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Child Planning: A Treatment Planning Overview for Children with Grief or Loss.

A Treatment Overview for Children with Grief or Loss

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. LongTerm Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 17 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Introduction

Symptoms

Types of Grief

Symptoms

Diagnosis and Treatment

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Sample Treatment Plan

Introduction:

There are few, if any, things in life that are more devastating than the loss of a loved one. This is particularly true if that loss is sudden, violent, or unexpected. It can be especially devastating for children. Grief and bereavement can take a great emotional toll if grief becomes problematic.

Most are able to work through their grief and move on with their lives. Others are less fortunate and may develop complicated grief. Instead of healing re-engaging with they remain stuck in their emotional pain and despair. For them life has come to a complete standstill. Their Grief doesn’t improve with time. Finding their way out of the darkness can become a seemingly impossible task.

Children or adults who get stuck in their grief have what is known as “complicated grief”, also known under many other terms such as: complicated bereavement, prolonged grief disorder, traumatic grief, and pathologic grief.

When a relative dies, children can grief in uniquely ways in contrast to grown-ups. This also applies to when a parent becomes separated or removed from a child life, due to other than the cause of death, like incarceration or Divorce. Therefore, the information presented in this article also applies to any other loss that brings grief.

Preschool youngsters more often than not consider death to be impermanent and reversible, a idea strengthened via toon characters who pass on and become animated once more. Five to nine years olds start to ponder and accept the idea of death, yet despite everything they
trust it will never happen to anybody they know.

Adding to a kid's shock, after the the lost of a sibling, sister, or parent; relatives may be unable to help the child deal with the grief, as they themselves are shaken by death or loss and may not be ready to help.

Understanding normal childhood responses and signs when there is a death in the family, to help identify the difficulty child may be having coping with grief. Following the death of a family member some children may feel immediate grief or persist in the belief that the family member is still alive. A long-term denial of the death or avoidance of grief can be emotionally unhealthy and later lead to more severe problems.

A kid who is afraid to go to a memorial service should never be forced to go. Relatives can instead help the child deal with his or her grief by respecting or recalling the lost relative, making a scrapbook of that person, praying together, searching for photos, or recounting a story about their lost loved one. Kids need to express emotions about their misfortune and anguish in their own specific ways.

Once a child learns to accept the death or loss of a loved one, they are likely to display their feelings of sadness on and off over a long period of time. This may also happen at unexpected moments. Surviving relatives should spend as much time as possible with the child, making it clear that the child has permission to show his or her feelings openly or freely.

Anger can be a natural reaction to the loss of a loved one. This anger may be revealed in rough play, nightmares, irritability, or other behaviors. At times a child can express anger towards the surviving family members.

When a loved one dies, many children will act younger than they are. The child can become more infantile. By demanding food, attention and cuddling, and using baby talk. At times a child may believe they are the cause of what happens around them. For example, a young child may believe a loved one died because he or she had once wished the person dead when they were angry. The child feels guilty or blames him or herself because the wish came true.

Causes:
Understanding Complicated Grief vs. Normal Grief

The normal grief that most experience following a loss of a loved one, is known as "acute grief" or normal grief. Everyone grieves differently, acute grief is a normal experience following any kind of significant loss — including losses that do not involve death.

A child can go through a grieving period following painful losses including the loss of a close friendship, a divorce or breakup of parents, a health or physical issue that requires a significant adjustment such as a loss of a limb, eyesight, or ability to walk. However, the death of a loved one has the greatest impact due to the absolute finality (the painful knowing that you'll never see, hear, or touch that person again).

Normal grief and bereavement involves a range of emotions including sadness, anger, numbness, and despair. Others can struggle with feelings of guilt and regret, wishing more than anything that they could have done or said something differently. These emotions can be quite intense but they diminish over time. With time they are replaced with acceptance and a sense of peace, and the ability to adjust and move on with one's life.

Complicated grief starts out the same as normal grief. Somewhere along the way, the natural grief process becomes stuck. Complicated grief can last for years, decades, and even the rest of a person's life. This has a devastating and debilitating impact is social functioning.

Types of Bereavement: Differing bereavements along the life cycle may have different manifestations and problems which are age related, mostly because of cognitive and emotional skills along the way. Children will exhibit their mourning very differently in reaction to the loss of a parent, than a widow would to the loss of a spouse. Reactions in one type of bereavement may be perfectly normal but in another, the same reaction could be problematic. The kind of loss must be taken under consideration when determining how to help.

