**Client identifying information and client consent to treatment**

Client Name:  Jane Banks                                                      
Gender: Female                 DOB: March 23, 1968                       Race: Black  
Address: 3963 Maplewood Drive Atlanta, GA 30035   Phone (404) 371-4256  
Evaluation Date: April 20, 2015           Plan Date: May 31, 2015  
Employment: Student  
Referral source: Community and Social Support of Georgia

The client has given consent to enrol with this treatment plan as part of the arrangement with the social services in her continued bid to have control over her life. Her Consent form is attached below:

*I understand that treatment at this clinic may involve discussing relationship, psychological, and/or emotional issues that may at times be distressing. I also understand that this process is intended to help me personally recover from my compulsive behavior. I am going into therapy aware of the demands of the therapy. I understand that I may leave therapy at any time, although I understand that this is best accomplished in consultation with my therapist. I understand therapy sessions are routinely videotaped and/or observed by other Clinic therapists and supervisors as part of their continued research. I understand that all information disclosed within the sessions are kept confidential and are not revealed to anyone outside the Clinic without my written permission unless required by law. I agree to have my sessions videotaped for therapeutic supervision purposes. I understand that videotapes are erased at the end of my treatment unless I have signed the lower part of this form.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Presenting Problem**

Jane Banks is a forty seven year old black female that presents today as a referral from Community and Social Support of Georgia. In speaking with Jane about her referral she indicated that she came in today because she realized that she has a problem that is consuming her life and need help in dealing with it. Jane indicated that she has a phobic object of germs that almost always provokes immediate fear in her, and is out of proportion to the actual danger of the risk or probability of becoming seriously ill.

Jane said that she is willing to participate in seeking treatment, but has fears that she may not be successful in completing the treatment plan. She express concerns that if she does not follow through with treatment her obsessions and compulsions will destroy the relationship she has with her family. Jane also stated that her Obsessive Compulsive Disorder (OCD) has placed a strain on the relationship with family members and if she does not get some help she feels that she may be ostracize.

**Client Diagnoses**

Axis I: 300.02 Anxiety Disorder

300.29 Specific Phobia

Axis II:   301.0 Paranoid Personality Disorder   
Axis III:  None  
Axis IV:  Discord with Siblings  
Axis V:    GAF 70- current

**Assessment utilized to approach diagnosis**

Jane was administered the Minnesota Multiphasic Personality Inventory®-2 (MMPI®-2) is a personality inventory. The clinical scales is used with people who are suffering from depression, hysteria, psychopathic deviate, paranoia, obsessive-compulsive disorder, hypomania, and social introversion. Also, Cognitive Behavior Therapy (CBT), and family-focused cognitive behavioral therapy (FCBT) has been shown to be quite successful in family environments that display cohesiveness, and are low in family conflict.

**Previous treatment successes and failures**

Jane’s previous care and treatment did not prove fruitful and worthwhile as her ability to co-exist with family members deteriorated and her symptoms intensified. She did not have a social group or counsellor to offer advice hence it is understandable why she sought assistance.

**Client Strengths/ weaknesses and social support systems**

Although Jane compulsively and consistently washed her hands and house, which is strength in helping, eliminate bacteria causing germs these activities took most of her time that she left little or no time for her studies. In additions, repeatedly way of doing activities interfered with her programs; she appeared later for appointments. Also, Jane greatest strength is her education and desire to get her life on track. Her unusual behavior impairs also her social nature because many of the situations she views important may not be sensible to others.

**Long-term goal for treatment**

The final objective is to ensure that Jane through medication and other measures her phobic behavior on objects is controlled. In addition, Jane should be able to perceive and interact with object normally.

**Short-term goals and treatment objectives**

Expose Jane to the objects she fears for three days to observe her behavior and help reduce the amount of obsession experienced. In addition, Jane will receive counseling for period of four weeks aimed at helping her reduce the anxiety of dirty and educate her on the healthy measures of living with her behavior

To ensure proper schedule for taking the antidepressant medication as prescribed to help deal with her fearful nature of objects.

**Treatment Timeline**

|  |  |  |
| --- | --- | --- |
| Week 1:  Initial talk, establishing Boundaries – three 2 hour sessions divided into 2 parts – first hour free flowing talk, second hour, confrontation of problematic behavioural and cognitive elements. | Week 2:  Three 2-hour sessions focused in the reason and source behind the phobia. First hour is free flowing talk; second hour is structure to root out urge association with feelings, fear and avoidance of germs. |  |
| Week 3  Four 60-minute sessions dedicated to role play and engagement to show client a different perspective. | Week 4  Four 60 minute sessions dedicated to ‘learned’ truths in the immersion to work the obsessive viewpoint to manageable levels. |  |

**Aftercare Planning**

Planning:

Regular scheduled and unscheduled visit by therapists (a weekly even) will be set. The purpose is to monitor client state of mind and progress.

Evaluation:

Each session in the treatment timeline above will contain evaluative element. After the treatment process, at end of week, evaluation of the progress of the client will be given by the trained therapist.

**Relapse planning**

In case Jane behavior reinitiates she is supposed to return to the hospital for further observation by the doctors. The occurrence of this situation might be rear or completely absent because Jane has all the necessary skills and education to help deal with her condition.

**Progress evaluation**

After discharge from hospital, the normal functioning of Jane will be observed for consistency and any deviation noted for consideration to ensure that she is fully able to adapt and work well with the surrounding environment.