

# Case scenario steps in problem assessment



## Steps in Problem Assessment

A functional assessment is best applied in order to achieve a thorough assessment of the situation. Functional assessment refers to an array of approaches employed to collect information about the cause of problematic behaviors to enable the design of effective treatment (Fitzsimmons, 2000). Approaches will include interviews with key persons, direct observations, and functional analysis.

The first step using this kind of assessment is to define the problem behavior. The presenting problem is that Billy never listens to his teachers, is truant and a bully, and has been defiant. However, these are too broad to be reliably observed. The therapist may thus need to further ask the parents instances by which they base their description of their son's behavior.

The next step, problem analysis, determines why, when, and the frequency by which the behavior is occurring. Upon analysis, goals can finally be set. Goals should be alterable, specific, measurable, and observable. Based on the goals, the appropriate intervention can finally be selected. Lastly, the effectiveness of the chosen intervention needs to be evaluated. This is done by monitoring progress. The therapist can then decide whether to continue, alter, or discontinue the intervention (Rice, 2006).

## Goals, Outcome Measures, Methods of Treatment

A holistic approach is best used to improve the child's behavior. Depending Treatment may include cognitive-behavioral therapy, parent management training, and peer group therapy. If other symptoms or disorders are present, medication may also be used. The following is a list of general

goals, method of treatment, and outcome measures which can still be sub-categorized into more specific and measurable activities:

Goal

Method of Treatment

Outcome Measure

To improve the child's problem solving, communication, and anger management skills

Individual psychotherapy

Child's problem solving, communication, and coping skills are enhanced

To improve the parent-child relationship

Parent-Child Interaction Therapy

Quality of the parent-child relationship is improved

To help develop social and interpersonal skills

Peer Group therapy

Social and interpersonal skills are developed

Hypothetical Contract

A "contract" is a useful tool for a therapist prior to the conduct of a treatment. The contract stipulates the "rights" and the "waived rights" of the participants to the therapy, as well as other administrative arrangements the therapist may need to achieve optimum results. The contract should be discussed with and understood by each participant so that desired outcomes are achieved through the treatment process. Presented below is a hypothetical contract, tailored to fit Billy's case ([www.centerforethicalpractice.org](http://www.centerforethicalpractice.org)).

1. You are waiving your right to access to your child's treatment records. All of the information provided during the course of this counseling will be kept confidential. The only exceptions would be incidents of child or elder abuse that might be reported and information about risks of serious danger to others or to the patient.
2. You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements.
3. I will request receipt (if any) of all relevant paperwork, including but not limited to the past therapist's summary and/or evaluations, school and pediatrician records.
4. You will not disparage this therapy to or around Billy at any time. Your active support of this therapy as a positive and healthy environment is critical to this process. Please bring any questions or concerns about this therapy directly to me.
5. You will remain in close touch with me, via e-mail or phone regarding Billy's well-being and the progress of this psychotherapy.
6. My time in conducting psychotherapy with Billy will be charged at \_\_\_\_\_ dollars (\$\_\_\_\_. 00) per hour due in full at the time of service, inclusive of all time.
7. At the end of treatment, I will provide you with a summary that includes a general description of goals, progress made, and potential areas that may require intervention in the future.

8. If you decide to terminate treatment, I have the option of having a few closing sessions with your child to properly end the treatment relationship.

9. If we are to proceed, I will request that we schedule the following meetings:

(a) An initial ninety (90) minute interview with both of you for the purpose of gathering necessary history.

(b) Two individual meetings with Billy in this office, accompanied by each of you on one occasion.

(c) One fifty (50) minute family observation in this office with the family unit.

(d) One co-parents follow-up meeting at which time I will summarize these preliminary observations and make recommendations about if and how we might proceed.

10. Any continuing service from that point forward will be subject to our mutual discussion and to any further terms or limitations that may need to be established at that time.

### Contracting in Psychotherapy

Consent and voluntariness is implied in a contract (Schaler, 1995). Thus, it is an essential element in the psychotherapy process and the practitioner-client relationship. The contract with the patient also consequently implies that the therapist adheres to a code of practice. Thus, both the contract and the code's aim is compliance, which makes it understandable that non-compliance is subjected to action. More so, it fosters confidence and trust between the practitioner and the client. Both parties agree to commit

themselves to equally participate and co-operate for a more effective healing process. In contracting, practitioners need to take into account a whole range of factors that include the goals and process of counseling, different personality types, as well as ethical and legal factors.

#### References:

Fitzsimmons, M. (2000). Functional Behavior Assessment and Behavior Intervention Plans from <http://www.ericdigests.org/1999-4/plans.htm>

Gladding, S. (2007). Counseling: A Comprehensive Profession, 6th Ed. Pearson Education, Inc.

Rice, D. (2006). Psychotherapy for Oppositional-Defiant Kids with Low Frustration Tolerance ? and How to Help Their Parents, Too from [http://www.psychotherapy.net/article/Psychotherapy\\_for\\_Oppositional\\_Kids](http://www.psychotherapy.net/article/Psychotherapy_for_Oppositional_Kids)

Schaler, J. (1995). Good Therapy from <http://www.schaler.net/fifth/goodtherapy.html>

“ Informed Consent Discussions in Multi-Client Therapy” from <http://www.centerforethicalpractice.org/InformedConsentDiscussion-Multi.htm>