Practice*Planners*®

Arthur E. Jongsma, Jr., Series Editor

The Adult Psychotherapy Progress Notes Planner Second Edition

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Arthur E. Jongsma, Jr.

David J. Berghuis

JOHN WILEY & SONS, INC.

The Adult Psychotherapy Progress Notes Planner

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This book is dedicated to Marcia Berends, a faithful and loyal assistant who always goes the extra mile without being asked.

—Arthur E. Jongsma, Jr.

To my wife, Barbara, with all my love.

—David J. Berghuis

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PRACTICE*PLANNERS*® SERIES PREFACE

The practice of psychotherapy has a dimension that did not exist 30, 20, or even 15 years ago—accountability. Treatment programs, public agencies, clinics, and even group and solo practitioners must now justify the treatment of patients to outside review entities that control the payment of fees. This development has resulted in an explosion of paperwork. Clinicians must now document what has been done in treatment, what is planned for the future, and what the anticipated outcomes of the interventions are. The books and software in this Practice*Planners* series are designed to help practitioners fulfill these documentations requirements efficiently and professionally.

The Practice*Planner* series is growing rapidly. It now includes not only the original *The Complete Adult Psychotherapy Treatment Planner,* Third Edition, *The Child Psychotherapy Treatment Planner,* Third Edition, and The *Adolescent Psychotherapy Treatment Planner*, Third Edition, but also Treatment Planners targeted to specialty areas of practice, including: addictions, juvenile justice/residential care, couples therapy, employee assistance, behavioral medicine, therapy with older adults, pastoral counseling, family therapy, group therapy, neuropsychology, therapy with gays and lesbians, special education, school counseling, and more.

Several of the Treatment Planner books now have companion Progress Notes Planners (e.g., Adult, Adolescent, Child, Addictions, Severe and Persistent Mental Illness, Couples). More of these planners that provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention are in production. Each Progress Notes Planner statement is directly integrated with "Behavioral Definitions" and "Therapeutic Interventions" items from the companion Treatment Planner.

The list of therapeutic Homework Planners is also growing from the original Brief Therapy Homework for adults to Adolescent, Child, Couples, Group, Family, Addictions, Divorce, Grief, Employee Assistance, and School Counseling/School Social Work Homework Planners. Each of these books can be used alone or in conjunction with their companion Treatment Planner. Homework assignments are designed around each presenting problem (e.g., Anxiety, Depression, Chemical Dependence, Anger Management, Panic, Eating Disorders) that is the focus of a chapter in its corresponding Treatment Planner.

Client Education Handout Planners, a new branch in the series, provides brochures and handouts to help educate and inform adult, child, adolescent, couples, and family clients on a myriad of mental health issues, as well as life skills techniques. The list of presenting problems for which information is provided mirrors the list of presenting problems in the Treatment Planner of the title similar to that of the Handout Planner. Thus, the problems for which educational material is provided in the *Child and Adolescent Client Education Handout Planner* reflect the presenting problems listed in *The Child* and The Adolescent Psychotherapy Treatment Planner books. Handouts are included on CD-ROMs for easy printing and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues.

In addition, the series also includes Thera*Scribe*®, the latest version of the popular treatment planning, clinical record-keeping software. Thera*Scribe* allows the user to import the data from any of the Treatment Planner, Progress Notes Planner, or Homework Planner books into the

software's expandable database. Then the point-and-click method can create a detailed, neatly organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

Adjunctive books, such as *The Psychotherapy Documentation Primer*, and *Clinical, Forensic, Child, Couples and Family, Continuum of Care*, and *Chemical Dependence Documentation Sourcebook* contain forms and resources to aid the mental health practice management. The goal of the series is to provide practitioners with the resources they need to provide high-quality care in the era of accountability—or, to put it simply, we seek to help you spend more time on patients, and less time on paperwork.

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Grand Rapids, Michigan

ACKNOWLEDGMENTS

I am deeply indebted to David Berghuis who managed the project of updating this second edition of *The Adult Psychotherapy Progress Notes Planner*. He is responsible for adding the new material for the Parenting, Sexual Identity Confusion, and Phase of Life Problems chapters. He also fine-tuned the other chapters to make them coordinate exactly with the new third edition of *The Complete Adult Psychotherapy Treatment Planner*. Thank you, Dave, for your fine work.

A.E.J.

INTRODUCTION

INTENT AND FOCUS

The Adult Psychotherapy Progress Notes Planner, Second Edition is another step in the evolution of the Practice Planner series. This book is written as a companion to *The Complete Adult Psychotherapy Treatment Planner,* Third Edition, because it provides a menu of sentences that can be selected for constructing a progress note based on the "Behavioral Definitions" and "Therapeutic Interventions" from the Treatment Planner.

Our hope and desire is that both students and seasoned clinicians will find this resource helpful in writing progress notes that are thoroughly unified with the client's treatment plan. In our progress note sentences, we have tried to provide a range of content that can document how a client presented and what interventions were used in the session.

INTERFACE WITH TREATMENT PLANNER

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. Although the books can be used independently, *The Adult Psychotherapy Progress Notes Planner,* Second Edition, provides prewritten sentences that are directly coordinated with the symptom descriptions in the Behavioral Definition section and with the Therapeutic Intervention section of *The Complete Adult Psychotherapy Treatment Planner,* Third Edition (John Wiley & Sons, 2003). (It is important to note that this second edition of *The Adult Psychotherapy Progress Notes Planner* is a direct companion book to the third edition of *The Complete Adult Psychotherapy Treatment Planner*. The first edition of *The Adult Psychotherapy Progress Notes Planner* was a direct companion to the second edition of *The Adult Psychotherapy Treatment Planner*. As the Treatment Planner books are revised and new material is added, the companion Progress Notes book is revised.) Used together, you'll find these books to be both a time saver and a guidepost to complete clinical record keeping.

ORGANIZATION OF PROGRESS NOTES PLANNER

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 number of the Behavioral Definition from the Treatment Planner. For example, consider the following two items from the Antisocial Behavior chapter of this Progress Note Planner:

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.

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.

In the sample above, the numeral 3 in the parentheses refers to the third Behavioral Definition from the Antisocial Behavior chapter in *The Complete Adult Psychotherapy 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. For example, consider the following two items from the Antisocial Behavior chapter in this Progress Note Planner:

8. Confront Responsibility for Broken Relationships (8)

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.

9. Confront Self-Centeredness (9)

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.

In the samples above, the item numbers 8 and 9 correspond directly to the same numbered items in the Therapeutic Interventions section from the Antisocial Behavior chapter of *The Complete Adult Psychotherapy Treatment Planner*. Within the Client Presentation section of each chapter, the statements are arranged to reflect a progression toward resolution of the problem. The latter statements are included to be used in stages of the therapy as the client moves forward toward discharge.

Finally, 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 which matches the client's presentation and the clinician's intervention.

USING *THE ADULT PSYCHOTHERAPY PROGRESS NOTES PLANNER*

If the reader has not used *The Complete Adult Psychotherapy Treatment Planner* to initiate treatment, then relevant progress notes can be found by turning to the chapter title that reflects the client's presenting problem, scanning the keywords to find the theme that fits the session, and then selecting the sentences that describe first how the client presented for that session, and then what interventions were used to assist the client in reaching his/her therapeutic goals and objectives. It is expected that the clinician will modify the prewritten statements contained in this book to fit the exact circumstances of the client's presentation and treatment. Individualization of treatment must be reflected in progress notes that are tailored to each client's unique presentation, strengths, and weaknesses.

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; provider's credentials; and a signature must be entered in the client's record.

All progress notes must be tied to the treatment plan—session notes should elaborate on the problems, symptoms, and interventions contained in the plan. If a session focuses on a topic outside those covered in the treatment plan, providers must update the treatment plan accordingly.

PROGRESS NOTES AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

As of April 2003, new federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) govern the privacy or confidentiality of a client's "psychotherapy notes" (or process notes or progress notes) as well as other protected health information (PHI). If you keep detailed notes for each session that reveal personal information about the client, you may separate these psychotherapy notes from the rest of the client's file that contains PHI. PHI and psychotherapy notes must be kept secure in a locked file and access to it must be limited and protected by office policy and procedures. Psychotherapy notes require additional protection and the client must sign a specific authorization to release this confidential information to anyone beyond the client's therapist or treatment team. For most of us, this regulation does not impose a new standard of practice since we have been protecting psychotherapy notes as confidential and

requiring a release before sharing them. A new wrinkle that does result from HIPAA is that a client's psychotherapy notes are not available to insurance carriers or managed care organizations. Decisions about coverage for mental health services may not hinge on psychotherapy note information and the client may not be denied coverage based on the lack of access to this confidential information.

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? The answer to that question is, "It depends." 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 (separate 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 MANAGEMENT

CLIENT PRESENTATION

1. Explosive, Destructive Outbursts (1)*

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

2. Explosive, Assaultive Outbursts (1)

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.

3. Overreactive Irritability (2)

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.

4. Harsh Judgment Statements (3)

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.

*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with same title in *The Complete Adult Psychotherapy Treatment Planner,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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.

5. Angry/Tense Body Language (4)

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.

6. Passive/Aggressive Behavior (5)

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.

7. Challenging Authority (6)

A. The client's history shows a consistent pattern of challenging or disrespectful treatment of authority figures.
B. The client acknowledged that he/she becomes angry quickly when someone in authority gives direction to him/her.
C. The client's disrespectful treatment of authority has often erupted in explosive, aggressive outbursts.
D. The client has made progress in controlling his/her overreactivity to taking direction from those in authority and is responding with more acts of cooperation.

8. Verbal Abuse (7)

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.

INTERVENTIONS IMPLEMENTED

1. Identify Anger (1)*

A. The client was assisted in becoming more aware of the frequency with which he/she experiences anger and the signs of it in his/her life.
B. Situations were reviewed in which the client experienced anger but refused to acknowledge it or minimized the experience.
C. The client has acknowledged that he/she is frequently angry and has problems with anger management and was provided with positive feedback about this progress.

2. Assign Books on Anger (2)

A. The client was asked to read books about anger.
B. The client was asked to read *Of Course You're Angry* (Rosellini and Worden) or *The Angry Book* (Rubin) to increase his/her understanding and experiencing of anger.
C. The client followed through and read the assigned material on anger, and key ideas from this material were processed within the session.
D. The client reported learning a lot from the material that was assigned, and he/she stated that he/she is more aware of the causes for and targets of his/her anger; he/she was reinforced for this progress.
E. The client has not followed through on reading the assigned material and was encouraged to do so.

3. Assign Anger Journal (3)

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 has kept a journal of anger-producing situations, and this material was processed within the session.
C. 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.
D. The client has not kept an anger journal and was redirected to do 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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

4. List Targets of/Causes for Anger (4)

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 for and causes of 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 provided with tentative examples in this area.

5. Confront Session Anger (5)

A. When the client seemed to be experiencing anger during the session, but would minimize or deny it, he/she was confronted.
B. The client reacted with increased denial, minimization, and rationalization when confronted about his/her feelings of anger.
C. The client has become more accepting of his/her feelings of anger being confronted.
D. The client's anger, reflected back to him/her, has increased his/her awareness of feelings of anger.

6. Refer to Anger Management Group (6)

A. The client was referred to a group that teaches anger management and sensitivity to the feelings of others.
B. The client has followed through with the referral to an anger management group and has attended consistently; his/her progress was discussed.
C. The client has refused to follow the recommendation to attend an anger management class and this refusal was processed.
D. The client has developed, through attending an anger management group, an increased awareness of his/her anger expression patterns and a means of anger control; the benefits of this progress were highlighted.

7. Identify Anger Expression Models (7)

A. The client was assisted in identifying key figures in his/her life that have provided examples to him/her of how to positively or negatively express anger.
B. The client 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.

8. List Own Hurtful Experiences (8)

A. The client was assisted in identifying those painful and hurtful experiences from his/her past that have led to feelings of anger and thoughts of revenge.
B. The client was supported as he/she reported a significant history of verbal and physical abuse, which had fueled his/her anger toward others.
C. It was reflected to the client that as he/she has shared experiences of pain and hurt from the past, he/she has become less reactive with anger in the present.
D. It was reflected to the client that he/she has been guarded and defensive about identifying his/her hurtful experiences, and he/she was encouraged to disclose about these experiences as he/she is able to do so.

9. Empathize with Hurtful Feelings (9)

A. The therapist empathized with the client's pain from past hurtful experiences and assisted him/her in clarifying reasons for this pain and the other feelings that were triggered by the pain.
B. The client's traumas of the past were explored to help him/her clarify his/her feelings of hurt, disappointment, and suppressed rage.
C. It was noted that as the client has gained understanding and empathy within the therapy sessions regarding his/her feelings of pain from past traumas, his/her expressions of anger have diminished.

10. Assign Assertiveness Classes (10)

A. The client was assigned to attend assertiveness training classes to gain a greater understanding of ways to express feelings directly, constructively, and in a controlled fashion.
B. The client has followed through with attendance at assertiveness training classes and has learned more adaptive ways to express thoughts and feelings; the benefits of these new techniques were reviewed.
C. The client's attendance at assertiveness training has taught him/her increased skills for expressing himself/herself with control and the benefits of this progress were reviewed.
D. The client has not followed through on the recommendation to attend assertiveness classes and was encouraged to do so.

11. Process Recent Anger Outbursts (11)

A. Incidents of recent anger outbursts by the client were processed, and alternative adaptive ways to express that anger were reviewed.
B. The client was reinforced for beginning to implement alternative, positive ways to express anger in a controlled fashion.
C. Active listening skills were used as the client expressed feeling good about the fact that he/she was capable of expressing anger in a more controlled, assertive way that did not negatively impact others.

D. Although the client attempted to process his/her recent anger outbursts, he/she had poor insight into alternative adaptive ways to express that anger; he/she was provided with specific examples of how to better handle these angry feelings.

12. Role-Play Anger Control (12)

A. Role-playing techniques were used to teach the client nonself-defeating ways of managing angry feelings.
B. Through the use of role plays, the client has learned to utilize assertive methods versus aggressive methods to express anger.
C. The client has implemented assertive methods learned through the role-playing techniques and has reported success at managing anger more adaptively.
D. The client has not internalized the anger control techniques in the role-play scenarios and was provided with additional practice in this area.

13. Assign Anger Management Exercise (13)

A. The client was assigned an anger management exercise from a workbook.
B. The client completed the assigned anger management exercise, and the material produced was processed.
C. It was reflected that the client has learned to decrease the number and duration of his/her angry outbursts as a result of completing the workbook exercise.
D. The client has not followed through with completing the assigned workbook exercise on anger management and was encouraged to do so.

14. Teach Relaxation Techniques (14)

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.

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.

16. Identify Bodily Impact of Anger (16)

A. The client was taught the negative impact that anger can have on bodily functions and systems.
B. The client indicated an increased awareness of the stress of his/her anger on such things as heart, brain, and blood pressure; this awareness was applied to his/her own functioning.
C. The client was reinforced as he/she has tried to reduce the frequency with which he/she experiences anger in order to reduce the negative impact that anger has on bodily systems.

17. Use Empty-Chair Technique (17)

A. The empty-chair technique was used to approach the client in expressing angry feelings in a constructive, nonself-defeating manner.
B. The client identified several instances in his/her daily life in which the adaptive means of expressing anger, learned through the empty-chair technique, were used.
C. The client reported success at implementing constructive ways of expressing anger and terminating verbal and physically abusive ways of expressing anger; the benefits of this progress were reviewed.
D. The client has failed to translate the adaptive anger expression techniques learned through the use of the empty-chair technique to his/her relationships and was provided with additional assistance in generalizing the use of these techniques.

18. Utilize Rational Emotive Therapy Techniques (18)

A. The client was trained in the use of Rational Emotive Therapy techniques for coping with feelings of anger, frustration, and rage.
B. The client's implementation of the techniques that he/she learned in managing anger was monitored.
C. It was reflected that the client has successfully implemented Rational Emotive Therapy techniques to reduce aggressive reaction to anger triggers.
D. The client has not successfully implemented Rational Emotive Therapy techniques to reduce aggressive reactions to anger triggers and was provided with remedial assistance in this area.

19. Identify Anger Triggers (19)

A. The client was assisted in increasing his/her ability to recognize triggers that lead to explosive expressions of anger.
B. The triggers for anger experience were listed, and coping mechanisms for each trigger were identified.
C. Positive feedback was provided as the client has implemented effective coping mechanisms for his/her hot buttons for anger, and this has reduced aggressive anger expression.
D. The client has not used his/her recognition of triggers to decrease his/her explosive expressions of anger and was provided with remedial assistance in this area.

