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Arthur E. Jongsma, Jr., Series Editor

Companion to *The Complete Adult Psychotherapy Treatment Planner, Fifth Edition*

FIFTH EDITION

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ARTHUR E. JONGSMA, JR. AND DAVID J. BERGHUIS

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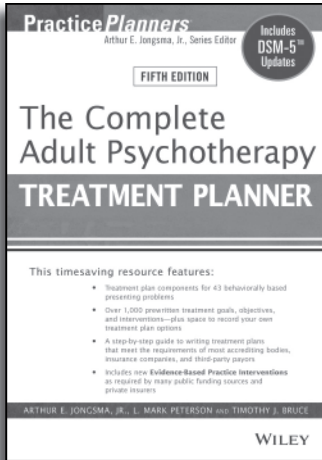
Arthur E. Jongsma, Jr., Series Editor

Helping therapists help their clients . . .



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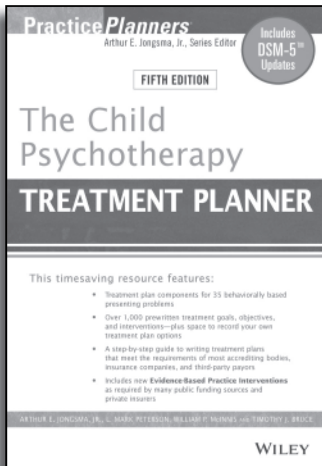

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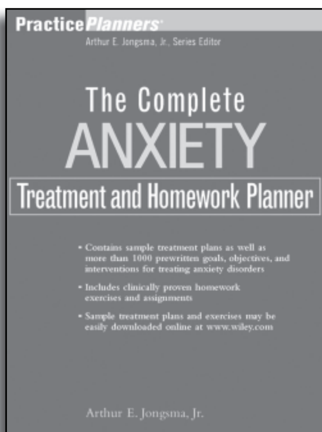

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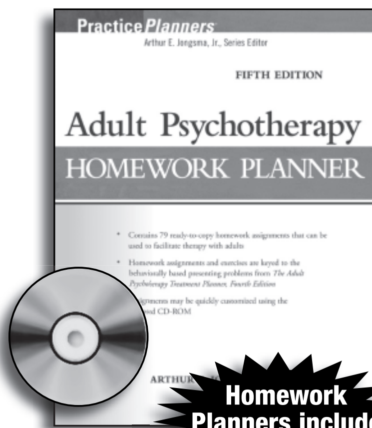

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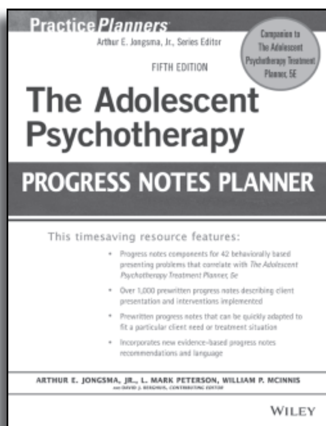

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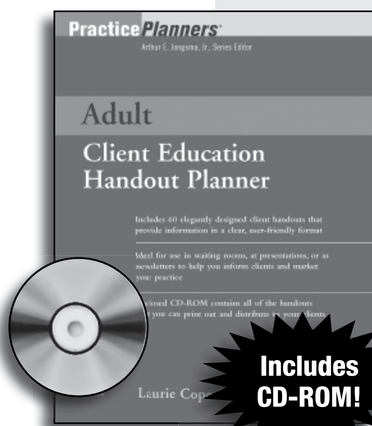

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The Adult Psychotherapy Progress Notes Planner

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The Adult Psychotherapy Progress Notes Planner

Fifth Edition

Arthur E. Jongsma, Jr.

David J. Berghuis

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To my manuscript manager, Sue Rhoda, who has brought to the task wonderful organizational skills and a genuine warmth and pleasantness.

Arthur E. Jongsma, Jr.

To my wife, Barbara, with all my love.

David J. Berghuis

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PRACTICE*PLANNERS*® SERIES PREFACE

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books and software in the Practice*Planners*® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The Practice*Planners*® series includes a wide array of treatment planning books including not only the original *Complete Adult Psychotherapy Treatment Planner*, *Child Psychotherapy Treatment Planner*, and *Adolescent Psychotherapy Treatment Planner*, all now in their fifth editions, but also *Treatment Planners* targeted to specialty areas of practice, including:

- Addictions
- Co-occurring disorders
- Behavioral medicine
- College students
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Gays and lesbians
- Group therapy
- Juvenile justice and residential care
- Mental retardation and developmental disability
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- Rehabilitation psychology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Social work and human services
- Special education
- Speech-language pathology
- Suicide and homicide risk assessment

- Veterans and active military duty
- Women's issues

In addition, there are three branches of companion books that can be used in conjunction with the *Treatment Planners*, or on their own:

- ***Progress Notes Planners*** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.

- ***Homework Planners*** include homework assignments designed around each presenting problem (such as anxiety, depression, chemical dependence, anger management, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.

- ***Client Education Handout Planners*** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners*.

Adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, contain forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients, and less time on paperwork.

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

ACKNOWLEDGMENTS

Again, I am deeply indebted to David Berghuis, who managed the project of updating this fifth edition of *The Adult Psychotherapy Progress Notes Planner*. He is responsible for modifying the evidence-based chapters to make them coordinate exactly with the new fifth edition of *The Complete Adult Psychotherapy Treatment Planner*. Thank you, Dave, for your fine work.

A.E.J.

The Adult Psychotherapy Progress Notes Planner

Fifth Edition

PROGRESS NOTES INTRODUCTION

ABOUT PRACTICE*PLANNERS*® PROGRESS NOTES

Progress notes are not only the primary source for documenting the therapeutic process, but also one of the main factors in determining the client's eligibility for reimbursable treatment. The purpose of the *Progress Notes Planner* series is to assist the practitioner in easily and quickly constructing progress notes that are thoroughly unified with the client's treatment plan.

Each *Progress Notes Planner*:

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized progress notes.
- Features over 1,000 prewritten progress notes summarizing patient presentation and treatment delivered.
- Provides an array of treatment approaches that correspond with the behavioral problems and *DSM-IV* and *DSM-5* diagnostic categories in the corresponding companion *Treatment Planner*.
- Offers sample progress notes that conform to the requirements of most third-party payors and accrediting agencies, including JCAHO, COA, CARF, and NCQA.

HOW TO USE THIS *PROGRESS NOTES PLANNER*

This *Progress Notes Planner* provides a menu of sentences that can be selected for constructing progress notes based on the behavioral definitions (or client's symptom presentation) and therapeutic interventions from its companion *Treatment Planner*. All progress notes must be tied to the patient's treatment plan—session notes should elaborate on the problems, symptoms, and interventions contained in the plan.

Each chapter title is a reflection of the client's potential presenting problem. The first section of the chapter, "Client Presentation," provides a detailed menu of statements that may describe how that presenting problem manifested itself in behavioral signs and symptoms. The numbers in parentheses within the Client Presentation section correspond to the numbers of the Behavioral Definitions from the *Treatment Planner*.

The second section of each chapter, "Interventions Implemented," provides a menu of statements related to the action that was taken within the session to assist the client in making progress. The numbering of the items in the Interventions Implemented section follows exactly the numbering of Therapeutic Intervention items in the corresponding *Treatment Planner*.

All item lists begin with a few keywords. These words are meant to convey the theme or content of the sentences that are contained in that listing. The clinician may peruse the list of keywords to find content that matches the client's presentation and the clinician's intervention.

It is expected that the clinician may modify the prewritten statements contained in this book to fit the exact circumstances of the client's presentation and treatment. To maintain complete client records, in addition to progress note statements that may be selected and individualized from this book, the date, time, and length of a session; those present within the session; the provider; the provider's credentials; and a signature must be entered in the client's record.

A FINAL NOTE ABOUT PROGRESS NOTES AND HIPAA

Federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) govern the privacy of a client's psychotherapy notes, as well as other protected health information (PHI). PHI and psychotherapy notes must be kept secure and the client must sign a specific authorization to release this confidential information to anyone beyond the client's therapist or treatment team. Further, psychotherapy notes receive other special treatment under HIPAA; for example, they may not be altered after they are initially drafted. Instead, the clinician must create and file formal amendments to the notes if he or she wishes to expand, delete, or otherwise change them.

Does the information contained in this book, when entered into a client's record as a progress note, qualify as a "psychotherapy note" and therefore merit confidential protection under HIPAA regulations? If the progress note that is created by selecting sentences from the database contained in this book is kept in a location separate from the client's PHI data, then the note could qualify as psychotherapy note data that is more protected than general PHI. However, because the sentences contained in this book convey generic information regarding the client's progress, the clinician may decide to keep the notes mixed in with the client's PHI and not consider it psychotherapy note data. In short, how you treat the information (separated from or integrated with PHI) can determine if this progress note planner data is psychotherapy note information. If you modify or edit these generic sentences to reflect more personal information about the client or you add sentences that contain confidential information, the argument for keeping these notes separate from PHI and treating them as psychotherapy notes becomes stronger. For some therapists, our sentences alone reflect enough personal information to qualify as psychotherapy notes and they will keep these notes separate from the client's PHI and require specific authorization from the client to share them with a clearly identified recipient for a clearly identified purpose.

ANGER CONTROL PROBLEMS

CLIENT PRESENTATION

1. Episodic Excessive Anger (1)*

A. The client described a history of loss of temper in response to specific situations.
B. The client described a history of loss of temper that dates back many years, including verbal outbursts and property destruction, typically related to specific emotional themes.
C. As treatment has progressed, the client has reported increased control of his/her situational episodic excessive anger.
D. The client has had no recent incidents of episodic excessive anger.

2. General Excessive Anger (2)

A. The client shows a pattern of general, excessive anger across many situations.
B. The client does not appear to be experiencing anger in response to specific issues, but as a general pattern.
C. As treatment has progressed, the client has verbalized insight into his/her pattern of excessive anger.
D. The client has made progress in controlling his/her pattern of excessive anger.

3. Cognitive Biases Toward Anger (3)

A. The client shows a pattern of cognitive biases commonly associated with anger.
B. The client makes demanding expectations of others.
C. The client tends to generalize labeling the targets of his/her anger.
D. The client tends to have anger in reaction to perceived slights.
E. As treatment has progressed, the subject displays decreased patterns of cognitive biases associated with anger.

4. Evidence of Physiological Arousal (4)

A. The client displayed direct evidence of physiological arousal in relation to his/her feelings of anger.
B. The client displays indirect evidence of physiological arousal related to his/her feelings of anger.
C. As treatment has progressed, the subject's level of physiological arousal has decreased as anger has become more managed.

5. Explosive, Destructive Outbursts (5)

A. The client described a history of loss of temper in which he/she has destroyed property during fits of rage.

---

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client described a history of loss of temper that dates back to childhood, involving verbal outbursts as well as property destruction.
C. As therapy has progressed, the client has reported increased control over his/her temper and a significant reduction in incidents of poor anger management.
D. The client has had no recent incidents of explosive outbursts that have resulted in destruction of property or intimidating verbal assaults.

6. Explosive, Assaultive Outbursts (5)

A. The client described a history of loss of anger control to the point of physical assault on others who were the target of his/her anger.
B. The client has been arrested for assaultive attacks on others when he/she has lost control of his/her temper.
C. The client has used assaultive acts as well as threats and intimidation to control others.
D. The client has made a commitment to control his/her temper and terminate all assaultive behavior.
E. There have been no recent incidents of assaultive attacks on anyone, in spite of the client having experienced periods of anger.

7. Overreactive Irritability (6)

A. The client described a history of reacting too angrily to rather insignificant irritants in his/her daily life.
B. The client indicated that he/she recognizes that he/she becomes too angry in the face of rather minor frustrations and irritants.
C. Minor irritants have resulted in explosive, angry outbursts that have led to destruction of property and/or striking out physically at others.
D. The client has made significant progress at increasing frustration tolerance and reducing explosive overreactivity to minor irritants.

8. Physical/Emotional Abuse (7)

A. The client reported physical encounters that have injured others or have threatened serious injury to others.
B. The client showed little or no remorse for causing pain to others.
C. The client projected blame for his/her aggressive encounters onto others.
D. The client has a violent history and continues to interact with others in a very intimidating, aggressive style.
E. The client has shown progress in controlling his/her aggressive patterns and seems to be trying to interact with more assertiveness rather than aggression.

9. Harsh Judgment Statements (8)

A. The client exhibited frequent incidents of being harshly critical of others.
B. The client's family members reported that he/she reacts very quickly with angry, critical, and demeaning language toward them.
C. The client reported that he/she has been more successful at controlling critical and intimidating statements made to or about others.

D. The client reported that there have been no recent incidents of harsh, critical, and intimidating statements made to or about others.

10. Angry/Tense Body Language (9)

A. The client presented with verbalizations of anger as well as tense, rigid muscles and glaring facial expressions.
B. The client expressed his/her anger with bodily signs of muscle tension, clenched fists, and refusal to make eye contact.
C. The client appeared more relaxed, less angry, and did not exhibit physical signs of aggression.
D. The client's family reported that he/she has been more relaxed within the home setting and has not shown glaring looks or pounded his/her fist on the table.

11. Passive-Aggressive Behavior (10)

A. The client described a history of passive-aggressive behavior in which he/she would not comply with directions, would complain about authority figures behind their backs, and would not meet expected behavioral norms.
B. The client's family confirmed a pattern of the client's passive-aggressive behavior in which he/she would make promises of doing something, but not follow through.
C. The client acknowledged that he/she tends to express anger indirectly through social withdrawal or uncooperative behavior, rather than using assertiveness to express feelings directly.
D. The client has reported an increase in assertively expressing thoughts and feelings and terminating passive-aggressive behavior patterns.

12. Time Bomb (11)

A. The client tends to passively withhold feelings, and then explodes in a rage.
B. The client seems to be "adding up" slights and irritations, waiting until enough have been "banked" and then explodes into a rage.
C. The client appears to have rageful feelings under the surface, but presents in a passive manner.
D. As treatment has progressed, the client has improved in regard to being able to express his/her feelings appropriately, and has decreased the reactive rage episodes.

13. Overreaction to Perceived Negative Circumstances (12)

A. The client seems to overreact to perceived disapproval, rejection, or criticism.
B. The client can become angry even when no disapproval, rejection, or criticism exists.
C. The client tends to have a bias toward his/her experience of disapproval, rejection, or criticism.
D. As treatment has progressed, the client has decreased his/her pattern of overreaction to disapproval, rejection, or criticism.
E. The client has decreased his/her angry overreaction to perceived disapproval, rejection, or criticism.

14. Verbal Abuse (13)

A. The client acknowledged that he/she frequently engages in verbal abuse of others as a means of expressing anger or frustration with them.
B. Significant others in the client's family have indicated that they have been hurt by his/her frequent verbal abuse toward them.
C. The client has shown little empathy toward others for the pain that he/she has caused because of his/her verbal abuse of them.
D. The client has become more aware of his/her pattern of verbal abuse of others and is becoming more sensitive to the negative impact of this behavior on them.
E. There have been no recent incidents of verbal abuse of others by the client.

15. Rationalization and Blaming (14)

A. The client has a history of projecting blame for his/her angry outbursts or aggressive behaviors onto other people or outside circumstances.
B. The client did not accept responsibility for his/her recent angry outbursts or aggressive behaviors.
C. The client has begun to accept greater responsibility for his/her anger control problems and blame others less often for his/her angry outbursts or aggressive behaviors.
D. The client verbalized an acceptance of responsibility for the poor control of his/her anger or aggressive impulses.
E. The client expressed guilt about his/her anger control problems and apologized to significant others for his/her loss of control of anger.

16. Aggression to Achieve Power and Control (15)

A. The client appears to use aggression as a means to achieve power and control over others.
B. The client uses veiled threats of aggression as a way to intimidate others.
C. As treatment has progressed, the client has decreased aggression as mean of achieving power and control over others.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client was urged to feel safe in expressing his/her anger symptoms.
C. The client began to express feelings more freely as rapport and trust level have increased.
D. The client has continued to experience difficulty being open and direct about his/her expression of painful feelings; he/she was encouraged to use the safe haven of therapy to express these difficult issues.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

2. Assess Anger Dynamics (2)

A. The client was assessed for various stimuli that have triggered his/her anger.
B. The client was assisted in identifying situations, people, and thoughts that have triggered his/her anger.
C. The client was assisted in identifying the thoughts, feelings, and actions that have characterized his/her anger responses.

3. Administer Psychological Testing (3)

A. The client was administered psychometric instruments designed to objectively assess anger expression.
B. The client was assessed with the *Anger, Irritability, and Assault Questionnaire (AIAQ)*.
C. The client was assessed with the Buss-Durkee Hostility Inventory (BDHI).
D. The client was assessed with the *State-Trait Anger Expression Inventory (STAXI)*.
E. The client was given feedback about the results of the assessment.

4. Refer for Physical Examination (4)

A. The client was referred to a physician for a complete physical examination to rule out organic contributors (e.g., brain damage, tumor, elevated testosterone levels) to his/her anger.
B. The client has complied with the physical examination and the results were shared with him/her.
C. The physical examination has identified organic contributors to poor anger control and treatment was suggested.
D. The physical examiner has not identified any organic contributors to poor anger control and this was reflected to the client.
E. The client has not complied with the physical examination to assess organic contributors and was redirected to do so.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic vs. dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Refer for Medication Evaluation (9)

A. The client was referred to a physician to evaluate him/her for psychotropic medication to reduce anger symptoms.
B. The client has completed an evaluation by the physician and has begun taking medications.
C. The client has resisted the referral to a physician and does not want to take any medication to reduce anger symptoms; his/her concerns were processed.

10. Monitor Medication Compliance (10)

A. The client's compliance with the physician's prescription for psychotropic medication was monitored for the medication's effectiveness and side effects.
B. The client reported that the medication has been beneficial to him/her in reducing his/her experience of anger symptoms; the benefits of this progress were reviewed.
C. The client reported that the medication does not seem to be helpful in reducing anger symptoms; this was reflected to the prescribing clinician.
D. The therapist conferred with the physician to discuss the client's reaction to the psychotropic medication and adjustments were made to the prescription by the physician.

11. Assign Anger Journal (11)

A. The client was assigned to keep a daily journal in which he/she will document persons or situations that cause anger, irritation, or disappointment.

B. The client was assigned "Anger Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has kept a journal of anger-producing situations and this material was processed within the session.

D. The client has become more aware of the causes for and targets of his/her anger as a result of journaling these experiences on a daily basis; the benefits of this insight were reflected to him/her.

E. The client has not kept an anger journal and was redirected to do so.

12. List Targets of/Causes for Anger (12)

A. The client was assigned to list as many of the causes for and targets of his/her anger that he/she is aware of.

B. The client's list of targets of and causes for anger was processed in order to increase his/her awareness of anger management issues.

C. The client has indicated a greater sensitivity to his/her angry feelings and the causes for them as a result of the focus on these issues.

D. The client has not been able to develop a comprehensive list of causes for and targets of anger and was gently offered examples in this area.

13. Reconceptualize Anger (13)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.

B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.

C. The client was taught how to better discriminate between relaxation and tension.

D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which leads to acting out.

E. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.

F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

14. Process Anger Triggers (14)

A. The client was assisted in processing the list of anger triggers and other relevant journal information.

B. The client was assisted in understanding how cognitive, physiological, and effective factors interplay to produce anger.

C. The client was reinforced for his/her insight into anger triggers and the cognitive, physiological, and effective factors.

D. The client struggled to connect his/her anger triggers with cognitive, physiological, and effective factors, and was provided with remedial information in this area.

15. List Negative Anger Impact (15)

A. The client was assisted in listing ways that his/her explosive expression of anger has negatively impacted his/her life.
B. The client was supported as he/she identified many negative consequences that have resulted from his/her poor anger management.
C. It was reflected to the client that his/her denial about the negative impact of his/her anger has decreased and he/she has verbalized an increased awareness of the negative impact of his/her behavior.
D. The client has been guarded about identifying the negative impact of his/her anger and was provided with specific examples of how his/her anger has negatively impacted his/her life and relationships (e.g., injuring others or self, legal conflicts, loss of respect from self or others, destruction of property).

16. Identify Positive Consequences of Anger Management (16)

A. The client was asked to identify the positive consequences he/she has experienced in managing his/her anger.
B. The client was assigned the homework exercise "Alternatives to Destructive Anger" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in identifying positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health).
D. The client was asked to agree to learn new ways to conceptualize and manage anger.

17. Use Motivational Interviewing (17)

A. Motivational interviewing techniques were used to help the client clarify his/her stage of motivation to change.
B. Motivational interviewing techniques were used to help move the client to the action stage in which he/she agrees to learn new ways to conceptualize and manage anger.
C. The client was assisted in identifying his/her dissatisfaction with the status quo and the benefits of making changes.
D. The client was assisted in identifying his/her level of optimism for making changes.

18. Discuss Rationale for Treatment (18)

A. The client was engaged in a discussion about the rationale for treatment.
B. Emphasis was placed on how functioning can be improved through change in various dimensions of anger management.
C. The concept of rationale for treatment and how functioning can be improved through change in the various dimensions of anger management was revisited.

19. Assign Reading Material (19)

A. The client was assigned to read material that educates him/her about anger and its management.

B. The client was directed to read *Overcoming Situational and General Anger: Client Manual* (Deffenbacher and McKay).
C. The client was directed to read *Of Course You're Angry* (Rosselini and Worden).
D. The client was directed to read *The Anger Control Workbook* (McKay).
E. The client was assigned to read *Anger Management for Everyone* (Kassinove and Tafrate).
F. The client has read the assigned material on anger management and key concepts were reviewed.
G. The client has not read the assigned material on anger management and was redirected to do so.

20. Teach Calming Techniques (20)

A. The client was taught deep-muscle relaxation, rhythmic breathing, and positive imagery as ways to reduce muscle tension when feelings of anger are experienced.
B. The client has implemented the relaxation techniques and reported decreased reactivity when experiencing anger; the benefits of these techniques were underscored.
C. The client has not implemented the relaxation techniques and continues to feel quite stressed in the face of anger; he/she was encouraged to use the techniques.

21. Explore Self-Talk (21)

A. The client's self-talk that mediates his/her angry feelings was explored.
B. The client was assessed for self-talk, such as demanding expectations reflected in "should," "must," or "have to" statements.
C. The client was assisted in identifying and challenging his/her biases and in generating alternative self-talk that correct for the biases.
D. The client was taught about how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

22. Assign Self-Talk Homework (22)

A. The client was assigned a homework exercise in which he/she identifies angry self-talk and generates alternatives that help moderate angry reactions.
B. The client's use of self-talk alternatives was reviewed within the session.
C. The client was reinforced for his/her success in changing angry self-talk to more moderate alternatives.
D. The client was provided with corrective feedback to help improve his/her use of alternative self-talk to moderate his/her angry reactions.

23. Role-Play Relaxation and Cognitive Coping (23)

A. The client was assisted in visualizing anger-provoking scenes, then using relaxation and cognitive coping skills.
B. The client engaged in role-plays regarding the use of relaxation and cognitive coping in anger-provoking scenes.
C. The client was gradually moved from low to high anger-inducing scenes.

D. The client was assigned to implement calming techniques in his/her daily life and when facing anger-triggering situations.
E. The client's experience of using relaxation and cognitive coping in his/her daily life was processed, with reinforcement for success and problem solving for obstacles identified.

24. Assign Thought-Stopping Technique (24)

A. The client was directed to implement a thought-stopping technique on a daily basis between sessions.
B. The client was assigned "Making Use of the Thought-Stopping Technique" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for his/her helpful use of the thought-stopping technique.
E. The client was provided with corrective feedback to help improve his/her use of the thought-stopping technique.

25. Teach Assertive Communication (25)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client displayed increased assertiveness and was provided with positive feedback in this area.
D. The client has not increased his/her level of assertiveness and was provided with additional feedback in this area.

26. Teach Problem-Solving Skills (26)

A. The client was taught problem-solving skills.
B. The client was taught about defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, and evaluating and readjusting the outcome.
C. The client displayed a clear understanding of the use of the problem-solving skills, and displayed this through examples.
D. The client struggled to understand the use of problem-solving skills and was provided with remedial feedback in this area.

27. Teach Conflict Resolution Skills (27)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I messages," respectful communication, assertiveness without aggression, and compromise.
D. The client was reinforced for his/her clear understanding of the conflict resolution skills.
E. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

28. Conduct Conjoint Session for Skill Generalizations (28)

A. The client was asked to invite his/her significant other for a conjoint session.
B. The client and his/her significant other were seen together in order to help implement assertiveness, problem-solving, and conflict resolution skills.
C. The client was reinforced for his/her increased use of assertiveness, problem-solving, and conflict resolution skills with his/her significant other.
D. The client's significant other was urged to assist the client in his/her use of assertiveness, problem-solving, and conflict resolution skills.
E. The client has not regularly used assertiveness, problem-solving, and conflict resolution skills with his/her significant other and was assisted in identifying barriers to this success.

29. Construct Strategy for Managing Anger (29)

A. The client was assisted in constructing a client-tailored strategy for managing his/her anger.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to his/her needs.
C. The client was reinforced for his/her comprehensive anger management strategy.
D. The client was redirected to develop a more comprehensive anger management strategy.

30. Select Challenging Situations for Managing Anger (30)

A. The client was provided with situations in which he/she may be increasingly challenged to apply his/her new strategies for managing anger.
B. The client was asked to identify his/her likely upcoming challenging situations for managing anger.
C. The client was urged to use his/her strategies for managing anger in successively more difficult situations.

31. Consolidate Anger Management Skills (31)

A. Techniques were used to help the client consolidate his/her new anger management skills.
B. Techniques such as relaxation, imagery, behavioral rehearsal, modeling, role-playing, or *in vivo* exposure/behavioral experiences were used to help the client consolidate the use of his/her new anger management skills.
C. The client's use of techniques to consolidate his/her anger management skills were reviewed and reinforced.

32. Monitor/Decrease Outbursts (32)

A. The client's reports of angry outbursts were monitored, toward the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use his/her new anger management skills to decrease the frequency, intensity, and duration of his/her anger outbursts.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's progress in decreasing his/her angry outbursts was reviewed.

E. The client was reinforced for his/her success at decreasing the frequency, intensity, and duration of his/her anger outbursts.
F. The client has not decreased his/her frequency, intensity, or duration of anger outbursts and corrective feedback was provided.

33. Provide Rationale for Relapse Prevention (33)

A. The client was provided with the rationale for relapse prevention.
B. The client was helped to understand that treatment will focus on identifying risks and introducing strategies to prevent the risk situations from continuing on.

34. Differentiate Between Lapse and Relapse (34)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of angry outbursts.
C. A relapse was associated with the decision to return to the old pattern of anger.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

35. Discuss Management of Lapse Risk Situations (35)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

36. Encourage Routine Use of Strategies (36)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., calming, adaptive self-talk, assertion, and/or conflict resolution).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated copying strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

37. Develop a "Coping Card" (37)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anger-producing situations.

38. Schedule "Maintenance" Sessions (38)

A. The client was assisted in scheduling "maintenance" sessions to help maintain therapeutic gains and adjust to life without anger outbursts.

B. Positive feedback was provided to the client for his/her maintenance of therapeutic gains.

C. The client has displayed an increase in anger symptoms and was provided with additional relapse prevention strategies.

39. Teach Forgiveness (39)

A. The client was taught about the process of forgiveness and encouraged to begin to implement this process as a means of letting go of his/her feelings of strong anger.

B. The client focused on the perpetrators of pain from the past and he/she was encouraged to target them for forgiveness.

C. The advantages of implementing forgiveness versus holding on to vengeful anger were processed with the client.

D. Positive feedback was provided as the client has committed himself/herself to attempting to begin the process of forgiveness with the perpetrators of pain.

E. The client has not been able to begin the process of forgiveness of the perpetrators of his/her pain and was urged to start this process as he/she feels able to.

40. Assign Books on Forgiveness (40)

A. The client was assigned to read books on forgiveness.

B. The client was assigned to read the book *Forgive and Forget* (Smedes) to increase his/her sensitivity to the process of forgiveness.

C. The client has read the book *Forgive and Forget* and key concepts were processed within the session.

D. The client acknowledged that holding on to angry feelings has distinct disadvantages over his/her beginning the process of forgiveness; he/she was urged to start this process.

E. The client has not followed through with completing the reading assignment of *Forgive and Forget* and was encouraged to do so.

41. Assign Forgiveness Letter (41)

A. The client was asked to write a letter of forgiveness to the target of his/her anger as a step toward letting go of that anger.

B. The client has followed through with writing a letter of forgiveness of the perpetrator of pain from his/her past, and this was processed within the session.

C. The client has not followed through with writing the forgiveness letter and was noted to be very resistive to letting go of his/her feelings of angry revenge.

D. Writing and processing the letter of forgiveness have reduced the client's feelings of anger and increased his/her capacity to control its expression.

42. Use ACT Approach (42)

A. The use of acceptance and commitment therapy (ACT) was applied.

B. The client was assisted in accepting and openly experiencing angry thoughts and feelings, without being overly impacted by them.

C. The client was assisted in committing his/her time and efforts to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

43. Teach Mindfulness Meditation (43)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anger.
B. The client was taught to focus on changing his/her relationship with the anger-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes that trigger anger, and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

44. Assign ACT Homework (44)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

45. Assign Reading on Mindfulness and ACT (45)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client has read assigned material and key concepts were processed.
C. The client has not read assigned material and was redirected to do so.

46. Identify Anger Expression Models (46)

A. The client was assisted in identifying key figures in his/her life who have provided examples to him/her of how to positively or negatively express anger.
B. The client was reinforced as he/she identified several key figures who have been negative role models in expressing anger explosively and destructively.
C. The client was supported and reinforced as he/she acknowledged that he/she manages his/her anger in the same way that an explosive parent figure had done when he/she was growing up.
D. The client was encouraged to identify positive role models throughout his/her life whom he/she could respect for their management of angry feelings.
E. The client was supported as he/she acknowledged that others have been influential in teaching him/her destructive patterns of anger management.

F. The client failed to identify key figures in his/her life who have provided examples to him/her as to how to positively express his/her anger and was questioned more specifically in this area.

47. Encourage Disclosure (47)

A. The client was encouraged to discuss his/her anger management goals with trusted persons who are likely to support his/her change.
B. The client was assisted in identifying individuals who are likely to support his/her change.
C. The client has reviewed his/her anger management goals with trusted persons and their responses were processed.
D. The client has not discussed his/her anger management goals and was redirected to do so.

ANTISOCIAL BEHAVIOR

CLIENT PRESENTATION

1. **Adolescent Antisocial History (1)***

A. The client confirmed that his/her history of rule breaking, lying, physical aggression, and/or disrespect for others and the law began when he/she was a teenager.

B. The client reported that he/she was often incarcerated within the juvenile justice system for illegal activities.

C. The client acknowledged that his/her substance abuse paralleled his/her antisocial behavior dating back to adolescence.

2. **Dysfunctional Childhood History (1)**

A. The client described instances from his/her childhood in which severe and abusive punishment resulted whenever a parent laid blame on him/her for some perceived negative behavior.

B. The client described a history of experiences in which he/she was unfairly blamed for others' behavior, leading to feelings of resentment of authority and a pattern of lying to avoid punishment.

C. The client provided examples from his/her own childhood of instances when parental figures consistently projected blame for their behavior onto others, causing the client to learn and practice this same behavior.

D. The client began to verbalize some insight into how previous instances of pain in childhood are causing current attitudes of detachment from the concerns of others and a focus on self-protection and self-interest.

E. The client began to understand how his/her attitudes of aggression are the result of having learned to accept and normalize aggression during childhood abusive experiences.

3. **Legal Conflicts (2)**

A. The client maintained a disregard for laws, rules, and authority figures.

B. The client reported engaging in illegal activities in his/her current situation.

C. The client has repeatedly engaged in illegal activities in the past.

D. The client often minimized the seriousness of his/her offenses against the law and other people's rights.

E. The client acknowledged that his/her disregard for the law has resulted in serious problems and has pledged to live within the rules of society.

4. **Aggressive/Argumentative (3)**

A. The client presented in a hostile, angry, and uncooperative manner.

B. The client was intimidating in his/her style of interaction.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client is trying to interact in a more cooperative manner within social and employment settings.
D. The client is showing less irritability and argumentativeness within therapy sessions.

5. Authority Conflicts (3)

A. The client acknowledged a history of irritability, aggression, and argumentativeness when interacting with authority figures.
B. The client's history of conflict with acceptance of authority has led to employment instability and legal problems.
C. The client is beginning to accept direction from authority figures, recognizing his/her need to resist challenging such directives.

6. Consistent Use of Substances (4)

A. The client described a history of alcohol and other mood-altering drug use on a frequent basis and, often, until intoxicated or passed out.
B. Family members confirmed a pattern of chronic substance abuse by the client.
C. The client acknowledged that his/her substance abuse began in adolescence and continued into adulthood.
D. The client has committed himself/herself to a plan of abstinence from substance abuse and participation in a recovery program.
E. The client has maintained total abstinence, which was confirmed by his/her family.

7. Lack of Remorse (5)

A. The client, after describing his/her pattern of aggression or disrespect for others' feelings, showed no remorse for his/her behavior.
B. The client projected blame for his/her hurtful behavior onto others, saying there was no alternative.
C. The client is beginning to develop some sensitivity to the feelings of others and to recognize that he/she has hurt others.
D. The client reported feelings of remorse and guilt over previous behaviors that were hurtful to others.

8. Blaming/Projecting (6)

A. The client showed an attitude of blaming others for his/her problems.
B. The client refused to take responsibility for his/her own behavior and decisions; instead, he/she pointed at the behavior of others as the cause for his/her decisions and actions.
C. Interpersonal conflicts were blamed on others without taking any responsibility for the problem.
D. The client is beginning to accept responsibility for his/her own behavior and to make fewer statements of projection of responsibility for his/her actions onto others.
E. The client is gradually accepting more responsibility for his/her behavior and increasing the frequency of such statements.

9. Lying (7)

A. The client reported a pattern of lying to cover up his/her responsibility for actions with little shame or anxiety attached to this pattern of lying.
B. The client seemed to be lying within the session.
C. The client acknowledged that his/her lying produced conflicts within relationships and distrust from others.
D. The client has committed himself/herself to attempting to be more honest in his/her interpersonal relationships.

10. Verbal/Physical Aggression (8)

A. The client reported physical encounters that have injured others or have threatened serious injury to others.
B. The client showed little or no remorse for causing pain to others.
C. The client projected blame for his/her aggressive encounters onto others.
D. The client has a violent history and continues to interact with others in a very intimidating, aggressive style.
E. The client has shown progress in controlling his/her aggressive patterns and seems to be trying to interact with more assertiveness than aggression.

11. Recklessness/Thrill Seeking (9)

A. The client reported having engaged in reckless, adventure-seeking behaviors, showing a high need for excitement, having fun, and living on the edge.
B. The client described a series of reckless actions but showed no consideration for the consequences of such actions.
C. The client has begun to control his/her reckless impulses and reported that he/she is trying to think of the consequences before acting recklessly.

12. Sexual Promiscuity (10)

A. The client reported a history of repeated sexual encounters with partners with whom there is little or no emotional attachment.
B. The client's described sexual behaviors are focused on self-gratification only and reflect no interest in the needs or welfare of the partner.
C. The client acknowledged that his/her sexual behavior has no basis in respect or expression of commitment to a long-term relationship.
D. The client reported that he/she would like to develop a relationship in which sexual intimacy was a reflection of commitment and caring, rather than merely sexual release.

13. Impulsivity (11)

A. The client has a pattern of impulsive behavior, which is demonstrated in his/her frequent geographical moves, traveling with little or no goals, and quitting one job after another.
B. The client's impulsivity has resulted in a life of instability and negative consequences for him/her and others.

C. The client has acknowledged that his/her life of impulsive reactivity has had many negative consequences and he/she has committed to an effort of control over these impulses.
D. The client has shown progress in controlling impulsive reactivity and now considers consequences of actions before quickly reacting.

14. Employment Conflicts (12)

A. The client reported that authority conflicts have erupted in the employment situation.
B. The client described coworker conflicts where he/she does not trust others and does not work as part of a team.
C. The client's work history is very unstable, in that he/she has held many different jobs with little or no longevity to them.
D. The client acknowledged a need to develop a tolerance for frustration within the work situation and accept authority that will give him/her direction within that setting.
E. The client has maintained employment for the longest period of time in his/her life.

15. Irresponsible Parenting (13)

A. As the client began to acknowledge a history of irresponsible parenting, he/she also tried to minimize the consequences and project blame for these actions onto others.
B. The client described a feeling of love and devotion to his/her child(ren), but, behaviorally, there is little evidence of it.
C. The client has not paid child support on a regular basis or shown consistent interest in the welfare of his/her child(ren).
D. The client acknowledged some guilt over his/her lack of responsible parenting and has committed to behaving in a more responsible and consistent manner to support his/her child(ren).
E. The client has initiated responsible behavior toward his/her child(ren) in terms of financial support and consistent contact.

INTERVENTIONS IMPLEMENTED

1. Take History/Confront Denial (1)*

A. The client's history of illegal activities was collected.
B. The client was assigned the homework exercise "Crooked Thinking Leads to Crooked Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned the homework exercise "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was confronted consistently on his/her attempts to utilize minimizations, denial, or projection of the blame onto others for which he/she was responsible.
E. The client's history was explored for instances of unkind, insensitive behavior that trampled on the feelings and rights of others.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

2. **List Antisocial Consequences (2)**

A. The client was asked to list the negative consequences that have accrued to him/her due to his/her antisocial behavior.
B. The client was confronted with the fact that his/her antisocial behavior results in others losing respect for him/her, loss of freedom for him/her due to legal consequences, and loss of self-respect.
C. The client was consistently reminded of the pain that others suffer as a result of his/her antisocial behavior.
D. The client was asked to list others who have been negatively impacted by his/her antisocial behavior and the specific pain that they have suffered.
E. The client was confronted with the fear, disappointment, loss of trust, and loss of respect that result in others as a consequence of his/her lack of sensitivity and self-centered behavior.
F. The client was provided with positive feedback as he/she was able to accept the consequences of his/her antisocial behavior.

3. **Arrange Substance Abuse Evaluation (3)**

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

4. **Assess Level of Insight (4)**

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic vs. dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

5. **Assess for Correlated Disorders (5)**

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

6. Assess for Culturally Based Confounding Issues (6)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

7. Assess Severity of Impairment (7)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

8. Enhance Motivation (8)

A. Directive, client-centered, empathic, and motivation-enhancing treatment interventions were utilized.
B. Rapport was established with the client through reflective listening and asking permission before providing information or advice.
C. Motivational interviewing techniques were used to help develop greater rapport.

9. Use Open-Ended Questions to Explore Motivation (9)

A. Open-ended questions were used to help the client explore his/her own motivation for change.
B. The client was affirmed for his/her change-related statements and efforts.

10. Elicit Discrepancy (10)

A. The client was asked about his/her level of dissatisfaction with the *status quo*.
B. The client was assisted in identifying the pros and cons of potential changes.
C. The client was assisted in identifying the discrepancy gap between his/her current behavior and his/her desired life goals.
D. Care was taken to avoid direct confrontation or argumentation.

11. Identify Trust Loss (11)

A. The client was reminded that his/her behavior of broken promises, insensitivity, and trampling on the rights of others results in broken relationships as others lose trust in him/her.
B. The client was consistently reminded that any meaningful relationship is based on trust that the other person will treat one with kindness and respect.
C. The client's behavior pattern was reviewed to understand how he/she treated others with a lack of respect and a lack of kindness and how these actions resulted in the loss of trust in the relationship.
D. Support and encouragement were provided to the client as he/she identified how his/her behavior has caused a lack of trust in the relationship.
E. The client denied any connection between his/her behavior and the loss of trust in the relationship and was gently offered examples in this area.

12. Confront Lawlessness (12)

A. The client's pattern of unlawful behavior was reviewed and he/she was reminded that if everyone in society adopted his/her unlawful attitude, anarchy would result.
B. The client was taught that respect for law and order and the rights of others is the only way that a civilized society can function.
C. The client was reinforced as he/she admitted to his/her pattern of lawlessness and how this will result in anarchy, rather than a civilized society.
D. The client denied any pattern of lawlessness to his/her behavior, despite facts to the contrary, and was confronted for this denial.

13. Solicit Commitment to Lawfulness (13)

A. The client was asked to give his/her commitment to conforming to the laws of society.
B. The client was asked to give a rationale for a prosocial, law-abiding lifestyle being adopted.
C. The client was asked to list 10 reasons why he/she would commit himself/herself to a law-abiding lifestyle.
D. Positive feedback was given to the client for his/her commitment to lawfulness.
E. The client declined to commit to living in a lawful manner and was provided with additional feedback regarding the negative consequences for such refusal.

14. Inhibit Future Lawlessness (14)

A. The client was firmly and consistently reminded of the negative legal consequences that would accrue to him/her if continued lawlessness was practiced.
B. The client was asked to list six future negative consequences of continued antisocial behavior.
C. The client's list of negative consequences of continued antisocial behavior was reviewed and processed.
D. The client has not completed a list of negative consequences of antisocial behavior and was redirected to do so.

15. Review Broken Relationships (15)

A. The client was asked to list any and all relationships that have been lost due to his/her pattern of antisocial behavior.

B. As lost relationships were reviewed, the client was confronted with his/her responsibility for the actions that resulted in the broken relationships.

C. As broken relationships were reviewed, the client was asked to identify what behavior of his/her own led to the broken relationship.

D. The client was provided with support as he/she seemed to openly describe his/her broken relationships.

16. Confront Lack of Sensitivity (16)

A. The client was firmly and consistently confronted with the reality of his/her own behavior that caused pain to others and resulted in their breaking off the relationship.

B. The client was asked to identify how he/she was insensitive to the needs and feelings of others.

C. Role-reversal techniques were used to attempt to get the client in touch with the pain he/she has caused in others due to disrespect, disloyalty, aggression, or dishonesty.

D. The client was provided with positive feedback as he/she took responsibility for broken relationships.

E. The client has not taken responsibility for broken relationships and was provided with confrontation for this denial.

17. Confront Self-Centeredness (17)

A. The client was taught, through role-playing and role-reversal, the value of being empathetic to the needs, rights, and feelings of others.

B. It was reflected to the client that he/she presents his/her attitude of "look out for number one" as the only way to live.

C. Active-listening skills were used as the client justified his/her self-focused attitude as the way that he/she learned to live because of the abuse and abandonment suffered as a child.

D. Attempts were made to get the client to view his/her own behavior from another person's perspective.

E. The client was provided with positive feedback and verbal reinforcement whenever he/she made comments that were less self-centered.

18. Teach the Value of Honesty (18)

A. The client was asked to list the benefits of honesty and reliability for himself/herself and others.

B. The client was taught the absolute necessity for honesty as the basis for trust in all forms of human relationships as examples of the different forms of relationships that are based in trust and honesty were reviewed.

C. The client was asked to list the positive effects for others when he/she is honest and reliable.

D. Positive feedback was provided as the client identified the positive effects for others when he/she is honest and reliable.

E. It was reflected to the client that he/she continues to be dishonest in relationships.

19. List Honesty Consequences (19)

A. The client was asked to list the positive effects for others when he/she is honest and reliable.
B. The client was taught that pain and disappointment result when honesty and reliability are not given the highest priority in one's life.
C. The client was provided with positive feedback for his/her understanding of the effects of honesty versus dishonesty.
D. The client failed to identify the effects of honesty and dishonesty and was gently offered examples in this area.

20. Solicit a Commitment to Honesty (20)

A. The client was asked to make a commitment to live a life based in honesty and reliability.
B. The client was asked to sign a behavioral contract that focuses on keeping promises and being responsible to others.
C. The client was asked to list five reasons why he/she should make a commitment to be honest and reliable.
D. Positive feedback was provided as the client committed to living a life based in honesty and reliability.

21. Teach Empathy (21)

A. The client was taught, through role-playing and role reversal, the value of being empathetic to the needs, rights, and feelings of others.
B. The client was asked to commit himself/herself to acting more sensitively to the rights and feelings of others.
C. The client was encouraged as he/she committed to acting more sensitively regarding the rights and feelings of others.

22. Confront Disrespect (22)

A. The client was confronted consistently and firmly when he/she exhibited an attitude of disrespect and rudeness toward the rights and feelings of others.
B. It was emphasized to the client firmly and consistently that others have a right to boundaries and privacy and respect for their feelings and property.

23. Solicit Kind Actions (23)

A. The client was required, in an attempt to get him/her to focus on the needs and feelings of others, to list three actions that would be performed as acts of kindness toward someone else.
B. The client and therapist signed a contract in which he/she committed to performing three acts of service toward the community or others that would not result in direct benefit to himself/herself.
C. The client's acts of kindness were reviewed and the feelings associated with performing this assignment were processed.

D. The client has not completed acts of kindness and was redirected to do so.

24. Solicit an Apology (24)

A. The client was asked to make a list of those people who deserve an apology because they were injured by the client's insensitive, impulsive, aggressive, or dishonest behavior.
B. The client was assigned the homework exercise "How I Have Hurt Others" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was confronted when he/she attempted to project the blame for his/her aggressive or dishonest actions onto others.
D. The client was supported as he/she identified those people who deserve an apology because they were injured by his/her insensitive, impulsive, aggressive, or dishonest behavior.
E. Positive feedback was provided as the client reported that he/she has given an apology to those who were injured by his/her insensitive, impulsive, aggressive, or dishonest behavior.
F. The client has not made an apology to those identified as being injured by his/her insensitive, impulsive, aggressive, or dishonest behavior and was redirected to do so.

25. Teach Acceptance of Responsibility (25)

A. The value of taking full responsibility for one's own behavior and then apologizing for the pain caused to others because of that behavior was reviewed and emphasized.
B. Role-playing and modeling were used to teach how to apologize.
C. Positive feedback was provided to the client for his/her understanding and use of apologies.

26. Review Elements of Apology (26)

A. The specific steps were laid out that would be necessary to begin to make amends to others who have been hurt by the client's behavior.
B. The client was assigned the homework exercise "Letter of Apology" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was asked to make a commitment to carry out those necessary steps that would make restitution for the hurt caused to others.
D. Behavioral rehearsal was used to teach how to make amends or give an apology to those who have been hurt by the client's behavior.
E. The client's implementation of apologizing to others was reviewed and the feelings associated with this action were processed.
F. The client was strongly reinforced for taking responsibility for causing pain to others and apologizing for this behavior.
G. The client has not taken responsibility for the pain he/she has caused others, or apologized for this behavior, and was redirected to do so.

27. Review Work Authority Conflicts (27)

A. The client was asked to list the most important rules that should govern his/her behavior within the work setting.

B. The client was assisted in developing a specific list of rules and duties related to the client's employment behavior.
C. The client reviewed the expectations regarding how he/she should respond to authority figures within the employment setting; his/her appropriate expectations were reinforced.
D. Role-playing was used to teach respectful responses to directives from authority figures.

28. Reinforce Employment Attendance (28)

A. The client's attendance at work and his/her respect for authority were reviewed and reinforced.
B. The client was asked to keep a journal of work attendance and instances of acceptance of directives from authority figures.
C. The client's work records and journal material were reviewed and successful prosocial behavior was reinforced.
D. The client has not kept a record or journal of work attendance and acceptance of directives from authority figures and was redirected to do so.

29. Teach Prosocial Work Behavior (29)

A. The client was asked to list those negative behaviors that have led to conflicts within the work setting with both coworkers and authority figures.
B. The client was assisted in developing prosocial responses toward resolving conflicts with coworkers and acceptance of directives from authority figures.
C. The client has implemented more prosocial responses at work and the positive results of this attitude were reviewed.

30. Confront Irresponsible Parenting (30)

A. The client was asked to acknowledge and accept responsibility for a history of avoiding the obligations of parenthood.
B. The client was confronted with a pattern of his/her behavior that demonstrates a lack of acceptance of responsibility for being a nurturant parent.
C. The client was asked to list incidences from his/her past that are examples of avoidance of the responsibilities of parenting.

31. Reinforce Responsible Parenting (31)

A. The client was asked to list specific behaviors that would indicate that he/she was taking on the responsibilities of being a reliable, responsible, and nurturant parent.
B. The client was asked to list potential consequences to himself/herself and the child(ren) of avoiding the responsibilities of parenting.
C. The client's list of behaviors and consequences related to taking responsibility for parenting were reviewed and processed.
D. The client has not made a list of behaviors and consequences of being a responsible versus irresponsible parent and was redirected to do so.

32. Solicit a Commitment to Responsible Parenting (32)

A. The client was assisted in developing a list of concrete steps that could be taken to demonstrate reliable, responsible parenting behavior.

B. The client was asked to make a commitment to implementation of specific steps that would demonstrate responsible parenting.
C. The client has begun to implement specific steps toward demonstrating responsible parenting and he/she was reinforced for this change in behavior.
D. The positive impact of the client's implementation of positive parenting behavior was reviewed.
E. The client has not implemented steps to responsible parenting and was redirected to do so.

33. Confront Projection (33)

A. The client was consistently confronted whenever he/she failed to take responsibility for his/her own actions and instead placed blame for them onto others.
B. The client was assigned the homework exercise "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. As the client's pattern of projecting blame for his/her actions onto others began to weaken, he/she was reinforced for taking personal responsibility.
D. The importance of taking responsibility for one's own behavior and the positive implications of this for motivating change were reviewed.

34. Explore Reasons for Blaming (34)

A. The client's history was explored with a focus on causes for the avoidance of acceptance of responsibility for behavior.
B. The client's history of physical and emotional abuse was explored.
C. The client's early history of lying was explored for causes and consequences.
D. Parental modeling of projection of responsibility for their behavior was examined.
E. The client was gently offered examples of reasons why he/she tends to blame others for his/her actions (e.g., history of physically abusive punishment, parental modeling, fear of rejection, shame, low self-esteem, avoidance of facing consequences).

35. Reinforce Taking Personal Responsibility (35)

A. The client was verbally reinforced in a strong and consistent manner when he/she took responsibility for his/her own behavior.
B. The client was taught how others develop respect for someone who takes responsibility for his/her actions and admits to mistakes.

36. Explore Childhood Abuse and Neglect (36)

A. Active-listening skills were used as the client described instances from his/her own childhood of emotional, verbal, and physical abuse.
B. The client was assigned the homework exercise "Describe the Trauma" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. Support and empathy were provided as the client described feelings of hurt, depression, abandonment, and fear related to parental abuse or neglect.
D. It was reflected to the client that he/she was rather matter-of-fact in his/her description and showed little affect while describing a history of violence within the family during his/her childhood.

E. It was reflected to the client that he/she has tended to minimize the negative impact of physical abuse that he/she suffered and, at times, even excused the behavior as something that he/she deserved.
F. The client was shown the cycle of abuse or neglect is repeating itself in his/her behavior.

37. Review Emotional Detachment (37)

A. The client's pattern of emotional detachment from others was reviewed.
B. It was pointed out to the client that his/her childhood history of abuse and neglect has led to a pattern of emotional detachment in current relationships.
C. The client accepted that his/her emotional detachment is related to his/her childhood history of abuse and neglect and was supported for this insight.
D. The client denied connection between any emotional detachment and any childhood abuse and was urged to consider this connection as he/she felt able to do so.

38. Assess Anger-Producing Stimuli (38)

A. The client was asked to describe his/her history and nature of anger feelings and expression.
B. A focus was placed on assessing the stimuli that have triggered the client's anger and thoughts, feelings, and aggressive actions.
C. The client's responses to various stimuli (e.g., situations, people, and thoughts) were reviewed.
D. The client was assigned the homework exercise "Anger Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma).

39. Administer Psychological Testing (39)

A. Psychological testing instruments were administered with a focus on objectively assessing anger expression.
B. The client was assessed with the *Anger, Irritability, and Assault Questionnaire (AIAQ)*.
C. The client was assessed with the *Buss-Durkee Hostility Inventory (BDHI)*.
D. The client was assessed with the *State-Trait Anger Expression Inventory (STAXI)*.
E. The client was provided with feedback regarding the results of the assessment.

40. Teach Calming Techniques (40)

A. The client was taught calming relaxation skills.
B. The client was taught progressive muscle relaxation, breathing-induced relaxation, calming imagery, cue-controlled relaxation, and applied relaxation.
C. The client was taught how to discriminate better between relaxation and chronic or acute physiological activation that accompanies his/her angry feelings.
D. The client was taught relaxation skills and was provided with feedback about his/her use of relaxation skills.

41. Role-Play Use of Coping Skills (41)

A. The client was engaged in role-plays involving the use of relaxation and cognitive coping skills.

B. The client was assisted in role-playing the use of relaxation and cognitive coping skills in anger-provoking scenes, gradually moving from lower to higher anger-inducing scenes.
C. The client was assigned to implement the use of calming techniques in his/her daily life when facing anger trigger situations.
D. The client was assisted in processing the results of his/her use of coping skills in his/her daily life, with reinforcement for success and problem solving for obstacles.

42. Explore Self-Talk (42)

A. The client was assisted in identifying distorted schemas and related automatic thoughts that mediate his/her angry feelings and actions.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was provided with examples of distorted or automatic thoughts, typically relating to *should, must,* or *have-to* statements.
D. The client was challenged on his/her negative biases and assisted with healthier self-talk.
E. The client was assisted in relating his/her self-talk and calming skills as a package of coping skills for managing anger.

43. Role-Play Relaxation and Cognitive Coping Skills (43)

A. Role-play techniques were used to help the client use relaxation and cognitive coping skills in visualized anger-provoking scenes.
B. The client was assisted in applying relaxation and cognitive coping skills to lower and then higher anger-inducing scenes.
C. The client was assigned to implement calming techniques in his/her daily life when facing trigger situations.
D. The client was assisted in processing his/her application of calming techniques in his/her daily life.

44. Assign Exercises on Self-Talk (44)

A. The client was assigned homework exercises in which he/she identifies anger-inducing self-talk and creates reality-based alternative.
B. The client's replacement of anxiety of anger-producing self-talk with reality-based alternatives was critiqued.
C. The client was reinforced for his/her successes at replacing anger-based self-talk with reality-based alternatives.
D. The client was provided with corrective feedback for his/her failure to replace anger-producing self-talk with reality-based alternatives.
E. The client has not completed his/her assigned homework regarding replacing angry self-talk and was redirected to do so.

45. Review Alternatives (45)

A. The client was assisted in reviewing alternatives to destructive anger in response to trigger situations.
B. The client was taught about assertiveness, relaxation, diversion, and calming self-talk.

46. Teach Forgiveness (46)

A. The client was taught the value of forgiveness as a means of overcoming pain and hurt, rather than holding on to it and acting out the anger that results from it.

B. The client was asked to list those parental figures from his/her childhood that have caused him/her pain and suffering.

C. The client was assisted in developing a list of benefits of beginning a process of forgiveness toward those perpetrators of pain in his/her childhood.

47. Process Distrust (47)

A. The client was asked to verbalize what he/she could be afraid of in placing trust in others.

B. The client's fear of being taken advantage of, being disappointed, being abandoned, or being abused when trust is placed in another person was processed.

C. Positive feedback was provided to the client as he/she displayed insight into his/her pattern of distrust.

48. Encourage Trust (48)

A. The client was assisted in identifying some personal thoughts and feelings that he/she could disclose to another person as a means of beginning the process of showing trust in others.

B. The client was assisted in identifying one or two other people within his/her life that he/she could trust with personal information.

C. The client was asked to commit to making a disclosure to a significant other that would demonstrate trust.

D. Positive feedback was provided as the client identified that he/she has made trusting disclosures to others.

E. The client did not make trusting disclosures to others and the reasons behind this failure were processed.

49. Process Trust Exercise (49)

A. The client's feelings of anxiety regarding trusting someone were explored.

B. The client's experience with placing trust in another person was reviewed and the success was reinforced.

ANXIETY

CLIENT PRESENTATION

1. Excessive Worry (1)*

A. The client described symptoms of preoccupation with worry that something dire will happen.
B. The client showed some recognition that his/her excessive worry is beyond the scope of rationality, but he/she feels unable to control it.
C. The client described that he/she worries about issues related to family, personal safety, health, and employment, among other things.
D. The client reported that his/her worry about life circumstances has diminished and he/she is living with more of a sense of peace and confidence.

2. Motor Tension (2)

A. The client described a history of restlessness, tiredness, muscle tension, and shaking.
B. The client moved about in his/her chair frequently and sat stiffly.
C. The client said that he/she is unable to relax and is always restless and stressed.
D. The client reported that he/she has been successful at reducing levels of tension and increasing levels of relaxation.

3. Autonomic Hyperactivity (3)

A. The client reported the presence of symptoms such as heart palpitations, dry mouth, tightness in the throat, and some shortness of breath.
B. The client reported periods of nausea and some diarrhea when anxiety levels escalate.
C. The client stated that occasional tension headaches are also occurring along with other anxiety-related symptoms.
D. Anxiety-related symptoms have diminished as the client has learned new coping mechanisms.

4. Hypervigilance (4)

A. The client related that he/she is constantly feeling on edge, that sleep is interrupted, and that concentration is difficult.
B. The client reported being irritable and snappy in interaction with others as his/her patience is thin and he/she is worrying about everything.
C. The client's family members report that he/she is difficult to get along with as his/her irritability is high.
D. The client's level of tension has decreased, sleep has improved, and irritability has diminished as new anxiety-coping skills have been implemented.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

INTERVENTIONS IMPLEMENTED

1. **Build Trust (1)***

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client was urged to feel safe in expressing his/her generalized anxiety disorder (GAD) symptoms.
C. The client began to express feelings more freely as rapport and trust level have been increased.
D. The client has continued to experience difficulty being open and direct about his/her expression of painful feelings; he/she was encouraged to use the safe haven of therapy to express these difficult issues.

2. **Assess Nature of Anxiety Symptoms (2)**

A. The client was asked about the frequency, intensity, duration, and history of his/her anxiety symptoms, fear, and avoidance.
B. *The Anxiety Disorders Interview Schedule for DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's anxiety symptoms.
C. The assessment of the client's anxiety symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.
D. The assessment of the client's anxiety symptoms indicates that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's anxiety symptoms indicate that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's anxiety symptoms were reviewed with the client.

3. **Administer Client-Report Measure (3)**

A. A client-report measure was used to further assess the depth and breadth of the client's anxiety responses.
B. *The Penn State Worry Questionnaire* (Meyer, Miller, Metzger, and Borkevec) was used to assess the depth and breadth of the client's anxiety responses.
C. *OQ-45.2* (Lambert and Burlingame) was used to assess the depth and breathe of the client's anxiety responses at the outset of treatment.
D. The *Symptom Checklist-90-R* (Derogatis) was used to assess the client's level of anxiety.
E. The client-report measure indicated that the client's anxiety is extreme and severely interferes with his/her life.
F. The client-report measure indicated that the client's anxiety is moderate and occasionally interferes with his/her daily life.
G. The client-report measure indicated that the client's anxiety is mild and rarely interferes with his/her daily life.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

4. Refer for Physician Assessment Regarding Etiology (4)

A. The client was referred to a physician to rule out medical etiologies for his/her anxiety.

B. The client was referred to a physician to rule out substance-related etiologies for his/her level of anxiety.

C. The client has complied with the referral to a physician and the results of this evaluation were reviewed.

D. The client has not complied with the referral for a medical evaluation and was redirected to do so.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.

B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.

F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.

B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.

D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.

C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.

E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.

B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Refer for Medication Evaluation (9)

A. The client was referred to a physician to evaluate him/her for psychotropic medication to reduce symptoms of anxiety.
B. The client has completed an evaluation by the physician and has begun taking antianxiety medications.
C. The client has resisted the referral to a physician and does not want to take any medication to reduce anxiety levels; his/her concerns were processed.

10. Monitor Medication Compliance (10)

A. The client's compliance with the physician's prescription for psychotropic medication was monitored for the medication's effectiveness and side effects.
B. The client reported that the medication has been beneficial to him/her in reducing his/her experience of anxiety symptoms; the benefits of this progress were reviewed.
C. The client reported that the medication does not seem to be helpful in reducing anxiety experiences; this was reflected to the prescribing clinician.
D. The therapist conferred with the physician to discuss the client's reaction to the psychotropic medication and adjustments were made to the prescription by the physician.

11. Discuss Anxiety Cycle (11)

A. The client was taught about how anxious fears are maintained by a cycle of unwarranted fear and avoidance that precludes positive, corrective experiences with the feared object or situation.
B. The client was taught about how treatment breaks the anxiety cycle by encouraging positive, corrective experiences.
C. The client was taught information from *Mastery of Your Anxiety and Worry—Therapist Guide* (Craske, Barlow, and O'Leary) regarding the anxiety pattern.
D. The client was taught information from the book *Treating GAD* (Ryrgh and Sanderson).
E. The client was reinforced as he/she displayed a better understanding of the anxiety cycle of unwarranted fear and avoidance and how treatment breaks the cycle.
F. The client displayed a poor understanding of the anxiety and was provided with remedial feedback in this area.

12. Discuss Target of Treatment (12)

A. A discussion was held about how treatment targets worry, anxiety symptoms, and avoidance to help the client manage worry effectively.

B. The reduction of overarousal and unnecessary avoidance were emphasized as treatment targets.
C. The client displayed a clear understanding of the target of treatment and was provided with positive feedback in this area.
D. The client struggled to understand the target of treatment and was provided with specific examples in this area.

13. Assign Reading on Anxiety (13)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on anxiety.
B. The client was assigned information from *Mastery of Your Anxiety and Worry—Client Manual* (Zinbarg, Craske, Barlow, and O'Leary).
C. The client was assigned to gather information from the book *Overcome Generalized Anxiety Disorder* (White).
D. The client has read the assigned information on anxiety and key points were reviewed.
E. The client has not read the assigned information on anxiety and was redirected to do so.

14. Teach Relaxation Skills (14)

A. The client was taught relaxation skills.
B. The client was taught progressive muscle relaxation, guided imagery, and slow diaphragmatic breathing.
C. The client was taught how to discriminate better between relaxation and tension.
D. The client was taught how to apply relaxation skills to his/her daily life.
E. The client was taught relaxation skills as described in *Progressive Relaxation Training* (Bernstein and Borkovec).
F. The client was taught relaxation skills as described in *Treating GAD* (Rygh and Sanderson).
G. The client was provided with feedback about his/her use of relaxation skills.

15. Assign Relaxation Homework (15)

A. The client was assigned to do homework exercises in which he/she practices relaxation on a daily basis.
B. The client has regularly used relaxation exercises and the helpful benefits of these exercises were reviewed.
C. The client has not regularly used relaxation exercises and was provided with corrective feedback in this area.
D. The client has used some relaxation exercises, but does not find these to be helpful; he/she was assisted in brainstorming how to modify these exercises to be more helpful.

16. Assign Reading on Relaxation and Calming Strategies (16)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies in relevant books and treatment manuals.
B. The client was directed to read about muscle relaxation and other calming strategies in *Progressive Relaxation Training* (Bernstein and Borkovec).

C. The client was directed to read about muscle relaxation and other calming strategies in *Mastery of Your Anxiety and Worry—Client Guide* (Zinbarg, Craske, Barlow, and O'Leary).
D. The client has read the assigned information on progressive muscle relaxation and key points were reviewed.
E. The client has not read the assigned information on progressive muscle relaxation and was redirected to do so.

17. Implement Worry Time (17)

A. The client was taught to implement "worry time"—delaying the worry about various environmental settings until a designated "worry time."
B. The rationale for using a "worry time" was explained, focusing on trying to limit the association between various environmental settings and the experience of worry.
C. The client and therapist agreed upon a specific "worry time" and the client was urged to implement this process.

18. Teach Techniques to Postpone Until Worry Time (18)

A. The client was taught how to recognize, stop, and postpone worry until the agreed upon worry time.
B. Skills were taught to the client, including thought stopping, relaxation, and redirection of attention.
C. The "Making Use of the Thought Stopping Technique" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned.
D. The client was assigned the "Worry Time" homework exercise from the *Adult Psychotherapy Homework Planner* (Jongsma).
E. The client was encouraged to use the techniques in his/her daily life.
F. The client's use of recognizing, stopping, and postponing worry techniques were reviewed within the session with reinforcement for success and corrective feedback toward improvement.

19. Discuss Estimation Errors (19)

A. In today's session, examples were discussed about how unrealistic worry typically overestimates a probability of threats.
B. The client was assigned "Past Successful Anxiety Coping" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. It was noted that unrealistic worry often underestimates the client's ability to manage realistic demands.
D. The client was assisted in identifying specific examples of how his/her unrealistic worry involves estimation errors.
E. The client was reinforced for his/her insightful identification of unrealistic worry and inappropriate estimation.
F. The client has struggled to identify estimation errors in regard to his/her unrealistic worry and was gently offered examples in this area.

20. Analyze Fears Logically (20)

A. The client's fears were analyzed by examining the probability of his/her negative expectation becoming a reality, the consequences of the expectation if it occurred, his/her ability to control the outcome, the worst possible result if the expectation occurred, and his/her ability to cope if the expectation occurred.

B. The client was assigned "Analyze the Probability of a Feared Event" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's ability to control the outcome of circumstances was examined and the effectiveness of his/her worry on that outcome was also examined.

D. Cognitive therapy techniques have been effective at helping the client understand his/her beliefs and distorted messages that produce worry and anxiety.

E. As the client has increased his/her understanding of distorted, anxiety-producing cognitions, his/her anxiety level has been noted to be decreasing.

F. Despite the client's increased understanding of distorted messages that produce worry and anxiety, his/her anxiety level has not diminished.

21. Develop Insight Into Worry as Avoidance (21)

A. The client was assisted in gaining insight into how worry is a form of avoidance of a feared problem and how it creates chronic tension.

B. The client was reinforced for his/her insightful understanding about how his/her worry creates avoidance and tension.

C. The client struggled to understand the nature of worry as a form of avoidance and was provided with remedial information in this area.

22. Identify Distorted Thoughts (22)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate anxiety responses.

B. The client was taught the role of distorted thinking in precipitating emotional responses.

C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.

D. The client was assisted in replacing distorted messages with positive, realistic cognitions.

E. The client failed to identify his/her distorted thoughts and cognitions and was gently offered examples in this area.

23. Assign Exercises on Self-Talk (23)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.

B. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.

D. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.

E. The client was provided with corrective feedback for his/her failures to replace fearful self-talk with reality-based alternatives.

F. The client has not completed his/her assigned homework regarding fearful self-talk and was redirected to do so.

24. Construct Anxiety Stimuli Hierarchy (24)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with two or three spheres of worry.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her anxiety remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

25. Select Initial Exposures (25)

A. Initial exposures were selected from the hierarchy of anxiety-producing situations, with a bias toward likelihood of being successful.
B. A plan was developed with the client for managing the symptoms that may occur during the initial exposure.
C. The client was assisted in rehearsing the plan for managing the exposure-related symptoms within his/her imagination.
D. Positive feedback was provided for the client's helpful use of symptom management techniques.
E. The client was redirected for ways to improve his/her symptom management techniques.

26. Assign Imagination Exercises (26)

A. The client was asked to vividly imagine worst-case consequences of worries, holding them in mind until the anxiety associated with them weakens.
B. The client was asked to imagine consequences of his/her worries as described in *Mastery of Your Anxiety and Worry—Therapist Guide* (Craske, Barlow, and O'Leary).
C. The client was supported as he/she has maintained a focus on the worst-case consequences of his/her worry until the anxiety weakened.
D. The client was assisted in generating reality-based alternatives to the worst-case scenarios and these were processed within the session.

27. Assign Homework on Situational Exposures (27)

A. The client was assigned homework exercises to perform worry exposures and record his/her experience.
B. The client was assigned situational exposures homework from *Mastery of Your Anxiety and Worry—Client Guide* (Zinbarg, Craske, Barlow, and O'Leary).
C. The client was assigned situational exposures homework from *Generalized Anxiety Disorder* (Brown, O'Leary, and Barlow).
D. The client's use of worry exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of worry exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the worry exposure techniques and was redirected to do so.

28. Teach Problem-Solving Strategies (28)

A. The client was taught a specific problem-solving strategy.

B. The client was taught problem-solving strategies including specifically defining a problem, generating options for addressing it, implementing a plan, evaluating options, and reevaluating and refining the plan.

C. The client was assigned the homework exercise "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma).

D. The client was provided feedback on his/her use of the problem-solving strategies.

29. Assign Problem-Solving Exercise (29)

A. The client was assigned a homework exercise in which he/she problem solves a current problem.

B. The client was assigned to solve a problem as described in *Mastery of Your Anxiety and Worry—Client Guide* (Zinbarg, Craske, Barlow, and O'Leary).

C. The client was assigned to solve a problem as described in *Generalized Anxiety Disorder* (Brown, O'Leary, and Barlow).

D. The client was provided with feedback about his/her use of the problem-solving assignment.

30. Engage in Behavioral Activation (30)

A. The client was engaged in "behavioral activation" by scheduling activities that have a high likelihood for pleasure and mastery.

B. The client was directed to complete tasks from the "Identify and Schedule Pleasant Events" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. Rehearsal, role-playing, role-reversal, and other techniques were used to engage the client in behavioral activation.

D. The client was reinforced for his/her success in scheduling activities that have a high likelihood for pleasure and mastery.

E. The client has not engaged in pleasurable activities and was redirected to do so.

31. Develop Interpersonal Skills and Relationships (31)

A. As interpersonal deficits were identified as a primary factor in the client's anxiety, he/she was assisted in developing new interpersonal skills and relationships.

B. The client displayed a clear understanding of the new interpersonal skills and relationships and was reinforced for this success.

C. The client has struggled in regard to developing new interpersonal skills and relationships, and was redirected in this area.

32. Assign Homework on Communication Skills (32)

A. The client was assigned a homework exercise in which he/she implements communication skills and training into his/her everyday life.

B. The client was assigned the homework exercise "Restoring Socialization Comfort from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's use of homework exercises in his/her daily life was reviewed, with reinforcement for success and corrective feedback toward improvement.

33. Differentiate Between Lapse and Relapse (33)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

34. Discuss Management of Lapse Risk Situations (34)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

35. Encourage Routine Use of Strategies (35)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

36. Develop a "Coping Card" (36)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

37. Schedule a "Booster Session" (37)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "booster session."

C. The client's "booster session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "booster session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

38. Use ACT (38)

A. Techniques from acceptance and commitment therapy (ACT) were used to help the client accept uncomfortable realities.
B. The client was assisted in identifying and accepting situations in which he/she does not have complete control, has imperfection or needs to tolerate uncertainty and unpleasant emotions.
C. The client was assisted in accepting uncomfortable situations and committing to accomplishing value-consistent goals.

39. Utilize Paradoxical Intervention (39)

A. A paradoxical intervention was developed with the client in which he/she was encouraged to experience the anxiety at specific intervals each day for a defined length of time.
B. The client has implemented the assigned paradoxical intervention and reported that it was difficult for him/her to maintain the anxiety as he/she was eager to get on with other activities.
C. The client has experienced, in general, a reduction of his/her anxiety as he/she has developed an insight into his/her ability to control it; this insight was processed.
D. The client has not used the paradoxical intervention and was redirected to do so.

40. Assign Cost-Benefit Analysis (40)

A. The client was asked to complete a cost-benefit analysis as found in *Ten Days to Self-Esteem!* (Burns) in which he/she was asked to list the advantages and disadvantages of maintaining the anxiety.
B. Completing the cost-benefit analysis exercise has been noted to be beneficial to the client as he/she developed more insight into the impact of anxiety on his/her daily life.
C. The client has not followed through on completing the cost-benefit analysis of his/her anxiety and was encouraged to do so.

41. Identify Unresolved Conflicts (41)

A. The client was assisted in becoming aware of unresolved life conflicts that contribute to his/her persistent fears.
B. The client was assisted in clarifying his/her feelings of anxiety as they relate to unresolved life conflicts.
C. The client was assisted in identifying steps that could be taken to begin resolving issues in his/her life that contribute to persistent fear and worry.
D. As the client has been helped to resolve life conflicts, his/her feelings of anxiety have diminished.
E. The client did not display insight into unresolved conflicts and how they contribute to his/her persistent fears and was gently offered examples in this area.

42. Develop Insight Into Past Traumas (42)

A. The client's past traumatic experiences that have become triggers for anxiety were examined.
B. The client has been assisted in developing insight into how past traumatic experiences have led to anxiety in present unrelated circumstances.
C. The development of insight regarding past traumas has resulted in a reduction in the experience of anxiety.

43. List Life Conflicts (43)

A. The client was asked to list his/her important past and present life conflicts that may contribute to his/her feelings of worry.
B. The client's list of life conflicts that trigger anxiety were processed.
C. The client was assisted in clarifying the causes for his/her worry and to put them into better perspective.
D. The client was unable to make a connection between life conflicts and his/her anxiety/worry and was gently offered examples in this area, as well as ways to put them in better perspective.

44. Reinforce Responsibility Acceptance (44)

A. The client was supported and reinforced for following through with the work, family, and social responsibilities rather than using escape and avoidance to focus on anxiety symptoms.
B. The client reported performing responsibilities more consistently and being less preoccupied with the worry symptoms or fear that worry symptoms might occur; his/her progress was highlighted.

45. Teach Sleep Hygiene (45)

A. The client was taught about sleep hygiene practices to help reestablish a consistent sleep-wake cycle.
B. The client was taught to implement sleep hygiene practices.
C. The client's use of sleep hygiene practices were reviewed, reinforcing for success and providing corrective feedback toward improvement.

ATTENTION DEFICIT DISORDER (ADD)—ADULT

CLIENT PRESENTATION

1. ADD Childhood History (1)*

A. The client confirmed that his/her childhood history consisted of the following symptoms: behavioral problems at school, impulsivity, temper outbursts, and lack of concentration.
B. The client had a diagnosed ADD condition in his/her childhood.
C. Although the client's symptoms were not diagnosed as ADD, it can be concluded from the childhood symptoms that the ADD condition was present at that time.

2. Lack of Concentration (2)

A. The client reported an inability to concentrate or pay attention to things of low interest, even though they may be important to his/her life.
B. The client's lack of ability to concentrate has resulted in his/her missing out on the comprehension of important details.
C. The client's ability to concentrate seems to be increasing as he/she reported increased attention skills.

3. Distractibility (3)

A. The client reported that he/she is easily distracted and his/her attention is drawn away from the task at hand.
B. The client gave evidence of distractibility within today's session.
C. The client's distractibility is diminishing and his/her focused concentration is increasing.

4. Restless/Fidgety (4)

A. The client reported that he/she cannot sit still for any length of time, but often feels restless and fidgety.
B. The client gave evidence of being restless and fidgety within the session, often moving about in his/her chair.
C. The client's ability to rest comfortably for a longer period of time has increased.

5. Impulsivity (5)

A. The client reported a history of acting quickly without adequately thinking of the consequences, leading to negative results in his/her life.
B. The client related incidences of making impulsive decisions that have resulted in harmful consequences for himself/herself and others.
C. The client reported greater control over his/her impulses and is making more reasoned decisions.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

6. **Rapid Mood Swings (6)**

A. The client reported that he/she has a history of rapid mood swings and general mood lability within short spans of time.

B. The client reported that his/her mood can change several times throughout a day and that little frustrations can easily lead to anger or depression.

C. The client's mood has begun to stabilize and he/she is reporting less frequent mood swings.

D. The client reported that he/she is not easily moved from a good mood to a bad mood in a short amount of time, as had been the case previously.

7. **Disorganization (7)**

A. The client has a history of disorganization in many areas of his/her life.

B. The client's disorganization is evident in areas related to home and work, leading him/her to be less efficient and less effective than he/she could be.

C. The client has made significant progress in increasing his/her organization and is using that organization to become more efficient.

D. The client uses lists and reminders to increase his/her organizational ability.

8. **Lack of Project Completion (8)**

A. The client reported that he/she has started many projects and has a history of rarely finishing them.

B. Family members reported frustration at the client's pattern of rarely finishing projects that he/she has begun.

C. The client has shown progress in project completion and has moved to not begin a new project until the previous one is completed.

9. **Low Frustration Tolerance (9)**

A. The client acknowledged that he/she is quite irritable and can become angry with only minor irritants.

B. The client demonstrated within the session that he/she is quite irritable, becoming angry with only slight provocation.

C. The client's family members indicate that he/she has an explosive temper, which has caused him/her to be out of control and abusive at times.

D. The client reported that he/she has better control over his/her anger and has learned to increase his/her frustration tolerance.

10. **Low Stress Tolerance (10)**

A. The client acknowledged that he/she has a low stress tolerance and is easily frustrated or upset.

B. The client is making an effort to control his/her frustration and to remain calm in the face of stress.

C. The client has demonstrated a calmer demeanor within the sessions and is not so easily upset.

D. The client reported that several incidents have occurred recently that he/she has been able to accept easily, even though they were frustrating.

11. Low Self-Esteem (11)

A. The client reported a history of feeling inadequate compared with others dating back to childhood.
B. The client's low self-esteem was evident in his/her self-critical statements, lack of confidence in his/her abilities, and social withdrawal.
C. The client is beginning to show evidence of improved self-esteem as he/she occasionally makes positive self-descriptive statements and has been willing to take some risk to get involved in new activities.

12. Addictive Behaviors (12)

A. The client indicated that he/she has engaged in substance abuse on an impulsive basis and has used substances to cope with the frustration of distractibility and failure.
B. The client acknowledged that substance abuse has not been beneficial and has led to negative consequences in his/her life.
C. The client is committed to termination of substance abuse.
D. The client has been successful at abstinence from substance abuse.
E. The client has accepted a referral to substance abuse treatment to deal with his/her addictive behavior.

INTERVENTIONS IMPLEMENTED

1. Establish Rapport (1)*

A. The focus of today's sessions was on developing a level of trust with the client by creating a therapeutic environment.
B. An emphasis was placed on the client being able to express problems, wants, and goals.
C. Emphasis was placed on developing a therapeutic alliance.
D. Ground rules were clarified in regard to the therapy sessions.

2. Conduct Psychosocial Assessment (2)

A. A thorough psychosocial assessment was conducted, including the past and present symptoms of ADD and their effects on educational, occupational, and social functioning.
B. The psychosocial assessment reflects significant concerns related to ADD, and this was communicated to the client.
C. The psychosocial assessment reflects minimal concerns related to ADD, and this was reflected to the client.

3. Conduct/Refer for Psychological Testing (3)

A. The client was administered psychological testing in order to establish or rule out the presence of an ADD problem.
B. Psychological testing has established the presence of an ADD problem.
C. The psychological testing failed to confirm the presence of ADD.

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D. The psychological testing results were processed with the client to assist him/her in understanding his/her condition and to answer any questions that he/she might have.
E. The client understood the explanation of the psychological testing and has accepted the presence of an ADD problem.
F. The client has denied the presence of ADD and refused to accept the confirming results of the psychological testing; he/she was urged to be more open about this diagnosis.

4. Refer for Medication Evaluation (4)

A. The client was referred to a physician for an evaluation for psychotropic medication to help in controlling the ADD symptoms.
B. The client complied with the medication evaluation and has attended the appointment.
C. The client refused to attend an evaluation appointment with the physician for psychotropic medication; he/she was encouraged to proceed with the evaluation as he/she feels capable of doing so.

5. Process Psychiatric and Psychological Evaluation (5)

A. Results and recommendations of the psychiatric evaluation were processed with the client and all questions were answered.
B. The results and recommendations of the psychological evaluation were processed with the client and all questions were answered.
C. As a result of the physician's evaluation, the client was prescribed medication to assist in the control of ADD symptomatology.
D. As a result of the psychological evaluation, the client was provided with several different techniques to assist in the control of ADD symptomatology.

6. Hold a Conjoint Session to Give Evaluation Feedback (6)

A. A conjoint session was held with the client and his/her significant others in order to present the results of the psychological and psychiatric evaluations.
B. All questions regarding the evaluation results were processed.
C. The client's family members were solicited for support regarding his/her compliance with treatment for his/her ADD symptoms.
D. The client's family members were verbally reinforced as they gave strong support to the client regarding medical and psychological treatment for his/her ADD symptoms.

7. Arrange Substance Abuse Evaluation (7)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

10. Assess for Culturally Based Confounding Issues (10)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

12. Monitor Medication Compliance (12)

A. The client's compliance with the medication prescription was monitored and the medication's effectiveness on his/her level of functioning was evaluated.
B. The client has been taking the medication consistently as prescribed and reported that the medication was effective in helping to control the ADD symptoms; he/she was encouraged to continue taking the medication.
C. The client has been taking the psychotropic medications as prescribed but reports that he/she has not noted any significant improvement in his/her ADD symptoms; this information was relayed to the prescribing clinician.
D. The client has not been taking the psychotropic medication as prescribed by the physician and was redirected to do so.

13. Confer With Physician (13)

A. Contact has been made with the physician prescribing the client's psychotropic medications to discuss the effectiveness and side effects of those medications.
B. The client granted permission for release of information to be given to the prescribing physician for the psychotropic medications.
C. Because the medications have not yet been effective, the prescribing physician agreed to alter the prescription in an attempt to make the medication regimen more successful.

14. Identify Medication Benefits (14)

A. The client was asked to make a list of advantages and disadvantages regarding staying on the psychotropic medications for the treatment of his/her ADD symptomatology, even after much progress has been made in symptom control.
B. The client was encouraged to stay on his/her medication even when his/her symptoms are diminished, in spite of temptations to terminate taking the medication.
C. The medication has proven to be beneficial in reducing the ADD symptom pattern.

15. Support Medication Compliance (15)

A. The client was encouraged and supported in remaining on medications.
B. The client was assigned "Why I Dislike Taking My Medication" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was firmly confronted when he/she indicated an interest in terminating the medication use because the symptoms had improved.
D. The client was reinforced as he/she agreed to continue medication use on a consistent basis.

16. Identify Difficult ADD Behaviors (16)

A. The client was assisted in identifying the specific ADD behaviors that have caused him/her the most difficulty.
B. The client was supported as he/she listed such things as distractibility, lack of concentration, impulsivity, restlessness, and disorganization as the most difficult for him/her.
C. The client was assisted in identifying specific behaviors that will be treatment targets.

D. The client was resistive to becoming specific about identifying ADD behaviors that cause him/her the most difficulty; he/she was encouraged to do this as he/she feels capable.

17. Review Evaluation Results (17)

A. The results of the psychological testing and physician's evaluation were reviewed again with the client in order to assist him/her in the choice of his/her most difficult, problematic behaviors to address in counseling.
B. The client was assisted in selecting those behaviors that are most difficult as focal points for treatment.
C. The client was supported as he/she agreed to concentrate his/her efforts to change on these most difficult behavior areas.

18. Direct Family to Rank Client's Behaviors (18)

A. The client was asked to request family members to complete a ranking of the three behaviors that they perceive as those that interfere the most with the client's daily functioning.
B. Family members have ranked the client's behavior and have identified those three behaviors that they perceive to be the most problematic for the client; these were processed with the client.
C. It was noted that the client's family has refused to cooperate with ranking his/her behaviors and would not provide such a list for him/her.
D. The client has failed to ask for the family's participation in his/her treatment and has not asked them to rank his/her problematic behaviors; he/she was asked to get this feedback.

19. List Negative ADD Consequences (19)

A. The client was asked to make a list of the negative consequences that result from his/her problematic ADD behaviors.
B. The client was assigned "Impulsive Behavior Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The list of the negative consequences that result from ADD behaviors was processed to increase the client's awareness of the impact of his/her behavior on himself/herself and others.
D. Coping strategies were reviewed that could be implemented as alternatives to the problematic ADD behaviors that produce negative consequences.
E. The client was guarded about making a list of the negative consequences that result from his/her problematic ADD behaviors and was gently offered examples in this area.

20. Engage Significant Other (20)

A. The client was directed to invite a significant other to participate in the therapy.
B. The significant other was trained to help support the change and reduce friction in the relationship introduced by the ADD.
C. It was reflected that the significant other has been helpful in supporting the client's changes and reducing friction in the relationship.
D. The significant other has struggled to be helpful to the client's change process, and was provided with remedial feedback in this area.

21. Train the Coach in HOPE Technique (21)

A. The person selected by the client to act as his/her coach was trained in the Help, Obligations, Plans, and Encouragement (HOPE) technique as described in the book *Driven to Distraction* (Hallowell and Ratey).
B. The coach was trained in how to assist the client with Help, Obligations, Plans, and Encouragement as part of the HOPE procedure.
C. The coach technique has been implemented and the client reported that it has been helpful in increasing his/her organization and task focus.
D. The client and the coach have failed to implement the HOPE technique and the client was encouraged to initiate this procedure.

22. Educate About Symptoms of ADHD (22)

A. The client was taught about the signs and symptoms of ADHD.
B. Emphasis was placed on how symptoms of ADHD disrupt functioning through the influence of distractibility, poor planning and organization, maladaptive thinking, frustration, impulsivity, and procrastination.
C. The client was reinforced for his/her clear understanding of the signs and symptoms of ADHD.
D. The client has struggled with understanding the signs and symptoms of his/her ADHD and was provided with remedial feedback in this area.

23. Discuss Rationale for Treatment (23)

A. A rationale for treatment was discussed where the focus will be on improvement in organizational and planning skills, management of distractibility, cognitive restructuring, and overcoming procrastination.
B. The client had a clear understanding of the rationale for treatment, and this was reinforced.
C. The client seemed to struggle with understanding the rationale for treatment and was provided with additional information in this area.

24. Assign Books on ADD (24)

A. The client was referred to specific reading material designed to increase his/her knowledge about ADD.
B. The client was assigned *Mastery of Your Adult ADHD—Client Workbook* (Safren, et al.).
C. The client was assigned *The Attention-Deficit Disorder in Adults Workbook* (Weis).
D. The client has followed through on reading the recommended books and key concepts were processed within the session.
E. The client has not followed through on reading the assigned material on ADD and was encouraged to do so.

25. Assign Self-Help Readings on ADHD (25)

A. The client was assigned self-help reading to facilitate his/her understanding of ADHD.
B. The client was assigned *Driven to Distraction* (Hallowell and Ratey).
C. The client was assigned *Hyperactive Child, Adolescent, and Adult* (Wonder).

D. The client was assigned to read *Putting on the Brakes* (Quinn and Stern).
E. The client was assigned to read *You Mean I'm Not Lazy, Stupid, or Crazy!?* (Kelly and Ramundo).
F. The client was assisted in processing the material that he/she has read.
G. The client was not read the assigned information on ADHD and was redirected to do so.

26. Teach Organization and Planning Skills (26)

A. The client was taught organizational and planning skills.
B. The client was taught about tasks such as using a calendar and a daily task list.
C. The client was reinforced for his/her regular use of organizational and planning tools.
D. The client has not used the organizational planning techniques and was redirected to do so.

27. Develop Document Management System (27)

A. The client was assisted in developing a procedure for classifying and managing mail and other papers.
B. The client was taught about taking care of mail and other important document tasks in the least amount of steps.
C. The client was taught to organize his/her mail and documents in one place.

28. Teach Problem-Solving Skills (28)

A. The client was taught problem-solving skills that involve identifying the problem, brainstorming solutions, evaluating options, implementing action, and evaluating results.
B. The client was reinforced as he/she verbalized an understanding of the problem-solving skill techniques.
C. Role-playing was used to help the client apply problem-solving techniques to daily problems in his/her life.
D. The client has not internalized the problem-solving skills and was provided with remedial assistance in this area.

29. Assign Problem-Solving Homework (29)

A. The client was assigned the homework of applying the problem-solving techniques previously learned to specific, identified ADD behaviors.
B. The client was assigned "Problem-Solving: An Alternative to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through with the problem-solving homework and the results of that effort were processed.
D. The client reported success at implementing the problem-solving techniques and he/she was reinforced for this success.
E. The client has had difficulty applying problem-solving techniques and he/she was redirected regarding implementation of these techniques.

30. Assess Typical Attention Span (30)

A. The client's typical attention span was assessed by having him/her do a few "boring" tasks.
B. The client was asked to complete an uninteresting task until the point that they report distraction.

C. The client's level of attention during this task was used as an approximate measure of his/her typical attention span.

31. Teach Stimulus Control Techniques (31)

A. The client was taught techniques that use external structure such as lists, files, and daily rituals to improve on-task behavior.
B. The client was taught to remove distracting stimuli from his environment when performing a task requiring focus.
C. The client was urged to reward himself/herself for successful focus and follow through with on-task behavior.
D. The client followed through with implementing techniques to increase on-task behavior and he/she was reinforced for doing so.
E. The client did not follow through with implementing on-task behavior and was encouraged to do so.

32. Break Down Tasks (32)

A. The client was taught about breaking down tasks into meaningful smaller units.
B. An emphasis was placed on being able to complete small tasks without being distracted, based on his/her demonstrated attention span.
C. The client was reinforced for breaking down tasks into meaningful smaller units.
D. The client has struggled to apply the use of the smaller tasks technique and was provided with additional examples in this area.

33. Teach Use of Timers (33)

A. The client was taught to use timers or other cues to remind him/her to stop a task before he/she gets distracted.
B. The client was taught about reducing the time that he/she may be distracted and off task through the use of timers.
C. The client was taught the regular use of timers and other cues to remind him/her to stop a task before he/she gets distracted.
D. The client has failed to regularly use the timer technique, and was redirected to do so.

34. Modify Maladaptive Self-Talk (34)

A. The client was taught about using cognitive therapy techniques to help identify maladaptive self-talk.
B. The client was assisted in challenging biases and generating alternatives to his/her maladaptive self-talk.
C. The client struggled to identify maladaptive self-talk and was provided with specific examples (e.g., "I must do this perfectly," "I can do this later," "I can't organize all these things").

35. Assign Cognitive Restructuring Homework (35)

A. The client was assigned to implement cognitive restructuring skills while doing tasks in which maladaptive thinking has occurred previously.

B. The client was assisted in reviewing his/her use of cognitive restructuring skills in his/her real life situations.
C. The client was provided with positive reinforcement for his/her use of cognitive restructuring skills.
D. The client was provided with corrective feedback toward improving his/her cognitive restructuring skills.

36. Discuss Procrastination (36)

A. The client was assisted in identifying both the positive and negative effects of procrastinating.
B. The client was assisted in moving toward the goal of being more engaged and staying focused.

37. Apply Problem-Solving Skills to Procrastination (37)

A. The client was taught about applying new problem-solving skills to planning as a first step in overcoming procrastination.
B. The client was taught that for each plan, he/she must break it down into manageable, time-limited steps to reduce the influence of distractibility.

38. Apply Cognitive Restructuring Skills to Procrastination (38)

A. The client was taught to apply new cognitive restructuring to challenge thoughts that encourage the use of procrastination.
B. The client was encouraged to embrace thoughts that encourage action.
C. The client was provided with examples of cognitive restructuring to change thoughts from procrastination to action (e.g., “I can do this later” becomes “I am going to do this right away”)

39. Assign Homework on Procrastination (39)

A. The client was assigned homework to accomplish identified tasks without procrastination.
B. The client was urged to use techniques learned in therapy to address procrastination.
C. The client’s use of new techniques was reviewed, with encouragement for successes and corrective feedback toward improving the skill and decreasing procrastination.

40. Teach Self-Control Strategies (40)

A. The client was taught the self-control strategy of “stop, listen, think, and act” to assist him/her in curbing impulsive behavior.
B. The client was taught problem-solving self-talk as a means of reducing impulsivity.
C. Role-playing was used to help the client apply self-control strategies to daily life situations that are affected by his/her ADD symptoms.
D. The client reported success at applying self-control strategies and indicated that his/her impulsivity has been diminished; this progress was reinforced.
E. The client has not learned the self-control strategies and was provided with remedial feedback in this area.

41. Select Situations to Apply Skills (41)

A. The client was directed to identify situations in which he/she will be challenged to apply his/her new strategies for managing ADHD.
B. The client was urged to start the application of new strategies with a situation that was highly likely to be successful.
C. The client was assisted in identifying a hierarchy of gradually more challenging situations to apply his/her new techniques.

42. Consolidate New Skills (42)

A. The client was assisted in consolidating the use of his/her new ADHD management skills.
B. Techniques such as imagery were used to help the client consolidate his/her new ADHD management skills.
C. Techniques such as behavioral rehearsal, modeling, role-playing, and *in vivo* exposure/behavioral experiments were introduced to help the client consolidate the use of his/her new ADHD management skills.

43. Teach Relaxation Techniques (43)

A. The client was taught various relaxation techniques including deep muscle relaxation, rhythmic breathing, meditation, and guided imagery to be used when stress levels increase.
B. The client was advised to use techniques from *The Relaxation and Stress Reduction Workbook* (Davis, Robbins-Eschelman, and McKay).
C. It was noted that the client has implemented relaxation procedures to reduce tension and physical restlessness and reported that this technique is beneficial.
D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension and was encouraged to do so.

44. Utilize Brainwave Biofeedback (44)

A. The client was administered brainwave biofeedback to assist him/her in improving attention span, impulse control, and mood regulation.
B. The client was noted to be successful at implementing the brainwave biofeedback technique within the session.
C. The client has had difficulty regulating his/her brainwave using the biofeedback technique and was provided with remedial assistance.

45. Transfer Biofeedback Skills (45)

A. The client was encouraged to transfer the biofeedback training skills of relaxation and cognitive focusing to specific daily situations that were identified as particularly problematic because of the ADD symptoms.
B. The client reported that since the use of the brainwave biofeedback technique was initiated, he/she has had improved attention span and impulse control.
C. The client reported that the brainwave biofeedback technique does not seem to improve his/her attention span, impulse control, or mood regulation; the barriers to successful use of this technique were reviewed.

46. Review Symptoms and Fixes (46)

A. The client was assisted in reviewing the symptoms that have been problematic and the newly learned coping skills that he/she will use to manage the symptoms.

B. The client was assigned "Symptoms and Fixes for ADD" in the *Adult Psychotherapy Homework Planner* (Jongsma).

47. Refer to ADD Group (47)

A. The client was referred to group therapy for adults with ADD to help increase his/her understanding of ADD, boost self-esteem, and to receive feedback from others.

B. It was noted that the client has followed through on attendance at the ADD group therapy sessions and reported that they have been beneficial.

C. The client has not followed through on consistent attendance at the ADD group therapy sessions and was encouraged to do so.

48. Teach Listening Skills (48)

A. Role-playing and modeling were used to teach the client how to listen to others and to accept their feedback regarding his/her behavior.

B. Positive feedback was provided as the client reported that, on several occasions, he/she was able to use the new listening skills to accept direction and feedback from others.

C. The client continued to report difficulties with listening as he/she becomes defensive whenever feedback or direction is given to him/her and he/she was provided with remedial feedback in this area.

BIPOLAR DISORDER—DEPRESSION

CLIENT PRESENTATION

1. Depressed Affect (1)*

A. The client reported that he/she feels deeply sad and has periods of tearfulness on an almost daily basis.
B. The client's depressed affect was clearly evident within the session as tears were shed on more than one occasion.
C. The client reports an irritable mood.
D. The client reported that he/she has begun to feel less sad and can experience periods of joy.
E. The client appeared to be more happy within the session and there is no evidence of tearfulness.

2. Loss of Appetite (2)

A. The client reported that he/she has not had a normal and consistent appetite.
B. The client's loss of appetite has resulted in a significant weight loss associated with the depression.
C. As the depression has begun to lift, the client's appetite has increased.
D. The client reported that his/her appetite is at normal levels.

3. Lack of Activity Enjoyment (3)

A. The client reported a diminished interest in or enjoyment of activities that were previously found pleasurable.
B. The client has begun to involve himself/herself with activities that he/she previously found pleasurable.
C. The client has returned to an active interest in and enjoyment of activities.

4. Psychomotor Agitation (4)

A. The client demonstrated psychomotor agitation within the session.
B. The client reported that with the onset of the depression, he/she has felt unable to relax or sit quietly.
C. The client reported a significant decrease in psychomotor agitation and the ability to sit more quietly.
D. It was evident within the session that the client has become more relaxed and less agitated.

5. Psychomotor Retardation (4)

A. The client demonstrated evidence of psychomotor retardation within the session.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client moved and responded very slowly, showing a lack of energy and motivation.
C. As the depression has lifted, the client has responded more quickly and psychomotor retardation has diminished.

6. Sleeplessness/Hypersomnia (5)

A. The client reported periods of inability to sleep and other periods of sleeping for many hours without the desire to get out of bed.
B. The client's problem with sleep interference has diminished as the depression has lifted.
C. Medication has improved the client's problems with sleep disturbance.

