

Hypothetical working agreement



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Hypothetical Working Agreement Elizabeth OsorioBSHS 322 June 13,

2010Melonie JonesAs per Murphy & Dillon (2003), working agreements can be formally written and contractual, or they may be informal, unspoken shared visions of what the relationship and the work will be like. Whatever the level of formality and concreteness, working agreements are usually composed of at least four parts: assessment, the setting of goals, the negotiation of contracts to meet these goals, and plans for the periodic evaluation of the work. When the clinician helps set specific realistic goals for the client and closely reviews the effects of it the client will be benefiting from all aspects of it. Assessment: Assessment involves gathering and analyzing information about clients, the story to date, and contextual or larger system influences affecting the client and the story Murphy & Dillon (2003). Questions of which are composed of who, what, where, when, why, and how, helps the clinician gather information that will help the client with their treatment planning, use for determination of eligibility, and referral??

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by doing this the clinician has a better idea on how the client handles current situation and what effects the situation is causing to the clients normal functioning. Setting of Goals: Goals express the desired outcome of the working relationship agreed upon by clinicians and clients. The goals are set by working from a strength perspective what clients do well and want to sustain or enhance and what issues need to be addressed or what problem need to be solved Murphy & Dillon (2003). It is a good idea for the clinicians to make sure that the goals that are being set for the client are SMART Specific: A specific goal has a much greater chance of being accomplished

than a general goal. Measurable: The client needs to establish concrete criteria for measuring progress toward the attainment of each goal you set.

Attainable: When you identify goals that are most important to you, you begin to figure out ways you can make them come true.

You develop the attitudes, abilities, skills, and financial capacity to reach them. Realistic: To be realistic, a goal must represent an objective toward which you are both willing and able to work. Timely: A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency.

(Creating S. M. A. R.

T. Goals) Contracting: According to Murphy & Dillon (2003), Contracting involves the developing of working agreements between clinicians and any clients and any significant other vital to the realization of the goals and objectives. The contract will contain roles and responsibilities of all involved parties, intervention and methods that will be used to attain the goals, the measure process towards the specific goals and last but not least the consequences of failure of either the clinician or the clients to carry out their agreed responsibility as well as how to handle unanticipated complications.

Evaluation: As mentioned by Murphy & Dillon (2003), evaluation is an ongoing part of all clinical work. During evaluation the clinician keeps examining the progress and the effectiveness of the agreements kept by her and the client. This can be done by writing reports on each visit with the client such as progress reports and progress notes. Hypothetical working agreement As mentioned in exercise 6.

2, Freydia is a 27-year-old mother who has been using crack cocaine for 4 years. Her children, ages 7 and 9, have been removed from her care by Child Protective Services and are currently living with her mother. Freydia comes to the drug program saying: “ I want to get my children back.

“ Assessment: Client name: Freydia Gonzalez Address: 1316 Thieriot ave Bronx, New York, 10460 Telephone number: 646-993-4553 Gender: Female Age: 27 Religion: Catholic Cultural Identity: Hispanic Sexual Orientation: Heterosexual Relationship status: Divorced Employment or means of support: Public assistance and unemployment Education: GED Significant other: Mother: Maria Gonzalez (65 yrs) 1500 university ave Bronx, NY, 10457 Daughter: Giselle Romero (7yrs) Son: Angel Romero (4yrs) Presenting problem: Freydia has been using crack cocaine for the last 5 years. Child protected services have removed the right to have custody of her 7 and 4 year old children and have posted custody to her mother. She is unemployed and currently receiving public assistance to financially maintain herself. Bio psychosocial stressors: Freydia is currently depressed, resides in a high drug traffic community, has no job skills. Client's strength: eager to change drug habit, communicates well, and she is friendly. Family Background: Mother is a recovering alcoholic, alcohol and illegal drug use has always been part of her environment. Significant developmental history: Raised in a single parent environment, Freydia drops out of school at the age of 17 where she then joins a Job Corp program that helps her gain her GED and job placement.

Assessment of person in situation, including culture, network, community support, and spirituality: Freydia has no close family support other than her

distant. She barely has any friends that are clean and can set a good example for her. Health and physical status, including medication: Being that Freydia has no good eating habit she has experienced an extremely large amount of weight lose following her drug habit. She has been experiencing withdraws from her drug use. She is currently not taking any medication because of the fear that she might relapse in addiction. Conative/ intellectual capacities and skills: Freydia knows how to read and write she seems very bright in the learning capability.

Behavioral assessment: Client seems very distracted but is aware of her surroundings constantly fidgeting as trying to control the symptoms of her withdraws. Emotional/affective state: Freydia seems very sadden about her current situation. She easily begins tearing as the subject of her children is touched. Freydia??™'s goals:> Stop her drug usage.> Find a job.> Regain the custody of her children. Contracting: I agree that I will have to continue my rehabilitation classes and I am fully aware that if two or more sessions are missed without reasonable excuse, I will be drop from the program.

I understand that in order for me to regain custody of my children I will have to attend a job placement program five days a week from 10-3pm. There, I will be responsible for completing assignments to gain skills that will help me find a job. I will have to attend parenting skills classes twice a week Monday and Wednesday from 5-6pm. I will attend daily session with my therapist from 7am-8am to help me with my depression and underlying psychological problems.

I understand that the purpose of these treatment plans is to help me get my life back in tract. I am aware that the clinician will be making announced home visits so that we can discuss the treatment progress and make any changes if necessary. Evaluation: The best way to evaluate Freydia??™s progress is by keeping in contact with her on a daily basis. I will have close awareness on her progress of her rehabilitation program. I will make sure that every goal that is set is being followed in a timely matter that was agreed upon. I will help the client set regular visits to her children so that she can gain trout for herself as a parent as well as the children getting use to her.

After the treatment plan has been accomplished Freydia should be able to gain her life back and her children as well. References: Book: Murphy, B. C., & Dillon, C. (2003) Interviewing in action: Relationship, process, and change (2nd ed.) Pacific Grove, CA: Brooks/Cole Thomson Learning.

Website: Creating S. M. A. R. T.

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