20. Assign Anger Letter (20)

A. The client was asked to write a letter expressing his/her feelings of anger toward the targets of those feelings, focusing on the reasons for his/her anger toward that person.

B. The client has written an anger letter and his/her reasons for feeling anger were processed.
C. The client reported that his/her feelings of anger have diminished since he/she wrote the anger letter and processed the causes for his/her anger.

21. Encourage Anger Expression (21)

A. The client was encouraged to express and release his/her feelings of rage and violent urges that are felt toward others.
B. The client was cautioned to exercise control over angry feelings even though he/she was encouraged to express such angry feelings within the session.
C. The client was noted to show a high degree of rage and seemed to have little interest in trying to control it.
D. The processing of the client's feelings of anger and rage have diminished these feelings and increased his/her sense of control over them.
E. The processing of the client's feelings of anger and rage seemed to have increased these feelings, and he/she seemed to have less sense of control over them; he/she was directed to suspend the expression of these concerns for the time being.

22. Teach Forgiveness (22)

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.

23. Assign Books on Forgiveness (23)

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.

24. Assign Forgiveness Letter (24)

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 to 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.

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 parent 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 own 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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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. Lack of Remorse (4)

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 projects 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.

7. Blaming/Projecting (5)

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 are 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.

8. Lying (6)

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.

9. Verbal/Physical Aggression (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 than aggression.

10. Reckless/Thrill Seeking (8)

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.

11. Sexual Promiscuity (9)

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.

12. Impulsivity (10)

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.

13. Employment Conflicts (11)

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.

14. Irresponsible Parenting (12)

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 children, 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 children.
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 them.
E. The client has initiated responsible behavior toward his/her children 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 confronted consistently on his/her attempts to utilize minimizations, denial, or projection of the blame onto others for which he/she was responsible.
C. The client's history was explored for instances of unkind, insensitive behavior that trampled on the feelings and rights of others.

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. Identify Trust Loss (3)

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.

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B. The client was consistently reminded that any meaningful relationship is based on trust that the other person will treat you 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 provided with tentative examples in this area.

4. Confront Lawlessness (4)

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.

5. Solicit Commitment to Lawfulness (5)

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.

6. Inhibit Future Lawlessness (6)

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.

7. Review Broken Relationships (7)

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.

8. Confront Responsibility for Broken Relationships (8)

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.

9. Confront Self-Centeredness (9)

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.

10. Teach the Value of Honesty (10)

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.

11. List Dishonesty Consequences (11)

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 provided with tentative examples in this area.

12. Solicit a Commitment to Honesty (12)

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.

13. Teach Empathy (13)

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.

14. Confront Disrespect (14)

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 to privacy and respect for their feelings and property.

15. Solicit Kind Actions (15)

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.

16. Solicit an Apology (16)

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 confronted when he/she attempted to project the blame for his/her aggressive or dishonest actions onto others.

C. 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.
D. 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.
E. 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.

17. Teach Acceptance of Responsibility (17)

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.

18. Review Elements of Apology (18)

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 asked to make a commitment to carry out those necessary steps that would make restitution for the hurt caused to others.
C. 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.
D. The client's implementation of apologizing to others was reviewed, and the feelings associated with this action were processed.
E. The client was strongly reinforced for taking responsibility for causing pain to others and apologizing for this behavior.
F. 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.

19. Review Work Authority Conflicts (19)

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.
D. Role-playing was used to teach respectful responses to directives from authority figures.

20. Reinforce Employment Attendance (20)

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.

21. Teach Prosocial Work Behavior (21)

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.

22. Confront Irresponsible Parenting (22)

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.

23. Reinforce Responsible Parenting (23)

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 children 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.

24. Solicit a Commitment to Responsible Parenting (24)

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.

25. Confront Projection (25)

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. 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.

C. The importance of taking responsibility for one's own behavior and the positive implications of this for motivating change were reviewed.

26. Explore Reasons for Blaming (26)

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 provided with tentative 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).

27. Reinforce Taking Personal Responsibility (27)

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.

28. Explore Childhood Abuse and Neglect (28)

A. Active listening skills were used as the client described instances from his/her own childhood of emotional, verbal, and physical abuse.
B. Support and empathy were provided as the client described feelings of hurt, depression, abandonment, and fear related to parental abuse or neglect.
C. 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.
D. 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.
E. The client was shown how the cycle of abuse or neglect is repeating itself in his/her behavior.

29. Review Emotional Detachment (29)

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.

30. Teach Forgiveness (30)

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 parent 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.

31. Process Distrust (31)

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.

32. Encourage Trust (32)

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.

33. Process Trust Exercise (33)

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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INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Unconditional positive regard and warm acceptance were used to increase rapport and build trust with the client.
B. It was noted that as the client's trust level increased, he/she was able to tell his/her story of the experience of anxiety.
C. Active listening skills were used as the client described his/her attempts to resolve the anxiety problem.
D. It was reflected to the client that he/she was quite open in describing triggers for anxiety and coping attempts.

2. Challenge Anxiety Bases (2)

A. The client was asked to produce evidence of the anxiety and any logical basis for him/her to worry to such an extensive degree.
B. The client's irrational basis for the anxiety was challenged, which has caused him/her to re-examine the anxiety problem.
C. The client was supported for challenging himself/herself and for labeling his/her fear as unfounded.

3. List Life Conflicts (3)

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 provided with tentative examples in this area, as well as ways to put them in better perspective.

4. Identify Unresolved Conflicts (4)

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 provided with tentative examples in this area.

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5. Develop Insight into Past Traumas (5)

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.

6. Assign *Ten Days to Self-Esteem!* (6)

A. The client was asked to complete exercises in the anxiety section of the book *Ten Days to Self-Esteem!* (Burns).
B. The client was assisted in identifying cognitive distortions that generate anxiety after he/she worked on the anxiety exercise in *Ten Days to Self-Esteem!*
C. Positive feedback was provided as the client reported increased sensitivity to his/her own tendency to distort thoughts that precipitate anxiety.
D. Despite the use of the cognitive distortion exercises, the client has not developed insight into how cognitive distortions create anxiety and was provided with tentative examples in this area.

7. Refer for Medication Evaluation (7)

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.

8. Monitor Medication Compliance (8)

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.

9. Train in Guided Imagery (9)

A. The client was trained in the use of positive guided imagery that will induce relaxation as a coping mechanism to reduce anxiety symptoms.
B. The client reported that using positive guided imagery has been effective in reducing the experience of anxiety and was encouraged to continue this technique.
C. The client has not followed through with the implementation of guided imagery to reduce the experience of stress and anxiety; his/her failure in this area was problem-solved.

10. Utilize Biofeedback (10)

A. EMG biofeedback techniques were used to facilitate the client learning relaxation skills.
B. The client reported that he/she has implemented his/her use of relaxation skills in daily life to reduce levels of muscle tension and the experience of anxiety; the benefits of this technique were reviewed.
C. The client reported that his/her level of anxiety has decreased since relaxation techniques were implemented; he/she was encouraged to continue this technique.
D. The client has not followed through on implementation of relaxation skills to reduce anxiety symptoms; he/she was redirected to do so.

11. Assign *Relaxation and Stress Reduction Workbook* (11)

A. The client was assigned to read about one of the stress reduction techniques in the *Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay) and then to implement this chosen technique in daily life.
B. The client was verbally reinforced as he/she followed through with learning a new stress reduction technique from the *Relaxation and Stress Reduction Workbook* and is attempting to implement it on a daily basis.
C. It was reflected that the client's implementation of the stress reduction technique has successfully reduced his/her experience of anxiety.
D. The client has not read or used the stress-reduction techniques identified in the *Relaxation and Stress Reduction Workbook* and was redirected to read about and use these techniques.

12. Teach Behavioral Coping Strategies (12)

A. The client was taught behavioral coping strategies that are effective in reducing anxiety.
B. The client was encouraged to increase his/her social involvement and to utilize physical exercise as a means of reducing stress.
C. The client was encouraged to obtain consistent employment in order to reduce his/her preoccupation with anxiety-related symptoms.
D. The client was positively reinforced as he/she described using the coping strategies to effectively reduce anxiety.
E. As the client has implemented behavioral coping strategies, his/her level of anxiety has successfully been reduced.
F. The client has not used the behavioral coping strategies to help reduce anxiety and was reminded about these helpful techniques.

13. Confront Irrational Fears (13)

A. The client's fears were examined closely, and he/she was assisted in identifying the irrational nature of his/her persistent worry.
B. It was reflected to the client that as he/she has increased his/her awareness of the irrational nature of his/her excessive and persistent worries, a sense of peace and reassurance has been established.
C. Although the client is able to label his/her fears as irrational, he/she continues to experience significant anxiety symptoms related to them; he/she was urged to connect his/her rational understanding to his/her emotional response.

D. The client's fears were examined closely, but he/she was unable to identify the irrational nature of his/her persistent worry; he/she was provided with tentative examples of the irrational nature of these fears.

14. Analyze Fears Logically (14)

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

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

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

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

15. Explore Cognitive Messages (15)

A. The client's cognitive, anxiety-mediating messages were identified.

B. The client was assisted in developing positive, realistic, alternative thoughts that could mediate confidence, self-assurance, and relaxation.

C. As the client has learned to implement positive self-talk, his/her anxiety level has been noted to be diminishing.

D. The client was unable to identify his/her cognitive anxiety-mediating messages and was provided with tentative examples in this area.

16. Develop Positive Cognitions (16)

A. The client was assisted in developing reality-based cognitive messages that will increase self-confidence in coping with irrational fears.

B. As the client has learned positive self-talk and has implemented it in his/her daily life, anxiety has diminished.

C. The client reported increased self-confidence since instituting positive self-talk; he/she was encouraged to continue this helpful technique.

D. The client has found it difficult to implement positive self-talk, as he/she continues to be preoccupied with distorted, anxiety-mediating cognitive messages; his/her struggles with this technique were problem-solved.

17. Teach Thought Stopping (17)

A. The client was taught thought-stopping techniques that involve thinking of a stop sign and replacing negative thoughts with a pleasant scene.

B. The client's implementation of the thought-stopping technique was monitored, and his/her success with this technique was reinforced.

C. The client reported that the thought-stopping technique has been beneficial in reducing his/her preoccupation with anxiety-producing cognitions; he/she was encouraged to continue this technique.
D. The client has failed to use the thought-stopping techniques, and his/her attempts to use these techniques were reviewed and problem-solved.

18. Assign "Cost-Benefit Analysis" (18)

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.

19. Assign *Friedman's Fables* (19)

A. *Friedman's Fables* (Friedman) was read within the session, and principles that pertain to anxiety reduction were processed with the client.
B. The client was supported as he/she verbalized some positive principles from the fables that reduce anxious thoughts.
C. The client was not receptive to the fable exercise and could not identify any principles that he/she thought would be successful in helping him/her cope with anxiety.

20. Challenge Anxious Perspective (20)

A. The client's persistent fears were challenged through the use of providing him/her with a more balanced, realistic perspective that was incompatible with anxiety-producing views.
B. The client reported that his/her level of anxiety has diminished as he/she has implemented a more positive perspective on reality; the benefits of this progress were highlighted.
C. The client has been successful at developing alternative views of reality that are more positive, and his/her anxiety has been noted to be reduced consistently with that change.
D. The client tended to reject any challenges to his/her anxious perspective and was provided with remedial feedback in this area.

21. Utilize a Solution-Focused Approach (21)

A. The client was assisted in identifying anxiety-coping skills that he/she has learned in the past and with which he/she has been successful at managing his/her anxiety.
B. The client was assigned the task of consistently using successful coping mechanisms from the past to deal with present anxiety-related difficulties.
C. The client was reinforced as he/she reported success at reducing anxiety levels by using successful coping skills from the past.
D. The client was unable to identify past successful coping mechanisms and believes that he/she has never successfully managed his/her anxiety; he/she was assisted in identifying past or future exceptions to this pattern.

22. Utilize Paradoxical Intervention (22)

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.

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.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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. Conduct/Refer for Psychological Testing (1)*

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.
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.

2. Refer for Medication Evaluation (2)

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.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

3. Process Psychiatric and Psychological Evaluation (3)

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.

4. Hold a Conjoint Session to Give Evaluation Feedback (4)

A. A conjoint session was held with the client and his/her significant others in order to present the results of the psychological and physician 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 were verbally reinforced as they gave strong support to the client regarding medical and psychological treatment for his/her ADD symptoms.

5. Monitor Medication Compliance (5)

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.

6. Confer with Physician (6)

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.

7. Identify Medication Benefits (7)

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.

8. Support Medication Compliance (8)

A. The client was encouraged and supported in remaining on medications.
B. The client was firmly confronted when he/she indicated an interest in terminating the medication use because the symptoms had improved.
C. The client was reinforced as he/she agreed to continue medication use on a consistent basis.

9. Assign a List of Positive Medication Effects (9)

A. The client was assigned to list the positive effects that have occurred for him/her since beginning to take the medication consistently.
B. Active listening skills were used as the client specifically indicated several symptoms that have reduced in intensity since beginning the medication.
C. The client was supported as he/she verbalized an understanding of the benefits of continuing with the prescribed psychotropic medications on a long-term basis.
D. The client was unable to identify the positive effects of medication and was provided with tentative examples in this area.

10. Assign Books on ADD (10)

A. The client was referred to specific reading material designed to increase his/her knowledge about ADD.
B. The client has followed through on reading the recommended books, and key concepts were processed within the session.
C. The client has not followed through on reading the assigned material on ADD and was encouraged to do so.

11. Identify Difficult ADD Behaviors (11)

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 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.

12. Review Evaluation Results (12)

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.

13. Direct Family to Rank Client's Behaviors (13)

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.

14. List Negative ADD Consequences (14)

A. The client was asked to make a list of the negative consequences that result from his/her problematic ADD behaviors.
B. 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.
C. Coping strategies were reviewed that could be implemented as alternatives to the problematic ADD behaviors that produce negative consequences.
D. The client was guarded about making a list of the negative consequences that result from his/her problematic ADD behaviors and was provided with tentative examples in this area.

15. Teach Problem-Solving Skills (15)

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.

16. Assign Problem-Solving Homework (16)

A. The client was assigned the homework of applying the problem-solving techniques previously learned to specific, identified ADD behaviors.
B. The client has followed through with the problem-solving homework, and the results of that effort were processed.
C. The client reported success at implementing the problem-solving techniques, and he/she was reinforced for this success.
D. The client has had difficulty applying problem-solving techniques, and he/she was redirected regarding implementation of these techniques.

17. Teach Self-Control Strategies (17)

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.
E. The client has not learned the self-control strategies and was provided with remedial feedback in this area.

18. Teach Time-Limited Impulse Indulgence (18)

A. The client was assigned to structure a specific time each week when he/she would indulge impulses that are not self-destructive, such as eating a favorite food, listening to favorite music, and so on.
B. The client has followed through on establishing a time-limited period each week when harmless impulses are indulged; the use of this technique was processed.
C. The client has not used the time-limited impulse indulgence technique and was encouraged to do so.

19. Teach Time-Out Intervention (19)

A. The client was taught to utilize a time-out intervention in which he/she removes himself/herself from a situation in order to calm down and consider behavioral alternatives as reactions to the situation.
B. The client has implemented the time-out procedure and is controlling destructive impulses by considering alternative behaviors and their consequences; his/her benefits of using this technique were highlighted.
C. The client has not implemented the time-out procedure and was assisted in identifying ways to use this technique.

20. Teach Relaxation Techniques (20)

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. It was noted that the client has implemented relaxation procedures to reduce tension and physical restlessness and reported that this technique is beneficial.
C. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension and was encouraged to do so.

21. Develop Self-Reward System (21)

A. A self-administered reward system was designed for the client to reinforce himself/herself for times when he/she exercises positive control over impulsivity, loss of temper, inattentiveness, and other symptoms of his/her ADD.
B. The client was encouraged for implementing the self-reward system and has been reinforcing himself/herself for engaging positive alternatives to problem behaviors.

C. It was reflected to the client that the implementation of the reward system has increased the frequency of positive alternative behaviors and decreased the frequency of problematic ADD behaviors.
D. The client has not implemented the self-reward system and was redirected to do so.

22. Utilize Structured Reminders/Organizers (22)

A. The client was encouraged to use such techniques as lists, sticky notes, files, and maintenance of daily routines in order to reduce forgetfulness and increase organization of his/her life.
B. The client's implementation of structured reminders and organizers has been noted to be successful in reducing forgetfulness and helping him/her to complete necessary tasks.
C. The client was encouraged to reward himself/herself for successful recall and follow-through using the structured reminders/organizers.
D. The client has not used structured reminders/organizers and was redirected to do so.

23. Utilize Brainwave Biofeedback (23)

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.