7. Lack of Energy (6)

A. The client reported that he/she feels a very low level of energy compared to normal times in his/her life.
B. It was evident within the session that the client has low levels of energy, as demonstrated by slowness of walking, minimal movement, lack of animation, and slow responses.
C. The client's energy level has increased as the depression has lifted.
D. It was evident within the session that the client is demonstrating normal levels of energy.

8. Lack of Concentration (7)

A. The client reported that he/she is unable to maintain concentration and is easily distracted.
B. The client reported that he/she is unable to read material with good comprehension because of being easily distracted.
C. The client reported increased ability to concentrate as his/her depression has lifted.

9. Indecisiveness (7)

A. The client reported a decrease in his/her ability to make decisions based on lack of confidence, low self-esteem, and low energy.
B. It was evident within the session that the client does not have normal decision-making capabilities.
C. The client reported an increased ability to make decisions as the depression is lifting.

10. Social Withdrawal (8)

A. The client has withdrawn from social relationships that were important to him/her.
B. As the client's depression has deepened, he/she has increasingly isolated himself/herself.
C. The client has begun to reach out to social contacts as the depression has begun to lift.
D. The client has resumed normal social interactions.

11. Suicidal Thoughts/Gestures (9)

A. The client expressed that he/she is experiencing suicidal thoughts but has not taken any action on these thoughts.
B. The client reported suicidal thoughts that have resulted in suicidal gestures.

C. Suicidal urges have been reported as diminished as the depression has lifted.
D. The client denied any suicidal thoughts or gestures and is more hopeful about the future.

12. Feelings of Hopelessness/Worthlessness (10)

A. The client has experienced feelings of hopelessness and worthlessness that began as the depression deepened.
B. The client's feelings of hopelessness and worthlessness have diminished as the depression is beginning to lift.
C. The client expressed feelings of hope for the future and affirmation of his/her own self-worth.

13. Inappropriate Guilt (10)

A. The client described feelings of pervasive, irrational guilt.
B. Although the client verbalized an understanding that his/her guilt was irrational, it continues to plague him/her.
C. The depth of irrational guilt has lifted as the depression has subsided.
D. The client no longer expresses feelings of irrational guilt.

14. Low Self-Esteem (11)

A. The client stated that he/she has a very negative perception of himself/herself.
B. The client's low self-esteem was evident within the session as he/she made many self-disparaging remarks and maintained very little eye contact.
C. The client's self-esteem has increased as he/she is beginning to affirm his/her self-worth.
D. The client verbalized positive feelings toward himself/herself.

15. Unresolved Grief (12)

A. The client has experienced losses about which he/she has been unable to resolve feelings of grief.
B. The client's feelings of grief have turned to major depression as energy has diminished and sadness/hopelessness dominate his/her life.
C. The client has begun to resolve the feelings of grief associated with the loss in his/her life.
D. The client has verbalized feelings of hopefulness regarding the future and acceptance of the loss of the past.

16. Hallucinations/Delusions (13)

A. The client has experienced mood-related hallucinations or delusions indicating that the depression has a psychotic component.
B. The client's thought disorder has begun to diminish as the depression has been treated.
C. The client reported no longer experiencing any thought disorder symptoms.

17. Recurrent Depression Pattern (14)

A. The client reported a recurrent pattern of depressive episodes that have been treated with a variety of approaches.
B. The client has a history of depression within the family that parallels his/her own experience of depression.

18. Manic Episode (15)

A. The client reported the experience of one hypomanic, manic, or mixed mood episode.

B. The client reported multiple hypomanic, manic, or mixed mood episodes.

INTERVENTIONS IMPLEMENTED

1. Encourage Sharing of Feelings (1)*

A. The client was encouraged to share his/her thoughts and feelings.

B. Empathy was expressed to help build report.

C. Primary cognitive, behavioral, interpersonal and other symptoms of the mood disorder were assessed as the client shared his/her thoughts and feelings.

2. Assess Mood Episodes (2)

A. An assessment was conducted of the client's current and past mood episodes, including the features, frequency, intensity, and duration of the mood episodes.

B. The *Inventory to Diagnose Depression* (Zimmerman, Coryell, Corenthal, and Wilson) was used to assess the client's current and past mood episodes.

C. The results of the mood episode assessment reflected severe mood concerns and this was presented to the client.

D. The results of the mood episode assessment reflected moderate mood concerns and this was presented to the client.

E. The results of the mood episode assessment reflected mild mood concerns and this was presented to the client.

3. Administer Psychological Tests for Depression (3)

A. Psychological testing was arranged to objectively assess the client's depression and suicide risk.

B. The *Beck Depression Inventory–II* was used to assess the client's depression and suicide risk.

C. The *Beck Hopelessness Scale* was used to assess the client's depression and suicide risk.

D. The *Perceived Criticism Scale* (Hooley and Teasdale) was used to assess the client's depression.

E. The results of the testing indicated severe concerns related to the client's depression and suicide risk and this was reflected to the client.

F. The results of the testing indicated moderate concerns related to the client's depression and suicide risk and this was reflected to the client.

G. The results of the testing indicated mild concerns related to the client's depression and suicide risk and this was reflected to the client.

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.

B. The client was assessed to have a pattern of mild substance use.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Explore Suicide Potential (9)

A. The client's experience of suicidal urges and his/her history of suicidal behavior were explored.
B. It was noted that the client has stated that he/she does experience suicidal urges but feels that they are clearly under his/her control and that there is no risk of engagement in suicidal behavior.
C. The client identified suicidal urges as being present but contracted to contact others if the urges became strong.
D. Because the client's suicidal urges were assessed to be very serious, immediate referral to a more intensive supervised level of care was made.
E. Due to the client's suicidal urges, and his/her unwillingness to voluntarily admit himself/herself to a more intensive, supervised level of care, involuntary commitment procedures were begun.

10. Monitor Ongoing Suicide Potential (10)

A. The client was asked to report any suicidal urges or increase in the strength of these urges.
B. The client stated that suicidal urges are diminishing and that they are under his/her control; he/she was praised for this progress.
C. The client stated that he/she has no longer experienced thoughts of self-harm; he/she will continue to be monitored.
D. The client stated that his/her suicide urges are strong and present a threat; a transfer to a more supervised setting was coordinated.

11. Refer for Hospitalization (11)

A. Because the client was judged to be harmful to himself/herself, a referral was made for immediate hospitalization.
B. The client was resistive to hospitalization for treatment of his/her suicide potential, so a commitment procedure was utilized.
C. The client cooperated with hospitalization to treat the serious suicidal urges.

12. Refer to Physician (12)

A. The client was referred to a physician for a physical examination to rule out organic causes for depression.
B. A referral to a physician was made for the purpose of evaluating the client for a prescription for psychotropic medication.
C. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medication.
D. The client has been prescribed antidepressant medication.
E. The client has refused the prescription of psychotropic medication prescribed by the physician.

13. Monitor Medication Compliance (13)

A. As the client has taken the antidepressant medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the antidepressant medication has been beneficial in reducing sleep interference and in stabilizing mood; the benefits of this progress were reviewed.
C. The client reported that the antidepressant medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client was assessed for side effects from his/her medication.
E. The client has not consistently taken the prescribed antidepressant medication and was redirected to do so.

14. Monitor Ability to Participate in Psychotherapy (14)

A. The client's pattern of symptom improvement was monitored, with a focus on how stable he/she is in regard to participation in psychotherapy.
B. The client was judged to be significantly improved and capable of participating in psychotherapy.
C. The client was judged to still be too depressed to allow helpful participation in psychotherapy.

15. Educate About Mood Episodes (15)

A. A variety of modalities were used to teach the family about signs and symptoms of the client's mood episodes.
B. The phasic relapsing nature of the client's mood episodes was emphasized.
C. The client's mood episode concerns were normalized.
D. The client's mood episodes were destigmatized.

16. Teach Stress Diathesis Model (16)

A. The client was taught a stress diathesis model of bipolar disorder.
B. The biological predisposition to mood episodes was emphasized.
C. The client was taught about how stress can make him/her more vulnerable to mood episodes.
D. The manageability of mood episodes was emphasized.
E. The client was reinforced for his/her clear understanding of the stress diathesis model of bipolar disorder.
F. The client struggled to display a clear understanding of the stress diathesis model of bipolar disorder and was provided with additional remedial information in this area.

17. Provide Rationale for Treatment (17)

A. The client was provided with a rationale for treatment involving ongoing medication and psychosocial treatment.
B. The focus of treatment was emphasized, including recognizing, managing, and reducing biological psychological vulnerabilities that could precipitate relapse.
C. A discussion was held about the rationale for treatment.

D. The client was reinforced for his/her understanding of the appropriate rationale for treatment.
E. The client was redirected when he/she displayed a poor understanding of the rationale for treatment.

18. Educate About Medication Compliance (18)

A. The client was educated about the importance of medication compliance.
B. The client was taught about the risk for relapse that occurs when medication is discontinued.
C. The client was asked to make a commitment to prescription adherence.
D. The client was reinforced for his/her understanding and commitment to prescription adherence.
E. The client was redirected when he/she displayed poor understanding or commitment to prescription adherence.

19. Assess Prescription Noncompliance Factors (19)

A. Factors that have precipitated the client's prescription noncompliance were assessed.
B. The client was checked for specific thoughts, feelings, and stressors that might contribute to his/her prescription noncompliance.
C. The client was assigned "Why I Dislike Taking My Medication" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. A plan was developed for recognizing and addressing the factors that have precipitated the client's prescription noncompliance.

20. Coordinate Group Psychoeducational Program (20)

A. The client was admitted to a group psychoeducational program that teaches clients the psychological, biological, and social influences in the development of bipolar disorder.
B. The client's involvement in the group psychoeducational program focused on the biological and psychological treatment of his/her disorder.
C. The client has followed through on his/her involvement in a group psychoeducational program and key topics were reviewed.
D. The client has not followed through on his/her involvement in a group psychoeducational program and was redirected to do so.

21. Teach Illness Management Skills (21)

A. The client was taught about illness management skills.
B. The client was taught about identifying early warning signs, common triggers, and copying strategies.
C. The client was taught about problem-solving regarding life goals, and development of a personal care plan.

22. Conduct Family–Focused Treatment (22)

A. The client and significant others were included in the treatment model.
B. Family-focused treatment was used as an approach with the client and significant others as indicated in *Bipolar Disorder: A Family-Focused Approach* (Miklowitz and Goldstein).

C. As family members were not available to participate in therapy, the family-focused treatment model was adapted to individual therapy.

23. Assess and Educate About Aversive Communication (23)

A. The family was assessed for the role of aversive communication and family distress and in the risk for the client's manic relapse.
B. The family was educated about the role of aversive communication (e.g., highly expressed emotion) in developing greater family stress and an increase in the client's risk for manic relapse.
C. The family displayed a clear understanding of the effects of aversive communication and this was reinforced.
D. The family was provided with remedial feedback as they did not display a clear understanding of the risk for relapse due to aversive communication.

24. Teach Communication Skills (24)

A. Behavioral techniques were used to teach communication skills.
B. Communication skills such as offering positive feedback, active listening, making positive requests for behavioral change, and giving negative feedback in an honest, respectful manner were taught to the client and family.
C. Behavioral techniques were used to teach the family healthy communication skills.
D. Education modeling, role-playing, and corrective feedback and positive reinforcement were used to teach communication skills.

25. Address Problem Solving (25)

A. The client was asked to identify conflicts that can be addressed through problem-solving techniques.
B. The family members were asked to give input about conflicts that could be addressed with problem-solving techniques.
C. The client and family arrived at a list of conflicts that could be addressed with problem-solving techniques.

26. Teach Problem-Solving Skills (26)

A. Behavioral techniques such as education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the client and family problem-solving skills.
B. Specific problem-solving skills were taught to the family, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, implementing a plan, evaluating the results, and reevaluating the plan.
C. Family members were asked to use the problem-solving skills on specific situations.
D. The family was reinforced for positive use of problem-solving skills.
E. The family was redirected for failures to properly use problem-solving skills.

27. Assign Problem-Solving Homework (27)

A. The client and family were assigned to use newly learned problem-solving skills and record their use.

B. The client and family were assigned “Plan Before Acting” in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client and family were assigned “Problem Solving: An Alternative to Impulsive Action” in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The results of the family members’ use of problem-solving skills were reviewed within the session.

28. Develop Relapse Drill (28)

A. The client and family were assisted in drawing up a “relapse drill,” detailing roles and responsibilities.
B. Family members were asked to take responsibility for specific roles (e.g., who will call a meeting of the family to problem-solve potential relapse; who will call the physician, schedule a serum level, or contact emergency services, if needed).
C. Obstacles to providing family support to the client’s potential relapse were reviewed and problem-solved.
D. The family was asked to make a commitment to adherence to the plan.
E. The family was reinforced for their commitment to adherence to the plan.
F. The family has not developed a clear commitment to the relapse prevention plan and was redirected in this area.

29. Use Cognitive Therapy Techniques (29)

A. Cognitive therapy techniques were used to explore and educate the client about cognitive biases that trigger his/her elevated or depressive mood.
B. The client was reinforced for his/her greater insight into his/her cognitive biases.

30. Assign Homework on Self-Talk (30)

A. The client was assigned homework exercises in which he/she identified self-talk reflective of mania, biases in the self-talk and alternatives.
B. The client was assigned “Journal and Replace Self-Defeating Thoughts” in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in reviewing his/her insight regarding self-talk and his/her successes were reinforced.
D. The client was provided with corrective feedback toward improvement of his/her understanding of self-talk and alternatives.

31. Teach Coping and Relapse Prevention Skills (31)

A. The client was taught coping and relapse prevention skills via cognitive-behavioral techniques.
B. The client was taught about delaying impulsive actions, structuring and scheduling daily activities, keeping a regular sleep routine, avoiding unrealistic goals striving, and using relaxation procedures.
C. The client was taught about identifying and avoiding episode triggers.

32. Conduct Interpersonal and Social Rhythm Therapy (32)

A. An assessment was conducted of the client’s daily activities using an interview and the social rhythm metric.

B. Information from the interview and social rhythm metric helped to conduct interpersonal and social rhythm therapy.

33. Establish Routine Daily Activities (33)

A. The client was assisted in establishing a more routine pattern of daily activities.
B. The client was assisted in identifying a routine pattern of sleeping, eating, solitary and social activities, and exercise.
C. A form was developed to help review and schedule activities.
D. An emphasis was placed on creating a predictable rhythm for each day.

34. Teach About Sleep Hygiene Importance (34)

A. The client was taught about the importance of good sleep hygiene.
B. The client was assigned the “Sleep Pattern Record” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client’s sleep pattern was routinely assessed.
D. Interventions for the client’s sleep pattern were provided, as he/she has been noted to have a dysfunctional sleep pattern.

35. Engage in Behavioral Activation (35)

A. The client was engaged in “behavioral activation” by scheduling activities that have a high likelihood for pleasure and mastery.
B. The client was directed to complete tasks from the “Identify and Schedule Pleasant Events” assignment from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. Rehearsal, role-playing, role reversal, and other techniques were used to engage the client in behavioral activation.
D. The client was reinforced for his/her successes in scheduling activities that have a high likelihood for pleasure and mastery.
E. The client has not engaged in pleasurable activities and was redirected to do so.

36. Conduct Interpersonal Portion of Therapy (36)

A. The interpersonal component of the interpersonal and social rhythm therapy techniques was initiated.
B. An assessment was completed of the client’s current past significant relationships, including themes related to grief, interpersonal role disputes, role transitions, and skill deficits.
C. The client was supported as he/she reviewed concerns related to interpersonal relationships.

37. Use Interpersonal Therapy Techniques to Resolve Interpersonal Problems (37)

A. Interpersonal therapy techniques were used to explore and resolve issues surrounding grief, role disputes, and role transitions.
B. The client was provided with direction and training in regard to skill deficits.
C. Support and strategies for resolving identified interpersonal issues were provided.

38. Establish a Rescue Protocol (38)

A. A rescue protocol was developed, in order to identify and manage clinical deterioration.
B. Specific factors that would trigger the rescue protocol were identified.
C. Specific factors of the rescue protocol were developed, including medication use, sleep pattern restoration, daily routine, and conflict-free social support.
D. The client and significant others were reinforced for their use of the rescue protocol.
E. The client and significant others were redirected in regard to the use of the rescue protocol.

39. Schedule “Maintenance Sessions” (39)

A. The client was scheduled for a “maintenance session” between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the “maintenance session.”
C. The client’s “maintenance session” was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client’s “maintenance session” was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

40. Assign Reading on Bipolar Disorder (40)

A. The client was assigned to read a book on bipolar disorder.
B. The client was assigned to read *The Bipolar Disorder Survival Guide* (Miklowitz).
C. The client was assigned to read *Bipolar 101: A Practical Guide to Identifying Triggers, Managing Medications, Coping with Symptoms, and More* (White and Preston).
D. The client has read the assigned information on bipolar disorder and key concepts were reviewed.
E. The client has not read the assigned information on bipolar disorder and was redirected to do so.

41. Pledge Support (41)

A. The client was reassured on a regular basis that the therapist would be available to consistently listen to and support him/her.
B. The client reacted favorably to the therapist’s pledge of support and has begun to show trust in the relationship by sharing thoughts and feelings.

42. Explore Abandonment Fears (42)

A. The client’s fear of abandonment by sources of love and nurturance was explored.
B. Active listening skills were used as the client confirmed that he/she struggles with the fear that those who have provided love and nurturance to him/her will eventually abandon him/her.
C. The client denied any fear of abandonment by sources of love and nurturance; he/she was urged to monitor this on an as-needed basis.

43. Differentiate Losses (43)

A. The client was helped to differentiate between real and imagined, as well as actual and exaggerated, losses.

B. The client was supported as he/she verbalized grief, fear, and anger regarding real or imagined losses in life.
C. The client was helped to make a differentiation between his/her real and imagined losses, rejections, and abandonment.
D. The client was quite guarded and unrealistic about his/her pattern of losses and was provided with feedback in this area.

44. Probe Losses (44)

A. Real or perceived losses in the client's life were explored.
B. Active listening was used as the client confirmed that he/she has unresolved feelings regarding losses that have been experienced.
C. It was interpreted to the client that his/her experience of loss has precipitated fears of abandonment in other relationships.
D. The client denied any significant losses in his/her life, and this was accepted.

45. Process Losses (45)

A. The client's experiences of loss were processed in an attempt to help him/her put them into proper perspective.
B. The client was helped to identify adaptive ways to replace the losses that were experienced.
C. The client failed to process and develops adaptive ways to replace losses that have been experienced and was gently offered examples of how to do this.

46. Explore Family-of-Origin History (46)

A. The client was supported as he/she shared experiences from his/her family-of-origin history that have caused feelings of low self-esteem and fear of abandonment.
B. The client was supported as he/she revealed experiences with critical and rejecting parents that led to feelings of low self-esteem.
C. The client disclosed experiences of childhood abandonment by parent figures; these have been noted to lead to the fear of abandonment in current relationships.
D. The client was quite guarded about his/her family-of-origin history and was urged to be more open in this area, as he/she feels capable of doing so.

47. Use ACT Approach (47)

A. Acceptance and commitment therapy (ACT) was applied.
B. The client was assisted in accepting and openly experiencing depressive thoughts and feelings, without being overly impacted by them.
C. The client was assisted in committing his/her time and efforts to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

48. Assign Positive Affirmations (48)

A. The client was assigned to write at least one positive affirmation statement on a daily basis regarding himself/herself and the future.

B. The client was assigned "Positive Self-Talk" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has followed through on the assignment of writing positive affirmation statements and reported that he/she is feeling more positive about the future.

D. The client was reinforced for making positive statements regarding himself/herself and his/her ability to cope with the stresses of life.

E. The client has not followed through on the assignment of writing positive affirmation statements and was encouraged to do so.

49. Teach Normalization of Sadness (49)

A. The client was taught about the variation in mood that is within the normal sphere.

B. The client reported that he/she is developing an increased tolerance to mood swings and is not attributing them to significant depression; this progress was reinforced.

C. The client is verbalizing more hopeful and positive statements regarding the future and accepting some sadness as a normal variation and feeling; the benefits of this progress were highlighted.

BIPOLAR DISORDER—MANIA

CLIENT PRESENTATION

1. Mood Dysfunction (1)*

A. The client exhibits an abnormally and persistently elevated, expansive, or irritable mood.
B. The client displays multiple symptoms of mania.
C. The client displays inflated self-esteem or grandiosity.
D. The client displays decreased need for sleep.
E. The client displays pressured speech, flight of ideas, and distractibility.
F. The client displays excessive goal-directed activity or psychomotor agitation, and excessive involvement in pleasurable, high-risk behavior.
G. The client's mood has returned to normal limits.

2. Marked Impairment in Functioning (2)

A. The client's elevated mood and irritability caused marked impairment in his/her functioning.
B. The client's occupational functioning has been affected by his/her mania.
C. The client's social activities have been affected by his/her mania.
D. The client's relationships with others have been affected by his/her mania.
E. As treatment has progressed, the client's mood and irritability have decreased, with less effect on functioning.

3. Pressured Speech (3)

A. The client gave evidence of pressured speech within the session.
B. The client reported that his/her speech rate increases as he/she feels stressed.
C. The client's pressured speech has shown evidence of a decrease in intensity.
D. The client showed no evidence of pressured speech in today's session.

4. Flight of Ideas/Racing Thoughts (4)

A. The client demonstrated an inability to stay focused on one subject and moved quickly from one topic to another.
B. The client reported that he/she has difficulty concentrating on one thought because other thoughts interfere.
C. The client reported that at times of quiet reflection, he/she is disturbed by thoughts racing through his/her mind.
D. The client's thoughts are not racing as they had been and he/she is able to stay focused on one topic in a conversation.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. **Grandiosity (5)**

A. The client gave evidence of grandiose ideas regarding his/her abilities, plans, and accomplishments.
B. In spite of attempts to try to get the client to be more realistic, his/her grandiosity continued.
C. The client's grandiosity has diminished and he/she has become more reality-based.
D. There has been no recent evidence of grandiosity in the client's description of himself/herself or plans for the future.

6. **Persecutory Beliefs (5)**

A. The client described feeling misunderstood and persecuted by others who do not acknowledge his/her grandiose ideas.
B. The client described feelings of anger and persecution directed at those who discount his/her grandiosity.
C. As the client's grandiosity has diminished, his/her feelings of persecution and low frustration threshold with others have also diminished.

7. **Lack of Sleep (6)**

A. The client described a pattern of attaining far less sleep than would normally be needed.
B. The client has gone through periods of time when he/she did not sleep for 24 consecutive hours because his/her energy level was so high.
C. As the client's mania has begun to diminish, he/she has begun to return to a more normal sleeping pattern.
D. The client is getting 6 to 8 hours of sleep per night.

8. **Diminished Appetite (7)**

A. The client described a pattern of eating far less than normal amounts of food.
B. The client has gone through periods of time when he/she has had very little to eat for an entire day.
C. As the client's mania has begun to diminish, he/she has begun to return to a more normal eating pattern.
D. The client is eating at least two meals per day.

9. **Motor Agitation (8)**

A. The client was restless and agitated within the session and reports an inability to sit quietly and relax.
B. The client's high energy level is reflected in increased motor activity, restlessness, and agitation.
C. The client's motor activity has decreased and the level of agitation has diminished.
D. The client demonstrated normal motor activity and reports being able to stay calm and relaxed.

10. **Easily Distracted (9)**

A. The client gave evidence of a short attention span and a high level of distractibility.
B. The client reported that he/she is unable to focus his/her thoughts on one topic.

C. The client's attention shifted quickly from one stimulus to the next.
D. The client has shown increased ability to focus attention and has reduced distractibility.

11. Disinhibition/Impulsivity (10)

A. The client reported a behavior pattern that reflects a lack of normal inhibition and an increase in impulsivity without regard to potentially painful consequences.
B. The client's impulsivity has been reflected in sexual acting out, poor financial decisions, and committing of social offenses.
C. The client has gained more control over his/her impulses and has returned to a normal level of inhibition and social propriety.

12. Bizarre Dress/Grooming (11)

A. The client's grooming and style of dress were outlandish.
B. The client showed little comprehension of the impact of his/her outlandish and bizarre dress and grooming practices.
C. The client has shown better judgment in dress and has become more conventional in grooming habits.

13. Expansive Moods/Irritability (12)

A. The client gave evidence of a very expansive mood that can easily turn to impatience and irritability if his/her behavior is blocked or confronted.
B. The client related instances of feeling angry when others tried to control his/her expansive, grandiose ideas and mood.
C. As the client's expansive mood has been controlled, his/her impatience and irritable anger have diminished.

14. Lack of Follow-Through (13)

A. The client described a behavior pattern that reflects a lack of follow-through on many projects, even though his/her energy level is high, because he/she lacks discipline and goal directedness.
B. The client's lack of follow-through on projects has resulted in frustration on the part of others.
C. The client has begun to exercise more discipline and goal directedness in his/her behavior, resulting in the completion of projects.

INTERVENTIONS IMPLEMENTED

1. Explore for Manic Signs (1)*

A. The client was encouraged to share his/her thoughts and feelings.
B. The client's thoughts, feelings, and behavior were explored for classic signs of mania such as pressured speech, impulsive behavior, euphoric mood, flight of ideas, high energy level, reduced need for sleep, and inflated self-esteem.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client's description of his/her feelings, thoughts, and behaviors was used to confirm the presence of the classic signs of mania.
D. The client did not display the classic signs of mania, but will continue to be monitored in this area.
E. The client was provided with empathy and report was built.

2. Assess Mania Intensity (2)

A. The client was assessed for whether he/she was or has been hypomanic, manic, or manic with psychotic features.
B. The client was assessed with the *Young Mania Rating Scale* (Young et al.).
C. The client was assessed with the *Clinical Monitoring Form* (Sachs et al.).
D. The client was assessed to be hypomanic.
E. The client was assessed to be manic.
F. The client's mania was noted to be so severe as to evolve into periods of psychosis.

3. Assess Family Communication Patterns (3)

A. Objective instruments were used to assess the family communication patterns.
B. The level of expressed emotions within the family was specifically assessed.
C. The *Perceived Criticism Scale* (Hooley and Teasdale) was used to assess family communication problems.
D. The family was provided with feedback about their pattern of communication.
E. The family has not been involved in the assessment of communication patterns and the focus of treatment was diverted to this resistance.

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Arrange Hospitalization (9)

A. Arrangements were made for the client to be hospitalized in a psychiatric setting based on the fact that his/her mania is so intense that he/she could be harmful to himself/herself or others or unable to care for his/her own basic needs.
B. The client was not willing to voluntarily submit to hospitalization; therefore, commitment procedures were initiated.
C. The client acknowledged the need for the recommended hospitalization and voluntarily admitted himself/herself to the psychiatric facility.

10. Refer for Psychiatric Evaluation (10)

A. The client was referred for a psychiatric evaluation to consider psychotropic medication to control the manic state.

B. The client has followed through with the psychiatric evaluation and pharmacotherapy has begun.
C. The client has been resistive to cooperating with a psychiatric evaluation and was encouraged to follow through on this recommendation.

11. Monitor Medication Reaction (11)

A. The client's reaction to the medication in terms of side effects and effectiveness were monitored.
B. The client reported that the medication has been effective at reducing energy levels, flight of ideas, and the decreased need for sleep; he/she was urged to continue this medication regimen.
C. The client has been reluctant to take the prescribed medication for his/her manic state, but was urged to follow through on the prescription.
D. As the client has taken his/her medication, which has been successful in reducing the intensity of the mania, he/she has begun to feel that it is no longer necessary and has indicated a desire to stop taking it; he/she was urged to continue the medication as prescribed.

12. Maintain Reviews of Psychotropic Medication (12)

A. The client's compliance with his/her psychotropic medication prescription was reviewed.
B. The client indicated a desire to terminate medication because he/she "doesn't feel normal"; he/she was encouraged to continue to use the medication, in consultation with the prescribing physician.
C. The client was monitored regarding his/her compliance with the psychotropic medication in regard to his/her belief that he/she no longer needs the medication because he/she has stabilized.
D. The client was reinforced for maintaining his/her medication use in accordance with the prescribing clinician's expectations.
E. The client was confronted for his/her noncompliance with his/her psychotropic medication regimen.

13. Monitor Ability to Participate in Psychotherapy (13)

A. The client's pattern of symptom improvement was monitored, with a focus on how stable he/she is in regard to participation in psychotherapy.
B. The client was judged to be significantly improved and capable of participating in psychotherapy.
C. The client was judged to still be too manic to allow helpful participation in psychotherapy.

14. Educate About Mood Episodes (14)

A. A variety of modalities were used to teach the family about signs and symptoms of the client's mood episodes.
B. The phasic relapsing nature of the client's mood episodes was emphasized.
C. The client's mood episode concerns were normalized.
D. The client's mood episodes were destigmatized.

15. Teach Stress Diathesis Model (15)

A. The client was taught a stress diathesis model of bipolar disorder.
B. The biological predisposition to mood episodes was emphasized.
C. The client was taught about how stress can make him/her more vulnerable to mood episodes.
D. The manageability of mood episodes was emphasized.
E. The client was reinforced for his/her clear understanding of the stress diathesis model of bipolar disorder.
F. The client struggled to display a clear understanding of the stress diathesis model of bipolar disorder and was provided with additional remedial information in this area.

16. Provide Rationale for Treatment (16)

A. The client was provided with the rationale for treatment involving ongoing medication and psychosocial treatment.
B. The focus of treatment was emphasized, including recognizing, managing, and reducing biological and psychological vulnerabilities that could precipitate relapse.
C. A discussion was held about the rationale for treatment.
D. The client was reinforced for his/her understanding of the appropriate rationale for treatment.
E. The client was redirected when he/she displayed a poor understanding of the rationale for treatment.

17. Educate About Medication Compliance (17)

A. The client was educated about the importance of medication compliance.
B. The client was taught about the risk for relapse that occurs when medication is discontinued.
C. The client was asked to make a commitment to prescription adherence.
D. The client was reinforced for his/her understanding and commitment to prescription adherence.
E. The client was redirected when he/she displayed poor understanding or commitment to prescription adherence.

18. Assess Prescription Noncompliance Factors (18)

A. Factors that have precipitated the client's prescription noncompliance were assessed.
B. The client was checked for specific thoughts, feelings, and stressors that might contribute to his/her prescription noncompliance.
C. The client was assigned "Why I Dislike Taking My Medication" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. A plan was developed for recognizing and addressing the factors that have precipitated the client's prescription noncompliance.

19. Coordinate Group Psychoeducational Program (19)

A. The client was admitted to a group psychoeducational program that teaches clients the psychological, biological, and social influences in the development of BPD.

B. The client's involvement in the group psychoeducational program focused on the biological and psychological treatment of his/her disorder.
C. The client has followed through on his/her involvement in a group psychoeducational program and key topics were reviewed.
D. The client has not followed through on his/her involvement in a group psychoeducational program and was redirected to do so.

20. Teach Illness Management Skills (20)

A. The client was taught about illness management skills.
B. The client was taught about identifying early warning signs, common triggers, and coping strategies.
C. The client was taught about problem solving regarding life goals, and development of a personal care plan.

21. Use Cognitive Therapy Techniques (21)

A. Cognitive therapy techniques were used to explore and educate the client about cognitive biases that trigger his/her elevated or depressive mood.
B. The client was reinforced for his/her greater insight into his/her cognitive biases.

22. Assign Homework on Self-Talk (22)

A. The client was assigned homework exercises in which he/she identified self-talk reflective of mania, biases in the self-talk and alternatives.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in reviewing his/her insight regarding self-talk and his/her successes were reinforced.
D. The client was provided with corrective feedback toward improvement of his/her understanding of self-talk and alternatives.

23. Teach Coping and Relapse Prevention Skills (23)

A. The client was taught coping and relapse prevention skills via cognitive-behavioral techniques.
B. The client was taught about delaying impulsive actions, structuring and scheduling daily activities, keeping a regular sleep routine, avoiding unrealistic goals striving, and using relaxation procedures.
C. The client was taught about identifying and avoiding episode triggers.

24. Conduct Family-Focused Treatment (24)

A. The client and significant others were included in the treatment model.
B. Family-Focused Treatment was used with the client and significant others as indicated in *Bipolar Disorder: A Family-Focused Approach* (Miklowitz and Goldstein).
C. As family members were not available to participate in therapy, the Family-Focused Treatment model was adapted to individual therapy.

25. Assess and Educate About Aversive Communication (25)

A. The family was assessed for the role of aversive communication in family distress and in the risk for the client's manic relapse.
B. The family was educated about the role of aversive communication (e.g., highly expressed emotion) in developing greater family stress and in increasing the client's risk for manic relapse.
C. The family displayed a clear understanding of the effects of aversive communication and this was reinforced.
D. The family was provided with remedial feedback, as they did not display a clear understanding of the risk for relapse due to aversive communication.

26. Teach Communication Skills (26)

A. Behavioral techniques were used to teach communication skills.
B. Communication skills such as offering positive feedback, active listening, making positive requests for behavioral change, and giving negative feedback in an honest, respectful manner were taught to the client and family.
C. Behavioral techniques were used to teach the family healthy communication skills.
D. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach communication skills.

27. Address Problem Solving (27)

A. The client was asked to identify conflicts that can be addressed through problem-solving techniques.
B. The family members were asked to give input about conflicts that could be addressed with problem-solving techniques.
C. The client and family arrived at a list of conflicts that could be addressed with problem-solving techniques.

28. Teach Problem-Solving Skills (28)

A. Behavioral techniques such as education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the client and family problem-solving skills.
B. Specific problem-solving skills were taught to the family, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, implementing a plan, evaluating the results, and reevaluating the plan.
C. Family members were asked to use the problem-solving skills on specific situations.
D. The family was reinforced for positive use of problem-solving skills.
E. The family was redirected for failures to properly use problem-solving skills.

29. Assign Problem-Solving Homework (29)

A. The client and family were assigned to use newly learned problem-solving skills and record their use.
B. The client and family were assigned "Plan Before Acting" or "Problem-Solving: An Alternative to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The results of the family members' use of problem-solving skills were reviewed within the session.

30. Develop Relapse Drill (30)

A. The client and family were assisted in drawing up a "relapse drill," detailing roles and responsibilities.
B. Family members were asked to take responsibility for specific roles (e.g., who will call a meeting of the family to problem-solve potential relapse; who will call the physician, schedule a serum level, or contact emergency services, if needed).
C. Obstacles to providing family support to the client's potential relapse were reviewed and problem-solved.
D. The family was asked to make a commitment to adherence to the plan.
E. The family was reinforced for their commitment to adherence to the plan.
F. The family has not developed a clear commitment to the relapse prevention plan and was redirected in this area.

31. Conduct Interpersonal and Social Rhythm Therapy (31)

A. An assessment was conducted of the client's daily activities using an interview and the social rhythm metric.
B. Information from the interview and social rhythm metric helped to conduct interpersonal and social rhythm therapy.

32. Establish Routine Daily Activities (32)

A. The client was assisted in establishing a more routine pattern of daily activities.
B. The client was assisted in identifying a routine pattern of sleeping, eating, solitary and social activities, and exercise.
C. A form was developed to help review and schedule activities.
D. An emphasis was placed on creating a predictable rhythm for each day.

33. Teach About Sleep Hygiene Importance (33)

A. The client was taught about the importance of good sleep hygiene.
B. The client was assigned the "Sleep Pattern Record" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's sleep pattern was routinely assessed.
D. Interventions for the client's sleep pattern were provided, as he/she has been noted to have a dysfunctional sleep pattern.

34. Promote Behavioral Activation (34)

A. The client was assisted in listing activities that he/she has previously enjoyed, but not engaged in since experiencing the loss.
B. The client was encouraged to re-engage in enjoyable activities.
C. The client was assigned "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's experience of reactivating previously enjoyed activities was processed.
E. Care was taken to be certain not to overstimulate the client.

35. Conduct Interpersonal Portion of Therapy (35)

A. The interpersonal component of the interpersonal and social rhythm therapy techniques was initiated.
B. An assessment was completed of the client's current past significant relationships, including themes related to grief, interpersonal role disputes, role transitions, and skill deficits.
C. The client was supported as he/she reviewed concerns related to interpersonal relationships.

36. Use Interpersonal Therapy Techniques to Resolve Interpersonal Problems (36)

A. Interpersonal therapy techniques were used to explore and resolve issues surrounding grief, role disputes, and role transitions.
B. The client was provided with direction and training in regard to skill deficits.
C. Support and strategies for resolving identified interpersonal issues were provided.

37. Establish a Rescue Protocol (37)

A. A rescue protocol was developed, in order to identify and manage clinical deterioration.
B. Specific factors that would trigger the rescue protocol were identified.
C. Specific factors of the rescue protocol were developed, including medication use, sleep pattern restoration, daily routine, and conflict-free social support.
D. The client and significant others were reinforced for their use of the rescue protocol.
E. The client and significant others were redirected in regard to the use of the rescue protocol.

38. Schedule "Maintenance Sessions" (38)

A. The client was scheduled for a "maintenance session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "maintenance session."
C. The client's "maintenance session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "maintenance session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

39. Assign Reading on Bipolar Disorder (39)

A. The client was assigned to read a book on bipolar disorder.
B. The client was assigned to read *The Bipolar Disorder Survival Guide* (Miklowitz).
C. The client was assigned to read *Bipolar 101: A Practical Guide to Identifying Triggers, Managing Medications, Coping with Symptoms, and More* (White and Preston).
D. The client has read the assigned information on bipolar disorder and key concepts were reviewed.
E. The client has not read the assigned information on bipolar disorder and was redirected to do so.

40. Pledge Support (40)

A. The client was reassured on a regular basis that the therapist would be available to consistently listen to and support him/her.

B. The client reacted favorably to the therapist's pledge of support and has begun to show trust in the relationship by sharing thoughts and feelings.

41. Explore Abandonment Fears (41)

A. The client's fear of abandonment by sources of love and nurturance was explored.

B. Active-listening skills were used as the client confirmed that he/she struggles with the fear that those who have provided love and nurturance to him/her will eventually abandon him/her.

C. The client denied any fear of abandonment by sources of love and nurturance; he/she was urged to monitor this on an as-needed basis.

42. Differentiate Losses (42)

A. The client was helped to differentiate between real and imagined, as well as actual and exaggerated, losses.

B. The client was supported as he/she verbalized grief, fear, and anger regarding real or imagined losses in life.

C. The client was helped to make a differentiation between his/her real and imagined losses, rejections, and abandonment.

D. The client was quite guarded and unrealistic about his/her pattern of losses and was provided with feedback in this area.

43. Probe Losses (43)

A. Real or perceived losses in the client's life were explored.

B. Active listening was used as the client confirmed that he/she has unresolved feelings regarding losses that have been experienced.

C. It was interpreted to the client that his/her experience of loss has precipitated fears of abandonment in other relationships.

D. The client denied any significant losses in his/her life, and this was accepted.

44. Process Losses (44)

A. The client's experiences of loss were processed in an attempt to help him/her put them into proper perspective.

B. The client was helped to identify adaptive ways to replace the losses that were experienced.

C. The client failed to process and develop adaptive ways to replace losses that have been experienced and was gently offered examples of how to do this.

45. Explore Family-of-Origin History (45)

A. The client was supported as he/she shared experiences from his/her family-of-origin history that have caused feelings of low self-esteem and fear of abandonment.

B. The client was supported as he/she revealed experiences with critical and rejecting parents that led to feelings of low self-esteem.

C. The client disclosed experiences of childhood abandonment by parent figures; these have been noted to lead to the fear of abandonment in current relationships.
D. The client was quite guarded about his/her family-of-origin history and was urged to be more open in this area, as he/she feels capable of doing so.

46. Confront Grandiosity (46)

A. The client's grandiosity and demandingness were gradually, but firmly, confronted.
B. The client was assigned "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned "Acknowledging My Strengths" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has become less expansive and more socially appropriate with the consistent confrontation of his/her grandiosity and demandingness.
E. The client has reacted with anger and irritability when his/her grandiosity was confronted.

BORDERLINE PERSONALITY

CLIENT PRESENTATION

1. **Emotional Reactivity (1)***
A. The client described a history of extreme emotional reactivity when minor stresses occur in his/her life.
B. The client's emotional reactivity is usually quite short lived, as he/she returns to a calm state after demonstrating strong feelings of anger, anxiety, or depression.
C. The client's emotional lability has been reduced and he/she reported less frequent incidents of emotional reactivity.

2. **Chaotic Interpersonal Relationships (2)**
A. The client has a pattern of intense, but chaotic, interpersonal relationships as he/she puts high expectations on others and is easily threatened that the relationship might be in jeopardy.
B. The client has had many relationships that have ended because of the intensity and demands that he/she placed on the relationship.
C. The client reported incidents that have occurred recently with friends, whereby he/she continued placing inappropriately intense demands on the relationship.
D. The client has made progress in stabilizing his/her relationship with others by diminishing the degree of demands that he/she places on the relationship and reducing the dependency on it.

3. **Identity Disturbance (3)**
A. The client has a history of being confused as to who he/she is and what his/her goals are in life.
B. The client has become very intense about questioning his/her identity.
C. The client has become more assured about his/her identity and is less reactive to this issue.

4. **Impulsivity (4)**
A. The client described a history of engaging in impulsive behaviors that have the potential for producing harmful consequences for himself/herself.
B. The client has engaged in impulsive behaviors that compromise his/her reputation with others.
C. The client has established improved control over impulsivity and considers the consequences of his/her actions more deliberately before engaging in behavior.

5. **Suicidal/Self-Mutilating Behavior (5)**
A. The client reported a history of multiple suicidal gestures and/or threats.
B. The client has engaged in self-mutilating behavior on several occasions.

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* The numbers in parentheses correlate to the numbers of the Behavioral Definition statementa in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client made a commitment to terminate suicidal gestures and threats.
D. The client agreed to stop the pattern of self-mutilating behavior.
E. There have been no recent reports of occurrences of suicidal gestures, threats, or self-mutilating behavior.

6. Feelings of Emptiness (6)

A. The client reported a chronic history of feeling empty and bored with life.
B. The client's frequent complaints of feeling bored and that life had no meaning had alienated him/her from others.
C. The client has not complained recently about feeling empty or bored, but appears to be more challenged and at peace with life.

7. Intense Anger Eruptions (7)

A. The client frequently has eruptions of intense and inappropriate anger triggered by seemingly insignificant stressors.
B. The client seems to live in a state of chronic anger and displeasure with others.
C. The client's eruptions of intense and inappropriate anger have diminished in their frequency and intensity.
D. The client reported that there have been no incidents of recent eruptions of anger.

8. Feels Others Are Unfair (8)

A. The client made frequent complaints about the unfair treatment he/she believes that others have given him/her.
B. The client frequently verbalized distrust of others and questioned their motives.
C. The client has demonstrated increased trust of others and has not complained about unfair treatment from them recently.

9. Black-or-White Thinking (9)

A. The client demonstrated a pattern of analyzing issues in simple terms of right or wrong, black or white, trustworthy versus deceitful, without regard for extenuating circumstances before considering the complexity of the situations.
B. The client's black-or-white thinking has caused him/her to be quite judgmental of others.
C. The client finds it difficult to consider the complexity of situations, but prefers to think in simple terms of right versus wrong.
D. The client has shown some progress in allowing for the complexity of some situations and extenuating circumstances, which might contribute to some other people's actions.

10. Abandonment Fears (10)

A. The client described a history of becoming very anxious whenever there is any hint of abandonment present in an established relationship.
B. The client's hypersensitivity to abandonment has caused him/her to place excessive demands of loyalty and proof of commitment on relationships.
C. The client has begun to acknowledge his/her fear of abandonment as being excessive and irrational.

D. Conflicts within a relationship have been reported by the client, but he/she has not automatically assumed that abandonment will be the result.

11. Transient Paranoia or Dissociation (11)

A. The client reports transient stress-related paranoid ideation.
B. The client has a history of dissociative symptoms when experiencing transient stress.
C. The client has made progress in stabilizing his/her pattern of paranoid ideation and dissociative symptoms in reaction to transient stress.
D. The client copes well with transient stress.

INTERVENTIONS IMPLEMENTED

1. Assess Behavior, Affect, and Cognitions (1)*

A. The client's experience of distress and disability was assessed to identify targets of therapy.
B. The client's pattern of behaviors (e.g., parasuicidal acts, angry outbursts, overattachment) was assessed to help identify targets for therapy.
C. The client's affect was assessed, including emotional overreactions and painful emptiness, in regard to targets for therapy.
D. The client's cognitions were assessed, including biases such as dichotomous thinking, overgeneralization, and catastrophizing, to assist in identifying targets for therapy.
E. Specific targets for therapy were identified.

2. Explore Childhood Abuse/Abandonment (2)

A. Experiences of childhood physical or emotional abuse, neglect, or abandonment were explored.
B. As the client identified instances of abuse and neglect, the feelings surrounding these experiences were processed.
C. The client's experiences with perceived abandonment were highlighted and related to his/her current fears of this experience occurring in the present.
D. As the client's experience of abuse and abandonment in his/her childhood was processed, he/she denied any emotional impact of these experiences on himself/herself.
E. The client denied any experience of abuse and abandonment in his/her childhood and he/she was urged to talk about these types of concerns as he/she deems it necessary in the future.

3. Validate Distress and Difficulties (3)

A. The client's experience of distress and subsequent difficulties were validated as understandable, given his/her particular circumstances, thoughts, and feelings.
B. It was reflected to the client that most people would experience the same distress and difficulties, given the same circumstances, thoughts, and feelings.
C. The client was noted to accept the validation about his/her level of distress.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.

B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Orient to DBT (9)

A. The client was oriented to dialectical behavioral therapy (DBT).
B. The multiple facets of DBT were highlighted, including support, collaboration, challenge, problem-solving, and skill building.
C. The biosocial view related to borderline personality disorder was emphasized, including the constitutional and social influences.
D. The concept of dialectics was reviewed with the client.
E. DBT topics were explained to the client, including the emphasis on exchange and negotiation, balancing the rational and emotional, and acceptance and change.
F. Information from *Cognitive-Behavioral Treatment of Borderline Personality* (Linehan) was reviewed with the client.

10. Assign Reading on Borderline Personality Disorder (10)

A. The client was asked to read selected sections of books or manuals that reinforce therapeutic interventions.
B. Portions of *Skills Training Manual for Treating Borderline Personality Disorder* (Linehan) were assigned to the client.
C. The client has read assigned information from books or manuals and key concepts were reinforced.
D. The client has not read assigned portions of books or manuals that reinforce therapeutic interventions and was redirected to do so.

11. Solicit Agreement for DBT (11)

A. An agreement was solicited from the client to work collaboratively within the parameters of the DBT approach.
B. A written agreement was developed with the client to work collaboratively within the parameters of the DBT approach.
C. An emphasis was placed on the agreement for DBT, including the expectation to stay in therapy for a specified time, attend scheduled therapy sessions, work toward reducing suicidal behaviors and participating in skills training.
D. The client has agreed to work within the DBT approach to overcome the behaviors, emotions, and cognitions that have been identified as causing problems in his/her life.
E. The client was reinforced for his/her commitment to working within the DBT program.
F. The client has not agreed to work within the DBT program and was referred back to "Treatment as Usual."

12. Explore Self-Mutilating Behavior (12)

A. The client's history and nature of self-mutilating behavior were explored thoroughly.
B. The client helped to recall a pattern of self-mutilating behavior that has dated back several years.
C. The client's self-mutilating behavior was identified as being associated with feelings of depression, fear, and anger, as well as a lack of self-identity.

13. Assess Suicidal Behavior (13)

A. The client's history and current status regarding suicidal gestures were assessed.
B. The secondary gain associated with suicidal gestures was identified.
C. Triggers for suicidal thoughts were identified and alternative responses to these trigger situations were proposed.

14. Arrange Hospitalization (14)

A. As the client was judged to be harmful of self, arrangements were made for a voluntary psychiatric hospitalization.
B. As the client refused a necessary psychiatric hospitalization, the proper steps to involuntary hospitalization of the client were initiated.
C. The client has been psychiatrically hospitalized.
D. Ongoing contact with the psychiatric hospital has been maintained in order to coordinate the most helpful treatment while in the hospital.

15. Refer to Emergency Helpline (15)

A. The client was provided with an emergency helpline telephone number that is available 24 hours a day.
B. Positive feedback was provided as the client promised to utilize the emergency helpline telephone number rather than engaging in any self-harm behaviors.
C. The client has not used the emergency helpline telephone system in place of engaging in self-harm behaviors and was reminded about this useful resource.

16. Interpret Self-Mutilating Behavior (16)

A. The client's self-mutilation was interpreted as an expression of the rage and helplessness that could not be expressed as a child victim of emotional abandonment and abuse.
B. The client accepted the interpretation of his/her self-mutilation and more directly expressed his/her feelings of hurt and anger associated with childhood abuse experiences.
C. The client rejected the interpretation of self-mutilating behavior as an expression of rage associated with childhood abandonment or neglect experiences.
D. An expectation that the client will be able to control his/her urge for self-mutilation was expressed.

17. Elicit Nonsuicide Contract (17)

A. A promise was elicited from the client that he/she will initiate contact with the therapist or an emergency helpline if the suicidal urge becomes strong and before any self-injurious behavior is enacted.

B. The client was reinforced as he/she promised to terminate self-mutilation behavior and to contact emergency personnel if urges for such behavior arise.
C. The client has followed through on the non-self-harm contract by contacting emergency service personnel rather than enacting any suicidal gestures or self-mutilating behavior; he/she was reinforced for this healthy use of support.
D. The client's potential for suicide was consistently assessed despite the suicide prevention contract.

18. Resolve Therapy-Interfering Behaviors (18)

A. The client's pattern of therapy-interfering behavior (e.g., missing appointments, noncompliance, abruptly leaving therapy) was consistently monitored.
B. The client was confronted for his/her therapy-interfering behaviors.
C. The clinician took appropriate responsibility for the clinician's own therapy-interfering behaviors.
D. Therapy-interfering behaviors were problem-solved.

19. Refer for Medication Evaluation (19)

A. The client was assessed in regard to the need for psychotropic medication.
B. The client was referred to a physician to be evaluated for psychotropic medications to stabilize his/her mood.
C. The client has cooperated with a referral to a physician and has attended the evaluation for psychotropic medications.
D. The client has refused to attend a physician evaluation for psychotropic medications and was redirected to do so.

20. Monitor Medication Compliance (20)

A. The client's compliance with prescribed medications was monitored and effectiveness of the medication on his/her level of functioning was noted.
B. The client reported that the medication has been beneficial in stabilizing his/her mood and he/she was encouraged to continue its use.
C. The client reported that the medication has not been beneficial in stabilizing his/her mood; this was reflected to the prescribing clinician.
D. The client reported side effects of the medication that he/she found intolerable; these side effects were relayed to the physician.

21. Use Strategies to Manage Maladaptive Behaviors, Thoughts, and Feelings (21)

A. Validation, dialectical strategies, and problem-solving strategies were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.
B. Therapeutic techniques as described in *Cognitive-Behavioral Treatment of Borderline Personality* (Linehan) were used to help the client manage his/her symptoms.
C. Validation was consistently used to help the client manage, reduce, and stabilize maladaptive behaviors, thoughts, and feelings.
D. Dialectical strategies, such as metaphor or devil's advocacy, were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.

E. Problem-solving strategies, such as behavioral analysis, cognitive restructuring, skills training, and exposure, were used to help the client manage, reduce, or stabilize his/her maladaptive behaviors, thoughts, and feelings.
F. It was noted that the client has decreased maladaptive behaviors (e.g., angry outbursts, binge drinking, abusive relationships, high-risk sex, uncontrolled spending), maladaptive thought patterns (e.g., all-or-nothing thinking, catastrophizing, personalizing), and maladaptive feelings (e.g., rage, hopelessness, abandonment).

22. Conduct Skills Training (22)

A. Group skills training was used to teach responses to identified problem behaviors.
B. Individual skills training was used to teach the client responses to identified behavioral problem patterns.
C. The client was taught assertiveness for use in abusive relationships.
D. The client was taught cognitive strategies for identifying and controlling financial, sexual, and other impulsivity.
E. The client has participated in skills training for specific behavioral problems and the benefit of this treatment was reviewed.
F. The client has not participated in group skills training and was redirected to do so.

23. Teach Skills for Regular Use (23)

A. Behavioral strategies were taught to the client via instruction, modeling, and advising.
B. Role-playing and exposure exercises were used to strengthen the client's use of behavioral strategies.
C. The client was provided with regular homework assignments to help incorporate the behavioral strategies into his/her everyday life.
D. The client was reinforced for his/her regular use and understanding of behavioral strategies.
E. The client has struggled to understand the behavioral strategies and was provided with remedial information in this area.

24. Conduct Trauma Work (24)

A. As the client's adaptive behavior patterns have been evident, work on remembering and accepting the facts of previous trauma was initiated.
B. The client was assisted in using his/her new adaptive behavior patterns and emotional regulation skills to reduce denial and increase insight into the effects of previous trauma.
C. The client was helped to reduce maladaptive emotional and/or behavioral responses to trauma-related stimuli through the regular use of adaptive behavioral patterns and emotional skills.
D. The client was assisted in tolerating the distress of remembering and accepting the facts of previous trauma and in reducing self-blame.
E. The client has been noted to be successful in using his/her adaptive behavioral patterns and emotional regulation skills in managing the effects of previous trauma.
F. The client has become more emotionally disregulated due to the trauma work and was redirected to use behavioral and emotional regulation skills.

25. Explore Schema and Self-Talk (25)

A. The client was assisted in exploring how his/her schema and self-talk mediate his/her trauma-related and other fears.
B. The client's distorted schema and self-talk were reviewed.
C. The client was reinforced for his/her insight into his/her self-talk and schema that support his/her trauma-related and other fears.
D. The client struggled to develop insight into his/her own self-talk and schema and was gently offered examples of these concepts.

26. Assign Exercises on Self-Talk (26)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was directed to complete the "Daily Record of Dysfunctional Thoughts" from *Cognitive-Behavioral Therapy of Depression* (Beck, Rush, Shaw, and Emery).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.

27. Reinforce Positive Self-Talk (27)

A. The client was reinforced for implementing positive, realistic self-talk that enhances self-confidence and increases adaptive action.
B. The client noted several instances from his/her daily life that reflected the implementation of positive self-talk and these successful experiences were reinforced.

28. Develop Hierarchy of Triggers (28)

A. The client was directed to develop a hierarchy of feared and avoided trauma-related stimuli.
B. The client was helped to list many of the feared and avoided trauma-related stimuli.
C. The client was assisted in developing a hierarchy of feared and avoided trauma-related stimuli.
D. The client's journaling was used to assist in developing a hierarchy of feared and avoided trauma-related stimuli.

29. Direct Imaginal Exposure (29)

A. Imaginal exposure was directed by having the client describe a chosen traumatic experience at an increasing, but client-chosen, level of detail.
B. Cognitive restructuring techniques were integrated and repeated until the associated anxiety regarding childhood trauma was reduced and stabilized.
C. The session was recorded and provided to the client to listen to between sessions.
D. "Share the Painful Memory" from the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to help direct the client's imaginal exposure.

E. Techniques from *Dialectical Behavior Therapy in Clinical Practice* (Linehan, Dimeff, and Koerner) were used to direct the client's imaginal exposure.
F. The client's progress was reviewed, reinforced, and problem-solved.

30. Assign Homework on Exposure (30)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record his/her experience.
B. The client was directed to listen to the taped exposure session to consolidate his/her skills for exposure to feared stimuli.
C. The client was assigned situational exposures homework from *Dialectical Behavior Therapy in Clinical Practice* (Linehan, Dimeff, and Koerner).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementations of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

31. Treat Posttraumatic Stress Disorder (PTSD) (31)

A. The client was identified as having a comorbid PTSD diagnosis.
B. The client was treated with prolonged exposure therapy.
C. The client was treated with cognitive processing therapy.
D. The client was treated with eye movement desensitization and reprocessing (EMDR).
E. The client's PTSD symptoms have significantly decreased and positive reinforcement was provided for this.
F. The client's PTSD symptoms have not significantly decreased, and additional treatment in this area was coordinated.

32. Encourage Trust in Own Evaluations (32)

A. The client was encouraged to value, believe, and trust in his/her evaluations of himself/herself, others, and situations.
B. The client was encouraged to examine situations in a nondefensive manner, independent of other's opinions.
C. The client was encouraged to build self-reliance through trusting his/her own evaluations.
D. The client was reinforced for his/her value, belief, and trust in his/her own evaluations of himself/herself, others, and situations.
E. The client was redirected when he/she tended to devalue, disbelieve, and distrust his/her own evaluations.

33. Encourage Positive Experiences (33)

A. The client was encouraged to facilitate his/her personal growth by choosing experiences that strengthen self-awareness, personal values, and appreciation of life.
B. The client was encouraged to use spiritual practices and other relative life experiences to help increase his/her positive experiences.

34. Teach Problem-Solving Skills (34)

A. The client was taught specific techniques for problem solving.

B. The client was taught about defining the problem; brainstorming solutions; listing pros and cons; seeking input from others; and selecting, implementing, evaluating, and readjusting actions.

C. Role-playing and modeling were used to apply problem-solving skills.

D. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma).

E. The client was reinforced for his/her positive use of problem-solving skills.

F. The client has struggled to use problem-solving skills and was provided with remedial feedback in this area.

CHILDHOOD TRAUMA

CLIENT PRESENTATION

1. Physical/Sexual/Emotional Abuse (1)*

A. The client reported that he/she had a history of physical, sexual, or emotional abuse.

B. The client reported that painful memories of abusive childhood experiences are intrusive and unsettling.

C. The client reported that nightmares and other disturbing thoughts related to childhood abuse interfere with his/her sleep.

D. The client reported that his/her emotional reactions associated with the childhood abusive emotional experiences have been resolved.

E. The client was able to discuss his/her childhood abusive experiences without being overwhelmed with negative emotions.

2. Neglect Experiences (2)

A. The client reported a history of parents who were neglectful of his/her emotional and physical needs.

B. The client's feelings of low self-esteem, lack of confidence, and vulnerability to depression are related to his/her childhood experiences of neglect.

C. The client stated that his/her parents were involved with substance abuse and this led to neglect of their child-rearing responsibilities.

D. The parents' involvement in work and their own self-centered experiences led to neglect of the children.

E. The client reported that his/her parents had limited intellectual capacity and failed to comprehend the full responsibilities of parenting.

F. The client was able to discuss his/her childhood experience of neglect without becoming overwhelmed with negative emotions.

3. Chaotic Childhood History (3)

A. The client described his/her childhood history as chaotic, related to frequent moves, substitute caretakers, financial instability, multiple parental partners, and the in-and-out presence of stepsiblings.

B. The client described growing up in an alcoholic household, which led to significant instability.

C. The client described one of his/her parents as seriously mentally ill, resulting in multiple periods of hospitalization and instability at home.

D. The client described his/her parents as irresponsible and antisocial, leading to many legal and interpersonal conflicts.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

E. The client identified that he/she has been able to move on from his/her experiences of chaos in his/her childhood.

4. Repressive Parents (4)

A. The client described his/her parents as rigid, perfectionistic, and hypercritical, resulting in him/her consistently feeling inadequate.
B. The client reported that his/her parents were threatening and demeaning, resulting in feelings of low self-esteem.
C. The client reported that his/her parents were hyperreligious, resulting in rigid, high expectations of behavior and harsh discipline.
D. The client described an emotionally repressive atmosphere at home during his/her childhood as a result of his/her parents' lack of nurturance, encouragement, and positive reinforcement.
E. The client has been able to overcome the effects of his/her parents' repressive parenting style.

5. Irrational Fears (5)

A. The client's early-life experiences have led to continuing irrational fears in the present.
B. As the client has developed insight into conflicts related to his/her childhood, his/her irrational fears have begun to diminish.
C. The client reported a greater sense of security and an absence of previously held irrational fears.

6. Suppressed Rage (5)

A. The client reported that his/her early painful experiences have resulted in feelings of anger and unexpressed rage.
B. The client has begun to express suppressed feelings of rage toward his/her parents for their treatment of him/her during childhood.
C. The client's level of anger has diminished and he/she reported a greater sense of peace.

7. Depression and Low Self-Esteem (5)

A. The client reported feelings of low self-esteem and depression related to painful experiences of childhood.
B. As the client has shared his/her pain related to childhood experiences, the feelings of low self-esteem and depression have diminished.
C. The client reported increased feelings of positive self-esteem and a lifting of depression.

8. Identity Conflicts/Anxious Insecurity (5)

A. The client reported struggles with his/her identity and feelings of insecurity due to painful childhood experiences.
B. The client reported a clearer sense of identity and more self-confidence as his/her painful childhood experiences were processed.

9. Dissociative Phenomena (6)

A. The client reported the presence of dissociative phenomena during times of high stress as a result of childhood emotional pain.
B. The client reported that his/her experiences of dissociative phenomena have terminated as he/she worked through the painful experiences of his/her childhood.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and the trust level were emphasized.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to take advantage of this trustworthy environment.

2. Develop Family Symptom Line (2)

A. A genogram was developed for the client's family, along with a list of symptoms and characteristics of each family member.
B. As the client described what it was like to grow up in his/her home, he/she was helped to describe the dysfunction present within each family member that contributed to the chaotic atmosphere of abuse and neglect.
C. Active listening was used as the client described his/her feelings toward each family member as they were experienced in the past and in the present.
D. The client was resistive to describing the dysfunction of each family member and became defensive out of a sense of loyalty to them; this defensiveness was reflected to him/her.

3. Explore Dissociative Experiences (3)

A. The client's history of experiencing dissociative phenomena to protect himself/herself from the pain of childhood abusive experiences was explored.
B. The client was assisted in understanding the role of dissociation in protecting himself/herself from emotional pain.
C. The client reported the experience of dissociative phenomena to such an extent that this problem was made a focus of treatment.
D. The client denied that there was any significant and consistent pattern of dissociative experiences; he/she was reminded to be vigilant for these symptoms.

4. Assess Dissociation Severity (4)

A. The severity of the client's dissociative phenomena was assessed.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. Because the client's dissociative phenomena were significantly severe, hospitalization was recommended to stabilize his/her condition.
C. The client's dissociative phenomena were not found to be severe or persistent.

5. Assess Substance Abuse (5)

A. A complete drug and alcohol history of the client was gathered to assess whether substance abuse has been a means of coping with feelings regarding the childhood trauma.
B. Chemical dependence was found within the client's behavior pattern and referral to substance abuse treatment was made.
C. The assessment of the client's substance abuse determined that there is not a chemical dependence problem.
D. The client acknowledged that he/she has abused substances as a means of coping with the pain resulting from childhood abuse and neglect and the focus of treatment was modified to cover this issue.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.

E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.

10. Clarify Family Role (10)

A. The client was assisted in clarifying his/her role within the family and the feelings associated with that role assignment.
B. It was noted that the client clearly understood the role that he/she played within the family and how that contributed to the dynamics of dysfunction.
C. Active listening was provided as the client verbalized an understanding of how his/her role within the family as a child has had an impact on his/her current feelings toward self and others.
D. The client failed to display an understanding of his/her role in the family and was gently offered examples in this area.

11. Research Family Dysfunction (11)

A. The client was assigned to ask his/her parents about their family backgrounds and develop insight into patterns of behavior and causes for his/her parents' dysfunction.
B. The client has identified patterns of abuse, neglect, and abandonment within the parents' families-of-origin and within the extended family also; these patterns were processed.
C. The client was reinforced as he/she verbalized a recognition that his/her parents have followed a pattern that has been long established within the family of abuse and neglect of the children.
D. Recognizing that his/her parents were following an extended family pattern of abuse and neglect has been noted to help the client begin the process of forgiving them.
E. Recognition of the extended family pattern of abuse and neglect has been noted to alert the client to be vigilant against continuing this cycle of abuse and neglect within his/her own family.

12. Explore Childhood Experiences (12)

A. The client's painful childhood experiences were explored.
B. The client was assigned "Share the Painful Memory" in the *Adult Psychotherapy Homework Planner* (Jongsma).

C. Active listening was used as the client explained what it was like to grow up in the home environment, focusing on the abusive/neglectful experiences that he/she endured.
D. The client has begun to open up about his/her childhood experiences, but still remains rather guarded; he/she was urged to continue this progress.
E. The client described, in detail, the facts and feelings associated with his/her painful childhood experiences; he/she was supported through these difficult disclosures.

13. Encourage Feelings Expression (13)

A. The client was supported and encourage when he/she began to express feelings of rage, fear, and rejection relating to family abuse or neglect.
B. The client was supported as he/she has continued to clarify his/her understanding of feelings associated with major traumatic incidents in childhood.
C. As the client has clarified his/her feelings and shared them within the session, his/her feelings of emotional turmoil have diminished.
D. The client continues to be very guarded about his/her feelings of rage, fear, and rejection related to the family abuse or neglect and was encouraged to get in touch with these feelings as he/she is capable of doing so.

14. Assign Feelings Journal (14)

A. The client was assigned to record his/her feelings in a journal that describes memories, behavior, and emotions tied to traumatic childhood experiences.
B. The client was assigned "How the Trauma Affects Me" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through on the journaling assignment and has developed an increased awareness of the impact that his/her childhood experiences have had on present feelings and behaviors; this progress was reviewed.
D. The client was assisted in identifying how his/her childhood experiences have influenced how he/she parents his/her own children today.
E. The client has not completed the assigned feelings journal and was redirected to do so.

15. Assign Books on Childhood Trauma (15)

A. Reading materials relating to traumatic childhood experiences were recommended to the client to assist him/her in developing insight.
B. The client was advised to read *It Will Never Happen to Me* (Black), *Outgrowing the Pain* (Gil), or *Healing the Child Within* (Whitfield).
C. The client has followed through on reading the recommended childhood trauma material and insights related to that reading were processed.
D. The client has not followed through on reading the recommended material and was redirected to do so.

16. Explore Client's Parenting (16)

A. The client was assisted in comparing his/her own parenting behavior to that of parental figures of his/her childhood.
B. The client's understanding of how his/her own parenting patterns have been influenced by the negative patterns of his/her own parents was processed.

C. The client was resistive to drawing any parallels between his/her own parenting style and that of his/her abusive and neglectful parents; these parallels were offered in a tentative manner.

17. Refer for Dialectical Behavioral Therapy (DBT) (17)

A. The client was identified as experiencing distress or disability due to borderline personality disorder concerns.
B. The client was provided with DBT.
C. The client was referred to a therapist specializing in DBT.
D. The client was reinforced for his/her involvement in DBT.
E. The client has not utilized DBT and was redirected to do so.

18. Refer for Posttraumatic Stress Disorder (PTSD) Treatment (18)

A. The client was identified as manifesting PTSD symptoms.
B. The client was provided with therapy for PTSD.
C. The client was coordinated for prolonged exposure therapy.
D. The client was coordinated for cognitive processing therapy.
E. The client was coordinated for eye movement desensitization and reprocessing therapy.
F. The client has followed through on treatment for PTSD and was reinforced for this.
G. The client has not followed through on treatment for PTSD and was reminded to do so.

19. Assign Feelings Letter (19)

A. The client was assigned the task of writing a letter to his/her parents regarding his/her feelings associated with the experience of childhood neglect or abuse.
B. The client has followed through with writing a feelings letter to his/her parents regarding his/her childhood abuse/neglect and this letter was processed.
C. It was reflected to the client that writing the letter regarding his/her childhood abuse experiences has helped him/her decrease feelings of shame and affirm himself/herself as not being responsible for the abuse.
D. The client has not followed through with writing the letter to his/her parents regarding the childhood abuse or neglect experiences and was redirected to do so.

20. Support Confrontation of Perpetrator (20)

A. A conjoint session was held where the client confronted the perpetrator of his/her childhood abusive experiences.
B. The client was supported in his/her confrontation of the perpetrator of abuse and neglect while responsibility for that neglect was placed clearly on the perpetrator.
C. The client found it very difficult to be direct in his/her confrontation of the perpetrator of childhood abuse/neglect; he/she was urged to be more direct.
D. The perpetrator responded with defensive statements and denial in reaction to the client's confrontation of him/her regarding childhood abuse and neglect; the client was supported in rejecting this blame and denial.

E. Since the confrontation of the perpetrator, the client has reported decreased feelings of shame and more clarity regarding not being responsible for the abuse that occurred to him/her; the benefits of this progress were reviewed.
F. The client has declined confrontation of the perpetrator; he/she was accepted for this decision and urged to consider confrontation at a later date.

21. Utilize Empty-Chair Exercise (21)

A. The client was guided in an empty-chair exercise with the perpetrator of the abuse as the imagined person in the empty chair.
B. The client was guided in an empty-chair exercise in which the nonperpetrating parent was imagined to be in the empty chair.
C. The client was assisted in expressing his/her feelings and clarifying the impact that the childhood experiences of abuse had on him/her.
D. The client was reinforced as he/she affirmed himself/herself as not being responsible for the abuse and placed responsibility clearly on the perpetrator.
E. The client was supported in confronting the nonperpetrating parent for not protecting him/her from the abusive experiences in childhood.

22. Reinforce Holding Perpetrator Responsible (22)

A. Any and all statements that the client made that reflected placing blame on the perpetrators and nonprotective, nonnurturant adults for his/her painful childhood experiences were reinforced.
B. The client was consistently reminded that he/she was not responsible for the abuse and neglect that occurred in his/her childhood but that it was the responsibility of his/her childhood parents or caretakers.
C. The client continues to struggle with blaming himself/herself for the abusive experiences of his/her childhood; statements indicating self-blame were confronted and reframed.

23. Assign Forgiveness Letter (23)

A. The client was assigned to write a letter of forgiveness to the perpetrator of the childhood hurt.
B. The client was assigned “Feelings and Forgiveness Letter” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through with writing his/her forgiveness letter to the perpetrator of the childhood hurt; as this letter was processed, he/she reported experiencing a sense of putting the issue in the past.
D. The client reported that he/she has begun the process of forgiving the perpetrator of his/her childhood pain and others who may have been passive collaborators; the benefits of this progress were highlighted.
E. The client has not followed through on writing the forgiveness letter to the perpetrator of his/her childhood pain and was redirected to do so.

24. Teach Forgiveness Benefits (24)

A. The client was taught the benefits of beginning the process of forgiving those adults who perpetrated abuse and neglect on him/her during childhood.

B. The client was supported as he/she has begun the process of forgiving the perpetrators of his/her childhood abuse and neglect.
C. As the client has begun to forgive the perpetrators of his/her painful childhood experiences, it was noted that he/she has also begun to release feelings of hurt and anger and put the issue in the past.
D. It was reflected that as the client has begun forgiveness, he/she has been able to experience feelings of trust in others.

25. Recommend Forgiveness Books (25)

A. Reading books on forgiveness was recommended to the client to increase his/her understanding of the process and benefits of forgiveness.
B. The client was advised to read *Forgive and Forget* (Smedes) or *When Bad Things Happen to Good People* (Kushner).
C. The client has followed through with reading the recommended material on forgiveness and key concepts were reviewed and processed.
D. Since the client has read the forgiveness material, he/she has been able to identify the positive aspects for himself/herself of being able to forgive all those involved with the abuse; this insight was processed.
E. The client has not followed through on reading the recommended material on forgiveness and was redirected to do so.

26. Explore Victim Versus Survivor (26)

A. The client was asked to consider the positive and negative consequences of considering himself/herself as a victim versus being a survivor of childhood trauma.
B. The client's understanding of the advantages of perceiving himself/herself as a survivor of abuse and neglect rather than a victim were processed.
C. The client has continued to view himself/herself as a victim of painful childhood experiences and has not moved forward toward feeling empowered as a survivor; this stagnation was reflected to him/her.

27. Reinforce Survivor Self-Perception (27)

A. The client was encouraged and reinforced to perceive himself/herself as a survivor rather than a victim of childhood abuse or neglect.
B. The client was assigned "Changing From Victim to Survivor" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. As the client increased his/her statements that reflected a self-perception of survivorship rather than victimization, strong reinforcement was given.
D. The client has continued to make statements of being a victim rather than statements of personal empowerment that reflect survivorship; he/she was helped to reframe these statements into survivor statements.

28. Teach Share-Check Technique (28)

A. The client was taught to build trust in relationships through the use of the share-check technique.

B. The client reported that he/she has begun to share personal thoughts and feelings with others on a minimal basis in order to see if those feelings are dealt with respectfully and supportively; the results of this sharing were reviewed.
C. The client expressed difficulty with building trust and intimacy with others; he/she was reminded to do this in small steps.
D. The client was reinforced as he/she expressed insight into his/her difficulty with building trust as related to childhood experiences of abuse and neglect.

29. Teach Trust in Others (29)

A. The client was encouraged and taught the advantages of treating others as trustworthy while continuing to assess their character.
B. Positive feedback was provided as the client reported that he/she is beginning to increase trust and interaction with others.
C. The client continues to struggle with issues of trust and to be withdrawn in social relationships; he/she was reminded to increase trust in small steps.

CHRONIC PAIN

CLIENT PRESENTATION

1. Chronic Pain Limits Activity (1)*

A. The client has experienced chronic pain beyond that which would be expected through the normal healing process and it significantly limits his/her physical activities.
B. The client has not been able to discover ways to manage or decrease his/her pain effectively.
C. The client reported that the pain management strategies have helped to reduce his/her preoccupation with chronic pain.
D. The client has increased involvement in physical activities, as he/she has acquired the necessary pain management skills.

2. Generalized Pain (2)

A. The client has complained of pain throughout his/her body and in many joints, muscles, and bones.
B. The client's pain has interfered with his/her daily functioning.
C. The client verbalized fewer complaints about generalized pain and is resuming some normal activities.
D. The client stated that he/she has become significantly less preoccupied with his/her generalized pain and is functioning rather normally.

3. Pain Medication Use (3)

A. The client reported that he/she has become heavily reliant on pain medication, but that—in spite of this dependence—he/she experiences little pain relief.
B. The client has increased his/her pain medication use beyond the prescription level in an attempt to obtain relief.
C. The client has become dependent on the use of medication and may be physiologically addicted.
D. The client has acknowledged his/her overuse of medication and has begun to reduce this dependency and utilize other pain management techniques.
E. The client has terminated the use of pain medication that was offering little benefit and has found more adaptive ways to regulate pain.

4. Experiences Headaches (4)

A. The client described a chronic history of headache pain that occurs almost daily.
B. The client's headaches produce excruciating pain that interferes with daily functioning.
C. The client reported a reduction in the frequency and severity of his/her headaches.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. Use of medical and behavioral techniques has virtually eliminated the experience of headaches for the client.

5. **Back Pain (5)**

A. The client complained of chronic back pain that extends into the neck.
B. The client's back pain has interfered with his/her normal functioning at work and play.
C. The client has adapted his/her entire life to accommodate his/her back pain.
D. The client's complaints of back pain have been significantly reduced as he/she has found constructive ways to regulate and manage this pain.

6. **Fibromyalgia Pain (5)**

A. The client has been diagnosed with fibromyalgia, a condition that results in generalized pain and fatigue.
B. The client's entire life has been negatively affected by the fibromyalgia condition.
C. The client is beginning to focus on positive aspects of his/her life and to regulate and manage the fibromyalgia pain.
D. The client has returned to near-normal functioning, in spite of the fibromyalgia condition.

7. **Rheumatoid Arthritis (6)**

A. The client experiences intermittent severe pain related to the condition of rheumatoid arthritis.
B. The client's rheumatoid arthritis condition has become increasingly severe, resulting in limitations in physical activity and debilitation of psychological functioning.
C. The client is beginning to manage his/her pain more effectively and maximize daily functioning ability.

8. **Irritable Bowel Syndrome (6)**

A. The client has been diagnosed with irritable bowel syndrome, which results in attacks of severe cramping and pain associated with diarrhea.
B. The client's life has been significantly restricted because of the irritable bowel condition.
C. The client has learned to regulate his/her irritable bowel condition and to maximize his/her daily functioning ability.

9. **Decreased Activity (7)**

A. The client has significantly decreased or stopped activities related to work, household chores, socialization, exercise, and sexual pleasure because of pain.
B. The client described considerable frustration and depression related to the termination of constructive activity because of his/her pain.
C. As the client has learned to regulate his/her pain more effectively, he/she has increased normal activities.
D. The client has returned to work and is performing household-related chores as pain management has become more effective.
E. The client has increased his/her pleasurable activities related to socialization, exercise, and sexual interaction as effective pain management has been learned.

10. Generalized Physical Symptoms (8)

A. The client complained of pain-related symptoms such as fatigue, insomnia, muscle tension, decreased concentration, and memory interference.

B. As the client has learned pain management and regulation skills, there have been fewer complaints of generalized physical symptoms.

11. Depression (9)

A. The client's experience of chronic pain has led to feelings of depression.

B. The client expressed feelings of depression related to his/her inability to perform normal daily activities because of debilitating pain.

C. As the client has learned pain management skills, his/her depression has decreased.

D. The client reported an increase in self-esteem, interest in activities, energy, and enjoyment of socialization as his/her pain management has become more effective.

12. Pessimistic Verbalizations (10)

A. The client made frequent pessimistic verbalizations about his/her inability to control the pain or live a normal life or be understood by others.

B. As the client has learned pain management skills, he/she is making significantly fewer pessimistic statements about himself/herself and his/her future.

INTERVENTIONS IMPLEMENTED

1. Gather Pain History (1)*

A. A history of the client's experience of chronic pain and his/her associated medical conditions was gathered.

B. Active listening was provided as the client described the nature of his/her pain and explained the causes for it.

C. It was noted that the client does not have a clear understanding of the causes for his/her pain or effective ways to manage it.

2. Explore Pain's Negative Impact (2)

A. The changes in the client's social, vocational, familial, and intimate life that have occurred in reaction to his/her pain were explored.

B. The client was assisted in identifying how the pain has made a negative impact on many types of daily activities.

C. The client was supported as he/she explained the serious debilitating effect that the pain has had on his/her role within the family.

D. The client's emotional reaction to his/her chronic pain was explored.

E. The client was supported as he/she verbalized the mood and attitude changes that have accompanied the experience of chronic pain.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

F. It was noted that the client has experienced feelings of depression, frustration, and irritability that have resulted from the way pain has interfered with his/her life.
G. The client acknowledged that he/she experiences periods of severe depression related to this significant pain and the negative changes that have occurred in his/her life because of it; these emotions were processed.

3. Refer to Physician (3)

A. The client was referred to a physician to undergo a thorough examination to rule out any undiagnosed condition and to receive recommendations for further treatment options.
B. The client has followed through on the physician evaluation referral and new treatment options were reviewed.
C. The client was encouraged by the prospect of new medical procedures that may offer hope in terms of pain relief; he/she was directed to pursue these options.
D. The client was discouraged to discover that no new medical procedures could offer hope of pain relief; his/her emotions were processed.
E. The client has not followed through on obtaining a new evaluation by a physician and was encouraged to do so.

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.

9. Discuss Pain Management/Rehabilitation Programs (9)

A. A discussion was held regarding available pain management alternatives and rehabilitation programs.
B. After considering the alternative programs available, the client selected a pain management/rehabilitation program for himself/herself.
C. The client was resistive to the notion of participating in a pain management program and did not believe it would be helpful; he/she was encouraged to use these options.

10. Refer to Pain Management/Rehabilitation (10)

A. All the necessary arrangements were made for the client to begin treatment at the pain management/rehabilitation program.
B. The client has agreed to follow through on the referral and attend the first appointment at the pain management/rehabilitation program.
C. Release-of-information forms were completed and signed by the client that would allow regular contact with the pain management/rehabilitation staff.
D. Release-of-information forms were forwarded to the pain management staff and they have agreed to provide regular progress reports.

E. The client has refused to participate in the pain management/rehabilitation effort and was redirected to use this important resource.

11. Solicit Treatment Commitment (11)

A. The client has agreed to cooperate with a full regiment of pain management treatment with specialists in this area.
B. The client has refused to make a commitment to complete pain management treatment; he/she was encouraged to review these resources at a later time.

12. Refer for Medication Review (12)

A. The client was referred to a physician who specializes in chronic pain management to obtain a medication review.
B. The client has followed through with attending an appointment with a physician who reviewed his/her medications; the results of this evaluation were discussed.
C. The client has begun taking the new medications prescribed by the physician to regulate the pain and his/her reaction to the medication was reviewed.
D. The client has not followed through with a referral to a physician for a medication review and was redirected to do so.
E. Contact was made with the client's physician, who evaluated pain control medications.
F. The client's physician was given a progress report regarding the client's chronic pain management.
G. The client's physician indicated that no further medication options were available to manage the client's pain, which has been reviewed with the client.

13. Refer to a Pain Management Group (13)

A. The client was referred for cognitive behavioral therapy for pain management.
B. The client was started in a small, closed-enrollment group for pain management.
C. The client has been enrolled in a pain management group as described in *Group Therapy for Patients with Chronic Pain* (Keefe et al.).
D. The client has engaged in the small group for pain management and his/her experience was reviewed.
E. The client has not enrolled in the pain management treatment group and was redirected to do so.

14. Teach Key Pain Concepts (14)

A. The client was educated regarding various aspects of pain such as rehabilitation versus biological healing; conservative versus aggressive medical interventions; acute versus chronic pain; benign versus nonbenign pain; cure versus management; and the role of exercise, medication, and self-regulation techniques.
B. The client was praised as he/she verbalized a good understanding of the key concepts of pain.
C. Comments made by the client were noted to reflect an increasing understanding of the causes and treatment for his/her pain.
D. The client continues to be confused by his/her pain and only talks of finding a way to end it; he/she was redirected to the important concepts regarding his/her pain.

15. Provide Rationale for Treatment (15)

A. The client was taught how treatment can help him/her understand how thoughts, feelings, and behavior can affect pain.
B. The client was taught about how he/she can play a role in managing his/her own pain.
C. The client was reinforced as he/she has embraced the rationale for treatment and the management of his/her own pain.
D. The client has not accepted the rationale for treatment and the concept of managing his/her own pain and was provided with additional feedback in this area.

16. Assign Reading on Cognitive/Behavioral Treatment of Pain (16)

A. The client was assigned to read sections from books or treatment manuals that describe pain conditions and their cognitive/behavioral treatment.
B. The client was assigned to read information from *The Chronic Pain Control Workbook* (Catalano and Hardin).
C. The client has read information from treatment manuals and books about cognitive behavioral treatment of pain conditions and key concepts were reviewed.
D. The client has not read information about cognitive behavioral treatment of pain conditions and was redirected to do so.

17. Assign Pain Journal (17)

A. The client was asked to keep a pain journal in which he/she would record the time of day, where and what he/she was doing, the severity of the pain, and what was done to alleviate the pain.
B. The client was assigned to use the "Pain and Stress Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through on completing the pain journal and his/her journal was reviewed.
D. The material from the client's pain journal was processed to assist him/her in developing insight into triggers for and the nature of his/her pain.
E. Interventions were discussed that could help the client alleviate the frequency, duration, and severity of his/her pain.
F. The client reported that he/she has not kept a pain journal and was redirected to do so.

18. Teach Relaxation Skills (18)

A. The client was taught relaxation skills.
B. The client was taught skills such as progressive muscle relaxation, guided imagery, and slow diaphragmatic breathing.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught how to apply relaxation skills in his/her daily life.
E. The client was taught relaxation skills as described in *New Directions in Progressive Relaxation Training* (Bernstein, Borkovec, and Hazlett-Stevens).
F. The client has learned how to better discriminate between relaxation and tension and has learned relaxation skills; this progress was reinforced.

G. The client has not learned relaxation skills or how to discriminate between relaxation and tension and was provided with remedial feedback in this area.

19. Arrange for Biofeedback Training (19)

A. The client was referred for biofeedback training to help him/her develop more precise relaxation skills.
B. The client was referred for EMG for muscle tension-related pain.
C. The client was referred for thermal biofeedback for migraine pain.
D. The client was administered biofeedback training to teach him/her more in-depth relaxation skills.
E. The biofeedback training sessions have been helpful in training the client to relax more deeply.
F. The client has not used the skills learned in biofeedback training and was redirected to do so.
G. The client has not attended biofeedback training and was redirected to do so.

20. Identify Application for Biofeedback and Relaxation (20)

A. The client was urged to identify areas in which he/she can implement skills learned through relaxation training.
B. The client was urged to identify areas in which he/she can implement skills learned through biofeedback training.
C. The client was reinforced for his/her use of skills in his/her daily life.
D. The client has not found ways to use relaxation or biofeedback training in his/her daily life and was gently offered examples in this area.

21. Assign Somatic Pain Management Skills (21)

A. The client was assigned a homework exercise to implement somatic pain management skills and record the results.
B. The client's record of somatic pain management skills was reviewed within the treatment session.
C. The client was provided with feedback for his/her use of somatic pain management skills.

22. Assign Information About Progressive Muscle Relaxation (22)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies in relevant books or treatment manuals.
B. The client was assigned to read information from the *Relaxation and Stress Reduction Workbook* (Davis, Robbins-Eschelman, and McKay).
C. The client was assigned information from *Living Beyond Your Pain* (Dahl and Lundgren).
D. The client has read the information about progressive muscle relaxation and other calming strategies and key concepts were reviewed.
E. The client has not read the information on progressive muscle relaxation and other calming strategies and was redirected to do so.

23. Refer for Physical Therapy (23)

A. As the client's pain has been noted to be heterogeneous, he/she has been referred for physical therapy.
B. The client has been involved in physical therapy and his/her experience was reviewed.
C. The client has not sought out involvement in physical therapy and was redirected to do so.

24. Teach Distraction Techniques (24)

A. The client was taught distraction techniques and how to use them with relaxation skills for the management of acute episodes of pain.
B. The client was taught pleasant imagery as a distraction technique.
C. The client was taught counting techniques as a way to distract from chronic pain.
D. The client was taught alternative focal point techniques as a way to supplement relaxation skills for the management of the acute episodes of pain.
E. The client was assigned the homework exercise "Controlling the Focus on Physical Problems" from the *Adult Psychotherapy Homework Planner* (Jongsma).
F. The client was reinforced for his/her regular use of destruction techniques.
G. The client has not utilized distraction techniques and was redirected to do so.

25. Conduct Acceptance and Commitment Therapy (ACT) (25)

A. The client was provided with mindfulness strategies from ACT.
B. The client was taught strategies to help decrease avoidance, disconnect thoughts from actions, accept experience rather than change or control symptoms and behave in accordance with broader life values.
C. The client was taught about clarifying goals and values and committing to behaving accordingly.
D. The client has displayed a clear understanding of the concepts of ACT and was reinforced for utilizing these.
E. The client has struggled with the ACT changes and was provided with remedial information in this area.

26. Reinforce Pleasurable Activities (26)

A. The client was assisted in creating a list of activities that give him/her pleasure and are consistent with his/her core values.
B. The client's list of pleasurable activities was processed and clarified.
C. A plan was developed for the client to increase the frequency of implementation of the selected pleasurable activities.
D. Since implementation of the pleasurable activities, the client has been noted to have an increased sense of well-being.
E. The client has not followed through on creating a list of or implementing pleasurable activities at an increased frequency and was redirected to do so.

27. Teach Need for Exercise (27)

A. The client was taught the importance of regular exercise as a benefit in pain management.
B. The client was reinforced as he/she verbalized an understanding of the need for regular exercise in his/her life.

C. The client reported on the implementation of exercise into his/her daily life and was reinforced for doing so.
D. The client reported that implementation of exercise into his/her daily life has increased his/her sense of physical well-being and confidence in his/her body; the benefits of this progress were reviewed.
E. The client reported that he/she has not been consistent in maintaining exercise in his/her daily routine and was encouraged to do so.

28. Refer to Exercise Program (28)

A. The client was referred for assistance in developing an individually tailored exercise program that is approved by the client's personal physician.
B. The client accepted the referral for the development of a physical exercise program and has committed to regular participation.
C. The client refused to participate in an exercise program and would not accept a referral to such a program.
D. The client postponed participation in the development of an exercise program and was encouraged to follow through.

29. Explore Schema and Self-Talk (29)

A. The client was assisted in exploring his/her schema and self-talk that mediate the pain response.
B. The client's schema and self-talk were challenged in regard to the biases that promote unhealthy schema and self-talk.
C. The client was assisted in generating thoughts that correct for his/her biases, schema, and self-talk.
D. The client was assisted in developing better coping skills and building confidence in managing pain through the challenge and change of his/her schema and self-talk.
E. The client struggled to identify his/her schema and self-talk and was gently offered examples in this area.

30. Assign Replacement of Negative Self-Talk (30)

A. The client was assigned a homework exercise in which he/she identifies negative pain-related self-talk.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned to develop positive alternatives for his/her negative pain-related self-talk.
D. The client's modification of pain-related self-talk was reviewed and reinforced.
E. The client has struggled to change his/her negative pain-related self-talk into the positive alternatives and was provided with remedial assistance in this area.

31. Use Cognitive Therapy Techniques (31)

A. Cognitive therapy techniques were used to help the client change his/her view of pain.
B. The client was assisted in changing his/her view of pain from being overwhelming to being manageable.

C. The client was reinforced for his/her change in focus from being overwhelmed by his/her pain to being able to manage his/her pain.
D. The client has struggled in utilizing cognitive therapy techniques to change his/her view of pain and suffering and was provided with remedial assistance in this area.

32. Change Focus From Passive to Active (32)

A. Cognitive therapy techniques were used to help the client change his/her self-concept and role in pain management.
B. The client was assisted in moving from being passive, reactive, and helpless to active, resourceful, and competent.
C. The client was reinforced for his/her use of cognitive therapy techniques to become more active, resourceful, and competent.

33. Assign Cognitive Restructuring Information (33)

A. The client was assigned to read about cognitive restructuring in relevant books or treatment manuals.
B. The client was assigned to read information from *The Chronic Pain Control Workbook* (Catalano and Hardin).
C. The client was assigned to read information from *Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook* (Otis).
D. The client was assigned to read information from *The Pain Survival Guide* (Turk).
E. The client has read the assigned information about cognitive restructuring and was assisted in reviewing the key concepts of this technique.
F. The client has not read the assigned information on cognitive restructuring and was redirected to do so.

34. Teach Problem-Solving Skills (34)

A. The client was taught problem-solving skills to apply to the removal of obstacles to implementing new skills.
B. The client's obstacles to implementing pain management skills were problem-solved.
C. The client was reinforced for his/her regular use of problem-solving skills.
D. The client has not learned and implemented problem-solving skills and was redirected to do so.

35. Reframe for Positive Life Elements (35)

A. The client was assisted in reframing thoughts about his/her life as one that has many positive elements outside of the pain.
B. The client was asked to list positive aspects of himself/herself, as well as positive aspects of his life circumstances.
C. The client was assigned the homework exercise "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was assigned the homework exercise "What's Good About Me and My Life?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
E. The client was assisted in cataloguing the positive elements of his/her life outside of the pain.

36. Integrate Pain Management Skills Into Daily Activities (36)

A. The client was directed to integrate the pain management skills he/she has learned into a wider arrange of daily activities.
B. The client was assigned to record how he/she uses relaxation, distraction, activity scheduling, and other pain management skills.
C. The client's use of pain management skills was reviewed; positive feedback was provided as the client displays regular use of pain management skills.
D. The client has not used pain management skills in his/her range of daily activities; he/she was provided with additional feedback in this area.

37. Differentiate Between Lapse and Relapse (37)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of pain or old habits that exacerbate pain.
C. A relapse was associated with the persistent return of pain and previous cognitive and behavioral habits that exacerbate pain.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

38. Discuss Management of Lapse Risk Situations (38)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

39. Follow-Up on Pain Management Skills (39)

A. The client was assisted in reviewing his/her ongoing use of pain management skills.
B. The client reported regular use of pain management skills and he/she was provided with positive feedback and coaching in this area.
C. The client has not regularly used pain management skills and his/her struggles in this area were problem-solved.

40. Refer to Dietician (40)

A. The client was referred to a dietician for a consultation about his/her eating and nutritional patterns.
B. The client has followed through on the referral to a dietician to consult about eating and nutritional patterns.
C. The client has not followed through on the dietician referral and was redirected to do so.
D. The results of the dietician consultation were processed.

E. The client was assisted in identifying changes that he/she is beginning to implement regarding eating and nutritional patterns.
F. The client reported that the changes in his/her diet have helped to promote health and fitness; the benefits of these changes were reinforced.
G. The client has not followed through on implementing the changes recommended by the dietician and was redirected to do so.

41. Explore Alternative Medical Procedures (41)

A. Alternative medical procedures such as acupuncture, hypnosis, and therapeutic massage were discussed with the client.
B. The client was encouraged to explore alternative medical procedures for their beneficial effect on his/her management of pain.
C. The client reported following through on the use of alternative medical procedures; the benefit of these techniques was reviewed.
D. The client reported that the use of alternative medical procedures has not been beneficial to help him/her manage pain; his/her continued use of the techniques was reviewed.

42. Assess Social Support Network (42)

A. The client's social support network was assessed.
B. The client was encouraged to connect with people within his/her social support network who facilitate or support the client's positive change.
C. The client has not regularly used his/her social support network and was redirected to do so.

COGNITIVE DEFICITS

CLIENT PRESENTATION

1. Concern About Cognitive Deficits (1)*

A. The client expresses concern about deficits in memory, concentration, thinking, judgment, social behavior, or the ability to complete tasks.
B. The client's family expresses concern about the client's cognitive functioning.
C. As treatment has progressed, the family has come to understand the client's cognitive functioning.

2. Poor Performance Appraisals (2)

A. The client has received negative feedback about school/work performance.
B. The client noted that his/her performance appraisals have significantly diminished.
C. As the client has come to understand his/her cognitive struggles, his/her school/work performance has become more satisfactory.

3. Frequent Errors (3)

A. The client makes frequent errors in everyday activities that were previously completed accurately.
B. The client finds his/her day-to-day tasks to be more difficult.
C. As treatment has progressed, the client makes fewer errors in everyday activities.

4. Deterioration in Everyday Tasks (4)

A. The client has difficulty with everyday tasks such as keeping appointments, paying bills on time, recalling recent conversations, and processing mail.
B. The client noted that he/she used to be able to complete everyday tasks in a functional manner, noting a significant degradation in his/her functioning.
C. As treatment has progressed, the client has become more capable in his/her everyday tasks.

5. Short-Term Memory Deficits (5)

A. The client showed evidence of short-term memory deficits although long-term memory remains intact.
B. The client's short-term memory deficits have improved somewhat.
C. The client has used coping techniques to adapt to his/her short-term memory deficits.
D. The client continues to be inadequately aware of his/her short-term memory deficits.
E. The client has successfully learned to apply coping techniques to compensate for his/her short-term memory deficits.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

6. Inappropriate Social Behavior (6)

A. Although the client has previously had effective social functioning, his/her social behavior has become inappropriate and embarrassing.
B. The client displays impulsivity that has led to behavior that violates social mores.
C. The client's behavior has resulted in embarrassment to himself/herself and offense to others.
D. As the client has gradually attained more control over his/her social behavior, he/she reports greater social functioning.

7. Changes in Driving Safety (7)

A. The client has demonstrated deterioration in driving skills.
B. The client has acknowledged that his/her driving skills have deteriorated.
C. The client has experienced accidents or close calls while driving.
D. The client has refused to acknowledge that his/her driving skills have deteriorated.
E. The client has taken steps to reduce his/her safety risks.
F. The client has forfeited his/her driver's license.

8. Avoidance of Leisure Activities Requiring Concentration (8)

A. The client has displayed a marked change in his/her use of leisure time.
B. The client tends to avoid tasks that require concentration, such as reading, woodworking, knitting, writing, puzzles, and Internet searching.
C. As treatment has progressed, the subject's use of leisure time has returned to previous levels.

9. High Stress Levels (9)

A. The client reports high levels of stress when working on difficult cognitive tasks.
B. The client reports that he/she used to be able to function much better in regard to difficult cognitive tasks, such as organizing income tax information, making financial decisions or completing occupational tasks.
C. As treatment has progressed, the client's level of stress has decreased.

INTERVENTIONS IMPLEMENTED

1. Assess Temporal Course of Cognitive Problems (1)*

A. The client was asked about the types and duration of his/her cognitive problems and the temporal course of the problems.
B. The client's family (with appropriate authorization) was asked about the temporal course of the client's cognitive problems.
C. Significant stressors occurring during near the time of the onset of the cognitive problems were identified.

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D. The cognitive problems were identified as occurring on a sudden basis.
E. The cognitive problems were identified as occurring on a gradual basis.
F. The cognitive problems were identified as occurring on an intermittent basis.

