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INDIVIDUALIZED TREATMENT AND/OR HABILITATION  
PLANS FOR THE MENTAL HEALTH PROFESSIONS

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THE USE OF INDIVIDUALIZED TREATMENT AND/OR HABILITATION PLANS IN THE PRACTICE OF CLINICAL PSYCHOLOGY IS A PROFESSIONAL AND LEGAL REQUIREMENT. THIS ARTICLE DISCUSSES FEDERAL AND INSULAR LEGISLATION AND JUDICIAL DECISIONS THAT SPECIFY THE CONTENT AND APPLICATION OF PLANS TO MENTAL HEALTH CLIENTS IN PUERTO RICO. THE PROPOSED PLAN IS ONE MODEL OF HOW THE CLINICIAN CAN INTEGRATE TREATMENT AND HABILITATION PLANNING INTO RECORD KEEPING, CLINICAL PRACTICE, AND RESEARCH.

JUDICIAL INTERVENTIONS IN THE AREA OF PATIENT'S RIGHTS AND IN THE EVALUATION OF TREATMENT SERVICES ARE HAVING A SIGNIFICANT IMPACT ON THE PRACTICE OF CLINICAL PSYCHOLOGY. ONE ASPECT OF CLINICAL PRACTICE THAT HAS MADE SIGNIFICANT ADJUSTMENTS IN COMPLIANCE WITH JUDICIAL RULINGS IS THE DESIGN AND IMPLEMENTATION OF INDIVIDUALIZED TREATMENT AND/OR HABILITATION PLANS. PSYCHOLOGISTS WORKING IN COMMUNITY MENTAL HEALTH CENTERS, SCHOOLS, CLINICS, PRIVATE PRACTICE, CORRECTIONAL SETTINGS AND HOSPITALS ARE FACED WITH THE NEED TO BE SKILLED IN THE DESIGNING AND IMPLEMENTING OF TREATMENT AND/OR HABILITATION PLANS AS AN ASSURANCE THAT THEIR WORK CONFORMS WITH LEGAL AND PROFESSIONAL NORMS OF ADEQUATE PLANNING, SERVICE OFFERINGS AND FOLLOW-UP. THE PROPOSED PLAN<sup>1</sup> IS AN ATTEMPT TO TRANSLATE THE MINIMAL CONSTITUTIONAL AND PROFESSIONAL GUIDELINES FOR TREATMENT AND HABILITATION INTO A QUESTIONNAIRE FORMAT USEFUL IN CLINICAL CASES, LITIGATION AND RESEARCH.

FOR THE SAKE OF CLARITY, TREATMENT IS USED TO REFER TO INTERVENTIONS RESPONSIVE TO A DSM-III DIAGNOSIS; WHEREAS, HABILITATION REFERS TO GENERAL NEEDS SUCH AS EDUCATION, HOUSING, VOCATIONAL TRAINING AND ORIENTATION. HABILITATION IS DEFINED IN NAVARRO AYALA v. HERNÁNDEZ COLÓN (1974):

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<sup>1</sup>- A COPY OF THE INDIVIDUALIZED TREATMENT AND/OR HABILITATION PLAN IS AVAILABLE FROM THE AUTHOR.

HABILITATION IS THE PROCESS BY WHICH THE STAFF OF THE INSTITUTION ASSISTS THE RESIDENT TO ACQUIRE AND MAINTAIN THOSE LIFE SKILLS WHICH ENABLE HIM TO COPE MORE EFFECTIVELY WITH THE DEMANDS OF HIS OWN PERSON AND OF HIS ENVIRONMENT AND TO RAISE THE LEVEL OF HIS PHYSICAL, MENTAL AND SOCIAL EFFICIENCY. HABILITATION INCLUDES BUT IS NOT LIMITED TO THE PROCESS OF NORMAL TRAINING TO FACILITATE THE INTELLECTUAL AND EMOTIONAL DEVELOPMENT OF RESIDENTS.

CONSISTENT WITH THIS DEFINITION OF TREATMENT AND HABILITATION THE ISSUE OF THE RIGHT TO TREATMENT HAS BEEN SUBJECT TO LEGISLATION AND JUDICIAL RULINGS IN PUERTO RICO. THOSE FEDERAL AND INSULAR LEGISLATIVE MEASURES AND LITIGATION THAT HAVE DEALT SPECIFICALLY WITH THE TREATMENT AND HABILITATION PLAN REQUIREMENTS WILL BE DISCUSSED.