24. Transfer Biofeedback Skills (24)

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 at this technique were reviewed.

25. Affirm a Positive Self-Image (25)

A. In a conjoint session, positive aspects of the client's relationship with his/her significant other were pointed out, as well as affirming positive aspects of the client's character.
B. The client reported feelings of increased self-esteem as a result of affirming positive aspects of himself/herself and relationships with others; the benefits of this progress were reviewed.
C. Positive feedback was provided as the client has made more positive affirming statements about himself/herself.

26. Encourage Healthy Addictions (26)

A. The client's tendency toward addictive behavior was directed at healthy alternatives such as exercise or volunteer community work.

B. The client was reinforced for following through with becoming involved in an exercise routine on a daily basis and is also performing community service activities on a weekly basis.
C. The client has not followed through on establishing healthy, alternative addictions and was redirected to do so.

27. Refer to Physical Fitness Trainer (27)

A. After the client obtained approval from his/her personal physician, he/she was referred to a physical fitness trainer to assist in the design of an aerobic exercise routine.
B. The client has followed through with the referral to a physical fitness trainer and has begun to establish a daily aerobic exercise routine.
C. The benefits of engaging in a physical fitness routine to help increase relaxation and reduce restlessness were reviewed.
D. The client has not followed through on establishing the daily exercise routine and was encouraged to do so.

28. Refer to ADD Group (28)

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.

29. Teach Coach Technique (29)

A. The client was taught the principles of a *coaching* technique, whereby he/she would pick a friend, colleague, or family member to help him/her get organized, stay focused on a task, and give encouraging support.
B. The client was assisted in selecting a specific person from his/her social network who could serve as his/her coach.
C. The client was guarded about using a friend, colleague, or family member as a "coach," and was urged to use this technique as he/she felt comfortable in doing so.

30. Train the Coach in HOPE Technique (30)

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 Raty).
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.

31. Teach Listening Skills (31)

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.

32. Refer Significant Other to a Support Group (32)

A. The client's partner was referred to a support group for friends and family of people with ADD conditions.
B. The client's partner was taught about the symptoms of ADD, its treatment, and prognosis.
C. The client's partner has attended a support group and has reported an increased understanding of the ADD condition.
D. The client's partner refused to attend a support group, but was encouraged to use this helpful resource in the future.

33. List Relationship Expectations (33)

A. The client and his/her partner were asked to list the expectations that each of them has for the relationship and for each other.
B. The relationship expectations of each partner were processed in a conjoint session with realistic expectations reinforced and unrealistic expectations discarded.
C. Positive feedback was provided as the client reported that he/she feels that his/her relationship with his/her partner has improved and that both are more satisfied.
D. The client's relationship with his/her partner has been noted to continue to be conflictual and filled with poor communication.

34. Teach Communication Skills (34)

A. The client and his/her partner were instructed in how to communicate effectively with each other.
B. The client and his/her partner were supported as they acknowledged conflicts between them and worked toward the resolution of these conflicts that have been a barrier to communication.
C. In a conjoint session, the client and his/her partner were assisted in clarifying their thoughts and feelings, and communication between them was facilitated by teaching them listening skills.
D. The client and his/her partner reported that their communication has improved significantly; the benefits of this progress were emphasized.
E. The client and his/her partner have not improved their communication and were provided with remedial feedback in this area.

35. Refer to Communication Group (35)

A. The client and his/her partner were referred to a communication/relationship seminar to improve their conflict resolution and communication skills.

B. The client and his/her partner followed through on the referral and have attended a communication/conflict resolution seminar; the benefits from the group instruction were reviewed.
C. The client and his/her partner have not followed through on the referral to a relationship seminar and were encouraged to do so.

36. Assign Structured Communication Times (36)

A. The client and his/her partner were assigned to schedule a specific time each day to spend together in communicating, expressing affection, recreating, or talking through problems.
B. The client has followed through with establishing structured times for communication and the relationship benefits from such an exercise were reviewed.
C. The client and his/her partner have not followed through with maintaining structured communication times, and their relationship continues to be conflictual; they were reminded to use this technique.

37. Develop Conflict Signal System (37)

A. The client and his/her partner were assisted in the development of a signal system as a means of indicating when conflict behaviors are beginning to escalate and communication has become destructive.
B. Active listening skills were used as the client reported that it has been helpful to implement the signal system to cause a time-out in interaction with his/her partner when conflicts between them escalate.
C. The client and his/her partner have not adhered to the rules of the signal system, and communication between them continues to be problematic and destructive at times; they were reminded about this helpful technique.

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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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.

INTERVENTIONS IMPLEMENTED

1. Explore Trigger Situations (1)*

A. The client was asked to identify those situations that trigger feelings of fear, depression, and anger.
B. The client was reinforced as he/she has shown good insight into his/her ability to clearly identify the situations that stir intense feelings of fear, depression, and anger.
C. The client was asked to provide more specific detail for those situations that trigger feelings of fear, depression, and anger.
D. The client failed to identify many situations that trigger feelings of fear, depression, and anger and was provided with tentative examples.

2. Assign a Feelings Journal (2)

A. The client was assigned to record a daily journal of feelings, along with the circumstances that triggered those feelings.
B. The client has completed a journaling of daily feelings and the stimulus situations that trigger those feelings, and this material was processed within the session.
C. Completing the exercise of journaling feelings on a daily basis was noted to help the client identify those circumstances that trigger feelings of fear, depression, and anger.
D. The client has not completed recording his/her feelings and triggers in a daily journal and was reminded to do this homework.

3. Identify Distorted Thoughts (3)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate his/her anxiety response.
B. Positive feedback was provided as the client has been accepting of the fact that he/she has held to distorted thoughts rather than realistic thoughts and that this distortion has increased his/her feelings of anger, depression, and anxiety.
C. The client was unable to identify distorted thoughts and was provided with tentative examples in this area.

4. Assign Journal of Self-Defeating Thoughts (4)

A. The client was asked to keep a daily record of self-defeating thoughts, such as those of hopelessness, helplessness, worthlessness, and catastrophizing.
B. The client has followed through on keeping a daily record of self-defeating thoughts, and this material was processed within the session.
C. The client's dysfunctional thoughts were challenged for their inaccuracy, and each was replaced with a thought that is more positive, realistic, and self-enhancing.

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D. The client has not kept a journal of self-defeating thoughts and was redirected to do this homework.

5. Utilize Cognitive Restructuring (5)

A. The client was trained in revising his/her core schema using cognitive restructuring techniques.
B. Dysfunctional, inaccurate thinking was challenged, and these thoughts were replaced with more positive, realistic thinking.
C. Positive feedback was provided to the client for his/her revisions of his/her core schema.
D. The client struggled to understand and revise his/her core dysfunctional, inaccurate thinking and was provided with tentative examples in this area.

6. Reinforce Positive Self-Talk (6)

A. The client was reinforced for implementing positive, realistic self-talk that mediates a sense of peace.
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.

7. Assign Recording of Positive Self-Talk (7)

A. The client was asked to record any and all instances of successful use of revised constructive cognitive patterns in his/her daily life.
B. The client's record of successful use of constructive cognitive patterns was reviewed, processed, and reinforced.
C. The client recalled several instances of using positive self-talk, and the positive consequences of this technique in reducing his/her feelings of fear and anxiety and building a sense of calm were noted.

8. List Negative Impulsivity Consequences (8)

A. The client was assigned the task of listing the destructive consequences to himself/herself and others of his/her impulsive behavior.
B. The client was assisted in listing and becoming aware of the negative consequences to himself/herself and others resulting from his/her impulsivity.
C. The client has a lack of insight into the negative consequences that result from his/her impulsivity and was provided with tentative examples in this area.

9. Teach Self-Control Strategies (9)

A. The client was taught mediational and self-control strategies such as using "stop, look, listen, and think" to delay gratification and inhibit impulsivity.
B. Role-playing, modeling, and behavior rehearsal were used to apply the self-control strategies to scenes from the client's daily life.

10. Assign Implementation of Self-Control Strategies (10)

A. The client was assigned to record instances of his/her successful implementation of using "stop, look, listen, and think" to control reactive impulses.

B. The client reported implementing "stop, look, listen, and think" as an impulse control strategy on several successful instances; he/she was reinforced for this progress.
C. The client's impulsivity has been reduced as a result of using the self-control strategies.

11. Teach Cognitive Control (11)

A. The client was taught cognitive methods, such as thought stopping, thought substitution, and reframing, as techniques for gaining and improving control over impulsive actions.
B. The client has implemented cognitive methods for impulse control and reported success and reducing impulsivity.
C. The client was encouraged to implement the cognitive methods for gaining and improving control over impulsive actions in his/her daily life.

12. Teach Relaxation Techniques (12)

A. The client was taught relaxation techniques, such as progressive deep muscle relaxation and self-hypnosis, to be used to reduce feelings of stress.
B. The client was administered biofeedback to enhance relaxation skills.
C. The client has developed his/her skill to relax and was urged to use this on a regular basis.

13. Assign Recording Relaxation Usage (13)

A. The client was asked to record instances of using relaxation techniques to cope with stress, rather than reacting with anger.
B. The client was reinforced for sharing instances of successful implementation of relaxation in the face of stress.
C. The client was reinforced as he/she verbalized being pleased with himself/herself because he/she did not react with anger in the face of stress; instead, he/she utilized self-relaxation techniques.
D. The client had not recorded his/her use of relaxation techniques to cope with stress, rather than reacting with anger; he/she was urged to use this technique.

14. Teach Assertiveness (14)

A. The client was taught assertiveness skills through the use of role-playing, modeling, and behavioral rehearsal.
B. The client was reinforced as he/she verbalized an understanding of the difference between assertiveness, aggressiveness, and passivity.
C. The client was able to identify several areas in his/her life that could benefit from using assertiveness, and he/she was assisted in applying these techniques in important life areas.
D. The client has not implemented assertiveness skills and was provided with remedial feedback in this area.

15. Refer to Assertiveness Group (15)

A. The client was referred to an assertiveness training group.
B. The client has followed through with the referral to an assertiveness training group and has attended consistently.
C. The client reported that the assertiveness training group experience has been helpful in developing assertiveness skills in place of aggressive responses or passivity.

D. The client has not followed through with the referral to an assertiveness training group and has not attended the group consistently; he/she was redirected to this group.

16. Review Assertiveness Implementation (16)

A. The client's implementation of assertiveness skills was reviewed, and his/her feelings about the experience were processed.
B. The positive consequences of the client's assertiveness implementation were emphasized.
C. The client's success in implementing assertiveness was verbally reinforced.
D. The client reported difficulty in implementing assertiveness and was redirected.

17. Teach "I" Messages (17)

A. The client was taught, through modeling, role playing, and behavioral rehearsal, to use "I" messages to communicate feelings directly.
B. The client was taught to use "I" messages as an alternative to aggressive responding or possessiveness when he/she feels threatened.
C. The client struggled with understanding the concepts related to "I" messages and was provided with a specific formula for using these methods: "When ____ (action); then ____ (effect); I feel ____ (emotion); I want ____ (assertion)."

18. Reinforce Use of "I" Messages (18)

A. The client's implementation of the use of "I" messages to communicate feelings without aggression was reinforced.
B. The client was assisted in recalling instances when he/she was able to implement the use of "I" messages rather than messages of aggression or possessiveness.
C. The client reported resistance to using "I" messages and was redirected in their use.

19. Explore Childhood Abuse/Abandonment (19)

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.

20. Confront Overcontrol of Others (20)

A. The destructive effect of overcontrolling others when they pull back from relationships was pointed out to the client.
B. The client was urged to separate the feelings of helplessness and desperation that originate in childhood experiences from current relationships.

C. The client verbalized the effect that childhood experiences of abuse, neglect, and abandonment have had on possessiveness in relationships; his/her sensitivity to a hint of loss of commitment in relationship to himself/herself was emphasized.
D. The client refused to acknowledge the impact of childhood experiences of neglect and abuse as having any effect on current emotional reactivity and was urged to return to this topic if he/she feels capable and in need of this intervention.

21. Reinforce Anger Insight (21)

A. The client expressed insight into the effect of his/her childhood experiences of abuse and neglect on current urges to react with rage.
B. The client was reinforced for verbalizations of insight into his/her causes for frequent eruptions of intense, inappropriate anger or fear.
C. The client displayed poor insight into the causes for his/her frequent eruptions of intense, inappropriate anger or fear and was provided with tentative insights in this area.

22. Teach Abandonment-Coping Strategies (22)

A. The client was taught various coping strategies such as using "stop, look, listen, and plan"; relaxation and deep breathing techniques; expanded social network; and the use of "I" messages to deal with his/her intense fear of abandonment.
B. The client was praised as he/she reported successfully implementing coping strategies to reduce his/her sensitivity to any hint of abandonment in relationships.
C. The client continued to show evidence of fear of abandonment, and this fear triggers intense emotional reactions; this was reflected to him/her.

23. Explore the Fear of Being Alone (23)

A. The client's fears associated with being alone were explored in detail.
B. The client acknowledged significant fear of being alone and was helped to recognize that it is tied to fears of abandonment based in childhood experiences.
C. The client's fear of being alone was normalized.

24. Encourage Solitary Activities (24)

A. The client was encouraged to break his/her pattern of avoiding being alone by initiating activities that are engaged in without a companion.
B. Activities that the client could perform alone were identified and he/she was encouraged to initiate these activities.
C. The client reported on successful initiation of enjoyable activities that were done alone and stated that he/she felt comfortable with this independence; he/she was reinforced for this progress.
D. The client resisted initiating solitary activities and continues to fear being alone; he/she has been redirected to this task.

25. Refer for Medication Evaluation (25)

A. The client was referred to a physician to be evaluated for psychotropic medications to stabilize his/her mood.

B. The client has cooperated with a referral to a physician and has attended the evaluation for psychotropic medications.
C. The client has refused to attend a physician evaluation for psychotropic medications and was redirected to do so.

26. Monitor Medication Compliance (26)

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, and 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.

27. Explore Self-Mutilating Behavior (27)

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.

28. Interpret Self-Mutilating Behavior (28)

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.

29. Assess Suicidal Behavior (29)

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.

30. Elicit Nonsuicide Contract (30)

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 nonself-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.

31. Refer to Emergency Helpline (31)

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 help line telephone system in place of engaging in self-harm behaviors, and was reminded about his useful resource.

32. Substitute "I" Messages for Self-Harm (32)

A. The client was strongly encouraged to express feelings directly through using assertive "I" messages rather than indirectly through self-mutilating behavior.
B. The client has implemented assertive "I" message communication, and his/her engagement in self-mutilating behavior has terminated; the benefits of this technique were reviewed.

33. Review Dichotomous Thinking (33)

A. The client was assisted in examining his/her style of evaluating people, especially regarding his/her dichotomous thinking.
B. The client was taught the risks of his/her judgmental style of evaluating people.
C. The client was reminded of the harm that is caused to relationships as a result of his/her dichotomous thinking.
D. The client accepted the observation that he/she must be sensitive to his/her pattern of black-or-white thinking.
E. The client denied any pattern of dichotomous thinking and was provided with tentative examples in this area.

34. Teach Negative Consequences of Judging (34)

A. The client was assisted in understanding and identifying the negative consequences of judging people harshly and impulsively.
B. The client listed the negative consequences that have resulted from his/her having judged people rigidly and harshly, and these were processed.
C. The client was resistant to seeing any negative consequences that result from his/her harsh judgments based in black-or-white thinking and was provided with more direct feedback in this area.

35. Challenge Dichotomous Thinking (35)

A. The client was helped to understand how dichotomous thinking leads to feelings of interpersonal mistrust.
B. Attempts were made to help the client see positive and negative traits in all people, as opposed to idealizing some and harshly condemning others.
C. The client was reinforced as he/she was able to identify positive and negative traits in several people within his/her social network.
D. It was reflected to the client that he/she tends to react harshly to any challenges to his/her dichotomous thinking patterns.

36. List Others' Positive and Negative Traits (36)

A. Role reversal and modeling were used to help the client recognize positive and negative qualities in other people within his/her social network.

B. The client was reinforced as he/she was able to verbalize the weaknesses or faults of those who had been judged to be perfect and the strengths or assets of those who had been judged to be worthless.

C. The client failed to identify the weaknesses of those who had been judged to be perfect or the strengths of those who had been judged to be worthless and was provided with tentative examples in this area.

CHEMICAL DEPENDENCE

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 reflect 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, which 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 affect.
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 has 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 recover 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 is 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. Refer for Physical Examination (3)

A. The client was referred for a thorough physical examination to determine any negative medical effects related to his/her chemical dependence.
B. The client has followed through with obtaining a physical examination and was told that his/her chemical dependence has produced negative medical consequences; these results were processed.
C. The client has obtained a physical examination from a physician and has been told that there are no significant medical effects of his/her chemical dependence; these results were processed.
D. The client has not followed through with obtaining a physical examination and was again directed to do so.

