The *Thriller* Album's Billie Jean

Introducing the Character

Billie Jean is the title character in the song of the same name by pop artist Michael Jackson, who first released the song on his 1982 album, *Thriller.* The work's producer was the legendary Quincy Jones. The song is a passionate assertion that its performer is not the father of Billie Jean's infant child. In the song, Billie Jean is introduced as "a beauty queen from a movie scene" who tells the singer that the child to whom she recently gave birth belongs to him. The singer protests that "Billie Jean is not my lover, she's just a girl who claims that I am the one, but the kid is not my son." The young woman continues to taunt, harass, and stalk the singer, claiming that the child is indeed his. Although a magnificently choreographed and performed song that soon rose to the top of the pop charts, it was as much an anthem against casual and irresponsible sex as it was a tribute to Jackson's many varied talents. Debate continues about the song's historical origins: some critics claim the musical work tells a purely fictional story, while Jackson's family and others argue that the Billie Jean character was an amalgam of the groupies who idolized and followed the Jackson 5 when Michael was a mere child.

We believe Michael Jackson's song describes a nonbizarre, romantic delusion. In the basic case summary and diagnostic impressions below, we expand on Billie Jean's probable delusional disorder and also present what we portray as her negative reactions to a recent sexual trauma.

Basic Case Summary

Identifying Information. Billie Jean Beachman is a socioeconomically middle class, 15-year-old African American girl who resides in Los Angeles, California, and is a student at Quincy Jones High School. She was referred to counseling by Ms. Michelle Grimes, her case worker from the L.A. Department of Families and Children. Billie Jean's fashionable attire and stylish appearance, featuring a sequined "Michael Jackson"– style single glove, was noted to be significant.

Presenting Concern. Ms. Grimes reports that Billie Jean was assigned to her caseload shortly after the birth of the teen's first child several months ago. Ms. Grimes referred Billie Jean for evaluation and treatment due to her concerns that her mental health status might limit her ability to adequately care for her newborn baby. Prior to referral, Billie Jean had been participating in an ongoing support group for teen mothers at the Motown Family Guidance Center. According to Ms. Grimes, Billie Jean's recent apparent "obsession" with a local pop singer, Michael Jackson, raised concerns in the group. She reported that Billie Jean has been using almost all of her group time to talk about her "secret" that Jackson is her baby's father. Further, Billie Jean's pregnancy and subsequent son were the result of a sexual assault.

Billie Jean appears to be exhibiting problematic symptoms suggesting re-experience of trauma, including writing about sexual assault themes in her high school English classes, enacting a rape scene in her drama club, and making up a song about forcible sex that she sang for her support group members. However, when queried by her group leader and later by Ms. Grimes about what was clearly known to be a rape, Billie Jean indicated that "I don't have anything to tell you," "Nope, there's nothing that happened to me except loving a rock star," and

"I don't remember anything like that; I just like writing stories and songs that way." She also easily reacts in her support group, in classrooms, and in private meetings with irritable outbursts and angry retorts when challenged about her baby's origins. Further, teachers report she seems "on edge" and distracted much of the time, which might be explainable by being a new teen mother. Ms. Grimes expressed specific concerns that Billie Jean does not seem to have the energy or desire to attend to her baby as needed and reacts angrily with yelling when the baby cries excessively.

Background, Family Information, and Relevant History. Billie Jean was born in Los Angeles, California, the second of three children to Monica and Bernardino Beachman. Her early upbringing, educational experiences, and developmental advances appear to have been normally expected and uneventful. However, beginning in middle school, due to work schedules, Billie Jean was more often left in the care of an elderly neighbor who, while providing support and encouragement, appears to have provided inadequate supervision. According to previous reports, Billie Jean, in order to be accepted and included among her older sister's teenage cohort, began to develop a precocious interest in sexual experimentation and alcohol and marijuana use. Correspondingly, she often was the target of sexually aggressive middle and high school boys, who easily manipulated her with gifts of favorite music CDs, trips to pop rock concerts, and access to alcohol or marijuana. She continued to express a strong interest in her older sister's teenage cohort, was an avid collector of pop music and rock and roll and movie posters, especially those with strong teen themes, and apparently became problematically obsessive about the retro music and videos of the Jackson 5 and current music and videos of Michael Jackson.

Problem and Counseling History. Referral information indicates that about 11 months ago, after clandestinely leaving the home of her neighbor-caretaker late at night to look around the neighborhood for activity, she was surprised by an attack of three 19-year-old men who were her sister's acquaintances. Reportedly she was held down and sexually assaulted by at least two of the assailants. As a result, she spent the next 3 days in Los Angeles Community Hospital. At the end of that period, it was discovered that she was pregnant.