THE COMMITMENT TO PROVIDE TREATMENT IS EMBODIED IN THE PHILOSOPHICAL PREMISE UPON WHICH THE PUERTO RICAN CONSTITUTION LEGITIMIZES THE STATE'S RIGHT TO INTERVENE IN THE AREA OF INDIVIDUAL RIGHTS.

IT IS THE CONSTITUTIONAL INTENT TO GIVE ADEQUATE TREATMENT, WITHIN AVAILABLE RESOURCES, TO DELINQUENTS SO AS TO MAKE POSSIBLE THEIR MORAL AND SOCIAL REHABILITATION. THIS STATEMENT IS INSPIRED BY THE SOCIAL THEORY THAT PENAL LAW SHOULD NOT BE ONE IN WHICH THE DELINQUENT PURGES HIS SORROWS BUT RATHER IN THE THEORY THAT PENAL LAW, SHOULD BE AN INSTRUMENT FOR SPIRITUAL IMPROVEMENT. IT IS THIS VISION THAT THE SANCTION INSTEAD OF A PUNISHMENT SHOULD BE A MEANS TOWARDS EDUCATION (CITED IN DIXON DE RUIZ, 1955-56).

IN ADDITION TO THE CONSTITUTION, THE PUERTO RICO PENAL CODE, (1974 - EDITION AS AMENDED IN 1984), ESTABLISHES PROVISIONS FOR TREATMENT REFERRALS FOR THOSE CONVICTED OFFENDERS FOUND SUBJECT TO SPECIAL SECURITY MEASURES. SIMILARLY, THE RULES OF CRIMINAL PROCEDURE (1963) (RULES 239-241) STIPULATE THAT THOSE DEFENDANTS FOUND INCOMPETENT TO STAND TRIAL AND THOSE FOUND EXEMPT FROM LEGAL SANCTION FOR REASON OF INSANITY WHO CONTINUE TO BE MENTALLY INCAPACITATED ARE TO BE REFERRED TO AN ADEQUATE INSTITUTION FOR TREATMENT. THUS, THE PUERTO RICAN CONSTITUTION, PENAL CODE AND RULES OF CRIMINAL PROCEDURE VOICE SOCIETY'S COMMITMENT TO PROVIDE TREATMENT SERVICES FOR THOSE PERSONS DEEMED IN NEED.

THE MOST RECENT LEGISLATION IN PUERTO RICO WHICH INCORPORATES THE REQUIREMENTS OF INDIVIDUALIZED TREATMENT PLANS IS THE MENTAL HEALTH LAW # 116 (1980). THE FOLLOWING THREE SECTIONS DEAL SPECIFICALLY WITH TREATMENT FOR THOSE VOLUNTARILY AND INVOLUNTARILY ADMITTED TO MENTAL HEALTH FACILITIES.

CHAPTER 2: RIGHTS OF PERSONS THAT RECEIVE TREATMENT, HABILITATION, CARE AND CUSTODY IN A MENTAL HEALTH FACILITY

ARTICLE 1: RIGHTS, SECTION 2-100 CONSTITUTIONAL RIGHTS  
ALL PATIENTS WILL HAVE THE RIGHTS, BENEFITS AND PRIVILEGES GUARANTEED BY LAW, THE UNITED STATES CONSTITUTION AND THE COMMONWEALTH OF PUERTO RICO CONSTITUTION WHILE THEY ARE RECEIVING TREATMENT, CARE AND CUSTODY OR HABILITATION, AS WELL AS DURING THE ADMISSION AND RELEASE PROCESSES FROM A MENTAL HEALTH FACILITY.

SECTION 2-102 - CARE AND CUSTODY, SERVICES  
ALL PATIENTS WILL BE PROVIDED WITH ADEQUATE AND HUMANE CARE AND CUSTODY IN THE LEAST RESTRICTIVE SETTING POSSIBLE, IN ACCORD WITH A PLAN OF INDIVIDUALIZED SERVICES, WHICH WILL BE PREPARED AND REVISED PERIODICALLY WITH PATIENT PARTICIPATION AS MUCH AS POSSIBLE, AND WHEN APPROPRIATE, WITH THE CLOSEST FAMILY MEMBER. A QUALIFIED PROFESSIONAL WILL BE RESPONSIBLE FOR THE SUPERVISION AND IMPLEMENTATION OF THE PLAN.

