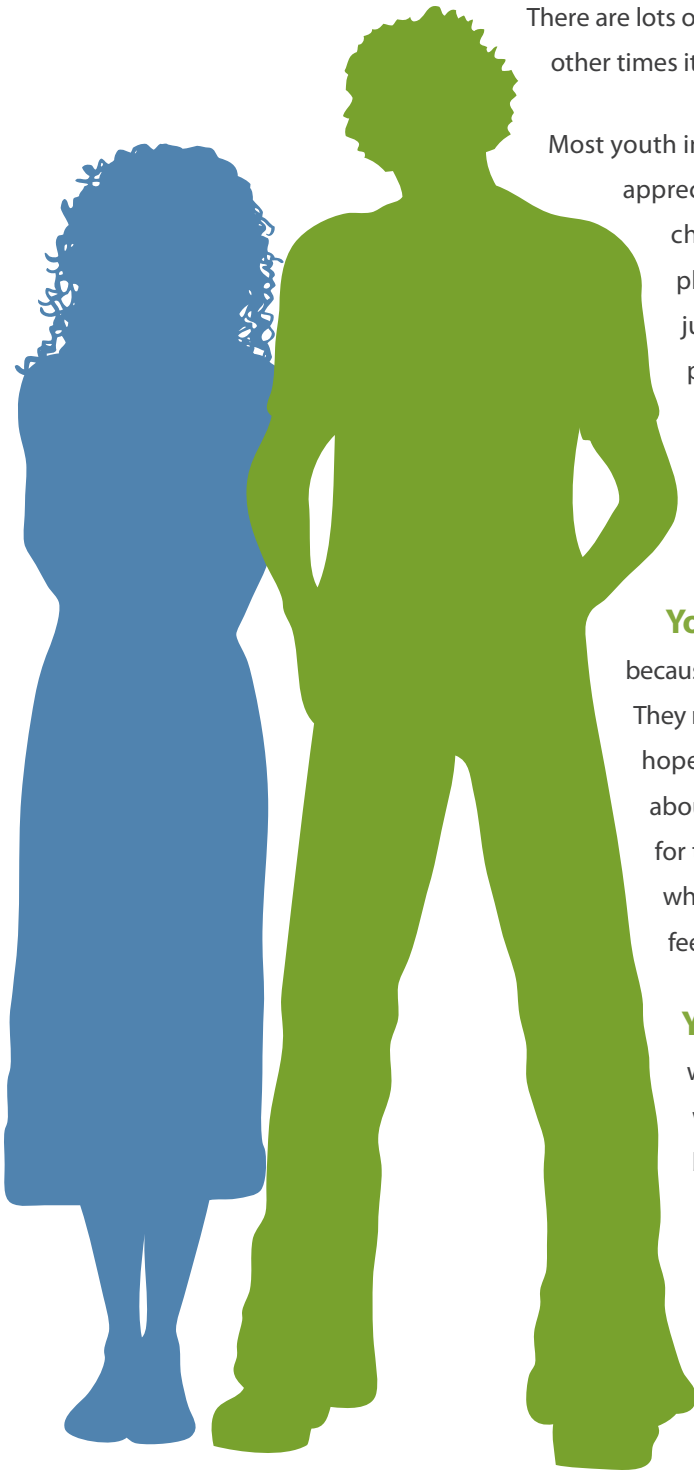
Treatment and Outcomes: A Few Examples

PROBLEM What happens?	TREATMENT What makes it better?	OUTCOMES What changed to make your life better?
<ul style="list-style-type: none"> You crash your bike, break your wrist, and end up bruised and scraped all over. Your bike is busted, too. The wheel is twisted up, and the gears are jammed. 	<ul style="list-style-type: none"> The ER doctors set your broken bone and put a cast on it. They put medicine and bandages on your cuts. You get some medicine for pain. You do extra chores to get the money to pay for repairs to your bike. 	<ul style="list-style-type: none"> Your scrapes heal, the bruises disappear, you stop hurting, and your wrist is fine. Your bike's been to the shop and is back in good condition. 
<ul style="list-style-type: none"> Your parents are getting a divorce; they argue and yell a lot. You feel so bad, your stomach hurts. 	<ul style="list-style-type: none"> You get a check-up to make sure nothing else is wrong with your body, and you see a therapist. The therapist helps you back away from the fighting. You meet with your parents in therapy and ask them not to fight in front of you. 	<ul style="list-style-type: none"> Your stomach is mostly better, and you know stuff like this happens. You're sure it's not your fault, and you think that things will be okay, just different from what you used to expect.
<ul style="list-style-type: none"> No matter how much you study and how hard you try to sit still at school, you're still getting bad grades and detention for acting up. Going to school really stinks. Your mom is on your case all the time. 	<ul style="list-style-type: none"> You see a doctor who suggests you start taking medicine. You work with a special teacher on your hardest subjects. You talk to the school social worker about how to handle your frustration without getting into trouble. 	<ul style="list-style-type: none"> You get all Bs and Cs and no discipline meetings or detentions. Your folks say they think you're doing okay. School's still no fun, but you don't get stressed out like before; sometimes you even like it.

PROBLEM What happens?	TREATMENT What makes it better?	OUTCOMES What changed to make your life better?
<ul style="list-style-type: none"> Your mom dies from cancer. 	<ul style="list-style-type: none"> You spend a lot of time with your family and friends crying, laughing, and sharing memories and feelings. You talk to a grief counselor and your spiritual leader. You go to a support group that helps people deal with loss. 	<ul style="list-style-type: none"> You are happy sometimes and start to believe that one day you will be able to feel good about your memories and look forward to your future. When you do feel bad, the pain and loss are sort of okay, and you know you'll make it.
<ul style="list-style-type: none"> You have a really weird feeling at school, pass out, and then find out you have diabetes. 	<ul style="list-style-type: none"> You stay at a hospital and talk to doctors, nurses, nutritionists, diabetes educators, and other experts. You and your parents learn all about insulin injections, testing, diet, and exercise. You stay in touch with your new helpers a lot and get an insulin pump so that you can manage everything more easily. You get and use a cookbook that is written for people with diabetes. 	<ul style="list-style-type: none"> Your blood tests are now mostly okay, nothing really bad happens to you (like amputation), and you know what you have to do to be healthy. It still sucks though, and hopefully, they'll figure out how to cure it.
<ul style="list-style-type: none"> Your parents find out that you're drinking and using pills you steal from them and your friends' parents. 	<ul style="list-style-type: none"> Everybody gets in your face, and you go to rehab. Your family comes for sessions, and you learn all about recovery. Before you leave, you get a temporary sponsor and home group. You go to 12-step meetings, volunteer, and work the steps. 	<ul style="list-style-type: none"> You are clean and sober and not dead. Your brain works better, and you can handle real emotions again. Life off of drugs is calmer, and you're dealing with the hassles one bit at a time. You reconnect with your old best friend, and that's going okay.