After giving birth, Billie Jean and her infant continued living with her parents and sisters. Her parents appear to be supportive; her sister denies having any knowledge of the sexual assault event or the perpetrators. Billie Jean named her son Michael Jr. after the pop star Michael Jackson. Billie Jean was encouraged to return to school while her son remained in her mother's care; however, this proved too stressful for the new mother. Billie Jean began skipping school and coming home to be with her child and said to her mother one day, "I think this is really Michael Jackson's baby." Billie Jean began spending her monthly financial allotment on Michael Jackson albums and videos, writing love letters to him, and telling everyone she knew that Michael was her child's father. At one point, she left the house in the middle of the night with the infant in order to travel to Chicago where Jackson was performing. She was detained by the police at the L.A. bus station and returned home to her mother. She insisted that "if Michael could only see his baby he'd know that it was his and our lives together would be perfect."

Further, Mrs. Beachman noted that her daughter's behavior changed drastically several months after the assault, as she would stare off into space, complain that she felt strange all over her body, was nervous and frightened all the time, and had difficulty sleeping. At this point, the family sought assistance from the Department of Families and Children, resulting in Billie Jean's

work with Ms. Grimes and participation in the Motown Family Guidance Center support group for teen mothers. At the time of this intake, Ms. Grimes believes Billie Jean requires more intensive mental health care beyond the provision of routine social services and the support group. Billie Jean's parents have assumed primary care-taking for the infant at present.

Goals for Counseling and Course of Therapy to Date. Billie Jean Beachman arrived punctually for her intake appointment accompanied by her mother, Monica Beachman, and her Department of Families and Children social worker, Ms. Grimes. Billie Jean loosely held her infant son and seemed not to notice his irritability, hunger, and discomfort. At times, Billie Jean's mother took the child from her arms and said impatiently, "No, Billie Jean, do it this way." During these interchanges, Billie Jean stared past her mother with disinterest and abruptly asked seemingly irrelevant questions such as "How far is it to Chicago from here?" "I think my baby could have a career in music like his father." Billie Jean was oriented to person but it is unclear whether she was oriented to time or place because she seemed dazed when responding. She had difficulty reciting serial 7s, but she did know the name of the president of the United States. She could perform simple computations, but was unable to provide appropriate responses to analogies such as "in what way are a wheel and a ball alike." When directly asked questions about her child, Billie Jean smiled and said, "He was a special gift to me," and had no clear awareness of the violent circumstances surrounding the baby's conception.

Taken together, Billie Jean appears to be experiencing symptoms of PTSD, including re-experiencing in the form of reenactment via her writing and creative expression; avoidance in the form of inability to recall or remember, and cognitive and affective detachment; and increased arousal in the form of angry irritability and poor concentration. She also appears to be

experiencing a nonbizarre delusion of the erotomanic type centering on her unfounded belief about the father of her infant. The plan is for intensive ongoing psychotherapy with goals of addressing increasing Billie Jean's functioning in the posttrauma context. See treatment plan for specific goals for change.

Diagnostic Impressions

297.1 (F22) Delusional Disorder, Erotomanic Type, Continuous; 309.81 (F43.10) Posttraumatic Stress Disorder, With Dissociative Symptoms, With Delayed Expression; Recent childbirth.

Other factors: V62.89 (Z65.4) Victim of crime, Exposure to sexual assault.

Discussion of Diagnostic Impressions

Billie Jean was referred to counseling by her case worker, who was worried about two domains of Billie Jean's functioning. She believed Billie Jean might be experiencing delusions as well as the aftereffects of a trauma.

Each section of the *DSM-5* classification system contains a group of diagnoses that share qualitatively similar symptoms or features. For instance, the predominant feature shared by all of the disorders in the Schizophrenia Spectrum and Other Psychotic Disorders section is the presence of psychotic symptoms: delusions, prominent hallucinations, disorganized speech, disorganized behavior, or catatonic behavior. Likewise, the predominant feature shared by all of the diagnosable disorders found in the Trauma- and Stressor-Related Disorders section of the *DSM-5* is the "exposure to a traumatic or stressful event" (APA, 2013, p. 265) that is either

directly experienced or witnessed. Among these are ASD and PTSD. Before moving on to a discussion of differential diagnoses for Billie Jean, it is important to note that African Americans are disproportionately diagnosed with serious mental health problems compared with European Americans and that counselors should be familiar with the potential for racial bias in their diagnosis (Schwartz & Feisthamel, 2009).