ARTICLE 2: GENERAL DISPOSITIONS, SECTION 3-102 RECORDS  
ALL MENTAL HEALTH FACILITIES WILL MAINTAIN AND CONSERVE RECORDS OF EACH PATIENT THAT CONTAIN THE REQUIREMENTS ESTABLISHED BY LAW AND RULES APPROVED BY THE SECRETARY IN ADDITION TO THE CIRCUMSTANCES UNDER WHICH THE PATIENT WAS ADMITTED, ANY SUBSEQUENT CHANGES IN THE PATIENT'S STATUS, BASIC DOCUMENTATION FOR HIS ADMISSION, CLINICAL FINDINGS, TREATMENT PLAN AND ANY OTHER REQUIREMENT ESTABLISHED IN THIS CODE... (AUTHOR'S TRANSLATION).

AT THE FEDERAL LEVEL, CONGRESS ENACTED THE MENTAL HEALTH SYSTEMS ACT (1980) IN WHICH TWENTY-TWO PATIENT'S RIGHTS ARE RECOGNIZED. THE FIRST PATIENT RIGHT DEALS WITH TREATMENT AND TREATMENT PLANS.

#### SECTION 501

- (1) (A) THE RIGHT TO APPROPRIATE TREATMENT AND RELATED SERVICES IN A SETTING WHICH IS MOST SUPPORTIVE AND LEAST RESTRICTIVE OF A PERSON'S LIBERTY.
- (1) (B) THE RIGHT, TO AN INDIVIDUALIZED, WRITTEN TREATMENT OR SERVICE PLAN.

- (1) (c) THE RIGHT, CONSISTENT WITH ONE'S CAPABILITIES TO PARTICIPATE IN AND RECEIVE A REASONABLE EXPLANATION OF THE CARE AND TREATMENT PROCESS.

IN ADDITION TO FEDERAL AND INSULAR LEGISLATIVE MEASURES THAT RECOGNIZE THE STATE'S OBLIGATION TO PROVIDE TREATMENT AND REQUIRE WRITTEN TREATMENT PLANS, CIVIL RIGHTS LEGISLATION HAS DEALT WITH ESTABLISHING THE MINIMUM CONSTITUTIONAL REQUIREMENTS OF ADEQUATE TREATMENT FOR MENTAL HEALTH PATIENTS.

ONE OF THE FIRST CASES ADVOCATING PATIENT'S RIGHTS IN CORRECTIONAL SETTINGS IS WYATT V. STICKNEY (1972). IN THIS LANDMARK CASE THE COURT ESTABLISHES STANDARDS FOR CONSTITUTIONALLY ADEQUATE TREATMENT IN THE AREAS OF MINIMUM STAFFING RATIOS; STANDARDS FOR PHYSICAL FACILITIES; PROVISIONS TO ENSURE APPROPRIATE TRANSITIONAL CARE FOR DISCHARGED RESIDENTS; STANDARDS TO SAFEGUARD HUMAN RIGHTS OF THE RESIDENTS; AND PROVISIONS FOR INDIVIDUALIZED DIAGNOSIS AND TREATMENT PLANS (CITED IN MENTAL DISABILITY LAW REPORTER, 1977).

SINCE WYATT V. STICKNEY (1971), THERE HAVE BEEN NUMEROUS CLASS ACTION SUITS CONCERNED WITH PATIENT'S RIGHTS. IN PUERTO RICO, NAVARRO AYALA V. HERNÁNDEZ COLÓN (1974) SUCCESSFULLY ARGUED THE VIOLATION OF THE FIRST, FOURTH, FIFTH, SIXTH, EIGHT, THIRTEENTH, AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION. ONE OF THE CENTRAL CLAIMS IN THE CASE WAS THAT PATIENTS IN THE RÍO PIEDRAS PSYCHIATRIC HOSPITAL WERE CONFINED WITHOUT TREATMENT SINCE NO INDIVIDUALIZED TREATMENT PLANS HAD BEEN PREPARED BY THE HOSPITAL. PLAINTIFF CONTENTION #31 READS AS FOLLOWS:

AT THE PRESENT TIME ALL OF THE PATIENTS OF THE PSYCHIATRIC HOSPITAL, INCLUDING HERIN PLAINTIFF, ARE CAPABLE OF BENEFITING FROM HABILITATION, BUT DEFENDANTS HAVE DENIED THEM SAID HABILITATION SINCE AN INDIVIDUALIZED COMPREHENSIVE HABILITATION PLAN HAS NOT BEEN PREPARED FOR EACH PATIENT AT THE PSYCHIATRIC HOSPITAL.

