Module 2 - TCP Family & Children Role Play Assessment Information

Here is an assessment example for Diana and her family. A continuing assessment allows providers to gather information with a less structured more conversational approach. We will use this in the next module as we develop a narrative summary.

- **Identifying Info:** Diana is a 9 year old Latina girl who speaks Spanish and English. She lives with her mother Teresa, father Jorge, grandmother, 2 older brothers and one younger brother (ages 12, 10 and 3.) She is in the 4th grade.

- **Presenting Problems:** Teresa describes Diana as “hyper” and notes that she has trouble completing homework. Mostly she has done well at school, but teachers have complained recently about her being more disruptive in class. She has intense reactions to other girls, getting very preoccupied with gossip and the image she projects to others. She has frequent tantrums and is very demanding and argumentative with parents and siblings. She fights with her brothers but also seeks support and protection from the oldest brother, Jose. She had a traumatic incident 2 years ago when she was stuck in a locked room with other children. She now feels anxious in rooms with closed doors. She has had bedwetting incidents since early childhood possibly related to a tendency to urinary tract infections, but these incidents have increased in the last year.

- **Family History:** Parents immigrated to U.S. from Michoacán, Mexico 13 years ago. One of her brothers is in Special Ed due to developmental delays. Mother works full time, sometimes graveyard shifts at a fast food restaurant and father is not fully employed. Teresa struggles to feel connected to her daughter and finds her hard to please (though Diana is attached to grandmother and has less conflict with father.) Due to Teresa having experienced trauma in the past, she has difficulty expressing physical affection especially to a daughter. Teresa does not feel they had an easy time bonding when Diana was an infant, as she had to go back to work quite soon after the birth and had a hard time soothing her baby when she was upset. Teresa and Diana hoped the youngest child would be a sister for Diana and were both disappointed when another boy was born.

- **Grandmother** has strong leadership role in family and influences rules. Jorge grew up without a father and believes a father is very important to his children. Mother worries why if this is the case, he spends so much time watching TV and drinking beer. Mother has a lot of resentment about how much she has to be the one working to support family. This takes away from her time to have quality time with children or supervise homework and adds stress getting out of the house in the mornings.

- **Diana** is well liked by teachers and peers and is a star in her folklorico group. However the family has difficulty transporting her to and from the dance group on a regular basis. She is verbal, expressive and artistic. Diana during interview makes many bids for attention from her mother who is uneven in her responses. Teresa often feels physically intruded on by her daughter and Diana does become intrusive as her frustration increases. Teresa feels Diana is old enough to understand that she cannot instantly have everything she wants. Diana states that her wish is for her mother to love her. Father and mother argue a lot and father thinks mother creates unnecessary conflicts with daughter. Father admits that he worries mother will leave him.
• Mother has a comadre who she calls for support when her frustration is high. This person will sometimes have Diana stay for a weekend as Diana and her daughter enjoy each other’s company. The family used to attend church and liked the priest but they have not been attending in recent months.

• Diana would not allow further discussion of bedwetting and Teresa indicates that they have had a good week in this regard and hope for ongoing improvement in this area.

• Parents note that she almost always gets mad and sees things pessimistically. They would like to see more optimism.

**CANS Items:**

**STRENGTHS:**
Family – 1 (some good relationships between siblings)
Interpersonal – 1 (good interpersonal skills, ability to develop healthy friendships)
Identity – 0 (connected to others who share cultural identity)
Talent/Interests – 0 (folklorico dance skills source of pleasure and self-esteem)
Educational – 0 (does well academically, likes to read and learn)

**NEEDS:**
Family – 2/3 (frequent arguing)
Social Functioning – 1/2 (mild to moderate problems with social development)
School Behavior – 1 (mild behavior problems in school)
Impulsivity/Hyperactivity – 2 (clear evidence of impulsive, distractible or hyperactive behavior that interferes with functioning in at least one life domain)
Depression – 1 (suspicion of depression due to moodiness and irritability)
Oppositional – 1 (recent history of defiance in family)
Module 2 - TCP Adult Role Play Assessment Information

Here is an assessment example for Teresa and her family. A continuing assessment allows providers to gather information with a less structured more conversational approach. We will use this in the next module as we develop a narrative summary.

**Diagnosis:** Post Traumatic Stress Disorder  
**DSM 5:** 309.81  
**ICD-10:** F43.10

Teresa is a 34 year old married Mexican American woman who is bilingual in English and Spanish. She immigrated to the U.S. 13 years ago. She vaguely describes experiences of being sexually molested in the past and describes difficulty in the present tolerating affection with her husband without being triggered. This has also affected her ability to be physically affectionate with her daughter who appears to be more awkward for her to love than with her sons.

