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Therapy Revolution Newsletter

Spring 2010

Issue 2



May is Mental Health
Awareness Month

Just some of the articles in this issue!

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Dear Richard,

Now is a great time to learn more about the latest groundbreaking discoveries in mental health research. NARSAD, the Brain and Behavior Research Fund is running a series of free programs called [Healthy Minds Across America](#). Read our [interview](#) with Benita Shobe, NARSAD's President and CEO and see the [HMAA event schedule](#).

Spring is underway with its sweet breezes and budding trees. Green is the color of spring. Spring green, and indeed the green of plants in general, is a *healing* color, made up of the golden yellow of the sun, which brings us mood-lifting light and vitamining D, and sky/water blue, which soothes and refreshes.

Green is the color that is an elemental blend of fire, air, and water

[Our Web Site](#)

sourced in earth, which it is the medium from which it grows.

Green is the color of balance.

It also is the color of growth and for some, the color of hope.

And, as mentioned before, green is the color of healing recognized in many traditions.

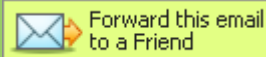
If you can't spend enough daylight hours outside enjoying the tender greens of spring, try painting a room you spend a lot of time a light, bright spring green and basking in the healing.

Sometimes you have to reveal and examine the negatives and fight. But spring is a good time to try a very powerful meditative technique--focusing instead of battling . By focusing on and turning your attention to good thoughts and feelings while letting less positive ones drift away, you more effectively avoid, even squash, negativity. By turning your nurturing attention elsewhere, you starve what you ignore.

This doesn't mean you should repress or avoid dealing with problems, but it is a good idea to concentrate on problems for fixed periods of time when you can create constructive solutions, and the rest of the time, focus on the good things in your life.

Wishing you an uplifting spring of new discoveries,

Richard Zwolinski, LMHC, CASAC, and The Therapy Revolution Team



Richard's 7 Rudiments of the Mental Health Treatment Plan

by Richard Zwolinski, LMHC, CASAC & C.R. Zwolinski

In our book, [Therapy Revolution](#), I strongly advocate for the use of mental health treatment plans for *all* therapy patients/clients. One therapist commented, saying that using a treatment plan during therapy was "rigid" and "unsophisticated" and that she liked to "go with the flow". She was emphatic-a treatment plan "constrained her creativity as a therapist".

But therapy is not about the therapist. It is about helping patients. And, [as we mentioned before](#), the greatest creativity is actually supported by structure, such as the Sonnet, Haiku, the use of the musical scale and chords, the mathematical rules, the rules of basketball, and so on.

The majority of researchers, therapists, and patients that we interviewed say that the use of a treatment plan makes for more effective therapy. It is also a fact that every inpatient and outpatient mental health program and addiction treatment program creates a treatment plan for each and every patient-because it helps focus treatment and improve successful outcomes. Also, because insurance companies require treatment plans for reimbursements. I believe it is only a handful of therapists in private practice who have challenged the use of a treatment plan, even though many of them write plans during their day jobs in clinics.

Writing an effective treatment plan is hard work. It takes time and effort. It takes great thought, as well. But there is a concept known as "the longer-shorter path" that illustrates the reasons for investing effort in creating a treatment plan. By doing what appears to be "longer" in the beginning of an endeavor-doing necessary research, creating a plan based on that research (and knowledge and experience), and laying the foundation for what is to follow-the overall time spent reaching the goal is almost always shortened. Without mapping out therapy (and again, flexibility is built-in and changes and amendments are a matter of course), it will wander and meander. The problem with not having a mental health treatment plan is that it wastes resources (the patient's time and money and insurance funds), and most important of all, prolongs suffering. Simply put: A plan will help anyone avoid missteps. (Of course, no plan is perfect and there are always variables and surprises).

Now that we've outlined what is in the Mental Health Treatment Plan in our overview of what a treatment plan contains, I'd like to share what I believe are essential rules about the therapy and treatment plans (if you have more suggestions for rules, please comment!):

1. A mental health treatment plan should be based on a comprehensive and thorough psychosocial evaluation.
2. A mental health treatment plan should be a written plan

created by the therapist and patient/client together (except in cases where a severely disabled patient may not be able to contribute).