THE IMPORTANCE GIVEN BY THE COURT TO THE DESIGNING AND IMPLEMENTATION OF TREATMENT AND/OR HABILITATION PLANS IN THIS CASE CAN BE SEEN IN THE JUDICIAL RESOLUTION DATED APRIL 30, 1977.

STANDARDS TO BE OBSERVED AT THE PSYCHIATRIC HOSPITAL AND TIME SCHEDULE FOR COMPLIANCE

### III. INDIVIDUALIZED HABILITATION PLANS

- 8.c... A HABILITATION PLAN WILL BE FORMULATED WITH A STATEMENT OF THE NATURE OF THE SPECIFIC NEEDS OF THE PATIENT.

9. EACH INDIVIDUALIZED HABILITATION PLAN SHALL CONTAIN:
- A. A STATEMENT OF THE NATURE OF THE SPECIFIC LIMITATIONS AND SPECIFIC NEEDS OF THE RESIDENT;
  - B. A DESCRIPTION OF INTERMEDIATE AND LONG-RANGE HABILITATION GOALS WITH A PROJECTED TIMETABLE FOR THEIR ATTAINMENT;
  - C. A STATEMENT OF, AND AN EXPLANATION FOR, THE PLAN OF HABILITATION FOR ACHIEVING THESE INTERMEDIATE AND LONG-RANGE GOALS;
  - D. A STATEMENT OF THE LEAST RESTRICTIVE SETTING FOR THE HABILITATION NECESSARY TO ACHIEVE THE HABILITATION GOALS OF THE RESIDENT;
  - E. A SPECIFICATION OF THE PROFESSIONALS AND OTHER STAFF MEMBERS WHO ARE RESPONSIBLE FOR THE PARTICULAR RESIDENT'S ATTAINING THESE HABILITATION GOALS;
  - F. CRITERIA FOR RELEASE TO LESS RESTRICTIVE SETTING FOR HABILITATION, INCLUDING CRITERIA FOR DISCHARGE AND A PROJECTED DATE FOR DISCHARGE...
11. IN THE INTERESTS OF CONTINUITY OF CARE, ONE QUALIFIED MENTAL HEALTH PROFESSIONAL SHALL BE RESPONSIBLE FOR SUPERVISING THE IMPLEMENTATION OF THE HABILITATION PLAN, INTEGRATING THE VARIOUS ASPECTS OF THE HABILITATION PROGRAM, AND RECORDING THE RESIDENT'S PROGRESS AS MEASURED BY OBJECTIVE INDICATORS.
12. THE HABILITATION PLAN SHALL BE CONTINUOUSLY REVIEWED BY THE QUALIFIED MENTAL HEALTH PROFESSIONAL RESPONSIBLE FOR SUPERVISING THE IMPLEMENTATION OF THE PLAN AND SHALL BE MODIFIED IF NECESSARY. PATIENT'S RECORDS WILL BE COMPREHENSIVE AND WILL INCLUDE A DETAILED INDIVIDUALIZED TREATMENT PLAN FOR EACH PATIENT (STIPULATION, PAGES 8-12).

NAVARRO AYALA V. HERNÁNDEZ COLÓN (1974) PROVIDES FOR PUERTO RICO THE MOST DETAILED SPECIFICATIONS OF WHAT THE COURT CONSIDERS TO BE THE MINIMUM CONSTITUTIONAL REQUIREMENTS FOR AN ADEQUATE HABILITATION OR TREATMENT PLAN.

ONE LAST AREA THAT REFLECTS THE REGULATION OF TREATMENT OFFERINGS IS SEEN IN THE REQUIREMENTS OF ACCREDITING AND HEALTH INSURANCE AGENCIES. THE PUBLICATION OF THE HEALTH STANDARDS AND QUALITY BUREAU (1978) STATES THAT THE BUREAU OF HEALTH INSURANCE, THE SOCIAL SECURITY ADMINISTRATION, AND THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS ALL REQUIRE A DETAILED TREATMENT PLAN AS A PART OF THE MEDICAL RECORDS.

