

George Lopez Show's George Lopez

Introducing the Character

George Lopez is the main character in the *George Lopez Show*, a sitcom that aired on ABC television between 2002 and 2007 and that is now in syndication. It is a “slice of life” show featuring a predominantly Mexican and Mexican American cast. The program features George Lopez, who manages an airplane parts factory; his wife, Angie, who works in the home; their children, Max and Carmen; Mr. Lopez’s mother, Benita (Benny); and Angie’s father, Victor (Vic) Palermo. The show is family-oriented in nature. It centers on the daily struggles of the Lopez family and the dysfunctional circumstances that bring them together—and the resulting squabbles and frictions within and across the generations, which are oftentimes humorous, but occasionally serious. The central comedic tension is between Mr. Lopez and his proud and judgmental father-in-law, Vic, who, is a retired physician. Dr. Palermo had always hoped that his daughter would achieve better marital and life status than she did, and thus, George Lopez is forever trying to live up to his father-in-law’s expectations of him. Similarly, Angie’s mother-in-law, Benny, is forever criticizing her daughter-in-law’s cooking, housekeeping skills, and ability to be a good-enough wife to her son. The children, Max and Carmen, struggle with day-to-day adolescent dilemmas and typically provide Mr. Lopez the opportunity to prove his worth, both as a parent, person, and comedian. The following Basic Case Summary and Diagnostic Impressions present our portrayal of the *George Lopez Show's* main character at a recent counseling session as a result of increasing clinically significant distresses related to his complex family life.

Basic Case Summary

Identifying Information. George Lopez is a 48-year-old Mexican American male who resides in a socioeconomically middle-class household comprising his wife, two children, mother, and father-in-law. Mr. Lopez identifies himself as Roman Catholic. He manages the warehouse at the Power Brothers Aviation

Company, where he has progressively advanced through the ranks over his 25-year employment with them. He presented as notably conscious of his appearance, including his average height and weight, recently graying hair, and what he described as “my Mexican features.”

Presenting Concern. Mr. Lopez was urged to attend counseling by his wife, Angie, who has become increasingly concerned with the frequency of her husband’s headaches and episodes of fatigue, anxiety, and moments of low mood that have bothered her husband since recent changes at work. These changes include corporate cutbacks that have resulted in ongoing furloughs. As a result, Mr. Lopez now has a 1-day furlough without pay per week, along with 1 paid day of working at home instead of at his office. Further, because the manager’s position may be permanently cut in the near future, Mr. Lopez feels there is great pressure to compete to “be in the inner circle.” As a result, he recently has been encouraged to play golf, play tennis, meet for martinis, and join the Kiwanis Club with his upper-management bosses. He describes this as “like crossing the border again into a whole new world. How does a guy like me hang out with guys like that?”

During the intake, Angie noted that her husband, who typically does not talk about his feelings, has become increasingly irritable, distractible, inattentive at home, and withdrawn from the family, particularly on weekends when he prefers to retreat to the den to watch sports and drink beer with his friends from work. When queried, Mr. Lopez admitted that “I have a lot of responsibilities and a family to support . . . so I like blowing off steam and I get a little cranky once in a while. And okay, sometimes my mood isn’t so happy.”

Background, Family Information, and Relevant History. George Lopez was born in Tijuana, Mexico, the youngest of three sons to his father, Hernando, who abandoned the family soon after his birth, and mother, Benita (Benny), who worked a number of odd jobs in order to keep her family together. By the time George was 7 years old, his mother began drinking heavily and experienced bouts of depression.

Mr. Lopez attended the Rodrigo Escobar Elementary School in Tijuana where he reports that he was often chastised by his teachers for inattentiveness, failure to focus on his studies, and his seemingly insatiable need to be the center of attention. Nevertheless, Mr. Lopez’s memory is that among his endearing childhood qualities were his charm, eloquence, and ability to, as he recalled, “play to my audience.” During his middle

school years at Tijuana Middle School, Mr. Lopez displayed a propensity for comedy and took an active role in the widely popular school talent shows. It was around that time that he began doing stand-up comedy routines on the streets of Tijuana, which, to his surprise, provided a relatively stable income for his family. By the time Mr. Lopez was of high school age, he had become disinterested in school and recalled that “I was making more money performing on the street than my teacher who was busting her ass in the classroom.” However, with the encouragement of his mother, who by that time had been hospitalized several times for the effects of alcoholism, Mr. Lopez persevered in completing his studies.