Childhood Bereavement.: The loss of a parent, grandparent or sibling can be very troubling in childhood, but even in childhood, there are age differences in relation to the loss. A very young child, under one or two may be felt to have no reaction if a caretaker dies, but this is far from the truth. At a time when trust and dependency are formed, a break even of no more than separation can cause problems in wellbeing; this is especially true if the loss is around
Critical periods such as 8-12 months when attachment and separation are at their height in formation and even a brief separation from a parent can cause distress. (Ainsworth 1963) A change in caretakers can have lifelong consequences, which may become so blurred as to be untraceable. As a child grows older, death is still difficult to assimilate and that fact affects the way a child responds. For example, younger children will find the ‘fact’ of death a changeable thing: one child believed her deceased mother could be restored with ‘band-aids’, and children often see death as curable or reversible, more as a separation.

Reactions here may manifest themselves in ‘acting out’ behaviors: a return to earlier behaviors such as sucking thumbs, clinging to a toy or angry behavior: they do not have the maturity to mourn as an adult, but the intensity is there. As children enter pre-teen and teen years, there is a more mature understanding. Adolescents may respond by delinquency, or oppositely become ‘over-achievers’: repetitive actions are not uncommon such as washing a car repeatedly or taking up repetitive tasks such as sewing, computer games etc. It is an effort to stay ‘above’ the grief. Childhood loss as mentioned before can predispose a child not only to physical illness but to emotional problems and an increased risk for suicide, especially in the adolescent period.

Loss of a Parent during Childhood and Adolescence: Usually it falls to the surviving parent to report the death to the children. The two most important facts that the child needs to know (sooner or later) are: first that the dead parent will never return and secondly that his body is buried in the ground or burned to ashes (Bowlby, p. 271). Parents may have a tendency to postpone giving this information, especially to younger children. The reasons are twofold: a desire to protect the child and difficulty in facing their own grief. Children are sensitive to their parents reactions. If a parent avoids painful feelings, then his or her children will likely follow. Thus the surviving parent needs support in the grieving process, so that they in turn can more easily accept and encourage the grieving of their children. The child or adolescent needs true information along with support, in order to realistically deal with the loss.

Children and adolescents go through similar experiences as do adults when faced with the loss of a loved one. In a sympathetic environment they will yearn openly for the lost parent. They may even have vivid experiences where they sense the dead ones presence. Sometimes they will feel angry or guilty. They may also fear losing the surviving parent or fear dying themselves. As a result a child may become anxious and clinging (Ibid, p. 277) or refuse to attend school (Ibid, p. 294).

Bowlby notes there are some differences between the mourning of children and that of adults. Because children have less understanding about death, they are more likely to reach faulty conclusions. So, they need to have many opportunities to talk and ask questions about the information that they receive. Because children are so dependent on their surviving relatives, a family environment that is not sympathetic or avoids grieving is very difficult for them. A child has a more limited ability to seek outside resources. Also, a child tends to live more in the present moment. As a result, they are more easily distracted from their grief (compared to adults). Adults may misunderstand this and think the child in not missing his parent too much. (Ibid, p. 291-92)
Children are naturally affected by the change in behavior of the surviving parent. When a parent dies, the remaining parent has to take on a double role (of both mother and father) or at least assumes increased responsibilities. This creates a surviving parent who is less patient and accessible to the children. It is also common for a widowed parent to seek comfort and companionship from his or her children, especially the older ones. This can be an unhealthy burden for the children. A widowed father is likely to give the care of his young children to someone else. This results in less time with them. If the new caregiver is not well known by the child, he or she may experience a double loss of an attachment figure. (Ibid, pp. 290-294)

Symptoms:

Most of the symptoms of complicated grief are often seen in normal grief, particularly the initial stage. However, in complicated grief they don’t stop after a reasonable period of time. Grief becomes chronic more intense. It feels as if the loss just happened, even though 6 or more months have passed. Symptoms can include:

An intense, persistent longing for your lost loved one
Thoughts of your loved one elicit significant sorrow and emotional pain
Preoccupation with the person’s death
Social isolation / withdrawal from family and friends
Difficulty experiencing pleasure or enjoying life
Excessive avoidance of anything (situations, places, etc.) that reminds you of the loss
Agitation and / or irritability
Intrusive thoughts of your lost loved one
Troubled thoughts regarding your loved one’s death
Intense emotions associated with the loss, such as anger, rage, sadness, guilt, regret
Difficulty managing the intense emotions
Difficulties trusting others
Emotional numbness
Feeling detached from others and / or life in general
Deep feelings of bitterness regarding the loss
Wishing you were dead or had died with your loved one
Believing your life no longer has purpose or meaning without your loved one in it
Blaming yourself for your loved one’s death or believing you could have / should have somehow prevented it
Difficulty performing normal day-to-day tasks

