Choosing a Path

How clinicians match treatment to a person's needs

SS24.P.19a "Explain how mental health professionals determine the appropriate treatment from the variety of psychological treatments available for various mental health issues and disorders.*"

NAME _____ DATE _____

1 READ AND MARK

Read it twice

YOUR JOB Underline three factors a clinician assesses, circle two treatment options, and write 1 beside the sentence that shows how a plan can change. Use your marks to trace how a treatment is chosen.

More Than a Diagnosis

1. When someone asks for help, a mental health professional does not pick a treatment from a list by diagnosis alone. In a first meeting, the professional asks about symptoms, how long they have lasted, and how much they disrupt school, work, sleep, or relationships. They also ask about physical health, medicines, substance use, past treatment, and the person's goals and preferences. Screening may reveal an urgent safety concern, such as thoughts of self-harm. In that case, immediate safety planning and a higher level of care may come before routine weekly therapy. An assessment guides a plan, not a permanent label.

2. Consider an adult who spends hours washing their hands because of persistent fears of contamination. The assessment finds that the rituals interfere with work, but no immediate safety crisis is present. A clinician may recommend exposure and response prevention, a form of cognitive behavioral therapy supported by research for obsessive-compulsive disorder. With guidance, the person gradually faces a feared situation and practices not repeating the ritual. The clinician explains the options, asks whether this approach fits the person's goals, and discusses practical barriers, such as travel or cost. Another person with the same diagnosis may need a different starting plan.

3. Now consider someone whose low mood and loss of interest have made it hard to attend school for several weeks. A clinician checks whether the person is safe and considers how severe the symptoms are. Talk therapy might focus on rebuilding daily activities or improving relationships. For more severe depression, a clinician may discuss combining therapy with medication prescribed by a qualified medical professional. The person's age, medical history, wishes, and access to care affect the choice. At follow-up visits, the clinician and patient track changes in daily functioning and symptoms. If the plan is not helping, they reconsider it together.

2 ANSWER WITH EVIDENCE

Use the passage

1. Why would a diagnosis alone be insufficient for choosing a treatment?

2. Why might the clinician offer exposure and response prevention to the adult who washes their hands, rather than begin with care for an immediate safety crisis?

3. How could the school-aged person's symptom severity change the treatment options the clinician discusses?

4. Suppose travel costs make the handwashing treatment hard to attend. What should the clinician consider before settling on a plan, and how would they know whether to reconsider it?

3 YOUR TURN

Your own words

A student worries about grades and family problems most days, loses sleep, and says video appointments would be easier than traveling. Write one paragraph of 70 to 100 words proposing a starting treatment approach, explaining two things a clinician should assess first, and describing how the student's preference and follow-up results could shape the plan.

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PART 1 · READ AND MARK

Underline three factors a clinician assesses, circle two treatment options, and write 1 beside the sentence that shows how a plan can change. Use your marks to trace how a treatment is chosen. Accept any marking that follows this job and points at the right text.

PART 2 · ANSWERS

#	QUESTION	ANSWER
1	Why would a diagnosis alone be insufficient for choosing a treatment?	**The clinician also considers factors such as symptom severity, safety, medical history, goals, preferences, and access to care.**
2	Why might the clinician offer exposure and response prevention to the adult who washes their hands, rather than begin with care for an immediate safety crisis?	**The rituals disrupt work, and research supports this treatment for obsessive-compulsive disorder. The assessment found no immediate safety crisis.**
3	How could the school-aged person's symptom severity change the treatment options the clinician discusses?	**The clinician might discuss talk therapy, and if the depression is more severe, might discuss combining therapy with medication prescribed by a qualified medical professional.**
4	Suppose travel costs make the handwashing treatment hard to attend. What should the clinician consider before settling on a plan, and how would they know whether to reconsider it?	**The clinician should discuss the person's goals and the travel barrier when choosing a workable plan. At follow-up visits, they should check symptoms and daily functioning and reconsider the plan if it is not helping.**

PART 3 · YOUR TURN (SAMPLE ANSWER)

A mental health clinician should ask how long the worry has lasted and whether the student has any immediate safety concerns. If the assessment supports treatment for persistent anxiety without an urgent crisis, the clinician might offer evidence-based talk therapy that teaches ways to manage worry. Video appointments could address the student's travel barrier if that option is suitable and available. At follow-up visits, the clinician and student would check sleep and school functioning. If those do not improve, they would reconsider the plan together.

Accept other reasonable starting approaches if students explain how assessment findings, preference, and follow-up guide the choice. Do not require students to assign a diagnosis from the brief scenario.