2. Assess Use of Medications and Substances (2)

A. The client was asked about his/her use of prescribed and nonprescribed medications.
B. The client was asked about his/her use of substances (i.e., alcohol, street drugs, prescription drug abuse, and herbs).
C. The client's family was asked about his/her use of medications and substances.
D. Medication and substance use were identified as closely associated with the subject's cognitive difficulties.
E. Medications and substances were not identified as an indicator of the subject's cognitive problems.

3. Inquire About Medical History (3)

A. The client and his/her family were asked about medical history, with attention to conditions that might impact cognitive functioning.
B. With appropriate authorization, the client's physician was contacted about medical history factors that might contribute to the subject's cognitive dysfunction.
C. Medical conditions were identified as being a significant factor in the subject's cognitive functioning.
D. Medical conditions were ruled out as a significant factor in the subject's medical condition.

4. Tests Patterns of Cognitive Performance (4)

A. Tests were administered to quantify the subject's pattern of cognitive performance.
B. Testing scores were interpreted with attention to the impact of age, education level, and cultural background.
C. The *Repeatable Battery for Assessment of Neuropsychological Status* (Randolf) was administered.
D. The *Mini Mental State Examination* (Folstein and Folstein) was administered.
E. The *Dementia Rating Scale–II* (Jurica et al.) was administered.
F. The *Memory Impairment Screen* (Bushke et al.) was administered.
G. The testing results were reviewed with the client.

5. Assess Mental Health Status (5)

A. Testing was conducted to assess the client's level of depression, anxiety, posttraumatic stress disorder symptoms, or general emotional status.
B. The *Beck Depression Inventory–II* (Beck et al.) and the *Geriatric Depression Scale–15* (Sheikh and Yesavage) were administered to assess depression.
C. The *Beck Anxiety Inventory (*Beck and Steer) or the *State-Trait Anxiety Inventory* (Spielberger) was administered to assess anxiety.
D. Posttraumatic stress disorder concerns were assessed through the use of the *Detailed Assessment of Posttraumatic Stress* (Breir).

E. Tests such as the *Symptom Checklist 90-R* (Derogatis) or the *Brief Symptom Inventory–18* (Derogatis) were used to assess general emotional status.
F. The client's testing results were reviewed with him/her.

6. Screen for Alcohol Abuse (6)

A. Tests were administered to screen for alcohol abuse.
B. The client was assessed with the *CAGE* (Ewing) to screen for alcohol abuse.
C. The client was assessed through the *AUDIT* (Babor et al.) for alcohol abuse.
D. The results of the substance abuse assessment tools indicated significant concerns related to substance abuse and this was reflected to the client.
E. The alcohol abuse screening tools did not indicate significant concerns related to substance abuse, and this was reflected to the client.

7. Consult With Family and Physician (7)

A. With appropriate authorization, the family physician was consulted in regard to initial impressions.
B. The client's physician was contacted in regard to symptoms, history, assessment results, and plan of care.

8. Obtain In-Depth Assessment of Cognitive Disorders (8)

A. A referral to a health care professional skilled in the complete assessment of cognitive disorders was completed.
B. The results of the referral for an in-depth assessment of cognitive disorders were reviewed with the client.
C. The client has not followed through on an assessment for cognitive disorders and was reminded to do so.

9. Assess Level of Insight (9)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

10. Assess for Correlated Disorders (10)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

11. Assess for Culturally Based Confounding Issues (11)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

12. Assess Severity of Impairment (12)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

13. Discuss Evaluation Results (13)

A. The results of the cognitive evaluations were reviewed with the client and family members.
B. Education was provided to the client and family members in regard to the nature of the deficits found and the treatment options.

14. Assess the Family's Realistic Appraisal (14)

A. The family's realistic appraisal of the client's functioning was assessed by inquiring into their perception of problem areas, reasons for the problems and typical clinical course.
B. It was reflected to the client and the family that their appraisal is quite realistic.
C. It was reflected to the family that their appraisal of the client's functioning is not realistic, and differences between their beliefs and what the professionals are saying were highlighted.

15. Develop Treatment Plan for Mental Health or Substance Abuse (15)

A. The client's pattern of depression was treated.

B. A treatment plan for the client's anxiety was developed.
C. The client's substance abuse was treated.

16. Teach Client About Use of Memory Aids (16)

A. The client was advised to use written, visible, external aids for his/her memory.
B. The client was encouraged to use alarms to cue him/her into commitments and planned activities.
C. The client was taught about the use of memory aids.

17. Review Use of Written, External Memory Aids (17)

A. The client was asked about his/her use of written, external memory aids.
B. The client was reinforced for his/her consistent use of written external memory aids.
C. The client has not regularly used written external memory aids, and was reminded about this important task.

18. Recommend Computerized External Memory Aids (18)

A. The client was assisted in identifying computerized external memory aids that matched his/her preferences, budget, and ability to learn to use.
B. The client was directed to use a GPS navigation system, a PDA, or a smartphone, as appropriate.
C. The client was taught about how to use selective computerized external aids.

19. Review Use of Computerized Devices (19)

A. The client was asked about his/her use of computerized devices.
B. The client was reinforced for his/her consistent use of computerized devices.
C. The client has not regularly used computerized devices, and was reminded about this important task.

20. Demonstrate Repetition and Enriched Imagery (20)

A. As the client has mild impairment, the use of repetition and enriched imagery were demonstrated.
B. The client was taught about the use of repetition (i.e., learning a person's name by repeating the name several times during a conversation).
C. The use of enriched imagery techniques were demonstrated (e.g., associating a person's name with a physical feature).
D. The client's use of repetition and enriched imagery techniques was reviewed and reinforced.
E. The client has struggled with use of repetition and enriched imagery techniques and was provided with remedial feedback in this area.

21. Demonstrate Use of Clustering (21)

A. As the client has mild impairments, the use of clustering techniques was demonstrated.
B. The client was taught about organizing items into groups, then remembering the groups and then the items within them, rather than all random items.

C. The client was taught about how clustering assists with focusing attention, enriching images, and decreasing the cognitive load.

22. Teach Pegword Rhyme Technique (22)

A. As the client has mild impairments, the use of the Pegword Rhyme Technique was demonstrated.

B. The client was shown how the Pegword system enhances recall with the use of exaggerated imagery.

23. Teach About Self-Cues (23)

A. The client was taught about self-cues to be used silently.

B. The client was provided with examples such as “focus” or “stay on task” as a silent self-cues to maintain concentration.

24. Review Use of Covert Aids (24)

A. The client was asked about his/her use of covert aids.

B. The client was reinforced for his/her consistent use of covert aids.

C. The client has not regularly used covert aids, and was reminded about this important task.

25. Teach Systematic Problem Solving (25)

A. The client was taught to use a systematic problem-solving strategy.

B. The client was taught to use the following anagram (SOLVE) as a problem-solving strategy: S = Situation Specified; O = Options Listed With Pros and Cons; L = Listen to Others; V = Voice a Choice, Implement an Option; E = Evaluate the Outcome.

C. The client was reviewed for his/her understanding of the SOLVE systematic problem-solving strategy.

26. Suggest Chaining Strategies (26)

A. The client was suggested to use a behavioral chaining strategy.

B. The client was asked to add a new recurring activity to an existing recurring activity.

C. The client was given examples of chaining strategies, such as reviewing day planner at the end of each meal.

27. Discuss Environmental Modifications (27)

A. Ways to modify the client’s environment were reviewed.

B. Techniques such as reducing clutter, reducing distractions, and consistent placement of regularly used items was reviewed.

C. The use of labeling commonly used objects and their locations was reviewed.

D. The client was encouraged to use one purse or wallet on a consistent basis.

E. The client has developed several techniques to modify his/her environment to enhance functioning.

28. Refer for Cognitive Rehabilitation Services (28)

A. The client was referred for cognitive rehabilitation services to address deficits and learn coping skills.
B. The client has utilized cognitive rehabilitation services to address deficits and learn coping skills, and the benefits of this resource were reviewed.
C. The client has not followed through on a referral for cognitive rehabilitation services and was reminded to do so.

29. Build Cognitive Challenges Into Daily Activities (29)

A. The client was asked to identify cognitively challenging, but reasonably completed activities to build into his/her day.
B. The client was provided with examples of cognitive challenges to build into the day, including reading, puzzles, games, and keeping up with sports or other interests.
C. The client has regularly developed cognitive challenges and these were reviewed and processed.

30. Emphasize Healthy Lifestyle (30)

A. A discussion was conducted with the client about the positive impact of healthy lifestyles.
B. The client was encouraged to engage in aerobic exercise, maintain a healthy diet, and get adequate sleep.
C. The client was assisted in understanding how a healthy lifestyle can improve cognition.
D. The client was asked about his/her implementation of healthy lifestyle behaviors.

31. Reinforce Adherence to Recommendations (31)

A. The client's use of recommendations was periodically reinforced.
B. The client was assisted in problem-solving obstacles to his/her consistent use of his/her treatment plan.

32. Described Cognitive Changes as a Family Problem (32)

A. The family members were educated about how the client's cognitive changes are a family problem.
B. The client's family was assisted in identifying how the most commonly encountered problems may occur.
C. The client's family members were assisted in identifying coping resources.
D. The family members were encouraged to take breaks and participate in recreational, social, and spiritual activities to reduce their level of caregiver stress.

33. Work Through Emotions With Family (33)

A. The client and family members were assisted in working though emotions related to the client's functioning.
B. Emotions such as grief and anger were identified in regard to the family and client's reaction to the client's functioning.
C. The client and family members' emotional reaction to the expectations for the client's future were processed.

34. Develop Reasonable Expectations (34)

A. The family was assisted in identifying reasonable expectations about the client's capacities.

B. The family members were encouraged to be confident in their ability to have a satisfying life as they are managing this problem.

35. Review Driving Safety (35)

A. A discussion was held with client about the potential impact of his/her cognitive deficits on driving safety.

B. The family was consulted in regard to the possible impact of cognitive deficits on the client's driving safety.

36. Informally Assess Driving Skills (36)

A. A plan was developed with the client and family to informally assess the client's driving skills.

B. The client was asked to complete simple tasks such as navigate through an empty parking lot, maintain appropriate speed and keep a vehicle within the lane.

C. The family's review of the client's driving skills indicated that the client has adequate basic driving skills, despite his/her cognitive impairment.

D. The informal review of the client's driving skills reflected that the client does not have significant driving skills due to his/her cognitive impairment, and this was processed.

37. Formally Assess Driving Skills (37)

A. The client was referred for a formal evaluation of his/her driving skills.

B. The client was referred to a trained professional to assess the impact of cognitive disorders on driving-related capacities.

C. The client followed through on the referral for an evaluation of driving skills and the results were processed.

D. The client has failed to follow through on a review of his driving-related capacities, and was reminded to do so.

38. Review Laws Regarding Reporting Driving Problems (38)

A. The client was advised about state laws governing responsibilities to report persons having medical conditions that affect driving skills.

B. The family was informed about the expectations about reporting persons that have a medical condition that affects driving skills.

C. State laws and HIPAA regulations were followed in regard to taking action about the client's driving capabilities.

39. Develop Alternative Transportation Resources (39)

A. The client was assisted in identifying alternate transportation resources.

B. The client was provided with examples of alternate transportation resources, such as public transportation, handicap-accessible public transportation, volunteer drivers, friends, or extended family.

C. The client was advised to receive supervision while learning to use these services.

40. Categorize Level of Safety for Activities (40)

A. The health care team and the family were consulted in regard to what activities are safe and where restrictions are necessary.
B. Counsel was provided to the client regarding deciding which activities to engage in and which will require supervision or restriction.
C. The client was assisted in identifying activities that should be abandoned.

41. Offer Safe Options for Daily Activities (41)

A. The client was offered safe options for daily activities.
B. The client and family members were encouraged to identify proactive steps to encourage safety in daily activities, such as limiting amounts of spending money, placing a limit on credit cards, and reviewing checks prior to mailing.
C. Impediments were identified to keep the client from engaging in dangerous behaviors (i.e., keeping the client's car keys or disconnecting the car battery).

42. Teach Empathic Responding (42)

A. The client's family members were educated about the positive effect of empathic responding and emotional support.
B. The negative impact of excessive instrumental support was reviewed.
C. The family was able to identify how being "over-helped" can be detrimental to the client.

43. Refer to Coping Resources (43)

A. The client and family were referred to resources to increase coping.
B. The client and family were referred to education, skill-building, and emotional support resources.
C. The client and family were referred to community support groups.

44. Discuss Ability to Make Legal Binding Decisions (44)

A. A discussion was held regard the impact of the cognitive impairment on a person's ability to make legal binding decisions.
B. The client was referred to an attorney with expertise in the area of legal decision-making issues.
C. Issues about advance directives, power of attorney designations, and a will were reviewed with the client and family.

45. Discuss Americans with Disabilities Act (ADA) Provisions (45)

A. The Americans with Disabilities Act was reviewed with the family.
B. The use of the ADA to obtain accommodations at work, school, and other settings was reviewed.

46. Educate About Financial Support Benefits (46)

A. The client and family were educated about potential financial support benefits.
B. The client and family were taught about disability insurance benefits, social security disability, and activation of long-term care policy benefits.
C. The client was assisted in applying for appropriate financial support benefits.

DEPENDENCY

CLIENT PRESENTATION

1. **Lack of Self-Reliance (1)***
   - A. The client described a pattern of behavior that reflected consistent reliance on parents for economic and emotional support.
   - B. The client acknowledged his/her emotional and economic dependence on parents but expressed fear of breaking that dependence.
   - C. The client denied his/her dependence on parents, even though the facts confirm it.
   - D. The client has begun to take steps to break his/her dependence on parents and move toward increased emancipation.

2. **Sequential Intimate Relationships (2)**
   - A. The client described a history of many intimate relationships in sequence with little, if any, space between the ending of one and the start of the next.
   - B. The client acknowledged a fear of being alone and a strong need of having a companion.
   - C. Acknowledging the unhealthy dependence that was present in previous relationships, the client has begun to feel more comfortable with independence.

3. **Fear of Being Alone (3)**
   - A. The client acknowledged strong feelings of panic, fear, and helplessness when faced with being alone as a close relationship ends.
   - B. The client is beginning to overcome feelings of fear associated with being alone and independent.

4. **Easily Hurt by Criticism (4)**
   - A. The client acknowledged that he/she is hypersensitive to any hint of criticism from others.
   - B. The client's lack of confidence in himself/herself is reflected in his/her sensitivity to criticism.
   - C. The client showed more confidence in himself/herself as he/she related incidents of accepting criticism without feeling devastated.
   - D. The client has made progress in overcoming his/her hypersensitivity to criticism.

5. **Eager to Please (4)**
   - A. The client described a history of behaviors that are strongly influenced by a desire to please others.
   - B. A strong need for approval from others dominated the client's motivation.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client has become more aware of his/her people-pleasing pattern and has begun to become more assertive and honest in his/her relationships with others.

6. Need for Reassurance (5)

A. The client has been unable to make decisions or initiate action without excessive reassurance from others.
B. The client's dependency on others is reflected in his/her seeking out their approval before he/she can take any action.
C. The client has shown the ability to make decisions on a small scale without seeking approval from others.
D. The client has implemented problem-solving techniques to enhance his/her decision-making skills and increase his/her confidence in such decisions.

7. Fear of Abandonment (6)

A. The client's fear of abandonment has dominated his/her life and influenced his/her interpersonal relationships.
B. With any hint of abandonment, the client's anxiety escalates dramatically and his/her dependency needs come to the surface.
C. As the client has become more aware of his/her fear of abandonment and processed this fear, he/she has become less dependent and less clingy in relationships.

8. Relationship-Based Self-Worth (7)

A. All the client's feelings of self-worth, happiness, and fulfillment have been derived from relationships with others.
B. The client lacks an inner sense of identity and self-worth that is independent from what others may think of him/her.
C. The client has come to realize that his/her self-worth is not dependent on relationships with others but is inherent in his/her identity.

9. Tolerance for Physical Abuse (8)

A. The client has a history of at least two relationships in which he/she was physically abused but continued in the relationship for some time.
B. The client made excuses for the perpetrator of the physical abuse and blamed himself/herself for the abuse.
C. The client acknowledged that his/her fear of being alone caused him/her to tolerate the physical abuse.
D. The client has committed to a policy of zero tolerance for physical abuse as he/she has become more aware of his/her self-worth.

10. Fear of Rejection (9)

A. The client has avoided disagreement with others consistently out of fear of being rejected.
B. The client's fear of rejection is lessening and he/she is becoming somewhat more assertive.
C. The client has begun to verbalize mild disagreement with others and has managed to cope with the insecurity surrounding that behavior.

D. The client has become quite comfortable at expressing his/her thoughts and opinions without fear of rejection.

INTERVENTIONS IMPLEMENTED

1. Explore Dependency History (1)*

A. The client was asked to describe the style and pattern of his/her emotional dependence without emotional relationships.
B. The client's history of emotional dependence beginning in the family-of-origin and extending into current relationships was explored.
C. The client was supported as he/she recognized his/her pattern of emotional dependence within relationships.
D. The client was quite defensive and resistive to acceptance of the reality of his/her emotional and economic dependence on others and was gently offered examples of this pattern.

2. Develop Family Genogram (2)

A. A family genogram was developed to increase the client's awareness of patterns of dependence in relationships and how he/she is repeating them in the present relationship.
B. Seeing the persistent pattern of dependency throughout the generations of his/her family as evidenced by the pattern identified in the genogram has helped the client realize his/her need to break this pattern for himself/herself.
C. The client was reinforced as he/she verbalized observations of extended family members demonstrating their dependency.
D. Despite a review of the family genogram, the client was unaware of the patterns of dependence in relationships within his/her family and was provided with specific examples of this pattern of dependence.

3. Assign Books on Dependency (3)

A. The client was advised to read specific literature on dependency.
B. The client has followed through on reading the recommended literature on dependency and key ideas from that reading were processed.
C. The client has verbalized an increased awareness of his/her dependency patterns based on reading the recommended literature.
D. The client has not followed through on reading the recommended literature and was redirected to do so.

4. Assess Level of Insight (4)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

5. Assess for Correlated Disorders (5)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

6. Assess for Culturally Based Confounding Issues (6)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

7. Assess Severity of Impairment (7)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

8. Explore for Emotional Abandonment (8)

A. The family-of-origin was explored for experiences of emotional abandonment.
B. As the client became aware of his/her emotional abandonment experiences, his/her fear of displeasing others became more clearly identified to him/her.

C. The client's insight into his/her experiences of emotional abandonment has reduced his/her motivation to continually strive to meet others' expectations; he/she was reinforced for this progress.
D. Despite a review of the client's family-of-origin, he/she was unaware of any pattern of emotional abandonment; he/she was gently offered examples of this type of abandonment.

9. Identify Fear of Disappointing Others (9)

A. The client was assisted in identifying the basis for his/her fear of disappointing others.
B. The client was assigned the homework exercise "Taking Steps Toward Independence" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client's need for nurturance, affirmation, and emotional support that was not met in his/her childhood was identified as the basis of fear in the present of disappointing others.
F. It was reflected to the client that he/her insight into the basis for his/her fear of disappointing others has reduced that people-pleasing behavior.
G. The client's fear of disappointing others has remained, despite his/her insight into why this occurs, and he/she was provided with additional feedback in this area.

10. Read "The Bridge" Fable (10)

A. The fable "The Bridge" in *Friedman's Fables* (Friedman) was read with the client.
B. The client reflected on the meaning of the fable and this was processed together.
C. It was noted that the client has developed more insight into his/her practice of striving to meet other people's expectations.
D. Despite the use of the Friedman Fable to help develop insight into the client's dependency, he/she remains dependent.

11. List Positive Attributes (11)

A. The client was assisted in developing a list of his/her positive attributes and accomplishments.
B. The client was assigned the homework exercise "Acknowledging My Strengths" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client found it very difficult to identify positive attributes and accomplishments and was given tentative examples in this area.
F. With encouragement, the client has become more aware of his/her positive attributes and accomplishments and is able to identify them.
G. Listing positive attributes and accomplishments has been noted to build the client's sense of identity and self-esteem.

12. Assign Personal Affirmation Time (12)

A. The client was assigned to institute a ritual of beginning each day with 5 to 10 minutes of solitude, in which the focus is on personal affirmation.
B. The client has followed through on the assignment of affirming himself/herself for several minutes per day; as this was reviewed, he/she reported that his/her self-esteem has grown.
C. The client was able to identify several positive things about himself/herself that have been the focus of his/her positive affirmation time each day; the progress was reinforced.
D. The client's feelings of anxiety and embarrassment about affirming himself/herself on a daily basis were processed and resolved.
E. The client has not used personal affirmation time and was redirected to do so.

13. Explore Fears of Independence (13)

A. The client's feelings of fear associated with being more independent were explored.
B. Active listening was used as the client identified fears of abandonment and lack of self-confidence as fueling his/her fear of independence.
C. As the client explored his/her fears of independence, they were tied to distorted automatic thoughts that precipitated such fears.

14. Identify Distorted Thoughts (14)

A. The client's distorted and negative automatic thoughts associated with being assertive, being alone, or not meeting others' needs were explored and identified.
B. The client was assisted in identifying several distorted automatic thoughts that enter his/her mind whenever situations are encountered that require assertiveness, being alone, or not complying with others' requests.
C. The client was unable to identify distorted automatic thoughts and was gently offered examples of these types of thoughts.

15. Develop Positive Self-Talk (15)

A. The client was assisted in developing positive, reality-based messages for himself/herself that must replace the distorted negative self-talk.
B. The client was reinforced for the development of positive, reality-based messages.
C. The client was assigned the homework exercise "Replacing Fears With Positive Messages" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has completed the assigned homework and key elements were reviewed and processed.
E. The client has not completed the assigned homework and was reminded to do so.
F. The client has implemented positive self-talk techniques and this practice has been noted to reduce feelings of fear and increase assertiveness and independence.
G. The client has found it very difficult to replace the negative distorted messages with more positive, reality-based messages and was provided with additional examples of how to do so.

16. Assign Journaling on Self-Talk (16)

A. The client was assigned a homework exercise in which he/she identifies fearful self-talk, identifies biases, generates alternatives, and tests them through behavioral experiments.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client was assisted in reviewing his/her self-talk, with reinforcement for success and corrective feedback toward improvement.

17. Explore Sensitivity to Criticism (17)

A. The client's sensitivity to criticism was explored and new ways of receiving, processing, and responding to criticism were identified.
B. The client was reinforced as he/she verbalized a decreased sensitivity to criticism and has implemented new ways of responding to it.
C. The client described instances of accepting criticism from others without feeling devastated or highly anxious; this progress was reinforced.

18. Assign Reading About Assertiveness (18)

A. The client was assigned to read information about assertiveness.
B. The client was assigned to read the book *Your Perfect Right* (Alberti and Emmons) to increase his/her understanding of the dynamic of trying to please others.
C. The client has followed through with reading the assigned book on saying no to others and has verbalized increased insight into his/her own behavior.
D. The client has increased his/her practice of disagreeing with others and not complying with their requests so readily; his/her experiences were reviewed.
E. The client has not followed through with reading the assertiveness book and was redirected to do so.

19. Reinforce Assertiveness (19)

A. As the client reported instances of implementing assertiveness, these experiences were supported and reinforced.
B. The client's frequency of speaking up assertively has increased and he/she was supported for this change.
C. The client continues to suppress his/her own thoughts and feelings, choosing to try to please others; this pattern was reflected to him/her.

20. Assign Saying No (20)

A. The client was given the assignment of trying to say no to others without excessive explanation for a period of 1 week.
B. The client's experience of refusing to comply with others' requests or agree with their positions was processed.
C. The client experienced considerable anxiety at expressing any disagreement with others but was noted to be pleased with his/her ability to begin to do so.

D. The client has not followed through on the assignment of trying to say no to others without excessive explanation and the reasons for this failure were processed and resolved.

21. Teach Assertiveness (21)

A. The client was referred to an assertiveness training group that would educate and facilitate assertiveness skills.
B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness skills.
C. As a result of the assertiveness training, the client has demonstrated a clearer understanding of the difference between assertiveness, passivity, and aggressiveness.
D. The client has not attended the assertiveness training group and was redirected to do so.

22. Assign Assertiveness (22)

A. The client was assigned the task of speaking his/her mind as freely and honestly as possible for 1 day.
B. The client's experience at speaking his/her mind was processed and successful enactment was reinforced.
C. The client verbalized his/her fears associated with speaking his/her mind and these fears were processed to resolution.
D. The client found it very difficult to speak up and has not followed through with the assignment to speak assertively and was encouraged to do this as much as possible.

23. Identify Social/Emotional Needs (23)

A. The client was asked to list his/her social and emotional needs and a way that each of those needs could be constructively met.
B. The client was assigned the homework exercise "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client's list of social and emotional needs was processed and adaptive ways to meet those needs were identified.
F. It was reflected to the client that he/she has begun to implement more adaptive ways to meet his/her social and emotional needs.
G. The client struggled to list his/her social and emotional needs that have not been met and was gently offered examples in this area.

24. List Steps Toward Independence (24)

A. The client was asked to list ways that he/she could start taking care of himself/herself.
B. Two or three steps toward independence were selected and the client committed to taking those steps.
C. The client's attempts to begin emancipation and independence from others were processed and successes were reinforced.

D. The client has increased his/her attempts to fulfill his/her own needs and these attempts were encouraged and reinforced; his/her progress was reinforced.
E. The client has not taken any steps toward independence and was provided with further encouragement in this area.

25. Assign Receiving Without Giving (25)

A. The client was encouraged to allow others to do something for him/her and to receive this favor without feeling compelled to give back to these people.
B. The client described instances of allowing others to give to him/her and the feelings associated with that experience; the benefits of this progress were reviewed.
C. The client was reinforced as he/she reported that he/she has felt less compelled to reciprocate to others when they do something for him/her.
D. It was reflected to the client that his/her pattern of giving to others and attempting to please them has diminished.
E. The client has struggled to receive favorable treatment from someone without feeling compelled to reciprocate and was encouraged to allow others to fulfill the giving role that he/she usually fulfills.

26. Identify Daily Independence Behaviors (26)

A. The client was assisted in identifying ways that he/she could increase his/her level of independence in day-to-day life.
B. The client was assigned the homework exercise "Making Your Own Decisions" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client was encouraged to implement steps toward independence in daily life.
F. The client verbalized an increased sense of self-responsibility as he/she has taken steps toward becoming more independent; the benefits of this progress were reviewed.
G. The client has not implemented steps toward independence in his/her daily life and was encouraged to do so.

27. Develop Boundaries (27)

A. The client was assigned in developing new boundaries for not accepting responsibility for others' actions or feelings.
B. Role-playing, modeling, and behavioral rehearsal were used to teach the client to establish boundaries in his/her interaction with others that separate responsibility for actions and feelings.
C. The client was advised to read *Taking Responsibility: Self-Reliance and the Accountable Life* (Brandon).

D. The client was reinforced for instances of interactions with others in which he/she has begun to set boundaries for not taking responsibility for other people's actions and feelings.
E. The client has not instituted new boundaries for not accepting responsibility for others' actions or feelings and was encouraged to do this wherever possible.

28. Explore Independence With Partner (28)

A. A conjoint session was held with the client's partner in order to focus on ways to increase the client's independence within the relationship.
B. Both the partner and the client were assisted in identifying ways that the client could practice more independent behaviors.
C. The client reported that he/she has followed through with implementing independent behaviors within the relationship with the partner; his/her experiences were reviewed.
D. The client finds it difficult to change the patterns of dependence within the relationship with the partner; he/she was provided with additional feedback about how to do this.

29. Journal Responsibility Boundaries (29)

A. The client was asked to journal on a daily basis regarding boundaries for taking responsibility for himself/herself and not for others.
B. The journal of responsibility boundaries was reviewed and the client became more aware of times when the boundaries were broken by himself/herself or others.
C. It was noted that the client has an increased awareness of when he/she accepts responsibility for other people's behavior.
D. The client was reinforced for his/her awareness of attempts by others to place responsibility for their behavior on him/her.
E. The client has not kept a journal of responsibility boundaries and was redirected to do so.

30. Assign *Boundaries: Where You End and I Begin* (30)

A. The client was assigned to read *Boundaries: Where You End and I Begin* (Katherine) to increase his/her understanding of personal responsibility.
B. The client has followed through with reading the assigned book on boundaries and verbalized increased understanding of this concept for himself/herself.
C. The client was reinforced as he/she described several instances of having to set boundaries within his/her daily life.
D. The client has not read the assigned information on boundaries and was redirected to do so.

31. Assign *A Gift to Myself* (31)

A. The client was assigned to read *A Gift to Myself* (Whitfield) with a specific focus on the chapter of setting boundaries and limits.
B. The client was asked to complete a survey on personal boundaries that is found within the book *A Gift to Myself.*
C. The client has followed through with reading the assigned book on boundaries and has completed the survey.

D. Important concepts on boundaries that were learned from reading the assigned material were processed with the client and applied to his/her personal life.
E. The client has not followed through with reading the assigned book on boundaries and was redirected to do so.

32. Reinforce Boundary Implementation (32)

A. As the client described instances of clarifying boundaries with others, he/she was reinforced for doing so.
B. The client described instances where he/she had failed to set boundaries, but was aware of it upon reflection; the ways he/she could do this were reinforced.
C. It was reflected to the client that he/she has significantly increased his/her frequency of setting boundaries with others and has become very aware of his/her need to do so.

33. Encourage Decision Making (33)

A. The client's decision-making avoidance was confronted and specific areas in which decisions need to be made were identified.
B. The client was reinforced as he/she has committed to making independent decisions and following through on implementation of them.
C. The client has increased the frequency of making decisions within a reasonable time and with some assurance and confidence in the process; his/her progress was reinforced.
D. The client has not increased his/her pattern of decision making and was redirected to do so.

34. Teach Problem-Resolution Skills (34)

A. The client was taught problem-resolution skills.
B. The client was taught to define the problem clearly, brainstorm multiple solutions, list the pros and cons of each solution, seek input from others, select and implement a plan of action, evaluate the outcome, and readjust the action as necessary.
C. The client was assisted in reviewing his/her use of problem-resolution skills, with reinforcement for success and redirect for obstacles.

35. Model and Role-Play Problem Solving (35)

A. The techniques of modeling and role-playing were used with the client to apply the problem-solving approach to his/her avoidance of decision making.
B. The client was assigned the homework exercise "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key elements were reviewed and processed.
D. The client has not completed the assigned homework and was reminded to do so.
E. The client was encouraged to implement his/her action plan.
F. The client was reinforced for his/her success at utilizing the problem-solving approach, and was redirected in regard to his/her obstacles.

36. Reinforce Timely, Thought-Out Decisions (36)

A. The client was provided with positive verbal reinforcement for each timely, thought-out decision that he/she made.

B. As the client has been reinforced for making timely, thought-out decisions, he/she has increased his/her pattern of independence.
C. Despite the use of verbal reinforcement, the client continues to be very tentative in his/her pattern of decision making and was provided with additional feedback and reinforcement in this area.

37. Utilize Ancillary Treatment (37)

A. The client was referred for marital and/or family therapy.
B. Marital or family therapy was conducted toward the goal of altering the entrenched dysfunctional marital and/or family system that supports the client's dependence.
C. The ancillary therapy has been successful in changing the system patterns that support the client's dependence.
D. The client remains quite dependent despite ongoing individual therapy to assist in changing these patterns.

38. Refer to Al-Anon (38)

A. The client was advised to attend Al-Anon or another appropriate self-help group that would support breaking the dependency cycle with an alcoholic partner.
B. The client was reinforced as he/she has followed through with attending the self-help group for partners of alcoholics.
C. The client reported an increased awareness of his/her need to break the dependency with his/her alcoholic partner; this progress was reinforced.
D. The client has not attended a self-help support group and was redirected to do so.

39. Assign *The Verbally Abusive Relationship* (39)

A. The client was advised to read *The Verbally Abusive Relationship* (Evans) in order to gain a better understanding of dependency within abusive relationships.
B. The client has read the assigned material on abusive relationships and key ideas were processed and applied to his/her daily life.
C. The client reported that reading the assigned material on abusive relationships has increased his/her awareness of his/her own patterns of dependency and the need to break from those patterns.
D. The client has not read the assigned material on abusive relationships and was encouraged to do so.

40. Refer to Safe House (40)

A. The client was referred to a safe house that would protect him/her from the physically abusive relationship existing within the home.
B. The client has followed through on the referral to a safe house and has found protection from further abuse.
C. The client verbalized fear of breaking away from his/her abusive partner and these fears were processed and resolved.
D. The client has not followed through on the referral to a safe house and continues the dependency pattern within the abusive relationship; he/she was redirected to this resource.

41. Refer to Domestic Violence Program (41)

A. The client was referred to a program specifically focused on treating people involved with domestic violence.
B. The client has followed through on attendance at the domestic violence treatment program and this attendance was encouraged and reinforced.
C. The client reported that he/she was pleased with the domestic violence treatment program and has already learned important concepts for his/her life.
D. The client has not followed through on the referral to the domestic violence treatment program and was encouraged to do so.

DISSOCIATION

CLIENT PRESENTATION

1. **Multiple Personalities (1)***

A. The client described instances of splitting into two or more distinct personalities that take full control of his/her behavior.
B. The client showed evidence within the session of assuming the role of multiple personalities.
C. The dissociation into multiple personalities occurs more frequently as stress builds within the client's life.
D. The client reported more integration of his/her identity and less loss of control to multiple personalities.
E. The client has had no recent incidences of the appearance of distinct personalities.

2. **Amnesia Episodes (2)**

A. The client described episodes of a certain inability to remember important personal information.
B. The loss of personal information recall occurred after a traumatic stress was endured.
C. The client reported instances of partial recall of personal information that had been forgotten.
D. Personal identity information is now recalled quite easily and normally.

3. **Depersonalization Experiences (3)**

A. The client reports instances of feeling detached from or outside of his/her body, during which reality testing remains intact.
B. The depersonalization experiences occur primarily during times of high stress.
C. As the client has learned coping mechanisms for his/her anxiety, the depersonalization experiences have diminished.
D. The client reports no recent experiences of depersonalization.

4. **Derealization Experiences (4)**

A. The client reported instances of feeling as if he/she were automated or in a dream.
B. The derealization experiences occur during times of high stress.
C. The client reported decreasing frequency of derealization experiences.
D. No recent derealization experiences were reported by the client.

5. **Severe, Persistent Derealization (5)**

A. The depersonalization experiences reported by the client were severe and persistent enough to cause marked distress in his/her daily life.

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B. As the client has overcome traumatic, painful experiences, the instances of depersonalization have diminished.
C. The client reports being able to function normally without interference from depersonalization experiences.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*
A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level have been increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to use the safe haven of therapy to express these difficult issues.

2. Label and Explore Multiple Personalities (2)
A. The client was asked to describe the various personalities that take control of him/her and the circumstances under which this occurs.
B. The client was somewhat resistant to and anxious about describing the personality states out of fear that he/she would lose control; he/she was encouraged to disclose as much as he/she was able to.
C. The client was reinforced and supported for exercising control over the core personality and giving executive functioning to that personality.

3. Conduct Functional Analysis (3)
A. A functional analysis was conducted with the variables associated with the client's dissociative states.
B. The client's thoughts, feelings, actions, interpersonal variables, consequences, and secondary gains for his/her dissociative states were reviewed.
C. A functional analysis of the variables associated with the client's dissociative states has helped to develop significant insight into the client's symptoms.

4. Refer for Psychological Testing (4)
A. The client was referred for psychological testing of dissociation.
B. *The Dissociative Experiences Scale* (Bernstein and Putnam) was used to help assess the subject's level of dissociation.
C. *The Minnesota Multiphasic Personality Inventory–2nd Edition (MMPI-2)* was used to help assess the subject's personality features and traits.
D. The results of the psychological testing were reviewed with the client.

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5. Refer to Neurologist (5)

A. The client was referred for a neurological examination to evaluate the possibility of any organic cause for memory loss experiences.
B. The client has followed through with the referral to the neurologist and no organic causes were determined.
C. The neurological examination determined that there is some organic basis for the memory loss and further treatment will be needed.
D. The client has failed to follow through on a neurologist referral and was redirected to do so.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Refer for Medication Evaluation (10)

A. The client was referred for an evaluation for psychotropic medication.
B. The client followed through with the referral to a physician for a psychotropic medication evaluation.
C. The physician prescribed psychotropic medication to help the client decrease anxiety and increase mood stability.
D. The client is resistant to accepting the medication through the physician.

11. Monitor Medication Compliance (11)

A. The client is taking the prescribed medication at the times ordered by the physician.
B. The client was monitored for consistent compliance with the physician's prescription for medication.
C. The client reported that he/she is taking the medication on a consistent basis and that it is beneficial; this was relayed to the prescribing clinician.
D. The client reported that the medication does not seem to be helpful and has terminated taking it; this was relayed to the prescribing clinician.

12. Treat Associated Clinical Syndrome (12)

A. The clinical syndrome that is functionally related to the client's dissociation was treated.
B. The client was referred for treatment of the associated clinical syndrome.
C. The client's posttraumatic stress disorder symptoms were treated in order to assist in resolving his/her dissociation.
D. The client's borderline personality disorder was treated in order to resolve his/her dissociation symptoms.

13. Identify Dissociation Triggers (13)

A. The feelings and circumstances that tend to trigger the client's dissociative state were explored.
B. The client was assisted in identifying the types of feelings that tend to trigger his/her dissociative states.
C. The client was assisted in identifying the environmental circumstances that contribute to his/her dissociative state.

D. The client was unable to identify the circumstances that trigger his/her dissociative states and was gently offered examples in this area.

14. Explore Emotional Pain (14)

A. The client's sources of emotional pain/trauma and feelings of fear, rejection, inadequacy, or abuse were explored.
B. The client was supported as he/she identified severe emotional traumas that are unresolved and have triggered dissociative states.
C. The client was noted to show considerable affect when describing traumatic instances of abuse and rejection.
D. As the client shared his/her traumatic experiences from the past, it was noted that the emotional response has diminished.

15. Connect Emotional Conflict and Dissociation (15)

A. The client was assisted in making an insightful connection between his/her dissociation disorder and the avoidance of facing unresolved emotional conflicts.
B. As the client developed insight into the emotional conflicts that trigger his/her dissociative states, the frequency of that dissociation has been noted to diminish.
C. The client has not been able to connect his/her emotional conflict and dissociation experiences and was gently offered examples in this area.

16. Encourage Reality Focus (16)

A. As the client stayed focused on reality, rather than escaping through dissociating, he/she was reinforced.
B. The integration of the client's personality was supported by encouraging focus on the here and now, rather than on past unresolved issues.
C. The client was assigned "Staying Focused on the Present Reality" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. As the client was supported, encouraged, and reinforced for an integrated personality and for focusing on here-and-now issues, the frequency of dissociation diminished.
E. The client has not focused on staying in reality and was redirected to integrate his/her personality.

17. Reinforce Here-and-Now Focus (17)

A. The importance of a here-and-now focus on reality, rather than a preoccupation with traumas from the past, was repeatedly emphasized to the client.
B. The client was reinforced for an integrated reality focus, rather than the dissociation associated with stresses from the past.

18. Train in Relaxation Techniques (18)

A. The client was taught several different relaxation techniques to be used to reduce muscle tension and assist in anxiety management.
B. The client demonstrated a good understanding as we reviewed his/her use of relaxation techniques and committed himself/herself to implementing them.

C. The client reported that implementation of the relaxation techniques has been helpful in reducing stress and the experience of anxiety; the benefits of this progress were highlighted.
D. The client has not followed through on implementation of the relaxation techniques and was redirected to do so.

19. Role-Play Use of Relaxation and Cognitive Coping Skills (19)

A. The client's use of relaxation and cognitive coping skills was role-played.
B. The client was assisted in visualizing stress-provoking scenes, gradually moving from low- to high-stress scenes.
C. The client was assigned the implementation of calming techniques in regard to the stress-provoking scenes.
D. The client was assigned to implement calming techniques in his/her daily life when facing trigger situations.
E. The results of the use of relaxation and cognitive coping skills were role-played, with reinforcement for success and problem-solving for obstacles.

20. Assign Reading Materials on Calming Strategies (20)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies.
B. The client was assigned *The Relaxation and Stress Reduction Workbook* (Davis, Robins-Eschelman, and McKay).
C. The client was assigned to read *Mastery of Your Anxiety and Worry—Workbook* (Craske and Barlow).
D. The client has read the assigned information on calming strategies and key elements were processed.
E. The client has not reviewed the assigned information on calming strategies, and was reminded to do so.

21. Explore Self-Talk (21)

A. The client's self-talk was explored, with a focus on how the self-talk mediates his/her strong negative/painful feelings and actions.
B. The client was assisted in identifying and challenging biases, assisting in generating appraisals for self-talk and developing a more realistic and regulated response.
C. The client was assisted in combining self-talk and calming skills to manage negative emotions.
D. The client was reinforced for his/her regular use of more positive self-talk.

22. Role-Play New Skills (22)

A. The client was assisted in role-playing relaxation and cognitive coping skills.
B. The client was assisted in identifying emotion-provoking scenes, gradually moving from low- to high-challenge scenes.
C. The client was assisted in implementing calming techniques to cope with challenging scenes.

23. Assign Homework on Biased Self-Talk (23)

A. The client was assigned homework exercises in which he/she identifies biased self-talk.

B. The client was directed to generate alternative self-talk that helps to moderate emotional reactions.

C. The client's use of self-talk between sessions was reviewed, with successes reinforced and corrective feedback provided for improvement.

24. Teach Calm Reaction to Symptoms (24)

A. The client was taught a calm, matter-of-fact reaction to any brief dissociation phenomena so as not to accelerate anxiety symptoms and to stay focused on reality.

B. The client reported that as he/she practiced acceptance of brief episodes of dissociation, the frequency and severity of the episodes has diminished; he/she was encouraged to continue this pattern.

C. The client did not use the calm reaction technique when experiencing brief dissociative phenomena and was reminded about this helpful coping strategy.

25. Use ACT Approach (25)

A. The client was taught about the use of acceptance and commitment therapy (ACT).

B. The client was urged to use ACT approaches to experience and except the presence of painful/troubling thoughts and feelings without being overly impacted by them.

C. The client was encouraged to commit his/her time to efforts and activities that are consistent with his/her identified personally meaningful values.

26. Teach Mindfulness Meditation (26)

A. The client was taught to use mindfulness and meditation to change his/her reaction to painful thoughts.

B. The client was urged to use mindfulness and meditation to build feelings of acceptance without undue reactivity.

C. Techniques from the *Guided Mindfulness Meditation—Audio CD* (Zabat-Zinn) were used.

27. Assign Mindfulness and Acceptance Homework (27)

A. The client was assigned homework in which he/she practices lessons from mindfulness meditation.

B. The client was assigned homework in which he/she uses ACT principles to consolidate therapy techniques into everyday life.

C. The client was assisted in reviewing his/her use of new techniques, and was reinforced for his/her positive success.

D. The client has struggled with his/her use of mindfulness and ACT techniques and was provided with remedial feedback.

28. Assign Reading Materials on Mindfulness and Acceptance (28)

A. The client was assigned reading materials consistent with the mindfulness and ACT approach to supplement work done in session.

B. The client was urged to read *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal From Post-Traumatic Stress and Trauma Related Problems* (Follette and Pistorello).
C. The client was completed the assigned reading material and key elements were reviewed within the session.
D. The client has not completed the assigned reading material and was reminded to do so.

29. Facilitate Family Session (29)

A. A conjoint session with significant others and the client was held to assist the client in regaining lost information.
B. The client was supported as he/she showed evidence of beginning to integrate previously lost information with facts that he/she is able to recall.
C. It was noted that the client's amnesia continues to be severe and problematic.

30. Teach Patience (30)

A. The client was encouraged to attempt to display patience in the face of the loss of recall of personal identity information through amnesia.
B. The client was reinforced for remaining calm in the face of recall difficulties.
C. The client continues to express frustration, anger, anxiety, and fear in the face of amnesia and was reminded about the need to have patience.

31. Utilize Memorabilia (31)

A. Photographs and other memorabilia were used to gently trigger the client's memory recall.
B. The client was reinforced as he/she is beginning to recall personal identity information with the help of personal memorabilia.
C. It was reflected that the client continues to experience severe amnesia.

EATING DISORDERS AND OBESITY

CLIENT PRESENTATION

1. **Refusal to Maintain Body Weight (1)***

A. The client has refused to maintain body weight at or above a minimally normal weight for age and height.
B. The client has refused to maintain a body weight at or above 85% of the recommended weight level.
C. Despite many overt efforts to attain a normal weight, the client continues to have a body weight below what would be expected for his/her age and height.
D. The client has made progress toward obtaining the normal recommended weight.
E. The client has maintained his/her body weight at or above the minimal weight for age and height.

2. **Irrational Fear of Becoming Overweight (2)**

A. The client has developed a predominating irrational fear of becoming overweight.
B. The client's fear of becoming overweight has controlled his/her food intake to extreme levels.
C. The client has used purging methods to overcontrol his/her weight.
D. The client's fear of becoming overweight has diminished.
E. The client has not reported any fear of becoming overweight recently.

3. **Body Image Preoccupation (3)**

A. The client has a history of persistent preoccupation with his/her body image and grossly inaccurately assesses himself/herself as overweight.
B. The client is beginning to acknowledge that his/her body image is grossly inaccurate and that some weight gain is necessary.
C. As the client has begun to gain some weight, his/her anxiety level has increased and the fear of obesity has returned.
D. The client has been able to gain weight up to normal levels without a distorted fear of being overweight controlling him/her.

4. **Overemphasis of Body Weight/Shape (4)**

A. The client described an undue influence of his/her body weight or shape in his/her selfevaluation.
B. The client tends to preclude other issues of self-worth in favor of the influence of his/her body or shape.

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C. As treatment has progressed, the client has placed less emphasis on body image and found more worthy traits on which to base self-esteem.

5. Denial of Emaciation (5)

A. The client strongly denies seeing himself/herself as emaciated even when severely under the recommended weight levels.
B. The client's denial of being emaciated is beginning to waver.
C. The client is no longer in denial about being emaciated and has begun to take steps toward increasing his/her weight through more normal caloric intake.

6. Amenorrhea (6)

A. This post-monarchal female has experienced amenorrhea.
B. The client has had an absence of at least three consecutive menstrual cycles.
C. As treatment has progressed the client's physical health has improved, and she has experienced a more typical menstrual cycle.

7. Electrolyte Imbalance (7)

A. An electrolyte imbalance resulting from the client's eating disorder is compromising his/her health.
B. The client has accepted the fact that his/her eating disorder has resulted in a fluid and electrolyte imbalance.
C. The client has agreed to terminate the binge eating/purging behavior that has resulted in the electrolyte imbalance.
D. The client has agreed to increase his/her nutritious food intake and terminate purging behaviors in order to correct a fluid and electrolyte imbalance.
E. The client's fluid and electrolyte imbalance has been corrected as he/she has increased food intake and terminated the purging behavior.

8. Laxative, Diuretics, Enema, or Medication Abuse (8)

A. The client has a history of laxative, diuretic, enema, or medication abuse to purge his/her system of food intake.
B. The frequency of laxative, diuretic, enema, or medication abuse has begun to diminish.
C. The client reported no recent incidents of laxative, diuretic, enema, or medication abuse as a purging behavior for food intake.

9. Limited Food Intake (8)

A. The client has a history of very limited ingestion of food, resulting in weight loss.
B. Although the client talked of eating three meals per day, a closer analysis indicated that the amount of food consumed was very limited.
C. The client has begun to increase his/her caloric intake as portions of food consumed have gradually increased.
D. The client reported consuming a normal level of calories per day in the recent past.

10. Excessive Strenuous Exercise (8)

A. The client has engaged in excessive strenuous exercise as a weight control measure.

B. In spite of the fact that the client is extremely underweight and is eating too little, he/she continues to engage in excessive strenuous exercise to burn calories.

C. The excessive strenuous exercise is a ritual that is compulsively completed by the client on a daily basis.

D. The client has begun to control the frequency and amount of exercise that he/she engages in to burn calories.

E. The client has terminated the excessive strenuous exercise routine and only engages in normal amounts of healthy exercise.

11. Self-Induced Vomiting (8)

A. The client has engaged in self-induced vomiting out of a fear of gaining weight.

B. The client's purging behavior using self-induced vomiting has occurred on almost a daily basis.

C. The client has increased his/her control over the self-induced vomiting and the frequency of this behavior has decreased.

D. The client reported no recent incidents of self-induced vomiting.

12. Chronic Rapid Overeating (9)

A. The client described a history of chronic consumption of large quantities of high-carbohydrate food.

B. The client has engaged in binge eating on almost a daily basis.

C. The frequency of binge eating of nonnutritious foods has begun to diminish.

D. The client reported that there have been no recent incidences of binge eating.

13. Rapid Eating (10)

A. The client reports a history of eating much more rapidly than normal.

B. The client is uncertain why he/she eats in a more rapid manner than would be expected.

C. As treatment has progressed, the client's food intake is at a more measured pace.

14. Uncomfortably Full (11)

A. The client reports that he/she eats until feeling uncomfortably full.

B. The client has been able to identify cues toward his/her level of comfortable fullness.

C. The client no longer experiences a sense of being uncomfortably full, but is continuing to eat more moderately.

15. Overeating When Not Physically Hungry (12)

A. The client reports eating large amounts of food when he/she does not actually feel physically hungry.

B. The client identifies his/her use of food when not hungry as a compensatory behavior.

C. The client has learned to eat when hunger cues are identified.

D. The client no longer eats large amounts of food when not feeling physically hungry.

16. Eating Alone Due to Embarrassment (13)

A. The client reports that he/she often eats alone because of feeling embarrassed about how much he/she is eating.
B. The client feels that he/she has alienated others from eating with him/her.
C. The client has become more at ease with the social aspects of eating.
D. As treatment has progressed, the client reports a more moderate food intake and feeling more at ease with the social aspect of eating with others.

17. Low Self-Concept Due to Overeating (14)

A. The client reports that he/she feels disgusted, depressed or guilty after eating too much.
B. The client has explored his/her emotional reaction to overeating.
C. The client reports that as he/she has decreased his/her pattern of overeating, his/her emotional wellbeing has improved.

18. Obesity (15)

A. The client reports an excess body weight relative to height that is attributed to an abnormally high proportion of body fat.
B. The client reports a Body Mass Index of 30 or more.
C. As treatment has progressed, the client has decreased his/her Body Mass Index to under 30.

INTERVENTIONS IMPLEMENTED

1. Build Rapport (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to build rapport with the client.
B. The client began to express feelings more freely as rapport and trust levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

2. Explore Dysfunctional Eating (2)

A. The client was asked to describe his/her dysfunctional eating patterns.
B. The client was supported as he/she acknowledged that his/her eating patterns are dysfunctional in terms of the amount and type of food consumed.
C. The client had difficulty acknowledging that his/her eating patterns are dysfunctional and was gently encouraged to see this pattern.
D. The historical course of the eating disorder was assessed.
E. Perceived triggers and goals were reviewed.

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3. Evaluate Calorie Consumption (3)

A. The client's calorie consumption was compared with an average adult rate of 1,500 calories per day in order to establish the reality of his/her pattern of under- or overeating.
B. The client acknowledged that his/her calorie consumption was not within the normal limits; he/she was supported for this understanding.
C. The client defended his/her calorie consumption being outside the normal limits and was gently confronted with facts about normal caloric intake.

4. Measure Weight (4)

A. The client's weight was measured.
B. The client was assessed for minimizing in regard to the eating disorder concerns and related distorted thinking.
C. The client was assisted in identifying minimizations and distorted thinking.
D. The client was reinforced for his/her decrease in minimizing and distorted thinking regarding his/her excess body weight.

5. Explore Compensatory Behavior (5)

A. The client was asked to describe any compensatory behavior to help control caloric intake.
B. The client was supported as he/she acknowledged engagement in compensatory behavior on a regular basis, after eating, in order to reduce caloric intake.
C. The client was noted to confirm regular use of laxatives, diuretics, enemas, and medications for the purpose of reducing body weight.
D. The client minimized his/her use of laxatives, diuretics, enemas, or medications to control body weight; this minimization was pointed out to him/her in a matter-of-fact manner.
E. The client defended his/her use of compensatory behavior in order to control caloric intake because of his/her distorted belief that he/she would become overweight; he/she was redirected in this area.
F. The client was reinforced as he/she reported a decreased use of compensatory behavior to control weight.

6. Assess Eating Disorder With Objective Measures (6)

A. A measure of eating disorders was administered to further assess its depth and breadth.
B. The level of self-induced vomiting, misuse of laxatives, diuretics, or other medications, enemas, fasting, or excessive exercise was assessed.
C. *The Eating Disorders Inventory–3* (Garner) was used to assess the client's level of eating disorder symptoms.
D. The *Eating Inventory* (Stunkard and Messick) was used to assess the level of eating disorder symptoms.
E. The *Stirling Eating Disorder Scales* (Williams and Powers) was used to assess the level of eating disorder symptoms.
F. The eating disorders assessment indicated that the client has significant eating disorder symptoms; this information was shared with the client.

7. Assess Level of Insight (7)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. Assess for Correlated Disorders (8)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Refer for Physical Examination (11)

A. The client was referred to a physician for a complete physical examination.
B. The client followed through on a referral to a physician for an exam and reported that negative consequences from the eating disorder were discovered.
C. The client's physical examination ruled out any serious negative consequences as a result of the eating disorder.
D. The client reported that he/she has developed an electrolyte imbalance that resulted from the eating disorder.
E. The client's physician has been contacted about the client's medical condition and nutritional habits.
F. The client's physician confirmed that the client's eating disorder has resulted in serious negative consequences.
G. The client has not followed through on the physical examination referral and was redirected to do so.

12. Refer to Nutritionist (12)

A. The client was referred to a nutritionist experienced in eating disorders for an assessment of nutritional rehabilitation.
B. Recommendations were made by the nutritionist and these were coordinated into the care plan.
C. The client has not followed through with the referral to a nutritionist and was reminded to do so.

13. Refer to Dentist (13)

A. The client was referred to a dentist for a complete dental examination.
B. The dental examination results indicate that the client has experienced negative consequences from vomiting and poor nutrition.
C. The dental examination results indicated that there are no negative consequences from the eating disorder.
D. The client has not followed through on the referral to a dentist and was redirected to do so.

14. Assess/Refer for Psychotropic Medication (14)

A. The client's need for psychotropic medication was assessed.
B. It was determined that the client would benefit from psychotropic medication and a referral was made.
C. A need for psychotropic medication was not found and thus no referral was made.
D. The client cooperated with the physician referral and psychotropic medication has been prescribed.
E. The client has failed to follow through on the physician referral and was encouraged to do so.

15. Monitor Medication (15)

A. The effectiveness of psychotropic medication and its side effects were monitored.
B. The client reported that the medication has been effective in stabilizing his/her mood; the information is being relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been effective or helpful; this information is being relayed to the prescribing clinician.
D. The client has not taken the medication on a consistent basis and was encouraged to do so.

16. Refer for Hospitalization (16)

A. Because the client's weight loss has been severe and his/her physical health is jeopardized, the client was referred for hospitalization.
B. The client cooperated with admission into treatment and acknowledged that his/her fragile medical condition necessitated such treatment.
C. The client refused hospitalization that was recommended.
D. Because the client's condition was so fragile and he/she was thought to be harmful to himself/herself, a commitment to hospitalization has been pursued.

17. Discuss Eating Disorders Model (17)

A. A discussion was held with the client regarding a model of eating disorder development.
B. The client was taught about concepts such as sociocultural pressures to be thin, vulnerability to overvalue body shape and size in determining self-image, maladaptive eating habits, maladaptive compensatory weight management behaviors, and resultant feelings of low self-esteem.
C. The client was taught about concepts related to eating disorders as described in *Overcoming Binge Eating* (Fairburn) or *The Eating Disorders Sourcebook* (Costin).
D. The client displayed a clear understanding of the concepts related to eating disorders and was provided with positive feedback about this insight.
E. The client struggled to understand the information related to eating disorders and was provided with additional feedback in this area.

18. Discuss Rationale for Treatment (18)

A. The rationale for treatment was discussed with the client, including the use of cognitive and behavioral procedures to break the cycle of thinking and behaving that promotes poor self-image, uncontrolled eating, and unhealthy compensatory actions.
B. The rationale for treatment was emphasized, including the building up of physical and mental health-promoting eating practices.
C. The client was reinforced for his/her clear understanding of the rationale for treatment.
D. The client did not have a clear understanding of the rationale for treatment and was provided with remedial information in this area.

19. Assign Reading Materials (19)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on the development and treatment of eating disorders.

B. The client was directed to read selected portions of *Overcoming Binge Eating* (Fairburn).
C. The client was directed to read selected portions of *Overcoming Your Eating Disorders: A Cognitive-Behavioral Therapy Approach for Bulimia Nervosa and Binge-Eating Disorder Workbook* (Apple and Agras).
D. The client was directed to read selected portions of *The LEARN Program for Weight Management* (Brownell).
E. The client has read the assigned information on the development and treatment of eating disorders and key concepts were processed.
F. The client has not read the assigned information on eating disorders and was redirected to do so.

20. Assign Self-Monitoring Record (20)

A. The client was assigned to self-monitor and record food intake, thoughts, and feelings.
B. The client was assigned "A Reality Journal: Food, Weight, Thoughts, and Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's journal was processed with a focus on challenging maladaptive patterns of thinking and behaving.
D. The client was assisted in replacing maladaptive patterns of thinking and behaving with adapted alternatives.
E. The client has not kept a journal record of food intake, thoughts, and feelings and was redirected to do so.

21. Establish Minimum Caloric Intake/Assist in Meal Planning (21)

A. The client was assisted in developing a minimum daily caloric intake.
B. The client was reinforced as he/she committed to eating planned meals at regular intervals and consuming at least the minimum daily calories necessary to gain weight.
C. The client has refused to make a commitment to consuming a minimum daily amount of calories; the need for this commitment was reviewed.
D. Specific menus for meals were developed for each of the three meals per day.
E. The client reported following through on eating the meals that had been planned earlier.
F. The client reported that he/she has not followed through on eating the planned menu items and the reasons for this failure were reviewed.

22. Establish Weight Goals (22)

A. The body mass index was used to establish healthy weight goals for the client.
B. The client was reinforced as he/she has made gradual progress toward maintaining healthy weight goals.
C. The client has not made any progress toward the healthy weight goals established; this lack of progress was reviewed and processed.

23. Monitor Weight (23)

A. A plan was made to monitor the client's weight on a regular basis.
B. The client was weighed and the results reflected a modest gain.

C. The client was weighed and the results reflected no weight gain.
D. The client was weighed and the results reflected a weight loss.

24. Monitor Fluid Intake and Electrolyte Balance (24)

A. The client's fluid intake and electrolyte balance were monitored.
B. The client was provided with realistic feedback regarding progress toward the goal of balance regarding fluid intake and electrolytes.
C. The client was provided with positive feedback for his/her appropriate electrolyte balance.
D. The client was provided with realistic feedback that his/her electrolytes are out of balance.

25. Monitor Electrolyte Balance With Physician (25)

A. The client was encouraged to maintain regular contact with his/her physician in order to monitor electrolyte balance levels.
B. The client has resisted maintaining regular contact with his/her physician and was encouraged to do so.
C. The latest monitoring of the client's electrolyte levels indicates that he/she has attained and maintained balanced fluids and electrolytes.

26. Assess External and Internal Cues (26)

A. The client was assessed for external cues such as persons, objects, or situations that precipitate his/her uncontrolled eating and/or compensatory weight management behaviors.
B. The client was assessed for internal cues such as thoughts, images, and impulses that contribute to his/her uncontrolled eating and/or compensatory weight management behaviors.
C. The client was reinforced as he/she displayed significant insight as he/she identified many external and internal cues for his/her uncontrolled and/or compensatory weight management behaviors.
D. The client struggled to identify many external or internal cues and was gently offered examples of these types of cues.

27. Develop Hierarchy of Triggers (27)

A. The client was directed to develop a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
B. The client was helped to list many of the high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
C. The client was assisted in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
D. The client's journaling was used to assist in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.

28. Teach Skills for High-Risk Situations (28)

A. The client was taught skills for high-risk situations such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.

B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client reported implementation of conflict resolution skills in his/her daily life and was reinforced for this utilization.
D. The client reported that resolving interpersonal conflicts has contributed to lessening his/her eating disorder concerns; this progress was reinforced.
E. The client has not used conflict resolution skills and was provided with specific feedback about when to implement his/her skills.

29. Assign Homework to Strengthen Skills (29)

A. The client was assigned homework exercises designed to help strengthen the skills he/she has learned in therapy.
B. The client was assisted in selecting situations that have a high likelihood of success to begin practicing coping skills.
C. The client was assisted in developing a specific plan for the managing the high-risk situations.
D. The use of techniques for resolving high-risk situations was reviewed, with positive feedback for success and redirection for failures.

30. Conduct CBT Phase I (30)

A. Phase I of cognitive behavioral therapy (CBT) was used to help the client understand the adverse effects of binging and purging.
B. The client was assigned to self-monitor weight and eating patterns and to establish a regular pattern of eating.
C. The client was assigned to use the homework exercise "A Reality Journal: Food, Weight, Thoughts, and Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. Journal material was processed with the client.
E. The client has not completed the assigned material and was redirected to do so.

31. Conduct Phase II of CBT (31)

A. Phase II of CBT was implemented.
B. The focus was shifted to eliminating dieting, reducing weight and body image concerns, teaching problem-solving, and doing cognitive restructuring.
C. The client was assigned the homework exercise "How Fears Control My Eating" from the *Adult Psychotherapy Homework Planner* (Jongsma)
D. The client has challenged and replaced negative cognitive messages that mediate feelings and actions leading to maladaptive eating and weight control practices.

32. Conduct Phase III of CBT (32)

A. Phase III of CBT was implemented.
B. The client was assisted in developing a maintenance and relapse prevention plan.
C. The client was assisted with developing a plan for self-monitoring of eating and binge triggers, continued use of problem-solving and cognitive restructuring, and setting of short-term goals.

D. The client was reinforced for his/her positive response to developing a maintenance program.
E. The client has not developed a maintenance and relapse prevention plan, and was redirected to do so.

33. Conduct Interpersonal Therapy (33)

A. Interpersonal therapy techniques were used to help identify themes that may be supporting the eating disorder.
B. The client was assisted in assessing the "interpersonal inventory" of important past and present relationships as themes that may be supporting the client's eating disorder.
C. The client was assisted in listing issues from past or present relationships, such as interpersonal disputes, role transitions, and/or interpersonal deficits.
D. The client's themes that support eating disorder symptoms were identified and processed.

34. Facilitate Mourning (34)

A. As the client displays significant interpersonal problems related to grief, he/she was prompted to share feelings related to mourning.
B. The client was assisted in gradually discovering new activities and relationships to compensate for his/her loss of previous activities and relationships.
C. The client was reinforced for his/her gradual improvement in regard to his/her experience of loss.

35. Explore Disputes (35)

A. The client was assisted in resolving interpersonal problems as a result of interpersonal disputes.
B. The client was assisted in exploring the relationship, and the nature of the dispute.
C. The client was assisted in identifying available options for resolving the dispute issues, including how to overcome the impasse or to end the relationship.
D. The client was reinforced for his/her progress in regard to resolving dispute issues.

36. Resolve Role Transition Issues (36)

A. The client was assisted in identifying his/her role transition issues.
B. The client was assisted in mourning the loss of old roles and recognizing the positive and negative aspects of new roles.
C. The client was assisted in taking steps to gain mastery over his/her new roles.

37. Resolve Interpersonal Deficits (37)

A. The client was assisted in identifying interpersonal deficits.
B. The client was assisted in developing new interpersonal skills and relationships.
C. The client was reinforced for his/her improvement in regard to interpersonal relationships.

38. Conduct Phase I of Family-Based Treatment (38)

A. The client's family was engaged in the initial phase of family-based treatment.

B. The client's family was assisted in confirming their intent to participate and to strictly adhere to the treatment plan.
C. A history of the eating disorder was taken, and clarification of the parent's role was made.
D. The parents are actively supervising the client's eating pattern and weight.

39. Conduct Phase II of Family-Based Treatment (39)

A. The second phase of family-based treatment was implemented.
B. The family was assisted in closely monitoring weight gain and physician/nutritionist reports regarding health issues.
C. The family was assisted in gradually returning control overeating decisions back to the client.

40. Conduct Phase III of Family-Based Treatment (40)

A. The third phase of family based treatment was implemented.
B. The client was assisted in reviewing and reinforcing progress in regard to weight gain.
C. Normal developmental issues were reviewed.
D. Problem-solving and relapse prevention skills were taught and rehearsed.

41. Identify Self-Worth (41)

A. The client was assisted in identifying the basis for his/her self-worth, separate from body image.
B. The client's talents, successes, positive traits, importance to others, and intrinsic spiritual value were reviewed and reinforced.
C. The client acknowledged a benefit from developing a positive identity that is based on character traits, relationships, and intrinsic value; the benefits were reinforced.
D. It was reflected that the client has verbalized statements of positive self-esteem more frequently.
E. The client has continued to struggle with identifying the basis for his/her self-worth, separate from his/her body image, and was provided with remedial feedback in this area.

42. Assign LEARN Manual (42)

A. The client was assigned to read the LEARN manual.
B. The client was asked to review the five aspects of the program, including lifestyle, exercise, attitudes, relationships, and nutrition.
C. The client has reviewed the LEARN manual and key concepts were reviewed.
D. The client has not reviewed the LEARN manual and was redirected to do so.

43. Review LEARN Components (43)

A. The session focused on the five aspects of LEARN program.
B. The client was assisted in looking at lifestyle choices and the establishment of new behavioral patterns.

C. The client was assisted in identifying the use of exercise in a healthy pattern of weight loss.
D. The client was assisted in identifying attitudes that contribute to weight problems.
E. The client was assisted in reviewing how relationships interact with weight problems.
F. The client was assisted in learning more about nutrition as it relates to his/her weight problem.

44. Discuss Lapse Versus Relapse (44)
A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of eating disorder symptoms.
C. A relapse was associated with the decision to return to eating disorder behaviors.
D. The client was reinforced for his/her ability to respond to a lapse without relapsing.

45. Identify and Rehearse Response to Lapse Situations (45)
A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of his/her potential lapse situations.
C. The client was reinforced as he/she identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of possible lapse situations and this resistance was redirected.

46. Encourage Use of Therapy Strategies (46)
A. The client was encouraged to routinely use strategies used in therapy.
B. The client was urged to use continued exposure to external and internal cues that arise.
C. The client was reinforced for his/her regular use of therapy techniques when experiencing cues for eating disorder behaviors.
D. The client was unable to identify many situations in which he/she has used therapy techniques and was redirected to seek these situations out.

47. Develop Maintenance Plan (47)
A. The client was assisted in developing a maintenance plan.
B. The client was assisted in describing how he/she plans to identify challenges, use knowledge and skills learned in therapy to manage them, and maintain positive changes gained in therapy.
C. The client was reinforced for his/her complete maintenance plan.
D. The client's maintenance plan does not appear to be very complete or useful, and he/she was provided with feedback in areas that could improve.

48. Schedule Maintenance Sessions (48)

A. The client was assisted in scheduling "maintenance" sessions to help maintain therapeutic gains and adjust to life without eating disorder symptoms.

B. Relapse prevention strategies were used to help the client to maintain therapeutic gains and adjust to life without eating disorder symptoms.

C. Positive feedback was provided to the client for his/her maintenance of therapeutic gains.

D. The client has displayed an increase in eating disorder symptoms and was provided with additional relapse prevention strategies.

49. Refer to Support Group (49)

A. The client was referred to a support group for people with eating disorders.

B. The client has followed through on the referral to a support group for people with eating disorders and reported having benefited from the meeting.

C. Attendance at the support group for people with eating disorders has helped the client maintain his/her gains in weight and healthy eating; the benefits of this progress were highlighted.

D. The client has not followed through on attendance at a support group for those with eating disorders and was encouraged to do so.

EDUCATIONAL DEFICITS

CLIENT PRESENTATION

1. No High School Diploma or GED (1)*

A. The client dropped out of high school before graduation and has not pursued a GED.
B. The client indicated an interest in completing the requirements for a GED.
C. The client has enrolled in classes to obtain his/her GED.
D. The client has enrolled in classes to obtain credit for completion of his/her high school diploma.

2. Needs Vocational Training (2)

A. The client possesses no marketable employment skills and is in need of vocational training.
B. The client indicated a strong interest in obtaining vocational training.
C. The client has taken the steps necessary to obtain vocational training.
D. The client is involved in a vocational training program.

3. Functional Illiteracy (3)

A. The client has virtually no reading or spelling skills.
B. The client has indicated an interest in availing himself/herself of opportunities for learning to read.
C. The client has enrolled in classes to learn to read.

4. Feelings of Shame/Embarrassment (3)

A. The client verbalized strong feelings of shame and embarrassment in regard to his/her reading ability.
B. The client's feelings of shame and embarrassment associated with his/her lack of reading ability have caused him/her to deny this deficit and fake it.
C. As the client has taken steps toward reading skills, his/her feelings of shame and embarrassment have diminished.

5. Difficulties in Learning (4)

A. Although the client has shown evidence of motivation to learn, he/she has a long history of failure or near failure in academic situations.
B. The client's intellectual deficits have contributed to a history of failure in the academic arena.
C. The client's learning disability has contributed to a lifelong history of struggle in any learning situation.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. As the client has begun to compensate for his/her learning disability, his/her academic functioning has improved.

6. Lack of Confidence in Ability to Learn (5)

A. The client verbalizes a limited confidence in his/her ability to learn.
B. The client cites many significant failures in regard to his/her ability to learn.
C. As the client has taken steps toward resolving his/her educational deficits, his/her confidence has increased.
D. The client now reports a high level of confidence in his/her ability to learn.

7. Anxiety in New Learning Situations (6)

A. The client reports a high degree of anxiety in regard to entering new learning situations.
B. The client has significant anxiety in regard to learning new skills and information.
C. The client reports that he/she feels debilitated by his/her anxiety in new learning situations.
D. As treatment has progressed, the client has indicated a decreased level of anxiety.
E. The client now reports being virtually anxiety-free in new learning situations.

INTERVENTIONS IMPLEMENTED

1. Explore Education Termination Causes (1)*

A. The client's attitude toward education was assessed and other factors that contributed to the termination of his/her education were explored.
B. Active listening was used as the client identified his/her negative attitude toward education as being based in failure experiences related to his/her learning disability.
C. Active listening was used as the client identified a negative attitude toward education that was fostered by family values and a lack of parental encouragement.
D. Active listening was used as the client blamed association with a negative peer group for his/her failure to persevere in the academic setting.
E. The client was unable to identify reasons for terminating his/her education and was gently offered examples in this area.

2. Gather Educational History (2)

A. The client's history of educational experiences was documented.
B. The client was asked to describe the educational and vocational levels of achievement obtained by his/her family members.
C. The client was supported as he/she described learning difficulties that were encountered in specific subject areas in the academic arenas.
D. It was noted that the client's lack of achievement in education follows a pattern of similar outcomes on the part of many extended family members.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

3. Teach Education Need (3)

A. The client was confronted with his/her need for further education.
B. The client acknowledged his/her need for further education and was reinforced as he/she agreed to take steps to pursue it.
C. The client denied the need for further education and indicated a lack of interest in pursuing it; he/she was encouraged to review this decision at a later date.

4. Use Motivational Interviewing (4)

A. Motivational interviewing techniques were used to help the client explore motivational obstacles and incentives for acting to reach educational goals.
B. Motivational interviewing techniques were used to help the client develop an understanding about his/her level of satisfaction or dissatisfaction with the *status quo.*
C. Motivational interviewing techniques were used to help the client develop his/her understanding of the benefits and problems related to making a change.
D. Motivational interview techniques were used to help the client identify his/her level of optimism regarding change.
E. The client was assisted in identifying specific tactics that he/she would like to implement for making a change.
F. Care was given to keep from “taking sides” or trying to impose the clinician’s decisions onto the client.

5. List Negative Consequences (5)

A. The client was assisted in listing the negative consequences that have occurred because of his/her lack of a high school diploma or GED.
B. The client was helped to identify the lack of vocational opportunities that were available to him/her because of his/her educational deficits.
C. Active listening was used as the client complained of the low-paying jobs that were available to him/her because of his/her lack of academic credentials.
D. The client was rather guarded about listing negative consequences of his/her educational deficits and was provided with some tentative examples in this area.

6. Support Academic Advancement (6)

A. The client was encouraged to obtain further academic training.
B. As the client indicated an interest in further academic training, he/she was reinforced and guided toward possible resources to pursue.

7. Reinforce Educational/Vocational Training (7)

A. The advantages of pursuing educational/vocational training were pointed out to the client.
B. The client was assigned the homework exercise “The Advantages of Education” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key topics were reviewed.
D. The client has not completed the assigned homework and was reminded about this important task.

E. The client acknowledged that there would be social, monetary, and self-esteem advantages if he/she would pursue educational/vocational training.

8. Obtain Psychoeducational Testing (8)

A. The client was referred to an educational learning specialist for testing in regard to his/her learning style, cognitive strengths, and possible learning disabilities.
B. The client has followed through on the referral for educational testing.
C. The client has not followed through on the referral for educational testing and was encouraged to do so.

9. Refer for Medical Evaluation (9)

A. The client was referred to a physician for medical evaluation to assess for medical conditions that could affect educational performance.
B. The client was assessed in regard to his/her low energy and motivation.
C. The client has complied with the evaluation by the physician, and specific concerns were identified in regard to his/her educational performance and low motivation.
D. The client has been evaluated by a physician in order to rule out medical conditions that may be causing educational concerns, but no medical reason for the educational concerns was identified.
E. The client has not followed through on the referral to the physician for a medical evaluation in order to rule out medical conditions for his/her educational performance problems, and was redirected to do so.

10. Obtain/Perform Psychological Assessment (10)

A. A psychological assessment was performed to determine whether the client suffers from any mental health concerns.
B. The psychological assessment results indicate the presence of mental health concerns.
C. The psychological assessment results did not confirm the presence of mental health concerns that contributed to his/her educational problems.
D. The client has not participated in an assessment for mental health concerns and was redirected to do so.

11. Arrange Substance Abuse Evaluation (11)

A. The client’s use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

12. Assess Level of Insight (12)

A. The client’s level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

13. Assess for Correlated Disorders (13)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

14. Assess for Culturally Based Confounding Issues (14)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

15. Assess Severity of Impairment (15)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

16. Refer for Medication (16)

A. The client was referred to a physician for a medication evaluation to treat his/her mental health concerns.

B. The client followed through with the referral to a physician for a medication evaluation and is taking the prescribed medication to treat his/her mental health concerns.
C. The client followed through with the medication evaluation and no medication was prescribed for his/her mental health problem.
D. The client was prescribed medication for his/her mental health condition but has refused to consistently take this medication.
E. The client has not followed through on the referral for a medication evaluation and was redirected to do so.

17. Encourage Medication Use (17)

A. The client was encouraged to take the prescribed psychotropic medications.
B. The client was urged to report the side effects and effectiveness of the psychotropic medication.
C. The client's reports about his/her use of, effectiveness, and side effects of the medication were related to the prescribing physician.
D. The client has not been regularly taking his/her psychotropic medications and was redirected to do so as prescribed by the physician.

18. Monitor Medication Effects (18)

A. The client was noted to be taking his/her medication as prescribed and has reported that it has been effective in reducing his/her attention deficit disorder (ADD) problems.
B. The client stated that the medication to treat ADD has not been effective in reducing his/her attention deficit problems; this information is to be relayed to the prescribing clinician.
C. The client has not taken his/her medication consistently and was encouraged to do so.

19. Encourage Implementation of Recommendations (19)

A. The client was encouraged to implement the recommendations of the educational, psychological, and medical evaluations.
B. The client has agreed to implement the recommendations resulting from the evaluations and was reinforced as he/she has taken steps to do so.
C. The client has not followed through on implementing the recommendations of the evaluations and was encouraged to do so.

20. List Negative Learning Experiences (20)

A. The client was asked to list the negative messages he/she has received in learning situations from teachers, parents, peers, and others.
B. The client was supported as he/she expressed the emotional pain, frustration, and reduced confidence that resulted from the critical messages he/she has experienced in learning situations.
C. The client's negative experiences surrounding learning situations and the painful emotions associated with these experiences were processed.

21. Explore Shame/Embarrassment (21)

A. Feelings of shame and embarrassment were expressed by the client regarding his/her reading ability, educational achievement, and vocational skill.

B. As a trusting environment has been provided, the client has begun to express fuller statements regarding his/her learning ability.
C. The client was taught self-worth based on intrinsic value rather than achievement.
D. The client was rather guarded about shame and embarrassment issues regarding his/her reading ability, educational achievement, and vocational skill and was gently offered examples of how individuals may experience these types of concerns.

22. Support Educational Progress (22)

A. The client was given encouragement and verbal affirmation as he/she described steps that are being taken to increase his/her educational levels.
B. It was reflected to the client that he/she has been verbalizing more positive attitudes about education and expressed pleasure with his/her educational achievement.
C. The client expressed fears and anxiety associated with entering a learning situation; this was normalized.

23. Develop Fear-Coping Strategies (23)

A. The client was taught behavioral and cognitive coping strategies to help him/her reduce anxiety related to learning situations.
B. The client was taught about how to discriminate between relaxation and tension.
C. The client was taught about applying coping skills to his/her own fears and anxieties within learning situations.
D. The client was taught progressive relaxation training as described by Bernstein and Borkovec.
E. The client reported successful implementation of behavioral and cognitive coping strategies for reducing anxiety and fear in learning situations; his/her experience was reviewed.
F. The client verbalized decreased anxiety and negativity associated with learning situations; the benefits of this progress were reviewed.
G. The client has not used the fear-coping strategies and was redirected to do so.

24. Assign Relaxation Homework (24)

A. The client was assigned homework in which he or she practices relaxation exercises daily for at least 15 minutes.
B. The client was assigned homework to apply relaxation techniques to learning situations.
C. The client was assisted in reviewing exercises, reinforcing success while providing corrective feedback toward improvement.
D. The client has not completed homework for practicing relaxation and was redirected to do so.

25. Assign Readings on Relaxation Strategies (25)

A. The client was assigned written material about progressive muscle relaxation and other calming strategies.
B. The client was assigned to read portions of *The Relaxation and Stress Reduction Workbook* (Davis, Robins-Eshelman, and McKay).

C. The client was assigned to read portions of *Mastery of Your Anxiety and Worry Workbook* (Barlow and Craske).
D. The client has completed the assigned readings regarding progressive muscle relaxation and other calming strategies, and key concepts were reviewed.
E. The client has not completed the assigned readings on muscle relaxation and calming strategies, and was redirected to do so.

26. Identify Academic Strengths (26)

A. The client was assisted in realistically evaluating and identifying his/her academic strengths.
B. The client was assigned the homework exercise "My Academic and Vocational Strengths" from the *Adult Psychotherapy Homework Planner.*
C. The client has completed the assignments, and key concepts were reviewed.
D. The client has not completed the assigned workbook material and was reminded to do so.
E. Based on the review of his/her academic strengths, the client has developed an educational/vocational plan.
F. The client has not been able to identify his/her academic strengths and was gently offered examples in this area, based on interaction with the therapist.

27. Use Cognitive Restructuring (27)

A. The client was taught the use of cognitive restructuring to assist in replacing negative automatic thoughts associated with education and his/her ability to learn.
B. The client was taught the connection between thoughts, feelings, and actions.
C. The client was taught to identify relevant automatic thoughts and their underlying beliefs or biases that contribute to feeling a lack of confidence in his/her learning ability.
D. The client was encouraged to challenge the biases in his/her automatic thoughts and develop alternative positive perspectives to be tested.
E. The client was reinforced for replacing negative automatic thoughts.

28. Reinforce Reality-Based Messages (28)

A. The client was reinforced for developing and implementing positive, reality-based messages to replace the distorted, negative self-talk associated with education and his/her ability to learn.
B. The client was assigned the homework exercise "Replacing Fears with Positive Messages" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assignments and key concepts were reviewed.
D. The client has not completed the assignments provided and was redirected to so.

29. Assign Homework on Self-Talk (29)

A. The client was assigned homework exercises on self-talk, focusing on identifying fearful self-talk, biases in the self-talk, generating alternatives and testing through behavioral experiments.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has completed the homework assignments on replacing self-defeating thoughts and key concepts were reviewed.
D. The client was assisted in reviewing and reinforcing success in his/her replacement of self defeating thoughts.
E. Corrective feedback was provided to assist the client in improving his/her replacement of self-defeating thoughts.

30. Assess Reading Deficits (30)

A. The client's reading recognition and comprehension ability were assessed.
B. It was determined that the client has very little reading ability and would benefit from educational assistance in this area.
C. The client was assessed as having some basic reading skills and could benefit from further training.

31. Refer for Reading Education (31)

A. The client was referred to an educational resource that will help him/her obtain reading skills.
B. The client has followed through on the referral to an educational resource to learn reading skills and reported some initial success in this area.
C. The client's involvement in reading education was monitored and reinforced.
D. The client has failed to follow through on pursuing education in the reading area and was encouraged to do so.

32. Elicit Educational Commitment (32)

A. An attempt was made to elicit a commitment from the client to pursue further academic/vocational training.
B. The client was reinforced for a stated commitment to obtain further academic/vocational training.
C. The client refused to verbalize a commitment to obtain further academic/vocational training; he/she was encouraged to review this need at a later date.

33. Provide Community Resource Information (33)

A. The client was provided with information regarding community resources available for adult education specifically in the areas of high school completion, GED certification, and vocational skill training.
B. The client was open to accepting information about educational training resources and agreed to obtain further information from these resources.
C. The client was resistant to pursuing further information regarding educational and vocational training.

34. Assign Educational/Vocational Training Contact (34)

A. The client was assigned to make preliminary contact with vocational/educational training agencies and report back regarding the experience.
B. The client has made preliminary contact with educational/vocational agencies and the results of that contact were discussed.

C. The client has not followed through on making contact with vocational/educational resources and was encouraged to do so.

35. Support Educational/Vocational Participation (35)

A. The client was asked to describe his/her experience of attendance at educational/vocational training classes.
B. The client was reinforced for attending classes on a consistent basis in order to obtain further vocational/educational training.
C. The client's consistent participation in educational/vocational training was strongly supported and reinforced.
D. The client indicated that he/she has not been consistent in his/her participation in the educational/vocational training and was redirected to do so.

FAMILY CONFLICT

CLIENT PRESENTATION

1. **Frequent Conflict With Parents/Siblings (1)***

A. The client described an atmosphere of frequent conflict with parents and siblings.
B. The client projects blame onto others for his/her conflict with family members.
C. The client is beginning to accept responsibility for his/her role in the family conflict and to attempt to find resolution.
D. The client reported increased harmony and support among family members.

2. **Lack of Contact (2)**

A. The client stated that his/her family members have little or nothing to do with each other, and, therefore, they are not seen as a positive influence or source of support.
B. The client has taken the initiative to try to increase the degree of family members' involvement with each other.
C. The client indicated that he/she is more a part of a family unit, now that the family members see each other more and interact together.

3. **Dependence/Independence Conflict (3)**

A. The client describes ongoing conflict with his/her parents, which is characterized by the parents fostering the client's dependence and the client feeling that the parents are overly controlling.
B. The parents are attempting to nurture the client's independence and the client is taking some steps toward emancipation.
C. The degree of conflict with parents has decreased significantly and the client is exercising reasonable independence.

4. **Residence With Parents (4)**

A. The client has lived with his/her parents consistently since childhood.
B. The client has made periodic attempts at emancipation and living independently but has always returned to live with his/her parents.
C. Plans have been made for the client to emancipate to independent living.
D. The client has successfully emancipated from his/her parents and is living independently from their constant emotional and economic support.

5. **Alienation From Parents (5)**

A. The client has sustained long periods of noncommunication from his/her parents and describes himself/herself as the "black sheep."

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. Overtures have been made to bridge the gap between the client and his/her parents and to build a supportive relationship.
C. The client is now in regular contact with his/her parents and feels as if he/she is an accepted member of the family.

6. Stepfamily Conflict (6)

A. Since the marriage of the two previously married partners, there has been conflict between the members of this reconstituted family.
B. Stepsiblings and stepparents have increased their understanding of and communication with each other.
C. The blended family unit has become more functional and bonded to one another.

7. Parents Conflict Over Parenting Methods (7)

A. The parents reported conflict with each other over parenting methods and styles of parenting.
B. Although the parents do not identify it, it is clear that they have different parenting styles for their minor children.
C. As treatment has progressed, the parents have come to appreciate the other parent's parenting method.
D. As treatment has progressed, the parents have modified their parenting styles to be more similar and supportive of each other.

INTERVENTIONS IMPLEMENTED

1. Reinforce Independent Thought (1)*

A. The client was encouraged to express his/her thoughts and feelings and was reinforced for having an independent perspective from other family members.
B. It was reflected to the client that his/her pattern of dependence interfered with his/her ability to openly and honestly describe his/her thoughts and feelings.
C. The client was reinforced for being more open in describing his/her thoughts and feelings and has described a sense of autonomy from other family members.

2. Explore Family Conflict (2)

A. Family members were asked to describe the nature, frequency, and intensity of their conflict with one another.
B. The causes for family conflict were explored from the perspective of each family member.
C. The client was supported as he/she outlined the nature of the family conflicts and his/her perspective on the causes for them.
D. Family members struggled to identity the nature of the family conflicts and were provided with tentative questions to help identify these types of conflict.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

3. Facilitate Family Communication (3)

A. A family therapy session was conducted to facilitate healthy communication, conflict resolution, and the emancipation process.

B. The family was noted to show evidence of controlled reciprocal and respectful communication of their thoughts and feelings with each other.

C. Despite intervention, the family has not shown reciprocal and respectful communication and were provided with more specific redirection in this area.

4. Teach the Role of Resistance (4)

A. All family members were taught that resistance to change in the style of relating to one another can be expected to be high and that change would require concerted effort on the part of all family members.

B. Family members were reinforced as they were able to verbalize an increased awareness of how the family system has reinforced and will continue to reinforce the status quo in terms of patterns of communication and conflict resolution.

C. As family members have acknowledged their resistance to change, they have also been noted to be more open to and motivated for change.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.

B. The client was assessed in regard to the syntonic vs. dystonic nature of his/her insight about the presenting problems.

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.

F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.

B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.

D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.

C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Confront Responsibility Avoidance (9)

A. The client was confronted when he/she was not taking responsibility for his/her own thoughts, feelings, behavior, and contribution to the family conflict.
B. The client was reinforced for owning responsibility for his/her role in the family conflict.
C. The client was reinforced as he/she acknowledged an increased insight into his/her contribution to the family conflict.

10. Assign Reading Material on Resolving Family Conflict (10)

A. The client was asked to read material on resolving family conflict.
B. The client was asked to read the book *Making Peace with Your Parents* (Bloomfield and Felder) to increase his/her understanding of the dynamics of family conflict.
C. The client has followed through on reading the book on family conflict and key concepts of the book were identified for application in the client's family situation.
D. The client's reading of the book on family conflict has been noted to be helpful in understanding the dynamics within the family system.
E. The client has not followed through on reading the book on family conflict and was encouraged to do so.

11. Create a Family Genogram (11)

A. A family therapy session was conducted in which a genogram was developed that was complete with denoting family members, patterns of interaction, rules, and secrets.
B. The dysfunctional communication patterns between family members within the nuclear and extended family units were highlighted.

C. Family members were supported as they acknowledged the lack of healthy communication that permeates the extended family.

12. Facilitate Expression of Feelings (12)

A. Each family member was supported and encouraged to express his/her concerns, fears, and expectations regarding the family.
B. An increased oneness within the family unit was identified through each family member sharing his/her thoughts and feelings.
C. The family members' resistance to open communication was evident and attempts were made to process and resolve this resistance.

13. Assess for Chemical Dependence (13)

A. The client was assessed for the presence of chemical dependence.
B. Family members were assessed for the presence of chemical dependence.
C. The need for chemical dependence treatment was presented to the client and family members.
D. Chemical dependence treatment was arranged for the client.
E. The client and family members declined any referral to a chemical dependence program.
F. The client and family members were assessed for the presence of chemical dependence but no such dependence was found.

14. Identify Chemical Dependence Triggers (14)

A. The client was assisted in identifying how family conflict has operated as a trigger for chemical dependence relapse.
B. Active-listening skills were used as the client identified a pattern of escaping into substance abuse as a means of avoiding the feelings associated with family conflict.
C. The client acknowledged using family conflict as an excuse for substance abuse; the implications of changing this pattern were processed.
D. The client denied any connection between his/her chemical dependence and family conflicts and gently offered examples of how this sometimes occurs.

15. Assign Family Substance Abuse Books (15)

A. The client was asked to read books on the role of family dynamics in chemical dependence.
B. The client was assigned to read *It Will Never Happen to Me* (Black) or *On the Family* (Bradshaw).
C. The client has followed through on reading books on family substance abuse patterns and key issues from this reading were processed.
D. The client has not followed through on reading the books on family issues in substance abuse and was encouraged to do so.

16. Refer for Family Experiential Weekend (16)

A. The family was referred for participation in an experiential weekend retreat at a center for family education.

B. The family has followed through on participation in an experiential weekend and reported that it did build a sense of family unity and confidence in working together; the benefits of this progress were reviewed.
C. The client has not followed through on accepting the referral for participation in the family weekend and was encouraged to do so.

17. Assign Parenting Books (17)

A. The parents were assigned to read books on effective parenting and specific recommendations were made.
B. The parents were asked to read *Raising Self-Reliant Children* (Glenn and Nelsen), *Between Parent and Child* (Ginott), or *Between Parent and Teenager* (Ginott).
C. The parents have followed through with reading books on parenting and key concepts were processed to encourage the implementation of healthy changes.
D. The parents have not followed through on reading books on parenting and were encouraged to do so.

18. List Family Activities (18)

A. The client was assisted in developing a list of positive family activities in which he/she and the family could engage to promote harmony.
B. Selected family activities that promote harmony were placed in the family schedule.
C. The family members have increased the number of positive family interactions in the implementation of planned family activities; the benefits of this progress were reviewed.
D. The family has not used the list of activities to develop more positive family interactions and was redirected to do so.

19. Define Parenting Roles (19)

A. The parents were asked to define the role that each takes in the parental team.
B. Each parents' perspective on parenting was more clearly defined.
C. The parents were supported for their insight of the roles that each takes on the parenting team.
D. The parents struggled to identify roles or perspectives on parenting and were gently offered examples in this area.

20. Read Fables (20)

A. Within a family therapy session, selections from *Friedman's Fables* (Friedman) were read to help the family understand the dynamics of their interaction.
B. The family responded favorably to the fable exercise and members were able to identify their role within the family dynamics.
C. The family members have not used the helpful insights from the fable exercise and were reminded about these techniques.

21. Identify Areas for Parents to Strengthen (21)

A. The parents were assisted in identifying areas that need strengthening in their parenting team.

B. The parents were assigned the homework exercise "Learning to Parent as a Team" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The parents have completed the assignments from the workbook, and key concepts were reviewed.
D. The parents have not completed the assignments provided, and were redirected to do so.
E. The parents identified areas in need of strengthening and were provided with assistance in how to strengthen these areas.
F. Positive feedback was provided as the parents have developed a stronger parental team.
G. The parents struggled to identify parenting skills that need strengthening and were gently offered examples in this area.

22. Assign Reading Material on Managing Behavior (22)

A. The parents were asked to read material consistent with a parent training approach to managing the behavior of a disruptive child.
B. The parents were directed to read portions of *The Kazdin Method for Parenting the Defiant Child* (Kazdin).
C. The parents were directed to read portions of *Parents and Adolescents Living Together: The Basics* (Forgatch and Patterson).
D. The parents were directed to read portions of *Parents and Adolescents Living Together: Family Problem Solving* (Forgatch and Patterson).
E. The parents have read the assigned material and key concepts were reviewed.
F. The parents have not completed the assigned material, and were redirected to do so.

23. Teach Parent Management Training (23)

A. The parents were taught the parent management training approach, as espoused by Forgatch and Patterson.
B. An emphasis was placed on how behavioral interactions with a child can encourage or discourage positive or negative behavior.
C. The parents were taught about changing key elements of interactions with the child in order to modify behavior.
D. The parents were reinforced for a clear understanding of the parent management training techniques.
E. The parents seem to have struggled with understanding the parent management training techniques and were provided with additional information in this area.

24. Teach Behavioral Definition, Identification of Reaction, and Alternatives (24)

A. The parents were taught how to specifically define and identify problem behaviors, identify their own reactions to the behavior, and determine whether the reaction encourages or discourages the behavior.
B. The parents were assisted in generating alternatives to problem behaviors.
C. The parents were assigned the homework exercise "Using Reinforcement Principles in Parenting" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The parents were reinforced for specifically defining and identifying problem behaviors, defining their own reactions, and determining of the reinforcing effect of their reaction.

E. The parents have struggled to identify and clearly define problem behaviors, their own reactions to the behavior, and the outcomes of such reactions and were provided with remedial information in this area.

25. Implement Key Parenting Practices (25)

A. The parents were assigned to implement key parenting practices consistently.

B. The parents were encouraged to establish realistic, age-appropriate rules, prompt positive behavior in the environment, use positive reinforcement to encourage behavior and clear, calm, direct instruction for sustained problem behavior.

C. The parents were assigned the homework exercise "A Structured Parenting Plan" in the *Adult Psychotherapy Homework Planner* (Jongsma).

D. The parents have consistently implemented key parenting practices and were reinforced for this.

E. The parents were provided with corrective feedback to improve their implementation of key parenting practices.

26. Assign Home Exercises to Implement Parenting Techniques (26)

A. The parents were assigned home exercises in which they implement parenting techniques and record the results of the implementation exercises.

B. The parents were assigned the homework exercise "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, and McInnis).

C. The parents' implementation of homework exercises was reviewed within the session.

D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.

E. The parents have not completed the assigned homework and were redirected to do so.

27. Select Challenging Situations for Managing Anger (27)

A. Modeling, role-play and behavioral rehearsal were used to teach the client anger control techniques, including the attempt to stop, think, and then act.

B. The client was provided with situations in which he/she may be increasingly challenged to apply his/her new strategies for managing anger.

C. The client was asked to identify his/her likely upcoming challenging situations for managing anger.

D. The client was urged to use his/her strategies for managing anger in successively more difficult situations.

28. Implement Techniques in Daily Living (28)

A. The client was assigned to implement anger control and problem solving techniques in his/her daily living.

B. The client was assigned the homework exercise "Applying Problem Solving to Interpersonal Conflict" from *the Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's use of techniques in daily living was reviewed, with reinforcement and corrective feedback provided toward the goal of sustained effective use.

29. Teach Assertive Conflict Resolution (29)

A. The parents were taught about assertive ways to resolve conflicts.
B. Role-playing, role reversal, modeling and behavioral rehearsal were used to help the client develop assertive ways to resolve conflicts with parents.
C. The client was directed to read *Your Perfect Right: Assertiveness and Equality in Your Life and Relationships* (Alberti and Emmons).
D. The client has read the assigned reading material, and key points were reviewed.
E. The client has not reviewed the assigned material on assertiveness, and was reminded to do so.

30. Assign Readings on Reducing Sibling Conflict (30)

A. The parents were assigned material on reducing sibling conflict.
B. The parents were assigned *The Kazdin Method for Parenting the Defiant Child* (Kazdin).
C. The client has read the assigned reading material, and key points were reviewed.
D. The client has not reviewed the assigned material on assertiveness, and was reminded to do so.

31. Increase Family Structure (31)

A. The parents were assisted in developing rituals such as establishing dinnertimes, bedtime routines, and weekly family activities to increase structure and promote bonding within the family.
B. The parents have followed through on increasing the amount of structure within the family by implementing routine family activities; the results of this progress were reviewed.
C. The parents have been resistive to increasing the degrees of family structure and were encouraged to do so.

32. Assist Development of Structure (32)

A. The parents were assisted in increasing the degree of structure and setting firm limits.
B. Parents have implemented a family meeting that will promote communication and bonding within the family unit; the use of this technique was reviewed.
C. Positive feedback was provided as the parents followed through on increasing the amount of structure and boundary setting.
D. The parents have not instituted the level of structure that they had previously identified and were redirected to follow through on this commitment.

33. Assign Family Drawings (33)

A. Each family member was assigned to bring to a family session a self-produced drawing of himself/herself in relationship to the family.
B. Each family member's drawing of his/her relationship to the family was reviewed and processed.
C. Several insights were elicited from the family members' drawings of their relationship.
D. The family members had difficulty developing insight into their relationship based on their family drawings and were gently offered examples in this area.