In addition to the symptoms above, other factors can exacerbate an already serious problem. These include difficulties sleeping, conflicts at work or home, comorbid depression or anxiety, posttraumatic stress disorder, alcohol or drug abuse, and heightened risk for physical health issues (e.g. hypertension). Without treatment, complicated grief can take a tremendous toll on every aspect of your life.

1. Shock, denial, and numbness usually persist from six to eight weeks.
2. Indifference may be exhibited when feelings of grief are overwhelming; the young person needs time before facing the intense emotions.
3. Physiological changes due to the stress of the loss may manifest in a variety of symptoms including: difficulty in sleeping, headaches, and stomach aches.
4. Regression in behavior may occur and should not be reinforced. Rather, help the child to develop a better support system and coping skills for grief feelings.
5. Acting as an adult can result if a parent dies. For example, the oldest child may feel the need to fill the role of the lost parent.
6. Disorganization and panic result when young people are preoccupied with the "length and intensity of their feelings" (Haasl & Marnocha, p. 37).
7. Explosive emotions can occur as resentment and anger over loss build.
8. Guilt and self-blame affect children who think they may have contributed to the death or loss of a loved one (e.g., through wishful thinking).
9. Feelings of emptiness and sadness can be renewed at holidays and other special times when families get together.

0 - 2 Years: The child is in a sensorimotor cognitive stage, where by knowledge is acquired
primarily as a result of sensory impressions. Children are aware of the absent or familiar person. However, they do not understand death. They may ask for the person or look for them. At this age the child experience loss mostly through the change in the emotional climate of their caregiver.

Stages of Death in Children:

3 - 5 Years: Early preoperational stage. The child has some concept of death, but does not understand that it is irreversible. They believe adults are omnipotent and death is temporary. They will ask many questions over and over again as they grapple with the concept.

5 - 7 Years: Preoperational cognitive stage that is unable to conceptualize the meaning of death. The child does move from fantasy-thought to reality-thought and now knows that death is irreversible. They question the fairness of death.

8 - 11 Years: Concrete-operational stage. The child is able to conceptualize death and causes of death as adults do but with an element of magical thinking and they may believe their thoughts and wishes can cause harm. Fear of death and fear that death will come for them, siblings, and their parents.

11 - 14 Years: Formal operations stage. The use of abstract logic is developed. Children understand death as adults do and now struggle to integrate this with their emerging religious and philosophical beliefs, such as causality, eternal life, the concept of good and evil. May distance themselves from their pain.
15 - Older: A child now recognizes the possibility of someone dying. Their thinking still tends to be self-centered. It is often hard for them to see beyond their own experience and pain. May react with anger, shock and rebellion.

Also Check for:

Unreasonable belief of causing loss or not preventing it

Unreasonable guilt of causing loss or not preventing it

Avoids talking in any depth about the loss

No significant contact with a parent figure

Parent's emotional abandonment of minor

Strong emotional reaction when the loss is mentioned

Poor appetite

Restlessness

Nightmares
Unable to concentrate

Irritability

Sadness

Social withdrawal that began after the loss

No support network due to a geographic move to new area

Drop in school grades

Angry outbursts

Clinginess when separating from his or her parents

No contact with a parent due to the parent's death

Parents' divorce or separation

Termination of parental rights

Diagnosis and Treatment:

Common forms treatment or intervention for complicated grief include various psychotherapies (e.g. cognitive behavioral therapy, logotherapy, supportive therapy, and
The use of antidepressant and other types of psychotropic medication may be required after a full psychiatric evaluation. However, in therapy one must effectively addressing the specific symptoms associated with complicated grief. This article looks at a basic view of how Complicated Grief Therapy can help deal with Grief.

Complicated Grief Therapy is a relatively new psychotherapy model that used to address symptoms of complicated grief. It integrates ideas and concepts of Attachment Theory and from both Interpersonal Therapy (IPT) and Cognitive-Behavioral Therapy. Complicated Grief Therapy includes prolonged exposure (repeatedly telling the story of the death and in vivo exposure activities), and it also focuses on personal goals and relationships.

