The "I CAN START" Treatment Planning Model
Client: Donna ("The Bear")

LETTER	MEANING	NOTES
I	**Individual Counselor**	• 34 years old • Female • Caucasian • CMHC graduate student • Warm, empathetic, validating. structured approach • DBT, Strength-Based Therapy, Motivational Interviewing (MI) • Co should maintain clear consistent boundaries with Cl due to emotional volatility
C	**Contextual Assessment**	• Middle-aged female • Italian American • Mother of three adult children • Lives in Chicago • Central figure "anchor" in household • History of strained familial relationships and conflict • Demonstrates maladaptive coping • Poor communication and high expressed emotions in family dynamics
A	**Assessment and Diagnosis**	• Borderline Personality Disorder (F60.3) • Alcohol Use Disorder, Severe (F10.20) • Relationship distress with family members (Z63.0), parent-child relational problems (Z62.820), and unspecified problems related to the social environment (Z60.9). • Co will administer the McLean Screening Instrument for BPD (MSI-BPD) to assess for borderline personality disorder. https://novopsych.com/wp-content/uploads/2023/02/msi-bpd-borderline-personality-disorder-assessment-blank-form.pdf • Co will administer the Alcohol Use Disorders Identification Test (AUDIT) to assess severity of

		alcohol use. https://novopsych.com/wp-content/uploads/2023/03/AUDIT-Alcohol-Use-Disorders-Identification-Test_v2.pdf
N	**Necessary Level of Care**	• Co recommends intensive outpatient program (IOP) due to co-occurring substance use and emotional dysregulation. • Co recommends 2 sessions per week. • Co will assess need for higher level of care if alcohol use worsens or safety concerns arise.
S	**Strengths**	• Cl demonstrates a strong emotional connection to her family. • Cl shows desires to care for others, particularly through cooking and hosting. • Cl possesses emotional depth and capacity for attachment. • Cl's family remains involved and could serve as a support system if dynamics improve.
T	**Treatment Approach**	• Co will utilize DBT to address emotional dysregulation and distress tolerance. • Co will incorporate Motivational Interviewing (MI) to address ambivalence toward reducing alcohol use. • Co will use a strengths-based approach to reinforce Cl's caregiving identity in healthier ways.
A	**Aims and Objectives of Treatment**	• **Aim:** Cl will improve emotional regulation and reduce emotional reactivity. **Objective:** Cl will practice and implement 2 DBT coping skills 3 times per week for 6 weeks. • **Aim:** Cl will reduce alcohol use and develop healthier coping strategies. **Objective:** Cl will track daily alcohol consumption and report to Co during weekly sessions for 6 weeks. • **Aim:** Cl will improve interpersonal relationships and communication.

		Objective: Cl will learn and role-play 2 effective communication skills in session within 4 weeks and then implement them into real-life scenarios within 8 weeks.
R	**Research-Based Interventions**	• Co will teach DBT emotion regulation and distress tolerance skills to help Cl manage intense emotions. • Co will implement MI techniques to explore Cl's ambivalence to reducing alcohol use and increase readiness for change. • Co will provide psychoeducation on the relationship between substance use and BPD. • Co will use a strengths-based approach to reinforce progress.
T	**Therapeutic Support Services**	• Co will provide a referral to a psychiatrist for medication evaluation. • Co will refer Cl to an IOP for substance use treatment. • Co will research local Alcohol Anonymous (AA) groups for Cl to attend. • Co will refer Cl and adult children to family therapy to address relational dynamics.