Is Treatment a Choice?



There are lots of ways young people enter treatment. Sometimes it's their choice; other times it isn't. Most of the time, it's a little bit of both.

Most youth in treatment don't want adults to run their lives, although many appreciate at least a little guidance. They want their treatment to be a choice, not a punishment. Some feel bullied into their treatment plans, and that's never good. Young people want to do more than just accept or decline a particular plan. They want to own it in a personal way and have others respect their goals.

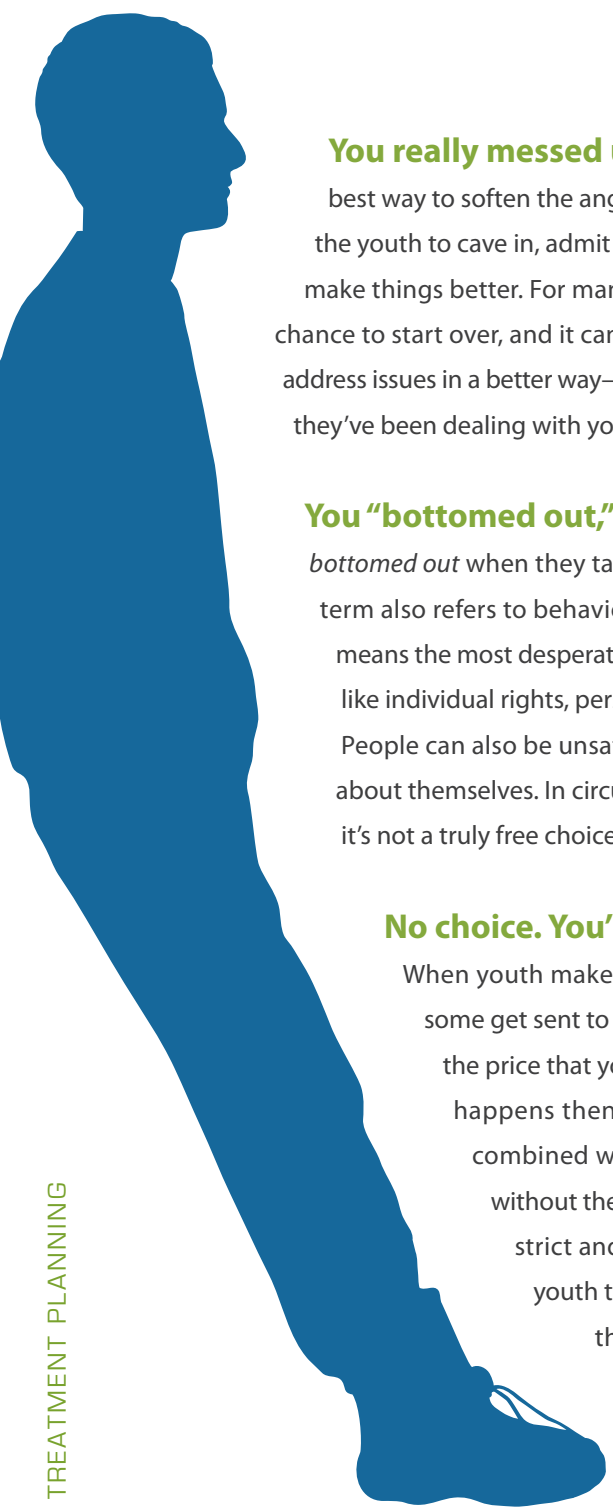
Here are a few of the ways you might enter treatment:

You choose treatment. Some youth engage in treatment because they don't like how they feel or what's happening in their lives. They may be sad or angry or just plain uncomfortable. Some teens have hopes and dreams that seem out of reach to them. They have ideas about how they want things to be in their lives, but it isn't happening for them. They tell the people close to them, as truthfully as possible, what they feel bad about and what they want. They enter treatment to feel better and have better lives.

You kind of choose treatment. There are young people who enter treatment with an attitude like "okay, I'll do it, ... whatever." They agree to treatment that others think they need by not working too hard to resist it. Many of these youth can see why people think they should be in treatment, but they don't really want to say that to anybody, maybe least of all to themselves. Deciding not to fight against getting treatment is still kind of a choice.

You choose treatment to stop people—especially parents—from nagging you.

When youth are in lots of conflict with the people in their lives, they may choose treatment just to make things quieter. They may feel like they're in no-win situations or think that going along with their families' ideas will get people off their backs. They choose treatment only because they lost the argument against it. Still, that's a choice.



You really messed up, so you “choose” treatment. Sometimes, the best way to soften the anger people have for young people who make mistakes is for the youth to cave in, admit they were wrong, and agree to do whatever people say will make things better. For many youth, this is a sensible way to get people to give them a chance to start over, and it can be a chance for youth to get their parents to learn how to address issues in a better way—they’ve maybe been messing up, too, especially in the way they’ve been dealing with you and your problems.

You “bottomed out,” so you go to treatment. People use the words *bottomed out* when they talk about deep-end troubles with drugs and alcohol. The term also refers to behavior and choices that take young people to the bottom. It means the most desperate days of their lives are right now, and they are losing things like individual rights, personal choices, and important relationships they’d rather keep. People can also be unsafe on their own, feel like dying, or experience really bad pain about themselves. In circumstances like this, treatment is a good choice even though it’s not a truly free choice.

No choice. You’re busted, and you’re going to treatment.

When youth make big mistakes and do illegal things, some get locked up, some get sent to treatment, and some get a combination of the two. This is the price that you pay for making poor choices and getting caught. What happens then is usually determined by the law. When treatment is combined with punishment, it is often different than it would be without the punishment. Programs have lots of rules; some are pretty strict and feel like punishment. Even so, it usually makes sense for youth to dig in and participate positively in whatever treatment they’re sent to or assigned. Most people can learn good stuff about themselves and make real changes, even when the program is forced on them. Still, treatment must be safe and fair.

They can make me do treatment?

The short answer is “yes.” Sure, there’s a Constitution and a Bill of Rights, but they work better when you’re over 18. Still, when you’re under 18, you have the right to legal representation and to hear what people say you did or what they think you need. You have the right to explain your thoughts and actions. As a young person, you have extra rights that adults don’t have: a chance to learn new things, make smarter decisions, and to change your future for the better.



Here’s how it works:

Dan beats up Juan and gets caught. This is called negative evidence: what Dan did and the seriousness of the offense added to how badly Juan was hurt. If Dan shoves Juan, that’s negative evidence against Dan, but it’s a small amount. If Juan is badly hurt, that’s a lot of negative evidence against Dan.

If you’re Dan, you may want to tell people you won’t do it again, ever, and have the whole thing be over. You may hope that, if you promise to change, people will back off.