After graduating from high school, Mr. Lopez crossed the border into the United States and began doing stand-up comedy in local bars, in street festivals, and at local colleges. To his surprise, he became very popular. When Mr. Lopez met Angie, he was 21 and looking forward to a career in comedy; however, they soon had their first child, Max, and his wife convinced him that the family needed him to get a steady job. As a result, he began working in the maintenance department at the Power Brothers Aviation Company, where he quickly earned the respect of his employers and the friendship of his coworkers, who found him funny and loyal. Over the next several years, Mr. Lopez worked diligently at the aviation company while doing occasional evening and weekend stand-up. He advanced to the position of plant manager.

Around that time, Mr. Lopez and his wife were expecting their second child. Mr. Lopez recalls that this was a cause of great stress for him because “I could barely support us with one child . . . how was I going to take care of two children?” Additionally, soon after the birth of the Lopez’s second child, Mrs. Lopez’s father and his own mother came to live with the family to help out with the child-rearing. However, (a) the friction between him and his father-in-law, who never thought him a good enough husband, and (b) his own mother’s constant criticism of his wife have made the household a highly stressful environment. For some time, Mr. Lopez has been occasionally drinking and staying out late after work and has been increasingly irritable when home. He reports having told his wife in the past year that he wanted to quit his job in order to pursue a full-time career as a comedian “because at least there I was having fun.” At the same time, until his recent job

changes, Mr. Lopez appears to have been managing his multiple but normally expected occupational stresses, culturally appropriate household stresses, and other pressures relatively successfully.

Problem and Counseling History. Mr. Lopez volunteered that he agreed with his wife that he has been having difficulties adjusting to the results of his job cutbacks and furlough, including (a) being at home 2 extra days per week; (b) attempting to work in his home and family environment one of those days per week; and (c) managing financially with 1 day's furlough. He agreed that his mood has been notably low at time, "really nervous" at other times, and increasingly irritable and "moody." In addition, he volunteered that he was experiencing problems with his entry into upper-management culture, which he described as "white country club culture, you know?" As described, he sees this as a new and challenging social, economic, and cultural transition on which his job future might depend.

At the same time, during the intake interview, Mr. Lopez appeared ambivalent about the need for counseling and made it quite clear that he was not the problem and that "I just need a little chance to blow off steam." He was sarcastic throughout the session, making jokes about his family and his circumstances asserting that "this therapy would make a funny routine for my stand-up." He avoided talking in any greater depth about his past or his recent bouts of irritability and often made unpleasant remarks about his father-in-law, who "I can't seem to please no matter what I do, especially now that I'm furloughed." He was, nevertheless, oriented in all spheres, articulate albeit glib, and noted that "if I could only get over this bump, I would be as healthy as a bull." Toward the end of the session, Mr. Lopez suggested that his father-in-law and mother should probably get married and move into their own home "and leave us the hell alone."

Goals for Counseling and Course of Therapy to Date. Mr. Lopez said he would come to therapy if "it would make Angie happy," but that he was just "an average guy doing what an average guy does to provide for his family and then blow off steam after an average day." He added that all of his friends at the factory act like he does; they all had the same ups and downs as he is having, but he is just having a more difficult time "getting through it"; and that he loves his family and would "do whatever it takes." At the conclusion of the session, Mr. Lopez did agree to return for short-term counseling with the goal of reducing problematic mood, anxiety, and

behavioral symptoms. When asked if he believed it would be beneficial for his entire family to come to counseling, Mr. Lopez said, “Sure, we’re all crazy, so we might as well all have fun together in here.” The plan is for ongoing brief individual counseling to assist the client to return to previous level of functioning.

Diagnostic Impressions

309.28 (F43.23) Adjustment Disorder, With Mixed Anxiety and Depressed Mood; V62.4 (Z60.3) Acculturation Difficulty.