4. List Negative Consequences (4)

A. The client was asked to make a list of the ways that substance abuse has negatively impacted his/her life.
B. It was reflected that the client was minimizing the negative impact of substance abuse on his/her life.
C. The client openly acknowledged the negative consequences of drug/alcohol abuse on his/her life; he/she was supported during these disclosures.

5. Assign a Letter from Significant Others (5)

A. The client was assigned to ask two or three significant others to write a letter to the therapist in which they identify how they perceive the client's chemical dependence has negatively impacted his/her life.
B. The client was reinforced as he/she has followed through and asked people to write a letter describing the negative impact of substance abuse in his/her life.
C. The letters received from significant others were reviewed and indicated that the client has had serious consequences in his/her life, and these results were processed with him/her.
D. The client has not followed through on requesting a letter from significant others regarding negative consequences of substance abuse in his/her life, and he/she was redirected to do so.

6. Assign First Step Paper (6)

A. The client was assigned to complete an Alcoholics Anonymous First Step paper and to share it with a group and the therapist.
B. The client has completed a First Step paper; it was reviewed and noted to reflect that chemical dependence has dominated and controlled his/her life.
C. The client has failed to complete a First Step paper and was redirected to do so.

7. Reinforce Breakdown of Denial (7)

A. The client was reinforced for any statement that reflected acceptance of his/her chemical dependence and acknowledgment of the destructive consequences that it has had on his/her life.
B. The client was noted to have decreased his/her level of denial as evidenced by fewer statements that minimize the amount of his/her alcohol/drug abuse and its negative impact on his/her life.

8. Refer to Didactic Lectures (8)

A. The client was asked to attend didactic lectures related to chemical dependence and the process of recovery.
B. The client was asked to identify in writing several key points attained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. The client has become more open in acknowledging and accepting his/her chemical dependence; this openness was noted and reinforced.
E. The client has not attended the didactic lectures and was redirected to do so.

9. Assign Readings on Disease Concept (9)

A. The client was assigned to read material on the disease concept of alcoholism and to select several key ideas to discuss at a later session.
B. The client has read the information provided on the disease concept of alcoholism, and key ideas gained from that reading were processed.
C. As a result of his/her reading about alcoholism, the client has demonstrated an increased understanding of alcoholism and the process of recovery; he/she was encouraged for this progress.
D. The client has not followed through on reading the assigned material on alcoholism as a disease and was redirected to do so.

10. Develop Abstinence Contract (10)

A. The client was asked to sign an abstinence contract in which he/she promises to avoid any and all contact with his/her drug of choice.
B. The client has signed the abstinence contract, and the emotional impact of this action was processed.

C. Although the client states that he/she would like to give up involvement with his/her drug of choice, he/she refused to sign an abstinence contract; he/she was confronted with this inconsistency.
D. The client indicated that he/she feels afraid of what his/her life will be like since there will be no contact with his/her drug of choice; these fears were normalized.

11. Assign Good-Bye Letter to Drug (11)

A. The client was assigned to write a good-bye letter to 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 good-bye letter to his/her drug of choice, and the contents of it were processed.
C. The client's feelings about writing a good-bye letter to 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 good-bye letter to his/her drug of choice and was redirected to do so.

12. Assign AA/NA Member Contact (12)

A. The client was assigned to meet with an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) member who has been working the Twelve-Step program for several years to find out specifically how the program has helped him/her stay sober.
B. The client has followed through on meeting with the AA/NA member and was encouraged about the role that AA/NA can play in maintaining sobriety.
C. The client met with the AA/NA member but was not encouraged about the role of self-help groups in maintaining sobriety; his/her experience was processed.
D. The client has not followed through on meeting with an AA/NA member and was redirected to do so.

13. Refer to AA/NA Meetings (13)

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.

14. Assess Intellectual, Personality, and Cognitive Functioning (14)

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.

15. Assess Stress Factors (15)

A. Situational stress factors that may foster the client's chemical dependence were explored.
B. Several stressors that exist within the client's life were identified, and their contribution to the client's attraction to substance abuse was noted.
C. The client was assisted in developing steps to be taken to reduce the level of stress in his/her life so as to increase the probability of successful substance abuse recovery.
D. The client was quite guarded about stress factors that may affect his/her chemical dependence and was encouraged to be more open in this area.

16. Explore Chemical Dependence in the Family (16)

A. The client's immediate nuclear family was reviewed for any history of chemical dependence.
B. The client was assisted in identifying parent figures and siblings who have a history of substance abuse.
C. The client was supported as he/she related incidents from his/her childhood in which he/she was exposed to repeated substance abuse by others within the family.
D. The client has been assisted in developing an understanding of how his/her family history and childhood experiences have contributed to his/her own substance abuse.

17. Explore Chemical Dependence in Extended Family (17)

A. The client's extended family was explored for a chemical dependence history so as to relate this to a genetic vulnerability for the client to also develop chemical dependence.
B. The client did identify several members of his/her extended family who have a chemical dependence history, and when it was brought up, he/she accepted the fact that he/she may be genetically vulnerable to chemical dependence because of this family history.
C. The client identified several members of his/her extended family who have a chemical dependence history, but when the idea of a genetic vulnerability was brought up, he/she was not accepting of this concept.

18. List Positive Sobriety Effects (18)

A. The client was asked to make a list of positive effects that maintaining sobriety could have on his/her life.
B. The client has produced a list of positive sobriety effects, and this list was processed and reinforced.
C. The client was assisted in making a list of positive sobriety effects, and this list was processed and reinforced.
D. The client has not followed through with making a list of positive sobriety effects and was redirected to do so.

19. Review Negative Peer Influence (19)

A. A review of the client's negative peers was performed, and the influence of these people on his/her substance abuse patterns was identified.

B. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from his/her chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on his/her own recovery.
D. The client has begun to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery; he/she was reinforced for this progress.
E. The client has not attempted to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery and was reminded about this important facet of his/her recovery.

20. Identify Needed Life Changes (20)

A. The client was assisted in identifying those life changes that will be necessary in order to maintain long-term sobriety.
B. The client has identified necessary changes in his/her social life, vocational setting, living situation, recreational habits, and use of free time that will support recovery; these were reviewed and processed.
C. The client has been resistive to making other changes in his/her life beyond the change of terminating the use of the mood-altering substance, but was urged to look forward in his/her recovery.

21. Plan Social and Recreational Activities (21)

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.

22. Plan Project Completion (22)

A. The client was assisted in developing a list of household- or work-related projects that could be accomplished in order to build his/her self-esteem, now that sobriety affords time and energy for such constructive activity.
B. The client has begun to involve himself/herself in constructive projects that have affirmed his/her self-esteem; the benefits of this technique were reviewed.
C. The client has not followed through with using his/her time constructively to accomplish household- or work-related projects and was redirected to do so.

23. Evaluate Living Situation (23)

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 provided with tentative examples in this area.

24. List Negative Aspects of Living Situation (24)

A. The client was assigned the task of listing all the negative influences that are inherent in the current living situation in terms of its impact on his/her chemical dependence recovery.
B. The client has identified several reasons why his/her current living situation will exert a negative influence on his/her attempts at chemical dependence recovery; these were reviewed and processed.
C. The client could not find any reason for identifying his/her current living situation as having the potential for negative influence on his/her chemical dependence recovery; he/she was provided with tentative examples in this area.

25. Encourage a Change in Living Situation (25)

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 reinforced as he/she found a new living situation, which is free from the negative influences that the current living situation brings to his/her chemical dependence recovery.
C. The client is very resistive to moving from his/her current living situation; he/she was assisted in processing this resistance.

26. Reinforce Change in Living Situation (26)

A. The client's plan for moving to a new living situation was strongly reinforced.
B. The client has made a move to a new living situation, which was noted to help in removing him/her from the strong negative influence on his/her attempts at substance abuse recovery.
C. Because substance abuse was so prevalent in the previous living situation, the client has moved to a situation free of those influences, and this move has been strongly supported and reinforced.
D. Although the client has changed living situations to assist in his/her sobriety, he/she has been vacillating about whether or not to maintain this change; he/she was encouraged to continue the use of this helpful technique.

27. Identify Sobriety's Positive Family Effects (27)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of his/her chemical dependence recovery.
B. The client reported that his/her family is enjoying a reduction in stress and increased cooperation since his/her chemical dependence recovery began; his/her reaction to these changes was processed.
C. The client was unable to identify any positive changes that have or could occur within family relationships as a result of his/her chemical dependence recovery and was provided with tentative examples in this area.

28. Reinforce Making Amends (28)

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.

29. Obtain Commitment Regarding Making Amends (29)

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.

30. Explore Positive Support System (30)

A. The client was assisted in exploring within his/her own life the positive support system that will be available to him/her as he/she continues a life of sobriety.
B. Active listening skills were used as the client was able to identify several aspects of a positive support system available to him/her that will support recovery.
C. The client was helped to identify new sources of positive support for his/her recovery.
D. The client is not able to identify significant aspects of a support system that are available to him/her that will support recovery; ways to increase this support were brainstormed.

31. Identify Relapse Triggers (31)

A. The client was assisted in developing a list of situations that may trigger relapse into substance abuse.
B. Alternative ways of coping with situations that could trigger relapse were identified.
C. Positive feedback was provided as the client implemented positive coping strategies to deal with the identified triggers for relapse into substance abuse.
D. The client has resisted identifying relapse triggers and is noted to be vulnerable to relapse because of this resistance.

32. Recommend Relapse Prevention Workbooks (32)

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.

33. Develop Aftercare Plan (33)

A. The client was assisted in developing an aftercare plan that will support the maintenance of long-term sobriety.
B. The client has listed several components to an aftercare plan that will support his/her sobriety, such as family activities, counseling, self-help support groups, and sponsors; feedback about his/her list was provided.
C. The client has not followed through on developing an aftercare plan and was redirected to do so.

CHEMICAL DEPENDENCE—RELAPSE

CLIENT PRESENTATION

1. Relapse after Treatment (1)*

A. The client described having received treatment for substance abuse and then establishing sobriety for a length of time, followed by a return to mood-altering drug abuse.
B. The client has been unable to maintain sobriety beyond a short time after being released from substance abuse treatment or another protective setting.
C. The client reported that he/she was able to maintain sobriety for many months prior to relapsing.
D. The client reported being able to maintain a life free from mood-altering drugs for more than two years after having received substance abuse treatment.
E. The client reported that he/she feels confident that this latest establishment of a recovery plan will be successful.

2. Relapse with AA Attendance (2)

A. The client has been attending AA meetings regularly, but was unable to maintain sobriety.
B. The client has not made significant changes in his/her lifestyle, even though he/she attended AA meetings regularly, and this resulted in relapse.
C. The client is now ready to make significant changes in his/her lifestyle along with attendance at AA to support chemical dependence recovery.

3. Relapse after Substantial Sobriety (3)

A. After having been free from mood-altering drugs for several years, the client has relapsed.
B. The client presented with low self-esteem and feelings of hopelessness and helplessness after reverting to substance abuse after a substantial period of sobriety.
C. The client is confident that he/she can return to clean and sober living after having relapsed briefly following a period of substantial sobriety.

4. Chronic Sobriety/Relapse Pattern (4)

A. The client has a history of several months' sobriety followed by a relapse and then reestablishing several months' sobriety followed by relapse.
B. The client is discouraged about his/her relapse pattern after having established sobriety for several months on several different occasions.
C. The client has become more confident of his/her efforts to maintain sobriety on a consistent basis, even though this would be different than his/her previous pattern.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

INTERVENTIONS IMPLEMENTED

1. Identify Relapse Triggers (1)*

A. The client was assisted in identifying specific behaviors, attitudes, and feelings that contributed to his/her last relapse.
B. The client has specified the mistakes that he/she made in behavior, attitude, and emotional reactions that contributed to his/her relapse; these were processed.
C. Active listening was provided as the client acknowledged that he/she did not implement the coping behaviors necessary to maintain sobriety in the face of trigger situations.
D. The client was reinforced as he/she gave a clear, firm commitment to renew efforts toward developing a comprehensive recovery plan for sobriety.
E. The client failed to identify many specific behaviors, attitudes, and feelings that contributed to his/her chemical dependence relapse and was provided with tentative examples in this area.

2. Assess Ability to Detox (2)

A. The assessment of the client concluded that he/she was able to detox and begin to establish sobriety.
B. The assessment of the client found that he/she was not able to detox in an outpatient setting, but needed referral to a more intensive level of care in order to begin recovery and establish sobriety.
C. The client was referred to a residential/hospital-based treatment program to begin recovery efforts.

3. Teach Structured Routine (3)

A. The importance of structure and routine in daily life was taught to the client.
B. The client was assisted in developing a daily routine for his/her life.
C. A balance of work, sleep, proper nutrition, exercise, social contact, recreation, spiritual support, and recovery support was established in the client's structured life.
D. The client has not established a structured routine to assist in his/her recovery and was reminded about this important facet of his/her recovery.

4. Urge Regular Attendance at 12-Step Program (4)

A. The client was urged to make consistent attendance at 12-Step Program meetings a part of his/her routine structure.
B. Positive feedback was provided as the client agreed to attend 12-Step meetings on a consistent basis.
C. The client was reinforced when he/she reported that he/she has been attending 12-Step meetings on a frequent and regular basis every week.
D. The client has refused to commit to regular attendance at 12-Step meetings; he/she was redirected to use this resource.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

5. Contact AA Sponsor (5)

A. The client was encouraged to make contact with his/her sponsor as a critical step in reestablishing a recovery program.
B. The client has made contact with his/her AA sponsor and has agreed to maintain consistent contact with him/her; the benefits of this resource were reviewed.
C. The client is not satisfied with his/her AA sponsor and was encouraged to ask another AA member to fulfill that role.
D. The client has not made contact with his/her sponsor and was redirected to do so.

6. Assign Second AA/NA Sponsor (6)

A. The client was assigned the task of finding a second AA/NA sponsor who has a different approach and style than the first sponsor.
B. The client has made contact with a second sponsor and has agreed to meet with both sponsors at least weekly; the meeting with the second sponsor was reviewed.
C. The client was reinforced as he/she reported that he/she is meeting with both the first and second sponsors on a weekly basis.
D. The client has not followed through on establishing contact with a second sponsor and was redirected to do so.

7. Explore Feelings about Relapse (7)

A. The client was helped to identify and express his/her feelings that contributed to the relapse and the feelings resulting from the relapse.
B. It was noted that the client is becoming more skilled at identifying and expressing his/her feelings.
C. The client seemed to block his/her identification of feelings that resulted from the relapse and was provided with examples of these types of emotions.

8. Assign Material on Resentment (8)

A. The client was assigned to read material on resentment.
B. The client was assigned to read *The Golden Book of Resentment* (Father John Doe) or *As Bill Sees It* (Bill Wilson) in order to better understand his/her feelings of resentment and how these feelings can contribute to relapse.
C. The client has read the assigned material on resentment and was helped to identify several issues within his/her life that have precipitated feelings of resentment and contributed to relapse.
D. The client's feelings of resentment were processed and alternative coping mechanisms were discussed to deal with these feelings rather than allowing them to contribute to relapse.
E. The client has not followed through on reading the assigned material on resentment and was redirected to do so.

9. Identify Negative Influences (9)

A. The client was assisted in identifying the people and situations that exert a negative influence on his/her recovery and encourage relapse.
B. Active listening was used as the client listed several people and places that he/she needs to avoid because they too easily trigger relapse.

C. Specific ways to avoid contact with high-risk people and places were identified.
D. The client was reinforced as he/she reported that he/she is consistently avoiding contact with those people and places that are high risk for triggering relapse.
E. The client has been unable to identify negative influences on his/her recovery and relapse pattern and was provided with tentative examples in this area.

10. Assign Recovery Reading Material (10)

A. The client was assigned reading material on chemical dependence recovery and asked to select relevant items for future discussion.
B. The client has followed through on reading the assigned recovery material, and relevant content was processed.
C. Reading the recovery material has been noted to help the client identify people and places that must be avoided to maintain recovery.
D. The client has not followed through on reading the assigned recovery material and was redirected to do so.

11. Assign Relapse Workbook (11)

A. The client was assigned to complete a relapse workbook to process the results of that work in future sessions.
B. The client followed through on completion of a relapse workbook, and the results of that assignment were processed.
C. Completion of the relapse workbook has been noted to help the client identify people and places that must be avoided to maintain recovery.
D. The client has not followed through on completing a relapse workbook and was redirected to do so.