IT CAN THUS BE SEEN FROM THE LEGISLATIVE, JUDICIAL AND REGULATORY EFFORTS THAT AN ESSENTIAL ASPECT OF TREATMENT OFFERINGS IS THE DOCUMENTATION OF THE PROPOSED INTERVENTIONS IN A WRITTEN PLAN. THROUGH THE USE OF TREATMENT PLANS THE FOLLOWING OBJECTIVES ARE SOUGHT:

1. PROVIDE DATA ESSENTIAL FOR THE CONTROL OF THE QUALITY OF SERVICES RENDERED THUS MONITORING THE STANDARDS FOR TREATMENT AND HABILITATION;
2. PROVIDE NORMS FOR THE EVALUATION OF TREATMENT;
3. ASSURE CLIENT PARTICIPATION AND CONSENT;
4. FULFILL REQUIREMENTS FOR FUNDING, ACCREDITATION AND REIMBURSEMENT BY THIRD PARTIES (INSURANCE COMPANIES);
5. AID IN THE OPERATIONALIZATION OF TREATMENT MODALITIES AND OBJECTIVES FOR RESEARCH AND EVALUATION STUDIES; AND
6. FULFILL CONSTITUTIONAL SAFEGUARDS AGAINST UNWARRANTED AND/OR HARMFUL INTERVENTIONS IN THE CLIENT'S LIFE.

INTEREST IN TREATMENT PLANS IN THE MENTAL HEALTH PROFESSIONS IS NOT ONLY A RESPONSE TO LITIGATION AND LEGISLATION BUT IS PERHAPS MORE IMPORTANTLY A POSITIVE STATEMENT AS TO THE NATURE OF THE CLIENT-MENTAL HEALTH PROFESSIONAL RELATIONSHIP. IT IS RECOGNIZED THAT NO TREATMENT OR INTERVENTION IS NEUTRAL OR VALUE-FREE. IN THE LEGAL AND POLICY DISCUSSIONS OF TREATMENT PLANS TO DATE, THERE ARE VARIOUS IDEOLOGICAL POSITIONS ASSUMED. THE OPERANT IDEOLOGY OF THE TREATMENT AND/OR HABILITATION PLANS CAN BE SUMMARIZED IN THE FOLLOWING STATEMENTS.

1. THE CLIENT SHOULD BE INCORPORATED INTO THE DESIGNING OF THE PLAN TO ASSURE THAT HIS/HER EXPRESSED DESIRES ARE TAKEN INTO CONSIDERATION AND THAT VALID LEGAL CONSENT HAS BEEN OBTAINED.
2. THE PLAN SHOULD BE IN WRITING AND FORMULATED IN AN EASILY IDENTIFIABLE DOCUMENT THAT CAN BE INCORPORATED INTO CLINICAL RECORDS AND/OR SUBMITTED AS EVIDENCE IN COURT CASES.
3. THE INFORMATION AND DATA USED IN THE PLAN SHOULD BE AS SPECIFIC AND VERIFIABLE AS POSSIBLE SO THAT THE PLAN CAN BE SUBMITTED AS EVIDENCE IN LITIGATION. THE SPECIFICITY OF DATA ALSO FACILITATES THE SEARCH FOR OPPOSING DATA AND INFORMATION SHOULD THIS BE ADVISED.
4. THE PLAN SHOULD REFER TO SPECIFIC PERSONS AND PROGRAMS THAT ARE TO BE CHARGED WITH THE MONITORING AND IMPLEMENTING OF THE PLAN SO AS TO ASSURE THAT LEGAL AND PROFESSIONAL RESPONSIBILITIES ARE MET.

5. THE PLAN SHOULD MAKE USE OF THE CLIENT'S RESOURCES AND SKILLS IN THE TREATMENT OF MALADAPTIVE BEHAVIOR/OR MENTAL DISORDERS.

6. THE PLAN SHOULD INCORPORATE THE CLIENT'S FAMILY AND COMMUNITY RESOURCES SO AS TO FACILITATE REINTEGRATION INTO NORMAL LIFE CIRCUMSTANCES AND AS A MEAN TO SHARE THE BURDEN OF TREATMENT WITH GOVERNMENT RESOURCES.

7. THE PLAN SHOULD BE SEEN AS AN ACCUMULATIVE PROCESS WHEREBY PAST EXPERIENCES IN TREATMENT PROGRAMS ARE EVALUATED WITH POSITIVE AND NEGATIVE EXPERIENCES TAKEN INTO CONSIDERATION IN THE PRESENT PLAN.

8. THE PLAN SHOULD FOLLOW THE FIVE-AXIS ORIENTATION OF THE DSM-III TO FACILITATE RESEARCH GOALS AND CONTINUITY AMONGST MENTAL HEALTH PROFESSIONS.

9. THE PLAN SHOULD BE SEEN AS AN ONGOING PROCESS THAT IS SENSITIVE TO CHANGES IN THE CLIENT OR ENVIRONMENT AND SUBJECT TO PERIODIC REVIEW.