E. Family members have not followed through on the assigned family drawings and were redirected to do so.

34. Assign a Family Collage (34)

A. The family was assigned to make a collage out of pictures cut from magazines.
B. The family collage that was created by the family members was processed.
C. The family members were assisted in developing a "Coat of Arms" that will signify the new, blended family unit.

35. Assign a Family Activity Plan (35)

A. Within a family session, the family was assigned the task of selecting and planning an activity in which all members could participate.
B. The family members described their participation in the planned family activity and such bonding experiences were reinforced.
C. The family members have not participated in the family activity plan and were redirected to use this helpful technique.

36. Create a Revised Genogram (36)

A. Family members were assigned in developing a revised genogram that depicts how new, healthy relationships are being developed.
B. Family members reported an increased sense of bonding and a desire for more connectedness with each other as evidenced in the revised genogram.

37. Assign Changing Families (37)

A. The parents were assigned to read the book *Changing Families* (Fassler, Lash, and Ives) with the family at home.
B. The parents have followed through on reading the book and reported the positive impact that this experience had on the family dynamics.
C. The parents have not followed through on reading the book on changing families and were encouraged to do so.

38. Identify Dependence (38)

A. The client was asked to make a list of the ways that he/she is dependent on his/her parents.
B. The client was supported as he/she identified facets that reinforce his/her dependence on the family.
C. The client showed denial and minimization as he/she was asked to honestly acknowledge ways that he/she is dependent on the parents; gentle confrontation was used.

39. Develop Dependence Reduction Plan (39)

A. A plan was developed to reduce the client's dependence on his/her parents in each of those arenas where he/she has acknowledged a dependent pattern.
B. The client was assigned the homework exercise "Taking Steps Toward Independence" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has completed the assigned homework and key concepts were reviewed.

D. The client has not completed the assigned homework and was redirected to do so.
E. The client has begun to implement a plan to reduce his/her pattern of dependence on his/her parents; his/her experience was reviewed.
F. The client was reinforced for all planful steps were implemented toward becoming more independent and autonomous.
G. The client has not implemented steps toward becoming more independent and autonomous and was redirected to do so.

40. Confront Continuation of Dependence Pattern (40)

A. The client's pattern of emotional and economic dependence on his/her parents was confronted.
B. Active listening was used as the client acknowledged that he/she has avoided taking on consistent employment responsibilities that would allow for independent living.
C. The client was assisted in developing a specific plan of emancipation from his/her parents in a healthy and responsible way.
D. The client stated his/her goal of emancipation and has shared his/her plan of emancipation with his/her parents; his/her experience in this area was reviewed.
E. The client has begun to implement a plan for emancipation and was reinforced for doing so.
F. The client has continued to resist emancipation and his/her resistance was processed.

41. Explore Emancipation Fears (41)

A. The client's fears regarding emancipation were explored and highlighted.
B. The client's fears regarding emancipation were processed toward resolution.
C. The client was noted to have an increased desire for emancipation and a reduced fear of implementing a plan of emancipation.
D. The client reported an increased level of independent functioning that will support emancipation; he/she was reinforced for this progress.
E. The client was assigned the homework exercise "Acknowledging My Strengths" or "Replacing Fears with Positive Messages" from the *Adult Psychotherapy Homework Planner* (Jongsma).
F. The client has completed the assigned homework, and key concepts were reviewed.
G. The client has not completed the assigned homework and was requested to do so.

FEMALE SEXUAL DYSFUNCTION

CLIENT PRESENTATION

1. Lack of Sexual Desire (1)*

A. Client describes a consistently low desire for or pleasurable anticipation of sexual activity.
B. The client's interest in sexual contact is gradually increasing.
C. The client verbalized an increased desire for sexual contact, which is a return to previously established levels.

2. Avoidance of Sexual Contact (2)

A. The client reported a strong avoidance of and repulsion for any and all sexual contact with her respectful partner.
B. The client's repulsion for sexual contact has begun to diminish.
C. The client no longer has a strong avoidance of sexual contact and, in fact, has expressed pleasure with such contact.

3. Lack of Physiological Sexual Response (3)

A. The client has experienced a recurrent lack of the usual physiological response of sexual excitement and arousal.
B. Instead of indicating an interest in sexual contact, the client's physiological response to excitement is not present.
C. The client is gradually regaining the usual physiological response of sexual excitement and arousal.
D. The client reported that sexual contact resulted in a satisfactory level of physiological response of sexual excitement.

4. Lack of Subjective Enjoyment (4)

A. The client reported a consistent lack of a subjective sense of enjoyment and pleasure during sexual activity.
B. The client reported an increased sense of pleasure and enjoyment during recent sexual contact.
C. The client reported a satisfactory level of enjoyment and pleasure during recent sexual activity.

5. Delay in/Absence of Reaching Orgasm (5)

A. The client reported a persistent delay in or absence of reaching orgasm after achieving arousal and in spite of sensitive sexual pleasuring by a caring partner.
B. The client reported an improvement in time to reach orgasm during sexual contact.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client reported a satisfactory response time to reaching orgasm during sexual contact.

6. Genital Pain (6)

A. The client reported persistent genital pain before, during, or after sexual intercourse.
B. The client's genital pain associated with sexual intercourse has diminished.
C. The client reported no experience of genital pain before, during, or after sexual intercourse.

7. Vaginismus (7)

A. The client reported a consistent or recurring involuntary spasm of the vagina that prohibits penetration for sexual intercourse.
B. The client reported experiencing minimal vaginal penetration during sexual contact without the experience of pain.
C. The client reported normal vaginal penetration during sexual intercourse without any experience of involuntary contraction or pain.

INTERVENTIONS IMPLEMENTED

1. Gather Sexual History (1)*

A. A detailed sexual history was gathered that examined current sexual functioning as well as childhood and adolescent experiences, level and sources of sexual knowledge, typical sexual practices, medical history, and use of mood-altering substances.
B. The client was reinforced as she provided detailed sexual history material regarding those things that she perceives had influence over her sexual attitudes, feelings, and behavior.

2. Assess Attitudes and Knowledge (2)

A. The client's attitudes regarding sex were assessed for contributions to her dysfunction.
B. The client's fund of knowledge regarding sex was assessed with a focus on how this can contribute to the dysfunction.
C. The client's self-talk about sex was assessed.
D. It was reflected to the client that her attitude, knowledge, emotions, and self-talk appear to be contributing to her sexual dysfunction.
E. It was reflected to the client that her attitude, knowledge, emotions, and self-talk do not appear to be contributing to her sexual dysfunction.

3. Explore Family-of-Origin Sexual Attitudes (3)

A. The client was asked to describe her perception of sexual attitudes that she learned from her family-of-origin.
B. The client was assigned "Factors Influencing Negative Sexual Attitudes" from the *Adult Psychotherapy Homework Planner* (Jongsma).

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client was supported as she outlined causes for her sexual inhibition and feelings of guilt, fear, and repulsion associated with sexual activity.
D. The client was guarded about possible family-of-origin causes for her sexual inhibitions and was gently offered examples of how this might occur.

4. Assess Depression (4)

A. The client's symptoms of depression were assessed for their frequency and severity.
B. The client reported experiencing several key symptoms of depression and that the decrease in sexual desire coincided with the onset of the depression; these symptoms were reviewed.
C. It was noted that the client's feelings of depression began long after the decrease in sexual desire and performance.
D. It was noted that as the client's depression has lifted, her sexual desire and performance have improved significantly.
E. The client was assessed for depression symptoms, but no significant symptoms were identified.

5. Refer for Antidepressant Medication (5)

A. The client was referred for an evaluation for antidepressant medication.
B. As the client has consistently taken her antidepressant medication, she reported an improvement in mood and increase in sexual desire; the benefits of this progress were reviewed.
C. It was noted that consistently taking antidepressant medication has not improved the client's sexual dysfunction.
D. The client has not taken her antidepressant medication regularly and was redirected to do so.
E. The client was assessed for the use of antidepressant medication, but no such prescription was provided.
F. The client has not complied with the evaluation for antidepressant medication and was redirected to do so.

6. Assess Substance Abuse Causes for Dysfunction (6)

A. The client's use or abuse of mood-altering substances was assessed.
B. The effects of the mood-altering substances on the client's sexual functioning were reviewed.
C. The client was referred for focused substance abuse counseling.
D. The client's use of mood-altering substances was reviewed and there appears to be no effect on her sexual functioning.

7. Assess Level of Insight (7)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. Assess for Correlated Disorders (8)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Assess Relationship (11)

A. The client was asked to share her thoughts and feelings regarding her relationship with her sexual partner.
B. The quality of the relationship was assessed in regard to satisfaction, distress, attraction, communication, and sexual repertoire.

C. The client was supported as she described a lack of harmony and fulfillment within the relationship with her partner and several areas of significant conflict that exist in the relationship with her partner.
D. The client described no significant relationship problems and this was accepted.
E. The assignment "Positive and Negative Contributions to the Relationship" from the *Adult Psychotherapy Homework Planner* (Jongsma) was used to help assess the quality of the relationship.
F. The focus of treatment was shifted more broadly to the relationship.
G. The focus of treatment was fine-tuned to the couple's sexual problems.

12. Refer for Physician Evaluation (12)

A. The client was referred to a physician for a complete physical to rule out any organic basis for her sexual dysfunction.
B. The client has cooperated with a referral to a physician and has submitted to an examination to rule out any organic basis for her sexual dysfunction.
C. The client's physical did identify medical conditions and or medications that may have a harmful effect on her sexual functioning.
D. An evaluation by a physician found no organic basis for the client's sexual dysfunction.
E. The client has not complied with the referral to a physician for a complete physical and was redirected to do so.

13. Encourage Treatment of Medical Condition (13)

A. The client was encouraged to follow her physician's recommendations regarding treatment of a diagnosed medical condition.
B. The client was encouraged to consult with her physician regarding medication that may be causing the sexual problems.
C. The client was reinforced for her follow-up of her physician's recommendations.
D. The client has not conducted appropriate follow-up with her physician's recommendations and was redirected to do so.

14. Discuss Medication Role (14)

A. A discussion was held regarding the contributory role that a diagnosed medical condition or prescribed medication might have on the client's sexual functioning.
B. The client was able to identify a clear understanding of how her medical condition may affect her sexual functioning; this progress was reinforced.
C. The client displayed an understanding about how her medication may affect her sexual functioning; this understanding was reinforced.
D. The client was provided remedial feedback about medical issues that may affect her functioning.

15. Conduct Couple's Therapy (15)

A. As the couple's problems go beyond sexual dysfunction, sex therapy was conducted in the context of couple's therapy.

B. As one partner is not available, couples-oriented sex therapy was modified to be used with only one client.
C. As the couple's broader issues have been resolved, the focus has returned to the couple's sexual dysfunction.

16. Treat Hypoactive Desire Issues in Couple's Therapy (16)

A. As the couple's problems go beyond sexual dysfunction, sex therapy was conducted in the context of couple's therapy.
B. As the couple's broader issues have been resolved, the focus has returned to the couple's sexual dysfunction.

16. Encourage Couples Sex Therapy (16)

A. The client and her significant other were encouraged to participate in couples sex therapy.
B. The couple has been involved in couples sex therapy and the benefit of this treatment was reviewed.
C. As a partner for the client is not available, she was encouraged to participate in sex therapy on an individual basis.

17. Model Open Sexual Communication (17)

A. The client/couple was taught, through modeling, to talk freely and respectfully regarding sexual body parts, feelings, and behavior.
B. The client was reinforced for speaking more freely and openly regarding her sexual feelings and behavior as well as using anatomically correct labels for sexual body parts.
C. The client has continued to show strong inhibition regarding talking openly and freely regarding sexual material; she was encouraged to be more open about these issues.

18. Reinforce Open/Positive Sexual Communication (18)

A. The client was reinforced for talking freely, knowledgeably, and positively regarding sexual thoughts, feelings, and behaviors.
B. The client was reinforced for her healthy and accurate knowledge of sexuality by freely verbalizing adequate information of sexual functioning using appropriate terms for sexually related body parts.
C. The client continues to experience strong inhibition regarding talking openly and knowledgeably regarding her experience of human sexuality; she was encouraged to increase her openness as she feels capable of doing so.

19. Conduct Conjoint Sessions (19)

A. Conjoint sessions were held between the client and her partner that focused on conflict resolution, expression of feelings, and sex education.
B. During the conjoint session, both partners shared their thoughts and feelings regarding their perception of the relationship.
C. In today's conjoint session, both partners identified what each perceived as significant problems within their relationship that influenced their sexual activity.

D. The partners seemed guarded about describing factors in their relationship that influence their sexual activity and were gently asked about specific areas.

20. Assign Sexuality Books (20)

A. The client was assigned books on human sexuality that provide accurate sexual information and outline sexual exercises that disinhibit and reinforce sexual sensate focus.
B. The client has followed through on reading the assigned books on human sexuality and has found them informative and healthy in reducing her inhibition in the sexual arena.
C. As a result of reading books on human sexuality, the client has verbalized more positive and healthy attitudes regarding her sexual feelings and behavior; her progress was reinforced.
D. The client has not followed through on reading the books on human sexuality and was encouraged to do so.

21. List Sexual Arousal Conditions (21)

A. The couple was assigned to list conditions and factors that positively affect their sexual arousal.
B. The clients' list of conditions that positively affect their sexual arousal was processed.
C. The couple failed to identify many conditions or factors that positively affect their sexual arousal and were assisted with suggestions, such as setting, time of day, atmosphere, and so on.

22. Explore Automatic Thoughts (22)

A. The client's automatic thoughts that trigger negative emotions before, during, and after sexual activity were explored.
B. Today's session focused on the several negative cognitive messages that trigger feelings of fear, shame, anger, and grief during sexual activity.
C. The client was unable to identify her automatic thoughts that trigger negative emotions before, during, and after sexual activity and was gently offered examples in this area.

23. Teach Healthy Self-Talk (23)

A. The client was taught healthy alternative thoughts that will mediate pleasure, relaxation, and disinhibition during sexual activity.
B. The client has begun to implement positive and healthy self-talk and it was noted that she is experiencing more relaxed feelings of pleasure during sexual activity.
C. The client has not implemented the healthy self-talk techniques and was redirected to do so.

24. Teach Insight Into the Past (24)

A. The client was helped to develop insight into the role of past negative sexual experiences in creating current adult dysfunction.
B. The client verbalized an understanding of the role of past negative sexual experiences and the development of dysfunctional sexual attitudes and responses in the present; she was assisted in applying these concepts to her own past.

C. The client was reinforced as she made a commitment to put the negative attitudes and experiences in the past and to make a behavioral effort to become free from those influences.

25. Assign Sexual-Pleasuring Exercises (25)

A. The client was assigned graduated steps of sexual-pleasuring exercises with her partner to reduce performance anxiety and focus on experiencing bodily arousal sensations.
B. "Journaling the Response to Nondemand Sexual Pleasuring (Sensate Focus)" in the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to the client.
C. The client has followed through on practicing sensate focus exercises both alone and with her partner; her experience was reviewed and processed.
D. Active listening was used as the client shared her feelings associated with her sexual-pleasuring exercises and reports an increased satisfaction with the sexual activity.
E. The client has not followed through on performing the graduated steps of sexual-pleasuring exercises and was encouraged to do so.

26. Conduct Orgasm Consistency Training (26)

A. Orgasm consistency training was utilized, consistent with Hurlbert et al.
B. Masturbatory training and sensate focus techniques were taught.
C. Male self-control techniques were taught to assist with hypoactive sexual desire concerns.
D. The coital alignment techniques was taught.

27. Assign Reading for Sexual Education and Techniques Training (27)

A. The client and/or partner were assigned reading to supplement education and technique training.
B. The client was directed to read portions of *Enhancing Sexuality—Client Workbook* (Wincze).
C. The client was directed to read portions of *Rekindling Desire* (McCarthy and McCarthy).
D. The client was directed to read portions of *Becoming Orgasmic: A Sexual and Personal Growth Program for Women* (Heiman and LoPiccolo).
E. The client was directed to read portions of *Because It Feels Good: A Woman's Guide to Sexual Pleasure and Satisfaction* (Herbenick).

28. Assign Sexual Awareness Exercises (28)

A. The client was assigned body exploration and sexual awareness exercises to reduce her inhibition and to desensitize her to sexual aversion.
B. The client has followed through on body exploration and sexual awareness exercises and reports a reduction in sexual inhibitions; the benefits of this progress were reviewed.
C. The client has not followed through on implementing the body exploration and sexual awareness exercises and was encouraged to do so.

29. Assign Vaginal Relaxation Exercises (29)

A. The client was encouraged to use masturbation and a vaginal dilator device to reinforce relaxation and success surrounding vaginal penetration.

B. The client reported that the implementation of masturbation and vaginal penetration exercises has increased her feelings of confidence surrounding sexual penetration; her progress was reinforced.

C. The client reported experiencing sexual penetration from her partner without pain or involuntary spasm of the vagina; she was reinforced for this progress.

D. The client has not used masturbation and/or vaginal dilator devices to reinforce relaxation surrounding vaginal penetration and was redirected to do so.

30. Assign Sexual Partner Participation (30)

A. The client's sexual partner was directed in sexual exercises that allow for the client to control the level of genital stimulation and vaginal penetration.

B. The client was assigned "Journaling the Response to Nondemand Sexual Pleasuring (Sensate Focus) from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. It was reflected that as the client has had complete control over vaginal penetration and stimulation, she has been able to experience penetration without pain.

D. The client's sexual partner has not allowed the client to control the level of genital stimulation and vaginal penetration and was reminded about this helpful approach.

31. Explore Origin of Negative Sexual Attitudes (31)

A. In today's session, the client described her history of experiences within her family-of-origin that caused her to develop a negative attitude regarding sexuality.

B. The client was assigned "Factors Influencing Negative Sexual Attitudes" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. In today's session, the client outlined the family-of-origin experiences in which the subject of sexuality was taboo.

D. In today's session, the client described learning negative sexual attitudes from her mother, who shared her distaste for sexual interaction.

E. The client struggled to identify the origin of her negative sexual attitudes and several family-of-origin patterns were reviewed.

32. Explore Religious Training/Sexual Attitudes (32)

A. The role of religious training and reinforcing feelings of guilt and shame surrounding sexual behavior and thoughts was explored with the client.

B. The client verbalized an understanding of how her religious training negatively influenced her sexual thoughts, feelings, and behavior; these were processed.

C. The client could not identify any religious training effects on her sexual thoughts, feelings, and behavior and was gently offered examples of how this sometimes occurs.

33. Explore Sexual Abuse (33)

A. The client's history was explored for sexual traumas or abuse.

B. The client was supported as she identified a history of sexual abuse as a child and acknowledged how this abuse has had a negative impact on her sexual feelings and thoughts.

34. Process Sexual Trauma (34)

A. The client's feelings surrounding an emotional trauma in the sexual arena were processed.

B. The client was assisted in resolving her feelings regarding her sexual trauma.

C. The client's childhood sexual abuse experiences have been resolved to the point that they no longer exercise a strong negative impact over her current sexual attitudes, behavior, and feelings.

D. The client's problems related to sexual trauma do not appear to be easily resolved and the focus of treatment has been switched to this area.

35. Explore Sex Role Models (35)

A. The client's sex role models who influenced her during her childhood or adolescence were explored.

B. The client's understanding of the connection between the lack of positive sexual role models in childhood and her current adult sexual dysfunction was assessed and processed.

C. The client failed to make a connection between the lack of positive sexual role models in childhood and her current adult dysfunction and was gently offered examples in this area.

36. Explore Failed Relationships (36)

A. The client's fears surrounding intimate relationships were explored along with her history of previously failed relationships.

B. The client was supported as she acknowledged that fear of intimacy was related to a history of painful, previously failed relationships.

C. As the client has resolved some of her fears regarding intimate relationships, sexual dysfunction problems have dissipated; this progress was highlighted.

37. Explore a Secret Sexual Affair (37)

A. After inquiry, the client identified a secret sexual affair that has contributed to her sexual dysfunction with her partner.

B. The client was supported as she acknowledged her need to terminate one of her intimate relationships in order to focus emotional investment into the other intimate relationship.

C. The client acknowledged that keeping a secret affair from her current partner has interfered with her ability to be sexually intimate; she was helped to develop her options in this area.

D. The client was asked about the possibility of a secret sexual affair that has contributed to her sexual dysfunction with her partner and she denied any such affair.

38. Process Termination of Conflicting Relationship (38)

A. The client was assisted in processing a decision regarding the termination of one of the relationships that is leading to internal conflict over the dishonesty and disloyalty to a partner.
B. The client has decided to terminate her affair outside of her primary relationship and this decision was affirmed and processed.
C. The client has decided to end her primary relationship and pursue her alternative relationship; the effects of this decision were processed.

39. Explore a Lesbian Interest (39)

A. Possible sexual urges that have predominated any heterosexual interests were assessed.
B. The client was assigned "Journal of Sexual Thoughts, Fantasies, Conflicts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was supported as she acknowledged that her lesbian attraction is a major factor in her sexual dysfunction with her partner.
D. The client was reinforced as she has agreed to share her lesbian interest with her male partner and to discuss the future of their relationship.
E. The client was asked about possible lesbian sexual urges and she denied any such urges.

40. Explore Fears of Sexual Inadequacy (40)

A. The client's fear of inadequacy as a sexual partner was explored.
B. As the client acknowledged her fears of inadequacy regarding sexual performance and body image, she was helped to make a connection to avoidance of sexual activity with her partner.
C. An attempt was made to reduce the client's fears of sexual inadequacy and to give her feelings of positive self-image associated with sexuality.
D. As the client has developed a more positive self-image and increased her feelings of self-esteem, her interest in sexual activity has been noted to increase.

41. Explore Feelings of Threat (41)

A. The client's feelings of threat, brought on by the perception of her partner as being sexually aggressive, were explored.
B. The client was reinforced for communicating her feelings of threat to her partner, which were based on a perception of her partner being too sexually aggressive or too critical of her.
C. As the client has been freer to communicate her feelings of threat to her partner, sexual satisfaction has increased; the benefits of this progress were reviewed.

42. Encourage Positive Body Image (42)

A. The client was asked to list assets of her body that she feels positively about.
B. The client was assigned "Study Your Body-Clothed and Unclothed" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was encouraged to be less critical about her body image.
D. The client's unrealistic distortions about her body were gently confronted.

E. It was reflected that as the client has become less self-critical regarding her body, she has begun to develop greater freedom of sexual expression.

43. Explore Feelings About Body Image (43)

A. The client's feelings regarding body image were explored with a focus on identifying causes for her negativism.
B. The client was confronted for being too self-critical and expecting perfection of herself.
C. The client was encouraged to be more self-accepting of a body with normal flaws.
D. As the client has become more accepting of her body and verbalized a more positive body image, she has become more sexually active; the benefits of this success were emphasized.

44. Assign Reading for Sensate Focus (44)

A. The client and/or partner was assigned reading help disinhibit and reinforce sexual sensate focus.
B. The client was directed to read portions of *The Gift of Sex* (Penner and Penner).
C. The client was directed to read portions of *Sexual Awareness* (McCarthy and McCarthy).
D. The client was directed to read portions of *For Each Other: Sharing Sexual Intimacy* (Barbach).
E. The client was directed to read portions of *Because It Feels Good: A Woman's Guide to Sexual Pleasure and Satisfaction* (Herbenick).

45. Encourage Sexual Experimentation (45)

A. The client was encouraged to experiment with coital positions and environmental settings for sexual play that could increase her feelings of security, arousal, and satisfaction.
B. The client has implemented changes in coital positions and environmental settings for sexual play and reported increased feelings of security, arousal, and satisfaction; the benefits of this progress were reinforced.
C. The client has been resistant to making changes in the pattern of sexual activity with her partner and was encouraged to do so.

46. Reinforce Disinhibition (46)

A. The client was given encouragement for less inhibited, less constricted sexual behavior with her partner.
B. The client was assigned body-pleasuring exercises that would focus on decreasing inhibition and increasing the freedom of sexual behavior with her partner.
C. The client has followed through on completing the body-pleasuring exercises and has reported an increased feeling of freedom to express herself sexually; the benefits of this progress were reviewed.
D. The client has not followed through on the body-pleasuring exercises with her partner and was encouraged to do so.

47. Encourage Sexual Assertiveness (47)

A. The client was encouraged to be more assertive in expressing her feelings of sexuality and sexual play with her partner.
B. The client reported that she has engaged in more assertive behaviors that have allowed her to share her sexual needs, feelings, and desires with her partner; these experiences were reinforced.
C. The client reported behaving in a more sensuous way and expressing pleasure more freely in sexual contact; the benefits of this progress were highlighted.
D. The client has not been more sexually assertive and this resistance was processed.

48. Explore Extrarelational Stressors (48)

A. Stressors that may interfere with the strength of sexual desire or performance were explored.
B. The client identified stressors in the areas of work, social relationships, family responsibilities, and other areas and was assisted in identifying how these stressors drain energy away from sexual desire.
C. The client was assisted in developing coping strategies to reduce the degree of stress that interferes with sexual interest or performance.
D. The client reported that sexual arousal and performance have increased as the degree of stress with other areas of life has been reduced; the benefits of this progress were reviewed.
E. The client has not implemented coping strategies for her stressors and was redirected to do so.

49. Reinforce Sexual Desire (49)

A. The client's expressions of desire for, and pleasure with, sexual activity were strongly reinforced.
B. It was reflected to the client that as she has made progress in resolving sexual dysfunction issues, she has reported an increased desire for, and pleasure with, sexual activity.
C. The client was encouraged to express her renewed desire for, and pleasure with, sexual activity to her partner.

50. Explore for Unmet Sexual Desires (50)

A. The client was asked to identify any areas of sexual involvement for which she has been reluctant to request from her partner.
B. The client was assisted in communicating to her partner the unmet sexual desires that she has been reluctant to address.
C. The client was assisted in identifying how she would like to discuss unmet sexual desires with her partner.
D. The client denies any areas of unmet sexual desires, and was prompted to bring this to her partner should she identify any at a later time.

FINANCIAL STRESS

CLIENT PRESENTATION

1. **Excessive Indebtedness (1)***

A. The client described severe indebtedness and overdue bills that exceed his/her ability to meet the monthly payments.
B. The client has developed a plan to reduce his/her indebtedness through increasing income and making systematic payments.
C. The client has begun to reduce the level of indebtedness and is making systematic payments.
D. The client has significantly decreased his/her indebtedness.

2. **Unemployment (2)**

A. The client has become unemployed and has no source of income.
B. The client has developed a plan to obtain emergency financial relief through community services.
C. The client has developed a plan to immediately seek employment.
D. The client has become employed again and income has been restored.

3. **Employment Change (3)**

A. The client's employment change has resulted in a reduction in income.
B. The client has adjusted his/her budget for living to accommodate the reduction in income.

4. **Spousal Monetary Conflict (4)**

A. The client described a pattern of conflict with his/her spouse over money management and the definition of necessary expenditures and savings goals.
B. The client and his/her spouse have begun to talk constructively about spending and savings guidelines.
C. Agreement has been reached between the spouses regarding a budget and savings goals.

5. **Hopelessness (5)**

A. The client described a feeling of hopelessness and low self-esteem associated with the lack of sufficient income to cover the cost of living.
B. As financial arrangements have been adjusted, the client's mood has improved.
C. The client has developed a sense of hope for the future as financial assistance has been attained and the cost of living is covered.

6. **Poor Money Management Skills (6)**

A. The client has a long-term lack of discipline in money management that has led to excessive indebtedness.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client has filed for bankruptcy to protect himself/herself from creditors.
C. The client has never established a budget with spending guidelines and savings goals that would allow for prompt payment of bills.
D. The client has developed a budget and has begun to live within it, making timely payment of bills.

7. Uncontrollable Financial Crisis (7)

A. Due to a crisis beyond the client's control, his/her income is not sufficient to cover the monthly expenses.
B. The client's bills have become past due and he/she is in need of financial assistance.
C. The client has obtained financial assistance and the pressure has been relieved from monthly obligations.

8. Loss of Housing Threat (8)

A. Because of an inability to meet monthly mortgage payments, the client is under a threat of losing his/her shelter.
B. The client has obtained relief in terms of extended payments to allow him/her to keep his/her housing.
C. The client has caught up on monthly mortgage/rental payments, allowing him/her to remain in his/her housing.

9. Impulsive Spending (9)

A. The client described a pattern of his/her impulsive spending that does not consider the eventual financial consequences of such action.
B. The client was in defensive denial regarding his/her pattern of impulsive spending.
C. The client acknowledged his/her impulsive spending and has begun to develop a plan to help cope with this problem.
D. The client has established a pattern of delay of any purchase until the financial consequences of the purchase can be planned for and met.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to become more open as he/she feels capable of doing so.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

2. Explore the Financial Situation (2)

A. The client's current financial situation was explored in detail.
B. The client was assisted in describing the details of his/her financial crisis, including his/her level of indebtedness and other monthly obligations.
C. The client was supported as he/she described the past-due bills that have mounted and created a financial crisis.
D. Active listening was provided as the client described his/her change of employment status that has reduced his/her level of income.

3. List Financial Obligations (3)

A. The client was assisted in compiling a complete list of his/her financial obligations.
B. The client was noted to have a pattern of minimization and denial in the area of acknowledging financial obligations.
C. The client's list of financial obligations was reviewed and checked for possible omissions.

4. Identify the Causes for the Financial Crisis (4)

A. The client was assisted in identifying and clarifying the causes for the current financial crisis.
B. The client was helped to reconstruct the history of his/her financial problems in an attempt to isolate the sources and causes of the excessive indebtedness.
C. The client was confronted when excuses were made for the financial problems that continued a pattern of avoidance of taking responsibility.

5. Explore Hopelessness (5)

A. The client's feelings of hopelessness and helplessness that are associated with the financial crisis were explored.
B. Active listening was provided as the client verbalized feelings of depression and shame related to his/her current financial status.
C. The client was encouraged to consider alternative actions that could be taken to begin to cope with the financial crisis.

6. Assess Despondency (6)

A. The depth of the client's despondency over the financial crisis was assessed.
B. The client's despondency was so serious that suicide precautions were taken until a sense of hope can be restored.
C. Although the client is discouraged about his/her financial situation, his/her despondency was assessed not to be so severe as to cause concern for his/her life.

7. Assess Suicide Potential (7)

A. The client was directly assessed for any suicidal urges that have been experienced.
B. The client denied any suicidal urges; he/she was encouraged to make contact if these urges increase.
C. Because the client described serious suicidal urges, steps were taken to ensure his/her safety.

8. Explore the Emotional Vulnerability to Spending (8)

A. The client was assessed as to feelings of low self-esteem, need to impress others, loneliness, or depression that may accelerate unnecessary and unwanted spending.

B. The client identified negative emotional states that he/she attempts to cope with through unnecessary spending; he/she was supported as these were processed.

C. The client was rather guarded regarding the emotional vulnerability that he/she experiences and was gently offered examples of how these emotions lead to unwanted and unnecessary spending.

9. Assess Mood Swings (9)

A. The client was assessed for characteristics of bipolar disorder that could contribute to careless spending due to an impaired mania-related judgment.

B. The client was helped to identify impulsive spending as a part of a general pattern of impulsivity that is based on mood swings.

C. The client was referred for a psychiatric evaluation to consider the possibility of medication to control mood swings.

D. The client was assessed for the presence of mood swings that could contribute to careless spending, but no such pattern of bipolar disorder was identified.

10. Screen for Substance Abuse (10)

A. The client's pattern of other drug usage was evaluated for any possible contribution to his/her financial crisis.

B. Active listening was used as the client described a pattern of substance abuse that definitely contributes to the financial crisis.

C. The client denied any substance abuse problem and this was accepted.

D. The client was referred for substance abuse treatment.

11. Explore Family Substance Abuse (11)

A. Substance abuse by family members other than the client was assessed.

B. The client was supported as he/she acknowledged a problem of substance abuse with other family members that contributes to the financial stress.

C. The client denied any substance abuse problems by other family members that could contribute to the financial stress and this was accepted.

D. Arrangements were made for an intervention to confront the substance abuse by family members.

12. Assess Level of Insight (12)

A. The client's level of insight toward the presenting problems was assessed.

B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

13. Assess for Correlated Disorders (13)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

14. Assess for Culturally Based Confounding Issues (14)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

15. Assess Severity of Impairment (15)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

16. Develop Spending Priorities (16)

A. The client was assigned the task of listing the priorities that he/she believes should give direction to how money is spent.
B. The client's list of priorities regarding how money is spent was processed and clarified.
C. The client was reinforced as he/she agreed that an established set of priorities should govern his/her spending and has committed himself/herself to implementing that control.
D. It was reflected to the client that he/she has demonstrated that his/her priorities have control over spending.

17. Review Spending History (17)

A. A review of the client's spending history was conducted in order to discover what priorities and values have misdirected spending.

B. Through the review of the client's spending history, specific priorities and values that have misdirected spending were identified.

C. The client struggled to identify what priorities and values may have misdirected his/her spending and was gently offered examples in this area.

18. Explore the Family-of-Origin Financial Patterns (18)

A. The client's family-of-origin patterns of earning, saving, and spending money were identified.

B. The client was supported as he/she acknowledged that the financial patterns that he/she learned from his/her family-of-origin have influenced his/her own money management decisions.

C. It was reflected to the client that he/she has allowed reasonable priorities to control financial decision making rather than following mismanagement patterns learned from his/her family-of-origin.

19. Identify Steps to Immediate Financial Relief (19)

A. The client was assisted in reviewing possibilities for immediate financial relief such as filing for bankruptcy, applying for welfare, and/or obtaining credit counseling.

B. The client has selected and pursued steps toward immediate financial relief to deal with expenses that exceed his/her income; his/her steps for relief were reviewed.

C. The client's steps to gain immediate financial relief were judged to be inadequate and he/she was directed to develop a more complete plan.

20. Refer for Community Assistance (20)

A. The client was referred to church and community resources that can provide welfare assistance and support.

B. The client has met with community agency personnel to apply for immediate welfare assistance; this experience was processed.

C. The client's feelings related to applying for welfare assistance were processed.

D. The client has not pursued church and community financial support resources and was redirected toward these helpful resources.

21. Refer to Government Foreclosure Avoidance Program (21)

A. The client was referred to government home-buyers/homeowners assistance programs.

B. The client was directed to a program to assist in avoiding foreclosure.

C. The client has contacted the foreclosure avoidance program and has made progress in this area.

22. Develop a Financial Plan (22)

A. The client was directed to write a budget and long-range savings and investment plan.

B. The client is exercised the exercise "Plan a Budget" in the *Adult Psychotherapy Homework Planner* by Jongsma.

C. The client was assigned *The Budget Kit: The Common Cents Money Management* booklet by Lawrence.
D. The client was referred to a professional financial planner.
E. The client has not developed a financial plan and was redirected to do so.

23. Review Budget (23)

A. The client's budget was reviewed for its completeness and reasonableness.
B. It was noted that the client has written a budget that balances income with expenses.
C. It was reflected to the client that his/her budget was incomplete and did not balance income with expenses.
D. The client was reinforced for implementing a budget and his/her spending has been strictly controlled by it.
E. Although the client has developed a comprehensive budget that balances income with expenses, it was noted that he/she has not been strictly controlled by it.

24. Refer for Credit Counseling (24)

A. The client was referred to a nonprofit credit counseling service for the development of a budgetary plan of debt repayment.
B. The client has accepted the referral to a credit counseling service and has attended planning meetings.
C. The client has resisted a referral to a credit counseling service and was encouraged to follow through with the attendance at such meetings.

25. Encourage Credit Counseling (25)

A. The client was strongly encouraged to continue following through with credit counseling sessions and to strictly adhere to the budgetary guidelines established.
B. The client was reinforced for following through with credit counseling and implementing a strict repayment plan.
C. The client has not followed through with his/her attendance at a credit counseling program and was redirected to do so.

26. Refer to an Attorney (26)

A. The client was referred to an attorney to discuss the feasibility and implications of filing for bankruptcy.
B. The client has met with an attorney and has decided to file for bankruptcy; his/her reaction to this step was processed.
C. The client has met with an attorney and has decided to not file for bankruptcy; he/she was supported for this decision.
D. The client has not met with his/her attorney to discuss bankruptcy options and was redirected to do so.

27. Review Income Sources (27)

A. The client's income from employment was reviewed.
B. The client was assisted in brainstorming ways to increase his/her income (e.g., additional part-time employment, better paying job, job training).

C. The client was reinforced as he/she made a commitment to increase his/her income from employment.

28. Plan a Job Search (28)

A. The client was assisted in formulating a job search plan.
B. The client was assigned the homework exercise “A Vocational Action Plan” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was reinforced as he/she has begun to implement a job search plan in order to raise his/her level of income.
D. The client has been active in applying for employment and was reinforced for doing so.
E. The client has been successful in obtaining employment that will raise his/her income and reduce financial stress; the benefits of this success were reviewed.
F. Support was provided to the client as he/she has attempted to obtain employment but has been unsuccessful.

29. Reinforce Conjoint Financial Planning (29)

A. A conjoint session was held to develop a mutually agreed-on financial plan.
B. Both partners have committed themselves to a financial plan and have reinforced each other for implementing it consistently.
C. Although the partners have committed themselves to a financial plan, it was noted that they have not implemented it consistently; they were redirected to do so.

30. Reinforce Cooperative Financial Management (30)

A. The client was reinforced for making changes in financial management that reflect compromise, reasonable planning, and respectful cooperation with his/her partner.
B. The client has set financial goals and made budgetary decisions with his/her partner that allow for equal input and balanced control over financial matters; this change was reinforced.
C. The client has not maintained a cooperative financial management pattern and was reminded to return to this helpful pattern.

31. Assign Financial Recordkeeping (31)

A. The client was assisted in developing a plan of weekly and monthly recordkeeping that reflects income and payments made.
B. The client has consistently kept weekly and monthly records of financial income and expanses and was reinforced for doing so.
C. The client has not consistently kept weekly and monthly records of financial income and expenses and was redirected to do so.

32. Reinforce Debt Resolution (32)

A. The client has reported successful resolution of debt and was strongly supported for this disciplined behavior.
B. The client expressed a sense of pride and accomplishment at resolution of some of his/her debt; this progress was verbally reinforced.

C. The client was advised to read *The Total Money Makeover; A Proven Plan for Financial Fitness* (Ramsey).

33. Role-Play Resisting Spending Urges (33)

A. Role-playing and modeling were used to teach the client to resist spending beyond reasonable limits.

B. The client was taught positive self-talk that compliments himself/herself for being disciplined over urges to spend.

C. The client has not regularly used the skills to resist spending urges and was redirected to these important techniques.

34. Role-Play Resistance to External Pressure (34)

A. Role-playing and behavior rehearsal were used to help the client develop coping mechanisms for external pressure to spend beyond what he/she can afford.

B. The client identified pressure from family members and friends to spend beyond what he/she can afford; he/she was reminded to use his/her coping mechanisms.

C. The client was reinforced for his/her success at being graciously assertive in refusing pressure from others to spend money.

35. Teach Cognitive Strategies (35)

A. The client was taught to resist impulsive spending by implementing self-talk that asks questions regarding the necessity of the purchase and the affordability of the expense.

B. The client reported success at reducing the impulse to spend as he/she has used cognitive checking methods; the benefits of this progress were reviewed.

C. The client has not used the newly learned cognitive strategies to check the necessity and affordability of his/her purchases and was redirected to this helpful technique.

36. Teach Purchase Delay (36)

A. The client was taught the importance of delaying an impulse to make a purchase to allow time for reflection regarding the affordability and consequences of the expense.

B. The client has successfully implemented the delay of impulses to spend, and this delay has resulted in a reduction of unnecessary purchases; he/she was reinforced for this success.

37. Reinforce Successful Resistance (37)

A. The client has reported the use of cognitive and behavioral strategies to control the impulse to make unnecessary and unaffordable purchases and was reinforced for this constructive action.

B. The client reported resisting the urge to overspend and was reinforced for this discipline.

38. Reinforce Cooperation in Family Therapy (38)

A. A conjoint or family therapy session was held in which controlled spending was reinforced.

B. The partners were asked to pledge to continued cooperation in managing their finances.

C. The partners were reinforced for continued progress in controlling spending.

GRIEF/LOSS UNRESOLVED

CLIENT PRESENTATION

1. **Preoccupation with Loss (1)***

A. The client's thoughts have been dominated by the loss experienced and he/she has not been able to maintain normal concentration on other tasks.

B. The client reported a reduction in preoccupation with the experience of loss and slightly improved concentration.

C. The client's concentration has improved significantly and his/her thoughts are no longer dominated by the loss experience.

2. **Tearful Spells (1)**

A. The client reported waves of depression and grief that result in tearfulness on a frequent basis.

B. The client's tearful spells have diminished somewhat in frequency.

C. The client reported better control over his/her emotions and no incidents of spontaneous tearful spells.

3. **Confusion About the Future (1)**

A. The client reported being confused about what the future of his/her life would be like after the traumatic loss.

B. The client is beginning to talk about his/her future with slightly more certainty and is making short-term plans.

C. The client has developed a future perspective and has made long-term plans.

4. **Serial Losses (2)**

A. The cumulative effect of several sequential losses in the client's life has been depression and discouragement.

B. The client has begun to be more hopeful about his/her future as he/she struggles to resolve the experience of loss.

C. The client has returned to a more normal hopeful outlook on his/her life.

5. **Emotional Lability (3)**

A. The client experiences a strong grief reaction whenever the losses are discussed.

B. The client's emotional reactions to the discussion of the loss are more controlled.

C. The client is able to discuss his/her losses without losing control of his/her emotions.

6. **Depression Symptoms (4)**

A. The client described a lack of appetite, sleep disturbance, and other depression symptoms that have occurred since the experience of the loss.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client's depression symptoms have diminished as he/she has begun to resolve the feelings of grief.
C. The client's depression symptoms have lifted.

7. Feelings of Guilt (5)

A. The client verbalized guilt over believing that he/she had not done enough for the lost significant other.
B. The client verbalized an unreasonable belief of having contributed to the death of the significant other.
C. The client's feelings of guilt have diminished.
D. The client reported that he/she no longer experiences guilt related to the loss.

8. Grief Avoidance (6)

A. The client has shown a pattern of avoidance of talking about the loss except on a very superficial level.
B. The client's feelings of grief are coming more to the surface as he/she faces the loss issue more directly.
C. The client is able to talk about the loss directly without being overwhelmed by feelings of grief.

9. Support Network Loss (7)

A. Because of a geographic move, the client has lost a positive support network that was in place at his/her previous place of residence.
B. The client is beginning to take steps to develop a new positive support network.
C. The client reported success at reaching out to new friends within this new community.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings and was encouraged to be as open as feelings of safety allow.

2. Encourage Telling Story of Loss (2)

A. The client was treated with empathy and compassion as he/she was encouraged to tell the story of his/her recent loss in detail.
B. The client was supported as he/she told the story of his/her recent loss.
C. The client was reinforced for telling the entire story of the recent loss.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. The client has been guarded about telling the entire story of his/her recent loss and was encouraged to do this in a trusting environment.

3. Explore Losses (3)

A. The client was asked to elaborate autobiographically on the circumstances, feelings, and effects of the loss or losses in his/her life.
B. Active listening was used as the client identified the losses that have been experienced in his/her life and shared the feelings of pain and grief associated with these losses.
C. The client talked about the losses experienced, but the feelings associated with those losses were not shared; he/she was urged to connect these losses to feelings.
D. The client was assessed for the characteristics of the loss, his/her previous functioning, current functioning, and coping style.

4. Clarify Motivation for Therapy (4)

A. The client was asked about his/her motivation for treatment.
B. The client was assisted in clarifying if therapy was the client's choice or if he/she feels "forced" into it.
C. The client was supported as he/she identified that he/she sees the need for therapy.
D. The client feels pushed into therapy by others, and was provided with support and encouragement, as well as additional options.

5. Assess for Possible Clinical Syndromes Related to Loss (5)

A. The client was assessed for whether he/she evidences chronic or complicated grief.
B. The client was assessed for more severe clinical syndromes secondary to the loss, such as major depression, generalized anxiety disorder, or posttraumatic stress disorder.
C. The client's symptoms appear to be reflective of a more clinical syndrome, and treatment was refocused to these concerns.
D. The client appears to be experiencing grief problems, but no other more severe secondary syndrome.

6. Assess Substance Abuse (6)

A. The client's use of mood-altering substances as an escape from the pain of grief was assessed.
B. The client was supported as he/she acknowledged that he/she has used substance abuse as an escape from the pain of grief.
C. Active-listening skills were used as the client denied that his/her substance abuse is a problem and did not acknowledge that it plays a role in the escape from the pain of grief.
D. The client was supported as he/she acknowledged that his/her substance abuse is a problem.
E. The client's use of mood-altering substances was assessed but no significant pattern of abuse was identified.

7. Refer for Chemical Dependence Treatment (7)

A. The client was referred for chemical dependence treatment since substance abuse has become a problem in and of itself.

B. The client was reinforced for acknowledging a need for clean and sober living so that the grieving process can be faced directly, without escape into substance abuse.
C. The client accepted the referral for chemical dependence treatment and has followed through on the referral.
D. The client rejected the referral for chemical dependence treatment and would not acknowledge substance abuse as a problem.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

10. Assess for Culturally Based Confounding Issues (10)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

12. Assign Grief Books (12)

A. Several books on the grieving process were recommended to the client.
B. The client was advised to read one or more of the following books: *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* (Zonnebelt-Smeenge and DeVries), *How Can It Be All Right When Everything Is All Wrong?* (Smedes), *When Bad Things Happen to Good People* (Kushner), or *Good Grief* (Westburg).
C. The client has read the material on the grieving process and content from that material was processed.
D. The client has shown an increased understanding of the steps of the grieving process as a result of reading the recommended grief material.
E. The client has not followed through on reading any of the grief material and was encouraged to do so.

13. Assign Reading on Loss of a Child (13)

A. The parents of the deceased child were directed to read information to help them better understand grief related to a child's death.
B. The client is assigned to read portions of *When the Bough Breaks: Forever After the Death of a Son or Daughter* by Bernstein.
C. The client is assigned to read portions of *Through the Eyes of a Dove: A Book for Bereaved Parents* (Courtney).
D. The parents have followed through with reading the assigned book on parental grief and themes from that reading were processed.
E. The parents have not followed through with reading the book on grieving parents and were encouraged to do so.

14. Assign Exploring Others' Grief (14)

A. The client was encouraged to talk to others who have experienced loss in their lives about how they reacted to those losses and how they coped with them.
B. The client has followed through on the assigned task of speaking to others about their grief; the new coping mechanisms he/she has learned were reviewed.
C. The client has not followed through on talking to others about their experiences with grief and was encouraged to do so.

15. Teach Grief Stages (15)

A. The client was educated regarding the stages of the grieving process.
B. The client verbalized an increased understanding of the steps of the grieving process and was helped to identify the stages he/she has experienced personally.

16. Identify Current Stage of Grief (16)

A. The client was assisted in identifying the stages of grief that he/she has experienced and which stage he/she is presently working through.

B. Positive feedback was provided to the client as he/she identified his/her current grief stage.

C. The client struggled to identify the current grief stage and was provided with tentative feedback in this area.

17. Assign Grief-Related Videos (17)

A. The client was directed to watch grief-related videos to learn how others cope with losses and express their grief.

B. The client was encouraged to watch videos dealing with themes of grief such as *Terms of Endearment, Dad,* or *Ordinary People.*

C. The client has watched a grief-related video drama; the feelings that were precipitated by watching these videos were discussed.

D. As a result of watching the assigned videos on grief-related themes, the client has identified his/her own patterns of avoidance of grief.

E. The client has not watched grief-related videos and was redirected to do so.

18. Assign Grief Journal (18)

A. The client was advised to keep a daily grief journal to be shared in future sessions.

B. The client has kept a grief journal on a daily basis; the feelings of grief that he/she has experienced were verbalized and processed.

C. Keeping a grief journal has been noted to help the client clarify and identify feelings of grief and begin to resolve them.

D. The client has not kept the assigned grief journal and was redirected to do so.

19. Solicit Grief-Related Pictures/Mementos (19)

A. The client was encouraged to bring to the session pictures or mementos connected with the loss.

B. The client was assigned to complete the homework exercise "Creating a Memorial Collage" from the *Adult Psychotherapy Homework Planner* (Jongsma) and bring it back to the next session.

C. The client brought to the session pictures and mementos connected with his/her loss and the feelings associated with these memories were processed.

D. The client has failed to bring pictures and mementos associated with the loss to the session and was encouraged to do so.

20. Clarify Grief Feelings (20)

A. The client was assisted in identifying, clarifying, and expressing those feelings associated with the loss.

B. The client was reinforced as he/she has become more open in expressing grieving feelings.

C. It was reflected to the client that he/she minimizes and denies feelings of grief associated with the loss.

21. Refer to Grief Support Group (21)

A. The client was encouraged to attend a grief/loss support group.
B. The client has followed through on attending a grief/loss support group and his/her positive experience was processed.
C. The client has followed through on attending the grief/loss support group and his/her negative experience was processed.
D. The client has not followed through on attending the recommended grief/loss support group and was encouraged to do so.

22. List Grief Avoidance Consequences (22)

A. The client identified ways that he/she has avoided the grief process and how this has had a negative impact on his/her life.
B. The client was reinforced as he/she acknowledged that grief avoidance is not a productive way to cope with the loss.
C. The client failed to identify ways that he/she has avoided the grief process and was gently offered examples in this area.

23. Identify Dependency (23)

A. The client was assisted in identifying his/her dependency on the significant other who has been lost.
B. The client was supported as he/she expressed his/her feelings of abandonment regarding the loss associated with the significant other.
C. The client acknowledged dependency on the lost loved one and has begun to refocus his/her life on independent actions to meet emotional needs; the benefits of this progress were reviewed.
D. The client failed to identify how his/her dependency on the lost significant other has affected his/her grieving process and was gently offered examples in this area.

24. Explore Anger Feelings (24)

A. The client's feelings of anger or guilt that surround the loss were explored as to their depth and causes.
B. The client was supported as he/she verbalized feelings of anger and guilt focused on himself/herself that surround the grief experience of loss.
C. It was reflected to the client that he/she has begun to resolve the feelings of anger and guilt, which will allow the grieving process to continue.

25. Reinforce Forgiveness (25)

A. The client was encouraged to forgive himself/herself and the deceased loved one rather than holding on to feelings of anger or guilt.
B. Books on forgiveness were recommended to the client as a means of encouraging and understanding the forgiveness process.
C. The client was advised to read *Forgive and Forget* (Smedes).
D. The client has followed through on reading the recommended books about forgiveness and has reported them to be beneficial.

E. The client has not followed through on reading books about forgiveness and was encouraged to do so.

26. Identify/Clarify Grief Feelings (26)

A. The client was assisted in identifying and expressing the feelings of grief connected with the loss.
B. Writing letters to the lost loved one has been noted to be helpful to the client to identify and express his/her feelings of grief.
C. The client has found it difficult to openly express his/her feelings regarding the loss and has continued the pattern of emotional avoidance; he/she was encouraged to be more open.

27. Assign List of Regrets (27)

A. The client was assigned to make a list of all the regrets he/she has concerning the loss.
B. The client identified the regrets that he/she has regarding the loss and also has clarified the causes for those feelings of regret; these were processed in the session.
C. The client gave only vague responses regarding the regrets he/she has concerning the loss and was provided with more specific examples in this area.

28. Use Cognitive Therapy Approach (28)

A. A cognitive therapy approach was used to confront the client's statements of responsibility for the loss.
B. The client was encouraged to consider the reality-based facts surrounding the loss and his/her distortion of those facts in accepting responsibility for the loss irrationally.
C. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was reinforced as he/she has decreased his/her statements and feelings of being responsible for the loss.

29. Conduct Empty-Chair Exercise (29)

A. An empty-chair exercise was conducted with the client in which he/she focused on expressing to the lost loved one what he/she never said while that loved one was present.
B. The client was supported as he/she expressed many thoughts and feelings that had been suppressed while the loved one was present.

30. Assign Grave Site Visit (30)

A. The client was assigned to visit the grave of the lost loved one to express and ventilate feelings.
B. The client's visit to the grave site was reviewed; the visit was noted to have facilitated many thoughts and feelings that went unexpressed while the deceased was alive.
C. The client has not followed through on the visit to the grave site and was encouraged to do so.

31. Assign Grief Letter (31)

A. The client was assigned the task of writing a letter to the deceased person describing fond memories, painful and regretful memories, and how he/she current feels.

B. The client was assigned the homework exercise "Dear ___________: A Letter to a Lost Loved One" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through on writing a grief letter to the deceased loved one and this letter was processed within the session.
D. The client was assisted in clarifying and expressing his/her feelings to and about the lost loved one.
E. The client has found some sense of relief at expressing thoughts and feelings that he/she had left unexpressed earlier; the benefits of this progress were reviewed.

32. Assign Last Contact Letter (32)

A. The client was assigned to write a letter to the deceased loved one with a special focus on his/her feelings associated with their last meaningful contact.
B. The client has followed through on writing a letter to the loved one regarding their last contact and was supported as he/she expressed strong feelings associated with that memory.
C. The client has not followed through on writing a letter regarding the last contact with the loved one and was encouraged to do so.

33. List Positive Memories (33)

A. The client was asked to list the most positive aspects of and memories about the relationship with the lost loved one.
B. The client identified the positive characteristics of the lost loved one and the positive aspects of the relationship were processed.
C. The client has not developed a list of the positive aspects of memories about the relationship with the lost loved one and was redirected to do so.

34. Develop Memorial Rituals (34)

A. The client was assisted in developing rituals that will allow the client to celebrate the memorable aspects of the deceased loved one and his/her life.
B. The client has followed through on developing rituals and implementing them to commemorate the memory of the lost loved one; this experience was processed.
C. The client has not followed through on developing the grieving rituals and implementing them to commemorate the memory of the lost loved one and was redirected to do so.

35. Conduct Family Grieving (35)

A. A family therapy session was conducted, with all members of the family expressing their experience related to the loss.
B. Each family member was helped to express his/her feelings of grief and how he/she is coping with the loss.

36. Reengage Primary, Positive Social Roles (36)

A. The client was assisted in recommitting to the primary, positive social roles in which he/she had functioned prior to the loss.
B. The client was assisted in reengaging in the primary, positive social roles in which he/she has functioned prior to the loss.

C. The client has attempted to reengage with primary, positive social roles, and his/her experiences were processed.

37. Promote Behavioral Activation (37)

A. The client was assisted in listing activities that he/she has previously enjoyed, but not engaged in since experiencing the loss.
B. The client was encouraged to reengage in enjoyable activities.
C. The client was assigned the homework exercise “Identify and Schedule Pleasant Activities” from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client’s experience of reactivating previously enjoyed activities was processed.

38. Develop Grieving Ritual (38)

A. The client was encouraged to develop a grieving ritual to be used while focusing on the feelings of sadness surrounding the anniversary of the loss.
B. The client has followed through on implementing the grieving ritual surrounding the anniversary of the loss and his/her experience with that ritual was processed.
C. The client has not followed through on development of the grieving ritual and was encouraged to do so.

39. Suggest Time-Limited Mourning (39)

A. The client was encouraged to set aside a specific time-limited period each day to focus on mourning the loss.
B. The client was reinforced as he/she has followed through on establishing a specific time each day to focus on the feelings of grief surrounding the loss and has been successful at compartmentalizing the grieving experience.
C. The client has not followed through on grieving at a set time of day and instead is preoccupied with the feelings of grief throughout the day; he/she was redirected to use this technique.

40. Develop Penitence Activity (40)

A. The client was assisted in developing an act of penitence for his/her feelings of having failed the departed loved one in some way.
B. The client was reinforced for implementing an activity of penitence for feelings of responsibility.
C. The client reported that he/she is feeling relieved after participating in the activities of penitence; this progress was reviewed.
D. The client has not used the penitence activity and was redirected to do so.

41. Encourage Spiritual Activity (41)

A. The client was encouraged to rely upon his/her spiritual faith in terms of its promises and activities as a source of support.
B. The client has implemented acts of spiritual faith as a source of comfort and hope to help deal with the feelings of grief; the progress of this technique was reviewed.
C. The client has not used spiritual activities to help cope with his/her feelings of grief and loss and was encouraged to do so.

IMPULSE CONTROL DISORDER

CLIENT PRESENTATION

1. **General Impulsivity (1)***
   A. The client has a consistent pattern of acting before thinking that has resulted in numerous negative consequences on his/her life.
   B. The client is beginning to exercise better control over impulsivity.
   C. The client described instances when he/she thought before acting and controlled his/her impulsivity.
   D. The client reported no recent instances of impulsive behavior that have resulted in negative consequences.

2. **Aggressive Impulsivity (2)**
   A. The client described several incidences of loss of control over aggressive impulses that have resulted in acts of assault on other individuals.
   B. The client described several episodes of loss of control over impulses that have resulted in destruction of property.
   C. The client reported getting more control over aggressive impulses, although verbal aggression is still present.
   D. The client reported successful control over aggressive impulses with no recent incidents noted.

3. **Fire Setting (3)**
   A. The client has deliberately and purposefully set fires on more than one occasion.
   B. The client has an unhealthy interest in fire as a way to gain power over others.
   C. As treatment has progressed, the subject has discontinued any deliberate or purposeful fire setting.

4. **Gambling (4)**
   A. The client has frequently participated in gambling behavior.
   B. The client's gambling behavior has gone on in a persistent and maladaptive manner.
   C. The client reports that he/she has often gambled more than he/she can afford to lose or for longer periods of time than intended.
   D. The client reported that he/she no longer participates in gambling behavior.

5. **Theft (5)**
   A. The client was frequently failed to resist impulses to steal objects.
   B. The client noted that he/she steals objects that are not needed for personal use or for their monetary value.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client reports confusion and uncertainty to why he/she steals items.
D. The client reported that he/she no longer participates in any theft.

6. **Pulling Out Hair (6)**
A. The client described recurrent periods of pulling out hair, resulting in noticeable hair loss.
B. The client reports that he/she has been unable to resist the temptation to pull hair out, despite negative consequences.
C. As treatment has progressed, the client reports that he/she has discontinued his/her pattern of pulling out his/her own hair.

7. **Immediate Gratification (7)**
A. The client described a pattern of failure to resist impulses in areas of pleasure or gratification.
B. The client seems to want to be satisfied almost immediately, and becomes agitated or upset when his/her pleasure or gratification is delayed.
C. The client is showing more control over his/her impulsivity and is able to delay gratification.
D. The client reported that there have been no recent incidents of impulsive actions in order to receive pleasure or gratification.

8. **Harmful Impulses (8)**
A. The client described a pattern of failure to resist impulses to perform acts that may be harmful to himself/herself or others.
B. The client has often failed to resist acting out in at least two areas that are potentially self-damaging (e.g., spending money, sexual activity, reckless driving, addictive behavior).
C. The client is showing more control over harmful impulses.
D. The client reported that there have been no recent incidents of impulsive actions that are harmful to himself/herself or others.

9. **Overreactivity (9)**
A. The client has a pattern of overreaction to mildly aversive stimulation.
B. The client has a pattern of overreactivity to pleasure-oriented stimulation.
C. The client has shown a regulation of his/her reactivity to stimulation.

10. **Tension/Affective Arousal (10)**
A. The client described a sense of tension or affective arousal before engaging in the impulsive behavior (e.g., kleptomania, pyromania).
B. The client identified his/her pattern of affective arousal.
C. As the client has developed a variety of arousal coping skills, his/her pattern of impulsive acting out has diminished.

11. **Self-Gratification (11)**
A. The client identified a sense of pleasure, gratification, or release at the time of completing the ego-dystonic, impulsive act.

B. The client continues to engage in his/her impulsive actions, even though they are against his/her moral or religious codes.
C. The client described that his/her impulsive behavior helps to reduce the affective arousal or tension that he/she experiences.
D. As the client has developed a variety of coping skills, his/her pattern of acting out has diminished.

12. Difficulty Waiting (12)

A. The client reported a high degree of frustration whenever he/she must wait for others, such as standing in line or waiting for others to finish their conversation.
B. The client has reported becoming more aware of his/her impatience and intolerance for waiting for others.
C. The client has developed a more relaxed and patient attitude regarding having to wait for things.

INTERVENTIONS IMPLEMENTED

1. Review/Identify Impulsive Pattern (1)*

A. The client's behavior pattern was reviewed to assist him/her in identifying his/her pattern of impulsivity.
B. The client was encouraged to clearly acknowledge his/her pattern of impulsivity without minimization, denial, or projection of blame.
C. The client was reinforced as he/she acknowledged his/her pattern of impulsivity.
D. The client rejected the idea that he/she has a pattern of impulsivity and was gently offered examples in this area; he/she was urged to consider this option at a later time.

2. Explore Anxiety Relief (2)

A. The role of anxiety reduction as a reward for impulsivity was explored.
B. Active listening was used as the client confirmed that as he/she becomes more anxious, impulsive behavior is triggered.
C. Active listening was used as the client denied any role of anxiety relief in maintaining impulsive behavior.
D. The client cited specific instances of engaging in impulsive behavior to reduce stress and tension; he/she was helped to see the self-defeating nature of this pattern.

3. List Positive Consequences (3)

A. The client was asked to make a list of positive consequences that result from his/her impulsive actions.
B. The client's limited list of positive consequences that result from impulsivity was processed.
C. The client could identify no positive consequences that result from impulsivity and was gently offered examples in this area.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.

B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. List Negative Consequences (9)

A. The client was assigned the task of listing negative consequences that occurred because of his/her impulsivity.
B. The client was assigned the homework exercise "Recognizing the Negative Consequences of Impulsive Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. It was reflected to the client that he/she has demonstrated good awareness of the negative consequences that are brought upon himself/herself and others as a result of his/her impulsivity.
D. It was reflected to the client that he/she minimizes and uses denial to avoid awareness of the negative consequences of his/her impulsivity.

10. Teach Awareness of Negative Consequences (10)

A. The client was taught the connection between his/her impulsivity and the negative consequences that result from this behavior pattern.
B. The client was taught a connection between his/her impulsivity and the negative consequences that others may experience from this behavior pattern.
C. The client was reinforced as he/she demonstrated increased awareness of the negative consequences of his/her impulsivity.
D. The client was unaware of the negative consequences that he/she has experienced due to his/her impulsivity and was gently offered examples of the consequences that result from this behavior pattern.

11. Confront Responsibility Denial (11)

A. The client was confronted about his/her denial of responsibility for impulsive behavior or the negative consequences of that behavior.
B. The client was assigned the homework exercise assignment "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client accepted the confrontation of his/her impulsive behavior and the negative consequences of it.
D. The client became defensive in the face of confrontation and continues to deny responsibility for his/her impulsive behavior.

12. Assign Impulsivity Journal (12)

A. The client was asked to keep a log of impulsive behavior and its antecedents, mediators, and consequences.

B. The client was assigned the homework exercise “Impulsive Behavior Journal” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client presented a log of his/her impulsive actions and this material was processed in order to increase the client’s awareness of his/her behavior and the consequences of it.
D. The client failed to keep a log of his/her impulsive behavior and was redirected to do so.

13. Explore Impulsivity Triggers (13)

A. Past experiences the client has had were explored in order to uncover triggers for his/her impulsive episodes.
B. The client was assisted in identifying the thoughts that trigger impulsive behavior.
C. The client was assisted in identifying the emotional triggers that lead to impulsive episodes.
D. The client struggled to identify situational, emotional, or cognitive triggers to his/her impulsive episodes and was gently offered examples in this area.

14. Compose Script (14)

A. The client was directed to compose a script about an impulsive behavior situation.
B. The client was assisted in composing a script describing the typical situations in which impulsive behavior occurs, the urge to act, physical symptoms, expected negative consequences and finally, resisting the urge.
C. The client was assisted in developing the specifics about impulsive situations.

15. Use Imaginal Exposure While Reading Script About Impulsive Situation (15)

A. The client was assisted in using imaginal exposure techniques to become relaxed.
B. The client was relaxed and the script about the impulsive situation was read repeatedly.
C. The client’s ability to remain calm while reading the script of the impulsive situation was reinforced.
D. The client was redirected when he/she struggled to remain relaxed while imagining the impulsive situation.

16. Develop Hierarchy of Impulse Cues (16)

A. The client was directed to construct a hierarchy of feared internal and external impulsive behavior cues.
B. The client was assisted in developing a hierarchy of feared internal and external impulsive behavior cues.
C. The client was assisted in reviewing his/her hierarchy of feared internal and external impulsive behavior cues.

17. Assess Cues (17)

A. The client was assisted in assessing the nature of external and internal cues.
B. The client was assisted in identifying the persons, objects and situations that precipitate his/her impulsive actions.
C. The client was assisted in identifying thoughts, images, and impulses that precipitate his/her impulsive actions.

18. Select Initial Exposures (18)

A. The client was assisted in identifying initial exposures to the internal or external impulsive behavior cues that have a high likelihood of being successful in controlling impulsive behavior.

B. The client identified imaginal situations that act as cues for impulsive behavior.

C. The client selected *in vivo* examples of impulsive behavior cues.

D. The client was assisted with utilizing relapse prevention and cognitive restructuring techniques during and after the exposures to the cues for impulsive behavior.

19. Assign Exposure Homework (19)

A. The client was directed with homework exercises in which he/she repeats the exposure to the internal and/or external impulsive behavior cues.

B. The client was assigned the homework exercise "Reducing the Strength of Compulsive Behaviors" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was assisted in reviewing the homework assignments on exposure to impulsive behavior cues, with successes reinforced and corrective feedback for improving.

20. Reinforce Responsibility Acceptance (20)

A. The client was assisted in verbalizing a clear connection between his/her impulsive behavior and negative consequences to himself/herself and others.

B. The client was reinforced for acceptance of responsibility for and the connection between impulsive behavior and negative consequences.

21. Develop Feedback Contract (21)

A. A conjoint session was held to assist the client in developing a contract for receiving feedback from others prior to engaging in impulsive acts.

B. The client was reinforced as he/she has implemented a review process with a trusted friend or family member for feedback regarding possible consequences of his/her impulsive behavior.

C. Reviewing behavior with others prior to engagement in that behavior has been noted to successfully reduce the client's impulsivity.

22. Brainstorm Reliance on Trusted Supports (22)

A. A brainstorming session was held with the client to help identify whom he/she could rely on for trusted feedback regarding action decisions.

B. The client was reinforced as he/she identified people that he/she could go to for trusted feedback.

C. Role-play and modeling were used to teach the client how to ask for and accept help from trusted supports.

D. The client has not used trusted supports for feedback regarding action decisions and was redirected to do so.

23. Teach Cognitive Coping Methods (23)

A. The client was taught cognitive methods such as thought stoppage, thought substitution, and reframing for gaining and improving control over impulsive actions.

B. The client reported that utilization of cognitive methods to control trigger thoughts and reduce impulsive behavior has been successful; the benefits of this progress were reviewed.
C. The client was reinforced as he/she reported specific instances of successful utilization of cognitive methods to control impulsive behavior.
D. The client does not fully understand how to use cognitive coping methods and was provided with remedial training in this area.

24. Uncover and Replace Dysfunctional Thoughts (24)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to impulsivity.
B. The client was taught the connection between thoughts, feelings, and actions.
C. The client was assisted in identifying relevant automatic thoughts, how to challenge these biases, how to develop alternative positive perspectives, and how to test the alternative beliefs.
D. The client identified a variety of his/her distorted, dysfunctional thoughts and was reinforced for this insight.
E. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace his/her dysfunctional thinking.
F. The client was reinforced as he/she identified a more adaptive, accurate pattern of thinking.
G. The client struggled to identify or replace his/her dysfunctional thoughts that lead to impulsivity and was gently offered examples of these types of thoughts.

25. Teach Relaxation Methods (25)

A. The client was taught relaxation techniques such as progressive relaxation and self-hypnosis to reduce tension levels and stress.
B. The client was reinforced for implementation of relaxation exercises to control anxiety and to reduce impulsive behavior.
C. The client has failed to use the relaxation techniques in his/her daily life and was redirected to do so.

26. Assign Relaxation Homework (26)

A. The client was given homework assignments to practices relaxation exercises daily for at least 15 minutes.
B. The client was directed to apply the relaxation techniques to trigger situations.
C. The client's use of relaxation exercises was reviewed, reinforcing success while providing corrective feedback toward improvement.

27. Read About Progressive Muscle Relaxation (27)

A. The client was directed to read about progressive muscle relaxation and other calming strategies.
B. The client was assigned to read portions of the *Relaxation and Stress Reduction Workbook* (Davis, Robbins-Eschelman, and McKay).
C. The client was assigned to read *Mastery of Your Anxiety and Worry-Workbook* (Craske and Barlow).

D. The client has read the assigned information on progressive muscle relaxation and other calming strategies and keep concepts were reviewed.
E. The client has not read the assigned information on relaxation and calming strategies and was redirected to do so.

28. Teach Behavioral Strategies (28)

A. The client was taught behavioral methods to cope with anxiety, such as talking to others about stress, taking time out to relax, calling a friend or family member, or engaging in physical exercise.
B. The client reported successful implementation of behavioral strategies to reduce tension and the consequent impulsive behavior; the benefits of this progress were reviewed.
C. The client has failed to implement behavioral strategies and was encouraged to do so.

29. Review Implementation of Behavioral Coping Strategies (29)

A. The client was asked to review how he/she has implemented the behavioral coping strategies to reduce urges and tension.
B. The client was reinforced for his/her successes in implementing behavioral coping strategies.
C. The client has failed to implement appropriate coping strategies and was redirected about how to apply these to his/her impulsive urges.

30. Teach Covert Sensitization (30)

A. The client was taught covert sensitization techniques.
B. The client was taught to imagine negative consequences upon experiencing the desire to act impulsively.
C. The client was provided with covert sensitization homework.
D. The client was assisted in reviewing his/her use of covert sensitization, reinforcing success and problem-solving obstacles.

31. Teach "Stop, Listen, Think, and Act" (31)

A. Modeling, role-playing, and behavior rehearsal were used to teach the client the use of "stop, listen, think, and act" in several life scenarios.
B. The client was supported as he/she enacted "stop, listen, think, and act" as applied to different current situations.
C. The client was encouraged to use the "stop, listen, think, and act" technique to control acting impulsively in his/her daily life.
D. The client has not used the "stop, listen, think, and act" technique and was redirected to do so.

32. Review Daily Use of "Stop, Listen, Think, and Act" (32)

A. The client was taught the use of "stop, listen, think, and act" in day-to-day living.
B. The client reported on the implementation of "stop, listen, think, and act"; the positive consequences of this implementation were highlighted.
C. The client was provided with remedial information on how to use the "stop, listen, think, and act" technique.

33. Assess for Mood Disorder (33)

A. The client was assessed for mood disorder concerns.

B. The client was assessed in regard to symptoms of mania, which would reflect a lack of judgment over impulsive behavior and its consequences.

C. The client has been assessed for a mood disorder but no mood disorder has been identified.

D. The client was been assessed for a mood disorder and appropriate treatment was coordinated.

34. Explore Anger Management (34)

A. The client was assisted in reviewing his/her history of explosive anger management problems.

B. The client was focused onto his/her anger episodes as a primary target for treatment.

35. Refer for Medication Evaluation (35)

A. The client was referred to a physician for a medication evaluation to help control impulsivity.

B. The client has followed through on meeting with a physician for a medication evaluation and has begun to take prescribed medications.

C. The client has not followed through on seeing a physician for a medication evaluation and was redirected to do so.

36. Monitor Medication (36)

A. The client's compliance with taking the prescribed medication as well as the effectiveness and side effects of that medication were reviewed.

B. The client reported taking all medications as ordered and indicated that the medication has been effective at reducing impulsivity; this information was relayed to the prescribing physician.

C. The client reported taking all medication as ordered, but that no positive effects have been noted; this information was relayed to the prescribing physician.

D. The client has not regularly taken his/her medication and the reasons for this failure were reviewed and relayed to the prescribing physician.

37. Develop Behavior Modification Program (37)

A. The client was assisted in identifying rewards that would be effective in reinforcing his/her suppression of impulsive behavior.

B. An agreement was reached to implement a reward system that is contingent on suppression of impulsive behavior.

38. Implement Reward System (38)

A. The client was encouraged to implement a reward system for replacing impulsive actions with reflection on consequences and choosing client alternatives.

B. The client has implemented a reward program for deterring impulsive actions and the frequency of impulsivity has been noted to be reduced.

C. The client has failed to consistently utilize the reward program for deterring impulsive behavior and was directed to do so.

39. Teach Problem Resolution Skills (39)

A. The client was taught problem resolution skills.
B. The client was taught to define a problem clearly, brainstorm multiple solutions, listen to the pros and cons of each solution, seek input from others, select and implement a plan of action, evaluate the outcome and readjust the plan as necessary.
C. The client was assisted in reviewing how to use problem resolution skills.

40. Apply Problem-Solving Approach (40)

A. The client was assisted in applying the problem-solving approach to his/her urge for impulsive action.
B. The client was assigned the homework exercise "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was encouraged to implement his/her problem-solving action plan.
D. The client was reinforced for success in applying problem-solving skills and redirected for failure.

41. Read Material on Impulsivity (41)

A. The client was advised to read material on coping with impulsive urges.
B. The client was urged to read *Stop Me Because I Can't Stop Myself: Taking Control Over Compulsive Behavior* (Grant and Fricchion).
C. The client was assigned to read *Overcoming Impulse Control Problems: A Cognitive-Behavioral Therapy Program—Workbook* (Grant, Donahue, and Odlaug).
D. The client has read the recommended material and key components were reviewed.
E. The client has not read the recommended material and was redirected to do so.

42. Refer to Self-Help Recovery Group (42)

A. The client was referred to a self-help recovery group (e.g., 12-step program, ADHD group, Rational Recovery).
B. The client was reinforced for his/her attendance at a self-help recovery group.
C. The client's experience at a self-help recovery group was processed.
D. The client has not attended a self-help recovery group and was reminded about this helpful resource.

INTIMATE RELATIONSHIP CONFLICTS

CLIENT PRESENTATION

1. Arguing With Partner (1)*

A. The client reported frequent or continual arguing with his/her partner.
B. The frequency of conflict between the partners has diminished.
C. The client reported implementation of conflict resolution skills.
D. The client reported that his/her relationship with the partner has improved significantly and arguing has become very infrequent.

2. Lack of Communication (2)

A. The client complained of a lack of communication with his/her partner.
B. Communication between the client and his/her partner has improved.
C. The client cited instances of improved communication with his/her partner.
D. The client reported being pleased with the amount and quality of the communication with his/her partner.

3. Projection of Responsibility (3)

A. The client has a pattern of projecting the responsibility for conflict onto his/her partner.
B. The client showed considerable anger at the partner, as he/she placed virtually all the responsibility for the problems between them on the partner.
C. The client is beginning to take some of the responsibility for the conflict between himself/herself and his/her partner.

4. Marital Separation (4)

A. The client and his/her partner have agreed to a marital separation.
B. The partner has initiated a separation from the client.
C. The client has initiated a marital separation from his/her partner.
D. The client expressed feelings of hurt, disappointment, anxiety, and depression related to the marital separation.
E. The client expressed a sense of acceptance of the marital separation.
F. The client resolved significant issues of conflict and has reunited with his/her partner.

5. Pending Divorce (5)

A. A divorce petition has been filed by the client.
B. The client's partner has filed for a petition of divorce.
C. The legal proceedings of a divorce have been finalized.
D. The client expressed feelings of sadness, anger, and resentment surrounding his/her divorce.

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E. The client places responsibility for the divorce on the partner.
F. The client has become more accepting of the pending divorce.
G. The client has resolved the intimate relationship conflicts to a significant degree, and both parties have agreed to stop the divorce proceedings.

6. Multiple Intimate Relationships (6)

A. The client described involvement in multiple intimate relationships concurrently.
B. The client experiences emotional conflict regarding his/her engagement in multiple intimate relationships.
C. The client feels no conflict over his/her concurrent involvement in multiple relationships.
D. The client has acknowledged the need to terminate the multiple intimate relationships.

7. Abusive Relationship (7)

A. The client reported incidents of verbal abuse that occur within the relationship.
B. The client described incidents of physical abuse that have occurred within the relationship.
C. The client has taken steps to remove himself/herself from the abusive relationship.

8. Avoidance of Closeness (8)

A. The client described a pattern of superficial communication, infrequent or nonsexual contact, and excessive involvement in independent activities that contribute to the avoidance of closeness to his/her partner.
B. The client and his/her partner continue a pattern of involvement in independent activities that contribute to their distance from one another.
C. The client and his/her partner have taken steps to spend more quality time together to increase the degree of intimacy between them.

9. Broken Relationships Pattern (9)

A. The client described a pattern of repeated broken or conflicted relationships due to a lack of problem-solving skills, recurrent distrust in the relationship, or choosing dysfunctional partners who may be abusive.
B. The client has developed increased insight into his/her pattern of choosing dysfunctional partners with whom to become intimate.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. The focus of today's session was on developing a level of trust with the couple by creating a therapeutic environment.
B. An emphasis was placed on each partner being able to express problems, wants, and goals.

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C. Ground rules were clarified in regard to the therapy sessions.
D. The clinician was established as a neutral moderator.

2. Explore Relationship Conflicts (2)

A. Each partner has been assisted in identifying the nature of the conflicts between them.
B. It was noted that each partner has demonstrated a tendency to project blame onto the other for their conflicts.
C. The couple was assessed for conflict resolution, communication, and problem-solving difficulties.

3. Identify Relationship Strengths (3)

A. The partners were assisted in identifying behaviors and strengths that enhance their relationship rather than contribute to distancing and conflict.
B. Both partners were reinforced as they agreed to commit themselves to working toward strengthening the relationship.
C. The partners were ambivalent about the commitment to relationship building and treatment was focused on resolving this issue.

4. Assign Relationship Journaling (4)

A. Each partner was assigned the task of journaling about positive experiences regarding the relationship that occur between sessions.
B. The couple was assigned "Positive and Negative Contributions to the Relationship: Mine and Yours" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The partners brought back to the session journal material relating positive interactions that occurred between them between sessions, which was processed in the session.
D. Neither partner has followed through on keeping a journal of positive interactions and both were encouraged to do so.

5. Explore Substance Abuse (5)

A. The role of substance abuse was explored as to its contribution to conflict and abuse in the relationship.
B. Substance abuse by one of the partners was acknowledged as a strong contributing factor to escalating conflict between the partners.
C. Although substance abuse has been noted to be a critical component of relationship conflict, neither partner was willing to acknowledge the fact of substance abuse being a factor.
D. The substance abusing partner was confronted regarding substance abuse being a factor in the relationship problems.

6. Refer for Substance Abuse Treatment (6)

A. The chemically dependent partner was referred for substance abuse treatment.
B. The chemically dependent partner has accepted a referral and followed through with obtaining substance abuse treatment.
C. The chemically dependent partner has refused to follow through with a referral to obtain substance abuse treatment.

7. Administer Marital Satisfaction Measure (7)

A. A measure of marital satisfaction was administered in order to assess areas of satisfaction and dissatisfaction.
B. *The Dyadic Adjustment Scale* (Spainer) was used to assess the level of marital satisfaction.
C. *The Marital Satisfaction Inventory–Revised* (Snyder) was used to assess the couple's level of satisfaction.
D. *The Communication Patterns Questionnaire* (Christiansen) was used to assess the couple's level of satisfaction.
E. The results of the marital satisfaction assessment were reflected to the clients.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

10. Assess for Culturally Based Confounding Issues (10)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.

B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.

E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

12. Process Positive and Problematic Features (12)

A. The lists of positive and problematic features of each partner in the relationship were reviewed and processed within the session.

B. The couple was asked to develop a list of targeted changes he/she needs to make to improve the relationship.

C. The couple was asked to complete the "How Can We Meet Each Other's Needs and Desires?" in the *Adult Psychotherapy Homework Planner* (Jongsma).

D. The couple has processed a list of problematic features and was provided with positive feedback for their mature understanding of the changes that need to be made.

E. The couple has struggled to make a clear commitment to the changes that each will need to make in order to improve their relationship; this reluctance was reflected and processed.

13. Develop Contract (13)

A. The partners were assisted in developing a contract identifying negotiated behavioral changes that each partner desires within the relationship.

B. The couple was directed to sign the contract.

14. Identify Conflicts Related to Communication, Conflict Resolution, and Problem Solving (14)

A. The couple was assisted in identifying conflicts that could be addressed using communication, conflict-resolution, and/or problem-solving skills.

B. Techniques described by Holzworth-Monroe and Jacobson in "Behavioral Marital Therapy" in *Handbook of Family Therapy* (Gurman and Knickerson) were used to help the couple develop better communication, conflict-resolution, and problem-solving skills.

15. Teach Communication Skills (15)

A. Behavioral techniques (education, modeling, role-playing, corrective feedback, and positive reinforcement) were used to teach communication skills.

B. The couple was taught assertive communicating; offering positive, active listening; making positive requests of others for behavior change; and giving negative feedback in an honest, open, and respectful manner.

C. The couple was reinforced for learning better communication skills.

D. The couple has not learned better communication skills and was provided with remedial feedback in this area.

16. Assign Record of Communication Skills (16)

A. The couple was assigned to do homework using learned communication skills.
B. The couple was requested to record their experience of newly learned communication skills.
C. The client was encouraged to process his/her results within the session.
D. The client was provided with corrective feedback toward improvement in regard to his/her learned communication skills.

17. Review Application of Communication Skills (17)

A. The partners participated in a review of how newly learned communication skills can be applied to conflict resolution.
B. An emphasis was made on implementing calm, respectful, effective dialogue.
C. Communication skills were role-played in a present conflict situation.

18. Teach Problem-Solving Skills (18)

A. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the couple problem-solving and conflict-resolution skills.
B. The couple was taught to define the problem constructively and specifically, brainstorm ideas, evaluate options, compromise, choose options, implement a plan, and evaluate the results.
C. The couple was reinforced for their use of problem-solving and conflict-resolution skills.
D. The couple has not used problem-solving skills and was redirected to do so.

19. Record Problems-Solving and Conflict-Resolution Skills (19)

A. The couple was directed to use problem-solving and conflict-resolution skills.
B. The couple was requested to record their experience of using problem-solving and conflict-resolution skills.
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The results of the use of the problem-solving and conflict-resolution skills were processed.

20. Restructure Biased Cognitions (20)

A. The clients were assisted in restructuring biased cognitions.
B. Biased cognitions such as mind reading and blaming were identified.
C. The couple was assisted in modifying maladaptive emotional responses and inappropriate behaviors within the relationship.

21. Explore Relationship Expectations (21)

A. Each partner's expectations for the relationship were explored and irrational, unrealistic expectations were noted.

B. The couple was assisted in developing realistic beliefs and expectations regarding the relationship.

22. Build Tolerance (22)

A. The couple was assisted in building tolerance for each other's differences.
B. An emphasis was made on the positive of each partner's differences and these were compared to and balanced with awareness of drawbacks.
C. The couple was reinforced for building tolerance for each other's differences.
D. The couple struggled to identify the positive side of each other's differences, and was provided with specific examples.

23. Teach Mutual Satisfaction (23)

A. The partners were taught the key concept that each partner must be willing at times to sacrifice his/her own needs and desires to meet the needs and desires of the other.
B. The partners were reinforced as they have verbally recognized their responsibility to meet some of the needs of the significant other in the relationship.
C. The partners have not regularly focused on mutual satisfaction and were encouraged to do so.

24. Convey Vulnerability Model (24)

A. As the client is experiencing mild to moderate distress, a model was conveyed that emphasizes vulnerability in attachment insecurities.
B. The clients were assisted in conceptualizing negative emotions and behavioral reactions as reflecting each partner's vulnerabilities and attachment insecurities.
C. The couple was provided with specific examples of how negative emotions and behavioral reactions are reflections of vulnerabilities and attachment insecurities.

25. Encourage Recognition and Reframing of Insecurities and Reactions (25)

A. The clients were encouraged to recognize, reframe and express insecurities.
B. The partners were assisted in resolving negative emotional and behavioral reactions by recognizing them as insecurities.

26. Develop Alternatives for Insecurities (26)

A. The clients were assisted in developing more constructive interactions that satisfy attachment needs.
B. Increased intimacy and expressions of love were encouraged as a way to satisfy attachment needs and cope with insecurities.
C. The partners were assigned the homework exercise "How Can We Meet Each Other's Needs and Desires?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The clients were reinforced for identifying ways to develop more constructive interactions to satisfy attachment needs.

27. Conduct Insight-Oriented Couples Therapy (27)

A. The couples were provided with insight-oriented couples therapy, focusing on identifying how past relationship injuries create current vulnerabilities.

B. The couple was provided with examples of relationship injuries and current vulnerabilities such as a betrayal of trust and a fear of intimacy.
C. The couple was helped to focus on separating the past struggles from the present situation.

28. Assess Current Patterns of Destructive Behavior (28)

A. The couple's current level of destructive and/or abusive behavior was assessed.
B. Each partner's family-of-origin history was explored to identify patterns of destructive intimate relationship interaction.
C. The partners were encouraged to note the repetition of a family pattern of destructive intimate relationship interactions.
D. The partners' family-of-origin history was explored, but they did not identify any specific pattern of destructive intimate relationship interactions.

29. List Aggression-Escalating Behaviors (29)

A. Each partner was assisted in making a list of behaviors that escalate conflict between them and trigger abusive behavior.
B. The partners were asked to make special note of any conflict between them and the behaviors that contribute to that conflict escalating.
C. The partners struggled to gain insight into how their behaviors contributed to escalating conflicts and were gently offered examples in this area.

30. Develop Conflict-Termination Signal (30)

A. The partners were assisted in identifying a clear verbal or behavioral signal to be used by either partner to terminate interaction immediate if either of them fears impending abuse.
B. Role-playing and modeling were used to teach how the conflict-termination signal could be used in future disagreements between them.
C. The partners were reinforced for their regular use of the conflict-termination signal.
D. The partners have not regularly used the conflict-termination signal and have allowed conflicts to become more escalated; they were redirected to use this helpful technique.

31. Solicit Conflict-Termination Agreement (31)

A. Both partners were solicited for a firm agreement that the conflict-termination signal would be responded to favorably and without debate.
B. The partners were reinforced as they reported successful implementation of a conflict-termination signal that has reduced incidents of abuse.

32. Record Use of "Time Out" (32)

A. The couple was assigned to implement the use of the "time out" signal and other conflict-resolution skills in daily interaction.
B. The couple was asked to record their use of the "time out" signal and other conflict-resolution skills.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma).

D. The couple has regularly used and recorded their use of conflict-resolution skills and these were processed within the session.
E. The couple has not regularly used or recorded the conflict-resolution skills and was redirected to do so.

33. Initiate Affection Expression (33)

A. The partners were encouraged to initiate affectionate and sexual interactions with each other without inhibition and resistance.
B. The partners reported specific instances of successful implementation of affection and sexual behaviors toward each other; the benefits of this progress were reviewed.
C. It was reflected that the partners continue to maintain patterns of sexual distance and a lack of passion within the relationship.

34. Identify Enjoyable Activities (34)

A. The partners were assisted in identifying and planning rewarding recreational activities that they could do together.
B. "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to the couple.
C. The partners have increased the time spent together in enjoyable contact; the benefits of this progress were reviewed.
D. The partners reported specific instances of recreational activities that they have enjoyed together; their experience was reviewed.
E. The partners have failed to follow through on increasing their enjoyable recreational time together and were encouraged to do so.

35. Gather Sexual History (35)

A. The sexual history of each partner was explored to determine areas of strength and to identify areas of dysfunction.
B. The sexual history information was noted to indicate a pattern of sexual dysfunction that predates the present relationship.
C. The sexual dysfunction that was identified seems to be associated with serious conflict within the relationship.

36. Refer for Sexual Specialist Evaluation (36)

A. The couple was referred to a specialist who specializes in sexual dysfunction to obtain an evaluation of any organic causes for their problems.
B. The couple has followed through on obtaining a specialist evaluation of their sexual dysfunction.
C. The specialist evaluation did not identify any organic basis for the couple's sexual dysfunction.
D. The medical problems identified by the specialist as causes for the sexual dysfunction are being treated.
E. The couple has not followed through on the recommended specialist evaluation referral and was encouraged to do so.

37. Identify Components of Sexual Attitudes (37)

A. A joint session was held to identify sexual behavior, patterns, activities, and beliefs of each partner in the extended family.

B. The couple was assigned "Factors Influencing Negative Sexual Attitudes" in the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The couple was supported as they identified the contributors to their sexual attitudes.

D. The couple appeared cautious and defensive about the factors contributing to their negative sexual attitudes and was encouraged to become more open in this area.

38. Solicit Commitment to Healthy Sexual Attitude/Behavior (38)

A. Each partner was asked to commit himself/herself to attempting to develop healthy, mutually satisfying sexual beliefs, attitudes, and behaviors that are independent of previous childhood, personal, or family training or experience.

B. Each partner was supported as he/she verbalized a commitment to change his/her sexual attitudes and behaviors to something healthier and gave evidence of that commitment through reporting implementation of healthier behavior and attitudes.

C. Each partner identified the difficulties that he/she is having separating himself/herself from previous dysfunctional sexual beliefs and attitudes; these were processed toward resolution.

39. Identify Infidelity Factors (39)

A. The partners were assisted in clarifying the causes and consequences of the infidelity within the relationship.

B. The partners acknowledged some of the causes and consequences of the infidelity; additional examples were gently identified.

C. The couple's motivations and goals for therapy were reviewed.

40. Assign Post-Affair Reading Materials (40)

A. The partners were encouraged to read material on how couples recover from an affair.

B. The partners were encouraged to read *Getting Past the Affair: A Program to Help You Cope, Heal, and Move On—Together or Apart* (Synder, Baucom, and Gordon).

C. The partners were encouraged to read the book *After the Affair* (Abrahams-Spring) to help them identify the message behind the unfaithful partner's infidelity.

D. The couple has read the assigned book on marital affairs and key concepts were processed together.

E. The partners have not followed through with reading the assigned book on marital affairs and were encouraged to do so.

41. Explore Grief Feelings (41)

A. The feelings associated with the loss of the relationship were explored and clarified.

B. Each partner's desire for a level of intimacy was explored.

C. The factors that have contributed to the breakdown of this intimate relationship were explored, including the fear of getting too close.

42. Refer to a Divorce Support Group (42)

A. The partners were referred to a support group for divorced or divorcing people to assist them in resolving the loss and adjusting to a new life.
B. The partners verbalized the feelings associated with grieving the loss of a relationship and those feelings were processed.
C. As the partners have participated in a divorce group, they have clarified and expressed their feelings associated with the loss of the relationship.
D. The partners have not followed through on attending a support group for divorcing people and were encouraged to do so.

43. Assign Reading Materials About Lost Relationships (43)

A. The client was assigned reading material about the aftermath of lost relationships.
B. The client was encouraged to read *When Your Relationship Ends* (Fisher) to learn concepts related to dealing with the grief associated with the loss of a relationship.
C. The client was assigned *Surviving Separation and Divorce: A Woman's Guide* (Oberlin).
D. The client has followed through on reading the assigned grief material associated with the breaking of a relationship.
E. As the client has read assigned material on grief over the loss of a relationship, he/she has been able to verbalize various feelings associated with grieving this loss.
F. The client has not read the grief material regarding the loss of a relationship and was encouraged to do so.

44. Provide Adjustment Support (44)

A. The client was given support and encouragement in his/her adjustment to living alone and being single again.
B. The client was encouraged to accept a balance between some time for being alone and some time for making plans for social contact.
C. The client is beginning to express plans for how to cope with loneliness and is making plans for the future; he/she was reinforced for moving on in this area.

45. Recommend Community Resources (45)

A. The client was informed about community resources and social opportunities that are available as sources of support during the adjustment period to being single.
B. The client has begun to implement community resources and social opportunities that have helped him/her solve some of the loneliness in his/her life; the benefits of this pattern were reviewed.
C. The client was assisted in developing a specific plan regarding building new social relationships to overcome withdrawal and fear of rejection.
D. The client has not reached out to community resources or taken advantage of social opportunities but remains lonely and isolated.

LEGAL CONFLICTS

CLIENT PRESENTATION

1. Pending Legal Charges (1)*

A. The client has been arrested and has legal charges pending.
B. The client's legal charges have been processed and a sentence has been handed down.
C. The client's legal charges have been resolved.

2. Parole/Probation (2)

A. The client is on parole subsequent to serving a sentence for legal charges.
B. The client is on probation subsequent to arrest and conviction on legal charges.
C. The client reported meeting regularly with his/her parole/probation officer.
D. The client's parole/probation has ended.

3. Legal Pressure for Treatment (3)

A. The client reported that due to legal pressure, he/she has entered treatment.
B. Reports must be made to the client's legal authorities regarding the client's cooperation with progress and treatment.
C. The client has been resistive to cooperation with treatment since his/her only motivation comes from legal pressure.
D. The client has shown increased motivation to participate in treatment over and above that which comes from legal pressure.

4. Extensive Criminal Record (4)

A. The client has a long history of criminal activity leading to numerous incarcerations.
B. The client projects responsibility for his/her behavior onto others.
C. The client shows little remorse for his/her illegal activities.
D. The client has recently been released from incarceration.
E. The client has displayed an extended period of time without any criminal activity.

5. Chemical Dependence (5)

A. The client's chemical dependence problem has resulted in several arrests and current court involvement.
B. The client acknowledged that his/her chemical dependence has produced numerous negative consequences in his/her life.
C. The client is in denial regarding his/her chemical dependence in spite of numerous legal problems.
D. The client has discontinued his/her chemical dependence pattern.

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6. Pending Divorce (6)

A. The client reported legal complications secondary to a pending divorce.
B. The client expressed frustration, anger, and sadness regarding the legal wrangling surrounding his/her divorce.
C. The client reported a contentious custody battle over the children secondary to a divorce.
D. The client reported that the divorce and custody issues have been resolved.

7. Fear of Freedom Loss (7)

A. The client is preoccupied with fear regarding the possibility that he/she may lose his/her freedom because of current legal charges.
B. The client's anxiety has been predominant since legal charges have been filed.
C. The client is beginning to cope more effectively with his/her anxiety associated with the potential loss of his/her freedom.

INTERVENTIONS IMPLEMENTED

1. Explore Legal Conflicts (1)*

A. A history of the client's behavior that led to his/her legal conflicts was gathered.
B. The client's behavior and attitude was noted to fit a pattern of antisocial personality disorder.
C. The client's legal conflicts do not have a chronic history to them and do not seem to fit a pattern of antisocial behavior.
D. The client was supported as he/she described the behavior that has led to his/her current involvement with the court system.

2. Explore Chemical Dependence (2)

A. The client's pattern of using mood-altering drugs was explored as to how it has contributed to his/her legal conflicts.
B. Active listening was used as the client acknowledged that chemical dependence has played an important part in his/her legal problems.
C. The client denied any chemical dependence problems, which was accepted.
D. The client denied any chemical dependence problems, but this was in direct contrast to other information he/she has given and this discrepancy was pointed out to him/her.

3. Confront Chemical Dependence Denial (3)

A. The various negative consequences of chemical dependence were reviewed in an attempt to break down the client's denial.
B. The client was reinforced for acknowledging that drug and/or alcohol abuse have played a role in his/her legal problems.
C. The client continues to deny any chemical dependence problems; he/she was encouraged to review this possibility as he/she feels more comfortable.

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4. **Assess Level of Insight (4)**

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

5. **Assess for Correlated Disorders (5)**

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

6. **Assess for Culturally Based Confounding Issues (6)**

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

7. **Assess Severity of Impairment (7)**

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

8. Reinforce the Need for Recovery (8)

A. A plan for substance abuse recovery was developed and the client was strongly encouraged to obtain substance abuse treatment.

B. The client has stated a desire to remain abstinent and is seeking substance abuse treatment.

C. The client continues to deny the need for substance abuse treatment and has not followed through on a referral for treatment; he/she was encouraged to seek this treatment.

9. Monitor Sobriety (9)

A. The client's sobriety is being monitored through the use of verbal reports and periodic random urinalysis.

B. Monitoring of the client's sobriety has indicated that he/she has been abstinent from mood-altering substances.

C. The client was confronted for not being consistently abstinent from mood-altering substances.

D. The client's consistent sobriety has been reinforced.

E. The client's sobriety status has been reported to court officials.

10. Encourage Attorney Representation (10)

A. The client was encouraged to meet with an attorney to discuss plans for resolving his/her legal issues.

B. The client has obtained counsel and has met with the attorney to make plans for resolving his/her legal conflicts; this experience was reviewed.

C. The client does not have the financial resources to hire an attorney; therefore, a public defender has been appointed by the court; the client was encouraged to make good use of this resource.