The counselor first looked at concerns about Billie Jean and delusions. Despite actual evidence to the contrary, Billie Jean maintains the firm belief that singer Michael Jackson is the father of her baby. She claims this belief when talking to other people, writes letter to Jackson, and insists that he should see the baby. She has held this belief for several months. This delusion involves the real-life situation of having loved and being loved at a distance, appeared in Billie Jean in the absence of any hallucinations, other signs of the onset of Schizophrenia, or any other overtly odd or bizarre behavior. Assuming there is no evidence that Billie Jean's delusional ideation is the consequence of a physical health condition or the result of substance use, a Delusional Disorder is suggested.

Differential diagnoses that already have been ruled out include Schizophrenia, Psychotic Disorder Due to Another Medical Condition, and Substance-Induced Psychotic Disorder. This is of note partly because there is evidence that in the past, mental health professionals have sometimes tended to overdiagnose the presentation of psychotic symptoms among their African American clients (Strakowski, McElroy, Keck, & West, 1996). Another differential consideration is a depressive disorder with psychotic features—for example, Major Depressive Disorder, Single Episode, Severe, With Mood-Congruent Psychotic Features. However, Billie Jean's mood and behavior do not meet the criteria for an episode of Major Depressive Disorder.

Similarly, PTSD, in and of itself, results in distressing changes in thoughts and perceptions. However, here again, Billie Jean's delusional belief is not accounted for by the characteristic criteria for PTSD. Dissociative Disorders also might be considered; however, the characteristic features of the relevant dissociative diagnoses are the inability to recall important personal information (Dissociative Amnesia) or the presence of two or more distinct personality states (Dissociative Identity Disorder), neither of which is a good match with Billie Jean's presentation.

The counselor next looked at concerns about Billie Jean's posttraumatic symptoms. This case described what we portrayed as Billie Jean's clinically significant negative reactions to her exposure to the traumatic experience of being sexually assaulted by three men in her neighborhood. She experienced an event characterized by threat to her physical integrity (she was held against her will and raped) and was subjected to threat of injury and serious physical damage. These characteristics meet the *DSM-5* definition of a traumatic event. (As a side note, in younger children, trauma can result from "any event or series of events that overwhelms, overstimulates, or creates extreme fear in the child, causing permanent or temporary interruption of normal developmental processes or tasks" (Munson, 2001, p. 184).

Since the assault, Billie Jean has been re-experiencing the event by writing school papers with rape themes, portraying rape scenes in her drama club, and singing a song about forcible sex. At the same time, she has been avoiding recalling the event by denying it took place when the topic arises in conversation, reporting an inability to recall that the assault occurred, and developing feelings of detachment. She has signs of anxiety, including nervousness, generalized fearfulness, trouble sleeping, and irritable outbursts. According to the case timeline, Billie Jean's symptoms have been present for several months. These factors suggest a diagnosis of PTSD.

Differential diagnoses might include ASD and Adjustment Disorder. However, ASD allows for a maximum duration of symptoms of 1 month, whereas PTSD fits when symptoms have lasted beyond 4 weeks. Whereas Adjustment Disorders are negative reactions to any sort of life stressors, in this case, Billie Jean has experienced exposure to an extreme stressor meeting the diagnostic definition of trauma, and her reactions conform to the specific constellation symptoms characteristic of PTSD and ASD, which go beyond the general criteria set for Adjustment Disorder.

To finish the diagnosis, Billie Jean's pregnancy is listed alongside her primary mental health diagnoses, and her critical stressor is emphasized in the "Other factors" section. This information is consistent with the primary diagnoses describing Billie Jean's experiences and presentation.

Case Conceptualization

When Billie Jean Beachman arrived for her first counseling appointment, her screening counselor collected as much information as possible about the symptoms and situations leading to her referral by her case worker. Included among the intake materials were a thorough history; client report; the reports of Billie Jean's case worker, the Quincy Jones High School counselor, and mother; counselor observations; and mental status and written psychological data. Based on the intake, Billie Jean's counselor developed diagnostic impressions, describing her presenting concerns as Delusional Disorder, plus PTSD. A case conceptualization next was developed.