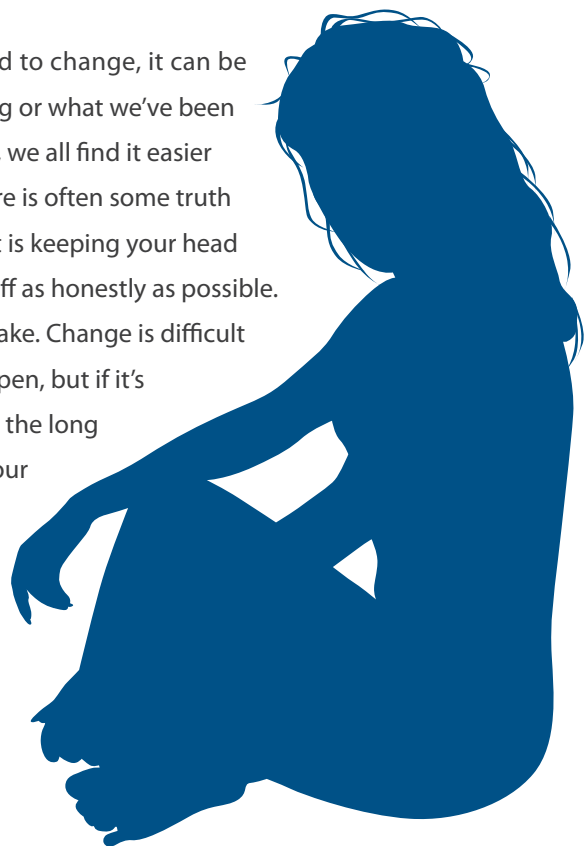
That probably won’t happen. The only way to cancel negative evidence is to balance it with positive evidence: doing the right thing to prove you know what it is and that you’re willing and able to do it in the future. Saying you’re over what you did, or even that you’re sorry, isn’t enough. You have to do lots of extra positive things, over time, to dig your way out of a negative evidence hole. The bigger the hole, the more digging out you’ll have to do.

What if I'm discouraged or disappointed?

That's exactly when treatment is the most useful. Treatment planning and treatment are built on **hope**. Your treatment plan should give you new chances for a better life even if you have to accept responsibility for past issues in a new way.

Remember, you're not alone. Life is often challenging, we are all vulnerable, and almost everybody messes up one way or another. All you have to do is live long enough and it's guaranteed.

Whether you seek treatment voluntarily or are pushed to change, it can be very, very tough. Even if we do not like how we're feeling or what we've been doing in our lives, it is still tough to change. Sometimes, we all find it easier to blame others or the world for our problems (and there is often some truth in this) than to look to change ourselves. What's hardest is keeping your head on straight, thinking everything through, and doing stuff as honestly as possible. Real change takes effort, and it means lots of give and take. Change is difficult even if you want it and understand why it needs to happen, but if it's only somebody else's idea, it still can be good for you in the long run. It is important to keep your eyes, your mind, and your heart open to the possibilities for a better life.



What to Expect

Your Rights

You have the right to expect certain things in treatment planning and treatment:

- You have the right to receive treatment as close to home as possible unless that wouldn't be safe for you or for other people.
- Everyone who helps with your treatment plan is supposed to respect you, your preferences, and your family.
- Your treatment plan should be your own—individualized—not a plan used for others or designed for a group. (Parts of your plan may be the same as those of others, but the whole package needs to fit you and your circumstance.)
- It should be built on what you're good at, what you value, and what feels right to you, as long as you keep it legal.
- Your treatment plan should be interesting, hopeful, and motivational. It should be designed to help you do better now and in the future.
- You have the right to practice your faith during treatment if you wish.
- You have the right to include people you care about in treatment and treatment planning unless that would risk someone's safety.
- You should have choices about what's in your treatment plan and what happens to you in treatment—more choices if you're not in trouble, fewer if you are.
- Depending on your age and local law, you have the right to decide whether or not to take medication. Sometimes you can't really make these decisions, but even then, you do have the right to know what is going on and why you are being "asked" to take medicine.
- You should know exactly what you're supposed to be working on in each part of your treatment plan and your treatment and how your progress is being measured.
- The people who help you with your treatment plan also will help you plan for any crises or big changes you are facing. If you haven't been safe, they'll help you design a safety plan.
- You have the right to be included when people talk about you and your treatment plan unless you have made serious mistakes.
- Your treatment-planning helpers are supposed to listen to your opinions and protect your privacy, but there are situations (for example, abuse and suicide) in which the law forces them to give information to others.
- You and your helpers will talk about how each part of your treatment is working and change your plan until it works well.
- You get a copy of your treatment plan.
- You have the right to understand everything in your treatment plan and the planning process.



Your Responsibilities

Just as you have certain rights in treatment, you also have certain responsibilities, sometimes even obligations, to:

- Be as honest as you can be. If there's a reason you can't be or if you're worried, ask someone you trust to help.
- Listen to what the people who are trying to help you are saying, and think things through.
- Treat the people involved in your treatment planning and treatment with respect.
- Work on learning to trust and show how much you care about other people, especially the people who care about you or the people who love you or want to love you.
- Stand up for yourself as politely and respectfully as possible.
- Be as brave as you can be even if you're scared.
- Stop yourself from running away from pain and confusion, and instead, face what's in front of you. Be honest.
- Ask questions when you're not 100 percent sure what people are saying to or about you.
- Accept help from people who offer it to you.
- Hang onto your hopes for yourself and your family.
- Honor your feelings and the feelings of the people you care about.
- Help people when you can, because you can. Avoid hurting other people.
- Don't show off, brag, or bully people.
- Remember to give yourself credit for the things you can do and the stuff you already understand.
- Work for your best possible future in practical, realistic ways.



Life Domains, Outcomes, Needs, and Strategies

Life Domains in Treatment Planning

Looking at *life domain* areas is a way to make sure that treatment helps improve things across youths' lives, not in just one or two obvious problem areas.

Life domains are areas in which you might want to improve the way things are in your life and in which you may have unmet needs, even if they do not seem to be what's getting you into trouble in the first place. In treatment planning, life domains are a reminder for young people and their families to consider all the areas they might want to improve. The following life domain areas are used most frequently (although many others are used as well, depending on what triggers treatment planning). Sometimes, they merge into each other. When that happens, they're used together.

- Place to Live
- Education
- Spiritual
- Emotional/Psychological
- Legal
- Family
- Behavior
- Safety
- Social/Relationships
- Work
- Health
- Culture



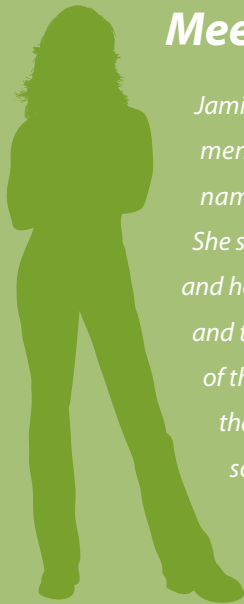
In Which Domain Areas Would You Like to Improve Your Life?