Other factors: V62.29 (Z56.9) Other Problem Related to Employment—Job change, job reduction, threat of job loss; Family discord.

Discussion of Diagnostic Impression

George Lopez came to counseling at the urging of his wife, who was worried about changes she had noticed in her husband following negative events at his workplace, including a furlough that resulted in reduced pay and more time spent in his household. The changes she noticed included headaches, fatigue, and anxiety. George also had become more irritable, distracted, and inattentive at home, and admitted to feeling depressed at times. In the interview, George described feeling “a little cranky,” “really irritable,” and “moody,” and occasionally drinking with male friends to avoid his household stresses and “blow off steam.” In addition, George noted that he was pursuing the specific challenge of making the transition into socioeconomically upper-class Anglo upper-management culture at work in order to better secure his future with the company.

The *DSM-5* Adjustment Disorders all are clinically significant psychological responses to an identifiable life stressor. To meet the criteria for an Adjustment Disorder, the psychological responses must cause marked distress or clinically significant impairment in functioning, must go beyond normally expected and culturally appropriate reactions, and must not be due to another *DSM-5* disorder or a medical problem. Adjustment Disorders can occur with depressed mood, anxiety disturbance in conduct, or be manifest in a combination of these.

George presented primarily with symptoms and signs of mild depression and moderate anxiety, apparently in direct response to a life event, namely, workplace cutbacks and an at-home furlough. His concerns arose within 3 months of the onset of the workplace stressor. In the absence of any evidence of substance abuse, and without any evidence that his symptoms meet the criteria for another diagnosable depressive or anxiety disorder, the diagnosis is Adjustment Disorder. Because he reported a combination of depression and anxiety symptoms, the disorder is specified: With Mixed Anxiety and Depressed Mood.

Differential diagnosis requires effectively understanding the client's concerns. Accurately identifying and describing the counseling presentations of Latino/Latina clients may require the counselor's special attention (Bernal & Saez-Santiago, 2006). Depending on certain demographic factors, somatic symptoms (like headaches and fatigue) sometimes are experienced and reported more readily than mood or cognitive symptoms of distress (Guarnaccia, DeLaCancela, & Carrillo, 1989). George Lopez reported headaches and fatigue among his symptoms.

Specific differential considerations when determining an Adjustment Disorder include other relevant mental health diagnoses. However, George's experiences did not meet the criteria for any diagnosable Depressive Disorder or Anxiety Disorder. Adjustment Disorder requires that the client's concerns develop within 3 months of the life event's onset; George presented increasing symptoms shortly after onset of his recent life stressors. Another consideration is whether the client's reactions are normally expected, culturally appropriate reactions that do not produce excessive distress or cause excessive impairment. However, George's concerns were reported to cause clinically significant distress and some impairment in social functioning at home and the workplace. A separate differential consideration might be whether George's alcohol use warrants a diagnosis of Alcohol Use Disorder; however, at this moment, his pattern of use seems best described as social or recreational use of alcohol that is not clinically significant.

Further, along with all the various diagnosable disorders, a complete diagnosis also lists Other Conditions That May Be a Focus of Clinical Attention. The client concerns contained in this section (appearing at the end of the *DSM-5*, following all of the diagnosable disorders) are not diagnosable mental disorders

according to the *DSM* classification system; instead, they sometimes are client problems that are a focus of counseling but not a part of the individual's diagnosable mental disorder. George Lopez's challenges with acculturation into the social hierarchy at work fall within this category.

To round out the diagnosis, George's important family and social stressors are emphasized in the "Other factors" section. This additional information is consistent with the primary mental health diagnosis portrayed by George Lopez in this case.

Case Conceptualization

When George Lopez visited the Power Brothers Aviation Company's employee assistance program, the counselor's first task was to collect detailed clinical information about the situation leading to George's appointment. The counselor first used this information to develop diagnostic impressions. His concerns were described by Adjustment Disorder and problems of job change, family discord, and acculturation. Next, the counselor developed a case conceptualization. Whereas the purpose of diagnostic impressions is to *describe* the client's concerns, the goal of case conceptualization is to better *understand* and clinically *explain* the person's experiences (Neukrug & Schwitzer, 2006). It helps the counselor understand the conditions leading up to George's Adjustment Disorder and the conditions keeping it going. 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 George reduce his distress and more functionally and successfully deal with his current changes at home and at work.