At the Los Angeles counseling center to which Billie Jean was referred, Brief Solution-Focused Counseling is used. The center employs a brief solution-focused model because it is believed to be an efficient and effective method of providing services, and outcome studies

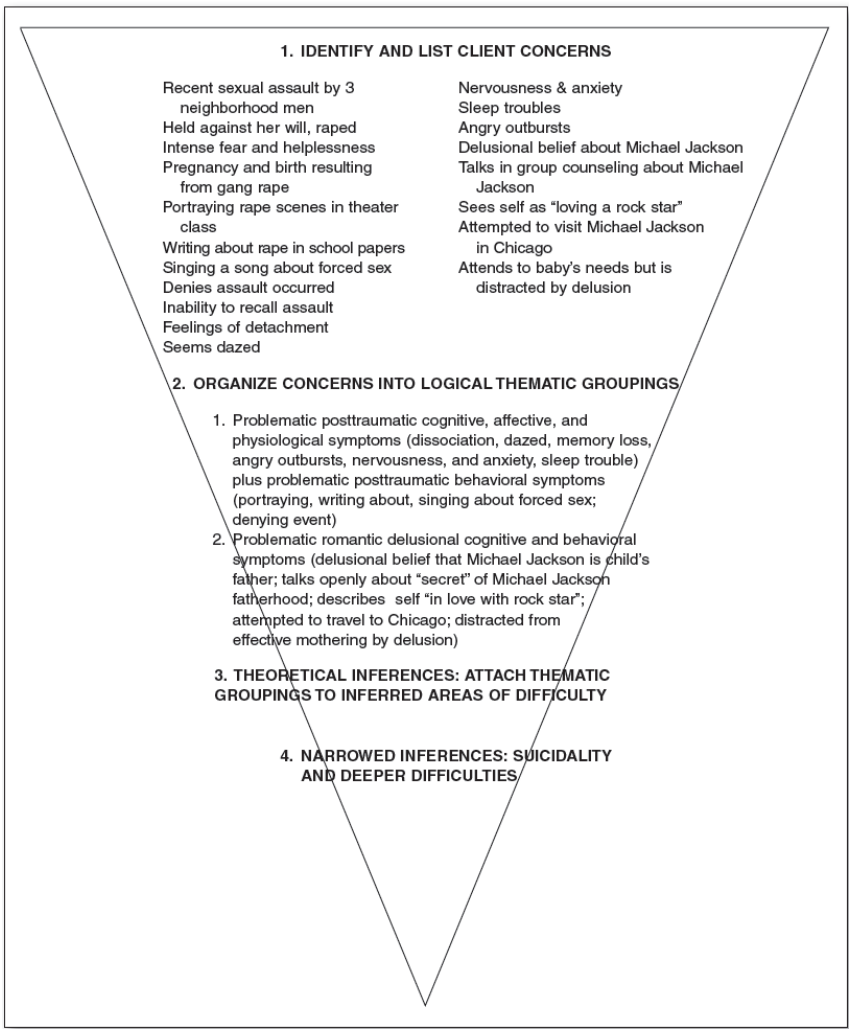
suggest the approach can be successful with a range of presenting problems (De Jong & Berg, 2002; MacDonald, 1994). Whereas the purpose of diagnostic impressions is to *describe* the client's concerns, the goal of case conceptualization as it is applied to Brief Solution-Focused Counseling is to better *understand* and clinically *organize* the person's experiences (Neukrug & Schwitzer, 2006). It helps the counselor determine the circumstances leading to Billie Jean's PTSD and the factors maintaining her presenting concerns. In turn, case conceptualization sets the stage for treatment planning. Treatment planning then provides a road map that plots out how the counselor and client expect to move from presenting concerns to positive outcomes (Seligman, 1993, p. 157)—helping Billie Jean return to her previous level of functioning.

Generally speaking, when forming a theoretically based case conceptualization, the clinician applies a purist counseling theory, an integration of two or more theories, an eclectic mix of theories that focuses extensively on diagnosis, history, and etiology; by comparison, when forming a solution-focused case conceptualization, the counselor applies an eclectic combination of solution-focused, or solution-creating, tactics to his or her immediate understanding of the client and engages quickly in identifying and reaching goals (Berg, 1994; DeShazer & Dolan, 2007; Gingerich & Eisengart, 2000).

Billie Jean's counselor used the Inverted Pyramid Method of case conceptualization because this method is especially designed to help clinicians more easily form their conceptual pictures of their clients' needs (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997). Generally speaking, when the method is used with a theory-based conceptual model, there are four steps: Problem Identification, Thematic Grouping, Theoretical Inferences, and Narrowed Inferences. However, when the Brief Solution-Focused Counseling model is applied, only the first two steps

are needed: Problem Identification and Thematic Grouping. From a solution-focused perspective, it is these two steps that focus attention on what clients want and need and what concerns will be explored and resolved (Bertolino & O'Hanlon, 2002). Brief Solution-Focused counselors make carefully thought-out professional clinical decisions at Steps 1 and 2 of the pyramid; they are sure to have a rational framework for their decisions, rather than applying techniques and approaches at random (Lazarus, Beutler, & Norcross, 1992; Norcross & Beutler, 2008). Billie Jean's counselor's solution-focused clinical thinking can be seen in the figure that follows.