Teresa is also stressed and angry about her long work hours and feeling unsupported by her husband. At the same time she acknowledges that she needs to keep busy to distance herself from upsetting thoughts and feelings. She has four children and her youngest child (aged 3) is autistic. She has been a good advocate for acquiring services for him but has difficulty following through with the recommended home-based activities.

She has recently disclosed that she has been seeing a coworker romantically but is not ready to either end this relationship or make changes in her marriage. She gets caught up in the drama of this affair and seeks advice from her therapist, but doesn’t believe anyone understands how crucial it is for her to feel admired and attractive to someone.

She frequently expresses irritability to friends, family and co-workers, either losing her temper or shutting down and leaving others when she feels hopeless and unsupported. Her outbursts and isolation have led to job loss, which is impacting the household financially and emotionally. Everyone, especially her daughter (9 yo), makes emotional demands on her that she finds draining. She occasionally has nightmares but doesn’t like discussing them. Teresa has begun drinking daily, increasing amounts at night to help her sleep.

Her Catholic faith is sometimes comforting to her, but she has memories of church gatherings being noisy and crowded in her childhood which was overwhelming – so she has not sought a church in her current neighborhood.

Teresa appears to hold on to some hope that she can still make the changes in her life that she wants, but continues to become discouraged. She often wonders if she can ever have any of the life she had planned.

Teresa’s MORS score is 5.
Module 3 - Narrative – “Forming the Formulation/Summary”

1) In small groups, role play a brief interview with our client and family to give you any additional information that will help you create a narrative summary. See the case example provided during Module Two for Diana (Fe&C) or Teresa (Adult). Consider how the interview can help you answer the key questions that drive our understanding this client.

→ How did we get here?
  □ explain likely reasons for both the concerns and the strengths

→ What is keeping us here?
  □ maintaining factors

→ Where do we want to go?
  □ Client and family/natural support system’s desires

→ How might we get there?
  □ possible next steps

2) Now create your own narrative summary to present to the family. In large group, listen to each team’s narrative and note which of the elements below are included. Discuss the strengths and areas for improvement in each narrative presented.

- A clinical hypothesis re: what drives the individual’s experience of illness and recovery
- Strengths, interests, and current and/or desired life roles and priorities
- Any interfering perpetuating factors, e.g., trauma history (strain in relationships), co-occurring medical or substance use disorders, etc.
- Individual’s stage of change and or developmental factors (developmental capacities)
- Available natural supports or community resources (supportive relationships in a child’s life)
- Cultural factors and any impact on treatment

Areas to support your Narrative and, later in the training, Care Plan:

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<thead>
<tr>
<th>Functional Area to Improve</th>
<th>Areas Impacted by Symptoms or Signs</th>
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<tr>
<td>Health</td>
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<td>Daily Activities</td>
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<td>Social Relationships</td>
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<td>Living Arrangement</td>
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Now it's your turn to practice:
NARRATIVE SUMMARY (Synthesis)
Module 4 - “Desired Results, Short-Term Goals, Interventions, and Medical Necessity”

Materials: Blank Santa Clara County TCP treatment plan form; Information from the Assessment and Narrative Summary examples your groups created for “Diana (F&C) / Teresa (Adult) and her family.”

Instructions:
You may do this exercise as a large group or small group. You are developing a treatment plan for Diana (F&C) / Teresa (Adult) and their family.

- Brainstorm one desired result and one aspect of the desired transition
- Identify some of the obstacles (symptoms, behaviors, or functional impairments) that may get in the way of accomplishing the desired result and desired transition
- Develop one short-term goal that is a step toward a wanted functioning improvement and helps overcome an obstacle
- Identify one or two action steps and interventions that will help the client accomplish the Short-Term Goal and are appropriate for this client/family.

Consider how the obstacle(s), short-term goal(s), and interventions meet (or fail to meet) elements of medical necessity (mental health activities that clearly address an identified life impairment as related to the diagnosis, which increases functional capacities)

Pick a scribe to write key elements of your plan. Remember to note specific strengths/resources that can support accomplishing your short-term goal.
Module 4 – Creating a Treatment Plan

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<th>1.a Short-Term Goal:</th>
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<th>1.b Individual / Family / Supporters Strengths:</th>
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<th>1.d Action Steps By Staff (Interventions):</th>
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