3. A mental health treatment plan must contain information about a patient's problems, patient's goals, patient's and therapist's objectives, target dates and check-ins, partners in therapy, recommendations, schedule of services, amendments and changes and any other information deemed necessary to successful treatment (though the actual format and names for this information may vary with each therapist).
4. A mental health treatment plan should be referred to during many if not most therapy sessions and both therapist and patient should have access to the plan.
5. A mental health treatment plan is a living, breathing document-it can and should flex and change as treatment progresses.
6. A mental health treatment plan must contain what we can call a "*reconstruct clause*"; that is, a written clause that states that if goals and objectives are not completed within a certain time-frame, the therapist and patient will revisit the therapist's methods and techniques and the patient's commitment to therapy and decide if they warrant a major change of approach or perhaps even a referral to a new therapist.
7. Any and all courses of therapy or counseling should be based on and utilize a mental health treatment plan.

These seven rudiments of the mental health treatment plan help ensure that therapy is focused on helping patients feel better.

This article first appeared on our [Therapy Soup blog](#) at Dr. John Grohol's PsychCentral.com, the web's most comprehensive and fascinating mental health, psychology, and psychiatry web site.

Continuing the Skills for **Psychotherapy** **Patients Video** **Series**



[Video 4: Concrete Communication](#)

Concrete Communication is an effective communication technique that will not only make your relationship with your therapist more focused and effective, but will also help enhance all other personal and professional relationships in your life.

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[Video 5: Therapy Journaling](#)

This introduction to Therapy Journaling highlights the benefits of this important therapy tool. In future newsletters and blogs we will explore how to set up and structure (or not!) your therapy journal.

May is Mental Health

(Awareness) Month



By shining the light of education and awareness on mental health issues, fear, misinformation, and stigma are lessened.

Follow these important links for information about mental health in general as

well events taking place in your area:

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[Mental Health America](#)

[National Alliance on Mental Illness](#)

[Substance Abuse and Mental Health Services Administration](#)

Life and Stress After Therapy

by Richard Zwolinski, LMHC, CASAC & C.R. Zwolinski

Have you finished therapy or treatment for mental health or addiction? Are you asking yourself, "What next"? Do you feel a bit like you've jumped out of a plane and aren't sure if the parachute will work? Or worse, aren't even sure where the ripcord is?

If this sounds like how you feel, you may not have received a written aftercare plan from your therapist. One of the surprising failures of therapy or treatment is that some therapists (together with their patients-this is important), don't write a cohesive, supportive aftercare plan. Just as a therapist should work together with you on a written treatment plan in order to help therapy focus on your treatment goals, they should also work together with you on a brief, but relevant plan for when you are done with therapy. Having a plan will help you manage the stress of "going out on your own".

Partners in Aftercare

Your aftercare plan should list every member of your support network, what I call "partners in aftercare". Just because you are done with therapy doesn't mean that you won't need the support and friendship and guidance of others. After all everyone needs help from others, especially someone in recovery from emotional problems or addiction. Your support network might include family and friends, social services, medical support, religious/spiritual support, employment support, and even the occasional support of your therapist! You should be able to check in with him or her if you have questions. In fact, after therapy or treatment, your primary care therapist should call you within a couple months of leaving therapy to ask how you are doing and to offer additional support, if needed.

Recommended Activities

Your aftercare plan should contain lists of recommended activities that are helpful to your continued recovery (such as group meeting, 12-step meetings, relaxation/meditation, physical exercise, regular medical checkups, meetings with social services, meetings with career counselors, even regular get-together with supportive friends, etc.). It is helpful if it includes schedules for these activities, as well. Having a written plan reminding you of the frequency of helpful activities as well as recommended dates and times can help you stay on track and cope with stressful situations that arise.

Inspiration-911

Sure you can get inspiration from your partners in aftercare and scheduled activities, but each person is able to discover for themselves at least one, and often more, people, activities- which may include anything from volunteer work to baking to climbing mountains, prayer, books, music, paintings, and so on that really takes them to an inspired place. In therapy I believe it's important to help people identify at least one, but preferably more, special, personal "Inspiration 911s" -accessible or easily planned activities that uplift you- and tap into them in times of loneliness, sorrow, stress or numbness.

This article originally appeared on StopStressingNow.com, Steven Diamond's web site for all things stress-related.

For More Information About Therapy Please Visit:

www.richardzwolinski.com.



Really Chocolate Pudding

Food and Mood: Eating Right and Emotional Wellbeing

Real Sweet Comfort Food

Thanks for your positive feedback about our Food and Mood column. You will notice that we are publishing recipes that contain predominantly un-cooked foods. Especially in spring and summer raw and living foods have lots of health appeal. In this issue we want to turn the tables on your favorite sweet comfort foods with some terrific recipes that up the nutritional content. Let's address that sweet tooth. Admit it, you have a sweet tooth!