10. THE PLAN SHOULD ESTIMATE THE TIME NEEDED TO OBTAIN SHORT AND LONG-TERM GOALS AND PROVIDE FOR THE TERMINATION OF TREATMENT UPON THE ACHIEVEMENT OR SUSPENSION OF THE GOALS.

11. THE PLAN SHOULD BE RESPONSIBLE FOR THE SUPERVISION OF THE POST-TREATMENT PHASE OF REINTEGRATION INTO NORMAL SOCIAL FUNCTIONING. THESE STATEMENTS REFLECT NOT ONLY POLICY AND PRIORITIES BUT ALSO A CONCERN ON THE PART OF THE MENTAL HEALTH PROFESSIONS TO DOCUMENT THEIR INTERVENTIONS, CONTROL FOR THE DISRUPTIVE IMPACT THAT TREATMENT MAY HAVE ON THE PERSONS LIFE AND TO INVOLVE THE PERSON AS MUCH AS POSSIBLE IN THE TREATMENT AND DECISION-MAKING PROCESS.

SO AS TO FACILITATE THE IMPLEMENTATION OF PLANNING IN THE DELIVERY OF SERVICES, THE FOLLOWING FORMAT IS PROPOSED AS A PRELIMINARY MODEL. THE PLAN FORMAT HAS BEEN DESIGNED TO FULFILL THE MINIMUM LEGISLATIVE AND JUDICIAL REQUIREMENTS APPLICABLE TO CLINICAL PRACTICE IN PUERTO RICO. THE FORMAT IS DIVIDED INTO ELEVEN SECTIONS. EACH SECTION IS FORTHWITH DESCRIBED INCLUDING THE ESSENTIAL DATA SOLICITED AND THE RATIONALE FOR ITS INCLUSION.

#### SECTION 1: GENERAL CLIENT INFORMATION

IN ADDITION TO THE TRADITIONAL VARIABLES OF AGE AND RESIDENCE, THE QUESTIONNAIRE REQUESTS THAT THE PLAN BE DATED TO FACILITATE THE CHRONOLOGICAL IDENTIFICATION OF PLANS.

## SECTION 2: REFERRAL INFORMATION

THE PLAN INCLUDES BOTH THE SOURCE OF REFERRAL AS WELL AS TO WHOM THE PLAN WILL BE SUBMITTED UPON COMPLETION. AN IMPORTANT ITEM INCLUDED IS THE NAME AND ADDRESS OF THE PERSON RESPONSIBLE FOR THE PREPARATION OF THE PLAN.

## SECTION 3: CLIENT'S STATED GOALS AND OBJECTIVES

THE VERSIONS OF THE CLIENT AND SIGNIFICANT OTHERS AS TO THE REASONS FOR SOLICITING TREATMENT ARE RECORDED AS WELL AS THE SHORT AND LONG-TERM GOALS OF TREATMENT. THE NEED FOR ADDITIONAL INFORMATION OR DOCUMENTS TO BE ABLE TO COMPLETE THE PLAN AND THE ACTION TAKEN TO OBTAIN THE INFORMATION ARE RECORDED. THE PURPOSE OF THIS SECTION IS TO ASSURE CLIENT PARTICIPATION AND THAT ALL AVAILABLE INFORMATION IS UTILIZED IN THE DESIGNING OF THE PLAN.

## SECTION 4: HISTORY OF PREVIOUS MENTAL HEALTH TREATMENT

A CHRONOLOGICAL RECORDING IS MADE OF ALL PAST TREATMENT INTERVENTIONS INCLUDING THE DATES AND TYPE OF TREATMENT AND THE SPONSORING AGENCY OR PROGRAM. PAST TREATMENT IS EVALUATED AND THIS EVALUATION IS INCORPORATED INTO THE PRESENT PLAN.

## SECTION 5: CLIENT STRENGTHS AND RESOURCES

THE CLIENT'S LEVEL OF FUNCTIONING IS MEASURED IN THE AREAS OF INSIGHT AND MOTIVATION, CAPACITY FOR SELF-HELP, EMPLOYMENT CAPACITY, EDUCATIONAL ACHIEVEMENTS, INTERPERSONAL SKILLS AND RECREATIONAL RESOURCES AND PREFERENCES. IN ADDITION, INFORMATION IS REQUESTED AS TO THE FAMILY AND COMMUNITY RESOURCES AVAILABLE FOR INCORPORATION INTO THE PLAN.