When forming a case conceptualization, the clinician applies a purist counseling theory, an integration of two or more theories, an eclectic mix of theories, or a solution-focused combination of tactics to his or her understanding of the client. In this case, George's counselor based his conceptualization on a purist theory, Reality Therapy (or Choice Theory). George's counselor applied this model because it is the method of choice at the employee assistance program whenever it appears the client might benefit from an approach that focuses on ways the person is reacting dysfunctionally to unsatisfying relationships and related circumstances (Glasser, 1998, 2001, 2003). The employee assistance program also prefers an approach that emphasizes ways that

employees can make better, less painful, and less frustrating choices during times of life challenges (Glasser, 1998, 2001, 2003). The approach also is directive and active and therefore amenable to shorter-term counseling such as for problems of adjustment (Wubbolding et al., 2004; Wubbolding et al., 1998). Although a potential shortcoming of the model is that clients from ethnic minority backgrounds may confront environments offering them fewer choices due to discrimination or oppression, the counselor believed that the model still would be a good fit helping George focus on the many choices he does have (Wubbolding & Brickell, 1998).

The 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). The method has four steps: Problem Identification, Thematic Groupings, Theoretical Inferences, and Narrowed Inferences. The counselor's clinical thinking can be seen in the figure below.

1. IDENTIFY AND LIST CLIENT CONCERNS

Anxious feelings
Low mood
Anger at home
Irritable at home
Headaches
Sleep difficulties
Beer drinking to socialize and escape
Distracted at home
Withdrawn at home
Inattentive to family

Conflicts with wife
Arguments with mother and father-in-law
Conflicts with children
Job furlough & financial loss
Job change to weekly at-home work
Job pressure to acculturate to upper management through socializing, golf, and so on
History of low-income background
History of giving up comic dream due to wife's pregnancy and family financial pressure

2. ORGANIZE CONCERNS INTO LOGICAL THEMATIC GROUPINGS

1. Distressing feelings of anxiety, depression, and anger
2. Disruptive physiological symptoms of headache, poor sleep, fatigue
3. Distressing thoughts about job pressures, upper management pressure, family pressures, and loss of dreams for a happy life
4. Dysfunctional behaviors, including withdrawing, arguing and maintaining family conflicts, escape drinking, and avoiding new job demands

3. THEORETICAL INFERENCES: ATTACH THEMATIC GROUPINGS TO INFERRED AREAS OF DIFFICULTY

Choosing paining behaviors

Choosing anxietying behaviors
Choosing depressing behaviors
Choosing angering behaviors
Choosing headaching and fatiguing behaviors
Choosing avoiding and escaping behaviors

4. NARROWED INFERENCES: SUICIDALITY AND DEEPER DIFFICULTIES

Choosing external control language

Choosing external control language in an attempt to deal with unsatisfying family and work relationships

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 George Lopez’s current primary problems at work (job change, financial loss, need to acculturate to upper management, etc.), primary problems at home (family discord, conflicts with wife, argumentative parents, etc.), physical and mood symptoms of anxiety and depression, use of alcohol, as well as history that was important to George. He attempted to go beyond just listing the primary anxiety and depressive problems George presents to cover all of his current challenges and relevant background.

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, George’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, 2006, p. 205).

The counselor grouped together George’s (a) anxiety, depressed mood, and anger into the theme “Distressing feelings”; (b) headache, poor sleep, and fatigue into the theme “Disruptive physiological symptoms”; (c) thoughts, worries, and ruminations about his job situation, finances, family pressures, other current challenges, and loss of his dream life into the theme “Distressing thoughts”; and (d) withdrawing and

arguing at home, argumentativeness with family, avoidance of taking on upper-management challenges at work, escape drinking, and other actions into the theme “Dysfunctional behaviors.”