Attachment theory is based on the concept that humans are naturally inclined – biologically hardwired – to seek out, establish, and maintain close relationships or "attachments" with other humans. Our earliest attachments figures are our parents, with other significant attachments developing as we go through life. As humans is natural to want to be close to those with whom we have strong attachments. Separating from our loved ones is something we avoid as much as possible. The attachment figures in our lives are the ones we turn for support, comfort, reassurance, love, and to reinforce our sense of worth in the world.

Interpersonal therapy is based on the concept that symptoms of depression and other psychological problems are often strongly related to a lack of sufficient positive interpersonal relationships. Symptoms of depression can be reduced or eliminated by enhancing connections with others.

Complicated Grief Therapy also combines aspects of Cognitive Behavioral Therapy – including exposure-like techniques, addressing avoidant behavior and intrusive memories, and exploring the impact of the loss.

Treatment Goals

Complicated Grief Therapy is designed to help people achieve the following goals:

Facilitate the innate ability to adapt to loss
Resolve the blocks that are hindering healing and growth

Resolve trauma associated with the death

Come to terms with the loss and accept its finality

Promote utilization of personal strengths and resources

Strengthen positive emotions, and decrease negative emotions (both in intensity and frequency)

Encourage and strengthen interpersonal connections

Renew and strengthen a sense of hopefulness

Rediscover the things that make life meaningful and worthwhile

Find a healthy way to maintain a sense of connection to the lost loved one

Structure and Course of Treatment

Complicated Grief Therapy is structured in 16 weekly sessions. The course of treatment consists of three phases or stages:

Introductory phase

Intermediate phase

Final Phase

Introductory phase: The first 3-4 sessions comprise the initial or introductory phase of therapy, this phase includes:

Gathering information about the current and past relationships.

Assessing the relationship with the person who died or was lost.

Creating a strong therapeutic rapport with the client

Educating the child or significant others about complicated grief, including what it is, symptoms, and why it may develop in some individuals

Providing an overview of Complicated Grief Therapy including the the approach as well as the process involved
Introducing and assigning activities to be done in between sessions

Intermediate phase: Sessions 5 through 9. This phase, involves teaching how to do loss and restoration focused exercises. Some of these exercises are performed during therapy sessions, while others can be completed in between sessions. The exercises are designed to help the client achieve the goals listed above.

Final phase: Sessions 10-15. This includes reviewing the progress and working with the therapist to determine what to focus on during treatment. This phase also includes the process ending therapy. Ending therapy can impact clients very differently, as some can view the end of therapy in a very positive light as they reflect upon the progress they’ve made. Others, however, may need to process the loss of the therapeutic relationship.

Tools, Techniques, and Exercises Used in Complicated Grief Therapy:

Grief monitoring diary

The grief monitoring diary plays an important role. It provides a structured way to identify and record those things that trigger emotional pain or distressing thoughts related to their loved one’s death. In case of child a significant other or parent can help record these triggers. The diary is reviewed each week during session, and provides valuable information in terms of progress, areas on which to focus, and especially towards the latter part of therapy, what areas or issues still need some work.

Inclusion of a Supportive Person

One of the elements of Complicated Grief Therapy is the inclusion of a supportive person. This person usually accompanies the client during the third session. Having a supportive person serves a restorative function by helping re-establish connections with others. This person can give the therapist invaluable information, an outside perspective, and clear information as to how and to what extent the grief is impacting the child’s life.

Imaginal revisiting
Imaginal revisiting introduced about the fifth therapy session. This powerful therapeutic exercise, which is guided by the therapist, involves telling the story of the loved one’s death. Helping visualize the events surrounding the death, including how he or she learned about the death. Imaginal revisiting is similar to a technique, known as prolonged exposure, used in therapy with individuals suffering from PTSD.

As the child tells the story, the therapist records it with a recording device. The child is then instructed to listen to the recording once a day. The therapist helps the child to think about the death from a present-day perspective. This exercise helps clients face the loss and gradually confront the emotional pain awakens.

After the imaginal revisiting, there is a second visualization exercise. Rather than retelling the story, the client now imagines their new life without their loved one. These two exercises, which continue throughout the course of therapy, to help set emotional pain aside rather than continue to dwell on it.