12. Assign an Autobiography (12)

A. The client was assigned to write a focused autobiography dating from the first attempt to get sober until the present.
B. The client has completed his/her focused autobiography, beginning with the first attempt to get sober, and read it within the session prior to discussing triggers to relapse.
C. The client has not followed through on writing a focused autobiography and was redirected to do so.

13. Assign a List of Significant Others' Observations (13)

A. The client was asked to gather from significant others a list of his/her behaviors or attitudes prior to his/her relapse.
B. The client has obtained the list of observations from significant others, and this list was processed to identify triggers to relapse.
C. Alternative coping behaviors were identified for those relapse triggers that were identified from the client's significant others' list of observations.
D. The client has failed to gather a list from significant others regarding observations of his/her behaviors and attitudes and was redirected to do so.

14. Develop a Symptom Line (14)

A. The client was assisted in developing a symptom line that identified each relapse in terms of when it happened and what was occurring at the time of the relapse.
B. The symptom line helped the client identify the specific behaviors, attitudes, and feelings that led up to his/her relapses.
C. Alternative, positive coping mechanisms were suggested for the client's use to counteract those triggers that were identified from the symptom line.
D. The client struggled to develop coping mechanisms for those triggers identified from the symptom line and was provided with tentative examples in this area.

15. Identify Relapse Triggers (15)

A. The client was assigned to develop a list of behaviors, attitudes, and feelings that may have contributed to his/her substance abuse relapse.
B. The client has identified several behaviors, attitudes, and feelings that he/she believes contributed to his/her substance abuse relapse; these were processed.
C. Coping mechanisms were identified to be applied to those behaviors, attitudes, and feelings that have contributed to the client's relapse.
D. The client has not been able to identify relapse triggers and was provided with tentative examples in this area.

16. Assign Books on Recovery (16)

A. The client was assigned to read books on recovery to help him/her identify behavior patterns that will need to be changed to maintain sobriety.
B. The client was assigned to read *Many Roads, One Journey: Moving Beyond the 12 Steps* (Kasl-Davis) or *Stage II Recovery* (Larsen) to help him/her identify behavior patterns that will need to be changed to maintain sobriety.
C. The client has followed through with the reading assignments and has identified behavior patterns that need to be changed to maintain sobriety.
D. The client has not followed through with the reading assignments and was redirected to do so.

17. Identify Sobriety Rewards (17)

A. The client was assisted in identifying the positive rewards that would accrue in his/her life from maintaining total abstinence.
B. The identification of positive consequences that can result from recovery has been noted to serve to motivate the client to strengthen his/her recovery plan.
C. The client has not been able to identify the positive rewards that would accrue in his/her life from maintaining total abstinence and was provided with tentative examples in this area.

18. Assign "Cost-Benefit Analysis" (18)

A. The client was assigned to complete a "Cost-Benefit Analysis" regarding his/her relapse into substance abuse.

B. The client has completed his/her "Cost-Benefit Analysis" regarding his/her return to substance abuse and the many negative consequences and few rewards from this incident were identified and processed.
C. The client has failed to complete the "Cost-Benefit Analysis" and was instructed to do so.

19. Refer for Physician Evaluation (19)

A. The client was referred to a physician for an evaluation for Antabuse or antidepressant medication as an aid to his/her recovery.
B. The client has completed a medical assessment for Antabuse and/or antidepressant medication.
C. The client has accepted a prescription for Antabuse and has begun its use.
D. The client has accepted a prescription for antidepressant medication and has begun its use.
E. The client has not followed through on the referral to a physician for a medication evaluation and was redirected to do so.

20. Refer for Acupuncture (20)

A. The client was referred to an acupuncturist for treatment on a regular basis to strengthen recovery from chemical dependence.
B. The client has followed through with involvement with acupuncture treatment and reported that the urge to use mood-altering substances has been reduced.
C. The client reported that the acupuncture treatment that he/she obtained has not been helpful in reducing the urge for mood-altering substances; the continued use of this resource was reviewed.
D. The client has not followed through on obtaining acupuncture treatment and was reminded about this resource.

21. Monitor Compliance with Treatment (21)

A. The client was monitored for his/her compliance with the medication orders and other treatments.
B. Positive feedback was provided as the client has shown compliance with his/her prescribed medications and other treatments.
C. The client reported that the medication has been beneficial in terms of supporting his/her chemical dependence recovery and stabilizing his/her mood; the benefits of this resource were emphasized.
D. The client reported that the medication has not been effective in reducing urges for mood-altering drugs; this was relayed to the prescribing clinician.
E. The client has not been compliant with prescribed medications and was redirected to do so.

22. Confer with Prescribing Provider (22)

A. The physician who has been providing prescribed medications for the client was conferred with regarding the client's reports of the effectiveness of the medication.
B. The physician has agreed to alter the prescribed medication since the client reported a lack of benefit from the medication.

23. Assign Talk with Successful AA/NA Members (23)

A. The client was assigned to interview successful AA/NA members who have maintained their sobriety for three or more years and to focus on what they have specifically done to accomplish this.
B. The client has followed through with holding discussions with successful AA/NA members; important concepts learned from this discussion regarding maintaining his/her own sobriety were reviewed.
C. The client has not followed through on interviewing successful AA/NA members and was redirected to do so.

24. Refer to Spiritual Leader (24)

A. The client was referred to his/her identified spiritual leader who has knowledge of substance abuse and recovery in order to support the client through the completion of the fifth step.
B. The client has followed through with meeting with his/her spiritual leader to complete his/her fifth step; the results of this meeting were reviewed.
C. The client has not followed through with meeting with his/her spiritual leader to complete his/her fifth step and was redirected to do so.

25. Teach Relaxation Methods (25)

A. The client was taught various methods of relaxation, such as meditation and deep breathing, to assist him/her in reducing his/her negative reactions to stress.
B. Feedback was provided as the client identified several situations in which stress reduction techniques might be beneficial to be implemented in his/her daily life.
C. The client reported that implementation of the relaxation techniques has helped to reduce stress reactions in his/her daily life; the benefits of these techniques were highlighted.
D. The client has not followed through with applying the stress reduction techniques in his/her daily life and was redirected to do so.

26. Teach Coping Skills for Feelings (26)

A. The client was taught ways to react to negative emotions in constructive ways rather than allowing them to be a trigger for relapse.
B. The client has demonstrated the ability to tolerate uncomfortable emotions by implementing coping mechanisms, such as sharing feelings, engaging in diversion activities, and journaling; he/she was reinforced in this area.
C. The client has not used coping skills for negative emotions and was reminded about this helpful resource.

27. Teach Assertiveness (27)

A. The client was taught the principles of assertiveness in contrast to aggressiveness and passivity.
B. Role-playing, behavioral rehearsal, and modeling were used to apply assertiveness techniques to situations from the client's daily life.
C. The client reported that he/she has implemented assertiveness to communicate feelings more directly; the rewards of this experience were reviewed.
D. The client has difficulty in implementing assertiveness and was redirected to do so.

28. Develop Trigger-Coping Strategies (28)

A. The client was assisted in developing at least two coping strategies for each identified trigger to relapse.
B. The client reported that implementation of the positive coping strategies has helped reduce his/her vulnerability to relapse.
C. The client has not used the positive coping strategies identified for each trigger to relapse and was redirected to use these strategies.

29. Explore Relationship Stressors (29)

A. Within a conjoint session, the stresses with significant others that exist within the client's relapse were explored.
B. Conjoint sessions were used to assist the client and significant others resolve conflicts within their relationships.

30. Educate the Family Regarding Relapse Triggers (30)

A. The client's partner and significant others were taught how certain people, places, and things can function as relapse triggers for the client.
B. Significant others were assisted in identifying ways in which they can be supportive of the client's sobriety.
C. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support his/her recovery from substance abuse.
D. Significant others from the client's family have been resistive to finding a way that they could be supportive of his/her recovery efforts; they were provided with tentative examples in order to stimulate their own ideas.
E. Significant others have not been supportive of the client's sobriety and were redirected to supply this support.

31. Develop Sobriety Rituals (31)

A. The client was assisted in identifying and encouraged to participate in rituals that will support and enhance sobriety.
B. The client was encouraged to attend AA on a regular basis and to participate in the rituals within that self-help recovery group.
C. The client was reinforced as he/she has established a pattern of regular participation in AA and also meets on a regular basis with his/her sponsor at a set date and time.
D. The client is resistive to participating in rituals that support recovery and was redirected to do so.

32. Utilize Solution-Focused Approach (32)

A. The client was assisted in identifying specific things that he/she was doing to support sobriety when he/she was successful prior to relapse.
B. The client was directed to implement those behaviors that were supportive of sobriety but were unused just prior to relapse.

33. Read Fables (33)

A. Fables from *Stories for the 3rd Ear* (Wallar) were read with the client in order to help him/her verbalize principles to live by that will support sobriety.
B. The client clearly identified constructive principles to live by from the reading of the fables.
C. The client resisted identifying any principles to live by from the reading of the fables.

34. Develop a Significant Other Relapse Contract (34)

A. The client was assisted in completing a relapse contract with his/her significant others that identified previous relapse-associated behaviors, attitudes, and emotions.
B. The client's significant others agreed to provide warnings to the client if they notice the previously identified behaviors, attitudes, and emotions that have triggered relapse; the client and significant others were supported for the use of this technique.
C. The client reported that significant others have been helpful in pointing out to him/her triggers for relapse; these examples were processed.
D. Significant others have been resistive to play a supportive role in the client's recovery plan, and the reasons for this resistance were processed.

35. Develop a Written Aftercare Plan (35)

A. The client was assigned the task of developing a written aftercare plan that addresses specific relapse triggers along with positive coping behaviors.
B. Positive feedback was provided as the client has followed through on developing a relapse prevention plan that identifies positive coping behaviors for each relapse trigger.
C. The client reported that he/she has implemented his/her aftercare plan successfully and that relapse triggers have been coped with adaptively; the benefits of this progress were reviewed.
D. The client has not followed through on writing out an aftercare plan for relapse triggers and was redirected to do so.

CHILDHOOD TRAUMAS

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 moods, 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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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 parent's 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. Clarify Family Role (3)

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 provided with tentative examples in this area.

4. Research Family Dysfunction (4)

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.

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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.

5. Explore Childhood Experiences (5)

A. The client's painful childhood experiences were explored.
B. 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.
C. 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.
D. The client described, in detail, the facts and feelings associated with his/her painful childhood experiences; he/she was supported through these difficult disclosures.

6. Encourage Feelings Expression (6)

A. The client was supported and encouraged 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.

7. Assign Feelings Journal (7)

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 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 behavior; this progress was reviewed.
C. The client was assisted in identifying how his/her childhood experiences have influenced how he/she parents his/her own children today.
D. The client has not completed the assigned feelings journal and was redirected to do so.

8. Assign Books on Childhood Trauma (8)

A. Reading materials relating to traumatic childhood experiences were recommended to the client to assist him/her in developing insight.
B. The client was recommended to read *It Will Never Happen to Me* (Black), *Outgrowing the Pain* (Gil), *Healing the Child Within* (Whitfield), or *Why I'm Afraid to Tell You Whom I Am* (Powell).

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.

9. Explore Client's Parenting (9)

A. The client was assisted in comparing his/her own parenting behavior to that of parent 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.

10. Explore Dissociative Experiences (10)

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.

11. Assess Dissociation Severity (11)

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

12. Assess Substance Abuse (12)

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.

13. Assign Feelings Letter (13)

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.

14. Support Confrontation of Perpetrator (14)

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.

15. Utilize Empty-Chair Exercise (15)

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.

16. Reinforce Holding Perpetrator Responsible (16)

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.

17. Assign Forgiveness Letter (17)

A. The client was assigned to write a letter of forgiveness to the perpetrator of the childhood hurt.
B. 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.
C. 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.
D. 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.

18. Teach Forgiveness Benefits (18)

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.

19. Recommend Forgiveness Books (19)

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 recommended 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.

20. Explore Victim versus Survivor (20)

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.

21. Reinforce Survivor Self-Perception (21)

A. The client was encouraged and reinforced to perceive himself/herself as a survivor rather than a victim of childhood abuse or neglect.
B. As the client increased his/her statements that reflected a self-perception of survivorship rather than victimization, strong reinforcement was given.
C. 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.

22. Teach Share-Check Technique (22)

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.

23. Teach Trust in Others (23)

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

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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, increased 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.
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.

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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. Discuss Pain Management/Rehabilitation Programs (4)

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.

5. Refer to Pain Management/Rehabilitation (5)

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.

6. Solicit Treatment Commitment (6)

A. The client has agreed to cooperate with a full regimen 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.

7. Refer for Medication Review (7)

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.

8. Teach Pain Ownership (8)

A. The client was assisted in understanding the benefits of accepting his/her pain.
B. The client was defensive in reaction to being told the advantages of accepting the chronic pain as his/her own.
C. The client continued to work through his/her tendency to externalize the pain and reject ownership of it; he/she was given feedback about how to take ownership of the pain.

9. Reinforce Pain Ownership (9)

A. The client was reinforced for statements that reflected ownership of his/her pain.
B. The client continues to be resistive to making any statements of ownership of his/her pain and was given specific techniques to take this ownership.
C. The client has made considerable progress and clearly takes ownership of his/her own pain as a problem that he/she must deal with; his/her progress was noted and reinforced.

10. Teach Key Pain Concepts (10)

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.

11. Assign Pain-Related Literature (11)

A. Books were recommended for the client to read to assist him/her in understanding the causes for, treatments of, and reactions to pain.
B. The client has followed through on reading the recommended material, and key concepts gained from the reading were processed.

C. The client has not followed through on reading the assigned material and was redirected to do so.
D. Reading the assigned material has been noted to help the client gain a deeper understanding of pain and how to constructively react to it and manage it.

12. Assign "Identifying Pain Triggers" (12)

A. The client was assigned to read "Identifying Pain Triggers" from *Making Peace with Chronic Pain* (Hunter) and then make a list of his/her own pain triggers.
B. The client has followed through on reading the pain trigger literature and has constructed a list of pain triggers for himself/herself.
C. The client's list of pain triggers was clarified and processed.
D. Alternative behaviors that could be used as mechanisms for coping with pain triggers were discussed.
E. The client has not read the assigned material regarding identifying pain triggers and was redirected to do so.

13. Assign Pain Journal (13)

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 has followed through on completing the pain journal, and his/her journal was reviewed.
C. 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.
D. Interventions were discussed that could help the client alleviate the frequency, duration, and severity of his/her pain.
E. The client reported that he/she has not kept a pain journal and was redirected to do so.

14. Assign "Causes and Triggers" (14)

A. The client was assigned to read "Causes and Triggers" in *Taking Control of Your Headaches* (Duckro, Richardson, and Marshall) to help him/her identify causes for and triggers of headache pain.
B. The client has followed through on reading the assigned material on causes for and triggers of headache pain, which was processed in the session.
C. The client has gained a greater understanding of the possible causes for his/her own headache pain, which were reviewed in the session.
D. The client has not followed through on reading the assigned headache trigger material and was redirected to do so.

15. Teach the Dance of Pain (15)

A. The client was taught to conceptualize his/her reaction to pain as if it were a dance.
B. The client was assisted in identifying the particular steps of the dance of pain as it moved through his/her life.
C. The client was noted to understand the concept of the dance of pain as applied to his/her life.

D. The client was challenged to alter the steps of his/her present dance that is a reaction to his/her pain.
E. The client was assisted in seeing possible alternative reactions that could change his/her dance of pain.
F. The client has followed through on attempting to change his/her reactions to pain and was urged to employ this concept.

16. Assign Mind-Body Books (16)

A. Books on the concept of the connection between mind and body were recommended to the client.
B. The client has followed through on reading the mind-body literature that was recommended; key issues were discussed.
C. The client has failed to follow through on the recommended reading on the concept of the mind-body connection and was redirected to do so.
D. The client was referred to a holistic healing program that could help him/her establish the connection between stress management and pain management.
E. The client accepted the referral to a holistic healing program that integrates mind and body treatment.
F. The client was not open to a referral to a holistic referral healing program and was urged to consider this at a later time.

17. Teach Mind-Body Connection (17)

A. The client was taught the connection between his/her pain and mental states of stress, anger, tension, and depression.
B. The client verbalized an understanding of how mental states of stress can exacerbate his/her physical pain; these concepts were applied to his/her functioning.
C. The client failed to see any connection between psychological states and physical pain and was provided with remedial information in this area.