So far, at Steps 1 and 2, the counselor has used his clinical assessment skills and his clinical judgment to begin meaningfully understanding George’s situation. Now, at Steps 3 and 4, he applies the theoretical approach he has selected. He begins making theoretical inferences to explain the roots underlying George’s responses to his situation as they are seen in Steps 1 and 2.

Step 3: Theoretical Inferences. At Step 3, concepts from the counselor’s selected theory, Reality Therapy (Choice Theory), are applied to explain the dynamics causing and maintaining George Lopez’s problematic thoughts, feelings, behaviors, and physiological responses. The counselor tentatively matches the theme groups in Step 2 with this theoretical approach. In other words, the symptom constellations in Step 2, which were distilled from the symptoms in Step 1, now are combined using theory to show what is believed to be the psychological etiology of George’s current needs (Neukrug & Schwitzer, 2006; Schwitzer, 2006, 2007).

According to Reality Therapy (Choice Theory), individuals are born with drives for survival, achievement, love and belonging, independence, and enjoyment, where the need for social relationships is primary. According to the theory, individuals attempt to achieve these through their thoughts, feelings, physiological responses, and actions. Further, individuals have control—or choices—over their thoughts and actions, and less directly, their feelings and physiology. Counseling problems arise when individuals adopt total behavioral approaches that are based on the belief in External Control, which is blaming and critical and indicates the person has not learned how to make choices that best respond to his or her needs and situation. Instead, approaching situations and events from the basis of Internal Control is adaptive, reduces symptomatic problems, and indicates the person understands he or she has responsibility for, and control of, his or her responses to needs and situations (Glasser, 1998, 2001, 2003).

As can be seen in the figure, when the counselor applied these Reality Therapy concepts, he explained at Step 3 that the various issues noted in Step 1 (anxiety and low mood, physical symptoms, withdrawal, family conflicts, job troubles), which can be understood in Step 2 to be themes of distressing feelings, disruptive

physiological symptoms, distressing thoughts, and dysfunctional behaviors, are caused by George: (a) choosing anxietying behaviors, (b) choosing depressing behaviors, (c) choosing angering behaviors, (d) choosing headaching and fatiguing behaviors, and (e) choosing avoiding and escaping behaviors. These are found on the figure.

Step 4: Narrowed Inferences. At Step 4, the clinician's selected theory continues to be used to address still-deeper issues when they exist (Schwitzer, 2006, 2007). At this step, "still-deeper, more encompassing, or more central, causal themes" are formed (Neukrug & Schwitzer, 2006, p. 207). Continuing to apply Reality Therapy concepts at Step 4, George Lopez's counselor presented a single, deepest, most-fundamental source of his reasons for referral: "Choosing external-control language in an attempt to deal with unsatisfying family and work relationships." When all four steps are completed, the client information in Step 1 leads to logical-intuitive groupings on the basis of common denominators in Step 2, the groupings then are explained using theory at Step 3, and then, finally, at Step 4, further deeper explanations are made. From start to finish, the thoughts, feelings, behaviors, and physiological features in the topmost portions are connected on down the pyramid into deepest dynamics.

The completed pyramid now is used to plan treatment, where the counselor will challenge George to examine and evaluate his behavioral choices.

Treatment Planning

At this point, George's clinician at the Downtown Counseling Center has collected all available information about the problems that have been of concern to him. 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 George'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 George, but with all clients who present with disruptive concerns (Jongsma & Peterson, 2006; Jongsma et al., 2003a, 2003b; 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) 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-2 (Beck et al., 1996) 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 George, followed by his specific treatment plan.

Step 1: Behavioral Definition of Problems. The first step in treatment planning is to carefully review the case conceptualization, paying particular attention to the results of Step 2 (Thematic Groupings), Step 3 (Theoretical Inferences), and Step 4 (Narrowed Inferences). The identified clinical themes reflect the core areas of concern and distress for the client, while the theoretical and narrowed inferences offer clinical speculation as to their origins. In the case of George, there are four primary areas of concern. The first, "distressing feelings of anxiety, depression, and anger," have compromised his happiness and overall adjustment at work and at home.