## SECTION 6: DIAGNOSIS

AN ESSENTIAL ASPECT OF THE DSM-III DIAGNOSTIC PROCESS IS THE INTEGRATION OF THE DIAGNOSIS CATEGORY, THE FOCUS OF TREATMENT, THE PSYCHO-SOCIAL STRESSORS PRESENT IN CLIENT'S ENVIRONMENT, AND THE CLIENT'S OPTIMAL LEVEL OF FUNCTIONING DURING THE YEAR PRIOR TO THE DIAGNOSIS. THE PLAN REQUIRES THAT THE CLIENT'S MENTAL CONDITION BE DIAGNOSED ON ALL 5 LEVELS.

SECTION 7: SUMMARY OF TREATMENT OBJECTIVES, THE NEEDS TO WHICH TREATMENT IS DIRECTED AND THE TREATMENT MODALITY TO BE IMPLEMENTED.

A TREATMENT AND/OR HABILITATION PLAN MAY RESPOND TO THE CLIENT'S VOCATIONAL, EDUCATIONAL, RESIDENTIAL, HEALTH AS WELL AS PSYCHOTHERAPEUTIC NEEDS. THIS SECTION OF THE PLAN INTEGRATES THE VARIOUS ASPECTS OF THE CLIENT'S HABILITATION AND

TREATMENT THAT ARE UNDERGOING CHANGE. THE OBJECTIVES SHOULD BE STATED IN SPECIFIC, OBSERVABLE AND MEASURABLE TERMS TO FACILITATE THE DOCUMENTING OF CHANGE. EACH OBJECTIVE SHOULD BE ASSOCIATED WITH THE TREATMENT OR INTERVENTION CONSIDERED BY PROFESSIONAL STANDARDS TO BE THE MOST APPROPRIATE AND ADEQUATE MEANS AVAILABLE TO ACHIEVE THE DESIRED GOALS. THE OBJECTIVES SHOULD SPECIFY AND JUSTIFY THE LEAST RESTRICTIVE CUSTODY LEVEL ADVISED.

## SECTION 8: PLAN IMPLEMENTATION RECORD

FOR EACH OF THE OBJECTIVES OUTLINED IN THE PREVIOUS SECTION, A RECORD IS KEPT OF THE PERSON AND PROGRAM RESPONSIBLE, DATE THE INTERVENTION BEGAN AND THE DATE OF COMPLETION (EITHER BY ACHIEVING, REVISING OR SUSPENDING THE GOAL).

## SECTION 9: TREATMENT AND/OR HABILITATION PLAN REVISION RECORD

THE PLAN IS DESIGNED TO BE FLEXIBLE AND SENSITIVE TO CHANGES IN THE CLIENT AND TREATMENT SERVICES. A CHRONOLOGICAL RECORD IS MAINTAINED OF PERIODIC REVIEWS AND SUBSEQUENT ACTIONS TAKEN.

## SECTION 10: TREATMENT AND/OR HABILITATION TERMINATION AND FOLLOW-UP PLAN

FOR RESEARCH AND EVALUATION STUDIES IT IS ESSENTIAL THAT TREATMENT BE EVALUATED. FURTHERMORE, THE EVALUATION AT THE CONCLUSION OF THE PRESENT PLAN IS OF IMPORTANCE SHOULD THE CLIENT CONTINUE TO RECEIVE TREATMENT AND SUBSEQUENT PLANS ARE DEVISED. THE FOLLOW-UP RECORD ASSURES THAT THE PLAN IS CARRIED OUT BY THE DESIGNATED PERSONS.

## SECTION 11: DOCUMENTATION OF PARTICIPANTS IN THE PLAN

THE FINAL SECTION OF THE PLAN REQUIRES THAT THE PARTICIPANTS IN THE PLAN SIGN THE FORMAT THUS DOCUMENTING THAT THEY ARE IN AGREEMENT WITH THE PLAN'S STIPULATIONS AND ARE WILLING TO ASSUME RESPONSIBILITY FOR THEIR PART IN THE ACTUALIZATION OF THE PLAN.

THE USE OF INDIVIDUALIZED TREATMENT AND/OR HABILITATION PLANS IN THE PRACTICE OF CLINICAL PSYCHOLOGY IS A PROFESSIONAL AND LEGAL REQUIREMENT. THIS ARTICLE PRESENTS FEDERAL AND INSULAR LEGISLATION AND JUDICIAL EFFORTS THAT STIPULATE THE NATURE AND APPLICATION OF PLANS TO MENTAL HEALTH CLIENTS. THE PROPOSED PLAN IS ONE MODEL OF HOW THE CLINICIAN CAN INTEGRATE TREATMENT AND HABILITATION PLANNING INTO RECORD KEEPING, CLINICAL PRACTICE AND RESEARCH.

