

Planning therapy

When planning therapy, we collaboratively engage with our client and co-create a 'story' which describes their current relationships, challenges and way of being. What is it the client is struggling with? What life issues are currently figural? What is the client's relational history: relationships with significant others, attachment style, early socialisation experiences? How are they presenting? Are there signs of trauma, anxiety, depression or other mental health issues? In what ways is their life embedded in wider social-cultural, economic and political realities?

From this point we begin to focus on what direction therapy might take. This is best negotiated together as relational-integrative therapists believe that clients need to be active agents in creating and living their lives (Cooper and McLeod, 2011). Some useful questions to ask are:

"What has brought you here today?"

"Have you a sense of what you might like to get out of our work together?"

"Are you wanting to change something in your life?"

Some therapists might use might use standardised assessment protocols (e.g. following the CORE system - Clinical Outcomes for Routine Examination). Alternatively, other structured, form-based goal-setting techniques might be used with an eye to evaluating outcomes of therapy later. See, for instance, the *Simplified Personal Questionnaire Procedure* by Elliot et al (1999) or *PSYCHLOPS* by Ashworth et al (2004).

I find it useful to loosely group general therapy aims/goals in the following (overlapping) categories. One or several of these may become the therapy focus:

1. **Support** – the individual may be struggling to cope, for instance, post-bereavement and be seeking some extra (often time-limited) support.
2. **Psycho-educational** – the person may be asking for help with how to cope with specific issues such as their anger or panic attacks.
3. **Crisis intervention** – after a traumatic incident (such as an assault or accident), the person might benefit from debriefing, support, practical advice as well as longer longer-term work with the trauma and post-traumatic stress.
4. **Existential decision-making** – Some individuals enter therapy to explore and examine life decisions or dilemmas, such as whether to leave their marriage or to change careers or have optional surgery.
5. **Insight, understanding and self-acceptance** – Some people seek a more open exploration of their self-identity, needs, thoughts and feelings.
6. **Relational dynamics and developmental needs** – Some prospective clients recognise that they feel 'stuck' and seek longer term psychotherapy, for instance, to work with their chronic insecurity or problematic patterns of relating to others.