The second, “disruptive physiological symptoms,” refers to headaches, poor sleep, and fatigue. The third, “distressing thoughts about job, upper-management and family pressures, and loss of dreams for a happy life,” refers to being distracted and withdrawn at home, inattentive to family, and experiencing conflicts with his wife, children, and in-laws. The fourth, “dysfunctional behaviors,” refers to distraction, withdrawal, and inattention at home, maintaining family conflicts, escape drinking, and avoidance of new job demands. These symptoms and stresses are consistent with the diagnosis of Adjustment Disorder, With Mixed Anxiety and Depressed Mood and Acculturation Difficulty (APA, 2013; Berry, 2003; Casey, Dorwick, & Wilkinson, 2001; Flores, Ojeda, Yu-Ping, Gee, & Lee, 2006; Strain et al., 1998).

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 George, the goals are divided into four prominent clusters. The first, “distressing feelings of anxiety, depression, and anger,” requires that we help George to understand his feelings of anxiety, depression, and anger, the way they impact his daily functioning, and their triggers. Next we would help him to gain control over, take responsibility for, and reduce the intensity and destructiveness of those feelings. The second, “disruptive physiological symptoms of headache, poor sleep, and fatigue,” requires that we assist George restore a restful sleeping pattern, feel refreshed and energetic during his waking hours, eliminate his headaches by recognizing their onset and modulating his response through various exercises, and improve his overall physical functioning. The third, “distressing thoughts about job, upper-management and family pressures, and loss of dreams for a happy life,” requires that we help George understand the origin of his pressures in earlier experiences over living in poverty, identify feelings of resentment, and recognize the

fulfilling aspects of his life while building new fantasies. The last, “dysfunctional behaviors,” requires that we assist George regulate his anger and develop more adaptive responses to stress.

Step 3: Describe Therapeutic Intervention. 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 George, we have decided to use Reality Therapy (Glasser, 1998, 2001, 2003) due to its emphasis on client recognition of the role of choices in the client’s life, how those choices affect the client’s happiness (and unhappiness), and how he or she can make healthier and life-affirming choices. The WDEP system (Wubbolding, 2007; Wubbolding & Brickell, 1998; Wubbolding et al., 1998; Wubbolding et al., 2004) provides the structure for intervention by helping clients to identify their wants (W) and their direction (D), to evaluate the efficacy of their current direction and its outcome (E), and to plan accordingly (P). Given George’s general life competencies and past successful adjustment both at home and at work, Reality Therapy’s emphasis on strengthening the client’s internal locus of control as well as fostering insight and change through the therapeutic relationship will assist George to reclaim responsibility in and for his life, as well as to effectively problem-solve. This particular form of counseling/psychotherapy has proven effective in treating a wide range of problems, including anxiety, depression, anger management, and relationship issues (Radtke, Sapp, & Farrell, 1997; Wubbolding, 2000;

Wubbolding & Brickell, 1998). Specific techniques for George will include taking responsibility for thoughts, feelings, and behaviors; using physiological and emotional monitoring; recognizing the historical basis for and addressing irrational pressures; practicing statements of responsibility and choice; and developing effective self-regulation and communication skills.

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 George's case, we have implemented a number of these, including improved pre-post measures on the Beck Depression Inventory (Beck et al., 1996), Beck Anxiety Inventory (Beck & Steer, 1990), and Clinical Anger Scale (Snell et al., 1995); spouse and client report of improvement in overall life, family and work satisfaction, and spouse report of her husband's improvement in mood, activity level, and outlook; and the development of adaptive responses to stress.

The completed treatment plan is now developed through which George will be able to use the techniques of Reality Therapy to reduce his stressful feelings and eliminate his disruptive physiological, emotional, cognitive, and behavioral symptoms. George Lopez's treatment plan is as follows and is summarized in the table that follows.