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PROMETEO ENCADENADO: LOS OBSTÁCULOS QUE  
CONFRONTAN LOS PSICÓLOGOS PARA  
ASUMIR UNA RESPONSABILIDAD  
SOCIAL ALTERNA

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EN INNUMERABLES OCASIONES SE ESCUCHA EL RECLAMO DE QUE LOS PSICÓLOGOS COMO GRUPO NO ASUMEN POSICIONES ANTE LOS PROBLEMAS QUE VIVE EL PAÍS. SE HACEN LLAMADOS A ASUMIR UNA RESPONSABILIDAD PROFESIONAL QUE NOS VINCULE MÁS ALLÁ DE NUESTRO TRABAJO COTIDIANO. ¿EXISTE REALMENTE, UNA FALTA DE RESPONSABILIDAD SOCIAL? MI CONTENCIÓN AQUÍ SERÁ QUE NO Y QUE HA HABIDO HISTÓRICAMENTE UNA VINCULACIÓN ORGÁNICA CON EL ESTADO QUE NO HA DEPENDIDO, PROPIAMENTE, DE NUESTRAS VOLUNTADES INDIVIDUALES. ESTA VINCULACIÓN ORGÁNICA, QUE SERÍA OTRO TÉRMINO PARA DESCRIBIR NUESTRA FUNCIÓN EN LA SOCIEDAD, DEFINE PARA NOSOTROS UN CAMPO DE ACCIÓN CIENTÍFICA Y PROFESIONAL EN LA CUAL HEMOS ESTADO INSERTOS Y DESDE DONDE HEMOS EFECTIVAMENTE ASUMIDO UNA GRAN RESPONSABILIDAD SOCIAL.

ES NECESARIO, SIN EMBARGO, CUESTIONAR LA NATURALEZA DE ESA RESPONSABILIDAD SOCIAL QUE HEMOS ASUMIDO. PROONGO QUE, EL PROBLEMA QUE CONFRONTAMOS EN TORNO A LA RESPONSABILIDAD SOCIAL ES QUE:

1. EN PRIMER LUGAR, SI HEMOS ASUMIDO UNA RESPONSABILIDAD SOCIAL PERO ES UNA QUE SE DESENVUELVE AL INTERIOR DE LAS ESFERAS DEL PODER SOCIAL. ES DECIR, QUE NUESTRAS ACTIVIDADES HAN ESTADO SOMETIDAS A UN PROYECTO DE DOMINACIÓN. COMO INTELLECTUALES HEMOS DESEMPEÑADO UNA FUNCIÓN DE REPRODUCCIÓN DE LA IDEOLOGÍA DOMINANTE Y HEMOS TENIDO A NUESTRO CARGO LA DEFINICIÓN DE LO NORMAL Y LO PATOLÓGICO Y EL MANEJO DE LOS DESVIADOS.

2. EN SEGUNDO LUGAR, QUE COMO RESULTADO DE LA ACTUAL CRISIS FISCAL DEL ESTADO CON SUS RECORTES EN SERVICIOS IMPORTANTES - LA CONTRACCIÓN DEL ESTADO BENEFACTOR - SE SACUDE NUESTRO SECTOR EN SU CONJUNTO Y NOS VEMOS OBLIGADOS A EXAMINAR LAS BASES DE NUESTRO FUNCIONAMIENTO.

EL ESTABLECIMIENTO Y DISTRIBUCIÓN DE LOS SERVICIOS PSICOLÓGICOS CRECIÓ Y SE DESARROLLÓ AL CALOR DE LA EXPANSIÓN DEL ESTADO BENEFACTOR, PARTICULARMENTE ENTRE 1945 Y 1970. EN EL

\*PONENCIA PRESENTADA EN LA CONVENCION ANUAL DE PSICÓLOGOS, LLEVADA A CABO EN LA UNIVERSIDAD DEL TURABO, DEL 28 AL 30 DE MARZO DE 1985. PARA COMUNICARSE CON LA AUTORA DIRÍJASE A: DEPARTAMENTO DE PSICOLOGÍA, UNIVERSIDAD DE PUERTO RICO, RÍO PIEDRAS, PUERTO RICO 00931