Put a checkmark next to the areas in which you would like to change.

Outcomes (Goals and Results)

In the best circumstances, as treatment planning begins, you and your family should be asked to identify which life domain areas focus on the changes that are most important to you. There also may be areas of your life you don't choose to improve, but parents, courts, schools, and other authorities choose them anyway, so they end up on your treatment plan.

Then, for each life domain area you or they select, the improvements you're expected to achieve are described in outcome statements: the results you plan to achieve in treatment and how progress on them will be measured. Everything in the change process is related to the outcome statements: what gets paid for, what people do to help you and your family, what you actually get, and more. For some types of treatment, each domain stands alone. For others, they get lumped together.



Meet Jamie

Jamie, age 15, has a pretty serious mental illness that goes by the name schizoaffective disorder. She struggles with changing moods and hearing things (hallucinations) and thinking things that aren't part of the real world (delusions). All of that frightens and confuses her sometimes and causes her to act in ways that make people reject her.

She is lonely and longs to make friends, but she sometimes believes that people are stalking her and hurting her even though they actually aren't. Her accusations against other people and threats to get the police after them isolate her further.

Sometimes she hides from the world in her room because she feels so different. She loses her cool and throws major tantrums at home because her parents don't get it. She also gets real down and depressed, at times ready to give up on life altogether.

Jamie's Life Domains/Outcomes

Emotional/Psychological and Health: Jamie will no longer hear voices, she will begin to feel safe, and her feelings and thoughts will be more manageable.

Social/Relationships: Jamie will be happier, safer, and more in control of herself so that she can connect with others in satisfying ways and participate in good and meaningful activities as often as she likes, when her schedule and her parents allow.

How Progress Is Measured

- Verbal reports from Jamie and her family
- No accusations about others made to police
- Making more friends



Meet Shawn

Shawn, age 16, was arrested after he beat up Erin, his girlfriend, age 14. When the police investigated him, they found out that he had also assaulted his mother three times, badly enough that she had to go to the ER. She required medical treatment for a broken nose, a broken wrist, a concussion, and bad rug burns from being dragged. Shawn's dad is in prison for armed robbery and battery, so she's a single mom. She was too afraid of her son to press charges against him because of his threats to hurt her again.

Shawn is using alcohol and who knows what else. At school, he has been suspended for bullying, making terroristic threats, and defying adult authority. Shawn gets respect from his peers because he is so tough, but a piece of him really hates it when he hurts the people he loves and cares so much about. Shawn's been told that his dad used to beat him pretty bad when he was little, but he doesn't remember anything about that; he does remember his mom and dad fighting lots when he was young.

Shawn's Life Domains/Outcomes

Legal, Behavior, and Safety: Shawn will demonstrate his ability to manage his anger without hurting anyone and without making threats. He needs to talk safely to his mom, get away from alcohol and drugs, and earn his mom's and others' (probation staff, judge, school) trust again.

How Progress Is Measured

- Completion of the corrections/residential treatment program the court sent him to
- Eligibility for release
- No critical incident reports (reports of bad behavior and other big problems) for three months
- Recommendation for return home from program staff, clinicians, and family
- Having safe visits
- Handling his anger and frustration without violence

Note: Before Shawn returns home, another plan will be developed that describes who will help him work on safety issues in his home, school, and community to keep his behavior safe and legal. His probation will continue for at least a year after he gets out of the corrections/residential treatment program. Ideally, this plan will be developed early during his placement so that community resources will be in place back home when he needs them.

Needs Statements...



One of the important things people assume in treatment planning for an emotional, behavioral, or psychological problem is that you have not been able to achieve the improvements/changes that are important to you, your family, and your community because some **unmet needs** got in the way. The next step in treatment planning is to figure out how to say what you and your family need.

Everybody has unmet needs. But if you are dealing with significant problems, you may be eligible for professional assistance to help you meet those needs. The people who helped you define your important life domain improvements also will focus on figuring out which unmet needs keep you from achieving your outcomes.

...Not Lists of Service Statements

Most of us are used to thinking in terms of services rather than needs. A service statement might be “You need therapy” or “You need foster care.” This type of statement limits creativity and the ability to address specific needs in treatment planning. Service statements like these lead to yes-and-no choices: yes, you need therapy; no, you don’t

need foster care. It’s also possible that the service ideas—in this example, therapy and foster care—may be suggested more because they’re available than because they meet your real needs.

In effective treatment planning, the statement “You need therapy” is replaced by a more descriptive one: “You need someone you can

talk to about your most personal thoughts and fears without worrying about judgment, gossip, or payback. You need a listener who has insight and experience to help you think things through in ways that allow you to live a safer, happier life.” This is a “needs statement” that may get you a referral to therapy, but it may also lead to more opportunities to talk openly to your best friend, your grandpa, or your faith leader. Needs statements allow planners to have choices beyond “yes” or “no” while not eliminating service options—like therapy and foster care—that could be useful. Often a mix of formal services (like therapy) along with informal supports (like talking to your grandpa) works best for people seeking to change their lives.

Jamie



Some of Jamie’s Needs

- To be connected to a mental health professional (psychiatrist, therapist)
- Effective ways to stop her troubling thoughts and to control her troubling emotions
- Ways to explain when her symptoms show around other young people so that she doesn’t feel so embarrassed
 - People who might be possible friends

The service statement “You need foster care” also can be a problem. When it is translated into a needs statement, more choices are available: “You need a safe place to live outside of your current home where you will be cared for and protected. You need a place to live where you have a structured schedule; supervision by one or more adults; and opportunities to make sure that you visit your family, go to school, get to your favorite activities, and have help in keeping your day-to-day life going well.”

When a needs statement like that is used in treatment planning instead of a service statement, you can go to foster care, but you can also stay with a relative, a close family friend, a mentor, a scout leader, or somewhere else. Thinking about things this way also gives you and your family more power over things—you can seek out good and helpful things and people already in your life who can help and support you, even while you are participating in more formal service activities (therapy, foster care).

Some of Shawn’s Needs

- A moral/ethical code, like a personal list of rules, that guides him away from violence and illegal activities
- Anger and frustration management strategies
- A plan to get himself out of situations that trigger frustration and anger
- New ways to feel good about himself and to trust others



Shawn

Your Desired Outcomes	Your Needs
-----------------------	------------



<hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
-------	-------------------------------



<hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
-------	-------------------------------



<hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
-------	-------------------------------



<hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
-------	-------------------------------

Strategies:

Some Are Strength Based; Some Are Not

As mentioned previously, it is important to think in terms of your strengths and the things that really matter to you. These priorities play a major role in planning strategies for your treatment plan.