TREATMENT PLAN

Client: George Lopez

Service Provider: Downtown Counseling Center

BEHAVIORAL DEFINITION OF PROBLEMS:

1. Distressing feelings of anxiety, depression, and anger
 2. Disruptive physiological symptoms of headache, poor sleep, fatigue
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3. Distressing thoughts about job pressures, upper-management pressures, family pressures, and loss of dreams for a happy life—
Distracted and withdrawn at home, inattentive to family, conflict with his wife, children, and in-laws
 4. Dysfunctional behaviors including withdrawing, arguing, and maintaining family conflicts, escape drinking, and avoiding new job demands
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GOALS FOR CHANGE:

1. Distressing feelings of anxiety, depression, and anger

 - Understand his feelings of anxiety, depression, and anger and the way they impact his daily functioning
 - Understand the emotional, behavioral, and physiological triggers for these distressing feelings
 - Gain control over, take responsibility for, and reduce the intensity and destructiveness of these feelings
 - Develop self-regulation and self-control strategies for coping with these feelings
 - Learn strategies for long-term coping with these feelings
2. Disruptive physiological symptoms of headache, poor sleep, fatigue

 - Restore a restful sleeping pattern
 - Feel refreshed and energetic during his waking hours
 - Eliminate his headaches by recognizing their onset and modulating his response through various exercises
 - Improve his overall physical functioning through proactive stress management and self-care
3. Distressing thoughts about job pressures, upper-management pressures, family pressures, and loss of dreams for a happy life

 - Understand the nature and origin of these thoughts about pressure in his early formative life and family experiences
 - Identify feelings of resentment for having to sacrifice his life's dream to support a family
 - Recognize the ways that his current family and vocational experiences are fulfilling and develop new fantasies

4. Dysfunctional behaviors including withdrawing, arguing, and maintaining family conflicts, escape drinking, and avoiding new job demands

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- Recognize the cognitive, behavioral, and physiological triggers to his anger
 - Develop more adaptive responses to stress (without reliance upon alcohol, argumentativeness, and withdrawal)

THERAPEUTIC INTERVENTIONS:

A short- to moderate-term course of individual Reality Therapy–centered counseling (2–3 months) that relies on a plan that is simple, attainable, measureable, immediate, controlled, consistent, and committed

1. Distressing feelings of anxiety, depression, and anger

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- Discover how he is choosing to act with anxiety, depression, and anger
 - Identify cognitive, emotional, behavioral, and interpersonal triggers for these feelings
 - Identify obstacles to healthy and fulfilling expression of stressful feelings
 - Use a feeling-word checklist to identify these feelings
 - Accept responsibility for these feelings rather than see them as uncontrollable and external

2. Disruptive physiological symptoms of headache, poor sleep, fatigue

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- Use physiological monitoring to monitor physical states
 - Practice, plan to implement, and provide feedback on the use of relaxation strategies, including deep breathing, progressive muscle relaxation, and guided imagery
 - Use of exercise and nutritional planning to optimize healthy functioning

3. Distressing thoughts about job pressures, upper-management pressures, family pressures, and loss of dreams for a happy life

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- Recognize the relationship between early poverty and the pressures in his daily life

- Identify basic needs for love, belongingness, power, and freedom and the reality-based obstacles that stand in the way
 - Discuss irrational basis for these perceived pressures
 - Practice self-reflection and garner feedback for these from valued others (spouse and best friend)
 - Use paradoxical intention and reframing to reduce these perceived pressures
4. Dysfunctional behaviors, including withdrawing, arguing, and maintaining family conflicts, escape drinking, and avoiding new job demands
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- Recognize the way that he is surrendering choice through these dysfunctional behaviors
 - Formulate a workable plan for elimination of these behaviors by focusing on choice and responsibility
 - Practice and role-play effective communication with family members

OUTCOME MEASURES OF CHANGE:

The identification of his basic needs, ability to make healthy and responsible choices, development of healthy and fulfilling attitudes toward self, work, and family, accompanied by reduction and eventual elimination of stressful feelings, reactions, and behaviors as measured by:

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- Client report of improved overall life satisfaction, including attitude toward work
 - Improved pre-post scores on the Clinical Anger Scale
 - Improved pre-post scores on Beck Depression Inventory II
 - Improved pre-post scores on the Beck Anxiety Inventory
 - Client and spouse's report of improved overall mood, attitude, and behavior at home, including reduced conflicts
 - Client's report of ways in which he has taken responsibility and made responsible choices for internal stress and outward distress
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Sitcom Character George Lopez’s Treatment Plan Summary: Reality Therapy