11. Monitor Court Contact (11)

A. The client was encouraged to keep his/her appointments with court officers as a fulfillment of sentencing requirements.

B. The client was reinforced for his/her consistent contact with his/her court officers as part of meeting the requirements of sentencing.

C. The client has not been consistent in keeping contact with court officers as stipulated within sentencing requirements and was redirected to do so.

12. Confront Responsibility Denial (12)

A. The client was confronted on his/her denial of responsibility for his/her actions and projecting responsibility onto others for his/her own illegal actions.

B. The client was assigned the homework exercise "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was encouraged to accept responsibility for the series of decisions and actions that eventually led to the illegal activity.

D. The client has accepted responsibility for his/her behavior that led to illegal actions and legal conflicts; he/she was reinforced for this insight.

E. The client continues to deny responsibility for his/her behavior and project that responsibility onto others for decisions that led to illegal actions; he/she was confronted about this pattern.

13. Clarify Values That Allow Illegal Activity (13)

A. The client was assisted in exploring his/her values that allow for illegal activity being acceptable.
B. The client did identify self-centered values that discount the rights and values of others and was encouraged to rethink these values.
C. The client was confronted for his/her denial that he/she tramples over the rights of others.
D. The client was supported when regret was expressed over lack of empathy for others' feelings and rights.

14. Teach Legal Boundary Values (14)

A. The client was taught the values of legal boundaries and the rights of others, as well as the negative consequences of crossing these boundaries.
B. The client was reinforced as he/she has learned the values that affirm behavior that stays within the boundaries of the law.
C. The client has not internalized the values that affirm behavior that stays within the boundaries of the law and was provided with additional feedback in this area.

15. Probe Emotional Triggers (15)

A. The client's negative emotional states that have contributed to his/her illegal behavior were explored.
B. Active listening was used as the client verbalized how his/her emotional states of anger, frustration, helplessness, or depression have contributed to his/her illegal behavior.
C. The client denied any role of negative emotional states acting as a trigger for the illegal activity but was provided with examples in this area.

16. Refer to Ongoing Counseling (16)

A. The client was referred for more in-depth counseling to deal with his/her emotional conflicts and antisocial impulses.
B. The client has accepted a referral for counseling that will focus on the negative emotional states that have been associated with his/her illegal activities.
C. The client has rejected the referral for ongoing counseling.

17. Assign Reading Material on Emotions (17)

A. The client was assigned to read material on controlling emotions.
B. The client was assigned to read *Thoughts and Feelings: Taking Control of Your Moods and Your Life* (McKay, Davis, and Fanning).
C. The client was assigned to read the *Anger Control Workbook* (McKay and Rogers).
D. The client was assigned to read excerpts from *A Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* (Knaus).
E. The client was assigned to read excerpts from *Overcoming Impulse Control Problems: A Cognitive Behavioral Therapy Program—Workbook* (Grant, Donahue, and Odlaug).

F. The client has read the assigned material and key components were processed.
G. The client has not read the assigned material and was reminded to do so.

18. Explore the Causes for Negative Emotions (18)

A. The client was assisted in exploring the causes for his/her negative emotions that consciously or unconsciously foster criminal behavior.
B. The client was supported as he/she identified issues of neglect and abuse in his/her background that contribute to anger and illegal actions.
C. The client was assisted in identifying role models within his/her extended family that influenced his/her decision to engage in an illegal activity.

19. Interpret Antisocial Behavior (19)

A. The client's antisocial behavior pattern was interpreted as being linked to past emotional conflicts and abusive experiences.
B. The client has accepted the interpretation of his/her antisocial behavior and is beginning to disclose feelings related to past abuse.
C. The client has rejected any interpretation of his/her antisocial behavior.

20. Use Cognitive Restructuring Process (20)

A. The client was assisted in using the cognitive restructuring process to assist in replacing negative, automatic thoughts associated with illegal behavior.
B. The client was taught about the connection between thoughts, feelings, and action.
C. The client was assisted in identifying relevant, automatic thoughts and their underlying beliefs and biases, which were then challenged.
D. The client was assisted in developing alternative positive perspectives and testing the biases and alternative beliefs through behavioral experiments.

21. Reinforce Positive Messages (21)

A. The client was reinforced for developing and implementing positive, reality-based messages to replace the distorted, negative self-talk associated with illegal behavior.
B. The client was noted to be increasing his/her positive, reality-based messages.

22. Assign Self-Talk Practice (22)

A. The client was assigned homework to identify negative self-talk, its biases and alternatives.
B. The client was assigned was assigned the homework exercise "Crooked Thinking Leads to Crooked Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has engaged in homework exercises designed to assess and change biased self-talk, and his/her experience was processed.
D. The client was reinforced for his/her success at identifying and changing negative self-talk.
E. The client was provided with corrective feedback to improve his/her attempts at changing biased self-talk.

23. Refer to Anger Management Group (23)

A. The client was advised to attend an anger management group.
B. The client was referred to an impulse control group.

C. The client has accepted the referral to an anger management group and has attended meetings consistently.
D. The client has accepted the referral to a group to learn control over impulsivity and has attended meetings consistently.
E. The client has not attended either an anger management or impulse control group and was redirected to do so.

24. Explore Prosocial Need Fulfillment (24)

A. The client was assisted in identifying ways to meet social, emotional, spiritual, and financial needs without illegal activity.
B. The client has begun to explore prosocial activities to meet his/her needs; his/her experience in this area was reviewed.
C. The client has consistently rejected the idea of using prosocial means to meet his/her needs; he/she was gently offered examples in this area.

25. Teach Prosocial Behaviors (25)

A. The client was taught the difference between prosocial and antisocial behaviors.
B. The client was helped to make concrete plans on how to demonstrate respect for the law, being helpful toward others, and attending employment on a regular basis.
C. The client was reinforced as he/she has followed through on utilizing prosocial means to meet his/her life needs.
D. The client consistently rejects prosocial behavior and attitudes for antisocial behavior and attitudes; he/she was confronted about this pattern.

26. Refer to Ex-Offender Center (26)

A. The client was referred to an ex-offender center for assistance in obtaining employment and making an adjustment to society.
B. The client has attended classes on how to successfully seek and maintain employment and his/her experience was reviewed.
C. The client was reinforced for seeking employment on an active basis.
D. The client has found gainful employment and has attended his/her job regularly; his/her progress was reviewed.

27. Teach the Value of Honesty (27)

A. The client was helped to understand the importance of honesty in building trust in others and self-esteem.
B. The client was reinforced as he/she verbalized an understanding of the importance of honesty and building trustful relationships with others and self-respect.
C. The client has rejected the importance of honesty and claims to have no interest in the trust of others; he/she was noted to keep his/her mind open to this concept.

28. Develop a Restitution Plan (28)

A. The client was assisted in understanding the importance of restitution and a plan for providing restitution was developed.
B. The client was assigned the homework exercise “How I Have Hurt Others” from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was assigned the homework exercise "A Letter of Apology" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has begun to implement and plan for restitution for his/her illegal activity and his/her increased sense of self-worth as a consequence of this was highlighted.
E. The client has not followed through on making restitution for his/her illegal activity and was encouraged to do so.

29. Review Implementation of Restitution Plan (29)

A. The client's implementation of his/her restitution plan was reviewed.
B. The client was reinforced for his/her adherence to the plan for restitution.
C. The client has not implemented or maintained his/her restitution plan and was reminded about his/her commitment to this plan.

LOW SELF-ESTEEM

CLIENT PRESENTATION

1. Lack of Compliment Acceptance (1)*

A. The client described a pattern of discounting others when they give him/her a compliment.
B. The client demonstrated within the session a pattern of rejecting compliments given.
C. The client has begun to develop a more positive self-image and, therefore, does not reject compliments given to him/her.
D. The client described situations in which he/she was given a compliment and it was accepted.

2. Self-Disparaging Remarks (2)

A. The client displayed a pattern of being critical of himself/herself.
B. The client described a pattern of making self-disparaging remarks on a frequent basis.
C. The client has terminated the pattern of making self-disparaging remarks.
D. The client has begun to make positive and realistic comments about himself/herself.

3. Poor Self-Image (2)

A. The client verbalized seeing himself/herself as being unattractive, unimportant, and expressed the feeling that he/she is worthless and a loser.
B. The client has begun to develop a more positive self-image and has terminated verbalizing negative comments about himself/herself.
C. The client has begun to make positive comments about himself/herself.

4. Self-Blame (2)

A. The client displayed a pattern of blaming himself/herself for events that were out of his/her control.
B. The client has a pattern of taking responsibility for other people's mistakes.
C. The client described situations in which he/she would have previously taken blame for a situation but did not do so now.
D. The client has begun to put boundaries on responsibility for behavior and not take blame for other people's actions.

5. Poor Grooming (3)

A. The client came to the session poorly groomed.
B. The client stated that others have complained about him/her not taking pride in his/her appearance.
C. The client has begun to show increased pride in his/her appearance as evidenced by proper grooming and hygiene.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

6. Cannot Refuse Requests (4)

A. The client described a pattern of difficulties in saying no to other people when he/she is presented with a request for a favor.
B. The client has tried to ingratiate himself/herself to others by being eager to please them by meeting their needs.
C. The client has been taken advantage of by others because he/she fears rejection if he/she refuses to comply with others' requests.
D. The client has begun to set limits on doing things for others and complying with their requests.

7. Assumes Being Disliked (4)

A. The client verbalized the assumption that others do not like him/her, even though there is little or no evidence to support this conclusion.
B. The client's dislike for himself/herself is revealed in the fact that he/she believes that others do not like him/her.
C. As the client's self-esteem has increased, he/she has begun to believe that others have a positive regard for him/her.
D. The client described situations in which others' affection and caring has been accepted and noted.

8. Fear of Peer Rejection (5)

A. The client verbalized a fear that others will reject him/her, and, therefore, he/she does virtually anything to please others.
B. The client has been fearful of rejection by his/her peers for as long as he/she can remember.
C. The client has begun to believe that others can and do accept him/her.

9. No/Low Goals (6)

A. The client verbalized no or very low goals for himself/herself in terms of what he/she seeks from life.
B. The client's lack of confidence in himself/herself is reflected in the fact that he/she has not set reasonable goals for his/her life.
C. As the client's confidence has grown in himself/herself, he/she has begun to set reasonably high goals for future accomplishment.

10. No Positive Self-Statements (7)

A. The client was unable to identify positive things about himself/herself.
B. The client fails to make positive statements about himself/herself within the session.
C. The client was able to identify some positive traits and accomplishments about himself/herself.

11. Social Anxiety (8)

A. The client described a pattern of feeling uncomfortable in social gatherings because he/she believes others do not like him/her.

B. The client's lack of confidence in himself/herself is reflected in anxiety and fear of rejection during social contact.
C. The client has begun to feel more comfortable in social situations as he/she develops a more positive self-image.
D. The client described incidents in which he/she was involved in social gatherings with little or no anxiety or assumptions that others do not like him/her.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

2. Explore Client Self-Assessment (2)

A. The client was asked to describe his/her feelings about himself/herself and how he/she sees himself/herself as compared with others.
B. Active listening was provided as the client acknowledged feeling less competent than most others and made many self-disparaging remarks.
C. The client was quite guarded about his/her feelings about himself/herself, so examples, based on his/her presentation, were gently provided.

3. Assess for Other Syndromes (3)

A. The client was assessed for whether his/her low-self esteem is occurring within a clinical syndrome.
B. The client was assessed for social anxiety disorder and depression.
C. Additional clinical syndromes were identified, and the client was referred for appropriate evidence-based treatment.
D. No clinical syndrome was identified as occurring and treatment was refocused on the client's low self-esteem pattern.

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Build Rejection Fear Awareness (9)

A. The client was assisted in becoming more aware of his/her fear of rejection and how that fear is connected with past experiences of rejection or abandonment.

B. The client was reinforced as he/she expressed insight into the historical and current sources of his/her low self-esteem.

C. The client had little understanding of how his/her fear of rejection occurs and was gently offered examples of these dynamics.

D. The client was assisted in contrasting his/her past rejection and abandonment experiences with present experiences of acceptance and competence.

10. Explore Abuse Experiences (10)

A. The client's experience of emotional, physical, or sexual abuse was explored.

B. Active listening was provided as the client described his/her experiences of abuse and related how these experiences had a negative impact on his/her feelings of self-esteem.

C. The client was reinforced as he/she expressed increased insight into how his/her experiences of abuse and abandonment have resulted in low self-esteem.

D. The client began to assert a positive feeling about himself/herself after understanding that he/she was unfairly victimized as a child; he/she was reinforced for this progress.

E. The client was quite guarded about his/her experiences of emotional, physical, or sexual abuse and was urged to be more open about these as he/she feels safer.

11. Build an Awareness of Negative Self-Image (11)

A. The client was assisted in becoming aware of how he/she expresses or acts out negative feelings about himself/herself.

B. The client was asked to journal all instances of making negative self-descriptive statements to others.

C. The client's self-defeating behavior was interpreted as a reflection of his/her acting out feelings of low self-esteem.

D. The client indicated that he/she has become increasingly aware of how he/she communicates his/her negative self-image; this progress was processed.

E. The client displayed little awareness of his/her negative self-image and was provided with specific examples in this area.

12. Confront/Reframe Self-Disparaging Remarks (12)

A. The client's self-disparaging remarks were confronted in order to increase his/her awareness of them.

B. The client's self-disparaging remarks were reframed into more realistic self-assessment statements.

13. Teach Positive Self-Talk (13)

A. The client was taught how to positively and realistically assess his/her accomplishments and traits.

B. The client was encouraged to note his/her accomplishments and traits in positive self-statements made on a regular basis.

C. The client was assigned the homework exercise "Positive Self Talk" in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's fear of rejection has decreased, and his/her sense of confidence in himself/herself has been noted to be increasing as he/she has made a habit of complimenting himself/herself.
E. The client has not used the positive self-talk techniques and was redirected to do so.

14. Identify Negative Self-Talk (14)

A. The client was assisted in identifying distorted negative belief about himself/herself and the world, which foster his/her low self-esteem.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned to read *What to Say When You Talk to Yourself* (Helmstetter).
D. The client recalled instances of negative self-talk and thinking distorted thoughts about life, which have reinforced his/her feelings of low self-esteem; he/she was reinforced for this insight.
E. The client struggled to identify his/her negative self-talk and was provided with examples in this area.

15. Assign *Ten Days to Self-Esteem!* (15)

A. The client was assigned self-esteem-building exercises from the book *Ten Days to Self-Esteem!* (Burns).
B. The client was assigned to read *The Self-Esteem Companion* (McKay, Fanning, Honeychurch, and Sutker).
C. The client was assigned to read *10 Simple Solutions for Building Self-Esteem* (Schildai).
D. The client reported that he/she has begun to feel an increase in self-esteem since implementing the assigned exercises; his/her use of these exercises was processed.
E. The client has not followed through on completing the assigned self-esteem-building exercises and was encouraged to do so.

16. Teach Secondary Gain (16)

A. The client was taught the meaning and power of secondary gain in maintaining negative behavior patterns, especially as applied to his/her speaking negatively about himself/herself and refusing to take any risks.
B. The client expressed an understanding of the power of secondary gain and was asked to give examples in this area.

17. Apply Secondary Gain to Self-Disparagement (17)

A. The client was assisted in identifying how self-disparagement and avoidance of risk taking have brought secondary gain.
B. The client was helped to understand how secondary gain has helped maintain his/her pattern of self-disparagement and refusal to take risks.
C. The client identified the specific secondary gain that he/she has experienced as a result of his/her self-disparagement and refusal to take risks; he/she was reinforced for this progress.

D. The client was unable to identify any specific examples of his/her secondary gain for self-disparagement and was gently offered examples of this dynamic.

18. Assign Positive Self-Statements (18)

A. The client was asked to make one positive statement about himself/herself on a daily basis and to record it on a chart or in a journal.
B. The client was assigned the homework exercise "Replacing Fears with Positive Message" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client has followed through on making positive self-statements on a daily basis and recording them; these were reviewed and critiqued.
D. The client has been noted to be displaying a pattern of describing himself/herself more positively and is feeling increased self-esteem from it.
E. The client has not followed through on making one positive statement about himself/herself daily and was encouraged to do so.

19. Reinforce Positive Self-Statements (19)

A. The client was reinforced for any and all statements that reflected confidence in himself/herself and/or a positive self-assessment.
B. The client related incidents of accomplishment and he/she was reinforced for these accomplishments.
C. The client's frequency of making positive self-statements has increased as these statements have been reinforced.

20. Analyze Congruence of Values (20)

A. The client was helped to analyze his/her values and the congruence or incongruence between them and the client's daily activities.
B. The client was provided with positive feedback as his/her values and actions appear to be congruent.
C. The client was provided with feedback about how his/her values and actions do not appear to be congruent.

21. Assign Value-Congruent Activities (21)

A. The client was assisted in identifying activities that are congruent with his/her values.
B. The client was assigned to engage in activities that are congruent with his/her values.
C. The client's experiences of value-congruent activities were processed.
D. The client was assisted in improving his/her self-concept and self-esteem through the review of his/her value-congruent activities.

22. Assign Increased Eye Contact (22)

A. The client was assigned to make eye contact with whomever he/she is speaking to.
B. The client was assigned the homework exercise "Restoring Socialization Comfort" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client reported feeling very anxious while increasing his/her eye contact with others; this was normalized.

D. The client has begun to feel more comfortable with reasonable eye contact with others during social interaction; his/her progress was highlighted.
E. The client has not increased his/her level of eye contact and was redirected to do so.

23. Confront Lack of Eye Contact (23)

A. The client was provided with feedback when he/she was observed avoiding eye contact with others.
B. The client was confronted with any description of himself/herself that included a lack of eye contact within a social situation.
C. The client's lack of eye contact within the session was openly noted.
D. The client was reinforced for maintaining reasonable eye contact during the session.

24. Role-Play Social Skills (24)

A. Role-playing and behavioral rehearsal were used to teach the client social skills in greeting people and carrying conversation.
B. The client was reinforced for his/her increased frequency of speaking up with confidence in social situations since using role-playing to improve his/her social skills.
C. The client finds it difficult to implement new social skills because of his/her fear of rejection and lack of confidence; this pattern was processed.
D. The client was assigned to read the book *Shyness* (Zimbardo) in order to help him/her learn social skills and increase his/her confidence in social interaction.
E. The client has followed through on reading the assigned book and key concepts were processed.
F. The client has not followed through on reading the assigned book on social skills and was encouraged to do so.

25. Monitor Grooming and Hygiene (25)

A. The client's grooming and hygiene were monitored and feedback was given to him/her as to when he/she was negligent and when he/she was acting responsibly in these areas.
B. The client has pledged to take more responsibility for daily grooming and personal hygiene; he/she was provided with ongoing feedback about these improvements.
C. The client has accepted the feedback about his/her hygiene and personal grooming and has shown improvement in these areas.

26. Assign Mirror Exercise (26)

A. The client was assigned the task of looking at himself/herself in the mirror and talking positively about himself/herself.
B. The client has increased his/her ability to identify positive traits and talents about himself/herself as a result of the implementation of the mirror exercise; he/she was reinforced for this progress.
C. The client has not followed through on implementation of the mirror exercise and was encouraged to do so.

27. Assign a Building List of Positive Traits (27)

A. The client was asked to keep a building list of positive traits.
B. The client was assigned the homework exercise “Acknowledging the Strengths” from *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned the homework exercise “What Are My Good Qualities?” from *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was directed to add to his/her list of positive traits on a regular basis.
E. The client was directed to read the list of his/her positive traits within the session and was supported for doing so.
F. The client has not kept a list of positive traits and was redirected to develop this important resource.

28. Assign a Feelings Journal (28)

A. The client was asked to keep a daily journal of his/her emotions.
B. The client has increased his/her ability to identify feelings as he/she has kept a daily journal of feelings; this progress was reflected to him/her.
C. The client has not followed through on journaling his/her feelings and was encouraged to do so.

29. Identify Emotions (29)

A. The client was assisted in clarifying, identifying, and labeling his/her feelings.
B. The client was reinforced for his/her increased ability to identify and express his/her personal feelings.
C. The client continues to have difficulty in identifying and expressing his/her feelings; he/she was provided with tentative interpretations of his/her feelings.

30. Identify Unmet Needs (30)

A. The client was assisted in identifying his/her unmet emotional needs.
B. The client was assisted in developing a plan for meeting his/her needs for self-fulfillment that would result in increased self-esteem.
C. The client was reinforced as he/she has taken actions that helped him/her meet his/her own unmet emotional needs.

31. Conduct a Conjoint Session (31)

A. A conjoint and/or family session was held to support the client in expressing his/her unmet needs for self-fulfillment.
B. It was reflected to the client that he/she has made reasonable requests of others to assist him/her in having his/her emotional needs met.

32. Plan Need Fulfillment (32)

A. The client was assisted in developing a specific action plan to have his/her needs met that would result in increased feelings of self-esteem.
B. The client was assigned the homework exercise “Satisfying Unmet Emotional Needs” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was helped to articulate a plan to be proactive in having his/her identified needs met.

D. The client has begun to implement a plan of action and has begun to realize fulfillment of unmet emotional needs; the benefits of this progress were reviewed.
E. The client was noted to display increased self-esteem as his/her needs were met through his/her proactive actions.

33. Assign Praise Acceptance (33)

A. The client was assigned to be aware of and graciously acknowledge the praise and compliments of others.
B. The client was verbally reinforced as he/she recalled incidences when he/she was complimented by others and was able to accept these compliments graciously.
C. The client continues to discount the compliments of others and was confronted for doing so.

34. Teach Assertiveness (34)

A. The client was referred to an assertiveness training group that will educate and facilitate assertiveness skills.
B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness skills.
C. The client has demonstrated a clearer understanding of the differences between assertiveness, passivity, and aggressiveness; he/she was urged to use these skills.
D. The client displayed a poor understanding of assertiveness skills and was provided with remedial training in this area.

35. Analyze Life Goals (35)

A. The client was assisted in analyzing his/her life goals.
B. The client was led to assess whether his/her life goals were realistic and attainable.
C. The client was assisted in modifying some goals to make them more realistic and attainable.
D. The client was confronted when he/she refused to acknowledge that some of his/her life goals were unrealistic.
E. The client was reinforced for formulating goals that were realistic and attainable.

36. Assign Life Goals (36)

A. The client was assigned to make a list of goals for various areas of his/her life and a plan for steps toward goal attainment.
B. The client has followed through on making a list of goals for various areas of his/her life and has developed a plan for goal attainment; this plan was reviewed.
C. The client has formed appropriate, realistic, and attainable goals for himself/herself in many areas of his/her life and has begun to take steps to accomplish these goals; his/her progress was reinforced.
D. The client reported increased feelings of self-esteem as he/she has begun to accomplish goals set for life; he/she was reinforced for this progress.
E. The client has not developed a list of goals or plans for goal attainment and was redirected to do so.

37. List Accomplishments (37)

A. The client was asked to list his/her accomplishments and these accomplishments were integrated into his/her self-concept.

B. The client found it very difficult to identify accomplishments and, instead, discounted these; this was reflected to him/her.

C. The client has become more adept at tuning into his/her accomplishments and his/her self-esteem has been noted to be increasing.

MALE SEXUAL DYSFUNCTION

CLIENT PRESENTATION

1. Lack of Sexual Desire (1)*

A. The client describes a consistently very low desire for or pleasurable anticipation of sexual activity.
B. The client's interest in sexual contact is gradually increasing.
C. The client verbalized an increased desire for sexual contact, which is a return to previously established levels.

2. Avoidance of Sexual Contact (2)

A. The client reported a strong avoidance of and repulsion for any and all sexual contact with his respectful partner.
B. The client's repulsion for sexual contact has begun to diminish.
C. The client no longer has a strong avoidance of sexual contact and, in fact, has expressed pleasure with such contact.

3. Lack of Physiological Sexual Response (3)

A. The client has experienced a recurrent lack of the usual physiological response of sexual excitement and arousal.
B. Instead of indicating an interest in sexual contact, the client's physiological response to excitement is not present.
C. The client is gradually regaining the usual physiological response of sexual excitement and arousal.
D. The client reported that sexual contact resulted in a satisfactory level of physiological response of sexual excitement.

4. Lack of Subjective Enjoyment (4)

A. The client reported a consistent lack of a subjective sense of enjoyment and pleasure during sexual activity.
B. The client reported an increased sense of pleasure and enjoyment during recent sexual contact.
C. The client reported a satisfactory level of enjoyment and pleasure during recent sexual activity.

5. Delay in/Absence of Reaching Ejaculation (5)

A. The client reported a persistent delay in or absence of reaching ejaculation after achieving arousal and in spite of sensitive sexual pleasuring by a caring partner.
B. The client reported an improvement in time to reach ejaculation during sexual contact.

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C. The client reported a satisfactory response time to reaching ejaculation during sexual contact.

6. Genital Pain (6)

A. The client reported persistent genital pain before, during, or after sexual intercourse.
B. The client's genital pain associated with sexual intercourse has diminished.
C. The client reported no experience of genital pain before, during, or after sexual intercourse.

INTERVENTIONS IMPLEMENTED

1. Gather Sexual History (1)*

A. A detailed sexual history was gathered that examined current sexual functioning as well as childhood and adolescent experiences, level and sources of sexual knowledge, typical sexual practices, medical history, use of mood-altering substances, and lifestyle factors.
B. The client was reinforced as he provided detailed sexual history material regarding those things that he perceives had influence over his sexual attitudes, feelings, and behavior.

2. Assess Attitudes and Knowledge (2)

A. The client's attitudes regarding sex were assessed for contributions to his dysfunction.
B. The client's fund of knowledge regarding sex was assessed with a focus on how this can contribute to the dysfunction.
C. The client's self-talk about sex was assessed.
D. It was reflected to the client that his attitude, knowledge, emotions, and self-talk appear to be contributing to his sexual dysfunction.
E. It was reflected to the client that his attitude, knowledge, emotions, and self-talk do not appear to be contributing to his sexual dysfunction.

3. Explore Family-of-Origin Sexual Attitudes (3)

A. The client was asked to describe his perception of sexual attitudes that he learned from his family-of-origin.
B. The client was assigned "Factors Influencing Negative Sexual Attitudes" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was supported as he outlined what he saw as causes for his sexual inhibition and feelings of guilt, fear, and repulsion associated with sexual activity.
D. The client was guarded about possible family-of-origin causes for his sexual inhibitions and was gently offered examples of how this might occur.

4. Assess Depression (4)

A. The client's symptoms of depression were assessed for their frequency and severity.

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B. The client reported experiencing several key symptoms of depression and that depression of sexual desire coincided with the onset of the depression; these symptoms were reviewed.
C. It was noted that the client reported that his feelings of depression began long after the depression of sexual desire and performance.
D. It was noted that as the client's depression has lifted, his sexual desire and performance have improved significantly.
E. The client was assessed for depression symptoms, but no significant symptoms were identified.

5. Refer for Antidepressant Medication Evaluation (5)

A. The client was referred for an evaluation for an antidepressant medication.
B. As the client has consistently taken his antidepressant medication, he reported an improvement in mood and an increase in sexual desire; the benefits of this progress were reviewed.
C. It was noted that consistently taking antidepressant medication has not improved the client's sexual dysfunction.
D. The client has not taken his antidepressant medication regularly and was redirected to do so.
E. The client was assessed for the use of antidepressant medication, but no such prescription was provided.
F. The client has not complied for the evaluation for antidepressant medication and was redirected to do so.

6. Assess Substance Abuse Causes for Dysfunction (6)

A. The client's use or abuse of mood-altering substances was assessed.
B. The effects of the mood-altering substances on the client's sexual functioning were reviewed.
C. The client was referred for focused substance abuse counseling.
D. The client's use of mood-altering substances was reviewed and there appears to be no effect on his sexual functioning.

7. Assess Level of Insight (7)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. Assess for Correlated Disorders (8)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Assess Relationship (11)

A. The client was asked to share his thoughts and feelings regarding his relationship with his sexual partner.
B. The quality of the relationship was assessed in regard to satisfaction, distress, attraction, communication, and sexual repertoire.
C. The client was supported as he described a lack of harmony and fulfillment within the relationship with his partner and several areas of significant conflict that exist in the relationship with his partner.
D. The client described no significant relationship problems and this was accepted.
E. The assignment "Positive and Negative Contributions to the Relationship" from the *Adult Psychotherapy Homework Planner* (Jongsma) was used to help assess the quality of the relationship.

F. The focus of treatment was shifted more broadly to the relationship.
G. The focus of treatment was fine-tuned to the couple's sexual problems.

12. Conduct Couples Sex Therapy (12)

A. As the couple's problems go beyond sexual dysfunction, sex therapy was conducted in the context of couple's therapy.
B. As the couple's broader issues have been resolved, the focus has returned to the couple's sexual dysfunction.

13. Refer for Physician Evaluation (13)

A. The client was referred to a physician for a complete physical to rule out any organic basis for his sexual dysfunction.
B. The client has cooperated with a referral to a physician and has submitted to an examination to rule out any organic basis for his sexual dysfunction.
C. The client's physical did identify medical conditions and/or medications that may have a harmful effect on his sexual functioning.
D. An evaluation by a physician found no organic basis for the client's sexual dysfunction.
E. The client has not complied with the referral to a physician for a complete physical and was redirected to do so.

14. Encourage Treatment of Medical Condition (14)

A. The client was encouraged to follow his physician's recommendations regarding treatment of a diagnosed medical condition.
B. The client was encouraged to consult with his physician regarding medication that may be causing the sexual performance problems.
C. The client was reinforced for his follow-up of his physician's recommendations.
D. The client has not conducted appropriate follow-up with his physician's recommendations and was redirected to do so.

15. Discuss Medication Role (15)

A. A discussion was held regarding the contributory role that a diagnosed medical condition or prescribed medication might have on the client's sexual functioning.
B. The client demonstrated a clear understanding of how his medical condition may affect his sexual functioning; this insight was processed.
C. The client displayed an understanding about how his medication may affect his sexual functioning; these concerns were discussed openly.
D. The client was provided remedial feedback about medical issues that may affect his functioning.

16. Refer for Medication Evaluation (16)

A. The client was referred to a physician to evaluate whether a prescription of medication may help him overcome his sexual arousal disorder.
B. The physician has prescribed medication in an attempt to increase the client's sexual arousal response.

C. The client reported that the medication prescribed by the physician to enhance his sexual arousal response has had a positive impact.
D. The client reported that the medication prescribed by the physician to increase his sexual arousal response has not had any noticeable impact.

17. Encourage Couples Sex Therapy (17)

A. The client and his significant other were encouraged to participate in couples sex therapy.
B. The couple has been involved in couples sex therapy and the benefit of this treatment was reviewed.
C. As a partner for the client is not available, he was encouraged to participate in sex therapy on an individual basis.

18. Hold Conjoint Sessions (18)

A. Conjoint sessions were held between the client and his partner that focused on conflict resolution, expression of feelings, and sex education.
B. During the conjoint session, both partners shared their thoughts and feelings regarding their perception of the relationship.
C. In today's conjoint session, both partners identified what each perceived as significant problems within their relationship that influenced their sexual activity.
D. The partners seemed guarded about describing factors in their relationship that influence their sexual activity and were gently asked about specific areas.

19. Educate About Normal Sexual Functioning (19)

A. The client and partner were educated about normal sexual functioning, sexual dysfunction, and the cognitive, emotional, behavioral, and interpersonal factors that contribute to function or dysfunction.
B. The client and partner were reinforced for a clear understanding of the information about normal sexual functioning and sexual dysfunction.
C. The client and partner did not display a clear understanding of the issues related to normal sexual functioning and sexual dysfunction and were provided with remedial feedback in this area.

20. Assign Sexuality Books (20)

A. The client was assigned books on human sexuality that provide accurate sexual information and outline sexual exercises that disinhibit and reinforce sexual sensate focus.
B. The client has followed through on reading the assigned books on human sexuality and has found them informative and helpful in reducing his inhibition in the sexual arena.
C. As a result of reading books on human sexuality, the client has verbalized more positive and healthy attitudes regarding his sexual feelings and behavior; his progress was reinforced.
D. The client has not followed through on reading the books on human sexuality and was encouraged to do so.

21. Model Open Sexual Communication (21)

A. The client/couple was taught, through modeling, to talk freely and respectfully regarding sexual body parts, feelings, and behavior.
B. The client was reinforced for speaking more freely and openly regarding his sexual feelings and behavior, as well as using anatomically correct labels for sexual body parts.
C. The client has continued to show strong inhibition regarding talking openly and freely regarding sexual material; he was encouraged to become more open about these issues.

22. Reinforce Open/Positive Sexual Communication (22)

A. The client was reinforced for talking freely, knowledgeably, and positively regarding sexual thoughts, feelings, and behavior.
B. The client was reinforced for his healthy and accurate knowledge of sexuality as displayed by freely verbalizing adequate information of sexual functioning using appropriate terms for sexually related body parts.
C. The client continues to experience strong inhibition regarding talking openly and knowledgeably regarding his experience of human sexuality; he was encouraged to increase his openness as he feels capable of doing so.

23. Explore Fears of Sexual Inadequacy (23)

A. The client's fear of inadequacy as a sexual partner was explored.
B. As the client acknowledged his fears of inadequacy regarding sexual performance and body image, he was helped to make a connection to avoiding sexual activity with his partner.
C. An attempt was made to reduce the client's fears of sexual inadequacy and to have his feelings of positive self-image associated with sexuality.
D. The client was assigned the homework exercise "Positive Self Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma).
E. As the client has developed a more positive self-image and increased his feelings of self-esteem, his interest in sexual activity has been noted to increase.

24. Assign List of Body Assets (24)

A. The client was assigned to make a list of the assets of his body.
B. The client was assigned the homework exercise "Study Your Body: Clothed and Unclothed" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's unrealistic distortions and critical comments were confronted and redirected.
D. It was reflected to the client that he has an accurate body image.

25. Explore Body Image Feelings (25)

A. The client was assisted in exploring his feelings regarding his body image.
B. A focus was held on the causes for the client's negativism toward his body image.
C. As the client has been assisted in exploring his thoughts and feelings about his body image, he has become less negative about his body image.

26. Explore Feelings of Threat (26)

A. The client's feelings of threat, brought on by the perception of his partner as being sexually aggressive or critical, were explored.

B. The client was reinforced for communicating his feelings of threat to his partner, which were based on a perception of his partner being too sexually aggressive or too critical of him.

C. As the client has been freer to communicate his feelings of threat to his partner, sexual satisfaction has increased; the benefits of this progress were reviewed.

27. Explore Automatic Thoughts (27)

A. The client's automatic thoughts that trigger negative emotions before, during, and after sexual activity were explored.

B. Today's session focused on the several negative cognitive messages that trigger feelings of fear, shame, anger, and grief during sexual activity.

C. The client was unable to identify his automatic thoughts that trigger negative emotions before, during, and after sexual activity and was gently offered examples in this area.

28. Teach Healthy Self-Talk (28)

A. The client was taught healthy alternative thoughts that will mediate pleasure, relaxation, and disinhibition during sexual activity.

B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has begun to implement positive and healthy self-talk and reported that he is experiencing more relaxed feelings of pleasure during sexual activity.

D. The client has not implemented the healthy self-talk techniques and was redirected to do so.

29. Use Cognitive Therapy Techniques (29)

A. Cognitive therapy techniques were used to help the client counter self-defeating thoughts.

B. The client was assisted in identifying and challenging negative self-talk.

C. The client was assisted in challenging his attentional focus (e.g., spectatoring).

D. The client was assisted in identifying and correcting misinformation and beliefs that perpetuate the dysfunction.

E. The client was assisted in replacing his/her self-defeating thoughts with those that facilitate sexual functioning.

30. List Sexual Arousal Conditions (30)

A. The couple was assigned to list conditions and factors that positively affect their sexual arousal.

B. The client's list of conditions that positively affect their sexual arousal was processed.

C. The couple failed to identify many conditions or factors that positively affect their sexual arousal and were assisted with suggestions, such as setting, time of day, atmosphere, and so on.

31. Assign Sexual Awareness Exercises (31)

A. The client was assigned body exploration and sexual awareness exercises to reduce his inhibition and to desensitize his sexual aversion.

B. The client has followed through on body exploration and sexual awareness exercises and reports a reduction in sexual inhibitions; the benefits of this progress were reviewed.
C. The client has not followed through on implementing the body exploration and sexual awareness exercises and was encouraged to do so.

32. Assign Sexual-Pleasuring Exercises (32)

A. The client was assigned graduated steps of sexual-pleasuring exercises with his partner to reduce performance anxiety and focus on experiencing bodily arousal sensations.
B. "Journaling the Response to Nondemand Sexual Pleasuring (Sensate Focus)" in the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to the client.
C. The client has followed through on practicing sensate focus exercises both alone and with his partner; his experience was reviewed and processed.
D. Active listening was used as the client shared his feelings associated with his sexual-pleasuring exercises and reported an increased satisfaction with the sexual activity.
E. The client has not followed through on performing the graduated steps of sexual-pleasuring exercises and was encouraged to do so.

33. Construct Hierarchy of Anxiety-Producing Sexual Situations (33)

A. The client was directed to construct a hierarchy of anxiety-producing sexual situations associated with performance anxiety.
B. The client was assisted in constructing a hierarchy of anxiety-producing sexual situations associated with performance anxiety.
C. The client has developed a hierarchy of sexual situations, rating them from the least anxiety-producing to the most anxiety-producing; this hierarchy was reviewed in session.
D. The client has not constructed a hierarchy of anxiety-producing sexual situations and was redirected to do so.

34. Teach Attentional Strategies for Moving Up the Hierarchy (34)

A. The client was taught attentional strategies (e.g., focus on partner, avoid spectatoring).
B. Initial in vivo or imaginal exposures were selected with a bias toward those that have a high likelihood of being a successful experience for the client.
C. The client and/or the couple were directed to gradually move up the hierarchy until associated anxiety has waned.
D. The client was assigned "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma).
E. The client was reinforced for his successful movement up the hierarchy of anxiety-producing sexual situations.
F. The client has failed to move up the hierarchy of anxiety-producing sexual situations and was assisted in brainstorming about how to do so.

35. Encourage Sexual Assertiveness (35)

A. The client was encouraged to be more assertive in expressing his feelings of sexuality and sexual play with his partner.

B. The client reported that he has engaged in more assertive behaviors that have allowed him to share his sexual needs, feelings, and desires with his partner; these experiences were reinforced.
C. The client reported behaving in a more sensuous way and expressing pleasure more freely in sexual contact; the benefits of this progress were highlighted.
D. The client has not been more sexually assertive and this resistance was processed.

36. Reinforce Disinhibition (36)

A. The client was given encouragement for less inhibited, less constricted sexual behavior with his partner.
B. The client was assigned body-pleasuring exercises that would focus on decreasing inhibition and increasing the freedom of sexual behavior with his partner.
C. The client has followed through on completing the body-pleasuring exercises and has reported an increased feeling of freedom to express himself sexually; the benefits of this progress were reviewed.
D. The client has not followed through on the body-pleasuring exercises with his partner and was encouraged to do so.

37. Assign Books on Sexuality (37)

A. The client was assigned reading material regarding sex and sexuality.
B. The client was assigned to read *Sexual Awareness* (McCarthy and McCarthy).
C. The client was assigned to read *The Gift of Sex* (Penner and Penner).
D. The client was assigned to read *In the Mood Again: A Couple's Guide to Reawakening Sexual Desire* (Cervenka).
E. The client was assigned to read *The Joy of Sex* (Comfort).
F. The client has read the assigned material and key concepts were processed.
G. The client has not read the assigned material and was redirected to do so.

38. Encourage Sexual Experimentation (38)

A. The client was encouraged to experiment with coital positions and environmental settings for sexual play that could increase his feelings of security, arousal, and satisfaction.
B. The client has implemented changes in coital positions and environmental settings for sexual play and reported increased feelings of security, arousal, and satisfaction; the benefits of this progress were reinforced.
C. The client has been resistant to making changes in the pattern of sexual activity with his partner and was encouraged to do so.

39. Teach the Squeeze Technique or Preintercourse Masturbation (39)

A. The client was taught the penis squeeze technique or preintercourse masturbation to retard premature ejaculation.
B. *The Illustrated Manual of Sex Therapy* (Kaplan) was used to help teach the client and his partner about the use of the squeeze or pre-intercourse masturbation techniques.

C. Techniques have been implemented by the client during sexual intercourse and premature ejaculation has been delayed; the benefits of this technique were reviewed.
D. The client reported feelings of satisfaction with the delay in ejaculation produced by the technique and is now more desirous of sexual contact; he was encouraged to use this technique.
E. Implementation of the technique has not been successful at reducing the speed of ejaculation; the problems with using this technique were reviewed and resolved.

40. Explore Religious Training/Sexual Attitudes (40)

A. The roles of religious training and reinforcing feelings of guilt and shame surrounding sexual behavior and thoughts were explored with the client.
B. The client verbalized an understanding of how his religious training negatively influenced his sexual thoughts, feelings, and behavior; these were processed.
C. The client could not identify any religious training effects on his sexual thoughts, feelings, and behavior and was gently offered examples of how this sometimes occurs.

41. Teach Insight Into the Past (41)

A. The client was helped to develop insight into the role of past negative sexual experiences in creating current adult dysfunction.
B. The client verbalized an understanding of the role of past negative sexual experiences and the development of dysfunctional sexual attitudes and responses in the present; he was assisted in applying these concepts to his own past.
C. The client was reinforced as he made a commitment to put the negative attitudes and experiences in the past and to make a behavioral effort to become free from those influences.

42. Explore Sexual Abuse (42)

A. The client's history was explored for sexual traumas or abuse.
B. The client was supported as he identified a history of sexual abuse as a child and acknowledged how this abuse has had a negative impact on sexual feelings and thoughts.

43. Process Sexual Trauma (43)

A. The client's feelings surrounding an emotional trauma in the sexual arena were processed.
B. The client was assisted in resolving his feelings regarding his sexual trauma.
C. The client's childhood sexual abuse experiences have been resolved to the point that they no longer exercise a strong negative impact over current sexual attitudes, behavior, and feelings; his progress was highlighted.
D. The client's problems related to sexual trauma do not appear to be easily resolved and the focus of treatment has been switched to this area.

44. Explore Sex Role Models (44)

A. The client's sex role models who influenced him during his childhood or adolescence were explored.

B. The client's understanding of the connection between the lack of positive sexual role models in childhood and his current adult sexual dysfunction was assessed and processed.
C. The client failed to make a connection between the lack of positive sexual role models in childhood and his current adult dysfunction and was gently offered examples in this area.

45. Explore Failed Relationships (45)

A. The client's fears surrounding intimate relationships were explored along with his history of previously failed relationships.
B. The client was supported as he acknowledged that fear of intimacy was related to a history of painful, previously failed relationships.
C. As the client has resolved some of his fears regarding intimate relationships, sexual dysfunction problems have dissipated; this progress was highlighted.

46. Explore a Secret Sexual Affair (46)

A. After inquiry, the client identified a secret sexual affair that has contributed to his sexual dysfunction with his partner.
B. The client was supported as he acknowledged his need to terminate one of his intimate relationships in order to focus emotional investment into the other intimate relationship.
C. The client acknowledged that keeping a secret affair from his current partner has interfered with his ability to be sexually intimate; he was helped to develop options in the area.
D. The client was asked about the possibility of a secret sexual affair that has contributed to his sexual dysfunction with his partner and he denied any such affair.

47. Process Termination of Conflicting Relationship (47)

A. The client was assisted in processing a decision regarding the termination of one of the relationships that is leading to internal conflict over the dishonesty and disloyalty to a partner.
B. The client has decided to terminate his affair outside of his primary relationship and this decision was affirmed and processed.
C. The client has decided to end his primary relationship and pursue his alternative relationship; the effects of this decision were processed.

48. Explore a Gay Interest (48)

A. Possible gay sexual urges that have predominated any heterosexual interests were assessed.
B. The client was assigned "Journal of Sexual Thoughts, Fantasies, Conflicts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was supported as he acknowledged that his gay attraction is a major factor in his sexual dysfunction with his partner.
D. The client was reinforced as he has agreed to share his gay interest with his female partner and to discuss the future of their relationship.
E. The client was asked about possible homosexual urges and he denied any such urges.

49. Explore Extrarelational Stressors (49)

A. Stressors that may interfere with the strength of sexual desire or performance were explored.
B. The client identified stressors in the areas of work, social relationships, and family responsibilities and was assisted in identifying how these stressors drain energy away from sexual desire.
C. The client was assisted in developing coping strategies to reduce the degree of stress that interferes with sexual interest or performance.
D. The client reported that sexual arousal and performance have increased as the degree of stress with other areas of life has been reduced; the benefits of this progress were reviewed.
E. The client has not implemented coping strategies for his stressors and was redirected to do so.

MEDICAL ISSUES

CLIENT PRESENTATION

1. Chronic Medical Condition (1)*

A. The client presented with chronic medical problems that are having a negative impact on his/her daily living.
B. The client has pursued treatment for his/her medical condition.
C. The client has refused treatment for his/her medical condition.
D. The client has not sought treatment for his/her medical condition because of a lack of insurance and financial resources.
E. The client's serious medical condition has been under treatment and is showing signs of improvement.

2. Acute Medical Condition (2)

A. The client has been diagnosed with an acute, serious medical illness.
B. The client has been informed that his/her medical illness is life threatening.
C. The client has pursued treatment for his/her medical condition.
D. The client has refused treatment for his/her medical condition.
E. The client's serious medical condition has been under treatment and is showing signs of improvement.

3. Chronic Illness That Will Lead to an Early Death (3)

A. The client has been diagnosed with a chronic illness, which is expected to lead to an early death.
B. The client has been in a state of denial regarding his/her chronic illness and the fact that this illness will eventually lead to an early death.
C. The client has pursued treatment for his/her medical condition.
D. The client has not pursued treatment for his/her medical condition.
E. The client is coming to terms with the reality of his/her chronic illness and impending mortality.

4. Depression Symptoms (4)

A. The client reported that he/she feels deeply sad and has periods of tearfulness on an almost daily basis.
B. The client has withdrawn from social relationships that were important to him/her.
C. The client described symptoms of anxiety or worry about his/her medical concerns.
D. The client reported a diminished interest in or enjoyment of activities that were previously found to be pleasurable.

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E. The client reported that he/she feels a very low level of energy compared to normal times in his/her life.
F. The client's depression symptoms have begun to alleviate.

5. Suicidal Ideation (5)

A. The client expressed that he/she is experiencing suicidal thoughts, but has not taken any action on these thoughts.
B. The client reported suicidal thoughts that have resulted in suicidal gestures.
C. Suicidal urges have been reported as diminished as the depression has lifted.
D. The client denied any suicidal thoughts or gestures and is more hopeful about the future.

6. Denial of Seriousness of the Medical Condition (6)

A. The client tends to downplay the seriousness of the medical condition.
B. The client has not accessed appropriate medical care due to his/her denial of the seriousness of his/her medical condition.
C. As treatment has progressed, the client has become more realistic about the seriousness of his/her medical condition and has taken the necessary steps to obtain medical care.

7. Poor Cooperation With Treatment (7)

A. The client has refused to cooperate with recommended medical treatments.
B. The client needs considerable support and urging to continue with medical procedures.
C. As treatment has progressed, the client has become more accepting of the need for recommended medical treatments and is more cooperative.

8. HIV Positive (8)

A. The client reported that he/she has tested positive for the human immunodeficiency virus (HIV).
B. The client has been HIV positive for many months but has had no serious deterioration in his/her condition.
C. The client is obtaining consistent medical care for his/her HIV status.
D. The client has refused medical care for his/her HIV-positive status and tends to be in denial about the seriousness of this situation.

9. AIDS (9)

A. The client's HIV-positive status has resulted in the development of acquired immune deficiency syndrome (AIDS).
B. The client's medical condition resulting from AIDS has deteriorated and his/her anxiety and depression have increased.
C. Although the client has serious AIDS complications, he/she remains at peace and is getting good medical care.

10. Chemical Dependence Complications (10)

A. Because of the client's chronic chemical dependence history, he/she has developed medical complications.

B. The client has accepted that he/she has deteriorated medically because of his/her chemical dependence pattern and has terminated substance abuse.
C. The client is in denial about the effects of his/her substance abuse and continues this self-destructive pattern.
D. The client's medical condition has improved subsequent to termination of substance abuse.

11. Psychological/Behavioral Complications (11)

A. The client's current medical condition is complicated by psychological and behavioral factors that influence the course of the disease.
B. The client is in denial about the psychological and behavioral factors that are having a negative impact on his/her medical condition.
C. The client acknowledges that there are psychological and behavioral factors that are influencing his/her medical condition and is willing to seek treatment for these problems.

12. Health Neglect (12)

A. The client described a history of neglecting his/her physical and medical problems.
B. The client continues to refuse medical evaluation and treatment for physical problems.
C. The client has agreed to seek medical treatment and has followed through on this recommendation.
D. After receiving medical treatment, the client's physical and medical conditions have improved significantly.

INTERVENTIONS IMPLEMENTED

1. Gather Medical History (1)*

A. Facts regarding the client's medical condition were gathered, including diagnosis, symptoms, treatment, and prognosis.
B. The client was supported as he/she provided a comprehensive history of his/her medical condition.
C. The client was urged to obtain more complete information regarding his/her medical diagnosis, symptoms, treatment, and prognosis.
D. The therapeutic alliance was developed.

2. Contact Physician/Family (2)

A. Informed consent was obtained to allow contact with the client's treating physician and family members.
B. The client's physician was contacted to obtain additional medical information regarding the client's diagnosis, treatment, and prognosis.
C. The client's family members were contacted for additional information about his/her diagnosis, treatment, and prognosis.

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D. The client declined to provide informed consent for contact with his/her physician and family members and this decision was accepted.

3. Explore Chemical Abuse (3)

A. The role of chemical abuse in the client's medical condition was explored.
B. The client confirmed that he/she has a problem with chemical dependence and this has had a negative impact on his/her medical condition.
C. The client denied a chemical dependence problem in spite of evidence that such a problem may exist.

4. Recommend Chemical Dependence Treatment (4)

A. A recommendation for chemical dependence treatment was given to the client.
B. The client has accepted the recommendation for chemical dependence treatment and has terminated his/her substance abuse.
C. The client has refused chemical dependence treatment and continues to use substances that have a negative impact on his/her medical condition.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Identify Emotional Reactions (9)

A. The client was helped to identify, clarify, and express his/her feelings associated with the serious medical condition.
B. The client denied any significant emotional reaction to his/her serious medical condition; this was accepted at face value.
C. The client was openly supported as he/she expressed his/her feelings regarding the medical condition.

10. Clarify Family Members' Feelings (10)

A. A family session was held to facilitate the clarifying and sharing of possible feelings of guilt, anger, or helplessness associated with the client's medical condition.
B. Support was provided as the family members expressed their emotions regarding the client's medical condition.
C. Family members were quite guarded about their emotions relating to the client's medical condition and were provided with examples of likely emotions in this situation.

11. List Negative Consequences of Medical Condition (11)

A. The client was assigned to list the negative consequences that have occurred because of his/her medical condition.
B. The client was assigned the homework exercise "The Impact of My Illness" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client minimized the negative impact of his/her medical condition and was confronted for this pattern.
D. The client has completed his/her list of the negative impacts of his/her medical condition and has acknowledged the negative consequences he/she has experienced; this insight was reinforced.
E. The client has not completed the list of negative impacts of his/her medical condition and was redirected to do so.

12. Teach Grief Stages (12)

A. The client was educated regarding the stages of the grieving process.
B. The client's understanding of the stages of the grieving process were checked for accuracy.
C. The client was reinforced for identifying his/her current stage of grieving.

13. Assign Grief Books (13)

A. Several books on the grieving process were recommended to the client.
B. The client was referred to the following books about grief: *Good Grief* (Westberg), *How Can It Be Alright When Everything Is All Wrong?* (Smedes), and *When Bad Things Happen to Good People* (Kushner).
C. The client has read the material on the grieving process and content from that material was processed.
D. It was reflected to the client that he/she has a greater understanding of the steps of the grieving process.
E. The client has not followed through on reading the grief material and was encouraged to do so.

14. Confront Denial (14)

A. The client's denial of the seriousness of his/her medical condition was confronted and he/she was reinforced for showing any acceptance of it.
B. The client accepted the confrontation regarding the seriousness of his/her medical condition and verbalized increased acceptance of the need for medical intervention.
C. The client continues to be in denial regarding the seriousness of his/her medical condition in spite of confrontation and educational efforts.

15. Process Fears (15)

A. The client's fears associated with medical treatment, deterioration of physical health, and possibility of death were explored.
B. The client was assigned the homework exercise "How I Feel About Medical Treatment" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was helped to normalize and process his/her fears associated with his/her medical treatment, deterioration of physical health, and possible death.
D. The client was assisted in resolving his/her fears regarding medical treatment, deterioration of physical health, and impending death.
E. The client was quite guarded about his/her fears about medical treatment, deterioration of physical health, and possible death and was encouraged to be more open in this area as he/she feels capable of doing so.

16. Normalize Emotions (16)

A. The client's feelings of grief, sadness, and anxiety associated with his/her medical condition were normalized.
B. The client was encouraged to verbalize his/her normal feelings of grief, sadness, and anxiety with his/her significant others and medical personnel.

17. Assess/Treat Depression or Anxiety (17)

A. The client was assessed for the presence of depression and anxiety disorders.

B. The client was assessed as experiencing significant depression symptoms and the focus of treatment was switched to this area.

C. The client was identified as experiencing an anxiety disorder and the focus of treatment was switched to this area.

D. The client was assessed for depression and anxiety disorder concerns but no significant concerns were identified in this area.

18. Use Stress Inoculation Training (18)

A. Stress Inoculation Training approaches were used to help the client develop knowledge and skills for managing stressful reactions.

B. The client was assisted in identifying stressful reactions, including internal and external triggers.

C. The client was assisted in identifying coping strengths.

19. Direct Self-Monitoring (19)

A. The client was asked to self-monitor his/her internal and external triggers for his/her stressful reactions as well as coping strengths.

B. The client was asked to collect data about his/her triggers and strengths.

C. The client has monitored and collected data on his/her triggers and strengths and this was processed.

D. The client has not monitored and collected data and was redirected to do so.

20. Teach Conceptualization of Stress (20)

A. The client was taught about conceptualizing stress as having different phases.

B. The client was encouraged to identify stress reactions related to anticipation, management/coping, handling feelings, and reflecting on coping efforts.

C. The client was provided with accurate information about the medical condition and stress management.

D. The client was assisted in correcting misinformation and debunking myths.

21. Refer to Reliable Reading Material (21)

A. The client and his/her family were referred to reliable reading material or internet resources for accurate information regarding the medical condition and the effect of stress.

B. The client was assigned the homework exercise “Pain and Stress Journal” from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client’s reading material was reviewed and processed.

22. Develop Coping Plan (22)

A. The client was assisted in developing a personalized coping plan for preventing or managing stressful reactions.

B. The client was assisted in developing coping skills such as relaxation, exercise, cognitive reframing, and problem solving.

C. The client was reinforced for his/her use of the coping plan.
D. The client has struggled to effectively use the coping plan and these difficulties were problem-solved.

23. Conduct Skills Training (23)
A. The client was assisted in building specific skills to cope with stressors.
B. The client's prior effective coping strategies were built upon.
C. The client was taught new skills for specific stressors.

24. Train on Interpersonal Coping Skills (24)
A. The client was trained on problem-focused personal and interpersonal coping skills.
B. The client was taught problem-solving techniques.
C. The client was taught communication techniques and conflict-resolution techniques.
D. The client was urged to access social supports.

25. Train on Emotionally Focused Coping Skills (25)
A. The client was taught about emotionally focused coping skills.
B. The client was taught about calming skills.
C. The client was taught about perspective taking.
D. The client was taught about emotional regulation.
E. The client was taught about cognitive reframing.

26. Encourage Skill Development (26)
A. The client was encouraged to rehearse and practice coping skills in session through imagery or behavioral rehearsal.
B. The client was provided with feedback about his/her use of skills.

27. Facilitate Generalization of Skills (27)
A. The client was urged to generalize his/her skills into everyday life.
B. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned the homework exercise "Journal/Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was provided with homework focusing on applying coping skills to gradually more demanding stressful situations.
E. The client was assisted in reviewing his/her use of coping skills, reinforcing success and problem solving for obstacles.

28. Encourage Internalization of Skills (28)
A. The client was urged to build self-efficacy by taking credit for his/her improvement.
B. The client was noted to be making self-attributions for change.
C. The client tended to defer credit for his/her improvement and he/she was redirected.

29. Teach Relapse Prevention Skills (29)
A. The client was taught to distinguish between a lapse and relapse.

B. The client was taught to identify and rehearse management of high risk situations.
C. The client was urged to build a less stressful lifestyle.
D. The client was urged to utilize booster sessions when needed.

30. Include Significant Others in Intervention Plans (30)

A. The client was urged to including significant others in his/her intervention plan.
B. An attempt was made to create a reinforcing social system and social support for the client.

31. Monitor Medical Treatment (31)

A. The client was monitored for follow-through on physician's orders and on the effectiveness of the treatment.
B. The client has failed to consistently follow through with the physician's orders regarding medical treatment and was encouraged to comply.
C. The client was reinforced as he/she complied with the physician's recommendations for medical treatment and his/her condition has improved.

32. Explore Misconceptions (32)

A. Confounding factors (e.g., client misconceptions, fears, situational factors) were explored as to how they interfere with the client's medical treatment compliance.
B. The client was assigned the homework exercise "How I Feel About My Medical Treatment" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in gaining more complete information to clear up misconceptions regarding his/her medical treatment.
D. The client was given support regarding his/her fears about his/her medical treatment.
E. The client was assisted in resolving situational factors that interfere with his/her medical treatment compliance.

33. Confront Defense Mechanisms (33)

A. The client was assessed for defense mechanisms (e.g., manipulation, passive-aggressive behavior, denial) that would block his/her compliance with the medical treatment regimen.
B. The client was confronted for his/her pattern of manipulation.
C. The client has been passive-aggressive and was provided with confrontation and examples in this area.
D. It was reflected to the client that he/she has been experiencing denial and that this has affected his/her compliance with the medical treatment regimen.

34. Identify Available Activities (34)

A. The client was assisted in identifying activities that he/she can still enjoy on his/her own.
B. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in identifying activities that he/she can still enjoy with others.
D. The client failed to identify activities that he/she can still enjoy and was gently offered examples in this area.

35. Solicit Commitment to Increased Activity (35)

A. The client was asked to commit to increasing his/her activity level by engaging in enjoyable and challenging activities.
B. The client agreed to increase his/her activity level by engaging in enjoyable and challenging activities; he/she was reinforced for this decision.
C. The client was reinforced for his/her increased participation in enjoyable and challenging activities.
D. The client has declined to increase the frequency of engaging in enjoyable and challenging activities and was reminded about the helpful effects of this type of activity.

36. Encourage Spiritual Activity (36)

A. The client was encouraged to rely on his/her spiritual faith in terms of its promises and activities as a source of support.
B. The client has implemented acts of spiritual faith as a source of comfort and hope to help deal with the feelings of grief; this use of his/her faith was reviewed and reinforced.
C. The client has not used his/her spiritual faith as a source of support and was encouraged to do so.

37. Refer to Support Group (37)

A. The client was referred to a support group related to his/her physical condition.
B. The client has attended a support group and reported it to be a positive experience.
C. The client has learned more about his/her medical condition and has decreased his/her denial about the medical condition since attending a medical support group.
D. The client has refused to attend a medical support group and was encouraged to do so.

38. Refer Family to Support Group (38)

A. The client's family was referred to a support group associated with the client's medical condition.
B. The client's family has attended a support group and was noted to see it as a positive experience.
C. The client's family has learned more about the client's medical condition and has decreased their denial about the medical condition since attending the support group; this progress was reinforced.
D. The family members have not attended the support group and were redirected to do so.

39. Teach About Relaxing Imagery (39)

A. The client was taught about the use of positive, relaxing, healing imagery to reduce stress and promote peace of mind.
B. The client was assisted in practicing the use of healing imagery within the session.
C. The client reported implementation of positive, relaxing, healing imagery to reduce stress and promote peace of mind, and his/her experience in this area was reviewed.
D. The client has not used imagery to reduce stress and promote peace of mind and his/her failure to do so was reviewed.

40. Encourage Reliance on Faith-Based Promises (40)

A. The client was encouraged to rely on his/her faith-based promises of God's love, presence, caring, and support to bring peace of mind.
B. The client was helped to identify how he/she uses faith-based promises of God's love, presence, and caring.

41. Assess Emotional Support Resources (41)

A. The client's sources for emotional support were probed and evaluated.
B. The client was assigned the homework exercise "Past Successful Anxiety Coping" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's family's resources for emotional support were probed and evaluated.
D. The client and his/her family were identified as having adequate resources for emotional support.
E. The client and his/her family were identified as having limited resources for emotional support and were encouraged to obtain more support.

42. Encourage Reaching Out for Support (42)

A. The client was encouraged to reach out for support from church leaders, extended family, hospital social services, community support groups, and God.
B. The client's family members were encouraged to reach out for support from church leaders, extended family, hospital social services, community support groups, and God.
C. The client and family members have reached out for support from appropriate resources and the benefits of this support were reviewed.
D. The client has not reached out for additional emotional support and was encouraged to use these helpful resources.

43. Identify Unspoken Family Fears (43)

A. The client's partner and family members were encouraged to verbalize their unspoken fears about the client's possible death.
B. Empathy was provided for the family members' feelings of panic, helpless frustration, and anxiety.
C. The client was provided with reassurances of God's presence as the giver and supporter of life.

44. Assess Sexually Transmitted Disease (STD) Behaviors (44)

A. The client's behavior was assessed for the presence of behaviors related to contracting sexually transmitted diseases and potentially contracting HIV.
B. The client acknowledged that he/she does engage in high-risk behaviors that would increase the potential for contracting an STD and HIV.
C. The client denied any high-risk behaviors associated with STDs.
D. The client has agreed to terminate high-risk behaviors that increase the probability of contracting STDs.

45. Refer to Public Health/Physician (45)

A. The client was referred to the public health department or a private physician for testing, education, and treatment of an STD and/or HIV.

B. The client accepted the referral to medical resources for STD and HIV testing, education, and treatment.

C. The client refused to accept the referral to medical resources for STD and HIV testing, education, and treatment.

46. Monitor STD/HIV Follow-Through (46)

A. The client has followed through with pursuing medical treatment for his/her STD.

B. The client has followed through with obtaining medical treatment for his/her HIV condition.

C. The client has not followed through with pursuing medical treatment and was strongly encouraged to do so.

47. Identify Lifestyle Contribution (47)

A. The client was taught how lifestyle and emotional distress can have a negative impact on his/her medical condition.

B. The client's lifestyle and emotional state were reviewed in order to identify factors that may have a negative impact on his/her medical condition.

C. The client acknowledged emotional stress and behavior patterns that probably had a negative impact on his/her medical condition.

D. The client was in denial regarding the contribution of emotional status and behavior patterns to his/her medical condition.

48. List Supportive Health Behaviors (48)

A. The client was assisted in making a list of things that he/she could do to help maintain his/her physical health.

B. The client has listed changes in his/her behavior, nutrition, and emotional reactivity that could have a positive impact on his/her physical health.

C. The client has implemented changes in his/her life that indicate an acceptance of holistic health principles.

OBSESSIVE-COMPULSIVE DISORDER (OCD)

CLIENT PRESENTATION

1. **Recurrent/Persistent Thoughts (1)***

A. The client described recurrent and persistent thoughts or impulses that are viewed as senseless, intrusive, and time-consuming and that interfere with his/her daily routine.
B. The intensity of the recurrent and persistent thoughts and impulses is so severe that the client is unable to efficiently perform daily duties or interact in social relationships.
C. The strength of the client's obsessive thoughts has diminished and he/she has become more efficient in his/her daily routine.
D. The client reported that the obsessive thoughts are under significant control and he/she is able to focus attention and effort on the task at hand.

2. **Failed Control Attempts (2)**

A. The client reported failure at attempts to control or ignore his/her obsessive thoughts or impulses.
B. The client described many different failed attempts at learning to control or ignore his/her obsessions.
C. The client is beginning to experience some success at controlling and ignoring his/her obsessive thoughts and impulses.

3. **Recognize Internal Source of Obsessions (3)**

A. The client has a poor understanding that his/her obsessive thoughts are a product of his/her own mind.
B. The client reported that he/she recognizes that the obsessive thoughts are a product of his/her own mind and are not coming from some outside source or power.
C. The client acknowledged that the obsessive thoughts are related to anxiety and are not a sign of any psychotic process.

4. **Compulsive Behaviors (4)**

A. The client described repetitive and intentional behaviors that are performed in a ritualistic fashion.
B. The client's compulsive behavior pattern follows rigid rules and has many repetitions to it.
C. The repetitive and intentional behaviors of the client are performed in response to obsessive thoughts.
D. The client's repetitive and compulsive behavior is engaged in to prevent some dreaded situation from occurring, which the client is often not able to define clearly.
E. The client's repetitive and compulsive behavior rituals are not connected in any realistic way with what the client is trying to prevent or neutralize.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

F. The client's anxiety over some dreaded event has diminished significantly and his/her compulsive rituals have also decreased in frequency.
G. The client has not engaged in any ritualistic behaviors designed to prevent some dreaded situation.

5. Compulsions Seen as Unreasonable (5)

A. The client acknowledged that his/her repetitive and compulsive behaviors are excessive and unreasonable.
B. The client's recognition of his/her compulsive behaviors as excessive and unreasonable has provided good motivation for cooperation with treatment and follow-through on attempt to change.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. Today's clinical contact focused on building the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
B. Empathy and support were provided for the client's expression of thoughts and feelings during today's clinical contact.
C. The client was provided with support and feedback as he/she described his/her maladaptive pattern of anxiety.
D. As the client has remained mistrustful and reluctant to share his/her underlying thoughts and feelings, he/she was provided with additional reassurance.
E. The client verbally recognized that he/she has difficulty establishing trust because he/she has often felt let down by others in the past, and he/she was accepted for this insight.

2. Assess OCD History (2)

A. Active listening was used as the client described the nature, history, and severity of his/her obsessive thoughts and compulsive behaviors.
B. Through a clinical interview, the client described a severe degree of interference in his/her daily routine and ability to perform a task efficiently because of the significant problem with obsessive thoughts and compulsive behaviors.
C. *The Anxiety Disorders Interview Schedule for DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's frequency, intensity, duration, and history of obsessions and compulsions.
D. The client was noted to have made many attempts to ignore or control the compulsive behaviors and obsessive thoughts, but without any consistent success.
E. It was noted that the client gave evidence of compulsive behaviors within the interview.

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3. Refer to General Physician (3)

A. The client was referred to a general physician for a complete medical examination to rule out medical or substance-related etiology for the anxiety.
B. The client has complied with the referral for a physical and specific medical concerns were identified and are now being treated.
C. The client has been evaluated and substance-related etiologies were identified for the client's anxiety, and treatment has been focused in this area.
D. The client has completed a medical examination and medical and substance-related etiologies were ruled out.
E. The client has not complied with the request for a complete medical examination and was redirected to do so.

4. Assist in Medical Follow-Through (4)

A. The client was assisted in following through on the recommendations from the physical evaluation.
B. The client was assisted in coordinating medications, lab work, or specialized assessments.

5. Conduct Psychological Testing (5)

A. Psychological testing was administered to evaluate the nature and severity of the client's obsessive-compulsive problem.
B. *The Yale-Brown Obsessive-Compulsive Scale* (Goodman and colleagues) was used to assess the depth and breadth of the client's OCD symptoms.
C. The psychological testing results indicate that the client experiences significant interference in his/her daily life from obsessive-compulsive rituals.
D. The psychological testing indicated a rather mild degree of OCD within the client.
E. The results of the psychological testing were interpreted to the client.

6. Arrange Substance Abuse Evaluation (6)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

7. Assess Level of Insight (7)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. Assess for Correlated Disorders (8)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Refer for Medical Evaluation (11)

A. The client was referred to a physician for an evaluation for a medication prescription to aid in the control of his/her OCD.
B. The client has followed through with the referral for a medication evaluation and has been prescribed psychotropic medication to aid in the control of his/her OCD.
C. The client has failed to comply with the referral to a physician for a medication evaluation and was encouraged to do so.

12. Monitor Medication Compliance (12)

A. The client reported that he/she is taking the psychotropic medication as prescribed; the positive effect on controlling the OCD was emphasized.
B. The client reported complying with the psychotropic medication prescription, but that the effectiveness of the medication has been very limited or nonexistent; this information was relayed to the prescribing clinician.
C. The client has not been consistent in taking the psychotropic medication as prescribed and was encouraged to do so.
D. Consultation with the prescribing clinician has been maintained at regular intervals.

13. Assign Self-Monitoring (13)

A. The client was directed to monitor himself/herself in regard to obsessions, compulsions, and triggers.
B. The client was assigned the homework exercise, "Analyze the Probability of a Feared Event" from the *Adult Psychotherapy Homework Planner* by Jongsma.
C. The client was asked to record thoughts, feelings, and actions taken when he/she experiences obsessions, compulsions, and triggers.
D. The journal information was processed.

14. Convey Biopsychosocial Model (14)

A. Using a biopsychosocial model, the client was assisted in understanding the familial, emotional, and social factors that have contributed to the development of his/her OCD symptoms.
B. A focus was placed on the role of unwanted fear and avoidance in the maintenance of OCD symptoms.
C. Active listening was provided as the client verbalized an increased understanding of the factors that have contributed to the development of OCD symptoms.

15. Provide Rationale for Treatment (15)

A. The client was provided with a rationale for treatment involving ongoing medication and psychosocial treatment.
B. The focus of treatment included recognizing, managing, and reducing biological psychological vulnerabilities that could precipitate relapse.
C. A discussion was held about the rationale for treatment.
D. The client was reinforced for his/her understanding of the appropriate rationale for treatment.
E. The client was redirected when he/she displayed a poor understanding of the rationale for treatment.

16. Assign Reading Materials (16)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on the rationale for exposure and ritual prevention therapy.
B. The client was assigned to read psychoeducational chapters of books or treatment manuals for the rationale for cognitive restructuring for OCD.

C. The client was assigned to read information from *Mastery of Obsessive-Compulsive Disorder* (Kozak and Foa).
D. The client was assigned to read information from *Stop Obsessing* (Foa and Wilson).
E. The client has read the assigned material on the rationale for OCD treatment; key points were reviewed.
F. The client has not read the assigned information on the rationale for OCD treatment and was redirected to do so.

17. Explore Schema and Self-Talk (17)

A. The client was assisted in exploring how his/her cognitive schema and self-talk mediate his/her fears.
B. The client completed the homework assignment and the content was processed within the session.
C. The client's distorted schema and self-talk were reviewed.
D. The client was reinforced for his/her insight into his/her self-talk and schemas that support his/her fears.
E. The client struggled to develop insight into his/her own self-talk and schema and was gently offered examples of these concepts.

18. Assign Exercises on Self-Talk (18)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was directed to complete the "Reducing the Strength of Compulsive Behaviors" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.

19. Assess Internal and External Cues (19)

A. The client was assessed in regard to the nature of any external cues (e.g., persons, objects, situations) that precipitate the client's obsessions and compulsions.
B. The client was assessed in regard to the nature of any internal cues (e.g., thoughts, images, impulses) that precipitate the client's obsessions and compulsions.
C. The client was provided with feedback about his/her identification of cues.

20. Construct a Hierarchy of Fear Cues (20)

A. The client was directed to construct a hierarchy of feared internal and external cues.
B. The client was assisted in developing a hierarchy of internal and external fear cues.
C. The client has developed a useful hierarchy of feared internal and external cues and positive feedback was provided.
D. The client has struggled to clearly develop a hierarchy of feared internal and external cues and was provided with additional assistance in this area.

21. Select Likely Successful Imaginal Exposures (21)

A. The client was assisted in identifying initial imaginal exposures with a bias toward those that have a high likelihood of being successful experiences for the client.
B. Cognitive restructuring techniques were used during and after the imaginal exposure of OCD cues.
C. Imaginal exposures and cognitive restructuring techniques were used as described in *Mastery of Obsessive-Compulsive Disorder* (Kozak and Foa).
D. Imaginal exposures and cognitive restructuring techniques were used as described in *Treatment of Obsessive-Compulsive Disorder* (McGinn and Sanderson).
E. The client was provided with feedback about his/her use of imaginal exposures.

22. Assign Cue Exposure Practice (22)

A. The client was assigned a homework exercise in which he/she repeats the exposure to the internal and/or external OCD cues.
B. The client was instructed to use restructured cognitions between sessions and to record his/her responses.
C. The client was assigned to use "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's use of the cue exposure homework was reviewed and his/her success was reinforced.
E. Corrective feedback was provided to the client for his/her struggles in using restructured cognitions during exposure to OCD cues.
F. The client was assisted in using restructured cognitions as described in *Mastery of Obsessive-Compulsive Disorder* (Kozak and Foa).

23. Provide Relapse Prevention Rationale (23)

A. The client was assisted in developing a rationale for relapse prevention.
B. The client was focused on identifying risk factors and introducing strategies to prevent them.

24. Differentiate Between Lapse and Relapse (24)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

25. Discuss Management of Lapse Risk Situations (25)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

26. Encourage Routine Use of Strategies (26)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

27. Develop a "Coping Card" (27)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

28. Schedule "Maintenance Sessions" (28)

A. The client was assisted in scheduling "maintenance sessions" to help maintain therapeutic gains and adjust to life without OCD.
B. Relapse prevention strategies as described in *A Relapse Prevention Program for Treatment of Obsessive-Compulsive Disorder* (Hiss, Foa, and Kozak) were used to help the client to maintain therapeutic gains and adjust to life without OCD.
C. Positive feedback was provided to the client for his/her maintenance of therapeutic gains.
D. The client has displayed an increase in OCD symptoms and was provided with additional relapse prevention strategies.

29. Use ACT Approach (29)

A. Acceptance and commitment therapy (ACT) procedures were applied.
B. The client was assisted in accepting and openly experiencing anxious or obsessive thoughts and feelings, without being overly impacted by them.
C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts toward engagement were applied.

30. Teach Mindfulness Meditation (30)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anxiety, panic, and change.
B. The client was taught to focus on changing his/her relationship with the obsessive thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

31. Assign ACT Homework (31)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.
B. The client was assisted in integrating mindfulness meditation and ACT approaches into his/her everyday life.

32. Assign Reading on Mindfulness and ACT (32)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned specific reading from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth and Eifert).
C. The client has read the assigned material and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

33. Explore Unresolved Conflicts (33)

A. As the client's unresolved life conflicts were explored, he/she verbalized and clarified feelings connected to those conflicts.
B. The client was supported as he/she identified key life conflicts that raise his/her anxiety level and intensify the OCD symptoms.
C. As the client was helped to clarify and share his/her feelings regarding current unresolved life conflicts, his/her level of anxiety diminished and the OCD symptoms were reduced.
D. The client has been guarded about his/her feelings regarding current life conflicts and was encouraged to be more open in this area.

34. Read/Process Fables (34)

A. *Friedman's Fables* were read with the client to help him/her gain perspective on unresolved life conflicts.
B. As the client processed the content of the fables, he/she gained insight into the need to be less intense regarding life issues.
C. The client was provided with feedback about the meaning of the fables.

35. Encourage Feelings Sharing (35)

A. The client was encouraged, supported, and assisted in identifying and expressing feelings related to key unresolved life issues.
B. As the client shared his/her feelings regarding life issues, he/she reported a decreased level of emotional intensity around these issues; he/she was reinforced for this progress.
C. It was difficult for the client to get in touch with, clarify, and express emotions, as his/her pattern is to detach himself/herself from feelings; this pattern was reflected to the client.

36. Assess for Secondary Gains (36)

A. The client was assessed for potential secondary gains that may be contributing to the maintenance of the OCD symptoms.
B. The client was asked about secondary gains, such as attention, care-receiving, avoidance of activity.
C. Secondary gains appear to be evident and these were directly addressed.
D. It was noted that no secondary gains appeared to be evident.

37. Explore Conflicts (37)

A. The client was assisted in exploring the resolution of interpersonal or other identified life conflicts.
B. The client was assisted with acceptance of conflicts that cannot be changed.
C. The client was assisted in conflict-resolution approaches to address conflicts that can be resolved.

38. Use Insight-Oriented Approach (38)

A. An insight-oriented approach was used to explore psychodynamics conflicts.
B. Separation/autonomy issues and anger recognition were identified as potential ways in which fear and avoidance might be manifested.
C. Transference in the therapeutic relationship was addressed.
D. Separation and anger themes were worked through in order to develop new abilities to manage these issues.

39. Assign Ericksonian Task (39)

A. The client was assigned an Ericksonian task of performing a behavior that is centered around the obsession or compulsion instead of trying to avoid it.
B. As the client has faced the issue directly and performed a task, bringing feelings to the surface, the results of this were processed.
C. As the client has processed his/her feelings regarding the anxiety-provoking issue, the intensity of those feelings has been noted to be diminishing.
D. The client has not used the Ericksonian task and was redirected to do so.

40. Create Strategic Ordeal (40)

A. A strategic ordeal (Haley) was created with the client that offered a guarantee of cure for the obsession or compulsion.

B. The client has engaged in the assigned strategic ordeal to help him/her overcome the OCD impulses.
C. It was noted that the strategic ordeal has been quite successful at helping the client reduce OCD symptoms and feelings of anxiety.
D. The client has not been successful at implementing the strategic ordeal consistently and was encouraged to do so.

41. Develop Ritual Interruption (41)

A. The client was helped to develop a ritual of a very unpleasant task that he/she agrees to perform each time he/she experiences obsessive thoughts.
B. The client has begun to implement the distasteful ritual at the times of experiencing obsessive thoughts; his/her experience was reviewed.
C. The client reports that engaging in the distasteful ritual has interrupted the obsessive thoughts and the current pattern of compulsion; his/her progress was reinforced.
D. The client has not used the ritual interruption technique and was reminded to use this helpful technique.

PANIC/AGORAPHOBIA

CLIENT PRESENTATION

1. **Severe Panic Symptoms (1)***

A. The client has experienced sudden and unexpected severe panic symptoms that have occurred repeatedly and have resulted in persistent concern about additional attacks.
B. The client has significantly modified his/her normal behavior patterns in an effort to avoid panic attacks.
C. The frequency and severity of the panic attacks have diminished significantly.
D. The client reported that he/she has not experienced any recent panic attack symptoms.

2. **Fear of Environmental Situations Triggering Anxiety (2)**

A. The client described fear of environmental situations that he/she believes may trigger intense anxiety symptoms.
B. The client's fear of environmental situations has resulted in his/her avoidance behavior directed toward those environmental situations.
C. The client has a significant fear of leaving home and being in open or crowded public situations.
D. The client's phobic fear has diminished and he/she has left the home environment without being crippled by anxiety.
E. The client is able to leave home normally and function within public environments.

3. **Fear and Avoidance of Bodily Sensations (3)**

A. The client demonstrates a marked fear of bodily sensations associated with panic attacks.
B. The client displays a pattern of avoidance of situations that may induce bodily sensations associated with panic attacks.
C. The client's lifestyle is interfered with due to his/her marked fear and avoidance.
D. As treatment has progressed, the client is less fearful and avoidant of the bodily sensations that might be associated with potential panic attacks.
E. The client has returned to a more normal routine.

4. **Needs Safe Person (4)**

A. The client is unable to engage in certain activities due to his/her fear of panic attacks and other anxiety symptoms.
B. The client has adopted using a "safe person" whom he/she demands accompanies him/her to be able to do certain activities.
C. The client has experienced marked distress in his/her relationships due to needing to have a "safe person" in order to engage in certain activities.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. As the client's anxiety symptoms have decreased, his/her need for a safe person has decreased.
E. The client's relationships have become more stable.

5. Increasing Isolation (5)

A. The client described situations in which he/she has declined involvement with others due to a fear of traveling or leaving a "safe environment," such as his/her home.
B. The client reported that he/she has become increasingly isolated due to his/her fear of traveling or leaving a "safe environment."
C. The client has severely constricted his/her involvement with others.
D. Although the client experiences some symptoms of panic, he/she still feels capable of leaving home.
E. The client has been able to leave his/her "safe environment" on a regular basis.

6. Avoids Public Places and Large Groups (6)

A. The client avoids public places, such as malls or large stores.
B. The client avoids large groups of people.
C. The client has constricted his/her involvement with others in order to avoid social situations.
D. The client has begun to reach out socially and feels more comfortable in public places or with large groups of people.
E. The client reported enjoying involvement with large groups of people and feels comfortable going to public places.

7. Panic Without Agoraphobia (7)

A. The client does not display evidence of agoraphobia.
B. Although the client experiences symptoms of panic, he/she still feels capable of leaving home.

INTERVENTIONS IMPLEMENTED

1. Build Rapport (1)*

A. Consistent eye contact, active listening, unconditional positive regard and warm acceptance were used to build rapport with the client.
B. The client began to express feelings more freely as rapport and stress levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

2. Assess Nature of Panic Symptoms (2)

A. The client was asked about the frequency, intensity, duration, and history of his/her panic symptoms, fear, and avoidance.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. *The Anxiety Disorders Interview Schedule for DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's panic symptoms.
C. The assessment of the client's panic symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.
D. The assessment of the client's panic symptoms indicates that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's panic symptoms indicate that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's panic symptoms were reviewed with the client.

3. Administer Assessments for Anxiety and Agoraphobia Symptoms (3)

A. The client was administered psychological instruments designed to objectively assess his/her level of anxiety and Agoraphobia symptoms.
B. The client was administered *The Mobility Inventory for Agoraphobia* (Chambless, Coputo, and Gracely).
C. The client was administered *The Anxiety Sensitivity Index* (Reiss, Peterson, and Grusky).
D. The client was provided with feedback regarding the results of the assessment of his/her level of anxiety symptoms.
E. The client declined to participate in the objective assessment of his/her level of anxiety symptoms and this resistance was processed.

4. Arrange Substance-Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Refer for Medication Evaluation (9)

A. Arrangements were made for the client to have a physician evaluation for the purpose of considering psychotropic medication to alleviate phobic symptoms.
B. The client has followed through with seeing a physician for an evaluation of any organic causes for the anxiety and the need for psychotropic medication to control the anxiety response.
C. The client has not cooperated with the referral to a physician for a medication evaluation and was encouraged to do so.

10. Monitor Medication Compliance (10)

A. The client reported that he/she has taken the prescribed medication consistently and that it has helped to control the phobic anxiety; this was relayed to the prescribing clinician.

B. The client reported that he/she has not taken the prescribed medication consistently and was encouraged to do so.
C. The client reported taking the prescribed medication and stated that he/she has not noted any beneficial effect from it; this was reflected to the prescribing clinician.
D. The client was evaluated but was not prescribed any psychotropic medication by the physician.

11. Self-Monitor Panic Stimulus Situations (11)

A. The client was assisted in identifying specific stimulus situations that precipitate panic symptoms.
B. The client was assigned "Monitoring My Panic Attack Experiences" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client could not describe any specific stimulus situations that produce panic; he/she was helped to identify that they occur unexpectedly and without any pattern.
D. The client was helped to identify that his/her panic symptoms occur when he/she leaves the confines of his/her home environment and enters public situations where there are many people.
E. The client was taught about and directed in regard to self-monitoring panic and avoidance symptoms, including cues, level of distress, symptoms, thoughts, and behaviors.

12. Discuss Nature of Panic Symptoms (12)

A. A discussion was held about how panic attacks are "false alarms" of danger, but are not medically dangerous.
B. A discussion was held about how panic attacks are not a sign of weakness or craziness.
C. The client's panic attacks were discussed, including how they are a common symptom but can lead to unnecessary avoidance, thereby reinforcing the panic attack.
D. The client was taught about myths and misconceptions about panic symptoms.

13. Assign Information on Panic Disorders and Agoraphobia (13)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals about panic disorders and agoraphobia.
B. The client was assigned specific chapters from *Mastery of Your Anxiety and Panic* (Barlow and Craske).
C. The client was assigned to read chapters from *Don't Panic: Taking Control of Anxiety Attacks* (Wilson).
D. The client was assigned to read *Living with Fear* (Marks).
E. The client was assigned to read specific chapters from *Thoughts and Feelings: Taking Control of Your Moods and Your Life* (McKay, Davis, and Fanning).
F. The client has read the assigned information on panic disorders and agoraphobia and key points were discussed.
G. The client has not read the assigned information on panic disorders and agoraphobia and was redirected to do so.

14. Discuss Benefits of Exposure (14)

A. The client was taught about how exposure can serve as an arena to desensitize learned fear, build confidence, and create success experiences.

B. A discussion was held about the use of exposure to decrease fear, build confidence, and feel safer.

C. The client was reinforced as he/she indicated a clear understanding of how exposure can help to conquer panic and agoraphobia symptoms.

D. The client did not display understanding about how exposure can help overcome his/her agoraphobia and panic symptoms, and was provided with remedial feedback in this area.

15. Train Relaxation and Coping Strategies (15)

A. The client was taught progressive relaxation methods and debriefing exercises.

B. The client was trained in the use of coping strategies to manage symptoms of panic attacks.

C. The client was taught coping strategies such as staying focused on behavioral goals, muscular relaxation, evenly paced diaphragmatic breathing, and positive self-talk in order to manage his/her symptoms.

D. The client has become proficient in coping techniques for his/her panic attacks; he/she was reinforced for the regular use of these techniques.

E. The client has not regularly used coping techniques for panic attacks and was provided with additional training in this area.

16. Assign CART (16)

A. The client was assigned capnometry-assisted respiratory training (CART) regarding CO2 level biofeedback, gaining control over dysfunctional respiratory patterns and associated panic symptoms.

B. The client was taught about reducing hyperventilation and breathing more slowly and more shallow.

C. The client was reinforced for his/her understanding of CART concepts.

D. The client has not displayed mastery of CART concepts and was provided with remedial information in this area.

17. Teach Cognitive Coping Strategies (17)

A. Modeling and behavioral rehearsal were used to train the client in positive self-talk that reassured him/her of the ability to work through and endure anxiety symptoms without serious consequences.

B. The client was urged to keep a focus on the external situation and responsibilities rather than internal panic symptoms.

C. The client has implemented positive self-talk to reassure himself/herself of the ability to endure anxiety without serious consequences; he/she was reinforced for this progress.

D. The client has not used positive self-talk to help endure anxiety and was provided with additional direction in this area.

18. Identify Distorted Thoughts (18)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate anxiety responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was gently offered examples in this area.

19. Assign Exercises on Self-Talk (19)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was directed to do assignments from *10 Simple Solutions to Panic* (Antony and McCabe).
D. The client was directed to complete assignments from *Mastery of Your Anxiety and Panic* (Barlow and Craske).
E. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
F. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.
G. The client was provided with corrective feedback for his/her failures to replace fearful self-talk with reality-based alternatives.
H. The client has not completed his/her assigned homework regarding fearful self-talk and was redirected to do so.

20. Teach Sensation Exposure Technique (20)

A. The client was taught about sensation exposure techniques.
B. The client was taught about generating feared physical sensations through exercise (e.g., breathes rapidly until slightly light-headed) and the use of coping strategies to keep himself/herself calm.
C. The client was assigned information about sensation exposure techniques in *10 Simple Solutions to Panic* (Antony and McCabe).
D. The client was assigned information about sensation exposure techniques in *Mastery of Your Anxiety and Panic–Therapist's Guide* (Craske, Barlow, and Meadows).
E. The client displayed a clear understanding of the sensation exposure technique and was reinforced for his/her understanding.
F. The client struggled to understand the sensation exposure technique and was provided with remedial feedback.

21. Assign Homework on Sensation Exposure (21)

A. The client was assigned homework exercises to perform sensation exposure and record his/her experience.
B. The client was assigned sensation exposure homework from *Mastery of Your Anxiety and Panic* (Barlow and Craske).
C. The client was assigned sensation exposure homework from *10 Simple Solutions to Panic* (Antony and McCabe).
D. The client's use of sensation exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of sensation exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the sensation exposure techniques and was redirected to do so.

22. Construct Anxiety Stimuli Hierarchy (22)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with his/her phobic fear.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her fear remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

23. Select Initial Exposures (23)

A. Initial exposures were selected from the hierarchy of anxiety-producing situations, with a bias toward likelihood of being successful.
B. A plan was developed with the client for managing the symptoms that may occur during the initial exposure.
C. The client was assisted in rehearsing the plan for managing the exposure-related symptoms within his/her imagination.
D. Positive feedback was provided for the client's helpful use of symptom management techniques.
E. The client was redirected for ways to improve his/her symptom management techniques.

24. Assign Homework on Situational Exposures (24)

A. The client was assigned homework exercises to perform situational exposures and record his/her experience.
B. The client was assigned "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned situational exposures homework from *Mastery of Your Anxiety and Panic* (Barlow and Craske).
D. The client was assigned situational exposures homework from *10 Simple Solutions to Panic* (Antony and McCabe).
E. The client's use of situational exposure techniques was reviewed and reinforced.
F. The client has struggled in his/her implementation of situational exposure techniques and was provided with corrective feedback.

G. The client has not attempted to use the situational exposure techniques and was redirected to do so.

25. Differentiate Between Lapse and Relapse (25)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

26. Discuss Management of Lapse Risk Situations (26)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

27. Encourage Routine Use of Strategies (27)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

28. Develop a "Coping Card" (28)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

29. Schedule a "Booster Session" (29)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "booster session."

C. The client's "booster session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "booster session" was held and he/she was encouraged to attend further treatment, as his/her progress has not been sustained.

30. Use ACT Approach (30)

A. Acceptance and commitment therapy (ACT) was applied.
B. The client was assisted in accepting and openly experiencing anxious thoughts and feelings, without being overly impacted by them.
C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

31. Teach Mindfulness Meditation (31)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with panic and change.
B. The client was taught to focus on changing his/her relationship with the panic-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

32. Assign ACT Homework (32)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

33. Assign Reading on Mindfulness and ACT (33)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific segments from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth and Eifert).
C. The client has read the assigned material and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

34. Use Insight-Oriented Approach (34)

A. An insight-oriented approach was used to explore psychodynamics conflicts.
B. Separation/autonomy issues and anger recognition were identified as potential ways in which fear and avoidance might be manifested.
C. Transference in the therapeutic relationship was addressed.
D. Separation and anger themes were worked through in order to develop new abilities to manage these issues.

35. Explore Key Unresolved Conflicts (35)

A. The client's life circumstances were explored to help identify and resolve key conflicts that may underlie his/her panic disorder.
B. The client was able to work through many unresolved conflicts.
C. The client has struggled to identify unresolved conflicts and was provided with additional feedback in this area.

36. Encourage Sharing of Feelings (36)

A. The client was encouraged to share the emotionally painful experience from the past that has been evoked by the phobic stimulus.
B. The client was taught to separate the realities of the irrationally feared object or situation and the painful experience from his/her past.

37. Explore Secondary Gain (37)

A. Secondary gain was identified for the client's panic symptoms because of his/her tendency to escape or avoid certain situations.
B. The client denied any role for secondary gain that results from his/her modification of life to accommodate panic; he/she was gently offered examples.
C. The client was reinforced for accepting the role of secondary gain in promoting and maintaining the panic symptoms and encouraged to overcome this gain through living a more normal life.
D. The client was challenged to remain in feared situations and to use coping skills to endure, rather than seek, secondary gain.

38. Explore Conflicts (38)

A. The client was assisted in exploring the resolution of interpersonal or other identified life conflicts.
B. The client was assisted with acceptance of conflicts that cannot be changed.
C. The client was assisted in conflict-resolution approaches to address conflicts that can be resolved.

39. Develop an Ericksonian Task (39)

A. An Ericksonian task was developed that is consistent with the theme of the client's fears.
B. The client was assisted in processing the results of the Ericksonian task.

40. Reinforce Responsibility Acceptance (40)

A. The client was supported and reinforced for following through with work, family, and social responsibilities rather than using escape and avoidance to focus on panic symptoms.

B. The client reported performing responsibilities more consistently and being less preoccupied with panic symptoms or fear that panic symptoms might occur; his/her progress was highlighted.

PARANOID IDEATION

CLIENT PRESENTATION

1. Extreme Distrust (1)*

A. The client described a pattern of consistent distrust of others, generally.
B. The client described an extreme distrust of a significant other in his/her life without sufficient basis.
C. The client's level of distrust toward others has diminished.
D. The client verbalized trust in the significant other that he/she had previously held in extreme distrust.

2. Expectation of Harm by Others (2)

A. The client described an expectation of being exploited or harmed by others.
B. The client's fear of being harmed by others has diminished.
C. The client no longer holds to an irrational belief that he/she is being plotted against by others.

3. Misinterpretation of Benign Events (3)

A. The client demonstrated a pattern of misinterpretation of benign events as having threatening personal significance.
B. The client is beginning to accept a more reality-based interpretation of benign events as nonthreatening.
C. The client no longer demonstrates a pattern of misinterpretation of benign events and has verbalized not feeling personally threatened.

4. Hypersensitivity to Criticism (4)

A. The client described a pattern of hypersensitivity to any hint of personal criticism from others.
B. The client showed defensive hypersensitivity to criticism within the session.
C. The client has not reported any recent incidents of hypersensitivity to criticism from others.
D. The client described incidents in which he/she was able to receive criticism without feeling personally threatened and defensive.

5. Keeps Distance From Others (5)

A. The client acknowledged that he/she is inclined to keep emotional and social distance from others out of fear of being hurt or taken advantage of by them.
B. The client is beginning to show some trust of others, as demonstrated by increased social interaction.

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C. The client described a relationship with others that involves a degree of vulnerability and intimacy with which he/she has become comfortable.

6. Easily Offended/Quick to Anger (6)

A. The client's history is replete with incidents in which the client has become easily offended and was quick to anger.
B. The client described a pattern of defensiveness in which he/she easily feels threatened by others and becomes angry with them.
C. The client described a pattern of projection of threatening motivations onto others, to which the client reacts with irritability, defensiveness, and anger.
D. The client has become less defensive and has not shown any recent incidents of unreasonable anger.

7. Irrational Suspicion (7)

A. The client described a pattern of being suspicious of the loyalty or fidelity of a significant other without reasonable cause.
B. The client's unreasonable suspicion of his/her significant other has diminished.
C. The client has verbalized trust in the loyalty and fidelity of his/her significant other.

8. Obsessional Mistrust (8)

A. The client's level of distrust of others is so pervasive and obsessive that his/her daily functioning is disrupted.
B. The client is unable to fulfill job and family responsibilities because of his/her preoccupation with issues of distrust.
C. The client's level of trust has grown and he/she is more able to perform daily duties and responsibilities.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. The client's difficulty with trusting the therapist was explicitly acknowledged.
B. The client was provided with significant latitude to lead the discussion.
C. An emphasis was placed on the role of the therapist as being in the interest of the client and is strictly professional.
D. The client was reinforced for building a level of trust.

2. Demonstrate Acceptance (2)

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level increased.

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C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to become more open at his/her own pace.
D. An effort was made to demonstrate calm tolerance toward the client within the session in order to decrease his/her fear of others.
E. As calm tolerance has been demonstrated, the client has begun to demonstrate a level of trust within the session by disclosing some feelings and beliefs.
F. Although calm tolerance has been displayed to the client, he/she continues to be quite distrustful.

3. Assess Paranoia (3)

A. The nature and extent of the client's paranoia was assessed, with special attention to severely delusional components.
B. Active listening was used as the client identified those people and/or agencies that are distrusted and gave his/her irrational explanation for this distrust.
C. The client was noted to be demonstrating a pattern of severe delusional aspects of his/her paranoia.
D. The client was noted to be remaining extremely guarded and defensive, refusing to openly describe the nature and severity of his/her distrust.

4. Explore/Assess Basis for Fears (4)

A. The basis for the client's fears was explored.
B. The client was assessed regarding his/her degree of irrationality.
C. The client's ability to acknowledge that his/her thinking is irrational was assessed.
D. The client was assessed as having a great deal of irrational thinking.
E. The client was reinforced as he/she displayed insight into the irrational nature of his/her thinking.
F. The client was assessed as having very little insight into the irrational nature of his/her thinking.