Imaginal conversation

Whenever we lose someone important, we want to still be connected to that person; even long after their death or loss. This expressed in variety of ways, including visiting the loved one’s grave, revisiting places that have special memories, and keeping personal items such as a piece of jewelry or clothing. Another way to develop this connection is through conversation that is talking to the deceased loved one as if he or she is right there in the same room. This involves imagining that the death just occurred, and that the deceased or lost one can both speak and hear. The child can be encouraged to have conversation with the loved one. This conversation gives an opportunity to address unresolved issues with the loved one by asking questions and responding. This dialogue can be very meaningful and comforting. It allows to feel more connected to the loved one who is no longer here.

Personal goals and hope

It’s important rediscover a personal goal or aspiration that gives them a sense of purpose and joy. Bringing back meaning of life. It’s important that this goal has no connection to the grief. The goal of this exercise is to help imagine a life that includes joy, satisfaction, and meaning; without their loved one being part of it. Being able to picture such a life helps towards healing.

Situational revisiting
Situational revisiting is a powerful exercise used in Complicated Grief Therapy. As mentioned earlier, one of the symptoms of complicated grief is excessive or complete avoidance of situations, including places and events, associated with painful reminders of the loved one. Unfortunately, avoidant behavior is a powerful negative reinforcement as it keeps the pain alive and well because it enables avoiding confronting the emotional pain.

For example, a grieving child may avoid all holiday activities because they’re such painful reminders of the lost loved one. Situational revisiting involves identifying places, activities, and situations they’ve been avoiding since the loss of the loved one. This exercise helps confront and accept the loss. It also helps understand how avoidant behavior is having a negative impact in their life.

IPT Techniques

Complicated Grief Therapy are rooted in interpersonal therapy. IPT techniques help rebuild relationships with others. Two techniques that are often used include role playing and communication analysis.

Role playing consists of acting out potential scenarios with other people. By trying on different roles and different ways of interacting, role playing helps explore emotions that are triggered, look at things from a different point of view, and practice new behaviors.

Communication analysis is a powerful IPT technique used in Complicated Grief Therapy. It helps recall difficult interactions and identify communication patterns that may be causing problems. Depressed individuals, in particular, often struggle with low self-worth or exhibit passive behavior; both of which negatively impact their relationships.

Benefits of Treatment

The primary benefit of Complicated Grief Therapy is the ability to finally move past the debilitating grief process. Allowing other benefits to follow:

- Elimination of or significant reduction in intense, negative emotions (that accompanied the
A sense of having a heavy burden lifted

The ability to experience joy once again

Stronger connection with others — and with the world in general

Freedom to live life without fear of triggering painful emotions associated with the loss

A sense of closure

The ability to remember your loved one without intense pain

A new sense of purpose and meaning in life

A sense of wholeness

The ability to genuinely experience pleasure again

Improved functioning in all areas of life

Finding a Complicated Grief Therapist

Steps to Develop a Treatment Plan:
The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
- interpersonal conflicts
- financial issues
- cultural issues

There are different sources of data that may be obtained from a:

- clinical interview,
- Gathering of social history,
- physical exam,
- psychological testing,
- contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.
There are 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the loss of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client's or patient's own prioritization of the problems presented. The client's or patient's cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client's or patient's needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

GRIEF LOSS BEHAVIORAL DESCRIPTORS:

1. Unreasonable belief and guilt of causing loss or not preventing it.
2. Avoids talking in any depth about the loss.
3. No significant contact with a parent figure due to the parent's emotional abandonment of minor.
4. Strong emotional reaction experienced when the loss of parents is mentioned.
5. Poor appetite, restlessness, nightmares, and unable to concentrate.
6. Irritability, sadness, or social withdrawal that began after the loss.
7. No contact with a parent due to the parent's incarceration.
8. No support network due to a geographic move to new area.

9. Drop in school grades, and angry outbursts, or clinginginess when separating from his or her parents.

10. No contact with a parent due to the parent's death, parents' divorce, or termination of parental rights.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

LONG TERM GOALS FOR LOSS OR GRIEF:

1. Allow minor to verbalize positive statements about the future.

2. Encourage the reinvesting in new relationships with others and in age-appropriate activities.

3. Explore and assess any feelings of guilt, depression, or anger that are associated with the loss.

4. Allow minor to begin a healthy grieving process surrounding the loss and to begin reinvesting in life.

5. Develop a supportive emotional environment that allows for the grieving process to begin.

6. Allow minor to let go of the lost of the significant other.

7. Allow minor to begin grieving and the letting go process, allowing him or to cry or express grief.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurable objectives or short term goals.
It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal “13. Increase positive self-descriptive statements.” Can be restated as; “By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem” Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

EXAMPLES OF SHORT TERM GOALS FOR LOSS OR GRIEF:

1. Parents and the client attend and participate in a formal session to say goodbye to the parents whose parental rights are being terminated.