<i>Goals for Change</i>	<i>Therapeutic Interventions</i>	<i>Outcome Measures of Change</i>
<p><u>Distressing feelings of anxiety, depression, and anger</u></p> <p>Understand his feelings of anxiety, depression, and anger and the way they impact his daily functioning</p> <p>Understand the emotional, behavioral, and physiological triggers to these distressing feelings</p> <p>Gain control over, take responsibility for, and reduce the intensity and destructiveness of these feelings</p> <p>Develop self-regulation and self-control strategies for coping with these feelings</p> <p>Learn strategies for long-term coping with these feelings</p> <p><u>Disruptive physiological symptoms of headache, poor sleep, fatigue</u></p> <p>Restore a restful sleeping pattern</p> <p>Feel refreshed and energetic during his waking hours</p> <p>Eliminate his headaches by recognizing their onset and modulating his response through various exercises</p> <p>Improve his overall physical functioning through proactive stress management and self-care</p> <p><u>Distressing thoughts about job pressures, upper-management pressures, family pressures, and loss of dreams for a happy life</u></p>	<p><u>Distressing feelings of anxiety, depression, and anger</u></p> <p>Discover how he is choosing to act with anxiety, depression, and anger</p> <p>Identify cognitive, emotional, behavioral, and interpersonal triggers for these feelings</p> <p>Identify obstacles to healthy and fulfilling expression of stressful feelings</p> <p>Use a feeling-word checklist to identify these feelings</p> <p>Accept responsibility for these feelings rather than see them as uncontrollable and external</p> <p><u>Disruptive physiological symptoms of headache, poor sleep, fatigue</u></p> <p>Use physiological monitoring to monitor physical states</p> <p>Practice, plan to implement, and provide feedback on the use of relaxation strategies, including deep breathing, progressive muscle relaxation, and guided imagery</p> <p>Use of exercise and nutritional planning to optimize healthy functioning</p> <p><u>Distressing thoughts about job pressures, upper-management pressures, family pressures, and loss of dreams for a happy life</u></p> <p>Recognize the relationship between early poverty and the pressures in his daily life</p> <p>Identify basic needs for love, belongingness, power, and freedom and the reality-based obstacles that stand in the way</p> <p>Discuss irrational basis for these perceived pressures</p> <p>Practice self-reflection and garner feedback for these from valued others (spouse and best friend)</p> <p>Use paradoxical intention and reframing to</p>	<p><u>The identification of his basic needs, ability to make healthy and responsible choices, development of healthy and fulfilling attitudes toward self, work, and family, accompanied by reduction and eventual elimination of stressful feelings, reactions, and behaviors as measured by:</u></p> <p>Client report of improved overall life-satisfaction, including attitude toward work</p> <p>Improved pre-post scores on the Clinical Anger Scale</p> <p>Improved pre-post scores on Beck Depression Inventory II</p> <p>Improved pre-post scores on the Beck Anxiety Inventory</p> <p>Client and spouse’s report of improved overall mood, attitude, and behavior at home, including reduced conflicts</p> <p>Client’s report of ways in which he has taken responsibility and made responsible choices for internal stress and outward distress</p>

<p>Understand the nature and origin of these thoughts about pressure in his early formative life and family experiences</p> <p>Identify feelings of resentment for having to sacrifice his life's dream to support a family</p> <p>Recognize the ways that his current family and vocational experiences are fulfilling and develop new fantasies</p> <p><u>Dysfunctional behaviors, including withdrawing, arguing, and maintaining family conflicts, escape drinking, and avoiding new job demands</u></p> <p>Recognize the cognitive, behavioral, and physiological triggers to his anger</p> <p>Develop more adaptive responses to stress (without reliance upon alcohol, argumentativeness, and withdrawal)</p>	<p>reduce these perceived pressures</p> <p><u>Dysfunctional behaviors, including withdrawing, arguing, and maintaining family conflicts, escape drinking, and avoiding new job demands</u></p> <p>Recognize the way that he is surrendering choice through these dysfunctional behaviors</p> <p>Formulate a workable plan for elimination of these behaviors by focusing on choice and responsibility</p> <p>Practice and role-play effective communication with family members</p>	
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