After the initial *outcomes* and *needs* are clearly stated, designing *strategies* is the next step in treatment planning. The strategies are supposed to help you and your family meet your unmet needs so that you can get to the better life you entered treatment to achieve.

Strength-based strategies make it more likely that treatment will work. That's because strategies based on your values, faith, treasured relationships, favorite activities, and hopes and dreams "fit" you. When the strategies fit, your needs are more likely to be met, and your treatment plan is more likely to be successful, even when your situation is complicated.

Jamie



Jamie's Strengths

Jamie is good with computers and loves surfing the net, especially political blogs. She's been interested in history and governments all over the world since she was little.

Jamie is Jewish. She used to attend synagogue regularly and likes her rabbi a lot. She can draw well and enjoys all sorts of craft activities. Jamie also enjoys movies, and her favorite band is Matchbox 20.

Shawn's Strengths

Shawn is coordinated, physically fit, and athletic. He's interested mainly in boxing but plays some baseball, football, and basketball as well. He has been fascinated with the military since he was little. Shawn watches the war news online every day and gets pretty passionate about military movies. His heroes are Special Forces troops, the Rangers, and the SEALs.

The only person Shawn likes at school is the vice principal, a former Marine, who is the person he sees when he gets into trouble.



Shawn

Strength-Based Strategies in Jamie's and Shawn's Treatment Plans

Jamie

- Need** ■ *Emotional/Psychological and Health.* To be connected to a mental health professional.
- Strategy** ■ With help from a retired family doctor identified by her rabbi, Jamie will interview one or two psychiatrists and choose the person she feels most comfortable with. This will give her enough ownership to make it more likely that she will be comfortable with her physician's recommendations.

- Need** ■ *Emotional/Psychological and Health.* Effective ways to stop her troubling thoughts and to control her troubling emotions coupled with fears about taking medication.
- Strategy** ■ After her own online research, Jamie has learned that medicines can make a big difference. She will keep an online journal to describe how well or poorly it's working and describe any side effects that make her uncomfortable. This process will help her be less worried and more willing to take her medicine even though sometimes she doesn't want to.

- Need** ■ *Emotional/Psychological.* Effective ways to learn what to say and what not to say.
- Strategy** ■ Jamie will see a therapist who knows history and politics, and she'll figure out what to say, to whom, and how to avoid spooking potential friends with too much personal information.

- Need** ■ *Social/Relationships.* A way to explain when her symptoms show around other young people so that she doesn't feel embarrassed.
- Strategy** ■ Jamie will use the lyrics of her choice from the hit song "Unwell"¹ to describe her situation when she meets new people if she feels the need to explain her weird symptoms that pop up.

- Need** ■ *Social/Relationships.* People who might be possible friends.
- Strategies** ■ Jamie will take an arts and crafts class at a community center to meet potential friends.
- With help from family members, Jamie will watch her favorite movies and analyze the friendships and feelings in each. Family members will get some guidance from Jamie's therapist on how they can best participate in this strategy.
- Jamie will make a form and divide movie characters into the following categories: *Potential Friend, No Way Friend, Maybe Friend, and Why/Why Not.* She'll review these charts with either her psychiatrist or a therapist, who is in touch with her doctor.
- With help from her parents and a volunteer from the League of Women Voters, Jamie will research (online) successful and unsuccessful political candidates, how they managed their thoughts and emotions, and with what results.

¹Thomas, R. K. (2002). Unwell [Recorded by Matchbox 20]. On *More than you think you are* [CD]. New York: EMI.

Shawn

Need ■ *Legal, Behavior, and Safety.* A moral/ethical code that guides him away from violence and illegal activities, like a personal list of rules.

- Strategies**
- Shawn will learn rules for advancement with staff assistance at the Residential Treatment Center Corrections program the court sent him to.
 - With staff support, Shawn will research the codes of conduct at the Citadel, West Point, Annapolis Naval Academy, and other military training agencies for cadets and future officers and adapt them to his situation.
 - Shawn will talk with the teachers at the program about his favorite movies to get insights and ideas for his developing moral/ethical code.

Need ■ *Emotional/Psychological.* Anger and frustration management strategies.

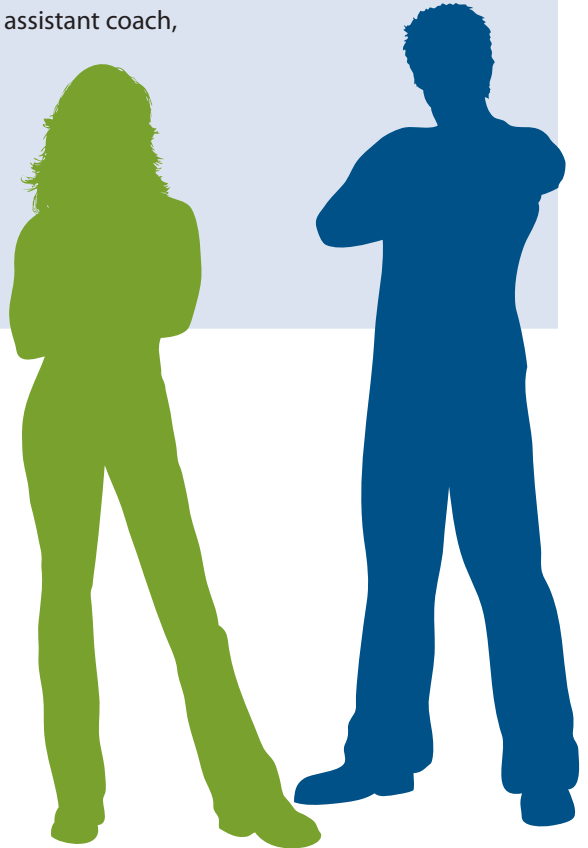
- Strategy**
- In therapy and with program staff, Shawn will triage (divide and rank) frustrating and angry feelings as *mild, medium, and severe* and for each level of feeling, implement an appropriate level of physical and mental exercise.

Need ■ *Behavior.* A plan to get himself out of situations that trigger frustration and anger.

- Strategy**
- Shawn will study the careers of Mike Tyson, Rubin “Hurricane” Carter, Mohammed Ali, Oscar De La Hoya, and others to decide how well or poorly each athlete got himself out of bad, potentially life-altering situations and negative consequences.

Need ■ *Social/Relationships.* A way to make friendships.

- Strategies**
- Shawn will get permission to serve as an assistant coach, helping other youth who are placed in the young residential program.
 - He will make one or more real friends in his residential unit.
 - He will work to make real apologies to his mom, Erin, and others he has hurt.