Billie Jean's Inverted Pyramid Case Conceptualization Summary: Brief Solution-Focused Counseling Emphasizing Cognitive Interventions With Adolescents



Step 1: Problem Identification. The first step is Problem Identification. Aspects of the presenting problem (thoughts, feelings, behaviors, physiological features), additional areas of concern besides the presenting concern, family and developmental history, in-session observations, clinical inquiries (medical problems, medications, past counseling, substance use, suicidality), and psychological assessments (problem checklists, personality inventories, mental status exam, specific clinical measures) all may contribute information at Step 1. The counselor "casts a wide net" in order to build Step 1 as exhaustively as possible (Neukrug & Schwitzer, 2006, p. 202). As can be seen in the figure, the counselor identified Billie Jean's recent sexual trauma (gang rape, held against will, etc.), her various posttraumatic presenting symptoms (denial and inability to recall assault, writing about and acting out forced sex, anxiety and sleep problems, etc.), facts and events pertaining to her pregnancy and childbirth, her various thoughts and actions associated with her romantic delusion (belief that Michael Jackson is child's father, obsession with "being in love with rock star," running away to Chicago, etc.), and mental status factors. The counselor attempted to go beyond just the most pressing presenting symptoms in order to be descriptive as she could.

Step 2: Thematic Groupings. The second step is Thematic Groupings. The clinician organizes all of the exhaustive client information found in Step 1 into just a few intuitive-logical clinical groups, categories, or themes on the basis of sensible common denominators (Neukrug & Schwitzer, 2006). Four different ways of forming the Step 2 theme groups can be used: Descriptive-Diagnosis Approach, Clinical Targets Approach, Areas of Dysfunction Approach, and Intrapsychic Approach. As can be seen in the figure, Billie Jean's counselor selected the Clinical Targets Approach. This approach sorts together all of the Step 1 information "according

to the basic division of behavior, thoughts, feelings, and physiology" (Neukrug & Schwitzer, p. 205).

The counselor grouped together: (a) all of Billie Jean's problematic posttraumatic cognitive, affective, and physiological concerns connected to dissociation, memory loss, anger, nervousness, and so on, plus all of Billie Jean's problematic posttraumatic behavioral concerns connected to reenacting the trauma, and so on; and (b) all of Billie Jean's problematic romantic delusional cognitive and behavioral symptoms connected to her untrue belief that Michael Jackson is her child's father. The counselor selected the Clinical Targets Approach to organize Billie Jean's concerns from a Solution-Focused Counseling perspective on the rational basis that she planned to emphasize cognitive interventions that she believed would lead to good solutions with adolescents such as Billie Jean (Vernon, 2009).

With this two-step conceptualization completed, the client information in Step 1 leads to logical-intuitive groupings on the basis of common denominators in Step 2, and the counselor is ready to engage the client in planning and implementing Brief Solution-Focused Counseling.

Treatment Planning

At this point, Billie Jean's clinician at the L.A. Department of Children and Families has collected all available information about the problems that have been of concern to Billie Jean and the professionals who performed her assessment. Based upon this information, the counselor developed a *DSM-5* diagnosis and then, using the "inverted pyramid" (Neukrug & Schwitzer, 2006; Schwitzer, 1996, 1997), formulated a working clinical *explanation* of Billie Jean's difficulties and their etiology that we called the *case conceptualization.* This, in turn, guides us to the next critical step in our clinical work, called the *treatment plan,* the primary purpose of which

is to map out a logical and goal-oriented strategy for making positive changes in the client's life. In essence, the treatment plan is a road map "for reducing or eliminating disruptive symptoms that are impeding the client's ability to reach positive mental health outcomes" (Neukrug & Schwitzer, 2006, p. 225). As such, it is the cornerstone of our work with not only Billie Jean, but with all clients who present with disturbing and disruptive symptoms and/or personality patterns (Jongsma et al., 2003a, 2003b; Jongsma & Peterson, 2006; Seligman, 1993, 1998, 2004).