2. Allow minor to verbalize memories of the past.

3. Develop a trusting relationship with minor allowing for open communication of feelings associated with the loss.

4. Identify feelings of guilt and blame, and decrease the expression of these feelings.

5. Conduct art and play therapy to allow free expressions of feelings.
### Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.

#### INTERVENTIONS FOR LOSS OR GRIEF:

1. Conduct a family session to allow parent losing custody say a goodbye, and to give each other permission to move on.

2. If the parents are not available have minor write a letter to say goodbye to parent or lost one.

3. If the parents are not available conduct a role-playing session in which the minor says goodbye to the lost one.

4. Encourage minor to write a summary of his life to help visualize the past, present, and future life. Have minor discuss future plans and steps needed to achieve them.

5. Encourage minor to collect pictures of the lost loved one into an a special remembrance album.

### Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client's assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

It is important to note that The American Psychiatric Association is considering making a significant change to the definition of depression in the upcoming 5th edition of the DSM, which would specifically characterize bereavement as a depressive.
disorder. In removing the so-called bereavement exclusion, the DSM-5 would encourage clinicians to diagnose major depression in persons with normal bereavement after only 2 weeks of mild depressive symptoms. Unfortunately, the effect of this proposed change would be to medicalize normal grief and erroneously label healthy people will encourage treatment with antidepressants and antipsychotics, both of which are increasingly used to treat depression and anxiety. This will create a dilemma how to tell whether such a patient is heading toward major depression or should be left alone to grieve. The answer is often not clear after a first visit, in which case a period of watchful waiting is reasonable. If the symptoms persist or intensify, a diagnosis of clinical depression becomes more likely.

There is a concern that some bereaved patients who need psychiatric treatment will go without it because their depressive symptoms will be reflexively attributed to their grief under the bereavement exclusion.

DSM V CODE Paired with ICD_9-CM Codes (Parenthesis Represents ICD-10-CM Codes Effective 10-2014):

Possible DSM V Diagnostic Suggestions for Children Suffering Grief Problems:

V62.82 (Z63.4) Uncomplicated Bereavement
300.02 (F41.1) Generalized Anxiety Disorder
309.21 (F93.0) Separation Anxiety Disorder
300.09 (F41.8) Other Specified Anxiety Disorder
300.00 (F41.9) Unspecified Anxiety Disorder

Major Depressive Disorder
Single episode
296.21 (F32.0) Mild
296.22 (F32.1) Moderate
296.23 (F32.2) Severe
296.25 (F32.4) In partial remission
296.26 (F32.5) In full remission
296.20 (F32.9) Unspecified
Overall Integration of a Treatment Plan:

Choose one presenting problem. This problem must be identified through the assessment process.

Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this sure term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.

Sample Treatment Plan:

Present Behavioral Descriptors of Problem:

1. Strong emotional reaction experienced when the loss of parents is mentioned.
2. Poor appetite, restlessness, nightmares, and unable to concentrate.
3. Drop in school grades, and angry outbursts, or clingingness when separating from his or her
Long Term Goals:

1. Allow minor to verbalize positive statements about the future.
2. Develop a supportive emotional environment that allows for the grieving process to begin.

Short Term Goals Objectives:

Have minor identify and list positive things about the loss one, allowing new manners to remember this person.

Educate parents and minor about different avenues to handle the feelings connected with grief.

Strategy or Intervention for Goal 1:

1. Encourage minor to write a summary of his life to help visualize the past, present, and future life. Have minor discuss future plans and steps needed to achieve them.
2. Encourage minor to collect pictures of the lost loved one into a special remembrance album.
3. Have minor draw drawings of his or her feelings before and after the loss, discuss these feelings in therapy.

Strategy or Intervention for Goal 2:
1. Increase parents' or caretakers' knowledge of the stages of the grieving process, and allow for questions about the process in therapy.

2. Instruct parents or caretakers on different ways to provide comfort to each other, and allow the expression of feelings related to the lost.

3. Conduct family therapy and allow each member of the family talks about his or experience connected to the loss.

DSM V Diagnosis:

296.22 (F32.1) Major Depressive Disorder - Moderate - Single episode

300.02 (F41.1) Generalized Anxiety Disorder

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