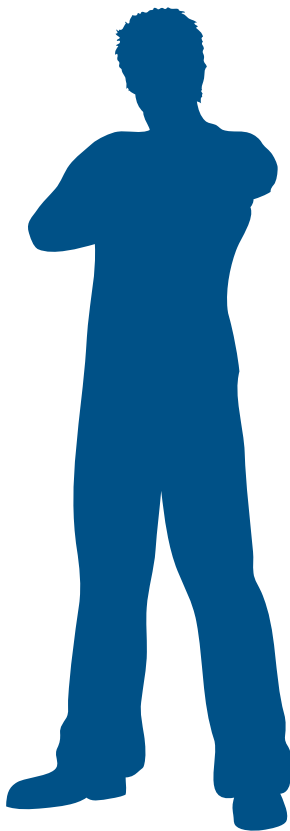
Alternative Ways That Needs and Strategies in Jamie's and Shawn's Treatment Plans Might Be Recorded

Jamie



- | | |
|-----------------|--|
| Need | ▪ To feel as healthy as possible. |
| Strategy | ▪ Get a complete physical examination. |
| Needs | ▪ To be able to think more clearly without hearing voices or being so paranoid.
▪ To have fewer mood swings and not have her scary thoughts so often. |
| Strategy | ▪ See a psychiatrist for an evaluation; learn about what is going on in her head; and take medication and discuss its impact on her thinking and moods with her doctor. |
| Need | ▪ To talk to somebody who can help her figure out how she wants her life to be and how to get there. |
| Strategy | ▪ Talk to a therapist and try to get a better sense of what she wants and how she really feels about things that seem confusing to her. Use this knowledge to change her ways of coping and responding to stress and challenges in her life. |
| Need | ▪ To have a way to calm down when she gets upset at school. |
| Strategy | ▪ Arrange for an “as-needed” timeout pass at school so that she can go to the library to be alone or spend time at school with the counselor or social worker when things get too intense for her. |
| Need | ▪ To be with other young people who understand her situation. |
| Strategy | ▪ Join a teen support or therapy group. |

Shawn



Need ■ To complete a residential treatment center/corrections program.

Strategy ■ Go to the Youth Development Center in Columbus and reach Level 5, the top level in the behavior management system there. Shawn doesn't want to be away from home, but he knows he is in deep trouble and has to complete the program.

Need ■ To complete the school program on school grounds.

Strategy ■ Reach Level 5 at school, and do all assigned homework with help from staff, if/when he needs it. Use his intelligence to learn and not just to clown around and show off negatively.

Need ■ To say what he feels without acting out against others.

Strategies ■ Figure out how to interact with peers and staff without using anger or threats to get his way.
■ Participate in therapy aimed at helping him figure out what he thinks about and wants in the future with his dad and others.
■ E-mail his mom and the vice principal at his school three times a week about what he feels, how he feels like acting, and how he thinks he should act instead when he returns to his home and his school.

Need ■ To complete restorative action (make up for what he did wrong to his mom and Erin).

Strategies ■ Write sincere letters of apology to his mom and Erin and promise never to hurt them or others ever again.
■ Donate a portion of his "spending allowance" from the center to a good cause or do volunteer work of some kind.

Need ■ To participate in the work/study program.

Strategy ■ Work in the kitchen at the residential treatment program.


Need ■ To improve skills in dealing with peers.

Strategies ■ Attend group therapy.
■ Become a mentor for other youth in the program.

How Do Life Domains, Outcomes, Needs, and Strategies Fit Into the Treatment Plan?

This chart shows an example of how all of these elements come together in treatment plans.

Life Domain Areas	Outcome Statements	Needs	Strengths	Strength-Based Strategies	Practical, Helpful Strategies
Help youth and families remember all of the different parts of their lives so that they don't leave anything out of the picture.	Help young people and their families picture how they want things to be.	Are what youth and families need to achieve outcomes.	Are what young people and families value, what they can do well, and what they can build on.	Are actions taken to achieve specific results that utilize a person's skills and interests to meet needs.	Make practical sense and help youth and families achieve results by meeting their needs.
Emotional/ Psychological 	<ul style="list-style-type: none"> Be less depressed. Have good energy about your life. See and work for a future that matters to you. 	<ul style="list-style-type: none"> Evaluation by a psychiatrist to understand what and how serious your situation is. Medicines, if needed, to treat the problem symptoms. Someone to listen to you on your terms about what you are experiencing. 	<ul style="list-style-type: none"> Smart and sensitive to feelings—yours and those of others. Good with computers. Good relationship with your dad and a loyal best friend who really cares and supports you. 	<ul style="list-style-type: none"> Pay attention to your thoughts and feelings to sort them out better. Search online for psychiatrists and/or therapists with your dad, select one you like, and get a referral. Get a library card and Internet access to research medicines. Use a cell phone to call your best friend when you absolutely have to talk to someone you trust. See a therapist weekly or more often to learn more about your feelings and how they are important in your life. 	<ul style="list-style-type: none"> Work with the psychiatrist and/or therapist you chose to figure out how you're doing and what might be going on with you. Take medication, if recommended, and evaluate and report on its impact. Fill out the chart your doctor gave you about your moods every day. Keep a diary of your special thoughts and feelings to learn more about yourself.
Safety 	<ul style="list-style-type: none"> Keep yourself safe, and do not cut yourself when upset. 	<ul style="list-style-type: none"> An effective safety plan to prevent self-injury. 	<ul style="list-style-type: none"> Faith in yourself, your family, and the world, and a special closeness with your grandpa. 	<ul style="list-style-type: none"> You always calm down when you call your grandpa. Call your therapist or psychiatrist if you have nearly lost it. 	<ul style="list-style-type: none"> Go to solution-focused therapy. Use the tools you learn about to stop yourself when you feel like cutting.
Legal 	<ul style="list-style-type: none"> Complete probation successfully. 	<ul style="list-style-type: none"> A way to control your temper. A community service opportunity. 	<ul style="list-style-type: none"> Musical knowledge and "know how," big Steelers fan, think that heroes are people who serve in the military. 	<ul style="list-style-type: none"> Make a playlist featuring your most intensely engaging tunes to listen to when you are angry. Collect donations like toiletries, Steelers memorabilia, and CDs for local soldiers deployed overseas. 	<ul style="list-style-type: none"> Meet with your probation officer every week. Go to aggression replacement therapy. Participate in the SMART Team at school.