A comprehensive treatment plan must integrate all of the information from the biopsychosocial interview, diagnosis, and case conceptualization into a coherent plan of action. This plan comprises four main components, which include (1) a behavioral definition of the problem(s), (2) the selection of achievable goals, (3) the determination of treatment modes, and (4) the documentation of how change will be measured. The *behavioral definition of the problem(s)* consolidates the results of the case conceptualization into a concise hierarchical list of problems and concerns that will be the focus of treatment. The *selection of achievable goals* refers to assessing and prioritizing the client's concerns into a *hierarchy of urgency* that also takes into account the client's motivation for change, level of dysfunction, and real-world influences on his or her problems. The *determination of treatment modes* refers to selection of the specific interventions, which are matched to the uniqueness of the client and to his or her goals and clearly tied to a particular theoretical orientation (Neukrug & Schwitzer, 2006). Finally, the clinician must establish how change will be measured, based upon a number of factors, including client records and self-report of change, in-session observations by the clinician, clinician ratings, results of standardized evaluations such as the Beck Depression

Inventory (Beck & Steer, 1990) or a family functioning questionnaire, pre-post treatment comparisons, and reports by other treating professionals.

The four-step method discussed above can be seen in the text and is outlined below for the case of Billie Jean Beachman, followed by her specific treatment plan.

Step 1: Behavioral Definition of Problems. The first step in solution-focused treatment planning is to carefully review the case conceptualization, paying particular attention to the results of Step 2 (Thematic Groupings). The identified clinical themes reflect the core areas of concern and distress for the client. In the case of Billie Jean, there are two primary areas of concern. The first, "problematic posttraumatic cognitive, affective, physiological and behavioral symptoms," refers to her nervousness, anxiety, intense fear and helplessness, sleep troubles, angry outbursts, denial of and inability to recall the assault, feelings of detachment; writing about rape in school papers, singing a song about forced sex, and portraying rape scenes in theater class. The second, "problematic romantic delusional cognitive and behavioral symptoms," refers to her delusional belief that Michael Jackson is her child's father, obsessive thinking about Jackson, perception of herself as loving a rock star, attempting to visit Jackson in Chicago, and distraction from child care by the delusion. These symptoms and stresses are consistent with the diagnosis of Delusional Disorder, Erotomanic Type; and PTSD, With Dissociative Symptoms, With Delayed Expression (APA, 2013; Brunello et al., 2001; Bradley et al., 2005; Bryant et al., 2008; Kessler et al., 2001; Munro, 1999).

Step 2: Identify and Articulate Goals for Change. The second step is the selection of achievable goals, which is based upon a number of factors, including the most pressing or urgent behavioral, emotional, and interpersonal concerns and symptoms as identified by the client and clinician, the

willingness and ability of the client to work on those particular goals, and the realistic (real-world) achievability of those goals (Neukrug & Schwitzer, 2006). At this stage of treatment planning, it is important to recognize that not all of the client's problems can be addressed at once, so we focus initially on those that cause the greatest distress and impairment. New goals can be created as old ones are achieved. In the case of Billie Jean, the goals are divided into two prominent areas. The first, "problematic posttraumatic cognitive, affective, physiological and behavioral symptoms," requires that we help Billie Jean to verbalize an understanding of how the symptoms of PTSD develop, to reduce the negative impact that the traumatic event had on her life, to develop and implement effective coping skills, and to recall the traumatic event without becoming overwhelmed with stressful feelings or dissociating. The second, "problematic romantic delusional cognitive and behavioral symptoms," requires that we help Billie Jean to control or eliminate active psychotic symptoms and to focus her thoughts on reality so she may effectively take care of her child and herself.

Step 3: Describe Therapeutic Interventions. This is perhaps the most critical step in the treatment-planning process because the clinician must now integrate information from a number of sources, including the case conceptualization, the delineation of the client's problems and goals, and the treatment literature, paying particular attention to *empirically supported treatment* (EST) and *evidence-based practice* (EBP). In essence, the clinician must align his or her treatment approach with scientific evidence from the fields of counseling and psychotherapy. Wampold (2001) identifies two types of evidence-based counseling research: studies that demonstrate "absolute efficacy," that is, the fact that counseling and psychotherapy work, and those that demonstrate "relative efficacy," that is, the fact that certain theoretical/technical

approaches work best for certain clients with particular problems (Psychoanalysis, Gestalt Therapy, Cognitive Behavior Therapy, Brief Solution-Focused Therapy, Cognitive Therapy, Dialectical Behavior Therapy, Person-Centered Therapy, Expressive/Creative Therapies, Interpersonal Therapy, and Feminist Therapy); and when delivered through specific treatment modalities (individual, group, and family counseling).