5. Refer for Psychological/Neuropsychological Evaluation (5)

A. Arrangements were made for a psychological evaluation to assess for a possible psychotic process underlying the paranoid thinking.
B. The client completed the psychological evaluation to assess the depths of his/her paranoia and a psychotic process was uncovered.
C. Psychological evaluation results indicated that the client does not have a psychotic process present.
D. Arrangements were made for a neuropsychological evaluation to determine whether organic factors may be present and could account for the paranoid ideation.
E. The neuropsychological evaluation indicated a high probability of organic factors being present and a neurological examination was recommended.
F. The neurological evaluation found no basis for organicity as an underlying factor in the paranoia.
G. The client has not completed the evaluation and was redirected to do so.

6. **Arrange Substance-Abuse Evaluation (6)**
A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

7. **Assess Level of Insight (7)**
A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. **Assess for Correlated Disorders (8)**
A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. **Assess for Culturally Based Confounding Issues (9)**
A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. **Assess Severity of Impairment (10)**
A. The severity of the client's impairment was assessed to determine the appropriate level of care.

B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Refer for Physician Assessment Regarding Etiology (11)

A. The client was referred to a physician to rule out medical etiologies for his/her paranoia.
B. The client was referred to a physician to rule out substance-related etiologies for his/her level of paranoia.
C. The client has complied with the referral to a physician and the results of this evaluation were reviewed.
D. The client has not complied with the referral for a medical evaluation and was redirected to do so.

12. Assess Antipsychotic Medication Need (12)

A. The client was assessed for the need for antipsychotic medication to counterattack significantly altered thought processes that are delusional and paranoid.
B. The client's paranoid delusional system is so developed that antipsychotic medication appears to be necessary.
C. The client's paranoid beliefs do not appear to be so severe as to need treatment with antipsychotic medication.
D. The client's willingness to utilize antipsychotic medication was assessed.

13. Refer for Medication Evaluation (13)

A. Arrangements were made for the client to have a medication evaluation by a physician to assess the need for an antipsychotic treatment regimen.
B. The client has followed through on the recommendation for a psychiatric evaluation and antipsychotic medication has been ordered.
C. The psychiatric evaluation results indicated that antipsychotic medication was not necessary.
D. The client has refused to follow a recommendation for psychiatric evaluation to assess the need for antipsychotic medication and reasons for this reluctance were processed.

14. Monitor Medication Compliance (14)

A. It was noted that the client has been taking the prescribed medication on a consistent basis and reported that it has been helpful in reducing feelings of threat and delusional thinking.
B. The client reported that side effects of the medication were such that he/she felt the need to terminate this medication and he/she was referred to the prescribing clinician for further evaluation.

C. The client reported taking the medication as prescribed but has not experienced any beneficial effects, and he/she was referred to the prescribing clinician for further evaluation.
D. The client has not taken the antipsychotic medication consistently and was encouraged to do so.

15. Assess for Clinical Syndrome (15)

A. The client was assessed in regard to whether his/her paranoid ideation is occurring within a clinical syndrome.
B. The client was assessed for paranoid schizophrenia or delusional disorders.
C. The client has been diagnosed with a clinical syndrome contributing to his/her paranoia and the direction of treatment was focused onto this clinical syndrome.
D. The client does not appear to be experiencing a clinical syndrome and this was reflected to the client.

16. Explore Fear of Vulnerability (16)

A. The client's fears of personal inadequacy, vulnerability, shame, humiliation, and rejection were explored.
B. Comments of acceptance were used as the client described his/her feelings of vulnerability in cautious terms.
C. The client refused to acknowledge any feelings of personal inadequacy or vulnerability; this defensiveness was gently reflected to him/her.

17. Explore Family-of-Origin Experiences (17)

A. The client's family-of-origin experiences were explored to uncover any historical sources of the feelings of vulnerability.
B. It was reflected to the client that he/she has a family pattern of distrust of others that has been reinforced within his/her own belief system.
C. The client described experiences within his/her own childhood that have taught him/her to be mistrustful, because others have exploited or harmed him/her; these experiences were processed.
D. The client denied any family-of-origin experiences that would contribute to his/her pattern of paranoia and was offered examples of how this occurs.

18. Interpret Fear of Inferiority (18)

A. The client's fear of his/her inferiority was interpreted as a basis for the mistrust of others.
B. The client was accepted and supported as he/she admitted feeling threatened by others and expressed some understanding of his/her own feelings of inferiority as the basis for that feeling of threat.
C. The client denied any feelings of inferiority and was gently offered examples of how fear can lead to mistrust and paranoia.

19. Explore Maladaptive Beliefs (19)

A. The client was assisted in exploring his/her self-talk and maladaptive beliefs and underlying paranoia.

B. The client was able to give examples of his/her maladaptive beliefs that underlie paranoia (e.g., people cannot be trusted, getting close to people will result in hurt).
C. The client was provided with common maladaptive beliefs that underlie paranoia.

20. Explore Distorted Cognitions (20)

A. The client's social interactions were reviewed and his/her distorted cognitive beliefs that were operative during these interactions were explored.
B. It was noted that the client clearly holds to distorted cognitions that reinforce a fear of others.
C. The client was assisted in replacing the core beliefs that are distorted and that trigger paranoid feelings.
D. The client is beginning to express some openness toward other interpretations of people's motivations that are less threatening and more benign; he/she was reinforced for this progress.

21. Develop Cost-Benefit Analysis (21)

A. The client was asked to complete a cost-benefit analysis of his/her specific fears and to process the results of this in the session.
B. The client has performed a cost-benefit analysis of his/her fears and has been helped to identify the irrational basis for them and the high cost of continuing to hold them.
C. The client has failed to follow through on the cost-benefit analysis assignment and was encouraged to do so.

22. Assess Ability to Acknowledge Maladaptive Thinking (22)

A. The client's ability to acknowledge that his/her thinking is maladaptive was assessed.
B. The client was reinforced for his/her appropriate identification of maladaptive thinking patterns.
C. The client was noted to have great difficulty identifying his/her thinking patterns as maladaptive.

23. Relate Distrust to Inadequacy Feelings (23)

A. The client was assisted in seeing the pattern of distrusting others as related to his/her own fears of inadequacy.
B. The client is beginning to verbalize a connection between his/her fear of others and his/her own feelings of inadequacy; this progress was reinforced.
C. The client continues to refuse to acknowledge any feelings of inadequacy that could be the basis for a fear of others and was gently offered specific examples in this area.

24. Generate Alternatives to Distorted Thoughts (24)

A. The client was assisted in generating alternatives to distorted thoughts to correct for the biases.
B. The role reversal techniques were used to allow the client to argue for and against biased and alternative beliefs.
C. The client was reinforced for working towards cognitive restructuring.

25. Test Distorted and Alternative Beliefs (25)

A. The client was directed to test distorted and alternative beliefs through behavioral experiments.

B. The distorted and alternative beliefs were converted into predictions and tested through homework exercises.

C. The client has tested the competing beliefs and his/her results were reviewed.

D. The client has not tested the beliefs and was redirected to do so.

26. Assess Trust of Significant Others (26)

A. A conjoint session was held to reinforce verbalizations of trust toward significant others.

B. It was reflected to the client that he/she demonstrates that he/she continues to hold irrational beliefs regarding the significant other's lack of loyalty and fidelity.

C. The client verbalized trust toward the significant other within the conjoint session and this trust was reinforced.

27. Provide Nonthreatening Interpretations of Others' Behavior (27)

A. The client was provided with alternative explanations for the behavior and motivations of others that run counter to the client's pattern of assumption that others have malicious intent.

B. As they have been presented in an open manner, the client is beginning to accept the alternative healthy explanations of others' benign behavior.

C. The client continues to reject benign explanations for others' behavior and holds to a belief in their malicious intent; he/she was urged to see these as delusions.

D. The client has acknowledged that his/her belief about others being threatening is based more on subjective interpretation than on objective data; this was reflected to him/her.

28. Encourage Checking of Beliefs (28)

A. The client was encouraged to check out his/her beliefs regarding others by assertively verifying his/her conclusions with others directly.

B. The client is beginning to verbalize a sense of trust in significant others; this was reinforced.

C. The client has followed through on checking out his/her distrustful beliefs and has found that others do not share them, which has led to a reexamination by the client of his/her unreasonable beliefs; he/she was encouraged for this insight.

29. Utilize Role-Playing to Increase Empathy (29)

A. Role-playing, behavioral rehearsal, and role reversal were used to increase the client's empathy for others and understanding of the impact of his/her behavior on others.

B. The client has begun to increase his/her social interaction without fear or suspicion of being reported; the benefits of this progress were reviewed.

C. The role-playing exercises have increased the client's sense of understanding of the feelings of others.

D. It was noted that the client has begun to reduce his/her tendency to project malicious motivations onto others.
E. The client has not increased his/her empathy despite the use of role-play, behavioral rehearsal, and role reversal techniques and was provided with increased direction in this area.

PARENTING

CLIENT PRESENTATION

1. Feelings of Inadequacy in Limit Setting (1)*

A. The client expressed feelings of inadequacy in setting limits with his/her child.

B. The client described a sense of being overwhelmed by the child's behavior and unable to set effective limits with the child.

C. As treatment has progressed, the client has learned techniques to become more effective in setting limits with his/her child.

D. The client reported feeling much more effective in setting limits with the child.

2. Difficulty in Managing Challenging Behaviors (2)

A. The client reported that he/she frequently struggles to manage the challenging problem behaviors of his/her child.

B. The client reported that his/her responses to his/her child's challenging problem behaviors seem to have failed to help manage the problem behaviors.

C. As treatment has progressed, the client reported that he/she has had some success in managing his/her child's problem behaviors.

D. The client reported that he/she has improved and is typically able to manage his/her child's challenging behaviors with appropriate parenting interventions.

3. Loss of Control of Emotions (3)

A. The client reported that he/she frequently struggles to control his/her emotional reactions to his/her child's misbehavior.

B. The client related a pattern of anger outbursts and other emotional reactions to his/her child's misbehavior.

C. The client reported fears regarding the loss of emotional control when reacting to his/her child's misbehavior.

D. As treatment has progressed, the client reports better control over his/her emotional reactions to his/her child's misbehavior.

4. Disagreements Regarding Parenting Strategies (4)

A. The client described a lack of agreement with his/her partner regarding strategies for dealing with various types of child behavior problems.

B. The client reported the desire for stricter control, while his/her partner endorsed a more permissive approach.

C. The client seems to advocate for a more permissive approach, while his/her partner endorses a stricter pattern of control.

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D. The child's behavior seems to be negatively affected by the client and his/her partner's variable pattern of disciplinary response.
E. As communication has increased, the client and his/her partner have achieved agreement regarding strategies for dealing with various types of behavior problems.

5. Deficits in Parenting Knowledge and Skills (5)

A. The client displays deficits in parenting knowledge and skills.
B. The client has a poor understanding of the use of basic techniques such as rewards, consequences, and time outs.
C. As treatment has progressed, the client has gained significant knowledge and skills in parenting.

6. Inconsistent Parenting Styles (6)

A. The client displays an inconsistent parenting style, moving between styles for no apparent reason.
B. The parents have displayed an inconsistent pattern, with each seeming to become more extreme in response to the other parent's style.
C. As treatment has progressed, parenting styles have become more consistent and reliable.

7. Lax Supervision (7)

A. The client described a pattern of lax supervision over his/her child.
B. The client described a pattern of setting inadequate limits on the child's behavior and privileges.
C. The client reported that his/her child has had behavioral problems in other areas, due to the pattern of lax supervision and inadequate limit setting.
D. As the client has developed a firmer pattern of supervision and limit setting, his/her relationship with the child has improved, with a commensurate improvement in the child's behavior.

8. Overindulgence (8)

A. The client reported a pattern of overindulgence of the child's wishes and demands.
B. The client often overindulges the child's wishes and demands in order to avoid a temper tantrum.
C. The client has made a commitment to become more realistic regarding when to fulfill the child's wishes and demands.
D. As the client's pattern of overindulgence of the child's wishes and demands has diminished, the overall relationship has improved.

9. Harsh, Rigid, and Demeaning Behavior (9)

A. The client described a pattern of harsh, rigid, and demeaning behavior toward his/her child.
B. The client identified several examples of his/her parenting intervention that were harsh, rigid, and demeaning.

C. As treatment has progressed, the client has become more loving, supportive, and flexible regarding his/her behavior toward his/her child.

10. Physical/Emotional Abuse (10)

A. The client described a pattern of physically abusive parenting practices.
B. The client described a pattern of emotionally abusive parenting practices.
C. The client acknowledged his/her parenting practices as abusive.
D. As treatment has progressed, the client has eliminated the pattern of physically and emotionally abusive parenting practices.

11. Lack of Knowledge Regarding Developmental Expectations (11)

A. The client reported a lack of knowledge regarding reasonable expectations for a child's behavior at a given developmental level.
B. The client often makes comments reflecting an unreasonable expectation for a child's behavior at a given developmental level.
C. As treatment has progressed, the client has developed more realistic expectations for a child's behavior at a given developmental level.

12. Exhausted Ideas and Resources for a Child's Behavior (12)

A. The client described that he/she has exhausted his/her ideas and resources for attempting to deal with the child's behavior.
B. The client described using a variety of interventions to deal with the child's behavior, with little or no positive effect.
C. As treatment has progressed, the client has developed better resources for dealing with his/her child's behavior.
D. As treatment has progressed, the client has become more focused on maintaining the ideas and resources he/she has previously used to deal with his/her child's behavior.

INTERVENTIONS IMPLEMENTED

1. Engage Parents/Obtain Information (1)*

A. The parents were engaged through the use of empathy and normalization of their struggles with parenting.
B. The parents were asked for information regarding their marital relationship, child behavior expectations, and parenting style.
C. The parents were provided with positive feedback for being open and honest regarding their history of parenting concerns.
D. The parents tended to minimize their parenting difficulties and this was reflected to them.

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2. Assess Parents' Consistency (2)

A. The parents' consistency in their approach to the child was assessed.
B. The parents were probed for whether they have experienced conflicts between them over how to react to the child.
C. It was reflected to the parents that they have had significant conflicts regarding how to parent the child.
D. It was reflected to the parents that they are fairly consistent in their approach to the child.

3. Complete Assessment Instruments (3)

A. The parents were referred for objective assessments regarding their parenting strengths and weaknesses (e.g., *The Parenting Stress Index [PSI]*, the *Parent-Child Relationship Inventory [PCRI]*).
B. The couple was administered assessment instruments to evaluate their parenting strengths and weaknesses (e.g., *The Parenting Stress Index [PSI]*, the *Parent-Child Relationship Inventory [PCRI]*).
C. The child was assessed for oppositional, defiance, or conduct disorder through the use of the *Adolescent Psychopathology Scale-Short Form (APS-SF)* (Reynolds).
D. The child was assessed for oppositional, defiance, or conduct disorder through the use of the *Millon Adolescent Clinical Inventory (MACI)* (Millon).
E. Assessment instruments have been completed and the results were reflected to the couple.
F. The parents have not completed the assessment instruments regarding strengths and weaknesses and were redirected to do so.

4. Assess Comorbid Conditions (4)

A. Psychological testing was coordinated to help in assessing for comorbid conditions such as depression or attention deficit hyperactivity disorder.
B. Psychological testing has been completed and no comorbid conditions are identified.
C. Psychological testing has been completed and appropriate treatment options were developed for comorbid conditions.
D. Psychological testing has not been completed and the clients were redirected to do so.

5. Analyze Data About Parenting and Marital Relationship (5)

A. The data received from the parents about their relationship and parenting was analyzed.
B. It was established that there are significant marital conflicts that affect the couple's ability to parent.
C. It was established that no significant marital conflicts exist.

6. Conduct/Refer for Marital Therapy (6)

A. Relationship therapy was provided in order to resolve conflicts that are preventing the parents from being effective.

B. The couple was referred for relationship therapy in order to resolve conflicts that are preventing them from being effective parents.
C. As relationship treatment has progressed, specific marital conflicts have been resolved.
D. As relationship problems have been resolved, it was noted that the parents were becoming more effective in dealing with their child's behavior.
E. The parents have not participated in relationship therapy and were reminded to use this resource.

7. Arrange Substance Abuse Evaluation (7)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

10. Assess for Culturally Based Confounding Issues (10)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

12. Assess Need for Medication (12)

A. The client was assessed for the need for psychotropic medication to assist in control of anger and other misbehaviors.
B. The client was referred to a physician to evaluate him/her for psychotropic medication to reduce symptoms.
C. The client has completed an evaluation by the physician and has begun taking medication.
D. The client has resisted the referral to a physician and does not want to take any medication to reduce symptoms; his/her concerns were processed.
E. The client was monitored for prescription compliance, effectiveness, and side effects.
F. Feedback was provided to the prescribing physician.

13. Create a Compassionate Environment (13)

A. Compassion and empathy were used to help create an environment where the parents become comfortable enough to let their guard down and express their frustrations about parenting.
B. Support, encouragement, and normalization were used to help the parents become more comfortable as they gradually expressed their frustrations about parenting.
C. Despite a compassionate, empathetic environment, the parents have not become comfortable enough to express their frustrations about parenting and were urged to do so as they become more trusting.

14. Educate About Full Scope of Parenting (14)

A. The parents were educated about the full scope of parenting.
B. Humor and normalization were used to help the parents be more accepting of the full scope of parenting.

15. Reduce Unrealistic Expectations (15)

A. The parents were identified as having unrealistic expectations of themselves.
B. The parents were gently confronted about the unrealistic expectations that they have of themselves.
C. Specific examples were provided of more realistic expectations for the parents.
D. The parents were provided with positive feedback as they developed more realistic expectations of themselves.

16. Reconceptualize Anger (16)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, effective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to an increased arousal in anger, which leads to acting out.
E. The client has displayed a clear understanding about the ways to conceptualize anger and was provided with positive reinforcement.
F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

17. Identify Positive Consequences of Anger Management (17)

A. The client was asked to identify the positive consequences he/she has experienced in managing his/her anger.
B. The client was assisted in identifying positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was asked to agree to learn new ways to conceptualize and manage anger.

18. Educate About Gender Differences (18)

A. The parents were educated about the numerous key differences between boys and girls (e.g., rate of development, perspectives, impulse control, anger).
B. The parents were educated about how to handle the sex role differences in the parenting process.
C. The parents reported increased understanding of parenting issues related to a child's sex role; positive feedback was provided.

19. Educate Parents About the Influences on Adolescent Behavior (19)

A. The parents were taught about the various biopsychosocial influences on their adolescent.
B. The parents were taught about the ways in which adolescent biological factors can influence behavior.
C. The parents were taught about how peer influences can affect the behavior of an adolescent.

D. The parents were taught about how self-concept and identity issues can affect an adolescent.
E. A discussion was held about the ways that parenting interventions can respond to the various factors affecting the adolescent.

20. Teach About Turbulence (20)

A. The parents were taught the concept that adolescence is a time of "normal psychosis" (see *Turning Points* by Pittman).
B. The parents were encouraged to adopt the concept of "riding the adolescent rapids" (see *Preparing for Adolescence: How to Survive the Coming Years of Change* by Dobson), until both survive.
C. The parents were provided with encouragement as they displayed a healthy understanding of the turbulence related to the developmental stage of adolescence.
D. It was perceived that the parents continue to deny the expectation of turbulence related to adolescence and were provided with additional feedback in this area.

21. Address Fears About Peers (21)

A. The parents were assisted in clarifying their feelings related to negative peer groups, negative peer influence, and fears about losing their influence with their adolescent to these groups.
B. The parents identified their emotional reactions to the influence of negative peer groups and were provided with support and affirmation.
C. The parents have developed a healthy response to their fears regarding negative peer groups, negative peer influences, and losing their influence to these groups; this progress was reinforced.
D. The parents denied any fears regarding loss of their influence with their teen to negative peer groups and were gently offered examples of how this occurs.

22. Teach Parent Management Training Approach (22)

A. The parent management training approach was used to teach the parents how parent and child behavioral interactions can encourage or discourage positive or negative behavior.
B. The parents were taught about how to change key elements of their interactions with their child (e.g., prompting, reinforcing positive behaviors).
C. The parents were taught parenting techniques as indicated in *Parenting the Strong-willed Child* (Forehand and Long); *Parents and Adolescents Living Together. Part II: Family Problem Solving* (Forgatch and Patterson); or *Parents and Adolescents Living Together. Part I: The Basics* (Forgatch and Patterson).
D. The clients have read and learned the assigned information on parent management training and key points were reviewed.
E. The parents have not learned the parent management techniques and were redirected to do so.

23. Teach Consistency (23)

A. The parents were taught to implement key parenting practices consistently.
B. The parents were taught about establishing realistic age-appropriate roles for acceptable and unacceptable behavior.
C. The parents were taught about how to prompt positive behavior and the use of positive reinforcement to encourage behavior.
D. The parents were taught to use clear, direct instruction as well as time out and other loss of privilege practices for problem behavior.
E. The parents were taught about the issues related to negotiation and renegotiation with older children and adolescents.
F. Positive feedback was provided for the parents' increased understanding of key parenting practices.
G. The parents have not regularly displayed an understanding of key parenting practices and were provided with remedial feedback in this area.

24. Teach Parenting Practices (24)

A. The parents were taught about how to implement key parenting practices consistently.
B. The parents were taught about the use of realistic age-appropriate rules for acceptable and unacceptable behavior.
C. The parents were taught about the use of prompting and reinforcing positive behavior.
D. The parents were taught about the use of consequences for negative behavior.

25. Assign Home Exercises (25)

A. The parents were assigned home exercises in which they implemented and recorded results of implementation and exercises.
B. The parents' use of home exercises was reviewed within the session.
C. Positive feedback was provided for the parents' use of parenting techniques in the home exercises.
D. Corrective feedback was used to help the parents improve on their appropriate and consistent use of the skills.

26. Assign Training Manuals on Effective Parenting (26)

A. The parents were asked to read parenting training manuals or watch videotapes demonstrating effective parenting techniques.
B. *Parents and Adolescents Living Together. Part I The Basics* (Patterson and Forgatch) was recommended to the parents.
C. *Parents and Adolescents Living Together. Part II Family Problem Solving* (Forgatch and Patterson) was recommended to the parents.
D. *The Kazdin Method for Parenting the Defiant Child* (Kazdin) was recommended to the parents.
E. Key concepts from the material on parenting were reviewed and processed.
F. The parents have not viewed appropriate resources for parenting and were redirected to do so.

27. Refer to *Incredible Years* Program (27)

A. The clients were referred to an *Incredible Years* program.
B. The parents were referred to a group parent training program teaching positive child management practices and stress management techniques.
C. The clients have utilized the group parent training program and the benefits and difficulties were reviewed.
D. The parents have not utilized the group parent training program and were redirected to do so.

28. Use Parent-Child Interaction Therapy (28)

A. Parent-child interaction therapy techniques were used.
B. The parents were directed to engage their child in a child-directed interaction.
C. The parents were directed to engage their child in a parent-directed interaction.
D. The parents were taught how to use specific behavior management techniques as they play with their child.

29. Assist in Implementing New Strategies (29)

A. Support, empowerment, and encouragement were provided to the parents in implementing new strategies for parenting their child.
B. The parents were monitored in how they implemented new parenting strategies for their child.
C. Feedback and redirection were provided to the parents as they implemented new strategies for parenting their child.
D. The parents have not utilized new strategies for parenting their child and were redirected to do so.

30. Use Cognitive-Behavioral Therapy Approach (30)

A. The cognitive-behavioral therapy approach was utilized with the child including techniques such as instruction, modeling, role-playing, feedback, and practice.
B. Cognitive-behavioral therapy techniques were used to teach the child how to manage his/her emotional reactions, manage interpersonal interactions and problem-solve conflicts.

31. Develop Personal and Interpersonal Skills (31)

A. Games, stories, tasks, and other activities in session were used to develop personal and interpersonal skills with the client.
B. The client was encouraged to carry new personal and interpersonal skills into real-life situations.
C. The client's use of interpersonal and personal skills in real-life situations was reviewed and reinforced for successes.
D. Problem solving of obstacles to utilizing skills in real-life situations was provided.

32. Teach Listening/Sharing Skills (32)

A. Modeling and role-play techniques were used to teach the parents to listen more than talk to their child.

B. The parents were taught to use open-ended questions that encourage openness, sharing, and ongoing dialogue.
C. The benefits of increased listening and helping the child to share more were reviewed.

33. Use Parent-Child Communication Materials (33)

A. The parents were asked to read material on parent-child communication.
B. The parents were directed to read *How to Talk So Kids Will Listen and Listen So Kids Will Talk* (Faber and Mazlish) or *Parent Effectiveness Training* (Gordon).
C. The parents have read the material on parent-child communication and were assisted in implementing the new communication style in daily dialogue with their child.
D. The parents were assisted in identifying the positive responses that the child has had to the new communication style.
E. The parents have not read the material on parent-child communication and were redirected to do so.

34. Expand Repertoire of Intervention Options (34)

A. The parents' repertoire of intervention options was expanded by having them read material on parenting difficult children.
B. The parents were directed to read *The Difficult Child* (Turecki and Tonner).
C. The parents were directed to read *The Explosive Child* (Greene).
D. The parents were directed to read *How to Handle a Hard-to-Handle Kid* (Edwards).
E. The parents have failed to follow through on reading material to help expand their repertoire of parenting intervention options and were redirected to complete this reading.

35. Assist in Implementing New Strategies (35)

A. Support, empowerment, and encouragement were provided to the parents in implementing new strategies for parenting their child.
B. The parents were monitored in how they implemented new parenting strategies for their child.
C. The parents have been successful in implementing new strategies with their child and their success was reinforced.
D. The parents have struggled to implement new strategies in the parenting of their child and were redirected.

36. Explore Childhood Issues (36)

A. Each parent's story of his/her childhood was explored to identify any unresolved issues that are present.
B. Unresolved issues were identified as the parents related their childhood stories and the parents were assisted in identifying how these issues are now affecting their ability to effectively parent.
C. Support and encouragement were provided as each parent accepted how childhood issues affect current parenting effectiveness.

D. The parents rejected the effect of childhood's unresolved issues on the current ability to parent and were provided with additional feedback in this area.

37. Work Through Unresolved Childhood Issues (37)

A. The parents were assisted in working through issues from their childhood that are unresolved.
B. Positive feedback was provided as the parents worked through childhood issues.
C. It was reflected to the parents that, as childhood issues have been resolved, their parenting abilities have increased.
D. The parents have failed to work through unresolved childhood issues and were provided with remedial assistance in this area.

38. Identify Weaknesses/Encourage Skills (38)

A. The parental team was assisted in identifying areas of parenting weakness.
B. The parents were assisted in improving their parenting skills and boosting their confidence and follow through.
C. It was reflected to the parents that their increased parenting skills have remediated their areas of weakness.
D. The parental team has not attempted to improve their skills in the identified areas of weakness and were redirected in this area.

39. Identify Support Barriers and Opportunities (39)

A. The parents were assisted in identifying and implementing specific ways that they can support each other as parents.
B. "Learning to Parent as a Team" from the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned.
C. The parents were assisted in realizing the ways children work to keep the parents from cooperating in order to get their way.
D. The parents were assisted in brainstorming how they can support each other when the children work to keep them from cooperating.
E. The parents failed to identify specific ways they can support each other and were provided with remedial feedback in this area.

40. Give Permission to Decrease Activities (40)

A. The parents were encouraged to decrease outside pressures by choosing not to involve their child and themselves in too numerous activities, organizations, or sports.
B. Feedback was given to the family on how their involvement in activities, organizations, or sports can drain energy and time from the family.
C. The parents were provided with positive feedback as they indicated a need to decrease outside pressures, demands, and distractions (e.g., activities, organizations, and sports).
D. The parents were accepted for their decision to maintain the current level of activities, organizations, or sports.

41. Evaluate the Family's Level of Activity (41)

A. The parents were asked to provide a weekly schedule of their entire family's activities.

B. The parents were assisted in evaluating their family schedule, looking for which activities are valuable and which can possibly be eliminated to create a more focused and relaxed time to parent.

C. The parents were provided with encouragement as they identified activities that can be eliminated to create a more focused and relaxed time to parent.

D. The parents struggled with identifying activities that are most valuable versus those that can possibly be eliminated and were gently offered examples in this area.

42. Provide Guidance in Healthy Separation from Adolescent (42)

A. The parents were provided with guidance regarding ways they can allow and support the healthy process of separation from their adolescent.

B. The parents were supported as they identified and implemented constructive, affirming ways to allow the adolescent to gradually separate.

C. The difficulty in allowing the adolescent to separate (even in a healthy manner) was emphasized.

D. Positive feedback was provided to the parents for their use of healthy, constructive, affirming ways of allowing their adolescent to emancipate.

E. The parents have not used healthy techniques to allow the adolescent to separate and were provided with remedial assistance in this area.

43. Resolve Barriers to Connectedness (43)

A. The parents and child were assisted in identifying barriers that prevent or limit connectedness between family members.

B. Brainstorming techniques were used to resolve barriers that prevent or limit connectedness between family members.

C. Specific activities that promote connectedness between family members were identified (e.g., games, one-to-one time).

D. Positive feedback was provided to the parents for removing barriers in developing connectedness.

E. The parents have not removed barriers and developed better connectedness with the child and were provided with additional ideas about how to complete this.

44. Teach About Quality Time (44)

A. The thought was planted with the parents that just "hanging out at home" or being around/available is what quality time is about.

B. The parents accepted the idea that quality time is about being accessible and available and were assisted in developing ways in which they can be accessible and available.

C. The parents were provided with specific examples of how "hanging out at home" has been helpful in developing connectedness with their child.

45. Teach Relapse Prevention (45)

A. A rationale was provided to the clients for the use of relapse prevention techniques.
B. A discussion was held about the risk factors that could contribute to a relapse, and the introduction of strategies for preventing it.

46. Differentiate Between Lapse and Relapse (46)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with a decision to return to previous conflictual patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

47. Manage Lapse Situations (47)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The client was assisted in rehearsing how he/she will manage these potential relapse situations.

48. Urge Routine Use of Strategies (48)

A. The parent and child were urged to routinely use strategies learned in therapy.
B. The parent and child were reminded to use parent training techniques, problem-solving, and anger management techniques.
C. The parent and child were urged to build these techniques into their lives as much as possible.

49. Develop Coping Card (49)

A. The clients were provided with a coping card on which specific coping strategies were listed.
B. The clients were assisted in developing their own coping card in order to list helpful coping strategies.
C. The clients were instructed to put important information on their coping card, including steps in problem solving, positive coping statements, and reminders that were helpful to the client during therapy.
D. The clients were encouraged to use their coping card when struggling with anxiety-producing situations.

50. Schedule a Booster Session (50)

A. The client was scheduled for a “booster session” between one and three months after therapy ends.

B. The client was advised to contact the therapist if he/she needs to be seen prior to the booster session.
C. The client's booster session was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's booster session was held and he/she was encouraged to attend further treatment as his/her progress has not been sustained.

PHASE OF LIFE PROBLEMS

CLIENT PRESENTATION

1. **Difficulty Adjusting to New Marriage (1)***

A. The client reported difficulty adjusting to his/her recent marriage.
B. The client complained about how accountable he/she must be to his/her new spouse.
C. The client reported that he/she is not used to the interdependence of the new marriage.
D. As treatment has progressed, the client has been able to appropriately adjust to the accountability and interdependence of the new marriage.

2. **Demands of Being a New Parent (2)**

A. The client's family life has recently changed due to the addition of a new child.
B. The client reports that he/she is quite anxious about how to cope with the demands the new child presents.
C. The client is quite sad about the changes that have occurred in the family due to the new child.
D. The client has begun to cope with the demands of being a new parent and feels less anxious and depressed.
E. The client reports that he/she is very much enjoying the privileges of being a new parent.

3. **Empty Nest Stress (3)**

A. The client's children have recently emancipated from the family.
B. The client reports a sense of loss due to the children emancipating from the family.
C. The client reports that his/her free time has greatly increased due to the children emancipating from the family.
D. The client has had difficulty adjusting to the changes that have occurred due to the children emancipating from the family.
E. The client reports that he/she has found greater fulfillment due to the changes in the family.

4. **Difficult Retirement Adjustment (4)**

A. The client reported that he/she has experienced feelings of loneliness and lack of meaning in life subsequent to retirement.
B. The client reported a sense of lost identity now that he/she is no longer working.
C. The client feels restless due to the increased quantity of free time, subsequent to retirement.
D. The client acknowledged the negative effects of his/her emotional struggles subsequent to retirement.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

E. As the client has displayed improved adjustment to retirement, his/her emotional struggles have decreased.

5. Emotional Reaction to Being Full-Time Homemaker/Parent (5)

A. The client reported feelings of isolation and sadness secondary to quitting employment in order to be a full-time homemaker and parent.
B. The client described feelings of boredom as he/she has chosen to leave the work setting in order to be a full-time homemaker and parent.
C. The client has begun to focus on the meaningful aspects of his/her full-time homemaker and parent status.
D. The client reports satisfaction, feeling challenged, and an alternative sense of connection subsequent to becoming a full-time homemaker and parent.

6. Dependent Parent (6)

A. The client described that he/she is primarily responsible for providing oversight and caretaking to an aging, ailing, and dependent parent.
B. The client described that he/she feels “sandwiched” between the demands of caring for his/her children and his/her aging, ailing, and dependent parent.
C. The client described feelings of frustration and anxiety due to his/her increased responsibility in caring for an aging, ailing, and dependent parent.
D. As treatment has progressed, the client has become more accepting and satisfied with his/her role in caring for an aging, ailing, and dependent parent.

INTERVENTIONS IMPLEMENTED

1. Explore Current Circumstances (1)*

A. The client was asked to describe his/her current circumstances that are causing frustration, anxiety, depression, or a lack of fulfillment.
B. The client’s current stressors were explored.
C. The client was assisted in recognizing his/her pattern of frustration, anxiety, depression, or lack of fulfillment due to his/her current circumstances.
D. The client was very cautious about providing information about his/her current life circumstances that might cause frustration, anxiety, depression, or a lack of fulfillment and was asked about specific areas.

2. List Stressors (2)

A. The client was asked to list those circumstances that are causing concern.
B. The client was assigned the homework exercise “What Needs to Be Changed in My Life?” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was asked to identify how each circumstance on his/her list of stressors has contributed to his/her dissatisfaction.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. The client was supported as he/she identified the circumstances and clarified why each causes stress.
E. The client gave a rather minimal list of current stressors and was asked directly about areas that he/she may have omitted.

3. List Desirable Things (3)

A. The client was directed to make a list of those desirable things that are missing from his/her life that could increase his/her sense of fulfillment.
B. In today's session, we reviewed the client's list of desirable things that are missing from his/her life that could increase his/her sense of fulfillment.
C. Omissions from the client's list of desirable things that could increase his/her sense of fulfillment were explored.

4. Arrange Substance Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Prioritize Values (9)

A. The client was educated on the concept of how a person's values are identified, clarified, and their priority revealed.
B. The client was assigned the homework exercise "Developing Noncompetitive Values" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in clearly identifying his/her values.
D. The client was helped to prioritize his/her values in a manner that makes sense to him/her.
E. The client had difficulty identifying, clarifying, and prioritizing his/her values and was provided with remedial feedback in this area.

10. Assign Reading on Values Clarification (10)

A. The client was directed to read books on values clarification.
B. The client was referred to the following books on values clarification: *Values Clarification* (Simon, Howe, and Kirschenbaum), and *In Search of Values: 31 Strategies for Finding Out What Really Matters Most to You* (Simon).
C. The client's reading on values clarification was reviewed and key points were processed.
D. The client was helped to list values that he/she holds as important.
E. The client has not completed the reading on values clarification and was redirected to do so.

11. Develop New Activities Plan (11)

A. The client was asked to develop a plan to include activities that will increase his/her satisfaction, fulfill his/her values, and improve the quality of his/her life.

B. The client was assisted in developing a plan that will increase his/her satisfaction, fulfill his/her values, and improve the quality of his/her life.

C. The client's plan of new activities designed to increase satisfaction with life was critiqued and processed.

D. The client has not developed a plan of new activities that will increase his/her satisfaction, fulfill his/her values, and improve the quality of his/her life and was redirected to do so.

12. Review Attempts to Change Activity Pattern (12)

A. The client's attempts to modify his/her life to include self-satisfying activities was reviewed.

B. The client was reinforced for the successes that he/she has experienced in trying to modify his/her life to include self-satisfying activities.

C. The client was redirected for situations in which he/she has failed to modify his/her life to include self-satisfying activities.

13. Brainstorm Support Sources (13)

A. The client was assisted in brainstorming possible sources of support or respite.

B. Specific ideas were generated through brainstorming (e.g., parent support group, engaging spouse in more childcare, respite care for elderly parent, sharing parent-care responsibilities with a sibling, utilizing home healthcare resources, taking a parenting class).

C. The client was able to identify specific sources of support and respite that would help him/her decrease the responsibilities that are overwhelming to him/her.

D. The client downplayed any benefit from the possible sources of support or respite, but was urged to attempt these regardless.

14. Implement Changes to Reduce Burden (14)

A. The client was encouraged to implement the changes that will reduce the burden of responsibility felt.

B. The client's progress on making changes to reduce his/her burden of responsibility was monitored.

C. Positive reinforcement was provided to the client for situations in which he/she has successfully changed the situation to reduce the burden of responsibility.

D. Redirection was used for situations in which the client has failed to reduce his/her burden of responsibility.

15. Teach Assertiveness Skills (15)

A. The client was trained in assertiveness skills through the use of role-playing, modeling, and behavioral rehearsal.

B. The client was reinforced for his/her clear understanding of the differences between assertiveness, passivity, and aggressiveness.
C. As the client has used his/her assertiveness skills, he/she has reported reduced conflict and increased satisfaction; the benefits of this progress were highlighted.
D. The client has not regularly used his/her assertiveness skills and was redirected to do so.

16. Refer to Assertiveness Training Class (16)

A. The client was referred to an assertiveness training class.
B. The client has attended the assertiveness training class and the key areas he/she has learned about were reviewed.
C. The client was assisted in identifying ways to transfer what he/she has learned in the assertiveness training class to specific situations in order to reduce conflict and dissatisfaction.
D. The client has not attended the assertiveness training class and was redirected to do so.

17. Assign Books on Assertiveness (17)

A. The client was encouraged to read books on assertiveness and boundary setting.
B. The client was referred to the following books: *Asserting Yourself* (Bower and Bower), *When I Say No, I Feel Guilty* (Smith), *Your Perfect Right* (Alberti and Emmons), and *The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships* (Paterson).
C. The client was assisted in processing the content of the reading on assertiveness and applying it to his/her daily life.
D. The client has not read the assigned books on assertiveness and was redirected to do so.

18. Teach Problem-Resolution Skills (18)

A. The client was taught problem-resolution skills.
B. The client was taught the following steps for resolving problems: (1) define the problem clearly; (2) brainstorm multiple solutions; (3) list the pros and cons of each solution; (4) seek input from others; (5) select and implement a plan of action; (6) evaluate outcome and readjust plan as necessary.
C. The client was assisted in applying the problem-resolution skills to specific situations in his/her life.
D. The client has used the problem-resolution skills and his/her experience was processed.
E. The client has not used the problem-resolutions skills and was assisted in identifying situations in which he/she could apply this technique.

19. Apply Problem-Solving Skills (19)

A. The client was asked to identify situations in which he/she could apply the problem-solving techniques to his/her current circumstances.
B. The client was assigned the homework exercise “Applying Problem-Solving to Interpersonal Conflict” from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. Modeling and role-playing techniques were used to help the client apply the problem-solving approach to his/her circumstances.
D. The client was encouraged to implement his/her plan of action developed through the problem-solving techniques.
E. The client described successes in his/her use of the problem-solving approach and these were reinforced.
F. The client described situations in which the problem-solving approach failed to help his/her situation and he/she was provided with redirection and remedial feedback in these areas.

20. Teach Communication Skills (20)

A. The client was taught specific communication skills to apply to his/her current life stressors.
B. The client was taught how to use "I messages" (e.g., "When _____, then I feel _____, I want _____").
C. The client was taught how to use active-listening skills (e.g., encouraging the other to speak, displaying interest, checking what he/she has heard).
D. The client was taught to use regular eye contact in communication.
E. The client was helped to brainstorm how to use communication skills in his/her current life stress factors.

21. Hold Conjoint Session (21)

A. The client's partner and/or other family members were invited for a conjoint session to address the client's concerns.
B. The client and his/her significant others were encouraged to use open communication and group problem-solving skills.
C. When the conjoint session began to turn into a pattern of poor communication, the client and his/her significant others were redirected to more appropriate communication.
D. The client and his/her significant others were reinforced for their healthy communication and ability to solve problems.

22. List Overlooked Advantages (22)

A. The client was assisted in identifying at least five advantages to his/her current life circumstances that may have been overlooked or discounted.
B. The client was able to identify advantages to his/her current life situation, despite other negative effects.
C. The client failed to identify any advantages that he/she may have overlooked or discounted and was gently offered examples in this area (e.g., opportunity to make own decisions, opportunity for intimacy and sharing with partner, time for developing personal interests, meeting the needs of a significant other).

23. Identify and Plan Modifications to Restore Balance (23)

A. The client was asked to identify areas in his/her life that need modification in order to restore balance in his/her life.
B. The client was assigned the homework exercise "What Needs to Be Changed in My Life?" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client identified areas in his/her life that are in need of modification in order to restore balance and these were reviewed and critiqued.
D. The client was uncertain about areas in his/her life that may need to be modified in order to restore balance in his/her life and was gently offered examples (e.g., adequate exercise, proper nutrition and sleep, socialization and recreational activities, spiritual development, conjoint activities with partner, individual activities and interests, service to others, self-indulgence).
E. The client was assisted in developing a plan of implementation to restore balance to his/her life.

24. List Positive Self-Identity Factors (24)

A. The client was asked to identify specific positive areas related to his/her identity (e.g., strengths, potential ways to contribute to society, positive traits and talents, areas of interest/ability that have not yet been developed).
B. The client was assigned the homework exercise "What Is Good About Me and My Life?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's list of positive self-identity factors was reviewed and processed.
D. The client was assisted in developing specific positive self-identity traits.
E. The client was supported as he/she indicated that the clarification of his/her positive self-identity factors has brought more meaning to his/her life.
F. The client has not developed positive self-identity factors and was redirected to do so.

25. Plan for Meaningful Involvement During Transitions (25)

A. The client was taught about the need to increase activities that give meaning and expand his/her sense of identity when he/she is in a time of transition in life's phases (e.g., single to married, employed to homemaker, childless to parent, employed to retired).
B. The client was assisted in developing an action plan that he/she will use due to his/her specific phase of life problem.
C. The client was assisted in implementing his/her action plan to give more meaning and a sense of identity during a time of transition.
D. The client was monitored regarding his/her implementation of an action plan to increase meaning and sense of identity during a transitional phase.
E. The client has not used techniques to increase meaning and sense of identity during a transitional phase and was redirected to do so.

26. Explore Social Opportunities (26)

A. The client was assisted in reviewing the possible social opportunities that would help to overcome his/her sense of isolation.
B. The client identified several opportunities that he/she would like to use in order to overcome his/her sense of isolation and these were reviewed and prioritized.
C. The client was encouraged to implement his/her selected social opportunities.
D. The client failed to identify many social opportunities and was provided with specific examples in this area (e.g., joining a community recreational or educational group,

becoming active in church or synagogue activities, taking formal education classes, enrolling in an exercise group, joining a hobby support group).

E. The client has not implemented his/her chosen social involvement and was redirected to do so.

27. Teach Social Skills (27)

A. Role-playing and modeling were used to teach the client social skills needed to reach out to build new relationships.

B. The client was assisted with social skills (e.g., starting conversations, introducing himself/herself, asking questions of others about themselves, smiling and being friendly, inviting new acquaintances to his/her home, initiating a social engagement or activity with a new acquaintance).

C. The client was reinforced as he/she indicated increased comfort with reaching out to build new relationships.

28. Monitor Current Adjustment Stress (28)

A. The client's feelings regarding his/her current adjustments were monitored and explored.

B. The client's use of coping mechanisms was reviewed as it applies to his/her current adjustment stress.

C. The client was asked about his/her support system and how it assists in his/her current adjustment.

D. The client was assessed for the possible experience of depression, anxiety, or grief.

E. Treatment focused on depression, anxiety, or grief was recommended to the client.

29. Assess Suicide Potential (29)

A. Feelings of depression, helplessness, and isolation are present, so the client was assessed for possible suicide potential.

B. The client was assessed as being at a low risk for suicide potential.

C. The client was assessed as being at a moderate risk for suicide potential and suicide prevention precautions were implemented.

D. The client was assessed as being at a high risk for suicide potential and was referred for a more restrictive, supervised setting (e.g., crisis home, psychiatric hospitalization).

30. Hold Family Therapy to Increase Support (30)

A. A family therapy session was held in which significant others were given the opportunity to support the client and offer suggestions for reducing his/her stress.

B. During the family therapy session, the client was challenged to share his/her needs assertively and to challenge significant others for taking responsibility for support.

C. The client was supported as he/she asked for specific support (e.g., partner to increase parenting involvement, partner to support client's needs for affirmation and stimulation outside the home, family members to take more responsibility for elderly parent's care).

D. Family members were challenged to assertively meet the client's needs for support.

31. Suggest Reading Material (31)

A. The client was encouraged to read information on how to successfully make a transition through stressful circumstances.

B. The client was directed to specific materials for the successful management of their particular stressful situation.

C. The client has read the suggested material and key components were reviewed.

D. The client has not read the suggested material and was redirected to do so.

PHOBIA

CLIENT PRESENTATION

1. **Unreasonable Fear of Object/Situation (1)***

A. The client described a pattern of persistent and unreasonable phobic fear that promotes avoidance behaviors because an encounter with the phobic stimulus provokes an immediate anxiety response.

B. The client has shown a willingness to begin to encounter the phobic stimulus and endure some of the anxiety response that is precipitated.

C. The client has been able to tolerate the previously phobic stimulus without debilitating anxiety.

D. The client verbalized that he/she no longer holds fearful beliefs or experiences anxiety during an encounter with the phobic stimulus.

2. **Interference With Normal Routines (2)**

A. The client's avoidance of phobic stimulus situations is so severe as to interfere with normal functioning.

B. The degree of the client's distrust associated with avoidance behaviors related to phobic experiences is such that he/she is not able to function normally.

C. The client is beginning to take on normal responsibilities and function with limited distress.

D. The client has returned to normal functioning and reported that he/she is no longer troubled by avoidance behaviors and phobic fears.

3. **Recognition That Fear Is Unreasonable (3)**

A. The client's phobic fear has persisted in spite of the fact that he/she acknowledges that the fear is unreasonable.

B. The client has made many attempts to ignore or overcome his/her unreasonable fear, but has been unsuccessful.

INTERVENTIONS IMPLEMENTED

1. **Assess Phobic Fears (1)†**

A. Rapport was established toward building a therapeutic alliance.

B. The specifics regarding the client's phobic fear were addressed.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

† The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client was helped to verbalize the specific stimuli for his/her phobic fear, the history of the fear, and the degree to which it interferes with his/her life.

2. Administer Fear Survey (2)

A. An objective fear survey was administered to the client to assess the depth and breadth of his/her phobic fear, including the focus of the fear, types of avoidance, development, and disability.

B. *The Anxiety Disorders Interview Schedule—Adult Version* (Brown, DiNardo, and Barlow) was used to assess the client's phobia concerns.

C. The fear survey results indicate that the client's phobic fear is extreme and severely interferes with his/her life.

D. The fear survey results indicate that the client's phobic fear is moderate and occasionally interferes with his/her daily functioning.

E. The fear survey results indicate that the client's phobic fear is mild and rarely interferes with his/her daily functioning.

F. The results of the fear survey were reviewed with the client.

3. Administer Client-Report Measure (3)

A. A client-report measure was used to further assess the depth and breadth of the client's phobic responses.

B. The *Measures for Specific Phobias* (Antony) was used to assess the depth and breadth of the client's phobic responses.

C. The *Fear Survey Schedule–III* was used to assess the depth and breadth of the client's phobic responses.

D. The client-report measures indicated that the client's phobic fear is extreme and severely interferes with his/her life.

E. The client-report measures indicated that the client's phobic fear is moderate and occasionally interferes with his/her life.

F. The client-report measures indicated that the client's phobic fear is mild and rarely interferes with his/her life.

G. The client declined to complete the client-report measure and the focus of treatment was changed to this resistance.

4. Conduct Behavior Assessment Task (4)

A. A behavioral assessment task was conducted, in which the client was asked to approach the feared object or situation while reporting relative cognitive and emotional experiences.

B. The client was assisted in cataloging his/her emotional and cognitive responses to the behavioral assessment task.

C. The behavioral assessment task was re-administered to assist in assessing treatment outcomes.

5. Arrange Substance-Abuse Evaluation (5)

A. The client's use of alcohol and other mood-altering substances was assessed.

B. The client was assessed to have a pattern of mild substance use.

C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Refer for Medication Evaluation (10)

A. As the client is unlikely to be compliant with gradual exposure, arrangements were made for the client to have a physician evaluation for the purpose of considering psychotropic medication to alleviate phobic symptoms.
B. The client has followed through with seeing a physician for an evaluation of any organic causes for the anxiety and the need for psychotropic medication to control the anxiety response.
C. The client has not cooperated with the referral to a physician for a medication evaluation and was encouraged to do so.

11. Monitor Medication Compliance (11)

A. The client reported that he/she has taken the prescribed medication consistently and that it has helped to control the phobic anxiety; this was relayed to the prescribing clinician.
B. The client reported that he/she has not taken the prescribed medication consistently and was encouraged to do so.
C. The client reported taking the prescribed medication and stated that he/she has not noted any beneficial effect from it; this was reflected to the prescribing clinician.
D. The client was evaluated, but was not prescribed any psychotropic medication by the physician.

12. Normalize Phobias (12)

A. A discussion was held about how phobias are very common.
B. The client was focused on to how phobias are a natural, but irrational expression of our fight or flight response.
C. It was emphasized to the client that phobias are not a sign of weakness, but cause unnecessary distress and disability.
D. The client was reinforced as he/she displayed a better understanding of the natural facets of phobias.
E. The client struggled to understand the natural aspects of phobias and was provided with remedial feedback in this area.

13. Discuss Phobic Cycle (13)

A. The client was taught about how phobic fears are maintained by a phobic cycle of unwarranted fear and avoidance that precludes positive, corrective experiences with the feared object or situation.
B. The client was taught about how treatment breaks the phobic cycle by encouraging positive, corrective experiences.

C. The client was taught information from *Mastery of Your Specific Phobia–Therapist Guide* (Craske, Antony, and Barlow) regarding the phobic cycle.
D. The client was taught about the phobic cycle from information in *Specific Phobias* (Bruce and Sanderson).
E. The client was reinforced as he/she displayed a better understanding of the phobic cycle of unwarranted fear and avoidance and how treatment breaks the cycle.
F. The client displayed a poor understanding of the phobic cycle and was provided with remedial feedback in this area.

14. Assign Reading on Specific Phobias (14)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on specific phobias.
B. The client was assigned information from *Mastering Your Fears and Phobias—Workbook* (Antony, Craske, and Barlow).
C. The client was directed to read information about specific phobias from *The Anxiety and Phobia Workbook* (Bourne).
D. The client was assigned to read from *Living with Fear* (Marks).
E. The client was assigned to read *Anxiety, Phobias and Panic: A Step by Step Program for Regaining Control of Your Life* (Peurifoy) or *Face Your Fears: A Proven Plan to Beat Anxiety, Panic, Phobias, and Obsessions* (Tolin).
F. The client has read the assigned information on phobias and key points were reviewed.
G. The client has not read the assigned information on phobias and was redirected to do so.

15. Discuss Unrealistic Threats, Physical Fear, and Avoidance (15)

A. A discussion was held about how phobias involve perceiving unrealistic threats, bodily expressions of fear, and avoidance of what is threatening that interact to maintain the problem.
B. The client was taught about factors that interact to maintain the problem phobia from information in *Mastery of Your Specific Phobia—Therapist's Guide* (Craske, Antony, and Barlow).
C. The client was taught about factors that interact to maintain the problem phobia from information in *Specific Phobias* (Bruce and Sanderson).
D. The client displayed a clear understanding about how unrealistic threats, bodily expression of fear, and avoidance combine to maintain the phobic problem; his/her insight was reinforced.
E. Despite specific information about factors that interact to maintain the problem, the client displayed a poor understanding of these issues; he/she was provided with remedial information in this area.

16. Discuss Benefits of Exposure (16)

A. A discussion was held about how exposure serves as an arena to desensitize learned fear, build confidence, and feel safer by building a new history of success experiences.
B. The client was taught about the benefits of exposure as described in *Mastery of Your Specific Phobia—Therapist's Guide* (Craske, Antony, and Barlow).

C. The client was taught about the benefits of exposure as described in *Specific Phobias* (Bruce and Sanderson).
D. The client displayed a clear understanding about how exposure serves to desensitize learned fear, build confidence, and feel safer by building a new history of success experiences; his/her insight was reinforced.
E. Despite specific information about how exposure serves to desensitize learned fear, build confidence, and feel safer by building a new history of success experiences, the client displayed a poor understanding of these issues; he/she was provided with remedial information in this area.

17. Teach Anxiety Management Skills (17)

A. The client was taught anxiety management skills.
B. The client was taught about staying focused on behavioral goals and positive self-talk.
C. Techniques for muscular relaxation and paced diaphragmatic breathing were taught to the client.
D. The client was reinforced for his/her clear understanding and use of anxiety management skills.
E. The client has not used new anxiety management skills and was redirected to do so.

18. Assign Calming Skills Exercises (18)

A. The client was assigned a homework exercise in which he/she practices daily calming skills.
B. The client's use of the exercises for practicing daily calming skills was closely monitored.
C. The client's success at using daily calming skills was reinforced.
D. The client was provided with corrective feedback for his/her failures at practicing daily calming skills.

19. Utilize Biofeedback (19)

A. Biofeedback techniques were utilized to facilitate the client's learning of deep muscle relaxation.
B. The client has developed a greater depth of relaxation as a result of the biofeedback techniques; he/she was encouraged to continue the regular use of these techniques.
C. The client has had difficulty learning to use the biofeedback techniques and was provided with remedial information in this area.

20. Teach Applied Tension Technique (20)

A. The client was taught the applied tension technique to help prevent fainting during encounters with phobic objects or situations.
B. The client was taught to tense his/her neck and upper torso muscles to curtail blood flow out of the brain to help prevent fainting during encounters with phobic objects or situations involving blood, injection, or injury.
C. The client was taught specific applied tension techniques as indicated in *Applied Tension* (McLean, Ost, and Sterner).

D. The client was provided with positive feedback for his/her use of the applied tension technique.
E. The client has struggled to appropriately use the applied tension technique and was provided with remedial feedback in this area.

21. Assign Daily Applied Tension Practice (21)

A. The client was assigned a homework exercise in which he/she practices daily use of the applied tension skills.
B. The client's daily use of the applied tension technique was reviewed.
C. The client was reinforced for his/her success at using daily applied tension skills.
D. The client was provided with corrective feedback for his/her failure to appropriately use daily applied tension skills.

22. Identify Distorted Thoughts (22)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate anxiety responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was gently offered examples in this area.

23. Assign Homework on Fearful Self-Talk (23)

A. The client was assigned homework exercises to identify fearful self-talk and to create reality-based alternatives and record his/her experience.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's use of self-talk techniques was reviewed and reinforced.
D. The client has struggled in his/her implementation of self-talk techniques and was provided with corrective feedback.
E. The client has not attempted to use the self-talk techniques and was redirected to do so.

24. Teach Positive Self-Talk (24)

A. Modeling and behavioral rehearsal were used to train the client in positive self-talk that reassured him/her of the ability to work through and endure anxiety symptoms without serious consequences.
B. The client has implemented positive self-talk to reassure himself/herself of the ability to endure anxiety without serious consequences; he/she was reinforced for this progress.
C. The client has not used positive self-talk to help endure anxiety and was provided with additional direction in this area.

25. Construct Anxiety Stimuli Hierarchy (25)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with his/her phobic fear.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her fear remain quite vague; imaginal situations were used.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

26. Select Initial Exposures (26)

A. Initial exposures were selected from the hierarchy of anxiety-producing situations, with a bias toward likelihood of being successful.
B. A plan was developed with the client for managing the symptoms that may occur during the initial exposure.
C. The client was assisted in rehearsing the plan for managing the exposure-related symptoms within his/her imagination.
D. Positive feedback was provided for the client's helpful use of symptom management techniques.
E. The client was redirected for ways to improve his/her symptom management techniques.

27. Assign Homework on Situational Exposures (27)

A. The client was assigned homework exercises to perform situational exposures and record his/her experience.
B. The client was assigned "Gradually Reducing Your Phobic Fear" from *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned situational exposures homework from *Mastery of Your Specific Phobia—Client Manual* (Antony, Craske, and Barlow).
D. The client was assigned situational exposures homework from *Living with Fear* (Marks).
E. The client's use of situational exposure techniques was reviewed and reinforced.
F. The client has struggled in his/her implementation of situational exposure techniques and was provided with corrective feedback.
G. The client has not attempted to use the situational exposure techniques and was redirected to do so.

28. Assign Behavioral Experiments (28)

A. The client was assigned behavioral experiments in which biased, fear-based predictions were tested against alternatives that correct for the biases.
B. The client was assisted in developing exposure exercises to test his/her biases.
C. The client was assisted in reviewing and reinforcing successful experiences of conducting behavioral experiments.
D. The client was assisted in problem solving obstacles toward belief in the alternatives and elimination of the phobic avoidance.

29. Differentiate Between Lapse and Relapse (29)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with a temporary and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

30. Discuss Management of Lapse Risk Situations (30)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

31. Encourage Routine Use of Strategies (31)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.

32. Develop a "Coping Card" (32)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

33. Schedule a "Booster Session" (33)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "booster session."
C. The client's "booster session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "booster session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

34. Use ACT Approach (34)

A. Acceptance and commitment therapy (ACT) was applied.
B. The client was assisted in accepting and openly experiencing anxious thoughts and feelings, without being overly impacted by them.
C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

35. Assign Reading on Mindfulness and ACT (35)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific segments from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth and Eifert).
C. The client has read the assigned material and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

36. Reinforce Responsibility Acceptance (36)

A. The client was supported and reinforced for following through with work, family, and social responsibilities rather than using escape and avoidance to focus on panic symptoms.
B. The client reported performing responsibilities more consistently and being less preoccupied with panic symptoms or fear that panic symptoms might occur; his/her progress was highlighted.

37. Explore Secondary Gain (37)

A. Secondary gain was identified for the client's panic symptoms because of his/her tendency to escape or avoid certain situations.
B. The client denied any role for secondary gain that results from his/her modification of life to accommodate panic; he/she was gently offered examples.
C. The client was reinforced for accepting the role of secondary gain in promoting and maintaining the panic symptoms and encouraged to overcome this gain through living a more normal life.

38. Differentiate Current Fear From Past Pain (38)

A. The client was taught to verbalize the separate realities of the current fear and the emotionally painful experience from the past that has been evoked by the phobic stimulus.
B. The client was reinforced when he/she expressed insight into the unresolved fear from the past that is linked to his/her current phobic fear.
C. The irrational nature of the client's current phobic fear was emphasized and clarified.
D. The client's unresolved emotional issue from the past was clarified.

39. Encourage Sharing of Feelings (39)

A. The client was encouraged to share the emotionally painful experience from the past that has been evoked by the phobic stimulus.

B. The client was taught to separate the realities of the irrationally feared object or situation and the painful experience from his/her past.

40. Work Through Past Pain (40)

A. The client was assisted in working through the past pain that contributes to his/her phobia.

B. The client was assisted in developing insight into the relationship of the past pain to the present fear.

POSTTRAUMATIC STRESS DISORDER (PTSD)

CLIENT PRESENTATION

1. Exposure to Threatened Death/Injury to Self (1)*

A. The client has been a victim of a threat of death or serious injury to himself/herself that has resulted in an intense emotional response of fear, helplessness, or horror.

B. The client's intense emotional response to the traumatic event has somewhat diminished.

C. The client can now recall the traumatic event of being threatened with death or serious injury without an intense emotional response.

2. Intense Reaction to Trauma (2)

A. The client has a history of having been exposed to the death or serious injury of others that resulted in feelings of intense fear, helplessness, or horror.

B. The client's severe emotional response of fear has somewhat diminished.

C. The client can now recall being a witness to the traumatic incident without experiencing the intense emotional response of fear, helplessness, or horror.

3. Intrusive Thoughts (3)

A. The client described experiencing intrusive, distressing thoughts or images that recall the traumatic event and its associated intense emotional response.

B. The client reported experiencing less difficulty with intrusive, distressing thoughts of the traumatic event.

C. The client reported no longer experiencing intrusive, distressing thoughts of the traumatic event.

4. Disturbing Dreams (4)

A. The client described disturbing dreams that he/she experiences and are associated with the traumatic event.

B. The frequency and intensity of the disturbing dreams associated with the traumatic event have decreased.

C. The client reported no longer experiencing disturbing dreams associated with the traumatic event.

5. Flashbacks (5)

A. The client reported experiencing illusions about or flashbacks to the traumatic event.

B. The frequency and intensity of the client's flashbacks experiences have diminished.

C. The client reported no longer experiencing flashbacks to the traumatic event.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

6. **Physiological Reactivity (6)**

A. The client experiences physiological reactivity associated with fear and anger when he/she is exposed to the internal or external cues that symbolize the traumatic event.
B. The client's physiological reactivity has diminished when he/she is exposed to internal or external cues of the traumatic event.
C. The client reported no longer experiencing physiological reactivity when exposed to internal or external cues of the traumatic event.

7. **Thought/Feeling/Conversation Avoidance (7)**

A. The client described trying to avoid thinking, feeling, or talking about the traumatic event because of the associated negative emotional response.
B. The client is making less effort to avoid thoughts, feelings, or conversations about the traumatic event.
C. The client reported that he/she is now able to talk or think about the traumatic event without feeling overwhelmed with negative emotions.

8. **Place/People Avoidance (8)**

A. The client reported a pattern of avoidance of activity, places, or people associated with the traumatic event because he/she is fearful of the negative emotions that may be triggered.
B. The client is able to tolerate contact with people, places, or activities associated with the traumatic event without feeling overwhelmed.

9. **Lack of Interest (9)**

A. The client has developed a lack of interest and a pattern of lack of participation in activities that had previously been rewarding and pleasurable.
B. The client has begun to show some interest in participation in previously rewarding activities.
C. The client is now showing a normal interest in participation in rewarding activities.

10. **Sleep Disturbance (10)**

A. Since the traumatic event occurred, the client has experienced a desire to sleep much more than normal.
B. Since the traumatic event occurred, the client has found it very difficult to initiate and maintain sleep.
C. Since the traumatic event occurred, the client has had a fear of sleeping.
D. The client's sleep disturbance has terminated and he/she has returned to a normal sleep pattern.

11. **Lack of Concentration (11)**

A. The client described a pattern of lack of concentration that began with the exposure to the traumatic event.
B. The client identified feelings of guilt that impinge on his/her concentration.

C. The client reported that he/she is now able to focus more clearly on cognitive processing.
D. The client's ability to concentrate has returned to normal levels.

12. Hypervigilance (12)

A. The client described a pattern of hypervigilance.
B. The client's hypervigilant pattern has diminished.
C. The client reported no longer experiencing hypervigilance.

13. Exaggerated Startle Response (13)

A. The client described having experienced an exaggerated startle response.
B. The client's exaggerated startle response has diminished.
C. The client no longer experiences an exaggerated startle response.

14. Symptoms for 1 Month or More (14)

A. The client stated that his/her symptoms of PTSD have been present for more than a month.
B. The client's symptoms that have been present for more than a month have diminished.
C. The client no longer experiences PTSD symptoms.

15. Interpersonal Conflict (15)

A. The client described a pattern of interpersonal conflict, especially in regard to intimate relationships.
B. As the client has worked through his/her reaction to the traumatic event, there has been less conflict within personal relationships.
C. The client's partner reported that he/she is irritable, withdrawn, and preoccupied with the traumatic event.
D. The client and his/her partner reported increased communication and satisfaction with the interpersonal relationship.
E. The client has been unable to maintain employment due to authority/coworker conflict or anxiety symptoms.
F. As the client has worked through the feelings associated with the traumatic event, he/she has been more reliable and responsible within the employment setting.
G. The client has resumed his/her employment duties and attendance in a consistent and reliable manner.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. Today's clinical contact focused on building the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. Empathy and support were provided for the client's expression of thoughts and feelings during today's clinical contact.
C. The client was provided with support and feedback as he/she described his/her maladaptive pattern of anxiety.
D. As the client has remained mistrustful and reluctant to share his/her underlying thoughts and feelings, he/she was provided with additional reassurance.
E. The client verbally recognized that he/she has difficulty establishing trust because he/she has often felt let down by others in the past, and he/she was accepted for this insight.

2. Explore Facts of Traumatic Event (2)

A. The client was gently encouraged to tell the entire story of the traumatic event.
B. The client was given the opportunity to share what he/she recalls about the traumatic event.
C. The client was assigned the homework exercise "How the Trauma Affects Me" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The *Anxiety Disorders Interview Schedule for DSM-IV* (DiNardo, Brown, and Barlow) was used to help to gently and sensitively explore the client's recollection of the traumatic incident.
E. Today's therapy session explored the sequence of events before, during, and after the traumatic event.

3. Refer/Conduct Psychological Testing (3)

A. Psychological testing was administered to assess for the presence and strength of the PTSD symptoms.
B. The client was assessed through the use of personality testing.
C. The client was assessed with the use of the *Impact of Events Scale* (Horowitz).
D. The psychological testing confirmed the presence of significant PTSD symptoms.
E. The psychological testing confirmed mild PTSD symptoms.
F. The psychological testing revealed that there are no significant PTSD symptoms present.
G. The results of the psychological testing were presented to the client.

4. Assess Chemical Dependence (4)

A. The client was asked to describe his/her use of alcohol and/or drugs as a means of escape from negative emotions.
B. The client was supported as he/she acknowledged that he/she has abused alcohol and/or drugs as a means of coping with the negative consequences associated with the traumatic event.
C. The client was quite defensive about giving information regarding his/her substance abuse history and minimized any such behavior; this was reflected to him/her and he/she was urged to be more open.

5. Refer to Chemical Dependence Treatment (5)

A. The client was referred for a more comprehensive substance abuse evaluation.
B. The client was referred for chemical dependence treatment.
C. The client consented to chemical dependence treatment referral, as he/she has acknowledged it as a significant problem.
D. The client refused to accept a referral for chemical dependence treatment and continued to deny that substance abuse is a problem.
E. The client was reinforced for following through on obtaining chemical dependence treatment.
F. The client's treatment focus was switched to his/her chemical dependence problem.

6. Assess Depression (6)

A. The depth of the client's depression and his/her suicide potential were assessed.
B. Since the client has significant depression and verbalizes suicidal urges, steps were taken to provide more intense treatment and constant supervision.
C. The client's depression was not noted to be particularly serious and he/she has denied any current suicidal ideation.

7. Assess Level of Insight (7)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. Assess for Correlated Disorders (8)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.

C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Refer for Medication Evaluation (11)

A. The client was referred for a medication evaluation to help stabilize his/her moods and decrease the intensity of his/her feelings.
B. The client was reinforced as he/she agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to help stabilize his/her moods and reduce emotional distress; his/her objections were processed.

12. Monitor Effects of Medication (12)

A. The client's response to the medication was discussed in today's therapy session.
B. The client reported that the medication has helped to stabilize his/her moods and decrease the intensity of his/her feelings; he/she was directed to share this information with the prescribing clinician.
C. The client reports little to no improvement in his/her moods or anger control since being placed on the medication; he/she was directed to share this information with the prescribing clinician.
D. The client was reinforced for consistently taking the medication as prescribed.
E. The client has failed to comply with taking the medication as prescribed; he/she was encouraged to take the medication as prescribed.

13. Discuss PTSD Symptoms (13)

A. A discussion was held about how PTSD results from exposure to trauma and results in intrusive recollections, unwarranted fears, anxiety, and a vulnerability to other negative emotions.

B. The client was provided with specific examples of how PTSD symptoms occur and affect individuals.
C. The client displayed a clear understanding of the dynamics of PTSD and was provided with positive feedback.
D. The client has struggled to understand the dynamics of PTSD and was provided with remedial feedback in this area.

14. Educate About PTSD Treatment (14)

A. The client was educated about how effective treatments for PTSD help address the cognitive, emotional, and behavioral consequences.
B. The use of cognitive and behavioral therapy approaches was reviewed.

15. Assign Reading on Anxiety (15)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on PTSD.
B. The client was assigned information from *Overcoming Posttraumatic Stress Disorder* (Smyth).
C. The client was assigned information from *Reclaiming Your Life From a Traumatic Experience* (Roth, Foa, and Hembree).
D. The client has read the assigned information on PTSD and key points were reviewed.
E. The client has not read the assigned information on PTSD and was redirected to do so.

16. Teach Calming Skills (16)

A. The client was taught calming skills.
B. The client was taught breathing training, relaxation, and calming self-talk to use in between sessions when feeling overly distressed.
C. The client reported that he/she regularly used calming skills, and this was reinforced.
D. The client's use of calming skills was reviewed and problem-solved.

17. Use Cognitive Processing Approach (17)

A. The cognitive processing therapy approach was used, starting with assigning the client to write a description of the meaning of the traumatic event.
B. The client was asked to read and discuss the impact statement.
C. The client was assisted in the process of reading and discussing the impact statement.

18. Teach Relationship Between Thoughts, Behaviors, and Emotions (18)

A. The client was assisted in identifying the connection between thoughts, feelings, and emotions that are associated with the trauma.
B. The client was supported as he/she gave examples of the relationship between thoughts, behaviors, and emotions associated with the trauma.
C. The client struggled to identify connections between thoughts, feelings, and emotions associated with the trauma, and was provided with examples in this area.

19. Assign a Detailed Description of Traumatic Event (19)

A. The client was asked to write a detailed description of the traumatic event.

B. The client was assigned the homework exercise "Share the Painful Memory" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was requested to read his/her detailed description of the traumatic event in the session.

D. Cognitive therapy techniques were used to question biased thoughts and beliefs and explore unbiased alternatives.

E. The client was reinforced for a shift from biased to unbiased thinking.

F. The client struggled to change from biased to unbiased thought processes and was provided with remedial feedback in this area.

20. Rewrite Description of the Event (20)

A. The client was asked to rewrite the description of the event, but now reflecting new thoughts and beliefs.

B. The client was requested to discuss this restructured version of the event reinforcing the new beliefs.

C. The client was asked to assess and address the themes common to PTSD, including safety, trust, power, control, esteem, and intimacy.

21. Explore Self-Talk and Beliefs About Self (21)

A. The client was asked to explore his/her self-talk and beliefs about himself/herself.

B. The client was asked to explore his/her thoughts about others and the future.

C. The client was asked to focus on themes of safety, trust, power, control, esteem, and intimacy.

D. The client was assisted in identifying and challenging biases.

E. The client was assisted in generating appraisals that correct for his/her biases.

F. The client was assisted in testing biased and alternative predications through behavioral experiments.

22. Log Automatic Thoughts (22)

A. The client was asked to keep a daily log of automatic thoughts.

B. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was assisted in processing the journal material to challenge distorted thinking patterns with reality-based thoughts.

D. The client was assisted in generating predictions for behavioral experiments.

23. Assign Self-Talk Homework (23)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.

B. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with positive reinforcement for his/her success in this area.
C. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with corrective feedback for his/her failure to identify and replace self-talk with reality-based alternatives.
D. The client has not attempted his/her homework related to fearful self-talk and reality-based alternatives and was redirected to do so.

24. Construct Anxiety Stimuli Hierarchy (24)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with two or three spheres of worry.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her anxiety remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

25. Utilize *In Vivo* Exposure (25)

A. The client was assisted in developing real-life exposure situations.
B. The client was assisted in gradually exposing himself/herself to objects, situations, and places that are negatively associated with the trauma.
C. The client was assisted in managing his/her symptoms when experiencing these *in vivo* exposures.

26. Assign Homework on Exposures (26)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record his/her experience.
B. The client was assigned situational exposures homework from "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned situational exposures homework from *Posttraumatic Stress Disorder* (Resick and Calhoun).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

27. Use Imaginal Exposure (27)

A. The client was asked to describe a traumatic experience at an increasing, but client-chosen, level of detail.
B. The client was asked to continue to describe his/her traumatic experience at his/her own chosen level of detail until the associated anxiety reduces and stabilizes.
C. The client was directed to do imaginal exposures as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).

D. The client was reinforced for his/her progress in imaginal exposure.
E. The client was assisted in problem-solving obstacles to his/her imaginal exposure.

28. Assign Self-Directed Exposure as Homework (28)

A. The client was assigned to do homework exercise in which he/she does self-directed exposure to the memory of the trauma.
B. The client's use of homework exercises on self-directed exposure to the memory of the trauma were reviewed and processed.

29. Teach Stress Inoculation Training (29)

A. The client was taught strategies from stress inoculation training, such as relaxation, breathing, covert modeling, and role-play.
B. The client was taught stress inoculation techniques for managing fears until a sense of mastery is evident from *A Clinical Handbook for Treating PTSD* (Meichenbaum).
C. The client was assisted in practicing stress inoculation training techniques.
D. The client displayed a clear understanding of the use of stress inoculation training.
E. The client has not displayed a clear understanding of the stress inoculation training techniques and was provided with additional feedback in this area.

30. Teach Self-Dialogue Procedure (30)

A. The client was taught self-dialogue procedures as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).
B. The client was taught self-dialogue techniques to learn to recognize maladaptive self-talk, challenge its bias, cope with engendered feelings, overcome avoidance, and reinforce accomplishments.
C. The client was reinforced for his/her use of self-dialogue procedures.
D. The client has found significant obstacles to using self-dialogue procedures and was assisted in problem-solving these concerns.

31. Employ EMDR Technique (31)

A. The client was trained in the use of the eye movement desensitization and reprocessing (EMDR) technique to reduce his/her emotional reactivity to the traumatic event.
B. The client reported that the EMDR technique has been helpful in reducing his/her emotional reactivity to the traumatic event.
C. The client reported partial success with the use of the EMDR technique to reduce emotional distress.
D. The client reported little to no improvement with the use of the EMDR technique to decrease his/her emotional reactivity to the traumatic event.

32. Use ACT Approach (32)

A. Acceptance and commitment therapy (ACT) was applied.
B. The client was assisted in accepting and openly experiencing anxious thoughts and feelings, without being overly impacted by them.

C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

33. Teach Mindfulness Meditation (33)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with panic and change.
B. The client was taught to focus on changing his/her relationship with the panic-related thoughts by accepting the thoughts, images and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

34. Assign ACT Homework (34)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

35. Assign Reading on Mindfulness and ACT (35)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific portions from *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal from Post-Traumatic Stress and Trauma Related Problems* (Follette and Pistorello).
C. The client has read the assigned material and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

36. Assess Anger Control (36)

A. A history of the client's anger control problems was taken in today's therapy session.
B. The client was assigned the homework exercise "Anger Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. Active listening was used as the client shared instances in which poor control of his/her anger resulted in verbal threats of violence, actual harm or injury to others, or destruction of property.

D. The client identified events or situations that frequently trigger a loss of control of his/her anger and was helped to see his/her patterns.
E. The client was asked to identify the common targets of his/her anger to help gain greater insight into the factors contributing to his/her lack of control.
F. Today's therapy session helped the client realize how his/her anger control problems are often associated with underlying, painful emotions about the traumatic event.
G. The client was quite guarded about his/her anger control problems and was urged to be more open in this area.

37. Teach Anger Management Techniques (37)

A. The client was taught mediational and self-control strategies to help improve his/her anger control.
B. The client was taught guided imagery and relaxation techniques to help improve his/her anger control.
C. Role-playing and modeling techniques were used to demonstrate effective ways to control anger.
D. The client was strongly encouraged to express his/her anger through controlled, respectful verbalizations and healthy physical outlets.
E. A reward system was designed to reinforce the client for demonstrating good anger control.

38. Use Compassionate Mind Training (38)

A. The client was assisted in identifying and changing self-attacking and personal shaming resulting from the trauma.
B. The client was assisted in identifying alternatives to self-attacking and personal shaming comments.

39. Encourage Physical Exercise (39)

A. The client was assisted in developing a physical exercise routine as a means of coping with stress and developing an improved sense of well-being.
B. The client was reinforced for following through on implementing a regular exercise regimen as a stress release technique.
C. The client has failed to consistently implement a physical exercise routine and was encouraged to do so.

40. Recommend Exercising Your Way to Better Mental Health (40)

A. The book *Exercising Your Way to Better Mental Health* (Leith) was recommended to the client as a means of encouraging physical exercise.
B. The client has followed through with reading the book on exercise and mental health; the key points of this material were reviewed.

C. The client was assisted in implementing a consistent exercise regimen.
D. The client has not followed through with reading the book on exercise nor has he/she implemented a regular physical exercise regimen.

41. Monitor Sleep Patterns (41)

A. The client was encouraged to keep a record of how much sleep he/she gets every night.
B. The client was assigned the homework exercise "Sleep Pattern Record" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was trained in the use of relaxation techniques to help induce sleep.
D. The client was trained in the use of positive imagery to help induce sleep.
E. The client was referred for a medication evaluation to determine whether medication is needed to help him/her sleep.

42. Conduct Family/Conjoint Session (42)

A. A conjoint session was held to facilitate healing the hurt that the client's PTSD symptoms have caused to others.
B. The client was supported while apologizing to significant others for the irritability, withdrawal, and angry outbursts that are part of his/her PTSD symptom pattern.
C. Support was provided as the client's significant others verbalized the negative impact that the client's PTSD symptoms have had on their life.
D. Significant others indicated support for the client and accepted apologies for previous hurts that his/her behavior caused; the benefits of this progress were highlighted.

43. Refer for Group Therapy (43)

A. The client was referred for group therapy to help him/her share and work through his/her feelings about the trauma with other individuals who have experienced traumatic incidents.
B. The client was given the directive to self-disclose at least once during the group therapy session about his/her traumatic experience.
C. It was emphasized to the client that his/her involvement in group therapy has helped him/her realize that he/she is not alone in experiencing painful emotions surrounding a traumatic event.
D. It was reflected to the client that his/her active participation in group therapy has helped him/her share and work through many of his/her emotions pertaining to the traumatic event.
E. The client has not made productive use of the group therapy sessions and has been reluctant to share his/her feelings about the traumatic event; he/she was encouraged to use this helpful technique.

44. Provide Relapse Prevention Rationale (44)

A. The client was provided with a rationale for the use of relapse prevention techniques.

B. The client was encouraged to identify risks and introduce strategies for preventing each risk.
C. The client was reinforced for his/her use of relapse prevention strategies.

45. Discuss Lapse Versus Relapse (45)

A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was reinforced for his/her ability to respond to a lapse without relapsing.

46. Identify and Rehearse Response to Lapse Situations (46)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of his/her potential lapse situations.
C. The client was reinforced as he/she identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of potential lapse situations and this resistance was redirected.

47. Encourage Use of Therapy Strategies (47)

A. The client was encouraged to routinely use strategies used in therapy.
B. The client was urged to use cognitive restructuring, social skills, and exposure techniques while building social interactions and relationships.
C. The client was reinforced for his/her regular use of therapy techniques within social interactions and relationships.
D. The client was unable to identify many situations in which he/she has used therapy techniques to help build social interactions and social relationships and was redirected to seek these situations out.

48. Develop a "Coping Card" (48)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

49. Schedule a Booster Session (49)

A. The client was scheduled for a "booster session" between one and three months after therapy ends.

B. The client was advised to contact the therapist if he/she needs to be seen prior to the booster session.
C. The client's booster session was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's booster session was held and he/she was encouraged to attend further treatment as his/her progress has not been sustained.

PSYCHOTICISM

CLIENT PRESENTATION

1. **Bizarre Thought Content (1)***

A. The client demonstrated delusional thought content.
B. The client has experienced persecutory delusions.
C. The client's delusional thoughts have diminished in frequency and intensity.
D. The client no longer experiences delusional thoughts.

2. **Illogical Thought/Speech (2)**

A. The client's speech and thought patterns are incoherent and illogical.
B. The client demonstrated loose association of ideas and vague speech.
C. The client's illogical thought and speech have become less frequent.
D. The client no longer gives evidence of illogical form of thought and speech.

3. **Perception Disturbance (3)**

A. The client has experienced auditory hallucinations.
B. The client has experienced visual hallucinations.
C. The client's hallucinations have diminished in frequency.
D. The client reported no longer experiencing hallucinations.

4. **Disorganized Behavior (4)**

A. The client displayed strange and disorganized behavior.
B. The client displays a pattern of perseveration.
C. The client displays inappropriate and odd dress.
D. The client displays uncharacteristic disrespect to others.
E. The client displays increased risky behaviors.
F. The client displays repetition in his/her behaviors.
G. As treatment has progressed, the client displays decreased frequency of strange and disorganized behavior.

5. **Paranoia (5)**

A. The client displayed paranoid thoughts and reactions, including extreme distrust, fear, and apprehension.
B. The client's level of distrust of others is so pervasive and obsessive, that his/her daily functioning is disruptive.
C. The client is unable to fulfill job and family responsibilities because of his/her preoccupation with issues of distrust and paranoia.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

D. The client's level of trust is growing and he/she displays decreased paranoid thoughts.

6. Psychomotor Abnormalities (6)

A. The client demonstrated a marked decrease in reactivity to his/her environment.
B. The client demonstrated various catatonic patterns such as stupor, rigidity, posturing, negativism, and excitement.
C. The client gave evidence of unusual mannerisms or grimacing.
D. The client's psychomotor abnormalities have diminished and his/her pattern of relating has become more typical and less alienating.

7. Agitation (7)

A. The client displayed a high degree of irritability and unpredictability in his/her actions.
B. The client displayed agitation through anger outbursts and impulsive, physical acting out.
C. The client is difficult to approach due to his/her extreme agitation.
D. As treatment has progressed, the client has decreased his/her level of agitation and is less irritable, angry, unpredictable, or impulsive.

8. Bizarre Dress/Grooming (8)

A. The client has not given adequate attention to his/her personal grooming.
B. The client presents in unusual clothing and bizarre manner of dress due to his/her diminished contact with reality.
C. As the client's psychosis has stabilized, he/she has become more normalized in his/her dress and grooming.

9. Disturbed Affect (9)

A. The client presented with blunted affect.
B. The client gave evidence of a lack of affect.
C. At times, the client's affect was inappropriate for the context of the situation.
D. The client's affect has become more appropriate and energized.

10. Relationship Withdrawal (10)

A. The client has been withdrawn from involvement with the external world and has been preoccupied with egocentric ideas and fantasies.
B. The client has shown a slight improvement in his/her ability to demonstrate relationship skills.
C. The client has shown an interest in relating to others in a more appropriate manner.

INTERVENTIONS IMPLEMENTED

1. Demonstrate Acceptance (1)*

A. The client was shown acceptance through a calm, nurturing manner, good eye contact, and active listening.

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B. The client responded to calm acceptance by beginning to describe his/her psychotic symptoms.
C. The client remained agitated, tense, and preoccupied with his/her own internal stimuli, despite the use of warm acceptance.

2. Assess Thought Disorder Severity (2)

A. The severity of the client's thought disorder was assessed through clinical interview.
B. Psychological testing was used to assess the client's psychotic process.
C. The client was assessed as displaying a significant and pervasive psychotic disorder.
D. The client's psychotic disorder was assessed as mild and he/she demonstrated some capability to remain reality-based and to relate appropriately.

3. Coordinate Testing (3)

A. Psychological testing was coordinated to assess the extent and severity of the client's psychotic symptoms.
B. Neuropsychological testing was coordinated to assess the extent and severity of the client's psychotic symptoms.
C. The results of the psychological and neuropsychological testing were reviewed with the client.

4. Request Family to Provide Information (4)

A. Family members were requested to provide information about the client's history of psychotic behaviors.
B. The information from the client's family members was synthesized with the other clinical information.

5. Refer for Medical Evaluations (5)

A. A referral was made for a complete medical evaluation to rule out possible general medical or substance-related etiologies.
B. The client has complied with the complete medical evaluation, and the results were reviewed.
C. Other factors appear to be contributing to the client's psychosis, and this was reflected to the client.
D. After a complete evaluation, medical and substance-related etiologies have been ruled out.
E. The client has not complied with the referral for a medical evaluation and was redirected to do so.

6. Use Motivational Interviewing (6)

A. Motivational interviewing techniques were used to engage the client in a process of discontinuing substance abuse.
B. The client was able to identify discrepancies between his/her current functioning and his/her desired functioning and motivational interviewing techniques built upon this.
C. The client was able to identify his/her hopefulness for discontinuing substance use.

7. Refer to Substance-Abuse Treatment Program (7)

A. The client was referred to a substance-abuse treatment program.

B. The client has followed through on his/her involvement with the substance abuse treatment program, and the positive aspects of this opportunity were reviewed.
C. The client has not used the substance abuse treatment program and was redirected to do so.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

10. Assess for Culturally Based Confounding Issues (10)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

12. Arrange Medication Evaluation (12)

A. The client was referred for an immediate evaluation for psychotropic medication.
B. Arrangements were made for the administration of appropriate psychotropic medications through a physician.
C. The client has attended an appointment with a physician and has accepted the need for psychotropic medication.
D. Although the client seems confused as to the need for medication, he/she is cooperative with taking it as directed.
E. The client has not attended the evaluation regarding the need for psychotropic medication and was redirected to do so.

13. Arrange Hospitalization (13)

A. Since the client has demonstrated an inability to care for his/her basic needs, commitment procedures to an inpatient psychiatric facility were initiated.
B. Because the client has demonstrated the potential to be harmful to himself/herself, admission to an inpatient psychiatric facility was facilitated.

14. Arrange Supervised Living (14)

A. Arrangements have been made for a supervised living situation to monitor the client's medication compliance and ability to care for his/her own basic needs.
B. The client is strongly resistive to placement in a supervised living situation and commitment procedures have been initiated.
C. The client has voluntarily cooperated with being placed in a supervised living situation.

15. Coordinate Mobile Crisis Response Services (15)

A. Mobile crisis response services were provided in the client's home environment.
B. The client was provided with crisis responses services that included a physical exam, psychiatric evaluation, medication access, and triage to inpatient care.
C. The client was able to be seen in his/her own setting.

16. Perform Suicide Assessment (16)

A. A suicide assessment was performed.
B. A suicide assessment revealed that the client is not suicidal.
C. A suicide assessment revealed that the client is suicidal and necessary precautionary steps were taken.

17. Remove Hazardous Items (17)

A. Potentially hazardous materials such as firearms and excess medication were removed from the client's access.

B. Family members were advised about the need to remove potentially hazardous materials from the client's access.

18. Develop Crisis Plan (18)

A. A crisis plan was developed to provide supervision and support to the client on an intensive basis.
B. Family members and significant others were coordinated to provide supervision and support to the client on an intensive basis.
C. The crisis plan was continuously reviewed to monitor the client's needs.

19. Coordinate Round-the-Clock Consultation (19)

A. Access to round-the-clock professional consultation was coordinated.
B. The client and caregivers were coordinated with access to a 24-hour professionally staffed crisis line.

20. Educate About Psychotropic Medications (20)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. The client was assigned the homework exercise "Why I Don't Like Taking My Medications" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
D. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

21. Monitor Medications (21)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

22. Educate the Family About Symptoms of Mental Illness (22)

A. The client's family, friends, and caregivers were educated about the symptoms of mental illness, with specific emphasis on the nonvolitional aspects of some symptoms.
B. The client's family members, friends, and caregivers were supported for their increased understanding about the symptoms of mental illness and the nonvolitional aspects of some symptoms.

C. The client's family members, friends, and caregivers rejected the information regarding his/her symptoms of mental illness and the nonvolitional aspects of some symptoms and were given additional feedback in this area.

23. Assess and Educate About Aversive Communication (23)

A. The family was assessed in their use of aversive communication.
B. The family was helped to identify highly expressed emotions within family distress.
C. The family was educated about the role of aversive communication in exacerbating psychosis.
D. The family was emphasized to use the positive role of social support.

24. Teach Family Communication Skills (24)

A. Cognitive behavioral techniques such as education, modeling, role-playing, and corrective feedback were used to teach family members communication skills.
B. Offering positive feedback, active listening, making positive requests of others for behavior change and giving constructive feedback were taught to the family.
C. The family was positively reinforced for their use of healthy communication skills.
D. The family was redirected for not using healthy communication skills.

25. Identify Conflicts to Solve (25)

A. The client and family were assisted in identifying conflicts that can be addressed with problem-solving skills.
B. The family has identified conflicts that can be addressed with problem-solving techniques, and the techniques were applied to that.

26. Teach Problem-Solving Skills (26)

A. Cognitive behavioral techniques such as education, modeling, role-playing, and corrective feedback and positive reinforcement were used to teach problem-solving skills.
B. The family and client were taught to define the problem constructively and specifically, brainstorm solution options, evaluate the pros and cons of the options, choose an option, and implement the plan, evaluate the results, and adjust the plan.
C. The client and family were reinforced for positive use of the problem-solving skills.
D. The client and family were redirected when they did not use problem-solving skills.

27. Assign Homework on Communication and Problem-Solving (27)

A. The client and family were assigned homework exercises to use and record the use of newly learned communication and problem solving skills.
B. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned the homework exercise "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's use of homework exercises to use and record newly learned communication problems was processed.

28. Develop Relapse Drill (28)

A. The client and family were assisted in drawing up a "relapse drill," detailing roles and responsibilities.

B. Family members were asked to take responsibility for specific roles (e.g., who will call a meeting of the family to problem-solve a potential relapse; who will call physician, schedule a serum medication level, or contact emergency services, if needed).

C. Obstacles to providing family support to the client's potential relapse were reviewed and the problem was solved.

D. The family was asked to make a commitment to adherence to the plan.

E. The family was reinforced for their commitment to the adherence to the plan.

F. The family has not developed a clear commitment to the relapse prevention plan and was redirected in this area.

29. Refer Family to Support Group (29)

A. Family members were referred to a community-based support group designed for families of psychotic clients.

B. Family members have been attending a support group for family members of severely mentally ill clients and have found it helpful; the family members were asked about this experience.

C. Family members have not followed through on the recommendation that they attend a support group for family members of severely mentally ill clients.

30. Probe Reactive Psychosis Causes (30)

A. The causes for the client's reactive psychotic episode were explored.

B. The client described recent severe stressors, which were interpreted as precipitating the acute psychotic break.

C. Clearly, steps will need to be taken to reduce environmental stressors in order to facilitate recovery from the acute psychotic episode.

31. Identify Symptom Maintenance Cycles (31)

A. The client was assisted in identifying emotional reactions that tend to maintain his/her symptoms.

B. The client was assisted in identifying how the effects of his/her psychotic symptoms may exacerbate those symptoms.

C. Examples were used to identify the self-reinforcing nature of some psychotic symptoms (e.g., withdrawal leading to isolation and loneliness; paranoid accusations leading to negative actions of others that falsely support the delusion).

D. The client was reinforced for his/her insight into the effects of his/her psychosis.

E. The client has not understood or accepted the effects of his/her psychotic symptoms, and was provided with remedial assistance in this area.

32. Assess Adaptive and Maladaptive Strategies (32)

A. The client was assessed for his/her adaptive and maladaptive strategies for coping with his/her psychotic symptoms.

B. Inquiries were made regarding how the client uses deficit strategies to cope with his/her psychotic symptoms.
C. The client was provided with feedback about his/her use of maladaptive and adaptive strategies for coping with his/her psychotic symptoms.

33. Use Cognitive-Behavioral Strategies (33)

A. Cognitive-behavioral strategies were used to help the client learn coping and compensation strategies for managing his/her psychotic symptoms.
B. The client was referred for cognitive-behavioral therapy to help the coping compensation strategies for managing his/her psychotic symptoms.
C. The client was asked to provide examples of the cognitive-behavioral strategies that he/she has learned in order to cope with his/her psychotic symptoms.
D. The client was reinforced for his/her use of cognitive-behavioral strategies.
E. The client has not used cognitive-behavioral strategies to cope with his/her psychotic symptoms and was redirected to do so.

34. Desensitize Fearfulness of Hallucinations (34)

A. The client was encouraged to talk about his/her hallucinations; their frequency, intensity, and meaning, in order to desensitize his/her level of fear.
B. The client was assigned the homework exercise “What Do You Hear and See?” from the *Adult Psychotherapy Homework Planner* (Jongsma) to help him/her talk about his/her hallucinations.
C. As the client talked about his/her hallucinations, he/she was provided with support, encouragement, and empathy.
D. The client was reinforced for reporting a decreased sense of fear related to his/her hallucinations, now seeing them as simply a symptom.
E. The client continues to exhibit significant fear related to his/her hallucinations and was provided with additional support in this area.

35. Teach Coping and Compensation Strategies (35)

A. The client was taught coping and compensations strategies for managing his/her psychotic symptoms.
B. The client was taught self-calming techniques and attention switching/narrowing techniques to help manage his/her psychotic symptoms.
C. The client was taught healthy internal cognition techniques, such as realistic self-talk or realistic attribution of the source of the symptom in order to help manage his/her psychotic symptoms.
D. The client was taught to increase adaptive personal and social activity to help manage his/her psychotic symptoms.
E. The client was reinforced for his/her use of coping and compensation strategies.
F. The client has not used the coping and compensation strategies and was redirected to do so.

36. Explore Biased Self-Talk (36)

A. Cognitive therapy techniques were used to explore biased self-talk and beliefs that contribute to delusional thinking.
B. The client was assisted in identifying and challenging the biases, generating alternative, reality-based appraisals that correct the biases.
C. The client was assisted in building confidence and improving adaptation of his/her self-talk.

37. Assign Self-Talk Homework (37)

A. The client was assigned homework in which he/she identifies biased self-talk, creates reality-based alternatives, and tests them with his/her experience.
B. The client has completed his/her self-talk homework and his/her experience was reviewed and reinforced for success.
C. The client has completed his/her self-talk homework and his/her experience was reviewed and reinforced for providing corrective feedback toward facilitating sustained, positive change.
D. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).

38. Provide Rationale for Social Skills Training (38)

A. The client was provided with the rationale for social skills training that communicates the benefits of improved social interactions.
B. The client was assisted in identifying how decreased negative social interactions can be helpful.

39. Teach/Refer for Communication and Social Skills (39)

A. The client was referred for an assertiveness-training group that will educate and facilitate assertiveness skills and other adaptive communication techniques.
B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness, communication, and social skills.
C. The client has demonstrated a clearer understanding of important social skills and was provided with positive feedback in this area.
D. The client could not demonstrate a clear understanding of important social and communication skills and was provided with additional feedback in this area.

40. Recommend Reading Assignments (40)

A. Reading assignments from books or treatment manuals consistent with social skills being taught were recommended.
B. The client was assisted in acquisition of social skills.
C. The client was referred to read *Your Perfect Right* (Alberti and Emmons) for assertiveness skills.
D. The client was referred to read *Conversational Speaking* (Garner) for conversational skills.

41. Practice New Skills In Session and Out (41)

A. The client was asked to practice new skills in reality-testing, changing his/her maladaptive beliefs, and managing his/her symptoms within the session.

B. The client was provided with homework assignments between sessions that focus on practicing his/her new skills, reality-testing, changing maladaptive beliefs, and managing his/her symptoms.

C. The client was helped to process his/her maintenance exercises.

D. The client has not completed his/her maintenance exercises and was redirected to do so.

42. Use Cognitive Remediation/Neurocognitive Therapy (42)

A. The client was provided cognitive remediation/neurocognitive therapy.

B. The client was assisted in repeated practice of cognitive tasks and/or strategy training to restore cognitive functioning.

C. The client was assisted in learning compensatory strategies for cognitive impairments and improving cognitive, emotional, and social functioning.

43. Refer to Supported Employment (43)

A. The client was referred to a supported employment program to build occupational skills and improve overall functioning and quality of life.

B. The client has engaged in the supported employment and his/her experience was reviewed.

C. The client has not engaged in the supported employment program and was redirected to do so.

44. Encourage Acceptance of Mental Illness (44)

A. The client was encouraged to express his/her feelings related to acceptance of the mental illness and engagement in recovery.

B. The client was reinforced for thoughts and actions that strengthened the client's engagement in the recovery process.

45. Refer to Support Group (45)

A. The client was referred to a support group for individuals with a mental illness.

B. The client was focused on the goal of helping consolidate his/her new approach to recovery and gain social support for it.