Life Domain Areas	Outcome Statements	Needs	Strengths	Strength-Based Strategies	Practical, Helpful Strategies
Help youth and families remember all of the different parts of their lives so that they don't leave anything out of the picture.	Help young people and their families picture how they want things to be.	Are what youth and families need to achieve outcomes.	Are what young people and families value, what they can do well, and what they can build on.	Are actions taken to achieve specific results that utilize a person's skills and interests to meet needs.	Make practical sense and help youth and families achieve results by meeting their needs.
Education 	<ul style="list-style-type: none"> Finish 10th grade. 	<ul style="list-style-type: none"> A way to handle anxious feelings at school. Someone to eat lunch with you. 	<ul style="list-style-type: none"> Runs, likes the track coach, favorite show is <i>Entertainment Tonight</i>, favorite TV channel is E! 	<ul style="list-style-type: none"> Run around the track a few times and talk to the track coach. Talk about possible lunch companions with the school social worker and decide who would be best. Do some reading about your favorite celebrities and learn why some end up in trouble and others don't. 	<ul style="list-style-type: none"> Get medical/psychiatric evaluation to see how well you're doing in those areas. Do some IQ and learning tests at school to find out the best ways for you to study and do better in class. Participate in the peer tutoring program. Practice relaxing with a psychologist once a week.
Social 	<ul style="list-style-type: none"> Have safe fun and live drug free. 	<ul style="list-style-type: none"> Friends who aren't in trouble. At least three safe, fun activities a week. 	<ul style="list-style-type: none"> Plays guitar, likes gardening and bicycling. 	<ul style="list-style-type: none"> Take advanced guitar lessons and participate in jam sessions at the music store. Volunteer to help at the community garden. Join the group that maintains the bike trail. 	<ul style="list-style-type: none"> Check out a church youth group or find another place to explore your values. Go to the drug counseling program.
Family and Place to Live 	<ul style="list-style-type: none"> Get out of your group home this year. Move back home successfully and stay there. 	<ul style="list-style-type: none"> To "walk away" from conflict with others. To listen to your mom and solve problems peacefully. To go to school every day. To be honest. 	<ul style="list-style-type: none"> Talented skateboarder; likes to take photos, draw, and paint; likes to watch NASCAR events with mom. 	<ul style="list-style-type: none"> Create a series of posters about avoiding conflict with an artist or art therapist. Study racing dynasty families with your dad and figure out who did parent-child stuff well and how they did it. Earn skate park passes, equipment, and coaching time for attending school. 	<ul style="list-style-type: none"> Stay at Level 5 at your placement. Take the medication you're supposed to take, the way you're supposed to take it. Talk about your concerns or problems with medication with the staff and psychiatrist. Attend family therapy with your parents and your brother.

Treatment Plans and Treatment Teams

Elements of a Treatment Plan

Medical/psychiatric treatment plans involve working with psychiatrists and other medical experts to figure out:

- Your general health, well-being, and how well your life is going.
- How to keep you safe if things start to fall apart for you.
- What's wrong (your problem symptoms and whether these fit into one or more patterns, which is called a diagnosis).
- What to do about it (medicine, stress management, talk therapy).
- What works best for you (talking, exercising, medicine).

Wraparound treatment plans

are individualized, strength based, practical, and helpful. If you get Wraparound help, you'll have helpers like mentors and youth coordinators, team meetings to plan your treatment, and strength-based and practical strategies, all to help you meet your unmet needs and make the improvements you entered treatment to achieve.



For more information, see *A Youth Guide to Wraparound Services: Your Life, Your Future* at http://www.wraparoundsolutions.com/docs/Wraparound_Guidebook_-_WEB_4-27-09.pdf.

Scan with your
smartphone.



Case management plans (also called care coordination) mean you have someone, usually a professional service provider but not always, to bring together therapeutic and practical strategies. A case management plan may include counseling, going to the Social Security office, scheduling help, going to and making the most of medical appointments, job coaching, and personal support. The purpose of these plans is to turn a bunch of different types of help into one comprehensive plan.





Therapy treatment plans focus on what you'll learn about yourself in therapy: your decisions, thoughts, feelings, actions, and relationships and how you can use this new knowledge to change. They also let you know which type of therapy will be used to help you: solution focused, narrative, faith based, cognitive, behavioral, or others. There are lots of choices, so ask and get answers to any questions you have.

Behavioral treatment plans help you change the way you act and react in different places, circumstances, and relationships. Behavioral treatment plans include behavior contracts, point systems (also known as *token economies* that let you earn privileges or lose them because of your behavior), coaching, and direct instruction to help you learn new behaviors. They also let you know what consequences will be attached to different behaviors. Some of that will come from the programs you're in, and the rest will come from real life.

Drug and alcohol treatment plans help you stop using and abusing drugs and alcohol. They include inpatient placement in drug-free environments like hospitals and residential programs (so you can get off drugs and alcohol with medical support); rehabilitation; day treatment; drug and alcohol information; and 12-step meetings, traditions, supports, and activities.

Permanency treatment plans help young people find and establish positive connections with families and, when needed, substitute families and family-like relationships that last over time. Sometimes, they help youth find relatives, even when most people think the youth don't have any.² This type of treatment is most likely to include young people who have been abused or neglected and who participate in child welfare and juvenile court programs.



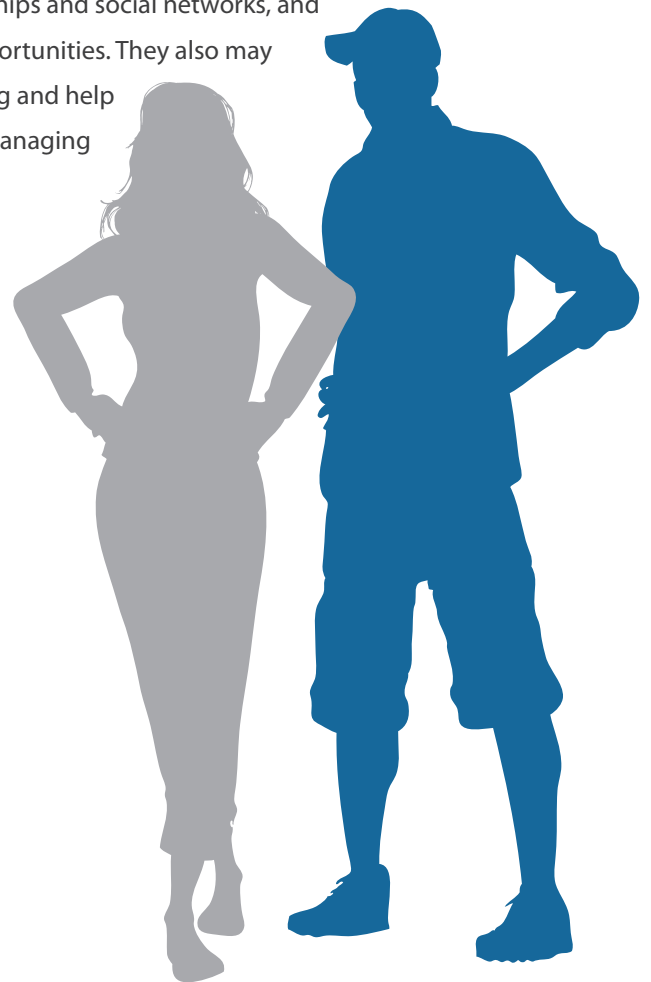
² Family finding services, now available across the United States were first developed by Catholic Community Services in Washington. This model is based on the fact that even young people who are said to have no family at all frequently do, and when these relatives are found, they are often willing to become part of the lives of the youth. The model has been tested at EMQ Families First and elsewhere. Results indicate that children for whom family members are found tend to achieve therapeutic outcomes more often and quickly. For more information, see *Family Search and Engagement: A Comprehensive Guide* (2008), a Collaborative Product of Catholic Community Services of Western Washington and EMQ Families First, available online at http://www.ccsww.org/site/DocServer/Family_Search_and_Engagement_Guide_CCS-EMQ.pdf?docID=641.