(Future articles will include Food and Detox, Seasonal Approaches, and more).

Really Chocolate Pudding

If you are craving a creamy, rich, chocolatey something or other, don't reach for pudding, mousse, or even ice cream. Try this recipe, adapted from a recipe by Ani Phyo. Serves 2-3.

3-4 Medjool dates, pitted

1 scant 1/4 cup water

2 tablespoons raw honey or raw agave syrup or maple syrup

Optional: 2 tablespoons extra virgin coconut oil (contains medium-chain saturated fats and lauric acid and helps satisfy cravings)

1 teaspoon pure vanilla

The scooped-out flesh of one ripe avocado (rich in Vitamin E)

3 tablespoons cocoa powder, unsweetened, the kind you use in baking (contains antioxidants and feel-good chemicals)

Optional: substitute all or part of the cocoa powder for the same amount of ground raw cacao beans, sometimes called raw cocoa powder (same benefits as above, plus even more antioxidants)

Puree dates, water, sweetener, and vanilla in food processor until smooth. Add avocado and pulse. Add cocoa powder, blend until just smooth. Chill for one hour (or eat right away!). Top with fresh berries, bananas, or coconut milk if desired.

Almond Salty-Sweets

Peanut brittle, chocolate-covered pretzels, butter-pecan icecream, or designer sea salt caramels...if your tastes run to salty-sweet, this snack will satisfy. 10-15 servings.

Five (5) medjool dates, pitted (satisfies your sweet tooth and some studies show that medjool dates are relatively low-glycemic and don't spike blood sugar, dates provide potassium, fiber, minerals, and vitamins--especially B vitamins)

1 tablespoon raw honey (optional)

1 cup raw almonds, soaked overnight, skins popped off and drained then ground in food processor (contains Vitamin E and other important nutrients) or 1/2 cup Bob's Red Mill almond "flour"

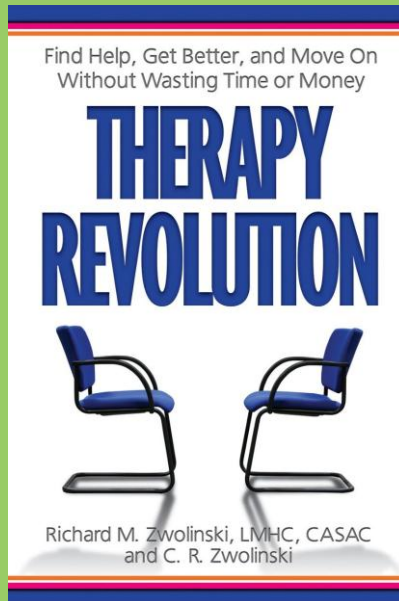
1/2 cup toasted almonds (whole, raw almonds can be toasted on a cookie sheet in a 300 degree oven for about twenty minutes until fragrant)

Pinch raw Celtic sea salt or other unrefined sea salt, to taste

Pinch cinnamon, freshly ground if possible (optional)

Puree dates in food processor with honey if using. Add ground almonds, and pulse until mixed. Add toasted almonds, and pulse until almonds are roughly chopped. Stir in salt and cinnamon if using. Use rubber spatula and scrape from food processor onto parchment paper. Roll into one and half inch diameter log, and slice. 10-15 servings. Store in refrigerator or freezer in plastic bag or container.

Your Story



Therapy Revolution

Elena from a mid-Western state emailed us to share her story. After she was diagnosed with bipolar disorder she began to have doubts, but she hesitated to question the therapist who gave the diagnosis. After reading the section in *Therapy Revolution* on the [evaluation](#), she called the therapist and asked him to explain how he had determined her diagnosis. He had only asked her a few questions and his evaluation took less than 5 minutes.

Elena fortunately logged onto the NIMH web site and got directed to a bipolar portal and nothing really made sense to her. She decided to get another opinion and went to see a psychologist who specialized in bipolar disorder. Her new diagnosis? Generalized anxiety disorder (and accompanying mild depression). She is being treated with a mild anti-anxiety medication as well as talk therapy and after 3 months feels much better.

If you have a personal story about mental health that would like to share with our readers or if you would like to write an article for this newsletter, please email: Staff@richardzwolinski.com.

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