TARGET PLANNING WORKSHEET

Presenting complaint (AIP informed, belief schema oriented):
Gather necessary information about the client’s presenting complaint, triggers and symptoms.
“Tell me what problem or situation you’d like to address?”

Negative Core Belief
Clinician—try to figure out: What does it mean to them? How do they feel about themselves when this happens. Why did they learn it? When did they learn it?
Ask open ended questions: probe, suggest, reflect, etc— working with the client to identify the core belief -
Do not give this list to the client - help them figure it out by offering possible clusters you think may fit (attune to them!)

[ ] I am inadequate
[ ] I am incompetent
[ ] I am invisible
[ ] I am vulnerable
[ ] I am responsible (for everything)
[ ] I have to be in control

Past: Help them identify / recall other times when they had the same negative belief in the past (situations may be different).
“Tell me times when you have felt (negative belief) the same way in the past.”

If the client does not spontaneously mention family of origin or early childhood, ask questions like:
“Any situations as a child with either of your parents or siblings when you felt the same way?”

*Touchstone: “What is the earliest time you can recall?”

Positive Cognition (as the client thinks of the touchstone)
“As you think of the earliest (or worst) incident, how would you like to think about yourself?” Be prepared to offer adaptive, appropriate suggestions - the belief should be congruent with the presenting complaint (Situations may be different).

[ ] I’m okay as I am
[ ] I’m okay regardless
[ ] I’m lovable regardless.
[ ] I can only control what I can
[ ] I can (begin to) recognize appropriate responsibility
[ ] Serenity Prayer — I can recognize (learn) what I can and cannot

Future Triggers
“As you think of your negative belief, tell me some times in the future when you may feel the same way.”

TRANSFER THIS INFORMATION TO THE TREATMENT PLAN OUTLINE

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TREATMENT PLAN OUTLINE
(Targeting Sequence Plan)

Presenting Problem (Issue): ____________________________________________________________

Negative Belief: _________________________________________________________________
Positive Belief: _________________________________________________________________

Future Triggers:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Present Triggers:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Past Incidents (incident and age):
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Touchstone: ________________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________