Rehabilitation treatment plans bring together a variety of therapies and healing resources to help young people best manage serious, impairing illness or disability so that they are able to make good choices about what will happen to them and to live happy and successful lives despite their handicap.

Food and nutrition treatment plans combine sensible eating strategies, reasonable exercise, and several types of therapeutic intervention and interaction to help young people be healthy. These plans may be needed when someone has a serious health condition (diabetes, obesity, eating disorder) or when necessary medications require a special approach to diet and eating.

Residential treatment plans (including those used in treatment foster care, group homes, and any other program in which you live somewhere besides your home) describe everything that is supposed to happen during placement so that you can get the help you need to go home and be successful there. These plans usually include all previously listed treatment plan elements, which are then part of your plan while you are in the program.

Independent living treatment plans prepare older young people (usually ages 17–22 or older) to care for and support themselves, meet their needs with community resources, help them establish friendships and social networks, and pursue college studies and/or job opportunities. They also may help youth with education and training and help them learn skills like budgeting and managing their time effectively.



Treatment Teams

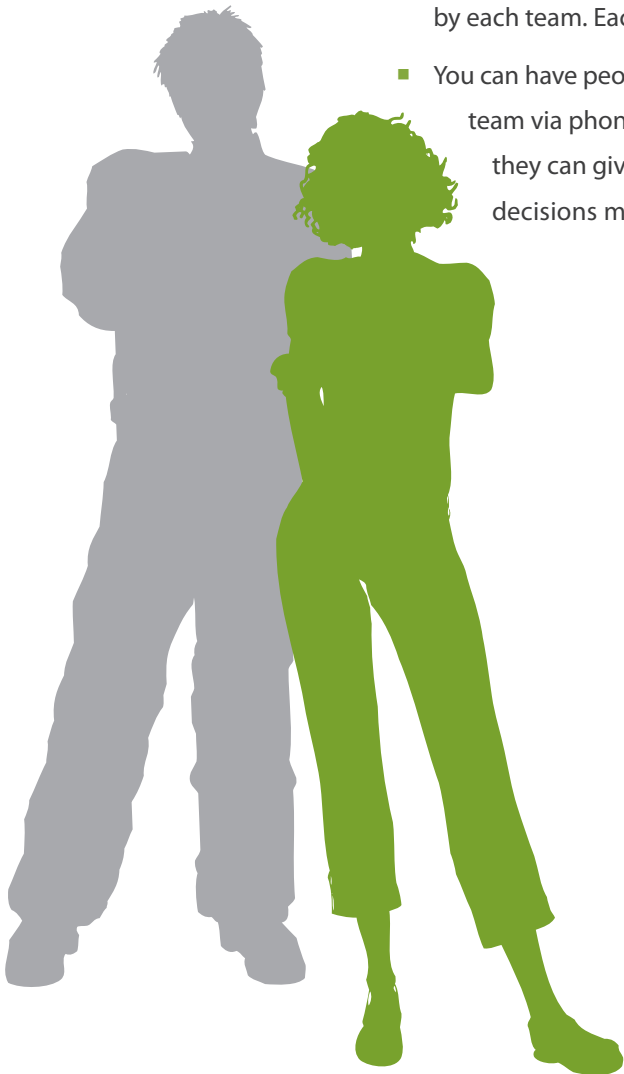
Many kinds of treatment are suggested and implemented by treatment teams to create and carry out treatment plans for youth. The treatment team typically consists of the young person, family members, a small group of services and support people close to him or her, and people who are experts at different things that concern the youth and family. The team meets to discuss the situation, share ideas, and work together to design the best treatment plan they can.

Just like it's *your* treatment plan, it's also *your* treatment team. Make sure the right people are on it, and let their expertise, experience, and affection work for you to improve your life and your future. You can and should ask everyone who is really important to you to have some part in your treatment plan, even if they can't be at your treatment team meetings.



What You Need to Know

- There are different kinds of treatment teams. Some have mostly service providers on them, plus you and your parents or guardian. There may be lots of different service providers or just a few. Other teams include the people you want to include like friends, relatives, and others who will help you feel comfortable. Some include both the people close to you and service providers.
- Treatment teams bring together the people who can help you so that you have one unified plan, not several separate ones.
- Treatment teams change when your treatment plan and your needs change.
- If you are involved with courts and community authorities, certain people, like a probation officer or a social worker, will be part of your treatment team.
- How often treatment teams meet, where, and the length of the meetings are decided by each team. Each team has its own way of operating.
- You can have people who live far away or who can't come to meetings on your treatment team via phone. Even people who can't come to the meetings can be on your team—they can give input to someone else before meetings, and they can learn about decisions made after meetings and still stay in your plan.



- Treatment works best when the people on your treatment team agree on your treatment plan. Sometimes that happens, and other times it doesn't. Let your team know what you do and don't agree with and whether anything about the team bothers you; speak up or ask someone you trust to help you do so. Sometimes you will not agree with parts of your plan, but it helps to hang in with it and work to change things in your life so that you can eventually achieve your goals in a future plan.
- Usually, only you, your parents, or your guardian can tell people about your personal situation. You decide, usually together, what to share with your treatment team and what to keep private. Sometimes the courts or other agencies are involved, but you do have a right to ask your therapists to be careful and considerate about what they share and how they share it.
- Somebody will probably lead your treatment team while you're working on your treatment plan. That person, often called a *facilitator*, will usually run the meetings and should make sure that the people on your team listen to you and treat you politely and respectfully and vice versa should you need help in keeping your cool and being polite.



A graphic illustration of three young people (two women and one man) standing together in silhouette. They are positioned on the left side of the page, with their bodies overlapping slightly. The background is a solid light blue color.

Closing

Lots of young people have improved their lives by participating in treatment planning and treatment. They have made their day-to-day lives better and increased their chances to have promising, happy futures.

Make sure that your treatment is *yours* as much as possible. Pay attention and let people know what you're thinking about and how you're feeling. If it's tough for you to speak up, ask someone you trust to help you do it.

Even when your situation is difficult, hope is still possible. Accept the help that's being offered to you and help your helpers develop a plan that truly fits.

**No matter what,
don't give up
on yourself
and your future!**



A Youth Guide to Treatment and Treatment Planning:
A Better Life

www.wraparoundsolutions.com