C. The client was reinforced for his/her involvement in a mental illness support group.

D. The client has not engaged in a mental illness support group and was redirected to do so.

SEXUAL ABUSE VICTIM

CLIENT PRESENTATION

1. **Vague Sexual Abuse Memories (1)***
A. The client has vague memories of inappropriate childhood sexual contact and these memories are corroborated by significant others.
B. The client has begun to recall more details of the sexual abuse of his/her childhood as the issue is being discussed within sessions.
C. The client is unable to recall any specific details of the vague memories of inappropriate sexual contact in his/her childhood.

2. **Detailed Sexual Abuse Memories (2)**
A. The client recalled with clear, detailed memories experiences of sexual abuse in childhood.
B. The client's sexual abuse experiences cannot be corroborated by outside sources.
C. The client's sexual abuse in childhood has been corroborated by outside sources.
D. The client has experienced feelings of low self-esteem and shame related to his/her childhood sexual experiences.
E. The client's feelings of shame and low self-esteem have diminished as he/she places responsibility on the perpetrator.

3. **Inability to Recall Childhood (3)**
A. The client stated that he/she is unable to recall years of his/her childhood.
B. As the client has begun to work through his/her childhood sexual abuse, recall of earlier years of abuse has increased.

4. **Difficulty With Intimacy (4)**
A. The client has a pattern of extreme difficulty in forming intimate relationships with others.
B. As the client begins to form intimate relationships with others, he/she experiences feelings of anxiety and avoidance.
C. As the client has begun to work through his/her experiences of childhood sexual abuse, he/she reported less anxiety associated with current intimate relationships.
D. The client no longer experiences anxiety and avoidance in current intimate relationships.

5. **Sexual Dysfunction (5)**
A. The client reported an inability to enjoy sexual contact with a desired partner.
B. The client experiences feelings of anxiety and tension when sexual contact with a desired partner is initiated.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client reported that he/she has had a successful and satisfying enjoyable contact with a desired partner.
D. The client no longer experiences feelings of anxiety during sexual contact with a desired partner and reports satisfaction in this area.

6. **Unexplained Anger/Fear (6)**
A. The client described unexplainable feelings of anger, rage, or fear when coming into contact with a close family relative.
B. The client has begun to identify a close family relative as the perpetrator of sexual abuse to him/her in his/her childhood.

7. **Seduction/Promiscuity (7)**
A. The client described a pattern of promiscuity in his/her adolescent and adult history.
B. The client has a pattern of seduction and sexualization of relationships since being a sexual abuse victim.
C. The client acknowledged that he/she has developed an unhealthy sexualization of relationships as a result of his/her sexual abuse experiences.
D. The client has terminated his/her pattern of sexual promiscuity and seduction.

INTERVENTIONS IMPLEMENTED

1. **Build Trust (1)***
A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

2. **Explore Sexual Abuse History (2)**
A. The client was encouraged to tell the entire story of the sexual abuse, giving as many details as he/she felt comfortable with.
B. The client was overwhelmed with feelings of sadness and shame as he/she talked of his/her childhood sexual experiences; direct support was provided.
C. It was reflected to the client that he/she is not able to speak of the childhood sexual abuse without being emotionally overwhelmed.

3. **Draw a House Diagram (3)**
A. The client was asked to draw a diagram of the house in which he/she was raised and to indicate where everyone slept, as well as where the abuse occurred.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client talked about the nature, frequency, and duration of the abuse as he/she worked with the diagram of the house he/she had created; support and encouragement were provided.
C. The client continues to have difficulty talking about the details of the sexual abuse; he/she was urged to be more open as he/she feels more safe.

4. Assess Psychological Problems (4)

A. The client was assessed for psychological problems secondary to the sexual abuse.
B. Psychological problems secondary to the sexual abuse are currently manifested as a clinical syndrome, and treatment was tailored to resolve these issues.
C. The client was assessed for psychological problems secondary to the sexual abuse, but none were noted.

5. Arrange Substance Abuse Evaluation (5)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could lead to a better understanding of his/her clinical presentation.

B. The client was assessed for gender-related issues that could lead to a better understanding of his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could lead to a better understanding of his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Identify Supportive Individuals (10)

A. The client was assisted in identifying those individuals who would be supportive in the process of resolving the sexual abuse issue.
B. The client was encouraged to speak to those individuals whom he/she believed might be supportive and to enlist their support.
C. The client could not identify anyone that he/she believed would be supportive if he/she made public the childhood sexual abuse; he/she was asked about people/supports that she had not yet reviewed.

11. Refer to Support Group (11)

A. The client was encouraged to attend a support group for survivors of sexual abuse.
B. The client has followed through with attending a support group for survivors of sexual abuse and reported that it has been a positive experience.
C. The client reported that attending the group for survivors of sexual abuse has been a supportive experience.
D. The client has not followed through on consistently attending a support group for survivors of sexual abuse and was encouraged to do so.

12. Assign a Book on Sexual Abuse (12)

A. The client was directed to read books about sexual abuse.
B. The client was advised to read *The Courage to Heal* (Bass and Davis), *Betrayal of Innocence* (Forward and Buck), *Outgrowing the Pain* (Gil), or *Reclaiming Your Life After Rape: Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder—Client Workbook* (Rothbaum and Foa).

C. The client has read some of the recommended sexual abuse survivor material and the content of that reading was processed.
D. The client verbalized an increased knowledge of sexual abuse and its effects after reading the recommended sexual abuse material.
E. The client has not read any of the recommended sexual abuse material and was encouraged to do so.

13. Assign Healing the Trauma of Abuse (13)

A. The client was assigned a written exercise from *Healing the Trauma of Abuse* (Copeland and Harris).
B. The client has completed the assigned exercise from *Healing the Trauma of Abuse* and verbalized an increased knowledge of sexual abuse and its effects.
C. The client has not completed the assigned written exercise from *Healing the Trauma of Abuse* and was encouraged to do so.

14. Explore Feelings (14)

A. The client was encouraged and supported in verbally expressing and clarifying his/her feelings associated with his/her experiences of childhood sexual abuse.
B. Active listening was used as the client identified feelings of shame, sadness, and anger associated with his/her experiences of childhood sexual abuse.
C. It was reflected to the client that he/she experiences feelings of guilt and responsibility for his/her childhood sexual abuse experiences.
D. As the client more freely shared details of his/her childhood sexual abuse experiences, the intensity of the feelings associated with those experiences was noted to be diminishing.

15. Encourage Openness (15)

A. The client was encouraged to be open in talking of the sexual abuse without shame, embarrassment, or the belief that he/she was responsible for the abuse.
B. The client is beginning to demonstrate an increased ability to talk openly about the sexual abuse; this was noted to reflect acceptance of the experience without guilt.
C. It was noted that the client finds it difficult to talk of the sexual abuse experience and continues to experience feelings of guilt and shame.

16. Utilize the Empty-Chair Disclosure Technique (16)

A. The client was guided in using an empty-chair conversation exercise with the nonabusive parent, telling him/her of the sexual abuse and its effects.
B. The empty-chair technique was used to assist the client in becoming comfortable in sharing his/her sexual abuse experience with siblings and other members of the family.
C. The client was verbally reinforced when he/she agreed to share the sexual abuse experiences with key members of the family before the next session.
D. The client has followed through with sharing the childhood sexual abuse experiences with members of the family and this experience was processed.
E. The client reported that sharing the sexual abuse experiences with members of the family was not a positive experience and that he/she found no support from them; this experience was processed.

17. Facilitate Telling Spouse of the Abuse (17)

A. A conjoint session was held wherein the client told his/her spouse of the sexual abuse experience of his/her childhood.

B. It was reflected to the client that he/she received empathetic support from his/her spouse after sharing the sexual abuse experience of his/her childhood.

C. The client's spouse was rather detached and cold in response to the client sharing his/her childhood sexual abuse experiences; the spouse was encouraged to provide support.

18. Facilitate Family Revelation (18)

A. The client was supported in revealing the childhood sexual abuse to his/her parents.

B. It was reflected to the client that his/her parents were supportive and understanding when they were told about his/her childhood sexual abuse.

C. The client's parents were rather detached upon hearing of his/her childhood sexual abuse experiences and they were urged to be more supportive.

D. The client's parents expressed disbelief at his/her revelation of his/her childhood sexual abuse experiences; the client was supported through this process.

19. Explore Boundaries in Family Pattern (19)

A. A genogram was developed with the client to assist him/her in illuminating key family patterns of broken boundaries related to sex and intimacy.

B. Support was provided as the client described how the sexual abuse experience is a part of a family pattern of broken boundaries through physical contact or verbal suggestiveness.

C. The client had difficulty identifying broken boundaries in the family pattern and was gently offered examples in this area.

20. List Sexual Abuse Impact (20)

A. The client was asked to make a list of the ways that the childhood sexual abuse has impacted his/her life.

B. Active listening was provided as the client verbalized the ways that sexual abuse has impacted his/her life.

C. The client listed difficulties with intimacy and sexual dysfunction as primary results of his/her childhood sexual abuse experience; these were normalized.

D. The client struggled to identify the impact of the sexual abuse on his/her current functioning and was gently offered examples in this area.

21. Develop a Symptom Line (21)

A. The client was assisted in creating a line of symptoms that have developed since the experience of childhood sexual abuse.

B. The client was helped to verbalize the ways that the sexual abuse has impacted his/her life.

22. Arrange for Hypnosis (22)

A. Arrangements were made for the client to undergo hypnosis in order to further uncover or to further clarify the nature and extent of the sexual abuse experiences in his/her childhood.

B. The client recalled more details of the childhood sexual abuse while under hypnotic trance.
C. The hypnotic trance was not effective at helping the client recall more details of the childhood sexual abuse experiences.

23. Assign a Journal (23)

A. To help the client clarify memories of his/her childhood sexual abuse experiences, he/she was assigned to keep a journal of details recalled and to talk and think about the abuse incidents.
B. The client was assigned the homework exercise "Picturing the Place of the Abuse" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned the homework exercise "Describe the Trauma" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was cautioned against embellishing his/her memories because of what he/she has read or seen in movies or videos.
E. Care was used not to lead the client, but to only allow him/her to recall on his/her own details of his/her childhood sexual abuse experiences.
F. The client has begun to recall more of the details of the childhood sexual abuse experiences because of keeping a journal and talking more freely about the incidences; these memories were processed.

24. Read Books on Shame (24)

A. The client was advised to read books on shame.
B. The client was advised to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum and Mason) to help him/her overcome feelings of shame related to childhood sexual abuse.
C. The client has read the assigned sections in books dealing with shame and was noted to display a better understanding of his/her feelings.
D. The client reported less feelings of shame as a result of reading the recommended material; the benefits of this progress were reviewed.
E. The client reported no longer feeling and experiencing shame related to the childhood sexual abuse; the benefits of this progress were reviewed.
F. The client has not read the books on shame and was redirected to do so.

25. Process Guilt Feelings (25)

A. The client was encouraged, supported, and assisted in identifying, expressing, and processing any feelings of guilt related to feelings of physical pleasure, emotional fulfillment, or responsibility connected with the sexual abuse events.
B. The client expressed decreased feelings of shame and verbally affirmed himself/herself as not responsible for the abuse; this progress was highlighted.
C. The client was noted to continue to struggle with feelings of guilt and shame related to the childhood sexual abuse experiences.
D. The client reported no longer feeling shame or guilt related to his/her childhood sexual abuse experiences; this progress was reinforced.

26. Confront Taking Responsibility (26)

A. At any time that the client indicated feelings of responsibility for the abuse, he/she was confronted and these feelings were processed.
B. The client was assisted in working through issues of responsibility and guilt and coming to terms with himself/herself as a survivor of sexual abuse.
C. The client continues to make statements that reflect responsibility for the abuse and is consistently, gently confronted.
D. It was reflected to the client that he/she continues to see himself/herself as a victim rather than empowering himself/herself as a survivor.

27. Assign a "Cost-Benefit Analysis" Exercise (27)

A. The client was assigned to complete a cost-benefit analysis exercise from *10 Days to Self-Esteem!* (Burns) on being a victim versus a survivor, or on holding on to anger versus forgiving the perpetrator.
B. The client has completed the cost-benefit analysis exercise; as this was processed, he/she verbalized that there are considerable advantages to being a survivor and to beginning the process of forgiveness for the perpetrator.
C. The client finds it difficult to give up the perception that he/she is a victim and needs to continue to feel rage toward the perpetrator; this feeling was normalized.

28. Read "The Seedling" (28)

A. The story entitled "The Seedling," from the book *Stories for the Third Ear* (Wallas), was read and processed within the session to help the client overcome the negative aspects of childhood sexual abuse.
B. As the parable was processed, the client verbalized an understanding of the benefit of beginning a process of forgiveness toward the perpetrator of his/her childhood sexual abuse.

29. Remove Barriers to Forgiving (29)

A. The client was assisted in removing any barriers that prevent him/her from beginning the process of forgiving those responsible for the abuse.
B. The client was helped to identify the cognitive messages he/she has been given regarding the appropriateness of forgiving those responsible for the abuse.
C. The client was reminded that forgiving those responsible for the abuse does not condone their actions.
D. The client was supported as he/she indicated more ability to forgive those responsible for the abuse.

30. Recommend *Forgive and Forget* (30)

A. The client was advised to read the book *Forgive and Forget* (Smedes) to help him/her understand the process of forgiveness as applied to the perpetrator of his/her childhood sexual abuse.
B. The client has followed through with reading the book on forgiveness; as this was processed he/she indicated a greater understanding of the benefit of forgiveness.

C. The client was reinforced for committing himself/herself to the process of forgiveness of the perpetrator of the childhood sexual abuse.
D. The client rejected the concept of forgiveness and continues to hold on to feelings of anger toward the perpetrator; he/she was urged to review this idea at a later time.

31. Assign a Letter to the Perpetrator (31)

A. The client was assigned to write an angry letter to the perpetrator that expresses his/her feelings about the sexual abuse experiences.
B. The client has followed through with writing the letter to the perpetrator of the sexual abuse and the content of the letter was processed within the session.
C. The client has decided to send the confrontational letter to the perpetrator of the sexual abuse; this decision was supported.
D. The client has decided to confront the perpetrator in person with the content of the letter that he/she has written; this decision was supported.
E. The client does not feel capable of confronting the perpetrator with the content of the letter; this decision was supported.

32. Prepare for Perpetrator Meeting (32)

A. The client was assisted in preparing for a face-to-face meeting with the perpetrator of the abuse.
B. The face-to-face meeting with the perpetrator was role-played and the client's emotions related to this meeting were processed.
C. The client was reinforced as he/she indicated feeling more competent about the face-to-face meeting with the perpetrator.

33. Hold a Conjoint Confrontation Session (33)

A. The conjoint session was held wherein the client confronted the perpetrator of the sexual abuse.
B. The client was supported as he/she expressed his/her feelings to the perpetrator and explained the negative impact that the abuse has had on his/her life.
C. The client was overwhelmed with emotion as he/she confronted the perpetrator of the sexual abuse, but continued to put responsibility for the behavior on the perpetrator; he/she was supported through this process.

34. Assign a Forgiveness Letter (34)

A. The client was assigned to write a forgiveness letter to the perpetrator of the childhood sexual abuse.
B. The client was assigned to complete a forgiveness exercise from the book *Forgiving* (Simon and Simon).
C. The client was assigned the homework exercise "A Blaming Letter and a Forgiveness Letter to Perpetrator" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has followed through on the forgiveness exercise and has committed himself/herself to beginning the process of forgiving himself/herself, the perpetrator, and others connected with the sexual abuse; he/she was supported on this journey.

E. The client presented the completed forgiveness exercise and the contents of that exercise were processed within the session.
F. The client has not completed the forgiveness exercise and was redirected to do so.

35. Teach the Share-Check Method (35)

A. The client was taught the share-check method of building trust in relationships.
B. The client indicated a desire to increase the level of trust in others and was helped to implement the share-check method to do so.
C. The client continues to be distrustful of others and has not implemented the share-check method to increase trust levels; he/she was encouraged to use this technique.

36. Role-Play Boundary Establishment (36)

A. Role-playing and modeling were used to teach the client how to establish reasonable personal boundaries that are neither too porous nor too restrictive.
B. As the client has begun to feel confident in establishing boundaries in relationships, he/she has begun to show more trust in others, increased socialization, and greater intimacy tolerance; the benefits of this progress were reviewed.
C. It was reflected to the client that he/she continues to have difficulty establishing boundaries and chooses to avoid relationships because of fear of intimacy.

37. Define Appropriate Touching (37)

A. The client was encouraged to give and receive appropriate touching, and definitions of that appropriateness were developed.
B. The client has begun to feel more comfortable with appropriate human touching; the benefits of this progress were reviewed.
C. The client reported increased ability to accept and initiate appropriate physical contact with others; the benefits of this progress were reviewed.
D. It was noted that the client continues to experience anxiety and tension in whatever physical contact is initiated by others.

38. Assign Touch Initiation (38)

A. The client was assigned to practice initiating touching in an appropriate manner with a trust-worthy partner 1 or 2 times per week.
B. The client has followed through with the touching exercise and reported an increased ability to accept and initiate appropriate physical contact; this progress was reinforced.
C. The client reported that he/she is now able to hug friends and give appropriate intimate touching to a partner; the benefits of this progress were highlighted.
D. The client has not initiated touch with others and was redirected to do so.

39. Reinforce Difference Between Victim and Survivor (39)

A. The client was asked to complete an exercise that identified the positives and negatives of being a victim versus a survivor of sexual abuse.
B. The client was assigned the homework exercise "Changing From Victim to Survivor" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was reinforced as he/she displayed an understanding that he/she must no longer perceive himself/herself as a victim, but as a survivor.
D. The client was assisted in identifying and processing emotional, social, or cultural barriers to seeing himself/herself as a survivor rather than a victim.
E. The client has failed to grasp the concept and empowerment from perceiving himself/herself as a survivor versus a victim and was provided with remedial feedback in this area.

40. Reinforce Survivor Identification (40)

A. The client was provided with verbal reinforcement when he/she identified himself/herself as a survivor.
B. It was reflected to the client that he/she makes many comments that display his/her identification as a survivor.
C. The client rarely makes comments about seeing himself/herself as a survivor, but was reinforced when he/she approximated these types of comments.

SEXUAL IDENTITY CONFUSION

CLIENT PRESENTATION

1. **Confused/Uncertain (1)***

A. The client showed a good deal of uncertainty about his/her basic sexual orientation.
B. The client exhibited a high level of anxiety regarding the issue of his/her sexual orientation.
C. The client has gradually begun to be more comfortable and less anxious about his/her sexual orientation.

2. **Low Arousal to Opposite-Sex Partner (2)**

A. The client described a consistently very low desire for or pleasurable anticipation of sexual activity with an opposite-sex partner.
B. As treatment has progressed, the client has committed himself/herself to his/her opposite-sex partner and his/her pattern of arousal has increased.
C. As treatment has progressed, the client has decided to discontinue pursuit of sexual activities with his/her opposite-sex partner.
D. The client has developed an appropriate level of arousal and is enjoying sexual activities with the partner of his/her choice.

3. **Sexual Fantasies/Desires About Same-Sex Partners (3)**

A. The client expressed distress around his/her fantasies and desires for a same-sex partner.
B. The client tried hard to convince himself/herself that the desire for a same-sex partner did not upset him/her.
C. The client reported a long history of fantasies and desires for same-sex partners that went back to late childhood.
D. The client reported feelings of conflict and distress around sexual fantasies and desires with same-sex partners.
E. The client has begun to process his/her desires and fantasies involving same-sex partners and is now feeling less overwhelmed.

4. **Sexual Experimentation (4)**

A. The client reported recent homosexual experimentation that has raised questions for him/her about his/her sexual orientation.
B. The client described recent negative and failed attempts at heterosexual relationships.
C. The client has involved himself/herself in impulsive, reckless sexual experimentation.
D. The client indicated curtailing most of his/her sexual experimentation as he/she feels more certain of his/her sexual orientation.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. Depressed/Withdrawn (5)

A. The client presented in a depressed, withdrawn manner with little energy or interest in things.
B. The client reported a pattern of depression that has led him/her to withdraw from others and life's activities.
C. The client described a history of being depressed that he/she can trace back to early teens.

6. Marital Conflicts (6)

A. The client reported that he/she is uncertain about the future of his/her marriage due to uncertainty about his/her sexual orientation.
B. The client has disclosed his/her uncertainty about his/her sexual orientation to his/her spouse, which has caused increased marital conflict.
C. The client has decided to terminate his/her marriage due to his/her realization and openness about his/her sexual orientation.
D. Despite the client's certainty and openness about his/her sexual orientation, he/she has decided to remain committed to his/her marriage.
E. The client and his/her partner have resolved the marital conflict related to the client's uncertainty about sexual orientation.

7. Guilt/Shame (7)

A. A strong sense of guilt and shame dominate the client's mood and manner.
B. The client reported a pattern of guilt and shame around the sexual feelings, desires, and fantasies he/she was experiencing.
C. The client described being unable to feel comfortable with others due to the guilt and shame he/she constantly feels.
D. The client's feelings of guilt and shame have decreased since he/she has started to accept his/her sexual orientation.

8. Feelings of Worthlessness (7)

A. The client's presentation reflected a low sense of self-esteem as he/she avoided any eye contact and made consistent self-disparaging remarks.
B. The client described himself/herself as being totally worthless.
C. Due to his/her sexual feelings, the client did not see any way for him/her to feel okay about himself/herself.
D. As the client has acknowledged his/her sexual orientation, he/she has started to entertain the possibility of feeling better about himself/herself.

9. Concealing Sexual Identity (8)

A. The client admitted that he/she has always worked hard to keep his/her homosexual urges hidden from others.
B. The client reported avoiding any sexual questions that others have raised about him/her.
C. The client has begun to be more open with significant others regarding his/her struggle with sexual identity.

INTERVENTIONS IMPLEMENTED

1. Build Trust/Encourage Expression of Feeling (1)*

A. Trust was actively built with the client through the use of unconditional positive regard and active listening.
B. Warm acceptance and active-listening techniques were utilized to build trust with the client.
C. An initial level of trust was established with the client and he/she is now being encouraged to express his/her feelings around his/her own sexual identity.
D. The client is now being encouraged to express the fear, anxiety, and distress he/she is feeling around the issue of his/her sexual identity confusion.
E. Despite trust and encouragement, the client struggled to express even a few feelings around his/her identity confusion.

2. Arrange Substance Abuse Evaluation (2)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

3. Assess Level of Insight (3)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

4. Assess for Correlated Disorders (4)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

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5. Assess for Culturally Based Confounding Issues (5)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

6. Assess Severity of Impairment (6)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

7. Gather Sexual History (7)

A. A history of sexual desires, experiences, and fantasies was gathered.
B. The client's current level of sexual functioning could not be fully assessed due to his/her resistance to revealing information on sexual experiences, desires, and fantasies.

8. Identify Positive Sexual Experiences (8)

A. The client was asked to identify sexual experiences that have been a source of excitement, satisfaction, and emotional gratification.
B. The client identified sexual experiences that have been a source of excitement, satisfaction, and emotional gratification, and these were processed within the session.
C. The client was assisted in identifying patterns to his/her positive sexual experiences.
D. The client was very cautious about disclosing his/her sexual experiences and was urged to do so in this trusting, confidential environment.

9. Assign Journal (9)

A. The client was asked to keep a journal describing sexual thoughts, fantasies, and conflicts that occur throughout the week.
B. The client was assigned the homework exercise "Journal of Sexual Thoughts, Fantasies, Conflicts" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's journal was reviewed within the session to help the client increase his/her awareness of sexual attractions and conflicts.
D. Specific patterns related to the client's journaling of sexual thoughts, fantasies, and conflicts were reflected to him/her.
E. The client has not kept a journal of his/her sexual thoughts, fantasies, and conflicts and was redirected to do so.

10. Rate Sexual Attraction (10)

A. The client was asked to rate on a scale of 1 to 10 his/her sexual attraction to both males and females.
B. The client's sexual attraction ratings were processed.
C. The client was noted to give a high rating to his/her sexual attraction to same-sex peers while giving a low rating to attraction to opposite-sex peers.
D. The client was noted to give a high rating to attraction to opposite-sex peers while giving a relatively low rating to same-sex peers.
E. The client was noted to give sexual attraction ratings of approximately equal value to both same-sex and opposite-sex peers.

11. Explore Factors Contributing to Confusion (11)

A. The client was assisted in exploring how cultural factors contribute to his/her confusion about homosexual behavior and/or identity.
B. The client was assisted in identifying how racial factors contribute to confusion about homosexual behavior and/or identity.
C. The client was assisted in identifying ethnic factors that contribute to confusion about homosexual behavior and/or identity.
D. The factors contributing to the client's confusion about homosexual behavior and/or identity were identified and processed.
E. The client struggled to identify the factors that contribute to his/her confusion about homosexual behavior and/or identity and was gently offered examples in this area.

12. Write Future Biography (12)

A. The client was asked to write a "future" biography (20 years from now) regarding his/her life as a homosexual and then as a heterosexual.
B. The client's two future projection biographies were read and processed.
C. The questions "Which life is more satisfying, and which has more regret?" were asked and processed.
D. The client's future projection biographies were noted to show a strong identification of self as a homosexual.
E. The client's future projection biographies were noted to show a clear identification of self as a heterosexual.

13. Educate About Range of Sexual Identities (13)

A. The client was educated about the range of sexual identities possible.
B. The client was directed to consider the meaning of being heterosexual, homosexual, or bisexual.

C. The client was assisted in identifying his/her understanding about the range of sexual identities possible.

14. Read *The Invention of Heterosexuality* (14)

A. The client was directed to read *The Invention of Heterosexuality* (Katz).
B. The client has read *The Invention of Heterosexuality* and the key points were processed.
C. The client's thoughts and feelings about the content of *The Invention of Heterosexuality* were processed.
D. The client has not read *The Invention of Heterosexuality* and was redirected to do so.

15. Explore Negative Emotions About Hiding Sexual Identity (15)

A. The client's negative emotions related to hiding and denying his/her sexuality were explored.
B. Specific reasons for the client hiding or denying his/her sexuality were identified.
C. Specific reasons for the client hiding or denying his/her sexual identity were probed and challenged.
D. A warm, accepting, nonjudgmental approach was used to encourage the client to take risks and be more open about his/her sexual identity.

16. Explore Religious Convictions and Conflicts With Sexual Identity (16)

A. The client's religious convictions were explored for how these may cause conflict with his/her sexual identity.
B. The shame and guilt around religious convictions and sexual identity were assessed and processed.
C. The client was assisted in applying his/her religious convictions to his/her sexual identity decisions.
D. The client was directed to read *The Bible, Christianity, and Homosexuality* (Cannon).
E. The client has read the assigned material and key points were processed.

17. Teach Safer Sex (17)

A. Details of safer sex guidelines were taught to the client.
B. The client's questions related to the details of safer sex practices were answered.
C. The client was asked to make a commitment to consistently use safer sex guidelines.
D. The client's adherence to a safer sex commitment was monitored and he/she was confronted when not following that commitment.

18. Identify Myths and Replace With Positive Beliefs (18)

A. The client was assigned to identify 10 myths about homosexuals and rate on a scale of 1 to 5 how firmly he/she believes in each.
B. The identified myths and their ratings were processed and then the client was assisted in replacing each with more realistic positive beliefs.

C. The client was reminded of the positive beliefs about homosexuality to reinforce his/her sexual identity.
D. Myths and negative statements about homosexuality by the client were confronted.

19. Assign Books on Homosexuality (19)

A. The client was directed to books and other resources on homosexuality and the homosexual individual.
B. The client was directed to read *Is It a Choice?* (Marcus), *Outing Yourself* (Signorile), or *Coming Out: An Act of Love* (Eichberg).
C. Questions generated by the client's reading about homosexuality were answered.
D. The client was encouraged to seek opportunities to increase his/her knowledge and understanding of homosexuality.
E. The client has not followed through on reading information regarding homosexuality and was reminded to do this reading.

20. List Advantages/Disadvantages of Disclosing Sexual Identity (20)

A. The client was asked to make a list of advantages and disadvantages of disclosing sexual orientation to family and significant others.
B. The client processed his/her list of advantages and disadvantages of disclosing sexual orientation to the family and significant others.
C. The client's inability to list advantages of disclosures of sexual identity were explored and addressed.

21. Assign Movies/Videos (21)

A. The client was asked to watch movies/videos that depict lesbians and/or gay men as healthy and happy.
B. The client was directed to view movies/videos about the homosexual lifestyle such as *Desert Hearts, In and Out, Jeffrey,* and *When Night Is Falling.*
C. The client was assisted in processing his/her reaction to the movies/videos about lesbians and/or gay men.
D. The client has not viewed movies/videos that depict lesbians and/or gay men as healthy and happy and was redirected to do so.

22. Identify Gay/Lesbian Peers (22)

A. Encouragement was given to the client to identify other lesbian and gay adults from work, support groups, and so on for possible companions in social activities.
B. The client's fears regarding initiating social contact were addressed and resolved.
C. The client was asked to commit to making one attempt each week to initiate a social activity.

23. Assign Lesbian/Gay Magazines and Newspapers (23)

A. The client was assigned to read lesbian/gay magazines and newspapers.
B. The client was assigned to read *The Advocate,* a lesbian/gay periodical.
C. The client has read lesbian/gay magazines and newspapers and his/her reaction to this material was processed.

D. The client has not followed through with reading lesbian/gay magazines and newspapers and was redirected to do so.

24. Encourage Information and Support via the Internet (24)

A. The client was encouraged to gather information and support from Internet sources.
B. The client was directed to appropriate Internet resources (e.g., lesbian/gay organization websites, coming-out bulletin boards).
C. The client was warned about the potential for misuse and misinformation on the Internet.
D. The client has accessed information and support from Internet resources and his/her experience was reviewed.
E. The client has not attempted to seek out information and support from Internet resources and was reminded about this helpful resource.

25. Refer to Support Group (25)

A. The client was assisted in identifying the benefits of attending a support group for lesbian and gay individuals.
B. The client was referred to a lesbian/gay support group.
C. The client's experience in attending a support group was processed and positive aspects were affirmed and reinforced.
D. The client's resistance to attending a support group was explored and resolved.
E. The client made a commitment to attend a support group for gay and lesbian individuals.

26. Role-Play Disclosure (26)

A. Role-play was utilized to prepare the client for disclosing his/her sexual orientation to significant others.
B. Issues that were identified from role-plays were addressed and resolved.
C. Feelings that emerged from role-plays were recognized, expressed, and processed.

27. Plan for Sexual Identity Disclosure (27)

A. The client was asked to develop a detailed plan around disclosing his/her sexual orientation.
B. The client was assigned the homework exercise "To Whom and How to Reveal My Homosexuality" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's plan around disclosure of his/her sexual identity was probed and possible questions and reactions from others were identified and addressed.
D. The client's inability to develop a plan of disclosure of his/her sexual identity was explored.
E. The client appeared ready to go forward with the plan of disclosure of his/her sexual identity.

28. Identify Friend Likely to Be Accepting of Homosexuality (28)

A. The client was encouraged to identify one friend who is likely to be accepting of his/her homosexuality.

B. The client has identified a friend who is likely to be accepting of his/her homosexuality and was encouraged to "test the water" by disclosing sexuality information to this friend.
C. The client's experience of disclosing his/her homosexuality to his/her friend was reviewed.

29. Suggest Casual Talks (29)

A. The client was encouraged to have casual talks with a friend about lesbian/gay rights or some item in the news related to lesbians and/or gay men.
B. The client's friend's reaction to this "testing of the waters" was reviewed and processed.
C. It was noted that, based on the client's discussions about lesbian/gay issues, he/she has felt more accepted and willing to disclose his/her sexual orientation.
D. The client's friend has reacted very negatively to the client's casual discussion about lesbian/gay issues and the client has decided not to disclose his/her sexual orientation to that friend.

30. Encourage Sexual Identity Disclosure Following Plan (30)

A. The plan developed by the client for disclosure of his/her sexual identity was reviewed and he/she was encouraged to enact the plan.
B. The client was given support, encouragement, and guidance as he/she implemented his/her sexual orientation disclosure plan.
C. The client's hesitance and fear to go forward with his/her plan were explored and addressed.

31. Review Reactions to Sexual Orientation Disclosure (31)

A. The client was probed around the reactions of significant others to his/her disclosure.
B. Significant others' reactions were role-played to provide opportunities to process their reactions.
C. Encouragement and positive feedback were given to the client around disclosing his/her sexual orientation.
D. The client reported that family members were shocked, angry, disappointed, and worried when he/she announced his/her sexual orientation.
E. The client reported that family members were accepting and supportive when he/she made his/her disclosure about his/her sexual orientation.

SLEEP DISTURBANCE

CLIENT PRESENTATION

1. **Sleep Initiation Problems (1)***

A. The client reported that he/she finds it very difficult to fall asleep within a reasonable period of time.
B. The client reported that his/her sleep disturbance has diminished and that he/she is beginning to return to a normal sleep cycle.
C. The client reported longer experiences without sleep disturbance symptoms and is sleeping fairly consistently.

2. **Sleep Maintenance Problems (2)**

A. The client reported that he/she can fall asleep within a reasonable period of time, but often awakens and is unable to return to sleep easily.
B. The client reported that he/she awakens at a very early hour and is unable to return to sleep.
C. The client reported that his/her sleep disturbance has decreased and he/she is beginning to return to the normal sleep cycle.
D. The client reported longer experiences without sleep disturbance symptoms and is sleeping fairly consistently.

3. **Not Feeling Rested (3)**

A. Although the client reports getting an average amount of sleep per night, he/she is not feeling refreshed or rested upon awakening.
B. Despite sleeping more than 7 to 8 hours per night, the client feels a need to take a nap during the day as he/she does not feel rested with a normal amount of sleep.
C. The client reported that he/she is feeling more rested and refreshed upon awakening.

4. **Daytime Sleepiness (4)**

A. The client reported that he/she feels very sleepy during the day and easily falls asleep, even while sitting in a chair.
B. The client reported that he/she has fallen asleep in a chair in the presence of others in a social situation on many occasions.
C. The client reported that he/she is beginning to feel more rested and alert during the day as his/her sleep pattern is returning to normal.
D. The client reported no recent incidents of falling asleep too easily during the day.

5. **Sleep-Wake Schedule Reversal (5)**

A. Due to a reversal in the client's normal sleep-wake schedule, he/she has experienced difficulty in staying asleep.

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B. Because of a change in the client's work schedule, he/she has had to reverse his/her sleep-wake schedule, and this has resulted in significant sleep disturbance.
C. The client is beginning to adapt to the reversed sleep-wake schedule and obtain the necessary sleep required.
D. The client has not adapted to the reversal in his/her sleep-wake schedule and has changed his/her employment to be able to return to a normal sleep schedule.

6. Frightening Dreams Recalled (6)

A. The client reported significant distress resulting from repeated awakening at night with detailed recall of extremely frightening dreams involving threats to himself/herself.
B. As the client's daily life external stressors have increased, he/she has experienced repeated awakening and detailed recall of extremely frightening dreams involving threats to himself/herself.
C. As the client has resolved external stressors, his/her incidents of experiencing nightmares have diminished significantly.
D. The client reported that he/she no longer experiences extremely frightening dreams that awaken him/her in the night.

7. Abrupt Awakening Without Dream Recall (7)

A. The client reported that he/she has experienced abrupt awakening with a panicky scream followed by intense anxiousness and confusion or disorientation and no dream recall.
B. As the level of stress within the client's life has decreased, his/her incidents of panic awakening have decreased.
C. The client reported no recent incidents of panic awakening with confusion or disorientation.

8. Sleepwalking (8)

A. The client reported incidents of sleepwalking accompanied by amnesia for the episode.
B. The frequency of the client's sleepwalking experience has increased as stress levels within his/her life intensify.
C. As the client has become more relaxed and less preoccupied with stress, the incidents of sleepwalking have diminished.
D. The client reported no recent incidents of sleepwalking.

INTERVENTIONS IMPLEMENTED

1. Assess Sleep Disturbance (1)*

A. The exact nature of the client's sleep disturbance was assessed, including his/her bedtime routine, activity level while awake, nutritional habits, napping practice, actual sleep time, rhythm of time for being awake versus sleeping, and so on.

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B. The assessment of the client's sleep disturbance found a chronic history of this problem, which becomes exacerbated at times of high stress.
C. The assessment of the client's sleep disturbance found that the client does not practice behavioral habits that are conducive to a good sleep-wake routine.

2. Assign a Stress and Sleep Journal (2)

A. The client was asked to keep a journal of his/her daily stressors and nightly sleep pattern and routine.
B. The client has followed through on keeping a sleep journal, which also notes daily stressors, and this information was processed within the session.
C. The client acknowledged that his/her sleep disturbance seemed clearly to be related to unresolved stressors in his/her daily life; he/she was reinforced for this insight.
D. The client has not kept a regular stress and sleep journal and was redirected to do so.

3. Assess Medication/Substance Abuse (3)

A. The client was assisted in identifying any medication intake that may be related to his/her sleep disorder.
B. The degree of the client's substance abuse and its relationship to his/her sleep disorder were assessed.
C. The client was reinforced for acknowledging a relationship between his/her substance abuse and his/her sleep disturbance.
D. The client was referred to treatment that was focused on substance abuse, which would secondarily improve his/her sleep.
E. The client acknowledged that his/her sleep disturbance seemed related to a medication change and he/she was referred to his/her physician for an evaluation of this relationship.

4. Assess Depression (4)

A. The client verbalized feelings of depression and the onset of this mood disorder was noted to be related to his/her sleep disturbance.
B. As the presence of depression was assessed, the client denied any feelings of depression and saw no relationship between the sleep disturbance and a mood disorder.
C. The client identified several factors that had been contributing to symptoms of depression, which include sleep disturbance; he/she was helped to see this connection.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.

F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Refer for Physician Evaluation (9)

A. The client was referred to his/her physician to rule out any physical and/or pharmacological causes for his/her sleep disturbance.
B. The client was referred to his/her physician to evaluate whether psychotropic medications might be helpful to induce sleep.
C. The client was referred for sleep lab studies.
D. The physician has indicated that physical organic causes for the client's sleep disturbance have been found and a regimen of treatment for these problems has been initiated.

E. The physician ruled out any physical/organic or medication side effect as the cause for the client's sleep disturbance.
F. The physician has ordered psychotropic medications to help the client return to a normal sleep pattern.
G. The client has not followed through on the referral to his/her physician and was redirected to complete this task.

10. Monitor Medication Compliance (10)

A. The client was noted to be consistently taking the antidepressant medication and stated that it was effective at increasing normal sleep routines.
B. The client reported taking the antidepressant medication on a consistent basis, but has not noted any positive effect on his/her sleep; he/she was directed to review this with the prescribing clinician.
C. The client reported not consistently taking his/her antidepressant prescription and was encouraged to do so.

11. Provide Basic Sleep Education (11)

A. The client was provided with basic sleep education, including normal length of sleep, normal variations of sleep, normal time to fall asleep and normal mid-night awakening.
B. The client was advised to read *The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need* (Silberman).
C. The client was helped to understand the exact nature of his/her abnormal sleeping pattern.

12. Provide Rationale for Therapy (12)

A. The client was provided with rationale for therapy, explaining the role of cognitive, emotional, physiological, and behavioral contributions to good and poor sleep.
B. The client was tested for his/her understanding of concepts related to and the rationale for therapy.

13. Assign Reading Material (13)

A. The client was asked to read material consistent with the therapeutic approach to facilitate his/her progress through therapy.
B. The client was assigned to read *Say Goodnight to Insomnia* (Jacobs).
C. The client was assigned to read *The Harvard School Medical Guide to a Good Night's Sleep* (Epstein and Mardon).
D. The client has read the assigned material and key concepts were processed.
E. The client has not read the assigned material to assist his/her progress through therapy and was redirected to do so.

14. Teach Relaxation Skills (14)

A. The client was trained in deep muscle relaxation and deep breathing exercises with and without the use of audiotape instruction.
B. The client has implemented the deep muscle relaxation skills that were taught and has reported successful initiation of sleep; he/she was directed to continue the use of this helpful skill.

C. The client has not implemented the relaxation training skill on a consistent basis and was encouraged to do so.

15. Administer EMG Biofeedback (15)

A. The client was administered electromyographic (EMG) biofeedback to reinforce successful relaxation responses.
B. The client's ability to relax has increased as a result of the biofeedback training.
C. As the client has increased his/her relaxation skills, he/she has been able to sleep better; his/her progress was reinforced.
D. The client has not regularly used EMG biofeedback techniques and was reminded to use these helpful techniques.

16. Instruct on Sleep Hygiene (16)

A. The client was instructed on appropriate sleep hygiene practices.
B. The client was advised about restricting excessive liquid intake, spicy late-night snacks, or heavy evening meals.
C. The client was encouraged to exercise regularly, but not directly before bedtime.
D. The client was taught about minimizing or avoiding caffeine, alcohol, tobacco, or other stimulant intake.
E. The client was directed to use the "Sleep Pattern Record" from the *Adult Psychotherapy Homework Planner* (Jongsma).
F. The client was reinforced for his/her regular use of sleep hygiene techniques.
G. The client has not regularly used sleep hygiene practices and was redirected to do so.

17. Establish Consistent Sleep-Wake Cycle (17)

A. A discussion was held regarding the rationale for stimulus control strategies to establish a consistent sleep-wake cycle.
B. Suggestions provided in *Behavioral Treatments for Insomnia* (Bootzin and Nicassio) were used to help the client establish stimulus control strategies for a consistent sleep-wake cycle.
C. The client was reinforced for his/her regular use of a consistent sleep-wake cycle.
D. The client has not established a consistent sleep-wake cycle and his/her problems in this area were processed.

18. Teach Stimulus Control Techniques (18)

A. The client was taught stimulus control techniques.
B. The client was taught to lie down to sleep only when sleepy and to use the bed only for sleep or sexual activity.
C. The client was taught to get out of bed if sleep does not arrive soon after retiring and then lie back down when sleepy.
D. The client was taught to set an alarm to the same wake-up time every morning, regardless of sleep time or quality, and not to nap during the day.
E. The client has regularly used stimulus control techniques and was reinforced for using these helpful techniques.

F. The client has not used stimulus control techniques on a regular basis and was redirected to do so.

19. Instruct About Scheduling Activities (19)

A. The client was instructed to move activities associated with arousal and activation from bedtime ritual to other times during the day.
B. The client was provided with examples of arousal and activation activities, such as reading stimulating content, reviewing the day's events, planning for the next day, or watching disturbing television.
C. The client was reinforced for moving activating events away from bedtime.
D. The client has not followed through on moving activating events away from bedtime and was redirected to do so.

20. Monitor Stimulus Control Compliance (20)

A. The client's sleep pattern was monitored.
B. The client was monitored for compliance with stimulus control instructions.
C. Problem-solving techniques were used to help resolve obstacles to stimulus control compliance.
D. The client was reinforced for his/her successful, consistent implementation of stimulus control techniques.

21. Use Sleep Restriction Therapy (21)

A. The client was taught about the use of sleep restriction therapy, in which the amount of time in bed is reduced to match the amount of time the patient typically sleeps.
B. The client was taught about how inducing systematic sleep deprivation can eventually lead to optimal sleep duration.
C. The client was assigned sleep restriction techniques.
D. The client has gradually increased sleep times upwards, gaining optimal sleep duration.
E. The client's use of sleep restriction techniques was reviewed and adjusted.

22. Explore and Replace Distorted Self-Talk (22)

A. The client was assisted in exploring his/her schema and self-talk that mediate his/her emotional responses counterproductive to sleep (e.g., fears, worries of sleeplessness).
B. The client's self-talk biases were challenged and he/she was assisted in replacing the distorted messages with reality-based alternatives.
C. The client was assisted in developing positive self-talk that will increase the likelihood of establishing a sound sleep pattern.

23. Assign Self-Talk Homework (23)

A. The client was assigned a homework exercise in which he/she identifies targeted self-talk and created reality-based alternatives.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's use of self-talk techniques was reviewed and reinforced for successes.

D. The client was provided with corrective feedback toward improvement of his/her use of self-talk techniques.

24. Use Paradoxical Intervention (24)

A. The client was assigned a paradoxical intervention, in which he/she tries to stay awake for as long as possible to diminish performance anxiety interfering with sleep.
B. The client's use of the paradoxical intervention was reviewed.
C. The client was reinforced for his/her success in utilizing the paradoxical intervention.
D. The client was assisted in problem solving obstacles toward implementing the paradoxical interventions.

25. Use Cognitive Behavioral Skills Training (25)

A. The client was taught cognitive behavioral skills for managing stressors related to sleep disturbance.
B. The client was provided instruction, covert modeling, role-play, practice, and generalized training to manage stressors related to the sleep disturbance.
C. The client was taught tailored skills, such as calming and coping skills, conflict resolution, and problem solving to assist in managing stressors related to the sleep disturbance.
D. The client was routinely reviewed for his/her use of cognitive behavioral skills, with reinforcement for success.
E. The client was assisted in problem solving obstacles toward effective everyday use of cognitive behavioral skills.

26. Assign Reading Material on Cognitive Behavioral Treatment (26)

A. The client was assigned to read material on the cognitive behavioral treatment approach to sleeplessness.
B. The client was assigned to read *Overcoming Insomnia: A Cognitive-Behavioral Therapy Approach Workbook* (Edinger and Carney).
C. The client was assigned to read *Say Good Night to Insomnia* (Jacobs).
D. The client has read the assigned material on cognitive behavioral treatment approaches and key concepts were processed.
E. The client has not read the assigned material on cognitive behavioral treatment approaches and was redirected to do so.

27. Use Scheduled Awakening Procedure (27)

A. The client was introduced to the concept of a scheduled awakening procedure, in which he/she is gently and only slightly awakened 30 minutes prior to the typical time of night wakening, sleep terrors, or sleep-walking incidents.
B. The client was assisted in implementing the scheduled awakening procedure.
C. The scheduled awakening procedure has gradually been phased out as sleep terrors decrease.

28. Differentiate Between Lapse and Relapse (28)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.

B. A lapse was associated with a temporary and reversible slip into old habits that risk sleep disturbance.
C. A relapse was associated with the decision to return to old habits that risk sleep disturbance.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

29. Discuss Management of Lapse Risk Situations (29)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

30. Encourage Routine Use of Strategies (30)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.

31. Develop a "Coping Card" (31)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his her "coping card" when struggling with sleep disturbance situations.

32. Schedule "Maintenance Sessions" (32)

A. The client was scheduled for a "maintenance session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "maintenance session."
C. The client's "maintenance session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "maintenance session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

33. Explore Traumatic Events (33)

A. As the client was being assessed for traumatic events, he/she described experiences of emotional trauma that have disturbed his/her sleep since the incident occurred.
B. As the client was helped to share the traumatic event and the feelings associated with it, he/she has reduced the amount of emotional reactivity and has developed a normal sleep pattern.
C. Support and encouragement were provided as the client described, in considerable detail and with significant emotion, traumatic events that have been disturbing to him/her.
D. The client was rather guarded about exploring traumatic events that may have affected his/her sleep pattern and was urged to be more open about these as he/she felt safe to do so.

34. Explore Control Release Fears (34)

A. The client was supported as he/she described that he/she has difficulties relinquishing control and that this may be related to letting himself/herself fall into sleep.
B. The client denied any issues of a high need to be in control and was urged to monitor this dynamic.
C. As the client's fears about relinquishing control have diminished, his/her sleep disturbance has also diminished; his/her progress was reinforced.

35. Explore Death Fears (35)

A. The client was supported as he/she acknowledged having a strong fear of death that contributes to his/her sleep disturbance as he/she fears dying while asleep.
B. The client's fears about dying in his/her sleep were processed.
C. The causes for the client's fear of death while sleeping were explored and processed.
D. The client denied any fears about dying and was urged to monitor this dynamic.

36. Explore Childhood Sleep Traumas (36)

A. The client was supported as he/she identified traumatic childhood events that he/she experienced while sleeping that currently interfere with normal sleep.
B. Active listening was provided as the client talked in detail of the traumatic events that occurred during childhood sleep that currently interfere with sleep.
C. As the client's traumatic events of childhood have been processed, his/her sleep has returned to a more normal cycle.
D. The client denied any childhood sleep traumas, and this was accepted.

37. Connect Dreams to Present or Past Trauma (37)

A. The client's experience of disturbing dreams was probed.
B. The client was assisted in understanding the relationship between his/her current disturbing dreams and present or past traumas.
C. The client was helped in processing the feelings surrounding present or past traumas that are stimulating disturbing dreams.

38. Explore Sexual Abuse (38)

A. The possibility of the client having experienced sexual abuse in his/her bedroom before, during, or after sleep was explored.
B. Active listening was provided as the client acknowledged that he/she has experienced sexual abuse and that the memory associated with these traumatic experiences continues to disturb his/her sleep.
C. The client denied any sexual abuse incidents that may be interfering with his/her sleep, and this was accepted.

SOCIAL ANXIETY

CLIENT PRESENTATION

1. Social Anxiety/Shyness (1)*

A. The client described a pattern of social anxiety and shyness that presents itself in almost any interpersonal situation.
B. The client's social anxiety presents itself whenever he/she has to interact with people whom he/she does not know or must interact in a group situation.
C. The client's social anxiety has diminished and he/she is more confident in social situations.
D. The client has begun to overcome his/her shyness and can initiate social contact with some degree of comfort and confidence.
E. The client reported that he/she no longer experiences feelings of social anxiety or shyness when having to interact with new people or group situations.

2. Disapproval/Hypersensitivity (2)

A. The client described a pattern of hypersensitivity to the criticism or disapproval of others.
B. The client's insecurity and lack of confidence has resulted in an extreme sensitivity to any hint of disapproval from others.
C. The client has acknowledged that his/her sensitivity to criticism or disapproval is extreme and has begun to take steps to overcome it.
D. The client reported increased tolerance for incidents of criticism or disapproval.

3. Social Isolation (3)

A. The client has no close friends or confidants outside of first-degree relatives.
B. The client's social anxiety has prevented him/her from building and maintaining a social network of friends and acquaintances.
C. The client has begun to reach out socially and to respond favorably to the overtures of others.
D. The client reported enjoying contact with friends and sharing personal information with them.

4. Social Avoidance (4)

A. The client reported a pattern of avoiding situations that require a degree of interpersonal contact.
B. The client's social anxiety has caused him/her to avoid social situations within work, family, and neighborhood settings.

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C. The client has shown some willingness to interact socially as he/she has overcome some of the social anxiety that was formerly present.
D. The client indicated that he/she feels free now to interact socially and does not go out of his/her way to avoid such situations.

5. Fear of Social Mistakes (5)
A. The client reported resisting involvement in social situations because of a fear of saying or doing something foolish or embarrassing in front of others.
B. The client has been reluctant to involve himself/herself in social situations because he/she is fearful of his/her social anxiety becoming apparent to others.
C. The client has become more confident of his/her social skills and has begun to interact with more comfort.
D. The client reported being able to interact socially without showing signs of social anxiety that would embarrass him/her.

6. Performance Anxiety (6)
A. The client reported experiencing debilitating performance anxiety when expected to participate in required social performance demands.
B. The client described himself/herself as unable to function when expected to complete typical social performance demands.
C. The client avoids required social performance demands.
D. As treatment has progressed, the client has become more at ease with typical social performance demands.
E. The client reports no struggles with performance anxiety.

7. Physiological Anxiety Symptoms (7)
A. The client has an increased heart rate and experiences sweating, dry mouth, muscle tension, and shakiness in most social situations.
B. As the client has learned new social skills and developed more confidence in himself/herself, the intensity and frequency of physiological anxiety symptoms has diminished.
C. The client reported engaging in social activities without experiencing any physiological anxiety symptoms.

INTERVENTIONS IMPLEMENTED

1. Build Rapport (1)*
A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to build rapport with the client.
B. The client began to express feelings more freely as rapport and trust levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

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2. Assess Nature of Social Discomfort Symptoms (2)

A. The client was asked about the frequency, intensity, duration, and history of his/her social discomfort symptoms, fear, and avoidance.
B. *The Anxiety Disorders Interview Schedule for DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's social discomfort symptoms.
C. The assessment of the client's social discomfort symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.
D. The assessment of the client's social discomfort symptoms indicates that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's social discomfort symptoms indicate that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's social discomfort symptoms were reviewed with the client.

3. Administer Social Anxiety Assessment (3)

A. The client was administered a measure of social anxiety to further assess the depth and breadth of his/her social fears and avoidance.
B. The client was administered *The Social Interaction Anxiety Scale* and/or *Social Phobia Scale* (Mattick and Clarke).
C. The client was assessed with the *Liebowitz Social Anxiety Scale* (Liebowitz) and the *Social Phobia Inventory* (Connor).
D. The result of the assessment of the social anxiety indicated a high level of social fears and avoidance; this was reflected to the client.
E. The result of the assessment of the social anxiety indicated a medium level of social fears and avoidance; this was reflected to the client.
F. The result of the assessment of the social anxiety indicated a low level of social fears and avoidance; this was reflected to the client.
G. The client declined to participate in an assessment of social anxiety; the focus of treatment was turned to this resistance.

4. Arrange Substance-Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Refer for Medication Evaluation (9)

A. Arrangements were made for the client to have a physician evaluation for the purpose of considering psychotropic medication to alleviate social discomfort symptoms.
B. The client has followed through with seeing a physician for an evaluation of any organic causes for the anxiety and the need for psychotropic medication to control the anxiety response.

C. The client has not cooperated with the referral to a physician for a medication evaluation and was encouraged to do so.

10. Monitor Medication Compliance (10)

A. The client reported that he/she has taken the prescribed medication consistently and that it has helped to control the anxiety; this was relayed to the prescribing clinician.
B. The client reported that he/she has not taken the prescribed medication consistently and was encouraged to do so.
C. The client reported taking the prescribed medication and stated that he/she has not noted any beneficial effect from it; this was reflected to the prescribing clinician.
D. The client was evaluated but was not prescribed any psychotropic medication by the physician.

11. Refer to Group Therapy (11)

A. The client was referred to a small (closed enrollment) group for social anxiety.
B. The client was enrolled in a social anxiety group as defined in *The Group Therapy Treatment Planner,* 2nd edition (Paleg and Jongsma).
C. The client was enrolled in a social anxiety group as defined in *Social Anxiety Disorder* (Turk, Heimberg, and Hope) and *Clinical Handbook of Psychological Disorders* (Barlow).
D. The client has participated in the group therapy for social anxiety; his/her experience was reviewed and processed.
E. The client has not been involved in group therapy for social anxiety concerns and was redirected to do so.

12. Discuss Cognitive Biases (12)

A. A discussion was held regarding how social anxiety derives from cognitive biases that overestimate negative evaluation by others, undervalue the self, increase distress, and often lead to unnecessary avoidance.
B. The client was provided with examples of cognitive biases that support social anxiety symptoms.
C. The client was reinforced as he/she identified his/her own cognitive biases.
D. The client was unable to identify any cognitive biases that support his/her anxiety symptoms and was gently offered examples in this area.

13. Assign Information on Social Anxiety, Avoidance, and Treatment (13)

A. The client was assigned to read information on social anxiety that explains the cycle of social anxiety and avoidance and provides a rationale for treatment.
B. The client was assigned information about social anxiety, avoidance, and treatment from *Managing Social Anxiety* (Hope, Heimberg, and Turk).
C. The client was assigned information about social anxiety, avoidance, and treatment from *Overcoming Social Anxiety and Shyness* (Butler).
D. The client was assigned to read information from *The Shyness and Social Anxiety Workbook* (Antony and Swinson).

E. The client has read the information on social anxiety, avoidance, and treatment and key concepts were reviewed.
F. The client has not read the assigned material on social anxiety, avoidance, and treatment and was redirected to do so.

14. Discuss Cognitive-Behavior Principles (14)

A. A discussion was held about how cognitive restructuring and exposure serve as an arena to desensitize learned fear, build social skills and confidence, and reality-test biased thoughts.
B. The client was reinforced as he/she displayed a clear understanding of the use of cognitive restructuring and exposure to desensitize learned fear, build social skills and confidence, and reality-test biased thoughts.
C. The client did not display a clear understanding of the use of cognitive restructuring and exposure and was provided with remedial feedback in this area.

15. Teach Anxiety Management Skills (15)

A. The client was taught anxiety management skills.
B. The client was taught about staying focused on behavioral goals and riding the wave of anxiety.
C. Techniques for muscular relaxation and paced diaphragmatic breathing were taught to the client.
D. The client was reinforced for his/her clear understanding and use of anxiety management skills.
E. The client has not used his/her new anxiety management skills and was redirected to do so.

16. Identify Distorted Thoughts (16)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate social anxiety responses.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was taught the role of distorted thinking in precipitating emotional responses.
D. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.
E. The client was assisted in replacing distorted messages with positive, realistic cognitions.
F. The client failed to identify his/her distorted thoughts and cognitions and was gently offered examples in this area.

17. Assign Exercises on Self-Talk (17)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.

B. The client was assigned “Restoring Socialization Comfort” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was directed to do assignments from *The Shyness and Social Anxiety Workbook* (Antony and Swinson).
D. The client was directed to complete assignments from *Overcoming Shyness and Social Phobia* (Rapee).
E. The client’s replacement of fearful self-talk with reality-based alternatives was critiqued.
F. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.
G. The client was provided with corrective feedback for his/her failures to replace fearful self-talk with reality-based alternatives.
H. The client has not completed his/her assigned homework regarding fearful self-talk and was redirected to do so.

18. Construct Anxiety Stimuli Hierarchy (18)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with his/her phobic fear.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her fear remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at completing a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

19. Select Exposures That Are Likely to Succeed (19)

A. Initial *in vivo* or role-played exposures were selected, with a bias toward those that have a high likelihood of being a successful experience for the client.
B. Cognitive restructuring was done during and after the exposure using behavioral strategies (e.g., modeling, rehearsal, social reinforcement).
C. In vivo or role-played exposures were patterned after those in “Social Anxiety Disorder” (Turk, Heimberg, and Hope) in *Clinical Handbook of Psychological Disorders* (Barlow).
D. A review was conducted with the client about his/her use of in vivo or role-played exposures.
E. The client was provided with positive feedback regarding his/her use of exposures.
F. The client has not used in vivo or role-played exposures and was redirected to do so.

20. Assign Homework on Exposure (20)

A. The client was assigned homework exercises to perform sensation exposure and record his/her experience.
B. The client was assigned “Gradually Reducing Your Phobic Fear” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned sensation exposures homework from *The Shyness and Social Anxiety Workbook* (Antony and Swinson).

D. The client was directed to complete assignments from *Overcoming Shyness and Social Phobia* (Rapee).
E. The client's use of sensation exposure techniques was reviewed and reinforced.
F. The client has struggled in his/her implementation of sensation exposure techniques and was provided with corrective feedback.
G. The client has not attempted to use the sensation exposure techniques and was redirected to do so.

21. Build Social and Communication Skills (21)

A. Instruction, modeling, and role-playing were used to build the client's general social and communication skills.
B. Techniques from *Social Effectiveness Therapy* (Turner, Beidel, and Cooley) were used to teach social and communication skills.
C. Positive feedback was provided to the client for his/her use of increased use of social and communication skills.
D. Despite the instruction, modeling, and role-playing about social and communication skills, the client continues to struggle with these techniques and was provided with additional feedback in this area.

22. Assign Information on Social and Communication Skills (22)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client has read the assigned information on social and communication skills and key points were reviewed.
E. The client has not read the information on social and communication skills and was redirected to do so.

23. Differentiate Between Lapse and Relapse (23)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

24. Discuss Management of Lapse Risk Situations (24)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

25. Encourage Routine Use of Strategies (25)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

26. Develop a "Coping Card" (26)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anxiety-producing situations.

27. Use ACT Approach (27)

A. The use of acceptance and commitment therapy (ACT) was applied.
B. The client was encouraged to accept and openly experience anxious thoughts and feelings, without being overly impacted by them.
C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

28. Teach Mindfulness Meditation (28)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anxiety and change.
B. The client was taught to focus on changing his/her relationship with the anxiety-related thoughts by accepting the thoughts, images and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.

E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

29. Assign ACT Homework (29)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.

B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

30. Assign Reading on Mindfulness and ACT (30)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.

B. The client was assigned to read specific portions from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth and Eifert).

C. The client has read the assigned material and key concepts were processed.

D. The client has not read the assigned material and was redirected to do so.

31. Conduct Interpersonal Therapy (31)

A. An inventory of important past and present relationships was developed with the client.

B. A case formulation linking anxiety to grief, interpersonal role disputes, role transitions and/or interpersonal deficits was developed.

C. The case formulation was shared and processed with the client.

32. Facilitate Mourning (32)

A. As grief issues were identified as a primary contributor to the subject's anxiety, he/she was helped in mourning.

B. The client was assisted in gradually discovering new activities and relationships to compensate for his/her loss.

C. As the client has resolved his/her grief issues, his/her anxiety has abated.

D. The client has struggled to resolve his/her grief issues and treatment was redirected in this area.

33. Process Interpersonal Disputes (33)

A. The client was assisted in identifying how interpersonal disputes contributed to his/her anxiety.

B. The client was assisted in exploring the conflicted relationship, the nature of the dispute, the level of impasse, and available options.

C. The client was assisted in implementing conflict-resolution skills.

D. The relationship appears to have reached an impasse, and the client was assisted in considering ways to change the impasse or end the relationship.

34. Assist in Role Transitions (34)

A. Role transitions were identified as a primary factor in the client's anxiety dynamics.

B. The client was helped to identify role transitions, such as beginning a relationship or a career, moving, promotion, retirement or graduation, etc.

C. The client was helped to mourn the loss of the old role, while recognizing positive and negative aspects of the new role.
D. The client was assisted in taking steps to gain mastery over the new role.

35. Develop Interpersonal Skills and Relationships (35)

A. As interpersonal skill deficits were identified as a primary factor in the client's anxiety, he/she was assisted in developing new interpersonal skills.
B. The client displayed a clear understanding of the new interpersonal skills and how to build relationships and was reinforced for this success.
C. The client has struggled in regard to developing new interpersonal skills and relationships, and was redirected in this area.

36. Explore Rejection Experiences (36)

A. The client was asked to identify childhood and adolescent experiences of social rejection and neglect that have contributed to his/her current feelings of social anxiety.
B. Active listening was provided as the client described in detail many incidences of feeling rejected by peers, which has led to social anxiety and social withdrawal.
C. The client denied any history of rejection experiences and was urged to speak about these if he/she should recall them in the future.

37. Assign Books on Shame (37)

A. The client was directed to read books on shame.
B. The client was advised to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum and Mason).
C. The client has read the assigned books on shame and can now better identify how shame has affected his/her relating to others; key points from the reading material were reviewed.
D. As the client has overcome his/her feelings of shame, he/she was asked to initiate one social contact per day for increasing lengths of time.
E. The client has failed to follow through on reading the recommended materials on shame and was urged to do so.

38. Use Insight-Oriented Approach (38)

A. The client was assisted in using insight-oriented approaches to explore how psychodynamics conflicts may be manifesting a social fear and avoidance.
B. The client was assisted in identifying and addressing transference.
C. The client was assisted with working through separation and anger themes during therapy.

39. Identify Defense Mechanisms (39)

A. The client was assisted in identifying the defense mechanisms that he/she uses to avoid close relationships.
B. The client was assisted in reducing his/her defensiveness so as to be able to build social relationships and not alienate himself/herself from others.

40. Schedule a "Booster Session" (40)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "booster session."
C. The client's "booster session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "booster session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

SOMATIZATION

CLIENT PRESENTATION

1. Stress-Related Physical Malady (1)*

A. The client has experienced a physical malady caused by a psychosocial stressor triggering an internal psychological conflict.
B. As the client has begun to resolve the psychological conflict, the physical problem has also ameliorated.
C. The client reported no longer being troubled by the physical problem as the internal conflict over the psychosocial stressor has been resolved.

2. Fear of Physical Illness (2)

A. The client is preoccupied with a fear of having a serious physical disease without any medical basis for this concern.
B. The client's physician has been unable to reduce the client's fears regarding his/her health through reassurances.
C. The client's preoccupation with having a serious physical disease increases as his/her stress level increases.
D. The client has become less preoccupied with the fear of having a serious physical disease.
E. The client reported that he/she no longer experiences the fear of serious physical disease.

3. Many Physical Complaints (3)

A. The client presented with a multitude of physical complaints that have no apparent or organic foundation and have caused the client to change his/her life to accommodate these complaints.
B. The frequency and intensity of the client's physical complaints have been reduced.
C. The client is no longer preoccupied with physical complaints and is not altering his/her behavior to accommodate his/her physical concerns.

4. Chronic Pain Preoccupation (4)

A. The client presented with a history of preoccupation with pain that is beyond what is expected for his/her physical malady.
B. The client is so pain-focused that he/she is unable to carry on the responsibilities of day-to-day living.
C. The client has learned management techniques and has become less preoccupied with the chronic pain problem.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. Vague Physical Complaint (5)

A. The client presented with a vague physical complaint that has no organic basis, and this preoccupation has impaired his/her life functioning.
B. The client's preoccupation with his/her physical problems has resulted in a curtailment of normal functioning and an inability to focus on normal responsibilities.
C. The client has terminated complaining about the physical problem and has resumed more normal functioning and performance of responsibilities.

6. Pain Related to Psychological and Medical Conditions (6)

A. The client is preoccupied with pain in one or more anatomical sites with both psychological factors and a medical condition as the basis for that pain.
B. Although a medical condition does contribute to the client's pain, his/her fixation with the pain and exaggerated complaints are based in psychological causes.
C. As the client has resolved his/her psychological problems, he/she has become less preoccupied with pain complaints.
D. The client no longer is preoccupied with pain.

7. Preoccupation With Imagined Physical Abnormality (7)

A. The client presented with a severe preoccupation with an imagined defect in his/her appearance when his/her actual appearance is quite normal.
B. The client has an excessive concern regarding a small physical abnormality, which is probably unnoticeable to most other people.
C. The client's preoccupation and excessive concern with insignificant or imagined physical abnormality has diminished.
D. The client reported that he/she no longer is concerned about, or preoccupied with, the imagined physical abnormality.

INTERVENTIONS IMPLEMENTED

1. Explore Complaints (1)*

A. A nonjudgmental attitude and unconditional positive regard were used to explore the client's physical complaints.
B. Active listening was used as the client verbalized negative feelings regarding his/her body and discussed his/her preoccupation with the catastrophized consequences of his/her perceived body abnormality.

2. Advance a Trusting Treatment Approach (2)

A. Care was taken not to dismiss or trivialize the client's health complaints.
B. The client was assisted in understanding the psychosocial treatment approach.
C. Emphasis was placed on developing a trusting and nurturing relationship by balancing focus on the client's health complaints and advancing the psychosocial treatment approach.

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* The numbers in parentheses correlate to the numbers of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

3. Assess the History of Complaints (3)

A. The client's history of complaints was assessed.
B. The client's level of symptoms, fears, effects on functioning, stressors, and goals of treatment were reviewed.
C. The client was reinforced for being forthcoming in regard to his/her complaints.
D. The client has been defensive about identifying his/her pattern of symptoms, fears, functioning, stressors, and goals, and was encouraged to be more open in this area.

4. Administer Surveys (4)

A. Surveys were administered tailored to the presenting complaint to assess its nature and severity.
B. The *Body Dysmorphic Disorder Scale* (Rozen and Reiter) was administered.
C. The *Whiteley Index* (Pilowsky) was administered.
D. The *Illness Attitude Scale* (Kellner) was administered.
E. The results of the testing were reviewed with the client.

5. Arrange Substance-Abuse Evaluation (5)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Refer for Medication Evaluation (10)

A. The client was referred to a physician to evaluate him/her for psychotropic medication (e.g., SSRIs).
B. The client has completed an evaluation by the physician and has begun taking prescribed medications.
C. The client has resisted the referral to a physician and does not want to take any medication; his/her concerns were processed.

11. Monitor Medication Compliance (11)

A. The client's compliance with the physician's prescription for psychotropic medication was monitored for the medication's effectiveness and side effects.
B. The client reported that the medication has been beneficial to him/her in reducing his/her symptoms; the benefits of this progress were reviewed.
C. The client reported that the medication does not seem to be helpful in reducing symptoms; this was communicated to the prescribing clinician.
D. The therapist conferred with the physician to discuss the client's reaction to the psychotropic medication and the physician made adjustments to the prescription.

12. Use Stress Inoculation Training (12)

A. The Stress Inoculation Training approach was used to help the client develop knowledge and skills for managing stressful reactions.

B. The client was assisted in identifying stressful reactions, including internal and external triggers.
C. The client was assisted in identifying coping strengths.

13. Educate About Biased Fears (13)

A. With sensitivity to defensiveness, the client was educated about the role of biased fears and avoidance in maintaining the disorder.
B. The client was taught about the role of stress and exacerbating symptoms.
C. Treatment was identified as an arena to desensitize fears, to reality-test fears and underlying beliefs, to build skills in managing stress and to build confidence and self-acceptance.
D. The client was reinforced for his/her understanding about the role of biased fears, avoidance, and treatment.

14. Use Cognitive Restructuring to Explore Maladaptive Beliefs (14)

A. The client was assisted in exploring his/her self-talk and underlying beliefs that mediate his/her fears and related avoidance or reassurance seeking.
B. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was able to give examples of his/her maladaptive beliefs that underlie his/her fears and avoidance and was reinforced for this.
D. The client was provided with common maladaptive beliefs that underlie somatization.

15. Conduct Behavioral Experiments (15)

A. The client was assisted in developing behavioral experiments that will test biased and alternative beliefs.
B. The client was assisted in implementing his/her behavioral experiments to test biased and alternative beliefs.
C. The client was assisted in reviewing his/her experience of behavioral experiments; he/she was reinforced for successes.
D. The client has struggled to conduct behavioral experiments and obstacles to implementation were problem-solved.

16. Discuss Exacerbation of Symptoms (16)

A. The client was introduced to the concept of how stress may exacerbate the focus or experience of physical symptoms.
B. The client was able to accept the role of stress and the exacerbation of his/her physical symptoms and was reinforced for this insight.
C. The client was assisted developing a rationale for learning personalized stress management skills.

17. Assess External Triggers (17)

A. The client's external triggers for fears were assessed.
B. The client was reinforced for his/her identification of persons or situations that create fearful external or internal cues.
C. The client was assessed for subtle and obvious avoidance strategies.

18. Develop Hierarchy (18)

A. The client was directed to construct a hierarchy of fear triggers.
B. The client was assisted in developing a hierarchy of fear triggers.
C. The client's hierarchy of fear triggers was constructed with an emphasis on the exposures that gradually increase the degree to which the client hides his/her appearance.
D. The client has developed a helpful hierarchy and this was reviewed in session.
E. The client has not developed a hierarchy of fear triggers and was redirected to do so.

19. Select Initial Exposures (19)

A. The client was assisted in selecting initial exposures to feared external or internal cues, with a bias toward exposures that had a high likelihood of being successful for the client.
B. The client was redirected as he/she has selected very difficult exposures and was encouraged to develop some success with additional exposures.
C. The client selected initial exposures that were experienced with the therapist as a participant model to do cognitive restructuring during and after the exposure.
D. The client's experience of his/her initial exposure to feared cues was processed.

20. Teach Calming/Relaxation Skills (20)

A. The client was taught calming/relaxation skills.
B. The client was taught about applied relaxation, progressive muscle relaxation, cue-controlled relaxation, mindful breathing and biofeedback.
C. The client was taught about how to discriminate between relaxation and tension.
D. The client was taught to apply these skills to his/her daily life.

21. Assign Daily Relaxation Homework (21)

A. The client was assigned homework in which he/she practices relaxation exercises daily.
B. The client was gradually assisted in applying the relaxation exercises from non-anxiety-provoking to anxiety-provoking situations.
C. The client was assisted with reviewing his/her use of relaxation exercises.
D. The client was reinforced for his/her success at applying relaxation exercises.
E. The client was provided with corrective feedback toward improvement of his/her relaxation exercises.

22. Assign Reading About Calming Strategies (22)

A. The client was assigned to read information about progressive muscle relaxation and other calming strategies.
B. The client was assigned information from *New Directions in Progressive Muscle Relaxation* (Bernstein, Borkovec, and Haslett-Stevens).
C. The client was directed to read *Mastery of Your Anxiety and Worry—Workbook* (Craske and Barlow).
D. The client read the assigned information on progressive muscle relaxation and other calming strategies, and key concepts were processed.

E. The client has not read the information on progressive muscle relaxation and was reminded to do so.

23. Teach Problem-Solving Strategies (23)

A. The client was taught about using problem-solving strategies, including specifically defining the problem, generating options for addressing it, evaluating the pros and cons of each option, selecting and implementing an optional action, and reevaluating and refining the action.
B. The client was assigned the homework exercise “Plan Before Acting” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in reviewing his/her use of problem-solving strategies.

24. Assign Repetition of Exposures (24)

A. The client was assigned a homework exercise in which he/she repeats the exposure between sessions and records responses.
B. The client was assigned “Gradually Reducing Your Phobic Fear” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client’s experience of repeated exposures was reviewed within the session.
D. The client was reinforced for his/her success in repeating exposures between sessions.
E. Corrective feedback was provided to help the client improve his/her use of exposures to reduce his/her fear.

25. Teach “Thought-Stopping” Techniques (25)

A. The client was taught to interrupt obsessive thoughts by shouting STOP to himself/herself silently while picturing a red traffic signal and then thinking about a calming scene.
B. The client was assisted in developing his/her own “thought-stopping” techniques and images.
C. Positive feedback was provided to the client for his/her helpful use of thought-stopping techniques.
D. The client does not regularly use “thought-stopping” techniques and was redirected to do so.

26. Assign “Thought-Stopping” Techniques Between Sessions (26)

A. The client was assigned the use of “thought-stopping” techniques on a daily basis between sessions.
B. The client was assigned “Making Use of the Thought-Stopping Technique” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client’s use of thought-stopping implementation was reviewed and successes were reinforced.
D. The client’s use of thought-stopping implementation was reviewed and failures were redirected.

27. Teach Anger Expression (27)

A. Using role-playing and behavioral rehearsal, the client was taught assertive and respectful expression of angry feelings.

B. It was noted that as the client has begun to express his/her angry feelings respectfully, assertively, and directly, his/her preoccupation with physical complaints has diminished.

28. Train in Assertiveness (28)

A. The client was trained in the concept of assertive behavior.
B. The client was referred to an assertiveness training class to increase his/her expression of feelings in a respectful manner.
C. The client was recommended to read *Your Perfect Right: Assertiveness and Equality in Your Life and Relationships* (Alberti and Emmons).
D. The client has begun to assert himself/herself and to express feelings of anger as well as other emotions; he/she was reinforced for this progress.
E. It was noted that as the client has become more assertive in expression of feelings, his/her physical complaints have diminished.
F. The client has not used his/her assertiveness skills and was reminded about these helpful techniques.

29. Reinforce Assertiveness (29)

A. The client's practice of assertiveness was reinforced as a means of attaining healthy need satisfaction in contrast to his/her pattern of helplessness and complaining.
B. It was noted that as the client has become more appropriately assertive, his/her degree of whining, complaining, and helplessness has diminished.

30. Teach Self-Dialogue Procedure (30)

A. The client was taught a guided self-dialogue procedure in which he/she learns to recognize maladaptive self-talk, challenges its biases, copes with engendered feelings, overcomes avoidance, and reinforces his/her accomplishments.
B. The client was assisted in reviewing his/her use of the guided self-dialogue procedure.
C. The client was reinforced for his/her progress in using the guided self-dialogue procedure.
D. The client was assisted in problem-solving obstacles toward developing an effect consolidated approach.

31. Assign Self-Help Books (31)

A. The client was assigned to read about health anxiety and self-help books consistent with the therapeutic model.
B. The client was encouraged to read portions of *Stop Worrying About Your Health* (Zgourides).
C. The client was assigned the *BDD Workbook* (Claiborne and Pedrick).
D. The client was assigned *Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook* (Otis).
E. The client was assisted in processing the information from the self-help books.

32. Differentiate Between Lapse and Relapse (32)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.

B. A lapse was associated with an initial and reversible return of symptoms, fear or urges to avoid.
C. A relapse was associated with a decision to return to previous depressive patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and relapse and was provided with remedial feedback in this area.

33. Manage Lapse Situations (33)
A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The client was assisted in rehearsing how/she will manage these potential lapse situations.

34. Encourage Routine Use of Strategies (34)
A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

35. Schedule "Maintenance Session" (35)
A. The client was scheduled for a "maintenance session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the "maintenance session."
C. The client's "maintenance session" was held and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's "maintenance session" was held and he/she was coordinated for further treatment, as his/her progress has not been sustained.

36. Refocus Physical Complaints to Emotional Conflict (36)
A. An effort was made to refocus the client's discussion from physical complaints to emotional conflicts and expression of feelings.
B. It has been difficult for the client to stay focused on emotional issues and expression of feelings rather than becoming preoccupied with his/her physical complaints; he/she was redirected when focusing on physical issues.
C. The client was led to understand that his/her physical problems are related to unresolved emotional issues.

37. Explore Emotional Conflicts (37)
A. The client's sources of emotional conflict were explored, including feelings of fear, feelings of inadequacy, and experiences of rejection or abuse.

B. As the client talked about his/her negative emotional experiences, it was noted that he/she became less preoccupied with physical complaints.
C. The client was quite guarded about his/her negative emotional experiences and was urged to be more open about this as he/she feels safe to do so.

38. Connect Somatic Focus to Emotional Conflicts (38)

A. The client was assisted in understanding the connection between his/her physical problems and preoccupations and the avoidance of facing emotional conflicts that are unresolved.
B. The client was reinforced for accepting that there is a relationship between his/her emotional conflicts and physical complaints.
C. The client resisted and rejected the idea of a connection between his/her physical problems and emotional conflicts; he/she was urged to consider this at a later time.

39. Explore Somatic Family History (39)

A. The client's family history of modeling and reinforcement of physical complaints was explored.
B. The client was assisted in identifying a family pattern that has existed around an exaggerated focus on physical maladies.
C. The client was assisted in developing an understanding of the fact that his/her family-of-origin has reinforced a preoccupation with physical complaints.
D. The client denied any family pattern of modeling and reinforcement of physical complaints and was gently offered examples of how this is sometimes related from generation to generation.

40. Teach Secondary Gain (40)

A. The client was assisted in understanding the role of secondary gain in maintaining physical illness and somatic complaints.
B. The client verbalized an understanding that he/she has been excused from responsibilities because of his/her excessive physical complaints; he/she was reinforced for this insight.
C. The client was gently provided with examples of how he/she may have experienced secondary gain by maintaining physical illness and somatic complaints.

41. Use ACT Approach (41)

A. Acceptance and commitment therapy (ACT) was applied.
B. The client was assisted in accepting and openly experiencing anxious thoughts and feelings, without being overly impacted by them.
C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

42. Teach Mindfulness Meditation (42)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with somatization.
B. The client was taught to focus on changing his/her relationship with the somatic thoughts by accepting the thoughts, images and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.
C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

43. Assign ACT Homework (43)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

44. Plan Pleasurable Activities (44)

A. In an attempt to get the client to divert his/her attention away from bodily focus, a list of pleasurable and rewarding activities was developed.
B. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was reinforced as he/she listed several pleasurable and constructive activities that could serve as a diversion from self-preoccupation.
D. The client has not used the pleasurable activities as a way to divert his/her attention away from bodily focus and he/she was redirected to do so.

45. Assign Diversion Activities (45)

A. The client was assigned to engage in pleasurable and rewarding activities that will take the focus off himself/herself and redirect it toward such things as hobbies, social activities, assisting others, completing projects, or returning to work.
B. The client has followed through with engaging in diversion activities and has found success in resuming these rewarding activities; he/she was reinforced for this progress.
C. The client has resisted becoming involved in pleasurable and constructive activities and remains preoccupied with his/her somatic complaints; he/she was redirected to use these activities.

46. Challenge Pain Endurance (46)

A. The client was challenged to endure pain and carry on with responsibilities so as to build self-esteem and a sense of contribution to life.
B. The client was encouraged to decrease physical complaints, doctor visits, and reliance on medication while increasing verbal assessment of himself/herself as able to function normally and productively.

C. The client was confronted with avoiding responsibilities through physical complaint preoccupation and taught the value of resuming normal functioning.

47. Limit Preoccupation Times (47)

A. The client was encouraged to develop specific times each day to think about, talk about, and write down his/her physical problems, and not focus on his/her physical condition at any other time.

B. The client was assigned "Controlling the Focus on Physical Problems" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has begun to set aside a specific, limited time each day to focus on, talk about, and journal the details of his/her physical complaints; this practice was reviewed.

D. The client has not used specific times each day to think about, talk about, and write down his/her physical problems and was redirected to use this technique.

48. Reinforce Body Acceptance (48)

A. The client was reinforced for verbalizing any and all acceptance of his/her body as normal in function and appearance.

B. The client's frequency of verbalizing acceptance of his/her body is increasing and his/her frequency of physical complaints is noted to be decreasing.

49. Teach the Negative Impact of Complaining (49)

A. The client was assisted in identifying the negative and destructive social impact on friends and family of consistent complaintive verbalizations or negative body focus.

B. The client was encouraged to engage in normal responsibilities vocationally and socially without complaints or withdrawal into avoidance by using physical preoccupation as an excuse.

50. Refer to Pain Clinic (50)

A. The client was referred to a pain clinic for learning pain management techniques, as well as obtaining medical support for pain relief.

B. The client has followed through with obtaining a pain clinic appointment; his/her experience was reviewed.

C. The client has not followed through on obtaining an appointment at a pain clinic and was encouraged to do so.

SPIRITUAL CONFUSION

CLIENT PRESENTATION

1. Desire for Higher Power Relationship (1)*

A. The client verbalized a desire for a closer relationship with God.
B. The client stated that he/she has not felt a close relationship with a higher power and would like to develop this in his/her life.
C. The client has begun to utilize spiritual practices that have increased a sense of relationship with God.
D. The client reported feeling more in touch with, understood by, and supported by a higher power.

2. Negative Attitudes About a Higher Power (2)

A. The client reported feelings and attitudes about God that are characterized by fear, anger, and distrust.
B. As the client has processed his/her feelings of fear, anger, and distrust, a more positive attitude about God has developed.
C. The client verbalized positive feelings toward God as being a part of his/her life.

3. Feelings of Emptiness (3)

A. The client verbalized a feeling of emptiness and lack of direction to his/her life as if some important part were missing.
B. The client verbalized the lack of meaning that life has, but recognized that he/she needs to discover the meaning of a spiritual journey.
C. The client has begun to explore spiritual beliefs and to engage in faith practices that have reduced the feeling of emptiness and meaninglessness.

4. Bleak Outlook on Life (4)

A. The client verbalized a bleak, negative outlook on life and other people.
B. The client verbalized an understanding that he/she lacks a spiritual focus that allows for perceiving life in a positive, meaningful way.
C. As the client has deepened his/her spiritual focus, he/she has found a positive perspective on life and other people.

5. Lack of Religious Training (5)

A. The client complained about having no religious education or training during his/her childhood and now he/she feels lost as to how to begin to understand the role of God in his/her life.

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B. The client has begun to explore religious belief systems and to engage in faith practices in order to deepen spiritual focus.
C. The client reported that a new sense of meaning has entered his/her life as he/she engages in spiritual growth.

6. Painful Religious Experiences (6)

A. The client described painful religious experiences that resulted in feelings of hurt and anger.
B. The client's painful religious experiences have resulted in the client feeling distrustful of and alienated from God.
C. As the client has processed his/her painful religious experiences, he/she has been freer to explore religious beliefs and practice his/her faith.

7. Resistance to AA Concepts (7)

A. The client verbalized a struggle with understanding and accepting Steps 2 and 3 of the Alcoholics Anonymous (AA) program, which direct the client to a belief in a higher power.
B. The client has resolved many of his/her concerns regarding a higher power and has begun to understand the need for this power in his/her life.
C. The client has found a meaningful relationship with God that brings comfort, support, encouragement, and direction.

INTERVENTIONS IMPLEMENTED

1. Assign a Written Spiritual Journey (1)*

A. The client was asked to write out a story of his/her spiritual quest and to bring the story to a later session for processing.
B. The client was assigned the homework exercise "My History of Spirituality" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was encouraged to summarize the highlights of his/her spiritual journey up to this date.
D. The client has followed through on the assignment of writing about his/her spiritual journey and the content of this journaling was processed.
E. Active listening was provided as the client listed several experiences within his/her life that have caused alienation from God.

2. List Higher Power Beliefs (2)

A. The client was assigned to list all of his/her beliefs related to a higher power and to process these beliefs at a later session.
B. The client was helped to process his/her beliefs around the idea of a higher power and to develop reasons to explore his/her spiritual journey.

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C. The client has not completed the assignment to list all of his/her beliefs related to a higher power and was redirected to do so.

3. Clarify Higher Power Beliefs (3)

A. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
B. The client was encouraged to describe his/her beliefs about the idea of a higher power.
C. The client was provided with support and encouragement as he/she described his/her beliefs about a higher power.
D. The client was uncertain about his/her beliefs about a higher power and was provided with a variety of common examples and asked to endorse what most closely fits his/her pattern of belief.

4. Explore Emotional Components (4)

A. The client was asked to identify and verbalize feelings related to his/her understanding of God.
B. The client verbalized feelings of fear, rejection, and abandonment that are associated with his/her understanding of God; these emotions were processed.
C. The client verbalized feelings of peace, acceptance, and love that are associated with his/her understanding of God; these emotions were processed.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Review Early-Life Religious Experiences (9)

A. The client's early-life experiences involving religion were reviewed.
B. The client was encouraged to describe his/her early-life training and spiritual concepts and to identify the impact of this training on his/her current beliefs.
C. The client was provided with support and encouragement as he/she described his/her early-life training in spiritual concepts.

10. Assign a Talk With a Spiritual Leader (10)

A. The client was encouraged to talk with a chaplain, pastor, rabbi, or priest regarding his/her spiritual struggles, issues, or questions.
B. The client was assisted in processing the experience of talking to a religious leader regarding his/her spiritual struggles.
C. Active listening was provided as the client verbalized an increased understanding of the concept of a higher power as a result of talking with this spiritual leader.
D. The client has not had a talk with a chaplain, pastor, rabbi, priest, or other cleric regarding his/her spiritual struggles, issues, or questions and was redirected to do so.

11. Assign Books About God (11)

A. The client was encouraged to read books about God.
B. The client was encouraged to read books such as *The Case for Faith* (Strobel), *Mere Christianity* (Lewis), or *The Case for God* (Armstrong) to build his/her knowledge and understanding of a higher power.

C. The client has followed through on reading the books about God and concepts from those readings were processed.
D. The client has not followed through on reading the books about God and was encouraged to do so.

12. Identify Spirituality Blocks (12)

A. The client was assisted in identifying specific issues that block or prevent the development of his/her spirituality.
B. Today's session focused on specific experiences that have worked against the client deepening his/her faith in God.
C. The client was not able to identify any blocks to his/her spirituality and was gently offered examples in this area.

13. Assign Books on Conversion (13)

A. The client was assigned books on conversion.
B. The client was encouraged to read books dealing with the conversion experiences of significant people, such as *Surprised by Joy* (Lewis), *Confessions of St. Augustine* (Augustine), *The Seven Storey Mountain* (Merton), or *Soul on Fire* (Cleaver).
C. The client has read material on conversion experiences and content from that reading was processed.
D. The client reported that reading the books that detail the experiences of others who have had spiritual struggles was enlightening to his/her own spiritual journey; these concepts were processed.
E. The client has not followed through on reading the material on conversion experiences and was encouraged to do so.

14. Differentiate Between Religion and Spirituality (14)

A. The client was taught the difference between formalized religious belief and practice and spiritual faith on a more personal, individualized level.
B. As the client has grown to understand the differences between religion and spiritual faith, he/she has been noted to be freer to explore the latter.

15. Emphasize the Higher Power's Forgiveness (15)

A. An emphasis was placed on the higher power as being characterized by love and gracious forgiveness rather than harsh judgment.
B. The client was encouraged to accept the higher power's forgiveness as he/she has expressed remorse and seeks forgiveness.

16. Recommend Daily Meditation (16)

A. The client was adivsed to implement daily prayer and meditation on God to increase his/her contact with a higher power.
B. The client reported that he/she has found meaning and peace from implementing daily meditation and prayer; the benefits of this progress were reviewed.
C. The client has failed to implement daily meditation and prayer and was encouraged to do so.

17. Assign a Letter to the Higher Power (17)

A. The client was encouraged to write a note on a daily basis to his/her higher power as a means of increasing the sense of contact and meaningful communication.
B. The client was encouraged to implement daily contact with his/her higher power as a means of building on his/her spiritual journey.
C. The client has regularly journaled about his/her daily contact with his/her higher power and these journals were processed.
D. The client has not been writing on a daily basis to his/her higher power and was redirected to do so.

18. Develop Devotional Rituals (18)

A. The client was assisted in developing and implementing a daily spiritual devotional time.
B. The client was encouraged to implement faith practices common to his/her belief system that will foster spiritual growth.
C. The client reported that implementation of faith practices has deepened his/her spirituality; the benefits of this progress were reviewed.
D. The client has not developed devotional rituals and was redirected to do so.

19. Differentiate Between Earthly Father and Higher Power (19)

A. The client was asked to compare his/her beliefs in a higher power with attitudes and feelings that he/she has regarding his/her earthly father.
B. The client was assisted in developing an insightful understanding of how he/she has converted feelings about his/her earthly father to feelings and attitudes regarding God.
C. The client was uncertain about differentiation between earthly father and higher power and was provided with specific examples in this area.

20. Separate Beliefs (20)

A. The client was urged to separate feelings and beliefs regarding his/her earthly father from those that he/she holds toward a higher power in order to allow for his/her own spiritual growth and maturity.
B. The client was reinforced for verbalizing a separation between beliefs and feelings toward his/her earthly father from those toward a higher power.
C. The client found it difficult to separate beliefs and feelings toward his/her earthly father from those toward a higher power and was gently offered examples of how to do this.

21. Separate Painful Religious Experiences From Religious Tenets (21)

A. The client was assisted in evaluating religious belief systems separate from the painful emotional experiences that he/she has had with “religious people” in the past.
B. The client was reinforced when he/she separated the negative experiences with “religious people” from current spiritual issues and evaluations.
C. When the client connected negative experiences with “religious people” from the past to current spiritual issues and evaluations, this association was pointed out.

22. Explore Religious Distortions (22)

A. The client was asked to describe any religious distortions and judgmental attitudes that he/she was subjected to by others.

B. The client was supported as he/she described negative life experiences that are associated with religious faith within his/her family.

C. The client was supported as he/she described being subjected to rejection within the community because of religious belief practices.

D. The client denied any experience of religious distortions or judgmental attitudes that he/she was subjected to by others, and he/she was accepted for this.

23. Read Books on Serenity (23)

A. The client was directed to read books on serenity.

B. The client was encouraged to read such books as *Serenity* (Helmfelt and Fowler), *Alcoholics Anonymous (AA) Big Book Steps 2 and 3* (Alcoholics Anonymous), *The Road Less Traveled* (Peck), and *Shame and Grace: Healing the Shame We Don't Deserve* (Smedes).

C. The client has followed through on reading material on serenity and has verbalized increased acceptance of forgiveness from a higher power; the concepts were reviewed.

D. The client's reading of books on serenity was processed.

E. The client has failed to follow through on reading the material on serenity and was encouraged to do so.

24. Explore Shame/Guilt Feelings (24)

A. The client's feelings of shame and guilt were explored that have led to his/her feeling unworthy to a higher power and to other people.

B. The client was encouraged to accept forgiveness from a higher power and himself/herself as a step toward overcoming shame and guilt.

C. The client was reinforced when he/she made comments about accepting forgiveness as a step toward overcoming shame and guilt.

D. The client was redirected when he/she made comments about being overwhelmed by shame and guilt.

25. Encourage Spiritual Mentoring (25)

A. The client was encouraged to search for and find a spiritual mentor to guide his/her spiritual development.

B. The client was reinforced for asking a respected person of spiritual depth to serve as his/her mentor.

C. The client's experience with his/her spiritual mentor was processed.

D. The client has not sought out a spiritual mentor and was redirected to do so.

26. Refer to a Spiritual Group (26)

A. The client was made aware of opportunities to join groups of people who are dedicated to deepening their spiritual faith and he/she was encouraged to pursue those that were appealing to him/her.

B. The client reported that he/she has attended groups dedicated to enriching spirituality and has found those experiences to be rewarding.
C. The client has not attended a group dedicated to enriching spirituality and was redirected to do so.

27. Refer to a Spiritual Retreat (27)

A. The client was made aware of opportunities for a spiritual retreat such as De Colores or the Course in Miracles and was encouraged to explore these if they appealed to him/her.
B. The client has attended a spiritual retreat experience and his/her feelings associated with that were processed.
C. The client has not attended a spiritual retreat and was reminded about this helpful resource.

28. Recommend Spiritual Communication Books (28)

A. The client was encouraged to read books on spiritual communication.
B. The client was advised to read books on ways to expand his/her spirituality and depth of communicating with a higher power, such as *Cloistered Walk* (Norris), *The Purpose-Driven Life* (Warren), and *The Care of the Soul* (Moore).
C. The client reported that he/she has begun to read books on spirituality and communication with God and has found them rewarding; key concepts were processed.
D. The client has not read books on spiritual communication and was redirected to do so.

SUBSTANCE USE

CLIENT PRESENTATION

1. Consistent Abuse of Alcohol (1)*

A. The client described a history of alcohol abuse on a frequent basis and, often, until intoxicated or passed out.
B. Family members confirmed a pattern of chronic alcohol abuse by the client.
C. The client acknowledged that his/her alcohol abuse began in adolescence and continued into adulthood.
D. The client has committed himself/herself to a plan of abstinence from alcohol and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by his/her family.

2. Consistent Drug Abuse (1)

A. The client described a history of mood-altering drug abuse on a frequent basis.
B. Family members confirmed a pattern of chronic drug abuse by the client.
C. The client acknowledged that his/her drug abuse began in adolescence and continued into adulthood.
D. The client has committed himself/herself to a plan of abstinence from mood-altering drugs and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by his/her family.

3. Inability to Reduce Alcohol/Drug Abuse (2)

A. The client acknowledged that he/she frequently has attempted to terminate or reduce his/her use of the mood-altering drug, but found that once use has begun, he/she has been unable to follow through.
B. The client acknowledged that, in spite of negative consequences and a desire to reduce or terminate the mood-altering drug abuse, he/she has been unable to do so.
C. As the client has participated in a total recovery program, he/she has been able to maintain abstinence from mood-altering drug use.

4. Negative Blood Effects (3)

A. The client's blood work results a pattern of heavy substance abuse revealing that his/her liver enzymes are elevated.
B. The client's blood work results indicate that mood-altering drugs have been used.
C. As the client has participated in the recovery program and has been able to maintain abstinence from mood-altering drugs, his/her blood work has shown improved status and has come back to within normal limits.

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5. Denial (4)

A. The client presented with denial regarding the negative consequences of his/her substance abuse, in spite of direct feedback from others about its negative impact.
B. The client's denial is beginning to break down as he/she is acknowledging that substance abuse has created problems in his/her life.
C. The client now openly admits to the severe negative consequences in which substance abuse has resulted.

6. Amnesiac Blackouts (5)

A. The client has experienced blackouts during alcohol abuse that have resulted in memory loss for periods of time in which the client was still functional.
B. The client stated that his/her first blackout occurred at a young age and that he/she has experienced many of them over the years of his/her alcohol abuse.
C. The client acknowledged only one or two incidents of amnesiac blackouts.
D. The client has not had any recent experiences of blackouts, since he/she has been able to maintain sobriety.

7. Persistent Alcohol/Drug Abuse Despite Problems (6)

A. The client has continued to abuse alcohol/drugs in spite of recurring physical, legal, vocational, social, or relationship problems that were directly caused by the substance use.
B. The client has denied that the many problems in his/her life are directly caused by alcohol or drug abuse.
C. The client acknowledged that alcohol or drug abuse has been the cause of multiple problems in his/her life and verbalized a strong desire to maintain a life free from using all mood-altering substances.
D. As the client has maintained sobriety, some of the direct negative consequences of substance abuse have diminished.
E. The client is now able to face resolution of significant problems in his/her life as he/she has begun to establish sobriety.

8. Increased Tolerance (7)

A. The client described a pattern of increasing tolerance for the mood-altering substance as he/she needed to use more of it to obtain the desired effect.
B. The client described the steady increase in the amount and frequency of the substance abuse as his/her tolerance for it increased.