18. Teach Relaxation (18)

A. The client was taught several different relaxation techniques to be used to reduce muscle tension and assist in pain management.
B. The client demonstrated a good understanding of the relaxation techniques and was supported as he/she 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 pain; 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. Assign Relaxation Tapes (19)

A. The client was recommended to use audio- or videotapes to assist him/her in becoming more relaxed.
B. The client reported that use of the assigned relaxation tapes has been beneficial in producing a relaxed state and reducing the experience of pain.

C. The client reported that the use of relaxation techniques has not been helpful in reducing the experience of pain; the use of these techniques were problem-solved.
D. The client has not followed through on the use of relaxation tapes and was redirected to do so.

20. Arrange for Biofeedback Training (20)

A. The client was referred for biofeedback training to help him/her develop more precise relaxation skills.
B. The client was administered biofeedback training to teach him/her more in-depth relaxation skills.
C. The biofeedback training sessions have been helpful in training the client to relax more deeply.
D. The client reported that his/her relaxation skills have been beneficial in managing chronic pain; the benefits of this progress were reviewed.
E. The client has not used the skills learned in biofeedback training and was redirected to do so.
F. The client has not attended biofeedback training and was redirected to do so.

21. Assign *How to Meditate* (21)

A. It was recommended that the client read *How to Meditate* (LeShan) in order to learn the principles of meditation that could be applied to pain management.
B. The client has followed through on reading the assigned meditation literature and has begun to implement the procedure in daily life.
C. The client reported that implementation of the meditation procedure has helped him/her relax and manage his/her pain more effectively; the benefits of this progress were reviewed.
D. The client has not followed through with reading the meditation literature and was redirected to do so.

22. Refer to Training in Yoga (22)

A. The client was referred to a yoga class in order to assist him/her in developing meditation and relaxation skills.
B. The client has followed through on attending the yoga class and has increased his/her ability to relax; the benefits of this progress were highlighted.
C. It was noted that the use of yoga and relaxation techniques has helped the client manage his/her pain.
D. The client has not followed through with consistently attending the yoga class and was redirected to do so.

23. Teach Need for Exercise (23)

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.

24. Refer to Exercise Program (24)

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.

25. Assign *Managing Pain before It Manages You* (25)

A. Chapters 6 and 7 from the book *Managing Pain before It Manages You* (Caudill) were assigned to the client to help him/her identify unhealthy attitudes regarding pain.
B. The client has followed through with reading the assigned material on developing healthy attitudes about pain; key points were reviewed.
C. The client verbalized an understanding of the need for healthy attitudes about pain, and specific healthy attitudes were identified.
D. The client has not followed through with reading the material recommended on healthy pain attitudes and was redirected to do so.

26. Assign Feedback from Others (26)

A. The client was asked to gather feedback from significant others in his/her life regarding their perception of his/her negative attitudes about pain and life in general.
B. The client has followed through with gathering feedback from others about his/her negative attitudes and was assisted in acknowledging these negative attitudes.
C. The client was assisted in developing changes in negative attitudes that would be beneficial for enjoyment of life and management of his/her pain.
D. The client followed through on gathering feedback from others, but was noted to be guarded about acknowledging these negative attitudes; he/she was provided with tentative examples about patterns of feedback.
E. The client has avoided gathering feedback from significant others and was reminded to use this helpful resource.

27. Develop Positive Attitudes (27)

A. The client was confronted about his/her negative attitudes about pain.
B. The client was assisted in developing more positive, constructive attitudes about his/her pain.

C. The client was resistive to developing positive attitudes that would help him/her manage his/her pain and still enjoy life; he/she was provided with tentative examples in this area.
D. Active listening and support were provided as the client reported that replacement of negative attitudes with those that are more positive about pain and life in general have increased his/her sense of peace and joy.

28. Reinforce Humor (28)

A. The client was assisted in developing his/her sense of humor within his/her daily life.
B. The importance of humor in promoting healing was reviewed.
C. The client was given suggestions about how to increase his/her enjoyment of humor through the use of tapes, books, jokes, or movies on a regular basis.
D. The client was reinforced as he/she reported that the increase in enjoyment of humor has contributed to less focus on pain and a perception of well-being.
E. The client has failed to use the healing power of humor and was reminded about this important technique.

29. Explore Alternative Medical Procedures (29)

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.

30. Refer to Dietician (30)

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.

31. Reinforce Pleasurable Activities (31)

A. The client was assisted in creating a list of activities that give him/her pleasure.
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.

32. Teach Assertiveness (32)

A. The client was referred to an assertiveness training group to facilitate his/her learning assertiveness skills.
B. Role-playing, modeling, and behavioral rehearsal were used to teach the client assertiveness skills that he/she can implement in his/her daily life.
C. Scenarios were identified whereby the client could implement assertiveness skills to help him/her in the management of his/her chronic pain.
D. The client was reinforced as he/she reported that he/she found opportunities to become more assertive and that this has resulted in improved pain management.
E. The client has failed to implement assertiveness in his/her daily life and was encouraged to do so.

33. Assign "You Can Change the Way You Feel" (33)

A. The client was encouraged to read the chapter "You Can Change the Way You Feel" from *The Feeling Good Handbook* (Burns) to help him/her identify cognitive distortions.
B. The client has followed through with reading the assigned material on identifying cognitive distortions that impact his/her attitudes about pain and life in general.
C. The client was assisted in identifying his/her distorted automatic thoughts that promote depression, helplessness, and/or anger.
D. Positive feedback was provided as the client has been successful in identifying his/her distorted automatic thoughts that promote depression, helplessness, and/or anger.
E. The client was reinforced as he/she reported instances in which he/she was able to spontaneously identify cognitive distortions in his/her daily life.
F. The client was resistive to identifying his/her cognitive distortions and was provided with tentative examples in this area.
G. The client has not followed through with reading the assigned material on identifying cognitive distortions and was redirected to do so.

34. Assign "You Feel the Way You Think" (34)

A. The client was assigned the written exercise "You Feel the Way You Think" from *Ten Days to Self-Esteem!* (Burns) to help him/her identify the negative self-talk that he/she engages in that promotes helplessness, anger, and depression.
B. The client has followed through with completing the written exercise on identifying negative self-talk.
C. The client reported about the exercise on identifying negative self-talk; this was noted to be beneficial in helping him/her identify his/her patterns of distorted thinking.

D. The client has not followed through with completing the exercise on identifying negative self-talk and was redirected to do so.

35. Develop Positive Self-Talk (35)

A. The client was assisted in replacing his/her negative distorted thoughts with more positive, reality-based thoughts that would help him/her manage his/her pain.
B. The client's negative self-talk was replaced with positive, reality-based thoughts that would enhance his/her enjoyment of life and positive thoughts about the future.
C. The client has been noted to be more consistently verbalizing positive self-talk that promotes empowerment, self-acceptance, and joy.
D. The client is resistive to letting go of his/her negative, distorted automatic thoughts that promote depression, helplessness, and anger; this resistance was acknowledged and worked through.
E. The client has not developed positive self-talk techniques and was provided with tentative examples in this area.

36. Utilize Transactional Analysis (36)

A. Using a Transactional Analysis approach, the client was helped to become aware of "old tapes" about pain and his/her negative future and to replace these "old tapes" with more healthy self-talk messages.
B. The client reported that replacing the "old tapes" with new messages has helped him/her become more positive about life; the benefits of these techniques were reviewed.
C. The client has failed to identify "old tapes" and to replace these with more healthy self-talk messages; he/she was provided with tentative examples in this area.

37. Explore Life Stressors (37)

A. The client was assisted in listing the daily stressors that he/she must cope with that contribute to his/her tension level.
B. The client was reinforced as he/she reported becoming more aware of the role of stress in his/her life and how it contributes to the exacerbation of his/her pain.
C. The client was taught about the many types of internal, external, and interpersonal stresses that make an impact on him/her.
D. The client was reinforced as he/she verbalized an increased awareness of stress in his/her daily life and identified specific instances of it.
E. The client was resistive to perceiving stress as contributing to his/her chronic pain management problems and was provided with examples in this area.

38. Teach Stress-Coping Techniques (38)

A. The client was assisted in developing specific ways to cope effectively with the major stressors in his/her life.
B. The client was supported as he/she reported on attempts at implementing new ways to react to the stressors in his/her life that will promote less tension.
C. Implementation of stress-coping techniques has helped the client reduce the impact of stress on his/her physical health; the benefits of this progress were reviewed.

D. The client has had difficulty implementing stress management techniques, and stress continues to have a serious negative impact on his/her health; his/her implementation of these techniques were reviewed.

39. Develop Relapse Prevention Plan (39)

A. The client was assisted in developing a written relapse prevention plan that had a special emphasis on pain- and stress-trigger identification, along with specific ways to adaptively react to these triggers.
B. The client was resistive to developing a written relapse prevention plan and was encouraged to do so.
C. The client's relapse prevention plan was reviewed and monitored with the client.
D. Changes and modifications were suggested for the client's relapse prevention plan to help him/her become more effective at dealing with pain and stress triggers.
E. The client has consistently implemented the relapse prevention plan and this has been noted to reduce his/her levels of pain and stress.
F. The client has not consistently implemented the relapse prevention plan and was encouraged to do so.

40. Assign Sharing of Relapse Prevention Plan (40)

A. The client was assigned to share his/her relapse prevention plan with those who are going to be a part of his/her support system.
B. The client was reinforced as he/she has shared his/her relapse prevention plan with significant others so that they might help with implementation, support, and feedback.
C. The client's significant others have been noted to be supportive of the relapse prevention plan and this has helped the client implement the plan.
D. The client's significant others have not been supportive of his/her rehabilitation efforts and a family meeting was planned to try to increase their support.

COGNITIVE DEFICITS

CLIENT PRESENTATION

1. Concrete Thinking (1)*

A. The client presented with clear evidence of impaired abstract thinking and a tendency to think concretely.
B. The client's concrete thinking continues to be problematic and causes difficulty for him/her in understanding important concepts in life.
C. The client recognizes his/her tendency to think concretely and is taking steps to cope with this through reliance on others.

2. Lack of Insight (2)

A. The client presented with a lack of insight into the consequences of his/her behavior or impaired judgment.
B. The client has become slightly more aware of his/her impaired judgment and is stopping to consider the consequences of his/her behavior.
C. The client has learned to solicit feedback from others regarding his/her plans for action rather than impulsively reacting.

3. Short-Term Memory Deficits (3)

A. The client showed evidence of short-term memory deficits, although long-term memory remains intact.
B. The client's short-term memory deficit has improved somewhat.
C. The client has used coping techniques to adapt to his/her short-term memory deficit.
D. The client continues to be inadequately aware of his/her short-term memory deficit.
E. The client has learned coping techniques to compensate for his/her short-term memory deficits.

4. Long-Term Memory Deficits (4)

A. The client showed evidence of long-term memory deficits.
B. The client's long-term memory has improved slightly.
C. The client relied on others to provide historical review as a result of his/her long-term memory deficits.

5. Difficulty with Complex Directions (5)

A. The client does not follow complex or sequential directions without becoming confused or forgetting some of the elements of the directions.
B. The client is learning to break down complex or sequential directions into small steps.

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C. The client is using coping mechanisms to overcome his/her deficit in following complex or sequential directions.
D. The client has a lack of insight into his/her inability to follow complex or sequential directions.

6. Loss of Orientation (6)

A. The client showed evidence of loss of orientation in terms of person, place, or time.
B. The client is learning to rely more on external cues in order to become reoriented to person, place, or time.
C. The client showed evidence of good orientation to person, place, and time.

7. Distractibility (7)

A. The client showed evidence of high distractibility and low attention span.
B. The client's distractibility causes problems in daily living, as he/she does not follow through with necessary tasks.
C. The client was unable to perform instrumental activities of daily living on a consistent basis because of his/her distractibility.
D. The client has reduced his/her pattern of distractibility.

8. Impulsivity (8)

A. The client's impulsivity has led to behavior that violates social mores.
B. The client's impulsivity has resulted in embarrassment to himself/herself and offense to others.
C. The client has gradually attained more control over his/her impulses, resulting in more controlled behavior.

9. Speech/Language Impairment (9)

A. The client's organic condition has resulted in significant speech and language problems.
B. The client's speech and language problems have caused a serious impairment in communication.
C. The client's speech and language problems are noticeable but he/she is still able to communicate in spite of the impairment.
D. The client's speech and language impairment causes him/her significant frustration and depression.
E. The client's speech and language impairment seems to be improving.

INTERVENTIONS IMPLEMENTED

1. Explore Neurological Impairment Signs (1)*

A. The client was assessed for signs and symptoms of his/her neurological impairment, including problems with memory, motor coordination, abstract thinking, speech and language, executive functions, orientation, impaired judgment, and attention.

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B. The client was provided with support as he/she displayed awareness of his/her neurological impairment and described the problematic symptoms.
C. It was noted that the client does not have insight or awareness regarding his/her neurological symptoms.

2. Assess Cognitive Behavior (2)

A. The client was observed and monitored in regard to signs and symptoms of his/her neurological deficits.
B. The client's neurological deficits were noted with the session, but he/she seemed to be unaware of them.
C. The client's neurological deficits were noted to be evident and he/she seemed to be aware of them.

3. Arrange Psychological Testing (3)

A. Psychological testing was discussed with the client and arrangements were made for testing to be administered.
B. Psychological testing was ordered to determine the nature and degree of the client's cognitive deficits.
C. The client agreed to cooperate with psychological testing in order to determine the nature and degree of his/her cognitive deficits.
D. The client has not completed the psychological testing and was redirected to this referral.

4. Administer Psychological Testing (4)

A. Psychological testing was administered to determine the nature, extent, and possible origin of the client's cognitive deficits.
B. The psychological testing results indicate significant neurological impairment.
C. The psychological testing results do not confirm neurological deficits.
D. The client was noted to be cooperating with psychological testing.
E. The client was not cooperative with psychological testing and it had to be canceled.

5. Refer to Neurologist (5)

A. The client was referred to a physician specializing in neurology to further assess his/her organic deficits and possible causes for those deficits.
B. The client accepted and followed through with the referral to the neurologist.
C. The client did not follow through with the neurological referral and was redirected to do so.

6. Discuss Assessment Results (6)

A. The results of the neurological assessment as well as the psychological testing were discussed with the client.
B. Appropriate objectives for treatment were developed based on the test results.
C. The client seemed to have a clear understanding of the results of the neurological testing as they were interpreted to him/her.
D. The client did not seem to understand the nature of his/her impairment as assessed through the neurological evaluations.

7. Explain Limitations (7)

A. The client's limitations that result from his/her neurological impairment were explained.
B. The client was reinforced as he/she verbalized an understanding of his/her impairment that results from the brain injury.
C. The client was reinforced as he/she agreed to work toward developing alternative coping mechanisms focused on his/her cognitive impairment.
D. The client could not understand, or accept, the cognitive limitations that result from his/her brain injury; he/she was provided with alternative ways of explaining these limits.

8. Explore Feelings (8)

A. Feelings of anxiety and depression were explored as related to the client's cognitive impairment.
B. The client was supported as he/she verbalized his/her feelings of grief and anxiety associated with acceptance of his/her cognitive impairment.
C. It was noted that the client showed no feelings related to his/her cognitive impairment due to his/her lack of insight and understanding of that impairment.
D. The client denied feelings of grief or anxiety even though he/she was aware of the limitations that result from his/her cognitive impairment; this was accepted.

9. Assess Sequential Follow-Through (9)

A. Appropriate sequential tasks were assigned to the client to assist in the assessment of his/her ability to follow through on such directions.
B. The client showed evidence of confusion and inability to follow through on sequential tasking; these tasks were modified to the client's level of functioning.
C. The client was noted to show good ability to follow sequential directions.

10. Assign Memory Enhancement Activities (10)

A. The client was encouraged to implement memory enhancement activities such as utilization of crossword puzzles, playing card games, or watching TV game shows.
B. The client was encouraged to use coping strategies, such as using lists, establishing routines, and labeling the environment, to adapt to his/her short-term memory loss.
C. The client has implemented the memory-enhancing activities and reported some success at them; the benefits of this progress were reviewed.
D. The client has implemented coping strategies for short-term memory loss and this has been noted to be beneficial in enacting instrumental activities of daily living.
E. The client has not used the assigned memory enhancement activities and was redirected to do so.

11. Develop Help-Seeking Guidelines (11)

A. The client and significant others were assisted in developing guidelines for when it would be appropriate for the client to seek assistance in performing daily living tasks because of his/her cognitive impairment.
B. The client's significant others were encouraged to allow the client a reasonable time to attempt to perform tasks before offering their assistance.

C. The client reported that he/she is becoming more comfortable with seeking and accepting assistance from others; the benefits of this progress were reviewed.
D. The client's significant others continue to try to help him/her when he/she would prefer to attempt tasks independently and were redirected to provide him/her with a reasonable amount of time to perform tasks.
E. The client has refused appropriate help from significant others and was redirected toward when to accept this help.