In the case of Billie Jean, we have decided to use Brief Solution-Focused Therapy (De Jong & Berg, 2002; De Shazer & Dolan, 2007; Gingerich & Eisengart, 2000; Gutterman, 2006) emphasizing cognitive interventions with adolescents (Corcoran & Stephenson, 2000; Hopson & Kim, 2005; Lines, 2002; Thompson & Henderson, 2011; Vernon, 2009). This counseling approach is "pragmatic, anti-deterministic and future oriented [and as such] offers optimism, and hope about the ability of the client to change" (Neukrug, 2011, p. 426). It de-emphasizes psychopathology and the past, and instead focuses on the client's strengths, resources, and skills in order to generate solutions to the problems and concerns. Forward looking and quickly moving, Solution-Focused Therapy's basic assumptions include: change is constant and inevitable, clients have the inherent skills and abilities to change, small steps lead to big changes, exceptions to problems do occur and can be used for change, and the future is both created and negotiable, as well as simple axioms such as "if it ain't broke, don't fix it," "if it works, do more of it," and "if it's not working, do something different" (Neukrug, 2011).

We view Brief Solution-Focused Therapy as being particularly useful in Billie Jean's case due to its emphasis on change, the future, and tapping into the client's resources and skills. Additionally, solution-focused treatment is fast-moving, makes use of creative techniques (art, play, and narrative) with children and adolescents, and relies on challenging, strength-based

questioning that can be highly engaging with adolescents. Billie Jean would be referred to a day-treatment program where she can receive individual, family, group, and psychoeducational support. Specific techniques for her posttraumatic symptoms include education and orientation to brief-solution focused treatment; goal-setting with regard to Posttraumatic Stress Disorder symptoms; "scaling" of her posttraumatic symptoms to provide context and perspective as well as a starting point for change and then ongoing scaling to gauge improvement; use of the miracle question to help her begin to cognitively process the possibility of change; externalizing the symptoms by using solution talk and creating hypothetical solutions; identifying and complimenting Billie Jean on past and current use of skills to solve problems; amplification of previously successful strategies for self-care; and using preferred-goal, evaluative, coping, exception-seeking and solution-focused questions and psychiatric referral for possible psychopharmacotherapy. Specific techniques for her delusional symptoms include assessing the pervasiveness of Billie Jean's thought disorder, explaining the nature of thought disorder, and using the above solution-focused methods to help restructure her beliefs about the relationship with Michael Jackson, her parental role, and the relationship with her parents.

Step 4: Provide Outcome Measures of Change. This last step in treatment planning requires that we specify how change will be measured and indicate the extent to which progress has been made toward realizing these goals (Neukrug & Schwitzer, 2006). The counselor has considerable flexibility in this phase and may choose from a number of objective domains (psychological tests and measures of self-esteem, depression, psychosis, interpersonal relationship, anxiety, etc.), quasi-objective measures (pre-post clinician, client, and psychiatric ratings), and subjective ratings (client self-report, clinician's in-session observations). In Billie Jean's case, we have

implemented a number of these, including pre-post measures on the Clinician-administered PTSD Scale for Children and Adolescents (Newman et al., 2006) and Parenting Stress Index-II (PSI-II) (Abidin, 1997), clinician-observed and client/parent report of reduction in affective, cognitive, physiological, and behavioral symptoms of PTSD, and caseworker report of improved parenting skills.

The completed treatment plan is now developed through which the counselor, Billie Jean, and her family will work through the traumatic experience, alleviate her psychotic symptoms, and restore her to a level of adaptive functioning. Billie Jean's treatment plan is as follows and is summarized in the table that follows.

TREATMENT PLAN

Client: Billie Jean Beachman

Service Provider: L.A. Department of Families and Children

BEHAVIORAL DEFINITION OF PROBLEMS:

1. Problematic posttraumatic cognitive, affective, physiological, and behavioral symptoms—Nervousness, anxiety, and intense fear and helplessness, sleep troubles, angry outbursts, denial of and inability to recall the assault, feelings of detachment; writing about rape in school papers, singing a song about forced sex, and portraying rape scenes in theater class
2. Problematic romantic delusional cognitive and behavioral symptoms—Delusional belief that Michael Jackson is child's father, obsessive thinking about Jackson, perception of self as "loving a rock star,"

attempting to visit Jackson in Chicago, and distraction from child care by the delusion

GOALS FOR CHANGE:

1. Problematic posttraumatic cognitive, affective, physiological, and behavioral symptoms

    - Verbalize an understanding of how the symptoms of PTSD develop
    - Reduce the negative impact of traumatic event
    - Develop and implement effective coping skills
    - Recall the traumatic event without becoming overwhelmed with stressful feelings or dissociating

2. Problematic romantic delusional cognitive and behavioral symptoms

    - Control or eliminate active psychotic symptoms
    - Focus thoughts on reality for purposes of effective self- and child care
    - Support of reality-based peer relationships

THERAPEUTIC INTERVENTIONS:

A moderate-term course of individual, family, and group Solution-Focused Therapy (6–9 months)

1. Problematic posttraumatic cognitive, affective, physiological, and behavioral symptoms

    - Education and orientation to brief solution-focused treatment
    - Goal setting with regard to Posttraumatic Stress Disorder symptoms
    - "Scaling" of posttraumatic symptoms to provide

context and perspective as well as a starting point for change

- Ongoing scaling to gauge improvement
- Use of the miracle question to help her begin to cognitively process the possibility of change
- Externalizing the symptoms by using solution talk and creating hypothetical solutions
- Identifying and complimenting past and current use of skills to solve problems
- Amplification of previously successful strategies for self-care
- Using preferred-goal, evaluative, coping, exception-seeking, and solution-focused questions
- Psychiatric referral for possible psychopharmacotherapy

2. Problematic romantic delusional cognitive and behavioral symptoms

- Assessing the pervasiveness of thought disorder
- Explaining the nature of thought disorder
- Using the above solution-focused methods to help restructure beliefs about the relationship with Michael Jackson, parental role, and the relationship with parents
- Psychiatric referral for possible psychopharmacotherapy

OUTCOME MEASURES OF CHANGE:

Alleviation of symptoms of posttraumatic stress and delusional disorders. Return to adaptive level of functioning, resumption of

positive child care as measured by:

- Pre-post measures on the Clinician-administered PTSD Scale for Children and Adolescents (CAPS-CA)
- Pre-post measures on the Parent Stress Index-II (PSI-II)
- Clinician-observed reduction in affective, cognitive, physiological, and behavioral symptoms of PTSD
- Client and parent reports of reduction in affective, cognitive, physiological, and behavioral symptoms of PTSD
- Caseworker report of improved parenting skills of client

Billie Jean's Treatment Plan Summary: Brief Solution-Focused Counseling Emphasizing Cognitive Interventions With Adolescents

Goals for Change	*Therapeutic Interventions*	*Outcome Measures of Change*
Problematic posttraumatic cognitive, affective, physiological and behavioral symptoms Verbalize an understanding of how the symptoms of PTSD develop Reduce the negative impact of traumatic event Develop and implement effective coping skills Recall the traumatic event without becoming overwhelmed with stressful feelings or dissociating	**Problematic posttraumatic cognitive, affective, physiological, and behavioral symptoms** Education and orientation to brief-solution focused treatment Goal setting with regard to posttraumatic stress disorder symptoms "Scaling" of posttraumatic symptoms to provide context and perspective as well as a starting point for change Ongoing scaling to gauge improvement Use of the miracle question to help her begin to cognitively process the possibility of change Externalizing the symptoms by using	**Alleviation of symptoms of posttraumatic stress and delusional disorders** **Return to adaptive level of functioning, resumption of positive child care as measured by:** Pre-post measures on the Clinician-administered PTSD Scale for Children and Adolescents (CAPS-CA) Pre-post measures on the Parent Stress Index-II (PSI-II) Clinician-observed reduction in affective, cognitive, physiological, and

Problematic romantic delusional cognitive and behavioral symptoms Control or eliminate active psychotic symptoms Focus thoughts on reality for purposes of effective self- and child care Support of reality-based peer relationships	solution talk and creating hypothetical solutions Identifying and complimenting past and current use of skills to solve problems Amplification of previously successful strategies for self-care Using preferred-goal, evaluative, coping, exception-seeking and Solution-Focused questions Psychiatric referral for possible psychopharmacotherapy **Problematic romantic delusional cognitive and behavioral symptoms** Assessing the pervasiveness of thought disorder Explaining the nature of thought disorder Using the above solution-focused methods to help restructure beliefs about the relationship with Michael Jackson, parental role, and the relationship with parents Psychiatric referral for possible psychopharmacotherapy	behavioral symptoms of PTSD Client and parent reports of reduction in affective, cognitive, physiological, and behavioral symptoms of posttraumatic stress disorder Caseworker report of improved parenting skills of client

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