9. Physical Withdrawal Symptoms (8)

A. The client acknowledged that he/she had experienced physical withdrawal symptoms such as shaking, seizures, nausea, headaches, sweating, anxiety, and insomnia as he/she withdrew from the substance abuse.
B. The client's physical symptoms of withdrawal have eased as he/she stabilized and maintained abstinence from the mood-altering substance.
C. There is no further evidence of physical withdrawal symptoms.

10. Suspension of Activities (9)

A. The client has suspended his/her involvement in important social, recreational, and occupational activities because they interfered with his/her substance abuse lifestyle.
B. The client is beginning to recognize that all other aspects of his/her life became secondary to the primary object of obtaining and using the mood-altering substance.
C. The client is resuming his/her responsibilities in the area of social, recreational, and occupational activities as he/she becomes established in a recovery lifestyle.

11. Excessive Time Investment (10)

A. The client described an excessive investment of time and effort that he/she expended in order to obtain, use, or recovery from using the mood-altering substance.
B. As the client has stabilized in a recovery program, he/she has discovered large amounts of time to give to constructive activity.

12. Loss of Control (11)

A. The client has frequently consumed greater amounts of the substance and used it for a longer period of time than he/she intended.
B. In spite of making promises to himself/herself and others to reduce the frequency of alcohol/drug abuse, the client has been unable to fulfill those promises consistently.
C. The client described many instances of telling himself/herself that he/she would only use a little bit of the drug or alcohol for a brief time but, instead, became consumed by the drug/alcohol and use was heavy.
D. The client reported that he/she has not had any recent situations in which he/she has lost control of his/her substance use.

13. Health Problems (12)

A. The client acknowledged that he/she has been warned about the negative consequences of substance abuse by a physician.
B. The client was suffering from poor health due to his/her substance abuse, but the substance abuse continued in spite of significant negative consequences.
C. The client's physical health has stabilized and some of the negative consequences have begun to reverse as he/she has maintained a life free from mood-altering substances.

INTERVENTIONS IMPLEMENTED

1. Gather Drug/Alcohol History (1)*

A. The client was asked to describe his/her alcohol/drug use in terms of the amount and pattern of use, symptoms of abuse, and negative life consequences that have resulted from chemical dependence.
B. The client openly discussed his/her substance abuse history and was reinforced as he/she gave complete data regarding its nature and extent.

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C. It was reflected to the client that he/she was minimizing his/her substance abuse and was not giving reliable data regarding the nature and extent of his/her chemical dependence problem.
D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of his/her substance abuse problem.

2. Administer Objective Substance Abuse Assessment (2)

A. The client was administered an objective test of drug and/or alcohol abuse.
B. The Alcohol Severity Index test was administered to the client.
C. The Michigan Alcohol Screening Test (MAST) was administered to the client.
D. The results of the objective substance abuse assessment, which indicated a significant substance abuse problem, were processed with the client.
E. The results of the objective substance abuse assessment indicated that the client's problem with chemical dependence is relatively minor.

3. Arrange Substance-Abuse Evaluation (3)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

4. Assess Level of Insight (4)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

5. Assess for Correlated Disorders (5)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

6. Assess for Culturally Based Confounding Issues (6)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

7. Assess Severity of Impairment (7)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.

8. Arrange Evaluation for Psychotropic Medications (8)

A. Arrangements were made for the client to have a physician evaluation for the purpose of considering psychotropic medication to alleviate chemical dependence.
B. The client has followed through with seeing a physician for an evaluation of the need for psychotropic medication to control the chemical dependence.
C. The client has not cooperated with the referral to a physician for a medication evaluation and was encouraged to do so.

9. Monitor Medication Compliance (9)

A. The client reported that he/she has taken the prescribed medication consistently and that it has helped to control his/her chemical dependence; this was relayed to the prescribing clinician.
B. The client reported that he/she has not taken the prescribed medication consistently and was encouraged to do so.
C. The client reported taking the prescribed medication and stated that he/she has not noted any beneficial effect from it; this was reflected to the prescribing clinician.
D. The client was evaluated but was not prescribed any psychotropic medication by the physician.

10. Enhance Motivation (10)

A. Directive, client-centered, empathic, and motivation-enhancing treatment interventions were utilized.

B. Rapport was established with the client through reflective listening and asking permission before providing information or advice.
C. Motivational interviewing techniques were used to help develop greater rapport.

11. List Negative Consequences (11)

A. The client was asked to make a list of the ways that substance abuse has negatively impacted his/her life.
B. The client was assigned "Substance Abuse Negative Impact Versus Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. It was reflected that the client was minimizing the negative impact of substance abuse on his/her life.
D. The client openly acknowledged the negative consequences of drug/alcohol abuse on his/her life; he/she was supported during these disclosures.

12. Use Open-Ended Questions to Explore Motivation (12)

A. Open-ended questions were used to help the client explore his own motivation for change.
B. The client was affirmed for his/her change-related statements and efforts.

13. Elicit Discrepancy (13)

A. The client was asked about his/her level of dissatisfaction with the status quo.
B. The client was assisted in identifying the pros and cons of potential changes.
C. The client was assisted in identifying the discrepancy gap between his/her current behavior and his/her desired life goals.
D. Care was taken to avoid direct confrontation or argumentation.

14. Encourage Self-Efficacy for Change (14)

A. The client was encouraged and supported as to his/her decision for change.
B. The client was encouraged in regard to the goal of developing an action plan for termination of substance use.
C. The client was reinforced for his/her commitment to an action plan to discontinue substance use.

15. Develop an Abstinence Contract (15)

A. The client was assigned to write an abstinence contract for his/her drug of choice as a means of terminating his/her emotional and cognitive involvement with that drug.
B. The client has followed through with writing the abstinence contract for his/her drug of choice and the contents of it were processed.
C. The client's feelings about abstinence from the drug of choice were processed.
D. The client reported that he/she felt some sense of relief at breaking emotional ties with his/her drug of choice; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned abstinence contract for his/her drug of choice and was redirected to do so.

16. Refer to AA/NA Meetings (16)

A. It was strongly recommended to the client that he/she attend AA/NA meetings on a frequent and regular basis in order to obtain support for his/her sobriety.

B. The client has followed through on consistent attendance at AA/NA meetings and reports that the meetings have been helpful; these benefits were processed.

C. The client has attended AA/NA meetings as requested, but reports that he/she does not find them helpful and is resistive to return to them.

D. The client has not followed through on regular attendance at AA/NA meetings and was redirected to do so.

17. Reinforce Making Amends (17)

A. The negative effects that the client's substance abuse has had on family, friends, and work relationships were identified.

B. A plan for making amends to those who have been negatively affected by the client's substance abuse was developed.

C. The client's implementation of his/her plan to make amends to those who have been hurt by his/her substance abuse was reviewed.

D. The client reported feeling good about the fact that he/she has begun to make amends to others who have been hurt by his/her substance abuse; this progress was reinforced.

E. The client has not followed through on making amends to others who have been negatively affected by his/her pattern of substance abuse and was reminded to do so.

18. Obtain Commitment Regarding Making Amends (18)

A. The client was asked to make a verbal commitment to make amends to key individuals.

B. The client was urged to make further amends while working through Steps 8 and 9 of a 12-step program.

C. The client was supported as he/she made a verbal commitment to make initial amends now and to make further amends as he/she works through Steps 8 and 9 of the 12-step program.

D. The client declined to commit to making amends and was redirected to review the need to make this commitment.

19. Require More Learning About Chemical Dependence (19)

A. The client was required to learn more about chemical dependence and the recovery process.

B. The client was asked to attend didactic lectures, read, or view films related to chemical dependence and the process of recovery.

C. The client was asked to identify in writing several key points attained from his/her media about chemical dependence.

D. Key points from the media that were noted by the client were processed in individual sessions.

E. The client has become more open in acknowledging and accepting his/her chemical dependence; this openness was noted and reinforced.

F. The client has not sought out recommended media and was redirected to do so.

20. Assign Information About Evidence-Based Treatment (20)

A. The client was assigned to read a workbook describing evidence-based treatment approaches to addiction recovery.
B. The client was assigned to read *Overcoming Your Alcohol and Drug Problem* (Daley and Marlatt).
C. The client has completed the reading on evidence-based treatment approaches to addiction recovery and key concepts were reinforced.
D. The client has not completed the assigned reading material and was reminded to do so.

21. Assess Intellectual, Personality, and Cognitive Functioning (21)

A. The client's intellectual, personality, and cognitive functioning were assessed by means of psychological testing.
B. The client's intellectual, personality, and cognitive functioning were assessed by means of clinical interview.
C. The results of the psychological assessment were given to the client and the factors that may contribute to his/her chemical dependence were highlighted.

22. Facilitate Understanding of Risk Factors (22)

A. The client was assisted in understanding how his/her genetic, personality, social, family, and childhood factors can lead to chemical dependence.
B. The client was taught how his/her risk factors may create a relapse.
C. The client was reinforced as he/she displayed an understanding of his/her risk factors for relapse.
D. The client struggled to understand the risk factors for his/her relapse and was provided with remedial information in this area.

23. Administer Happiness Scale (23)

A. The client was approached with empathy and genuine caring and the Happiness Scale was administered.
B. The results of the Happiness Scale were reviewed in the session.

24. Define Goals/Strategies for Happiness (24)

A. The client was assisted in defining specific goals and strategies for achieving increased happiness in problematic nondrinking areas in life.
B. The rationale for developing nondrinking areas of happiness was identified as assisting in diminishing the role of alcohol and/or drugs as a major determinate of happiness.
C. The client was administered the *Pleasant Activities List (PAL)*.
D. The client was assigned the homework exercise "Setting and Pursuing Goals in Recovery" from the *Addiction Treatment Homework Planner* (Finley and Lenz).
E. The client was reinforced for his/her identification of nondrinking areas in which he/she can strategize to increase happiness.

25. Teach Communication Skills (25)

A. The client was taught communication skills through modeling, role-playing, and behavioral rehearsal.
B. An emphasis was placed on how to make statements that convey understanding, accept partial responsibility for problems and offer to help solve the problem.
C. The client was reinforced for his/her clear understanding of the use of communication skills.
D. The client struggled with identifying how to properly use communication skills and was provided with remedial feedback in this area.

26. Teach Problem-Solving Skills (26)

A. The client was taught basic problem-solving skills.
B. The client was taught specific problem-solving skills, including identifying the problem, brainstorming solutions, pros and cons of each solution, implementation of solution, evaluation and adjustment of the solution.
C. Role-playing was used to assist the client in applying problem-solving skills to life issues to increase happiness.
D. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma).

27. Teach Assertiveness Skills (27)

A. The client was taught about specific assertiveness skills that can be used to support drink refusal.
B. The client was taught about how to be direct about his/her chemical dependence and to use this as significant reason for refusing drink.
C. The client was taught about subtle ways to be assertive in refusing substances.

28. Assign Social and Communication Information (28)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

29. Assign Homework to Apply Skills (29)

A. The client was assigned homework to encourage the application of newly learned behavioral skills to achieving the happiness goals identified.
B. The client was assigned the homework exercise "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's progress in applying newly learned behavioral skills to his/her daily life was reviewed.

D. The client was redirected for his/her obstacles for applying newly learned behavioral skills.
E. The client was reinforced for his/her success in newly learned behavioral skills.

30. Evaluate Living Situation (30)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence.
B. The client was supported as he/she agreed that his/her current living situation does encourage continuing substance abuse.
C. The client could not see any reason why his/her current living situation would have a negative effect on his/her chemical dependence recovery; he/she was gently offered examples in this area.

31. Encourage a Change in Living Situation (31)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster his/her chemical dependence recovery.
B. The client was assigned the homework exercise "Assessing My Needs" from the *Addiction Treatment Homework Planner* (Finley and Lenz).
C. The client was reinforced as he/she found a new living situation that is free from the negative influences that the current living situation brings to his/her chemical dependence recovery.
D. The client is very resistive to moving from his/her current living situation; he/she was assisted in processing this resistance.

32. Teach Job Skills (32)

A. The client was taught skills necessary for finding, keeping, and improving satisfaction in the job setting.
B. The client has applied skills necessary for finding, keeping, and improving satisfaction for in a job.

33. Plan Social and Recreational Activities (33)

A. A list of social and recreational activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new recreational and social activities that will replace substance abuse–related activities.
C. The client has begun to make changes in his/her social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

34. Direct Conjoint Sessions (34)

A. Conjoint sessions were held to address and resolve issues with the partner.
B. The conjoint sessions have helped to increase the number of pleasant interactions with the partner and reduce conflicts.

35. Develop Couples Sobriety Contract (35)

A. The couple was assisted in developing a sobriety contract.
B. Emphasis in the sobriety contract was an agreement to remain abstinent, a limit on the focus of partner discussions to present day issues and avoiding past hurtful behavior, identification of the role of AA meetings, and scheduling of a daily time to share thoughts and feelings.
C. The couple has developed a sobriety contract and this was reviewed and reinforced.
D. The couple has not developed a sobriety contract and was reminded to do so.

36. Identify Enjoyable Activities (36)

A. The partners were assisted in identifying and planning rewarding, recreational activities that they could do together.
B. The homework exercise "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to the couple.
C. The partners have increased the time spent together in enjoyable contact; the benefits of this progress were reviewed.
D. The partners reported specific instances of recreational activities that they have enjoyed together; their experience was reviewed.
E. The partners have failed to follow through on increasing their enjoyable recreational time together and were encouraged to do so.

37. Teach Problem-Solving Skills (37)

A. Education, modeling, role-playing, and corrective feedback and positive reinforcement were used to teach the couple problem-solving and conflict-resolution skills.
B. The couple was taught to define the problem constructively and specifically, brainstorm solution ideas, evaluate the solution options, compromise, choose options, implement a plan, and evaluate the results.
C. The couple was reinforced for the use of the problem-solving and conflict-resolution skills.
D. The couple has not used problem-solving skills and was redirected to do so.

38. Review Couple's Sobriety Experience (38)

A. The client's sobriety experience was reviewed in the light of the recovery contract.
B. The couple's interaction since the last session was reviewed, with a focus on how this has assisted the client's sobriety.
C. Relationship conflicts were addressed, assisting the couple in improving their communication skills.

39. Explore Schema and Self-Talk (39)

A. The client's schema and self-talk that weaken his/her resolve to remain abstinent were explored.
B. The biases that the client entertains regarding his/her schema and self-talk were challenged.

C. The client was assisted in generating more realistic self-talk to correct for his/her biases and build resilience.
D. The client was provided with positive feedback for his/her replacement of self-talk and biases.
E. The client struggled to identify his/her self-talk and biases that weaken his/her resolve to remain abstinent and was gently offered examples in this area.

40. Rehearse Replacement of Negative Self-Talk (40)

A. The client was assisted in identifying situations in which his/her negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to his/her negative self-talk.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

41. Assign Homework on High-Risk Self-Talk (41)

A. The client was assigned a homework exercise in which he/she identifies high-risk self-talk, identifies the biases in the self-talk, generates alternatives, and tests these through behavioral experiments.
B. The client was assigned the homework exercise "Replacing Fears with Positive Messages" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client's success in his/her replacement of biased self-talk was reinforced.
D. The client was provided with corrective feedback toward improving his/her replacement of high-risk self-talk with healthier self-talk.

42. Implement Prize-Based Abstinence Program (42)

A. A prize-based contingency management system was developed, rewarding the client with desired prizes for continued abstinence.
B. The client's submission of drug-negative urine samples was seen as a trigger for the prize-based contingency management system.
C. The contingency management system was used to gradually increase the subject's experience of benefits for continued abstinence.

43. Implement Contingency Management System for Attendance (43)

A. A prize-based contingency management system was developed, rewarding the client with desired prizes for continued attendance.
B. The contingency management system was used to gradually increase the subject's experience of benefits for continued abstinence.

44. Use Biofeedback (44)

A. The client was referred to a certified biofeedback practitioner for training in using EEG relaxation feedback to cope with arousal-related bodily sensations that may trigger substance abuse.

B. The client was provided with biofeedback for training in using EEG relaxation feedback to cope with arousal-related bodily sensations that may trigger substance abuse.
C. The client has successfully incorporated EEG relaxation feedback, and was reinforced for this.
D. The client has struggled to utilize the benefits of EEG feedback and was provided with additional assistance in this area.

45. Differentiate Between Lapse and Relapse (45)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

46. Discuss Management of Lapse Risk Situations (46)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was assigned the exercise "Relapse Triggers" from the *Adult Psychotherapy Homework Planner* (Jongsma)
D. The client was reinforced for his/her appropriate use of lapse management skills.
E. The client was redirected in regard to his/her poor use of lapse management skills.

47. Use Stimulus Control Techniques (47)

A. The client was assisted in using stimulus control techniques such as avoidance of specific environmental situations to reduce exposure to high risk.
B. The client was assisted in using stimulus control as a way to manage future situations for high-risk relapse.

48. Teach Cognitive Behavioral Skills (48)

A. Modeling, imaginal rehearsal, role-playing, and cognitive restructuring were used to teach skills for managing high-risk situations.
B. Relaxation, problem-solving, and communication skills were taught to help the client manage his/her urges to use substances.
C. The client has implemented cognitive behavioral skills to manage high-risk situations and was reinforced for doing so.
D. The client has not implemented cognitive behavioral skills to manage high-risk situations and was urged to do so.

49. Encourage Routine Use of Strategies (49)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).

B. The client was assigned “Relapse Triggers” from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.

D. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.

E. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

50. Recommend Relapse Prevention Workbooks (50)

A. The client was referred to relapse prevention workbooks.

B. The client was referred to books such as *Staying Sober: A Guide to Relapse Prevention* (Gorski and Miller) and *The Staying Sober Workbook* (Gorski) as material that would help develop strategies for constructively dealing with trigger situations.

C. The client has obtained the recommended reading material on relapse prevention and stated that he/she has found the material helpful.

D. The client has used the recommended reading material to identify potential relapse triggers and to help him/her develop strategies for constructively dealing with each trigger.

E. The client has not followed through on obtaining the recommended reading material and was redirected to do so.

SUICIDAL IDEATION

CLIENT PRESENTATION

1. **Death Preoccupation (1)***

A. The client reported recurrent thoughts of his/her own death.
B. The intensity and frequency of the recurrent thoughts of death have diminished.
C. The client reported no longer having thoughts of his/her own death.

2. **Suicidal Ideation Without Plan (2)**

A. The client reported experiencing recurrent suicidal ideation, but denied having any specific plan to implement suicidal urges.
B. The frequency and intensity of the suicidal urges have diminished.
C. The client stated that he/she has not experienced any recent suicidal ideation.
D. The client stated that he/she has no interest in causing harm to himself/herself any longer.

3. **Suicidal Ideation With Plan (3)**

A. The client reported experiencing ongoing suicidal ideation and has developed a specific plan for suicide.
B. Although the client acknowledged that he/she has developed a suicide plan, he/she indicated that the suicidal urge is controllable and promised not to implement such a plan.
C. Because the client had a specific suicide plan and strong suicidal urges, he/she willingly submitted to a supervised psychiatric facility and more intensive treatment.
D. The client stated that his/her suicidal urges have diminished and he/she has no interest in implementing any specific suicide plan.
E. The client reported no suicidal urges.

4. **Recent Suicide Attempt (4)**

A. The client has made a suicide attempt within the past 24 hours.
B. The client has made a suicide attempt within the past week.
C. The client has made a suicide attempt within the past month.
D. The client denied any interest in suicide currently and promised to engage in no self-harm behavior.

5. **Suicide Attempt History (5)**

A. The client reported a history of suicide attempts that have not been recent, but did require professional and/or family/friend intervention to guarantee safety.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

B. The client minimized his/her history of suicide attempts and treated the experience lightly.
C. The client acknowledged the history of suicide attempts with appropriate affect and explained the depth of his/her depression at the time of the attempt.
D. The client indicated no current interest in or thoughts about suicidal behavior.

6. Family History of Depression (6)

A. There is a positive family history of depression.
B. There is a positive family history of suicide.
C. The client acknowledged the positive family history of depression/suicide and indicated concern about the impact of this tendency on himself/herself.

7. Hopeless Attitude and Life Stressors (7)

A. The client displayed a bleak, hopeless attitude regarding life, linked to recent stressful experiences that are overwhelming him/her.
B. The client described a hopeless attitude related to a recent divorce proceeding.
C. The client displayed a hopeless attitude related to the death of a family member.
D. The client displayed a hopeless attitude related to the recent loss of employment.
E. The client's hopeless attitude about life has diminished and he/she has begun to make more hopeful statements about the future.
F. The client no longer has a hopeless attitude about life and has demonstrated a normal attitude of hope and planning for the future.

8. Social Withdrawal (8)

A. The client has withdrawn from his/her usual social network and become preoccupied with his/her depressive and suicidal thoughts.
B. The client has not responded to overtures from others who have tried to be encouraging and supportive.
C. The client has begun to respond favorably to others and to show an interest in social contact.
D. The client has returned to normal levels of social interaction and is no longer preoccupied with depression and suicide.

9. Lethargy/Apathy (8)

A. The client reported no longer having the energy for or the interest in activities that he/she formerly found challenging and rewarding.
B. The client reported a pattern of engaging in little or no constructive activity and often just sitting or lying around the house.
C. The client has begun to demonstrate increased energy and interest in activity.
D. The client has returned to normal levels of energy and has also shown renewed interest in enjoyable and challenging activities.

10. Premature Demonstrations of Being at Peace (9)

A. The client has made a sudden change from being depressed to being upbeat and at peace, but there has been no genuine resolution of conflict issues.

B. The client has taken actions that seem to indicate that he/she is “putting his/her house in order.”
C. The client acknowledged that the core depression is still very much present and a death wish exists.
D. The client has made genuine progress toward resolution of the conflict issues in his/her life and has a more genuine feeling of serenity.

11. Self-Destructive or Dangerous Behavior (10)
A. The client has been engaging in self-destructive or dangerous behavior that appears to invite death.
B. The client has been increasing self-destructive or dangerous behavior (e.g., chronic drug or alcohol abuse, promiscuity, unprotected sex, and reckless driving).
C. The client has begun to decrease his/her self-destructive or dangerous behavior.
D. As treatment has progressed, the client has discontinued his/her self-destructive or dangerous behavior.

INTERVENTIONS IMPLEMENTED

1. Assess Suicidal Ideation (1)*
A. The client was asked to describe the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.
B. The client was encouraged to be forthright regarding the current strength of his/her suicidal feelings and the ability to control such suicidal urges.
C. The client was assessed as being at a high risk for committing suicide.
D. The client was assessed as being at a moderate risk for committing suicide.
E. The client was assessed as being at a low risk for committing suicide.

2. Monitor Suicide Potential (2)
A. The client was monitored on an ongoing basis for his/her suicide potential.
B. The client was asked to describe his/her current suicidal urges and the degree to which he/she felt they could be controlled.
C. The client was assessed as being at a high risk for committing suicide.
D. The client was assessed as being at a moderate risk for committing suicide.
E. The client was assessed as being at a low risk for committing suicide.

3. Notify Significant Others (3)
A. Significant others were notified of the client’s suicidal ideation and they were asked to form a 24-hour suicide watch until the client’s crisis subsides.
B. The follow-through of significant others in providing supervision of the client during this suicide crisis was monitored.

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C. Significant others were contacted to make sure that the client was receiving adequate supervision.

4. Administer Psychological Testing (4)

A. Psychological testing was administered to the client to evaluate the depth of his/her depression and the degree of suicide risk.
B. The psychological test results indicate that the client's depression is severe and the suicide risk is high.
C. The psychological test results indicate that the client's depression is moderate and the suicide risk is mild.
D. The psychological test results indicate that the client's depression level has decreased significantly and the suicide risk is minimal.

5. Arrange Substance-Abuse Evaluation (5)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Elicit Promise of No Self-Injurious Behavior (10)

A. The client was asked to make a verbal commitment that he/she will initiate contact with the therapist or a helpline if the suicidal urge becomes strong and before any self-injurious behavior occurs.
B. The client was asked to sign a suicide prevention contract that stipulated that he/she would contact the therapist or some other emergency helpline if a serious urge toward self-harm arose.
C. The client was reinforced for making a commitment to not engage in any self-injurious behavior.
D. The client has not made a commitment to refrain from any self-injurious behavior and more specific steps were taken to assure his/her safety.

11. Provide Helpline Information (11)

A. The client was provided with an emergency helpline telephone number that is available to him/her 24 hours per day.
B. The client was asked to promise to use the emergency helpline before engaging in any self-injurious behavior and he/she agreed to do so.
C. The client was reinforced for his/her use of the emergency helpline.
D. The client has not used the emergency helpline when appropriate and was reminded about this helpful resource.

12. Develop Suicide Prevention Contract (12)

A. A suicide prevention contract was developed with the client that stipulated what he/she will and will not do when experiencing suicidal thoughts or impulses.
B. The client was encouraged to be open and honest regarding suicidal urges.
C. The client was reassured regularly of the care and concern by the therapist and significant others.
D. The client was asked to make a commitment to agree to the terms of the suicide prevention contract and did make such a commitment.
E. The client declined to sign a suicide prevention contract and more specific steps to maintain his/her safety from self-injurious behavior were initiated.

13. Offer Telephone Availability (13)

A. The client was given the therapist's telephone number and the client agreed to make contact at any time if a suicide urge becomes unmanageable.
B. The client was asked to attempt to contact the therapist if suicide urges become strong and, if the therapist is not available, to contact an emergency helpline service with the telephone numbers provided.
C. The client was reinforced for his/her contacts to the therapist.
D. The client has not attempted to contact the therapist when his/her suicide urges have become stronger and was reminded about this helpful resource.

14. Remove Lethal Weapons (14)

A. Significant others were encouraged to remove firearms and other potentially lethal means of suicide from the client's easy access.
B. Contact was made with significant others within the client's life to monitor the client's behavior and to remove potential means of suicide.
C. The client's emotional response to specific prevention measures was processed.

15. Arrange for Hospitalization (15)

A. Because the client was judged to be uncontrollably harmful to himself/herself, arrangements were made for psychiatric hospitalization.
B. The client cooperated voluntarily with admission to a psychiatric hospital.
C. The client refused to cooperate voluntarily with admission to a psychiatric facility and therefore commitment procedures were initiated.

16. Assess for Active Clinical Syndrome (16)

A. The client's suicidality was assessed for the functional relation to an actual clinical syndrome.
B. The client was assessed for unipolar or bipolar depression.
C. The client was assessed for personality disorder concerns.
D. As other syndromes were identified, a referral was made to an evidence-based intervention for the specific disorder.

17. Refer for Medication Evaluation (17)

A. An assessment was made about the client's need for antidepressant medication and arrangements were made for a prescription.
B. The client cooperated with a referral to a physician who evaluated him/her for antidepressant medication and provided a prescription for this medication.
C. The client agreed to accept a prescription for antidepressant medication.
D. The client refused to accept a prescription for antidepressant medication.
E. The client has not followed through on the referral for medication and was redirected to do so.

18. Monitor Medication Compliance (18)

A. The client has been monitored for compliance with the prescribed antidepressant medication and the effects of that medication were assessed.
B. The client has been noted to be taking the medication as prescribed and reports that it has produced a reduction in the depth of depression and suicidal ideation.
C. The client has not been taking the antidepressant medication consistently and was urged to do so.
D. The client reported taking the antidepressant medication consistently, but said that no positive effects from this medication have been noted; this was reflected to the prescribing clinician.
E. The client's prescribing physician has been contacted regarding the client's medication compliance and the effect of the medication on the depression and suicidal ideation.

19. Explore Emotional Pain Sources (19)

A. The client was asked to explore and identify life factors that preceded the suicidal ideation.
B. The client was supported as he/she identified the sources of emotional pain and hopelessness that precipitated the suicidal crisis.
C. The client was reluctant to identify the sources of emotional pain and hopelessness that precipitated the suicidal crisis and was gently offered examples of how these occur.

20. Encourage Feelings Expression (20)

A. The client was encouraged to express rather than suppress the feelings that led to his/her suicide crisis in order to clarify those feelings and increase insight into the causes for them.
B. The client was supported and reinforced as he/she began to open up about the feelings behind the suicidal ideation.
C. The client was led to develop insight into his/her feelings of hopelessness and helplessness.
D. The client has not identified his/her emotions and was gently offered examples of the emotions he/she seems to be experiencing.

21. Identify Suicidal Ideation Precursors (21)

A. The client was assisted in becoming aware of life factors that were significant precursors to the beginning of his/her suicidal ideation.

B. The client was supported as he/she identified unresolved issues in his/her life and shared the feelings that underlie the suicidal thoughts.
C. The client was unable to identify any suicidal ideation precursors and was gently offered examples in this area.

22. Probe Family Conflict (22)
A. The client's feelings of despair related to his/her conflicted family relationships were explored.
B. The client was supported as he/she identified feelings of sadness, anger, and hopelessness related to a conflicted relationship with significant others.
C. The client denied any connection between family conflict and his/her emotional struggles and was gently offered examples in this area.

23. Promote Family Communication (23)
A. A family therapy session was held to promote communication of the client's feelings of sadness, hurt, and anger.
B. The family members were encouraged to communicate their respect and understanding of the client's feelings.
C. Family members were encouraged to process the conflicts and feelings between them so as to find a resolution and to express a commitment to an ongoing relationship.

24. Explore Significant Others' Understanding (24)
A. The client's significant others were interviewed about their understanding of the causes for the client's deep distress.
B. Significant others were encouraged to communicate their understanding, support, and concern for the client.

25. Explore Relationship Grief (25)
A. The client was encouraged to share feelings of grief related to the breaking up of a close relationship.
B. The client was supported as he/she disclosed the distress caused by a broken romantic relationship that has led to feelings of abject loneliness and rejection.
C. The client was supported as he/she shared the feelings of hopelessness associated with an impending divorce.
D. The client was encouraged to share feelings associated with the depth of a loved one, which has left him/her feeling abandoned.
E. The client denied any feelings of grief related to his/her losses and was gently offered examples of when he/she may experience this grief.

26. Review Problem-Solving Skills (26)
A. The client's problem-solving attempts were reviewed and new skills were taught as they could be applied to the current interpersonal crisis.
B. The client was reinforced as he/she identified how his/her previous attempts to solve interpersonal problems have failed, resulting in feelings of helplessness.

C. The client was urged to implement new problem-solving skills to resolve the current interpersonal crisis.

27. Conduct Problem-Solving Therapy (27)

A. Psychoeducation, modeling, and role-playing were used to teach the client problem-solving skills.
B. Role-play application of the problem-solving skills was assigned to a real-life issue.
C. The client was assigned the homework exercise "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has utilized problem-solving techniques to help reduce his/her suicide ideation.

28. Encourage a Problem-Solving Approach (28)

A. The client was encouraged to develop a positive problem orientation.
B. The client was urged to see problems and solving them as a natural part of life, and not something to be feared, despaired of, or avoided.
C. The client was reinforced for his/her understanding and application of a positive problem orientation.
D. The client remains quite negative in his/her orientation to problems and was provided with remedial feedback in this area.

29. Monitor Eating/Sleeping Patterns (29)

A. The client was encouraged to resume normal eating and sleeping patterns.
B. The client was given relaxation training to facilitate sleep.
C. The client was encouraged to take medications consistently to get sleep and return to normal eating patterns.

30. Develop Coping Strategies (30)

A. The client was assisted in developing coping strategies for suicidal ideation that include physical exercise, reduced internal focus, increased social involvement, and increased expression of feelings.
B. The client was reinforced when he/she reported a decrease in the frequency and intensity of suicidal ideation as a result of implementing new coping strategies.
C. The client has not used his/her coping strategies and was reminded about the helpful skills that he/she has already used.

31. Promote Hopeful Attitude (31)

A. The client was assisted in identifying positive and hopeful things in his/her life at the present time.
B. The client was assigned the homework exercise "What's Good About Me and My Life?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client identified positive aspects, relationships, and achievements in his/her life and these positive things were supported and reinforced.
D. The client was supported as he/she reported and demonstrated an increased sense of hope for himself/herself and the future.

E. When the client displayed a more pessimistic attitude, he/she was encouraged to have a more positive outlook.

32. Identify Sources of Support (32)

A. The client was assisted in reviewing the successes that he/she has had and the sources of love, compassion, and concern that continue to exist in his/her life.
B. The client was asked to compile a list of people who have been and will continue to be supportive of and encouraging to him/her.
C. The client was strongly reinforced as he/she identified the positive relationships and achievements of his/her life.
D. The client denied any sources of support and was gently offered examples in this area.

33. Promote Behavioral Activation (33)

A. The client was assisted in listing activities that he/she has previously enjoyed, but not recently engaged in.
B. The client was encouraged to reengage in enjoyable activities.
C. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client's experience of reactivating previously enjoyed activities was processed.

34. Develop Skills to Increase Pleasure (34)

A. The client was assisted in developing skills that increase the likelihood of deriving pleasure from behavioral activation.
B. The client was taught assertiveness skills, exercise planning, and social involvement.
C. The client was taught about moving from a less internal to a more external focus.
D. The client was reinforced for his/her success in increasing skills that will increase the likelihood of deriving pleasure from behavioral activation.
E. The client reported that he/she experiences greater pleasure from the behavioral activation options and was reinforced for this.
F. The client has not developed skills that will increase the likelihood of driving pleasure from behavioral activation and was redirected to do so.

35. Identify Distorted Cognitions (35)

A. The client was assisted in developing an awareness of the negative and distorted cognitive messages that reinforce hopelessness and helplessness.
B. The client has identified several distorted self-talk messages that he/she engaged in that are counterproductive and precipitate feelings of low self-esteem, hopelessness, and helplessness; these were processed.
C. The client was unable to identify distorted cognitions and was gently offered examples in this area.

36. Change Biased Cognitions (36)

A. The client was assisted in identifying, challenging, and changing biased cognitions.
B. The client was assisted in developing a more realistic perspective, conducive to hope.

C. The client was assigned the homework exercise "Journal of Distorted, Negative Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client was reinforced for identifying and challenging biased cognitions to develop a perspective more conducive to hope.
E. The client has struggled to challenge and change biased cognitions and was provided with remedial feedback in this area.

37. Address Self-Talk (37)

A. The client was assisted in identifying underlying assumptions to his/her self-talk that may be contributing to biases.
B. The client was assisted in identifying beliefs such as self-worthlessness and hopelessness and how these underlying assumptions contribute to self-talk.

38. Assign Journaling (38)

A. The client was asked to keep a daily record of his/her self-defeating thoughts and to bring them to sessions for review.
B. The client's record of self-defeating thoughts was reviewed and each thought was challenged for accuracy and identified as distorted and unrealistic.
C. The client was taught to replace each dysfunctional thought with one that is positive and self-enhancing.
D. The client was reinforced for implementing positive cognitive processing patterns that maintain a realistic and hopeful perspective.
E. The client has not done the assigned journaling and was redirected to do so.

39. Review Aftermath of Suicide (39)

A. The client was assisted in reviewing the effects that his/her suicide would have on loved ones.
B. The client was assigned the homework exercise "The Aftermath of Suicide" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assisted in processing his/her understanding of how loved ones would be affected by his/her suicide.

40. Explore Spiritual Support System (40)

A. The client's spiritual belief system was explored to discover whether it could be a source of reassurance, support, and peace.
B. The client was assigned the homework exercise "My History of Spirituality" from the *Adult Psychotherapy Homework Planner* by Jongsma.
C. The client was encouraged to engage in the faith practices that nurture and strengthen his/her spiritual belief system.
D. The client was reinforced for verbalizing the feeling of support that results from his/her spiritual faith.
E. The client has not explored the use of a spiritual support system for his/her concerns and was encouraged to investigate this helpful resource.

41. Refer to Spiritual Leader (41)

A. The client was encouraged to meet with his/her identified spiritual leader to obtain support, encouragement, and strengthening of spiritual tenets.

B. The client's meeting with his/her spiritual leader was processed and support for continued involvement in his/her faith network was encouraged.

C. The client has not sought out a spiritual leader and was redirected to do so.

TYPE A BEHAVIOR

CLIENT PRESENTATION

1. **Time Pressure (1)***

A. The client described a pattern of pressuring himself/herself and others to accomplish more within a limited amount of time.
B. The client frequently complains about not having enough time to accomplish what he/she wants to do.
C. The client is beginning to place less of an emphasis on the limitations of time.
D. The client has become more relaxed and less intense about accomplishing so much within a limited time frame.

2. **Competitive Spirit (2)**

A. The client displayed an intense, competitive spirit in describing all of his/her activities.
B. The client has alienated others from himself/herself because of his/her intense competitive spirit.
C. The client has begun to realize that he/she must reduce the degree of competitiveness in all of his/her activities.
D. The client has developed a much more cooperative and collegial attitude regarding working in and around others.

3. **Compulsion to Win (3)**

A. The client demonstrated an intense compulsion to win at all costs, regardless of the type of activity or who else is competing.
B. The client has alienated himself/herself from others because of his/her intense compulsion to win at all costs.
C. The client has begun to realize the need to temper his/her competitive spirit and to consider the feelings of others and the nature of the situation.
D. The client has become much more considerate of others' feelings and is less compelled to win at all costs.

4. **Dominating/Controlling Behavior (4)**

A. The client described an inclination to dominate all social and business situations by being too direct and overbearing.
B. The client has alienated himself/herself from others because of his/her dominating and controlling manner.
C. The client has become more considerate of other people's opinions and feelings and has reduced his/her degree of control over situations.
D. The client has yielded control to others and has solicited leadership from others.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. Easily Irritated With Others (5)

A. The client has a propensity to easily become irritated by the actions of others who do not conform to his/her sense of propriety or correctness.
B. When others do not meet the client's standards, he/she becomes critical, frustrated, and overly reactive.
C. The client is becoming more tolerant of other people's standards and behavior.

6. Perpetual Impatience (6)

A. The client described a pattern of perpetual impatience with any waiting, delay, or interruptions.
B. The client easily becomes irritated with others who cause him/her to have to wait.
C. The client is intolerant of any need to stand in line or wait his/her turn.
D. The client is beginning to practice relaxation techniques to improve and increase his/her tolerance for waiting.
E. The client reported a significant increase in his/her ability to tolerate waiting or interruptions.

7. Difficulty Relaxing (7)

A. The client described having difficulty in quietly relaxing and reflecting.
B. The client is restless and agitated.
C. The client has to be on the move and doing something active.
D. The client has improved his/her ability to sit quietly and relax.
E. The client reported being comfortable sitting quietly and reflecting.

8. Facial Signs of Intensity (8)

A. The client demonstrated facial signs of intensity and pressure such as muscle tension, scowling, glaring, or tics.
B. The client expressed a lack of awareness of the facial signs of intensity and pressure that he/she projects to others.
C. The client has become more aware of his/her facial signs of intensity and pressure and has begun to modify them.
D. The client has developed the ability to relax and now projects an image of increased serenity rather than intensity.

9. Verbal Signs of Intensity (9)

A. The client demonstrated verbal signs of intensity and pressure such as forceful speech or laughter and rapid and intense speech.
B. The client displayed verbal signs of intensity such as the frequent use of obscenities to attempt to emphasize his/her points.
C. The client has become more aware of his/her verbal signs of intensity and has begun to modify them.

D. The client no longer demonstrates verbal signs of intensity, as his/her speech is slower and quieter.

INTERVENTIONS IMPLEMENTED

1. Explore Pressured Lifestyles (1)*

A. The client was asked to give examples of indications of pressure in his/her lifestyle.
B. The client was supported in describing the pattern of pressure-driven living that he/she experiences.
C. The client was helped to list examples of pressured living, such as impatience, domination, competitive spirit, inability to relax, and time frustration.
D. The client was unable to identify any examples of his/her pressured living and was gently offered examples in this area.

2. Promote Self-Awareness (2)

A. The client was asked to list the traits and characteristics that he/she believes other people see in him/her.
B. Role-playing and role reversal were used to assist the client in becoming more aware of the impact of his/her behavior on others.
C. The client was reinforced for demonstrating increased insight into the impact of his/her behavior on others.
D. The client displayed a poor understanding of how others see him/her and was gently offered examples in this area.

3. Refer/Conduct Psychological Testing (3)

A. The client was administered psychological testing to assess him/her for any psychopathology and to further delineate personality patterns.
B. The client was administered the *Jenkins Activity Survey* (Jenkins, Zyzanski, and Rosenman).
C. The client agreed to and cooperated with psychological testing to evaluate personality patterns.
D. The client refused to cooperate with psychological testing, stating that it would be a waste of time; he/she was redirected to use this helpful resource.

4. Process Psychological Testing Results (4)

A. The results of the psychological testing were presented to the client and processed.
B. The psychological testing results confirmed a lack of any serious psychopathology, but the presence of a high level of energy and a tendency to control others.
C. The psychological testing results showed the presence of a bipolar disease pattern and the need for psychological and psychopharmacological treatment.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

5. Arrange Substance-Abuse Evaluation (5)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

10. Explore Family History (10)

A. The client's family-of-origin history was explored for role models of or parental pressure for high achievement and compulsive drive.
B. The client was assisted in identifying a family pattern that fostered a driven lifestyle.

11. Explore Beliefs About Worth (11)

A. The client was asked to make a list of his/her beliefs about what contributes to his/her own worth and the worth of others.
B. The client's list of beliefs regarding self-worth and the worth of others was processed.
C. The client has not made a list of his/her beliefs about what contributes to his/her self-worth and the worth of others and was redirected to do so.

12. Explore Family Pressure to Achieve (12)

A. The client's family-of-origin history was explored for the experience of being pressured to achieve but never succeeding at satisfying a parental figure.
B. The client was encouraged to discuss his/her feelings regarding a parent figure pressuring him/her for success that never seemed to be attainable.
C. The client denied any pattern of family pressure to achieve and was gently offered examples of how this occurs in some families.

13. Clarify Value System (13)

A. An exploration of the client's value system was performed and he/she was assisted in developing priorities based on the importance of relationships, recreation, spiritual growth, reflection time, giving to others, and so on.
B. The client was assigned the homework exercise "Developing Noncompetitive Values" in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was helped to critically examine values that provide motivation for an overemphasis on accomplishment, achievement, and success.
D. The client was supported in verbalizing a desire to reprioritize values to focus less on himself/herself and more on others.

14. Assign Biographies (14)

A. The client was encouraged to read biographies or autobiographies of altruistic or spiritual individuals such as Thomas Merton, Albert Schweitzer, C. S. Lewis, or St. Augustine.
B. Key concepts from the books about altruistic or spiritual people were reviewed and processed.
C. The client was reinforced for identifying and applying more humanitarian values to his/her life.
D. The client has not read the assigned biographies of altruistic or spiritual individuals and was redirected to do so.

15. Solicit Commitment for Changes (15)

A. The client was asked to commit to attempting attitude and behavior changes that promote a healthier, less Type A lifestyle.
B. The client was asked to learn new approaches to managing self, time, and relationships.
C. The client was reinforced as he/she has committed to attempting changes to his/her lifestyle.
D. The client has been unable to commit to making changes in his/her lifestyle and was redirected to do so.

16. Reinforce Single-Activity Focus (16)

A. The client was encouraged and reinforced for focusing on one activity at a time without a sense of urgency.
B. The client reported success at performing one task at a time with less emphasis on feeling pressured to complete it quickly and this accomplishment was strongly reinforced.

17. Suggest Reducing Work Hours (17)

A. The client's pattern of hours spent working was reviewed and recommendations were given regarding a significant reduction.
B. The client was supported and reinforced for reporting a decrease in the number of hours worked on a daily basis.
C. The client has not reduced his/her work hours and was reminded about this important change.

18. Train in Relaxation (18)

A. The client was trained in deep muscle relaxation and breathing techniques to help him/her slow the pace of his/her life.
B. The client was advised to read *The Relaxation and Stress Reduction Workbook* (Davis, Robbins-Eshelman, and McKay).
C. The client was encouraged to implement deep muscle relaxation on a daily basis to relieve tension and reduce the intensity of his/her life.
D. The client was reinforced when he/she reported an increased use of relaxation techniques to reduce intensity and pressure.

E. The client has not used relaxation techniques to reduce intensity and pressure and was redirected to do so.

19. Encourage Implementation of Calming Techniques (19)

A. The client was assigned to implement calming techniques in his/her daily life when facing trigger situations.
B. The client's use of calming techniques was reviewed.
C. The client was reinforced for his/her success at using calming techniques when facing trigger situations; the benefits of these techniques were highlighted.
D. The client has not consistently used calming techniques when facing trigger situations and these failures were redirected.

20. Assign Noncompetitive Recreational Activity (20)

A. The client was assigned to do one noncompetitive recreational activity each day for a week and to process this experience within the next session.
B. The client was encouraged to continue the time spent in relaxing activities.
C. The client has not regularly engaged in recreational activities and was reminded to increase this pattern.

21. Assign Hobby Activity (21)

A. Nonvocational interests of the client were explored and listed.
B. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was assigned to spend time and energy involved in a nonvocational interest activity two times per week for 1 month.
D. The client's response to involvement in nonvocational activities was processed and reinforced.
E. The client has not used a hobby to help become more relaxed and was reminded to use this helpful resource.

22. Assign Comedy Movies (22)

A. The client was assigned to watch comedy movies and identify the positive aspects of this activity.
B. The client was reinforced for identifying the benefits of balancing time spent on daily activities of work and leisure.
C. The client was reinforced for watching the assigned comedy movies and identifying the benefits of this activity.
D. The client has not used the technique of watching comedy movies and was redirected to do so.

23. Reinforce Life Balance (23)

A. The client was reinforced for demonstrating and verbalizing changes in his/her life that reflect a greater sense of balance among work, recreation, spiritual growth, and giving to others.

B. The client reported a sense of enjoyment and fulfillment in incorporating more balance into his/her life; the benefits of this progress were reviewed.

24. Identify Distorted Thoughts (24)

A. The client was assisted in identifying distorted automatic thoughts that lead to feeling pressured to achieve.
B. The client was supported as he/she identified specific distorted automatic thoughts that are engaged in on a repeated basis and that motivate pressured living.
C. The client was assigned in replacing his/her distorted automatic thoughts with positive, realistic cognitions.
D. The client was unable to identify distorted automatic thoughts that lead to feeling pressure to achieve and was gently offered examples in this area.

25. Explore Intolerance/Impatience (25)

A. The client acknowledged a pattern of intolerance and impatience with other people and the depth and causes for this lack of understanding were explored.
B. The client was reinforced for acknowledging that he/she has been unreasonable in his/her intolerance and impatience with others.
C. The client was supported as he/she set a goal of becoming more compassionate, understanding, and patient with others.
D. The client denied any pattern of intolerance or impatience and was gently offered examples in this area.

26. Identify Standards of Criticism (26)

A. The client was assisted in identifying his/her critical beliefs about other people and connecting them to his/her behavior patterns in daily life.
B. The client was supported in verbalizing a recognition that he/she is too critical of others and impatient with them.
C. The client was reinforced for reporting a more tolerant, accepting attitude toward others instead of his/her previous approach of hostile criticism.

27. Train in Assertiveness (27)

A. The client was trained in the principles of assertive behavior as contrasted with aggressive behavior that tramples on the rights of others.
B. The client was encouraged to implement assertiveness without becoming aggressive in his/her interaction with others.
C. The client was reinforced for understanding and implementing the distinction between respectful assertiveness and insensitive directness or verbal aggression that is controlling of others.
D. The client has not used assertiveness skills, but has tended to use aggressive behavior that tramples on the rights of others; he/she was redirected to be more assertive.

28. Confront Self-Centeredness (28)

A. The client's actions and/or verbalizations that indicate a self-centered, insensitive attitude toward others were confronted and reframed.

B. Role-playing and role-reversal exercises were used to attempt to increase the client's empathy for others.
C. The client was reinforced for any statements that indicated an increased sensitivity to others.

29. Teach Conflict-Resolution Skills (29)

A. The client was taught conflict-resolution skills (e.g., empathy, active listening, "I messages," respectful communication, assertiveness without aggression, compromise).
B. The client was taught problem-solving skills (e.g., define the problem specifically, brainstorm options, evaluate, implement, reevaluate).
C. Modeling, role-playing, and behavioral rehearsal were used to help the client use conflict resolution skills and problem-solving skills to work through several current conflicts.
D. The client was reinforced for his/her grasp of conflict-resolution and problem-solving skills.
E. The client struggled to grasp the use of conflict-resolution and problem-solving skills and was provided with remedial feedback in this area.

30. Teach Problem-Solving Skills (30)

A. The client was taught problem-solving skills.
B. The client was taught to define the problem specifically, brainstorm options, list pros and cons of each option, choose and implement an option, and evaluate the outcome.
C. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. Modeling, role-playing, and behavioral rehearsal were used to apply this skill to several current conflicts.

31. Construct Strategies for Managing Pressure (31)

A. The client was assisted in constructing strategies for managing pressure that combines somatic, cognitive, communication, problem-solving, and/or conflict-resolution skills.
B. The client was provided with options to help him/her keep focused on his/her strategy for managing pressure.
C. The client was reinforced for his/her self-tailored strategy for managing pressure.
D. The client has not regularly used his/her self-tailored strategies for managing pressure and this failure was redirected.

32. Select Challenges for Managing Anger (32)

A. The client was provided with situations in which he/she may be increasingly challenged to apply his/her new strategies for managing anger.
B. The client was asked to identify his/her likely upcoming challenges for managing anger.
C. The client was urged to use his/her strategies for managing anger in successively more difficult situations.

33. Consolidate Anger Management Skills (33)

A. Techniques were used to help the client consolidate his/her new anger management skills.

B. Techniques such as relaxation, imagery, behavioral rehearsal, modeling, role-playing, or *in vivo* exposure/behavioral experiences were used to help the client consolidate the use of his/her new anger management skills.

C. The client's use of techniques to consolidate his/her anger management skills was reviewed and reinforced.

34. Assign Active Listening (34)

A. The client was assigned to talk to an associate or a child, focusing on listening to the other person and learning several key things about that person.

B. The client was taught the principals of active listening that included eye contact, quiet patience, and reflection of content.

C. The client was reinforced for reporting success at the implementation of active-listening skills in conversation with others.

D. The client has not used active-listening skills and was redirected to do so.

35. Assign Experiential Weekend (35)

A. The client and significant others were assigned to attend an experiential weekend that promotes cooperation and self-awareness.

B. The client was supported for verbalizing decreased impatience with others and increased appreciation and understanding of the good qualities of others.

C. The client has not attended an experiential weekend and was redirected to do so.

36. Assign Camping/Volunteering Project (36)

A. The client was assigned to select a weekend experience that reflects a total break from pressured living and vocational achievement such as a camping and canoeing trip or a work camp project or volunteering with the Red Cross.

B. The client was reinforced for demonstrating and implementing a more humanitarian approach to life.

C. The client has not selected a weekend experience that reflects a total break from pressured living and was reminded to use this option.

37. Encourage Nonprofit Volunteering (37)

A. The client was encouraged to volunteer for a nonprofit social agency, school, or the like for 1 year, doing direct work with people.

B. The client was supported and reinforced for his/her report on performing volunteer activities at a nonprofit social agency.

C. The client was reinforced for reporting rewards that were inherent in serving others and demonstrating compassion, kindness, and forgiveness in dealing with others.

D. The client has not initiated volunteering in a nonprofit organization and was reminded about using this resource.

38. Encourage Spontaneous Kindness (38)

A. The client was assisted in identifying a multitude of spontaneous acts of kindness that he/she could perform.

B. The client was encouraged to enact one random, spontaneous act of kindness on a daily basis and to explore the positive feelings associated with this.

C. The client's experience with performing a random act of kindness on a daily basis was processed and reinforced.

D. The client reported that he/she has not engaged in spontaneous acts of kindness and was redirected to do so.

39. Encourage Expression of Appreciation (39)

A. The client was encouraged to express warmth, appreciation, affection, and gratitude toward others.

B. The client was reinforced for reports of his/her success at expressing appreciation and gratitude to others.

C. The client has not expressed appreciation toward others and was reminded to do this assignment.

40. Assign *The Road Less Traveled* (40)

A. The client was assigned to read the book *The Road Less Traveled* (Peck) and to process key ideas in subsequent therapy sessions.

B. The client has read the book *The Road Less Traveled* and key ideas from the reading were processed.

C. The client's reading of the book *The Road Less Traveled* has been noted to help him/her develop a balance between the quest for achievement and the appreciation of aesthetic qualities.

D. The client has failed to follow through with reading the recommended book, *The Road Less Traveled,* and was encouraged to do so.

41. Assign "List of Aphorisms" (41)

A. The client was assigned to read "List of Aphorisms" in the book *Treating Type A Behaviors and Your Heart* (Friedman and Ulmer) three times daily for at least one week.

B. The client was encouraged to pick several aphorisms to incorporate into his/her daily life.

C. The client was reinforced for the incorporation of aphorisms into his/her daily life that resulted in a reduction in the quest for achievement.

D. The client has not incorporated aphorisms into his/her daily lifestyle and was reminded to use this technique.

42. List Aesthetic Enjoyment Activities (42)

A. The client was assisted in listing activities he/she could engage in for purely aesthetic enjoyment such as visiting an art museum, attending a symphony concert, taking a hike in the woods, or taking painting lessons.

B. "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma) was assigned to the client.

C. The client was reinforced for incorporating purely aesthetically enjoyable activities into his/her daily routine.

D. The client has not engaged in activities for purely aesthetic enjoyment and was reminded to use this technique.

43. Use ACT Approach (43)

A. The use of acceptance and commitment therapy (ACT) was applied.

B. The client was assisted in accepting and openly experiencing anxious thoughts and feelings, without being overly impacted by them.

C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.

D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.

E. The client has not engaged well in the ACT approach and remedial efforts were applied.

44. Teach Mindfulness Meditation (44)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with Type A Behavior.

B. The client was taught to focus on changing his/her relationship with the panic-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, non-reality-based mental phenomenon.

C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.

D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.

E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

45. Assign ACT Homework (45)

A. The client was assigned homework situations in which he/she practices lessons from mindfulness meditation and ACT.

B. The client was assisted in consolidating his/her mindfulness meditation and ACT approaches into his/her everyday life.

C. The client was assigned to read a portion of *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy* (Hayes).

46. Assign Mindfulness and ACT Reading (46)

A. The client was asked to read books on the topic of mindfulness and ACT.

B. The client was recommended to read *Get Out of Your Mind and Into Your Life* by Hayes.

C. The client has followed through on reading the recommended material on mindfulness and this content was processed.

D. The client has not followed through on reading the recommended material on mindfulness and he/she was encouraged to do so.

UNIPOLAR DEPRESSION

CLIENT PRESENTATION

1. Depressed or Irritable Affect (1)*

A. The client reported that he/she feels deeply sad and has periods of tearfulness or irritability on an almost daily basis.
B. The client's depressed affect was clearly evident within the session as tears were shed on more than one occasion.
C. The client reported that he/she has begun to feel less sad and irritable and can experience periods of joy.
D. The client appeared to be more happy within the session and there is no evidence of tearfulness.

2. Loss of Appetite (2)

A. The client reported that he/she has not had a normal and consistent appetite.
B. The client's loss of appetite has resulted in a significant weight loss associated with the depression.
C. As the depression has begun to lift, the client's appetite has increased.
D. The client reported that his/her appetite is at normal levels.

3. Lack of Activity Enjoyment (3)

A. The client reported a diminished interest in or enjoyment of activities that were previously found pleasurable.
B. The client has begun to involve himself/herself with activities that he/she previously found pleasurable.
C. The client has returned to an active interest in and enjoyment of activities.

4. Psychomotor Agitation (4)

A. The client demonstrated psychomotor agitation within the session.
B. The client reported that with the onset of the depression, he/she has felt unable to relax or sit quietly.
C. The client reported a significant decrease in psychomotor agitation and the ability to sit more quietly.
D. It was evident within the session that the client has become more relaxed and less agitated.

5. Psychomotor Retardation (4)

A. The client demonstrated evidence of psychomotor retardation within the session.
B. The client moved and responded very slowly, showing a lack of energy and motivation.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. As the depression has lifted, the client has responded more quickly and psychomotor retardation has diminished.

6. Sleeplessness/Hypersomnia (5)

A. The client reported periods of inability to sleep and other periods of sleeping for many hours without the desire to get out of bed.
B. The client's problem with sleep interference has diminished as the depression has lifted.
C. Medication has improved the client's problems with sleep disturbance.

7. Lack of Energy (6)

A. The client reported that he/she feels a very low level of energy compared to normal times in his/her life.
B. It was evident within the session that the client has low levels of energy, as demonstrated by slowness of walking, minimal movement, lack of animation, and slow responses.
C. The client's energy level has increased as the depression has lifted.
D. It was evident within the session that the client is demonstrating normal levels of energy.

8. Lack of Concentration (7)

A. The client reported that he/she is unable to maintain concentration and is easily distracted.
B. The client reported that he/she is unable to read material with good comprehension because of being easily distracted.
C. The client reported increased ability to concentrate as his/her depression has lifted.

9. Indecisiveness (7)

A. The client reported a decrease in his/her ability to make decisions based on lack of confidence, low self-esteem, and low energy.
B. It was evident within the session that the client does not have normal decision-making capabilities.
C. The client reported an increased ability to make decisions as the depression is lifting.

10. Social Withdrawal (8)

A. The client has withdrawn from social relationships that were important to him/her.
B. As the client's depression has deepened, he/she has increasingly isolated himself/herself.
C. The client has begun to reach out to social contacts as the depression has begun to lift.
D. The client has resumed normal social interactions.

11. Suicidal Thoughts/Gestures (9)

A. The client expressed that he/she is experiencing suicidal thoughts but has not taken any action on these thoughts.

B. The client reported suicidal thoughts that have resulted in suicidal gestures.
C. Suicidal urges have been reported as diminished as the depression has lifted.
D. The client denied any suicidal thoughts or gestures and is more hopeful about the future.

12. Feelings of Hopelessness/Worthlessness (10)
A. The client has experienced feelings of hopelessness and worthlessness that began as the depression deepened.
B. The client's feelings of hopelessness and worthlessness have diminished as the depression is beginning to lift.
C. The client expressed feelings of hope for the future and affirmation of his/her own self-worth.

13. Inappropriate Guilt (10)
A. The client described feelings of pervasive, irrational guilt.
B. Although the client verbalized an understanding that his/her guilt was irrational, it continues to plague him/her.
C. The depth of irrational guilt has lifted as the depression has subsided.
D. The client no longer expresses feelings of irrational guilt.

14. Low Self-Esteem (11)
A. The client stated that he/she has a very negative perception of himself/herself.
B. The client's low self-esteem was evident within the session as he/she made many self-disparaging remarks and maintained very little eye contact.
C. The client's self-esteem has increased as he/she is beginning to affirm his/her self-worth.
D. The client verbalized positive feelings toward himself/herself.

15. Unresolved Grief (12)
A. The client has experienced losses about which he/she has been unable to resolve feelings of grief.
B. The client's feelings of grief have turned to major depression as energy has diminished and sadness/hopelessness dominate his/her life.
C. The client has begun to resolve the feelings of grief associated with the loss in his/her life.
D. The client has verbalized feelings of hopefulness regarding the future and acceptance of the loss of the past.

16. Hallucinations/Delusions (13)
A. The client has experienced mood-related hallucinations or delusions indicating that the depression has a psychotic component.
B. The client's thought disorder has begun to diminish as the depression has been treated.
C. The client reported no longer experiencing any thought disorder symptoms.

17. Recurrent Depression Pattern (14)

A. The client reported a recurrent pattern of depressive episodes that have been treated with a variety of approaches.

B. The client has a history of depression within the family that parallels his/her own experience of depression.

INTERVENTIONS IMPLEMENTED

1. Clarify Depressed Feelings (1)*

A. The client was encouraged to share his/her feelings of depression in order to clarify them and gain insight into their causes.

B. The client was supported as he/she continued to share his/her feelings of depression and has identified causes for them.

C. Distorted cognitive messages were noted to contribute to the client's feelings of depression.

D. It was noted that the client demonstrated sad affect and tearfulness when describing his/her feelings.

E. Empathy was expressed in regard to the client's sense of depression; rapport was established.

2. Assess Mood Episodes (2)

A. An assessment was conducted of the client's current and past mood episodes, including the features, frequency, intensity, and duration of the mood episodes.

B. The *Inventory to Diagnose Depression* (Zimmerman, Coryell, Corenthal, and Wilson) was used to assess the client's current and past mood episodes.

C. The results of the mood episode assessment reflected severe mood concerns and this was presented to the client.

D. The results of the mood episode assessment reflected moderate mood concerns and this was presented to the client.

E. The results of the mood episode assessment reflected mild mood concerns and this was presented to the client.

3. Administer Psychological Tests for Depression (3)

A. Psychological testing was arranged to objectively assess the client's depression and suicide risk.

B. The *Beck Depression Inventory–II* was used to assess the client's depression and suicide risk.

C. The *Beck Hopelessness Scale* was used to assess the client's depression and suicide risk.

D. The results of the testing indicated severe concerns related to the client's depression and suicide risk and this was reflected to the client.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

E. The results of the testing indicated moderate concerns related to the client's depression and suicide risk and this was reflected to the client.
F. The results of the testing indicated mild concerns related to the client's depression and suicide risk and this was reflected to the client.

4. Explore Suicide Potential (4)

A. The client's experience of suicidal urges and his/her history of suicidal behavior were explored.
B. It was noted that the client has stated that he/she does experience suicidal urges but feels that they are clearly under his/her control and that there is no risk of engagement in suicidal behavior.
C. The client identified suicidal urges as being present but contracted to contact others if the urges became strong.
D. Because the client's suicidal urges were assessed to be very serious, immediate referral to a more intensive supervised level of care was made.
E. Due to the client's suicidal urges, and his/her unwillingness to voluntarily admit himself/herself to a more intensive, supervised level of care, involuntary commitment procedures were begun.

5. Monitor Ongoing Suicide Potential (5)

A. The client was asked to report any suicidal urges or increase in the strength of these urges.
B. The client stated that suicidal urges are diminishing and that they are under his/her control; he/she was praised for this progress.
C. The client stated that he/she has no longer experienced thoughts of self-harm; he/she will continue to be monitored.
D. The client stated that his/her suicide urges are strong and present a threat; a transfer to a more supervised setting was coordinated.

6. Refer for Hospitalization (6)

A. Because the client was judged to be harmful to himself/herself, a referral was made for immediate hospitalization.
B. The client was resistive to hospitalization for treatment of his/her suicide potential, so a commitment procedure was utilized.
C. The client cooperated with hospitalization to treat the serious suicidal urges.

7. Refer to Physician (7)

A. The client was referred to a physician for a physical examination to rule out organic causes for depression.
B. Organic causes for the client's depression were identified, and appropriate treatment was coordinated.
C. No organic causes were identified for the client's depression.

8. Arrange Substance-Abuse Evaluation (8)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.

C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.
E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

9. Assess Level of Insight (9)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

10. Assess for Correlated Disorders (10)

A. The client was assessed for evidence of research-based correlated disorders.
B. The client was assessed in regard to his/her level of vulnerability to suicide.
C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
D. The client has been assessed for any correlated disorders, but none were found.

11.Assess for Culturally Based Confounding Issues (11)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

12. Assess Severity of Impairment (12)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

13. Arrange for Medication Evaluation (13)

A. A referral to a physician was made for the purpose of evaluating the client for a prescription for psychotropic medication.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medication.
C. The client has been prescribed antidepressant medication.
D. The client has refused the prescription of psychotropic medication prescribed by the physician.

14. Monitor Medication Compliance (14)

A. As the client has taken the antidepressant medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the antidepressant medication has been beneficial in reducing sleep interference and in stabilizing mood; the benefits of this progress were reviewed.
C. The client reported that the antidepressant medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client was assessed for side effects from his/her medication.
E. The client has not consistently taken the prescribed antidepressant medication and was redirected to do so.

15. Discuss Factors Contributing to Depression (15)

A. Consistent with the treatment model, a review of cognitive, behavioral, interpersonal and other factors were discussed in regard to their contribution to the client's depression.
B. The client was able to identify factors that contributed to his/her depression.
C. The client struggled to identify factors that would contribute to his/her depression, and was provided with a variety of possibilities.

16. Assign Psychoeducational Information Regarding Depression (16)

A. The client was assigned chapters, books, treatment manuals, and other resources that convey psychoeducational concepts regarding depression.
B. The client has read the assigned material regarding depression, and key concepts were reviewed.
C. The client has not read the assigned material regarding depression, and was redirected to do so.

17. Discuss Change in Depression Factors (17)

A. Consistent with the treatment model, a discussion was held regarding how a positive change in cognitive, behavioral, and interpersonal factors can alleviate depression symptoms.
B. The client was able to identify examples of how a positive change in identified factors can alleviate depression.
C. The client was assisted in identifying factors that can help to alleviate his/her depression.

18. Teach Rationale for Therapy (18)

A. The client was assigned material to help him/her learn about therapy and its rationale.
B. The client was led in a discussion regarding the use of therapy and the rationale behind it.
C. The client has read the assigned material in regard to the rationale for therapy and these resources were reviewed.
D. The client has not read the information regarding therapy and it's rationale and was redirected to do so.

19. Conduct Cognitive Behavioral Therapy (19)

A. The use of cognitive behavioral therapy concepts was utilized.
B. The client was helped to learn the connection between cognition, depressive feelings, and actions.
C. The client has responded well to cognitive behavioral therapy.
D. Cognitive behavioral therapy techniques have not been helpful to the client.

20. Assign Dysfunctional Thinking Journal (20)

A. The client was requested to keep a daily journal that lists each situation associated with depressed feelings and the dysfunctional thinking that triggered the depression.
B. The client was assigned to use the "Daily Record of Dysfunctional Thoughts," as described in *Cognitive Therapy of Depression* (Beck, Rush, Shaw, and Emery).
C. The client was directed to complete the "Negative Thoughts Trigger Negative Feelings" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The Socratic method was used to challenge the client's dysfunctional thoughts and to replace them with positive, reality-based thoughts.
E. The client was reinforced for instances of successful replacement of negative thoughts with more realistic positive thinking.
F. The client has not kept his/her record of automatic thoughts and was redirected to do so.

21. Conduct Behavioral Experiments (21)

A. The client was encouraged to do "behavioral experiments" in which depressive automatic thoughts are treated as hypotheses/predictions and are tested against reality-based alternative hypothesis.
B. The client's automatic depressive thoughts were tested against the client's past, present, and/or future experiences.

C. The client was assisted in processing the outcome of his/her behavioral experiences.
D. The client was encouraged by his/her experience of the more reality-based hypotheses/predictions; this progress was reinforced.
E. The client continues to focus on depressive automatic thoughts and was redirected toward the behavioral evidence of the more reality-based alternative hypotheses.

22. Reinforce Positive Self-Talk (22)

A. The client was reinforced for any successful replacement of distorted negative thinking with positive, reality-based cognitive messages.
B. It was noted that the client has been engaging in positive, reality-based thinking that has enhanced his/her self-confidence and increased adaptive action.
C. The client was assigned to complete the "Positive Self-Talk" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma).

23. Identify Depressogenic Schemata (23)

A. The client was assisted in developing an awareness of his/her automatic thoughts that reflect depressogenic schemata.
B. The client was assisted in developing an awareness of his/her distorted cognitive messages that reinforce hopelessness and helplessness.
C. The client was helped to identify several cognitive messages that occur on a regular basis and feed feelings of depression.
D. The client recalled several instances of engaging in negative self-talk that precipitated feelings of helplessness, hopelessness, and depression; these were processed.

24. Engage in Behavioral Activation (24)

A. The client was engaged in "behavioral activation" by scheduling activities that have a high likelihood for pleasure and mastery.
B. The client was directed to complete tasks from the "Identify and Schedule Pleasant Events" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. Rehearsal, role-playing, role reversal, and other techniques were used to engage the client in behavioral activation.
D. The client was reinforced for his/her successes in scheduling activities that have a high likelihood for pleasure and mastery.
E. The client has not engaged in pleasurable activities and was redirected to do so.

25. Develop Skills to Increase Pleasure (25)

A. The client was assisted in developing skills that increase the likelihood of deriving pleasure from behavioral activation.
B. The client was taught assertiveness skills, exercise planning, and social involvement.
C. The client was taught about moving from a less internal to a more external focus.
D. The client was reinforced for his/her success in increasing skills that will increase the likelihood of deriving pleasure from behavioral activation.

E. The client reported that he/she experiences greater pleasure from the behavioral activation options and was reinforced for this.
F. The client has not developed skills that will increase the likelihood of driving pleasure from behavioral activation and was redirected to do so.

26. Conduct Interpersonal Therapy (26)

A. An inventory of important past and present relationships was developed with the client.
B. A case formulation linking depression to grief, interpersonal role disputes, role transitions, and/or interpersonal deficits was developed.
C. The case formulation was shared with the client for accuracy.

27. Facilitate Mourning (27)

A. As grief issues were identified as a primary contributor to the subject's depression, he/she was supported in mourning.
B. The client was assisted in gradually discovering new activities and relationships to compensate for his/her loss.
C. As the client has resolved his/her grief issues, his/her depression has abated.
D. The client has struggled to resolve his/her grief issues and treatment was redirected in this area.

28. Help Resolve Interpersonal Problems (28)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The client was assisted in identifying relationship conflicts that have reached an impasse; either clear the impasse or discontinue the relationship.
C. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
D. The client was taught active problem-solving techniques to help him/her resolve interpersonal problems.
E. It was reflected to the client that he/she has significantly reduced his/her interpersonal problems.
F. The client continues to have significant interpersonal problems and he/she was provided with remedial assistance in this area.

29. Assist in Role Transitions (29)

A. Role transitions were identified as a primary factor in the client's depression dynamics.
B. The client was helped to identify role transitions, such as beginning a relationship or a career, moving, promotion, retirement, or graduation, and so forth.
C. The client was helped to mourn the loss of the old role, while recognizing positive and negative aspects of the new role.
D. The client was assisted in taking steps to gain mastery over the new role.

30. Develop Interpersonal Skills and Relationships (30)

A. As interpersonal deficits were identified as a primary factor in the client's depression, he/she was assisted in developing new interpersonal skills and relationships.

B. The client displayed a clear understanding of the new interpersonal skills and was reinforced for this success.
C. The client has struggled in regard to developing new interpersonal skills and relationships, and was redirected in this area.

31. Conduct Problem-Solving Therapy (31)

A. Psychoeducation, modeling, and role-playing were used to teach the client problem solving skills.
B. Role-play application of the problem solving skills was assigned to a real-life issue.
C. The client was assigned the homework exercise “Applying Problem-Solving to Interpersonal Conflict in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has utilized problem solving techniques to help elevate his/her depression.

32. Encourage a Problem-Solving Approach (32)

A. The client was encouraged to develop a positive problem orientation.
B. The client was urged to see problems and solving them as a natural part of life, and not something to be feared, despaired of, or avoided.
C. The client was reinforced for his/her understanding and application of a positive problem orientation.
D. The client remains quite negative in his/her orientation to problems and was provided with remedial feedback in this area.

33. Teach Conflict-Resolution Skills (33)

A. The client was taught conflict-resolution skills such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.
B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client reported implementation of conflict-resolution skills in his/her daily life and was reinforced for this utilization.
D. The client reported that resolving interpersonal conflicts has contributed to a lifting of his/her depression; the benefits of this progress were emphasized.
E. The client has not used the conflict-resolution skills that the/she has been taught and was provided with specific examples of when to use these skills.

34. Resolve Interpersonal Problems Through Reassurance and Support (34)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The client was assisted in clarifying cognitive and affective triggers for conflicts.
C. The client was assigned the homework exercise “Applying Problem-Solving to Interpersonal Conflict” in the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has processed the interpersonal problems that have contributed to his/her depression, and notes an improved mood; he/she was reinforced for this progress.

35. Differentiate Between Lapse and Relapse (35)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.

B. A lapse was associated with an initial and reversible return of symptoms, fear or urges to avoid.

C. A relapse was associated with a decision to return to previous depressive patterns.

D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.

E. The client struggled to understand the difference between a lapse and relapse and was provided with remedial feedback in this area.

36. Manage Lapse Situations (36)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The client was assisted in rehearsing how/she will manage these potential relapse situations.

37. Build Relapse Prevention Skills (37)

A. The client was assisted in building relapse prevention skills through the identification of early warning signs of relapse.

B. The client was directed to consistently review skills learned during therapy.

C. The client was assisted in developing an ongoing plan for managing his/her routine challenges.

38. Teach Mindfulness Meditation (38)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with panic and change.

B. The client was taught to focus on changing his/her relationship with the panic-related thoughts by accepting the thoughts, images and impulses that are reality-based while noticing, but not reacting to non-reality-based mental phenomenon.

C. The client was assisted in differentiating between reality-based thoughts and non-reality-based thoughts.

D. The client has used mindfulness meditation to help overcome negative thought processes, and was reinforced for this.

E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

39. Increase Personal Strengths (39)

A. The client's new sense of well-being was reinforced by an emphasis on his/her personal strengths evident in their progress through therapy.

B. The client was assigned the homework exercise "Acknowledging My Strengths" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was assigned the homework exercise "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* (Jongsma).
D. The client has identified personal strengths and qualities and these were processed.

40. Conduct Behavioral Couples Therapy (40)

A. The client and his/her significant other were engaged in couple's therapy.
B. Behavioral Interventions focused on exchanges between partners, including assertive communication, problem solving/conflict resolution, and consistent use of respectful, assertive communication.
C. A collaborative problem-solving approach for the couple was emphasized.

41. Use Emotion-Focused Therapy (41)

A. The client was assisted in creating a safe, nurturing environment in which he/she can process emotions.
B. The client was assisted in identifying and regulating unhealthy feelings and generating more adaptive feelings that can guide actions.

42. Conduct Brief Psychodynamic Therapy (42)

A. The use of brief psychodynamic therapy was implemented for the client's depression.
B. The client was assisted in increasing insight into the role that past relationship patterns may be contributing to current vulnerabilities to depression.
C. The client was assisted in identifying and processing core conflictual themes.

43. Explore Childhood Pain (43)

A. Experiences from the client's childhood that contribute to his/her current depressed state were explored.
B. The client identified painful childhood experiences that were interpreted as having continued to foster feelings of low self-esteem, sadness, and sleep disturbance.
C. As the client has described his/her childhood experiences within an understanding atmosphere, sad feelings surrounding those experiences have diminished.
D. The client has been guarded about discussing his/her experience of childhood pain and was redirected in this area.

44. Explore Suppressed Anger (44)

A. The client was encouraged to share his/her feelings of anger regarding painful childhood experiences that contributed to his/her current depressed state.
B. As the client described painful experiences from the past, he/she was helped to express feelings of anger, sadness, and suppressed rage.
C. The client reported that he/she has begun to feel less depressed as suppressed feelings of anger and hurt have been expressed and processed.
D. The client has not expressed his/her suppressed anger and was urged to do this as he/she feels able to do so.

45. Connect Anger With Depression (45)

A. The client was taught the possible connection between previously unexpressed feelings of anger and helplessness and his/her current state of depression.

B. It was reflected to the client that as he/she has gained insight into suppressed feelings from the past, his/her current feelings of depression have diminished.

C. The client was reinforced as he/she verbalized an understanding of the relationship between his/her current depressed mood and the repression of anger, hurt, and sadness.

D. The client has not displayed an understanding of the relationship between his/her current depressed mood and repression of anger, hurt, and sadness and was provided with remedial feedback in this area.

46. Conduct Acceptance and Commitment Therapy (46)

A. Acceptance and commitment therapy (ACT) was applied.

B. The client was assisted in accepting and openly experiencing depressive thoughts and feelings, without being overly impacted by them.

C. The client was encouraged to commit his/her time and effort to activities that are consistent with identified personally meaningful values.

D. The client has engaged well in the ACT approach and applied these concepts to his/her symptoms and lifestyle.

E. The client has not engaged well in the ACT approach and remedial efforts were applied.

47. Utilize Self-Help Books (47)

A. The client was advised to read self-help books consistent with the therapeutic approach used in therapy to help supplement therapy and foster better understanding of it.

B. The client was assigned to read *A Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* (Knaus).

C. The client was assigned to read *Solving Life's Problems* (Nezu, Nezu, and D'zurilla).

D. The client was assigned to read *The Interpersonal Solution to Depression: A Workbook for Changing How You Feel by Changing How You Relate* (Pettit and Joiner).

E. The *Mindfulness and Acceptance Workbook for Depression* (Strosahl and Robinson) was assigned to the client.

F. The material assigned was processed.

48. Assign Positive Affirmations (48)

A. The client was assigned to write at least one positive affirmation statement on a daily basis regarding himself/herself and the future.

B. The client was assigned the homework exercise "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client has followed through on the assignment of writing positive affirmation statements and reported that he/she is feeling more positive about the future.

D. The client was reinforced for making positive statements regarding himself/herself and his/her ability to cope with the stresses of life.

E. The client has not followed through on the assignment of writing positive affirmation statements and was encouraged to do so.

49. Teach Normalization of Sadness (49)

A. The client was taught about the variation in mood that is within the normal sphere.

B. The client reported that he/she is developing an increased tolerance to mood swings and is not attributing them to significant depression; this progress was reinforced.

C. The client is verbalizing more hopeful and positive statements regarding the future and accepting some sadness as a normal variation and feeling; the benefits of this progress were highlighted.

VOCATIONAL STRESS

CLIENT PRESENTATION

1. **Coworker Conflict (1)***

A. The client reported feelings of anxiety and depression secondary to experiencing perceived harassment, shunning, and confrontation from coworkers.
B. The client has become more withdrawn and isolated within the work environment due to coworker conflict.
C. The client has begun to resolve conflicts with coworkers, and this has resulted in an improved emotional state.
D. The client reported feeling comfortable with and enjoying interaction with his/her coworkers.

2. **Severe Business Losses (2)**

A. The client reported feelings of inadequacy, fear, and failure secondary to severe business losses.
B. The client has become more withdrawn and isolated due to his/her severe business losses.
C. The client was begun to resolve issues related to his/her business losses, and this has resulted in an improved emotional state.
D. The client reported feeling comfortable and future-focused despite the history of business losses.

3. **Fear of Failure (3)**

A. Since receiving a promotion with increased responsibility and expectations, the client has experienced a fear of failure.
B. As the client has become more successful, he/she has developed a sense that failure is right around the corner.
C. The client has begun to accept his/her success as earned and warranted rather than fearing that he/she will not be able to live up to the expectations.
D. The client is beginning to feel challenged and confident regarding future expectations.

4. **Authority Conflict (4)**

A. The client described a pattern of rebellion against and conflict with authority figures within the employment situation.
B. The client's rebellion against authority has resulted in being dismissed from employment on more than one occasion.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

C. The client's authority conflicts within the employment situation have resulted in failure to achieve promotions.
D. The client has developed a more accepting attitude toward authority and is willing to take direction within the employment arena.

5. Loss of Employment (5)

A. The client reported feelings of anxiety and depression secondary to losing his/her employment.
B. The client has been fired due to poor work performance and a negative attitude.
C. The client has been laid off from his/her employment due to a downsizing within the company.
D. The client's feelings of anxiety and depression related to loss of employment have diminished as he/she has developed a plan for seeking new employment.

6. Job Jeopardy (6)

A. The client reported severe feelings of anxiety related to perceived job jeopardy.
B. The client's perception of his/her job jeopardy has been reversed as he/she has consulted with a supervisor and has been reassured of job security.
C. The client has begun to develop an alternate plan of reaction if the job jeopardy results in a loss of employment.

7. Job Dissatisfaction (7)

A. The client described feelings of depression and anxiety related to being dissatisfied with his/her job responsibilities.
B. The client feels depressed and anxious due to the stress of his/her employment responsibilities.
C. The client's feelings of depression and anxiety have diminished as he/she has developed new coping skills to apply to the employment situation.
D. The client has been assigned to different work responsibilities, and this has resulted in a resolution of the feelings of depression and anxiety.

INTERVENTIONS IMPLEMENTED

1. Build Rapport (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to build rapport with the client.
B. The client began to express feelings more freely as rapport and stress levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Complete Adult Psychotherapy Treatment Planner,* Fifth Edition, by Jongsma, Peterson, and Bruce (Hoboken, NJ: Wiley, 2014).

2. Assess History of Vocational Stress (2)

A. The client's history of vocational stress was assessed.

B. Perceived sources, client distress and disability, adaptive and maladaptive coping actions, and goals of treatment were assessed in relation to the client's history of vocational stress.

3. Administer Testing (3)

A. Measures assessing the client's stressors and appraisals of stress were administered.

B. The *Derogatis Stress Profile* (Derogatis) was administered.

C. The *Daily Hassles and Uplifts Scale* (Lazarus and Folkman) was administered.

D. The results of the testing were reviewed with the client.

4. Arrange Substance-Abuse Evaluation (4)

A. The client's use of alcohol and other mood-altering substances was assessed.

B. The client was assessed to have a pattern of mild substance use.

C. The client was assessed to have a pattern of moderate substance use.

D. The client was assessed to have a pattern of severe substance use.

E. The client was referred for a substance use treatment.

F. The client was found to not have any substance use concerns.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.

B. The client was assessed in regard to the syntonic versus dystonic nature of his/her insight about the presenting problems.

C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.

F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

A. The client was assessed for evidence of research-based correlated disorders.

B. The client was assessed in regard to his/her level of vulnerability to suicide.

C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.

D. The client has been assessed for any correlated disorders, but none were found.

7. Assess for Culturally Based Confounding Issues (7)

A. The client was assessed for age-related issues that could help to better understand his/her clinical presentation.

B. The client was assessed for gender-related issues that could help to better understand his/her clinical presentation.

C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand his/her clinical presentation.
D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to his/her treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

8. Assess Severity of Impairment (8)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to his/her impairment in social, relational, vocational, and occupational endeavors.
C. It was reflected to the client that his/her impairment appears to create mild to moderate effects on the client's functioning.
D. It was reflected to the client that his/her impairment appears to create severe to very severe effects on the client's functioning.
E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

9. Arrange for Medication Evaluation (9)

A. The client's need for psychotropic medication was assessed.
B. It was determined that the client would benefit from psychotropic medication, and a referral was made.
C. A need for psychotropic medication was not found and thus no referral was made.
D. The client cooperated with the referral for psychotropic medication and has been prescribed.
E. The client failed to follow through on the physician referral and was encouraged to do so.

10. Monitor Medication (10)

A. The effectiveness of psychotropic medication and its side effects were monitored.
B. The client reported that the medication has been effective in stabilizing his/her mood; the information is being relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been effective or helpful; this information is being relayed to the prescribing clinician.
D. The client has not taken the medication on a consistent basis and was encouraged to do so.

11. Use Stress Inoculation Training (11)

A. The stress inoculation training approach was used to alleviate stress and achieve personal goals.
B. A functional assessment of the stress problem was conducted, including the contribution of the work environment, the client, and the interaction of the two.

C. The results of the functional assessment of the stressful problem were reviewed with the client.

12. Conceptualize Stress (12)

A. The client was assisted in conceptualizing stress and its various components.
B. The client was assisted in identifying the role of cognitive appraisals in the conceptualization of stress.
C. The client was assisted in identifying the personal and interpersonal skills and skill deficits that contribute to the stress.
D. The conceptualization of the stress was tied into the rationale for treatment.

13. Use Cognitive Behavioral Techniques (13)

A. The client was trained to develop tailored personal and interpersonal skills to facilitate adaptation and management of stress.
B. Techniques such as instruction, modeling, practice, rehearsal, graduated application, and generalization were used to train the client in tailored personal and interpersonal skills.
C. The client was taught calming/relaxation, cognitive, coping, social/communication, and problem-solving skills.
D. The client has internalized many of the skills and was provided with positive feedback.
E. The client has struggled to internalize many of the skills and was provided with remedial assistance.

14. Apply Skills in Challenging Situations (14)

A. The client was provided with exercises in which he/she applies newly learned skills in increasingly challenging stressful situations.
B. The client was assisted in reviewing his/her application of skills in increasingly challenging stressful situations, and successes were reinforced.
C. Obstacles toward effective use of skills were problem-solved with the client.

15. Do Relapse Prevention Training (15)

A. The client was assisted in identifying factors that might contribute to relapse and how to prepare for these factors.
B. The client was assisted in differentiating between a lapse and a relapse.
C. The client was assisted in rehearsing the management of high-risk situations.
D. The client was encouraged to use skills learning in therapy on a continuous, daily application.

16. Clarify Work Conflicts (16)

A. The client was asked to describe the nature of his/her conflicts with coworkers and/or supervisor.
B. The client was supported as he/she described the history and nature of the conflicts with his/her coworkers.
C. The client was rather guarded about his/her pattern of work conflicts and was gently offered examples of how people experience vocational stress and work conflict.

17. Identify Client Role in Conflict (17)

A. The client was helped to identify his/her own role in the coworker conflict.

B. Role-playing and role reversal were used to help the client understand the coworker's point of view within the employment conflict situation.

C. The client was reinforced for identifying and accepting his/her own role within the conflict with coworkers rather than projecting all of the blame and responsibility onto others.

D. The client denied any role in the conflict and was gently offered examples about how he/she may play a role.

18. Explore Personal Problems (18)

A. The client was assisted in identifying personal problems that may be contributing to conflicts within the employment situation.

B. The client was supported for acknowledging problems in his/her personal life that are having a negative influence on his/her work performance and coworker relationships.

C. Attention was given to the personal problems that the client has identified and suggestions were made toward resolution of those problems in order to improve employment performance and coworker relationships.

D. The referral was given to the client to seek treatment for his/her personal problems in order to improve his/her employment situation.

19. Explore Family Patterns of Conflict (19)

A. The client's family-of-origin history was reviewed to determine roots for interpersonal conflict that are being reenacted within the work setting.

B. The client was encouraged and supported for his/her insight into a reenactment of family-of-origin conflicts within the work setting.

C. The client's work adjustment has improved and was reinforced and he/she has addressed family-of-origin conflicts.

D. The client denied any pattern of family-of-origin conflict that might affect his/her work setting problems and was provided with tentative examples of these types of dynamics.

20. Explore Interpersonal Conflict Patterns (20)

A. The client's pattern of interpersonal conflict beyond the workplace was explored.

B. The client was supported and reinforced for accepting the fact that he/she has similar patterns of conflict with people outside of the work environment.

C. Active listening was used as the client acknowledged responsibility for the need to change his/her style of interacting with others to reduce interpersonal conflict generally.

21. Confront Projection of Responsibility (21)

A. The client was confronted for projecting responsibility for his/her behavior and feelings onto others.

B. The client was supported and reinforced for replacing projection of responsibility for conflict feelings or behavior with acceptance of responsibility for his/her own behavior, feelings, and role in the conflict.

22. Reinforce Responsibility Acceptance (22)

A. The client was reinforced for accepting responsibility for his/her feelings and behavior without projecting responsibility for them onto others.

B. As the client accepted responsibility for his/her own behavior and feelings, he/she was reinforced for identifying behavioral changes that he/she could make to improve his/her employment situation.

23. Assign a Written Action Plan (23)

A. The client was assigned to write a plan for constructive action that contains various alternatives to resolve the coworker or supervisor conflict.

B. The client's action plan was reviewed and processed.

C. The client's action plan for resolving conflict within the employment situation was noted to include complying with authority, initiating pleasant greetings, complimenting others' work, and avoiding critical judgments of others.

D. The client has not developed a written action plan to resolve coworker or supervisor conflict and was redirected to do so.

24. Role-Play Social Skills (24)

A. Role-playing, behavioral rehearsal, and role reversal were used to teach the client social skills that would increase the probability of positive encounters within the employment situation.

B. The client was reinforced for reporting interpersonal encounters that promoted harmony with coworkers and supervisors.

C. The client was recommended to read *Working Anger: Preventing and Resolving Conflicts on the Job* (Potter-Effron).

D. The client has read the assigned material on preventing working place conflict and key concepts were reviewed.

E. The client has not read the assigned material on preventing workplace conflict and was redirected to do so.

25. Train in Assertiveness Skills (25)

A. The client was trained in assertiveness skills that could be applied to the employment situation.

B. The client was referred to an assertiveness training class to learn skills that could be applied to the employment situation.

C. The client was reinforced for implementing assertiveness that increased effective communication of needs and feelings without aggression or defensiveness.

D. The client has not used his/her assertiveness skills and was reminded to use these helpful skills.

26. Conduct Problem-Solving Therapy (26)

A. Techniques such as psychoeducation, modeling, and role-playing were used to teach the client problem-solving skills.

B. The client was taught to define a problem, generate solutions, weigh the possible solutions, select and implement a plan of action, evaluate and then accept or revise the plan.

C. The client was assisted in role-playing application of the problem-solving skill to a real life issue.
D. The client was assigned the homework exercise “Applying Problem Solving to Interpersonal Conflict” from the *Adult Psychotherapy Homework Planner* (Jongsma).

27. Teach Realistic Cognitive Messages (27)

A. The client was trained in more realistic, healthy cognitive messages that relieve anxiety and depression rather than precipitate it.
B. The client was supported as he/she identified specific healthy, realistic cognitive messages that promote harmony with others, self-acceptance, and self-confidence.
C. The client was reinforced for implementation of positive self-talk that has resulted in improved feelings associated with the employment situation.
D. The client has not developed realistic cognitive messages and was provided with remedial feedback in this area.

28. Assign a Journal of Self-Defeating Thoughts (28)

A. The client was assigned to keep a daily record of self-defeating thoughts.
B. The client was encouraged to complete the exercise “Journal and Replace Self-Defeating Thoughts” in the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client’s record of self-defeating thoughts was reviewed, including those that reflected hopelessness, worthlessness, fear of rejection, catastrophizing, and negative predictions of the future.
D. The client was challenged on his/her self-defeating thought tendencies and taught to replace each dysfunctional thought with one that is positive and self-enhancing.
E. The client was strongly reinforced for implementing positive, realistic thoughts rather than self-defeating thoughts.
F. The client has not kept a journal of self-defeating thoughts and their positive, realistic replacements and was redirected to do so.

29. Clarify Emotional Reactions (29)

A. The client’s feelings associated with the vocational stress were explored and clarified.
B. The client was supported and reinforced for openly sharing feelings of fear, anger, and helplessness associated with the vocational stress.
C. The client was cautious about his/her expression of emotions related to the vocational stress and was encouraged to be more open as he/she feels capable of doing so.

30. Identify Distorted Cognitions (30)

A. The client was helped to identify the distorted cognitive messages and schema that are connected with his/her feelings of vocational stress.
B. The client was assigned the homework exercise “Negative Thoughts Trigger Negative Feelings” from the *Adult Psychotherapy Homework Planner* (Jongsma).
C. The client was supported in identifying specific self-talk that precipitates feelings of anxiety, fear, and depression.
D. The client was assisted in replacing his/her distorted cognitions with more positive cognitions.

31. Confront Catastrophizing (31)

A. The client was confronted for catastrophizing the employment situation.
B. The client was taught the effects of catastrophizing as leading to immobilizing anxiety.
C. The client was taught that his/her catastrophizing is an overreaction to the actual employment situation.
D. The client was assisted in replacing his/her catastrophizing thoughts with more realistic thoughts.

32. Teach Calming/Relaxation Skills (32)

A. The client was taught calming and relaxing skills.
B. The client was taught applied relaxation, progressive muscle relaxation, cue controlled relaxation, mindful breathing, and biofeedback techniques.
C. The client was taught about discriminating better between relaxation and tension.
D. The client was taught to apply relaxation skills to his/her daily life.

33. Assign Practice of Relaxation (33)

A. The client was assigned homework tasks in which he/she practices relaxation exercises on a daily basis.
B. The client was taught to gradually apply relaxation techniques from non-anxiety provoking to anxiety-provoking situations.
C. The client was assisted in reviewing and reinforcing successes in his/her use of relaxation exercises.
D. The client was provided with corrective feedback toward improvement of overcoming barriers to using relaxation on a regular basis.

34. Assign Progressive Muscle Relaxation Reading Material (34)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies.
B. The client was assigned to read *Mastery of Your Anxiety and Worry—Workbook* (Craske and Barlow).
C. The client was advised to read *The Daily Relaxer: Relax Your Body, Calm Your Mind, and Refresh Your Spirit* (McKay and Fanning).
D. The client has read the assigned material on relaxation and calming strategies and key concepts were reviewed.
E. The client has not read the assigned material on relaxation and calming strategies and was requested to do so.

35. Explore Vocational Stress Effects (35)

A. The client was helped to explore the effects that his/her vocational stress has had on himself/herself and relationships with significant others.
B. The client was supported for acknowledging that vocational stress has had a serious negative effect on himself/herself and relationships with others.
C. The client was helped to develop a plan to reduce vocational stress through a change in employment actions or a change of employment.

D. The client denied any effects of his/her vocational stress upon himself/herself or relationships with significant others and was provided with tentative examples of how this often occurs.

36. Facilitate Family Therapy (36)

A. A family therapy session was held in which feelings of family members were aired and clarified regarding the vocational situation.

B. Family members were supported as they verbalized their feelings of anxiety about the negative employment situation and expressed support for the client.

C. Family members were given the opportunity to confront the client regarding his/her responsibility for the current employment conflicts.

37. Develop Corrective Action Plan (37)

A. The client was assisted in developing a corrective action plan for the problems that exist within the employment situation.

B. The client was assigned the homework exercise "My Vocational Action Plan" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client's plan for correcting problems that exist within the employment situation was reviewed and processed.

D. The client was supported and encouraged in taking responsibility for proactive action to resolve employment conflicts.

E. The client's implementation of a proactive plan to resolve employment conflicts was reinforced.

38. Explore Employment Termination Causes (38)

A. The possible causes for the client's termination from employment were explored.

B. The client was helped to understand that there may have been several causes for his/her termination that were beyond his/her control and, therefore, not his/her responsibility.

C. The client was reinforced for verbalizing and understanding the circumstances that led up to his/her being terminated from employment, including those that may have been beyond his/her control.

39. Probe Childhood History (39)

A. The client's childhood history was reviewed for the origin of feelings of inadequacy, fear of failure, or fear of success.

B. The client was supported for identifying childhood experiences that have contributed to his/her fear of failure.

C. The client was assisted in working through childhood experiences that have contributed to his/her feelings of inadequacy.

D. The client denied any effect that childhood experiences had on his/her current feelings of inadequacy and was provided with tentative examples of how this sometimes occurs.

40. Develop Positive Self-Talk (40)

A. The client was assisted in developing a list of realistic, positive statements about himself/herself.

B. The client was assigned the homework exercise "Positive Self Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was recommended to read *The Self-Esteem Companion: Simple Exercises to Help You Challenge Your Inner Critic and Celebrate Your Personal Strengths* (McKay, Fanning, Honeychurch, and Sutker).

D. The client was reinforced for realistic self-appraisals of success and failures in the workplace.

41. List Accomplishments and Support System (41)

A. The client was assisted in listing his/her positive traits, talents, and accomplishments.

B. The client was assigned the homework exercise "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* (Jongsma).

C. The client was asked to list all those who care for, respect, and value him/her and who are there for him/her as a part of an ongoing social support network.

D. The client was encouraged to view himself/herself as capable, likable, and of value, based upon previous successes and current affirmations from a social support network.

42. Teach Alternate Evaluation of Self (42)

A. The client was taught that an individual's ultimate worth is not measured in material or vocational success, but in service to others and/or to a higher power.

B. The client was encouraged to list ways to evaluate his/her worth apart from vocational success.

43. Develop Job Search Plan (43)

A. The client was assisted in developing a written plan for attainable objectives in a job search.

B. The client was recommended to read *What Color Is Your Parachute? A Practical Manual for Job Hunters and Career-Changers* (Bolles).

C. The client was supported and reinforced for implementation of a job search plan.

D. The client was encouraged to share his/her feelings of fear, frustration, and disappointment as he/she has engaged in the job search process.

E. The client has not developed or implemented a job search plan and was reminded to do so.

44. Teach Job Search Networking (44)

A. The client was taught to utilize want ads and networking with friends and family to seek out job opportunities.

B. The client was recommended to read *Fearless Job Hunting: Powerful Psychological Strategies for Getting the Job You Want* (Knaus, Klarreich, Greiger, and Knaus).

C. The client was encouraged as he/she began the job search process and utilized a networking procedure.

D. The client has not utilized job search networking techniques and was reminded to implement these techniques.

45. Assign Job Search Support Classes (45)

A. The client was assigned to attend a class that teaches skills and job searching.

B. It was recommended to the client that he/she attend a resume writing seminar.

C. The client was supported and reinforced for following through with attendance at classes that build job search skills.

D. The client has not attended a job search support class and was redirected to do so.

46. Monitor Job Search Process (46)

A. The client was supported and encouraged as he/she engaged in the job search experience.

B. The client was encouraged to share his/her feelings of anxiety, frustration, anger, and failure as the job search experience continued.

C. The client was confronted on not being consistent in the job search activity and redirected to pursue this more diligently.