12. Identify Resource People (12)

A. The client was assisted in identifying qualified resource people who can provide regular supervision to him/her.
B. A schedule of supervision was developed with qualified supervisory people who can assist the client in his/her daily living.
C. The client was reinforced as he/she has accepted the necessity for supervision by others and has committed to following through on developing such a plan.
D. The client was resistive to accepting monitoring and supervision from others, and these feelings were processed and resolved.

13. Develop Supervisory Plan (13)

A. A supervision plan was written for those qualified persons who can provide assistance to the client and monitor his/her daily living.
B. A written plan for daily supervisory contact has been developed and implemented.
C. The supervision plan has proven to be an adequate support system for the client.
D. The supervision plan has not proven to be adequate and a more intense level of care has been recommended.

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.

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.

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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 within 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 provided with tentative 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. It was recommended that the client 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. Explore for Emotional Abandonment (4)

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.

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D. Despite a review of the client's family of origin, he/she was unaware of any pattern of emotional abandonment; he/she was provided with tentative examples of this type of abandonment.

5. Identify Fear of Disappointing Others (5)

A. The client was assisted in identifying the basis for his/her fear of disappointing others.
B. 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.
C. It was reflected to the client that his/her insight into the basis for his/her fear of disappointing others has reduced that people-pleasing behavior.
D. 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.

6. Read "The Bridge" Fable (6)

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.

7. List Positive Attributes (7)

A. The client was assisted in developing a list of his/her positive attributes and accomplishments.
B. The client found it very difficult to identify positive attributes and accomplishments and was given tentative examples in this area.
C. With encouragement, the client has become more aware of his/her positive attributes and accomplishments and is able to identify them.
D. Listing positive attributes and accomplishments has been noted to build the client's sense of identity and self-esteem.

8. Assign Personal Affirmation Time (8)

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.

9. Identify Distorted Thoughts (9)

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 provided with tentative examples of these types of thoughts.

10. Explore Fears of Independence (10)

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.

11. Develop Positive Self-Talk (11)

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 has implemented positive self-talk techniques and this practice has been noted to reduce feelings of fear and increase assertiveness and independence.
C. 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.

12. Explore Sensitivity to Criticism (12)

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.

13. Assign Reading about Assertiveness (13)

A. The client was assigned to read information about assertiveness.
B. The client was assigned to read the book *When I Say No I Feel Guilty* (Smith) 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.

14. Reinforce Assertiveness (14)

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.

15. Assign Saying No (15)

A. The client was given the assignment of trying to say no to others without excessive explanation, for a period of one 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.

16. Teach Assertiveness (16)

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.

17. Assign Assertiveness (17)

A. The client was assigned the task of speaking his/her mind as freely and honestly as possible for one 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.

18. Identify Social/Emotional Needs (18)

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's list of social and emotional needs was processed, and adaptive ways to meet those needs were identified.
C. It was reflected to the client that he/she has begun to implement more adaptive ways to meet his/her social and emotional needs.
D. The client struggled to list his/her social and emotional needs that have not been met and was provided with tentative examples in this area.

19. List Steps toward Independence (19)

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.

20. Assign Receiving without Giving (20)

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 this person.
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.

21. Identify Daily Independence Behaviors (21)

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 encouraged to implement steps toward independence in daily life.
C. 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.
D. The client has not implemented steps toward independence in his/her daily life and was encouraged to do so.

22. Develop Boundaries (22)

A. The client was assisted 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 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.
D. The client has not instituted new boundaries for not accepting responsibility for others' actions or feelings and was encouraged to do this wherever possible.

23. Explore Independence with Partner (23)

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 independence 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.

24. Journal Responsibility Boundaries (24)

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.

25. Assign *Boundaries: Where You End and I Begin* (25)

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.

26. Assign *A Gift to Myself* (26)

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.

27. Reinforce Boundary Implementation (27)

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.

28. Encourage Decision Making (28)

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.

29. Reinforce Timely, Thought-Out Decisions (29)

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.

30. Refer to Al-Anon (30)

A. It was recommended to the client that he/she 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 of 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.

31. Assign *The Verbally Abusive Relationship* (31)

A. It was recommended that the client 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.

32. Refer to Safe House (32)

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.

33. Refer to Domestic Violence Program (33)

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.

DEPRESSION

CLIENT PRESENTATION

1. Loss of Appetite (1)*

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.

2. Depressed Affect (2)

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 reported that he/she has begun to feel less sad and can experience periods of joy.
D. The client appeared to be more happy within the session and there is no evidence of tearfulness.

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.
C. As the depression has lifted, the client has responded more quickly and psychomotor retardation has diminished.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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. Explore Depression Experiences (1)*

A. The client was asked to describe his/her experience of depression for the signs and symptoms that are present in his/her daily living.
B. The client identified several signs and symptoms of depression such as depressed affect, low self-esteem, diminished interest, and lack of energy; these symptoms were normalized and processed.
C. The client struggled to identify his/her experience of depression symptoms and was asked specifically about areas such as depressed affect, low self-esteem, diminished interest, and lack of energy.

2. Identify Depression Causes (2)

A. The client was asked to verbally identify the source of his/her depressed mood.
B. Active listening skills were used as the client listed several factors that he/she believes contribute to his/her feelings of hopelessness and sadness.
C. The client struggled to identify significant causes for his/her depression and was provided with tentative examples in this area.

3. Clarify Depressed Feelings (3)

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.

4. Explore Childhood Pain (4)

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.

5. Explore Suppressed Anger (5)

A. The client was encouraged to share his/her feelings of anger regarding painful childhood experiences that contribute to his/her current depressed state.

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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.

6. Connect Anger with Depression (6)

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.

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. 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.

8. Monitor Medication Compliance (8)

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.

9. Refer/Conduct Psychological Testing (9)

A. Objective psychological testing was administered to the client to assess the depth of his/her depression and monitor suicide potential.
B. The client cooperated with the psychological testing and feedback about the results was given to him/her.

C. The psychological testing confirmed the presence of significant depression.
D. The client has not completed the psychological testing and was redirected to do so.

10. Explore Suicide Potential (10)

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.

11. Identify Cognitive Distortions (11)

A. The client was assisted in developing an awareness of his/her distorted cognitive messages that reinforce hopelessness and helplessness.
B. The client was helped to identify several cognitive messages that occur on a regular basis and feed feelings of depression.
C. The client recalled several instances of engaging in negative self-talk that precipitated feelings of helplessness, hopelessness, and depression; these were processed.

12. Assign Dysfunctional Thinking Journal (12)

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 Socratic method was used to challenge the client's dysfunctional thoughts and to replace them with positive, reality-based thoughts.
C. The client was reinforced for instances of successful replacement of negative thoughts with more realistic positive thinking.

13. Reinforce Positive Self-Talk (13)

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.

14. Monitor Ongoing Suicide Potential (14)

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.

15. Refer for Hospitalization (15)

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.

16. Monitor Grooming/Hygiene (16)

A. The client was encouraged to practice consistent grooming and hygiene.
B. It was reflected to the client that he/she has taken more pride in his/her personal appearance as evidenced by improved grooming and hygiene practices.
C. The client was reinforced for practicing improved grooming and hygiene behavior.
D. The client has displayed poor grooming and hygiene and was provided with specific redirection in this area.

17. Assign Positive Affirmations (17)

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 has followed through on the assignment of writing positive affirmation statements and reported that he/she is feeling more positive about the future.
C. The client was reinforced for making positive statements regarding himself/herself and his/her ability to cope with the stresses of life.
D. The client has not followed through on the assignment of writing positive affirmation statements and was encouraged to do so.

18. Teach Normalization of Sadness (18)

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.

19. Teach Behavioral Coping Strategies (19)

A. The client was taught behavioral coping strategies such as physical exercise, increased social involvement, sharing of feelings, and increased assertiveness as ways to reduce feelings of depression.
B. The client has implemented behavioral coping strategies to reduce feelings of depression and was reinforced for doing so.
C. The client reported that the utilization of behavioral coping strategies has been successful at reducing feelings of depression; the benefits of this progress were reviewed.

D. The client was assisted in identifying several instances in which behavioral coping strategies were helpful in reducing depressive feelings.
E. The client has not used behavioral coping strategies and was redirected to this important resource.

20. Assign Chemical Dependence Recovery Books (20)

A. Because the client has a concomitant chemical dependence problem, he/she was referred to books that can help him/her overcome the dual problem with depression.
B. The client was assigned to read *One Day at a Time* (Hallinan) and *Each Day a New Beginning* (Hazelden).
C. The client has followed through with reading the alcohol-related depression material, and key concepts were processed.
D. The client has not followed through with reading the recommended material on alcoholism and depression and was encouraged to do so.

21. Plan Recreational Activities (21)

A. The client was encouraged to list those recreational activities that he/she has found pleasurable in the past.
B. A plan was developed to engage in specific recreational activities to increase socialization and reduce internal focus.
C. The client reported that engaging in recreational activities was difficult but did seem rewarding; he/she was encouraged to continue these activities.
D. The client was reinforced for regularly participating in social and recreational activities.

22. Reinforce Social Activity (22)

A. As the client reported increased socialization and verbalization of his/her feelings, needs, and desires, he/she was reinforced and supported.
B. It was reflected that the client is more regularly engaging in social activities and initiating communication of his/her needs and desires.
C. Despite reinforcing his/her occasional increase in social activity, the client has not regularly increased this pattern of activity and was redirected to do so.

23. Explore Unresolved Grief (23)

A. The client's history of losses that have triggered feelings of grief were explored.
B. The client was assisted in identifying losses that have contributed to feelings of grief that have not been resolved.
C. The client's unresolved feelings of grief are noted to be contributing to current feelings of depression and were provided a special focus.

24. Recommend Depression Self-Help Books (24)

A. Several self-help books on the topic of coping with depression were recommended to the client.
B. The client was directed to read *The Feeling Good Handbook* (Burns), *What to Say When You Talk to Yourself* (Helmstetter), or *Talking to Yourself* (Butler).

C. The client has followed through with reading self-help books on depression and reported key ideas that were processed.
D. The client reported that reading the assigned self-help books on depression has been beneficial and identified several coping techniques that he/she has implemented as a result of the reading.
E. The client has not followed through with reading the self-help books that were recommended and was encouraged to do so.

25. Teach Conflict Resolution Skills (25)

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 he/she has been taught and was provided with specific examples of when to use these skills.

26. Address Interpersonal Conflict (26)

A. A conjoint session was held to assist the client in resolving interpersonal conflicts with his/her partner.
B. The client reported that the conjoint sessions have been helpful in resolving interpersonal conflicts with his/her partner and this has contributed to a lifting of his/her depression.
C. It was reflected that ongoing conflicts with a partner have fostered feelings of depression and hopelessness.

27. Teach Assertiveness (27)

A. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness.
B. The client was referred to an assertiveness training group for intense education about acquiring assertiveness skills.
C. The client reported that as a result of the training he/she has become more assertive in expressing his/her needs, desires, and expectations.
D. The client continues to have difficulties in being assertive, as lack of confidence, low self-esteem, and social withdrawal inhibit him/her; remedial education was provided in this area.

28. Assign Mirror Exercise (28)

A. The client was assigned to talk positively about himself/herself into a mirror once per day.
B. The client was verbally reinforced as he/she performed the assigned exercise of mirror talking and reported that he/she has found more acceptance of his/her positive qualities.
C. It was reflected that the client has decreased the frequency of negative self-descriptive statements and increased the frequency of positive self-descriptive statements.

D. The client has not followed through on the assigned mirror talking exercise and was redirected to do so.

29. Reinforce Positive Self-Descriptions (29)

A. The client was supported and strongly reinforced when he/she made positive statements about himself/herself.
B. The frequency with which the client makes positive self-descriptive statements has been noted to increase.
C. The client continues to make self-disparaging statements and has been confronted about doing so.

30. Reinforce Physical Exercise (30)

A. A plan for routine physical exercise was developed with the client and a rationale for including this in his/her daily routine was made.
B. The client and therapist agreed to make a commitment toward implementing daily exercise as a depression reduction technique.
C. The client has performed routine daily exercise and he/she reports that it has been beneficial; these benefits were reinforced.
D. The client has not followed through on maintaining a routine of physical exercise and was redirected to do so.

31. Recommend *Exercising Your Way to Better Mental Health* (31)

A. The client was encouraged to read *Exercising Your Way to Better Mental Health* (Leith) to introduce him/her to the concept of combating stress, depression, and anxiety with exercise.
B. The client has followed through with reading the recommended book on exercise and mental health and reported that it was beneficial; key points were reviewed.
C. The client has implemented a regular exercise regimen as a depression reduction technique and reported successful results; he/she was verbally reinforced for this progress.
D. The client has not followed through with reading the recommended material on the effect of exercise on mental health 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.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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 is able to.
C. The client was reinforced and supported for exercising control over the core personality and giving executive functioning to that personality.

3. Refer for Medication Evaluation (3)

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.

4. Monitor Medication Compliance (4)

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.

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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.

5. Identify Dissociation Triggers (5)

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 provided with tentative examples in this area.

6. Explore Emotional Pain (6)

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.

7. Connect Emotional Conflict and Dissociation (7)

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 provided with tentative examples in this area.

8. Encourage Reality Focus (8)

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. 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.

D. The client has not focused on staying in reality and was redirected to integrate his/her personality.

9. Reinforce Here-and-Now Focus (9)

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.

10. Train in Relaxation Techniques (10)

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 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.

11. Teach Calm Reaction to Symptoms (11)

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.

12. Facilitate Family Session (12)

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.

13. Refer to Neurologist (13)

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.

14. Teach Patience (14)

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.

15. Utilize Memorabilia (15)

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 DISORDER

CLIENT PRESENTATION

1. Chronic Rapid Overeating (1)*

A. The client described a history of chronic, rapid 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.

2. Self-Induced Vomiting (2)

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.

3. Weight Loss (3)

A. The client's eating disorder has resulted in extreme weight loss and a refusal to consume enough calories to increase the weight to more normal levels.
B. The extreme weight loss has resulted in amenorrhea in the client.
C. The client's weight loss has plateaued and he/she is beginning to acknowledge the need for a gain in weight.
D. The client has begun to gain weight gradually and endure the anxious feelings associated with that experience.
E. The client is now at the lower end of normal in terms of his/her weight and has been able to maintain that.

4. Laxative Abuse (4)

A. The client has a history of laxative abuse to purge his/her system of food intake.
B. The frequency of laxative abuse has begun to diminish.
C. The client reported no recent incidents of laxative abuse as a purging behavior for food intake.

5. Limited Food Intake (4)

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.

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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.

6. Excessive Strenuous Exercise (4)

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.

7. Body Image Preoccupation (5)

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.

8. Irrational Fear of Becoming Overweight (6)

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.

9. 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.

10. Denial of Emaciation (8)

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.

INTERVENTIONS IMPLEMENTED

1. Explore Dysfunctional Eating (1)*

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.

2. Evaluate Calorie Consumption (2)

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.

3. Explore Vomiting Behavior (3)

A. The client was asked to describe any self-induced vomiting to help control caloric intake.
B. The client was supported as he/she acknowledged engagement in vomiting behavior on a regular basis, after eating, in order to reduce caloric intake.
C. The client defended his/her use of vomiting 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.
D. The client's use of purging techniques was monitored.
E. The client was reinforced as he/she reported a decreased use of purging and exercise to control weight.
F. The client denied any recent engagement in vomiting behavior and this was accepted and reinforced.

4. Explore Laxative Abuse (4)

A. The client was noted to confirm regular use of laxatives for the purpose of reducing body weight.
B. The client minimized his/her use of laxatives to control body weight; this minimization was pointed out to him/her in a matter-of-fact manner.

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C. The client's use of laxatives was monitored.
D. The client reported a decreased use of laxatives to control his/her body weight and he/she was reinforced this progress.
E. The client was reinforced as he/she reported no longer using laxatives to control body weight.

5. Assess Exercise (5)

A. The client was asked to describe the frequency and vigorousness of his/her exercise regimen.
B. Active listening was used as the client acknowledged frequent use of vigorous exercise to control weight gain.
C. The client was reinforced as he/she made a commitment to reduce the amount and frequency of his/her exercise.
D. The client was reinforced as he/she reported a moderate and normal use of exercise.
E. The client's use of strenuous exercise was monitored on a regular basis.

6. Explore Body Image (6)

A. The client's perception of his/her body image/size and the frequency and intensity of his/her thinking about it were explored.
B. The client acknowledged a persistent preoccupation with body image/size; this was confronted in a matter-of-fact manner.
C. The client was reinforced as his/her preoccupation with body image/size has diminished.
D. It was reflected to the client that his/her perception of his/her body image/size has become more realistic and less distorted.

7. Refer for Physical Examination (7)

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.

8. Refer to Dentist (8)

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.

9. Assess/Refer for Psychotropic Medication (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 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.

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. Refer for Psychological Testing (11)

A. Psychological testing was ordered to assess the client's current emotional functioning and to aid in any differential diagnosis of coexisting conditions.
B. The client cooperated with the psychological testing recommendation.
C. The client resisted and refused to cooperate with the psychological testing; he/she was redirected to complete this testing.
D. The client was given feedback on the results of the psychological testing.
E. The psychological testing results indicated that the client is struggling with some emotional conflicts.
F. The psychological testing results indicate the lack of any emotional conflicts or personality disturbance outside of the normal ranges.

12. Refer for Hospitalization (12)

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.

13. Establish Minimum Calorie Intake/Assist in Meal Planning (13)

A. The client was assisted in developing a minimum daily caloric intake.

B. The client 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.

14. Monitor Weight (14)

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.

15. Establish Weight Goals (15)

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.

16. Assign Eating Journal (16)

A. The client was asked to keep a journal of food intake, as well as his/her thoughts and feelings at the time of eating and after eating.
B. The client has followed through on keeping a journal, and the results of that journaling were processed.
C. The information from the client's daily journal of food consumed, as well as his/her associated thoughts and feelings, were processed.
D. The client discovered through the journaling process that he/she has been eating very little food and his/her thoughts and feelings about the eating behavior are distorted; his/her insight was reinforced.
E. The journaling activity has helped the client realize and accept that he/she has not been eating enough nutritious foods; this insight was reinforced.
F. The client has not followed through on keeping a journal of food consumption and was encouraged to do so.

17. Monitor Electrolyte Balance (17)

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.

18. Identify/Reframe Negative Cognitive Messages (18)

A. The client was assisted in identifying the negative cognitive messages that mediate his/her avoidance of food intake.
B. The client was reinforced as he/she identified his/her irrational beliefs and distorted self-talk that are associated with eating normal amounts of food.
C. The client regularly engages in catastrophizing or exaggerating when he/she thinks about caloric intake and weight gain; he/she was assisted in identifying this pattern.
D. The client was trained in using realistic cognitive messages regarding food intake and body size.
E. The client was reinforced as he/she has begun to verbalize to himself/herself positive, healthy, rational messages associated with eating and body size.
F. The client has not consistently implemented the use of realistic cognitive self-talk and was encouraged to do so.

19. Reinforce Positive Self-Talk (19)

A. The client was reinforced for implementation of realistic positive self-talk regarding food intake and body size.
B. The client reported an increased frequency of positive self-talk regarding food intake and body size and was reinforced for this progress.

20. Teach Realistic Body Appraisal (20)

A. The client was confronted about his/her unrealistic assessment of his/her body image.
B. The client was assigned exercises that would reinforce a healthy, realistic body appraisal, such as positive self-talk in front of a mirror or shopping for clothes that flatter his/her appearance.
C. The client was supported as he/she verbalized an increased awareness of his/her unrealistic assessment of his/her body image.
D. The client was reinforced as he/she has begun to make more positive statements about his/her body and acceptance of normal body size.
E. The client has not developed a more realistic body appraisal and was provided with remedial information in this area.

21. Resolve Sexual Impulse Fears (21)

A. The client's fear of losing control of his/her sexual impulses was explored.
B. The relationship between the client's fear of his/her sexual impulses and his/her eating disorder to keep himself/herself unattractively thin or fat was explored.
C. The client has been assisted in developing insight into the relationship between fears regarding sexuality and his/her eating disorder.
D. The client was reinforced for his/her acceptance of sexual impulses and a desire for normal sexual intimacy.
E. The client verbalized acceptance of his/her sexual impulses and a desire for intimacy.
F. The client has not made a connection between his/her sexual impulses and his/her eating disorder and was provided with tentative feedback in this area.

22. Explore Perfectionism (22)

A. The client's fear of failure and the role of perfectionism in the search for avoidance of failure were explored.
B. The client was assisted in identifying the relationship between the fear of failure, a drive for perfectionism, and the roots of low self-esteem.
C. The client verbalized increased acceptance of himself/herself in spite of typical and normal failure experiences; he/she was reinforced for this growth.
D. The client has continued to expect perfection from himself/herself and was redirected about this unhealthy pattern.

23. Reinforce Positive Qualities (23)

A. The client was assisted in identifying his/her positive qualities and successes.
B. The client was noted to have a reduction in his/her fear of failure and an increase in a positive sense of self.
C. The client verbalized acceptance of shortcomings and normal failures as a part of the human condition; he/she was reinforced for this progress.

24. Reinforce Acceptance of Imperfection (24)

A. The client was taught the importance of acceptance of himself/herself and others as human and subject to failure and shortcomings.
B. The client's spiritual belief system was utilized to support self-acceptance.
C. The client was noted to be more accepting of himself/herself with shortcomings and imperfections.

25. Explore Passive-Aggressive Control (25)

A. The role of passive-aggressive control in rebelling against authority figures as it applies to the client's eating disorder was explored.
B. Active listening was used as the client acknowledged that he/she does engage in passive-aggressive behavior that is a rebellion against authority figures, especially in the area of food consumption.
C. The client was encouraged to more directly address his/her conflicts with authority figures in order to avoid the contribution of passive-aggressive behavior to the eating disorder.
D. The client reported that he/she has begun to address his/her conflicts with the authority figures in his/her life; his/her experiences were reviewed.

26. Explore Fear of Loss of Weight Control (26)

A. The client's fears regarding loss of control over eating or his/her weight were explored.
B. Fears surrounding loss of control over eating or weight were processed and reported to be diminished.

27. Explore Independence Fears (27)

A. The client acknowledged separation anxiety and emancipation anxiety.
B. The basis for the client's fears relating to independence and emancipation were explored and resolved.

C. The client was supported as he/she has begun to express more confidence in himself/herself regarding independence and emancipation.

28. Facilitate Family Emancipation (28)

A. A family therapy session was held that focused on issues of separation, dependency, and emancipation.
B. The client was supported as he/she acknowledged his/her fears regarding separation and emancipation.
C. The client was encouraged to make a declaration of independence from his/her family and to take responsibility for his/her own behavior.
D. The client was supported as he/she disclosed to family members his/her feelings of ambivalence regarding their control and his/her dependency.
E. The client has made a statement of independence to his/her family members and has begun to show evidence of that independence; this experience was processed.
F. Family members were encouraged to reinforce the client's attempts at independence and emancipation, rather than reinforcing dependence behaviors.
G. It was noted that family members have seen that the client is taking steps toward independence.

29. Teach/Reinforce Assertiveness (29)

A. The client was taught elements of assertiveness and how it is distinguished from passivity and aggressiveness.
B. The client was referred to an assertiveness training class.
C. Role-playing, behavioral rehearsal, and modeling were used to teach the client assertiveness that would apply to his/her daily life situations.
D. The client acknowledged his/her fears in regard to assertiveness, and these fears were processed.
E. The client reported success in implementation of assertiveness behaviors, and these successes were reinforced.
F. The client reported on not following through with practicing assertiveness and was encouraged to do so.

30. Facilitate Assertiveness in Family (30)

A. A family therapy session focused on each member owning his/her own feelings, clarifying messages, and identifying control conflicts.
B. The client was reinforced for assertively expressing his/her needs and emotions within family sessions.
C. The family was assisted in developing age-appropriate boundaries for all members.
D. The client reported that there is a decreased level of stress within the family as he/she has been more direct in expressing thoughts and feelings; the benefits of this progress were reviewed.

31. Explore Emotional Struggles (31)

A. The client's emotional struggles that are camouflaged by the eating disorder were explored.
B. Today's session focused on the client verbalizing feelings of low self-esteem, depression, loneliness, anger, and a need for nurture that underlie the eating disorder.

C. As the client has begun to address the underlying emotional conflicts, his/her eating disorder has been noted to come under better control.

32. Identify Self-Worth (32)

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.

33. Assign *Body Traps* (33)

A. The client was encouraged to read the book *Body Traps* (Rodin) in order to better understand his/her tendency toward distorting body image.
B. The client has followed through on reading the body image book, and key ideas from the book were processed.
C. The client was reinforced as he/she made statements about a positive identity that was not based on weight and appearance, but on intrinsic values.
D. The client has not followed through on reading the body image book and was encouraged to do so.

34. Connect Emotions to Eating Behavior (34)

A. The client was taught the connection between his/her suppressed emotions, interpersonal conflict, and his/her dysfunctional eating behavior.
B. The client was reinforced as he/she verbalized an understanding of the connection between his/her suppressed emotional conflicts and unhealthy food usage.
C. The development of insight has been noted to help the client to resolve his/her eating problems.
D. The client has not connected his/her emotions to his/her eating behavior and was provided with tentative examples of how and why this occurs.

35. Connect Dieting to Binge Eating (35)

A. The client was taught the relationship between binge eating and a lack of regular mealtimes or deprivation from specific foods through dieting.
B. The client has terminated his/her pattern of a too-restrictive diet and it has resulted in less binge eating; the benefits of this progress were reviewed.
C. The client has not terminated his/her pattern of a too-restrictive diet and has continued to compensate for this with binge eating, and he/she was redirected to implement a more stable eating pattern.

36. Recommend Books on Binge Eating (36)

A. The client was encouraged to read books on binge eating, such as *Overcoming Binge Eating* (Fairburn), to increase his/her awareness of the components of eating disorders.

B. The client has followed through on reading the materials about binge eating and it has increased his/her understanding of eating disorders; the key concepts were reviewed.
C. The client has not followed through on reading the materials about binge eating and has been encouraged to do so.

37. Teach Detachment to Family Members (37)

A. A conjoint session was held in which family members were encouraged to detach themselves from taking responsibility for the client's eating behavior without showing hostility or indifference.
B. Family members were reinforced as they verbalized the commitment to placing full responsibility for nutritious eating on the client alone.
C. The family members have not detached themselves from taking responsibility for the client's eating behavior and were redirected to do so.

38. Recommend *Surviving an Eating Disorder* to Family (38)

A. Family and friends of the client were encouraged to read *Surviving an Eating Disorder* (Siegel, Brisman, and Weinshel) to help them detach themselves from the client's eating disorder.
B. Family members have followed through on reading the assigned eating disorder material and key concepts were processed within a conjoint session.
C. Family members have not followed through on reading material about eating disorders and they were encouraged to do so.

39. Refer to Dietician (39)

A. The client was referred to a dietician to become more educated about healthy eating patterns and nutritional meals.
B. The client has followed through on attending an appointment with the dietician and verbalized concepts that were learned through that appointment.
C. The client has not followed through on attending a dietician appointment and was encouraged to do so.
D. The client's meeting with the nutritionist was processed and concrete plans were established for meals and calorie consumption.
E. The client reported significantly improving his/her dietary habits and he/she was reinforced for this progress.

40. Set Weight Gain Goal (40)

A. The client was helped to establish a goal of gaining two pounds per week until the total weight gain goal that was established through use of the body mass index was attained.
B. The client has successfully gained weight at a rate of two pounds per week and was reinforced for this progress.
C. The client has not met his/her goal of a weight gain of two pounds per week and was redirected toward an attempt to meet that.
D. The client was reinforced for all statements that indicated that he/she was taking responsibility for normal food intake.

E. The client has verbalized personal responsibility for adequate nutrition and has reported gradually increasing his/her weight without supervision from others; he/she was supported for this progress.
F. The client continues to try to hook others into taking responsibility for changing his/her eating habits and was confronted for this pattern.

41. Commit to Termination of Dysfunctional Behaviors (41)

A. The client was asked to commit to a contract of terminating all dysfunctional weight control behaviors (e.g., use of laxatives, self-induced vomiting, vigorous exercise, etc.).
B. The client was reinforced for his/her success at the termination of all dysfunctional weight control behaviors.
C. The client has not terminated all dysfunctional weight control behaviors, and was reminded about his/her commitment to terminating these behaviors.

42. Refer to Support Group (42)

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.
D. As the client has begun to compensate for his/her learning disability, his/her academic functioning has improved.

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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 provided with tentative 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.

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. List Negative Consequences (4)

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.

5. Support Academic Advancement (5)

A. The client was encouraged to obtain further academic training.

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B. As the client indicated an interest in further academic training, he/she was reinforced and guided toward possible resources to pursue.

6. Reinforce Educational/Vocational Training (6)

A. The advantages of pursuing educational/vocational training were pointed out to the client.
B. The client acknowledged that there would be social, monetary, and self-esteem advantages if he/she would pursue educational/vocational training.

7. Obtain Psychoeducational Testing (7)

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.

8. Obtain/Perform ADD Assessment (8)

A. A psychological assessment was performed to determine whether the client suffers from Attention Deficit Disorder.
B. The psychological assessment results indicate the presence of Attention Deficit Disorder.
C. The psychological assessment results did not confirm the presence of Attention Deficit Disorder that contributed to his/her educational problems.
D. The client has not participated in an assessment for Attention Deficit Disorder and was redirected to do so.

9. Refer for ADD Medication (9)

A. The client was referred to a physician for a medication evaluation to treat his/her ADD.
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 ADD.
C. The client followed through with the medication evaluation and no medication was prescribed for his/her ADD.
D. The client was prescribed medication for his/her ADD condition but has refused to consistently take this medication.
E. The client has not followed through on the referral for an Attention Deficit Disorder medication evaluation and was redirected to do so.

10. Encourage Medication Use (10)

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.

11. Monitor Medication Effects (11)

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 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.

12. Encourage Recommendation Implementation (12)

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.

13. List Negative Learning Experiences (13)

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.

14. Explore Shame/Embarrassment (14)

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 provided with tentative examples of how individuals may experience these types of concerns.

15. Support Educational Progress (15)

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.

16. Develop Fear-Coping Strategies (16)

A. The client was taught behavioral and cognitive coping strategies to help him/her reduce anxiety related to learning situations.

B. The client reported successful implementation of behavioral and cognitive coping strategies for reducing anxiety and fear in learning situations; his/her experience was reviewed.
C. The client verbalized decreased anxiety and negativity associated with learning situations; the benefits of this progress were reviewed.
D. The client has not used the fear-coping strategies and was redirected to do so.

17. Identify Academic Strengths (17)

A. The client was assisted in realistically evaluating and identifying his/her academic strengths.
B. Based on the review of his/her academic strengths, the client has developed an educational/vocational plan.
C. The client has not been able to identify his/her academic strengths and was provided with tentative examples in this area, based on interaction with the therapist.

18. Teach Positive Self-Talk (18)

A. The client's negative appraisal of himself/herself was reframed in terms of his/her potential to succeed and in terms of past noneducational accomplishments.
B. The client was reinforced as he/she has begun to verbalize positive self-descriptive statements and confidence in his/her ability to succeed educationally.
C. The client has not used the positive self-talk techniques and was reminded about this helpful resource.

19. Assess Reading Deficits (19)

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.

20. Refer for Reading Education (20)

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.

21. Elicit Educational Commitment (21)

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.

22. Provide Community Resource Information (22)

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.

23. Assign Educational/Vocational Training Contact (23)

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.

24. Support Educational/Vocational Participation (24)

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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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.

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 identify the nature of the family conflicts and were provided with tentative questions to help identify these types of conflict.

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.

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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. Confront Responsibility Avoidance (5)

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.

6. Assign Reading Material on Resolving Family Conflict (6)

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.

7. Create a Family Genogram (7)

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 was highlighted.
C. Family members was supported as they acknowledged the lack of healthy communication that permeates the extended family.

8. Facilitate Expression of Feelings (8)

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.

9. Assess for Chemical Dependence (9)

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.

10. Identify Chemical Dependence Triggers (10)

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 was provided with tentative examples of how this sometimes occurs.

11. Assign Family Substance Abuse Books (11)

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.

12. Refer for Family Experiential Weekend (12)

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.

13. Assign Parenting Books (13)

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.

14. List Family Activities (14)

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.

15. Define Parenting Roles (15)

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 provided with tentative examples in this area.

16. Read Fables (16)

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.

17. Identify Areas for Parents to Strengthen (17)

A. The parents were assisted in identifying areas that need strengthening in their parenting team.
B. The parents identified areas in need of strengthening and were provided with assistance in how to strengthen these areas.
C. Positive feedback was provided as the parents have developed a stronger parental team.
D. The parents struggled to identify parenting skills that need strengthening and were provided with tentative examples in this area.

18. Refer to Parenting Class (18)

A. The parents were referred to a class to help them expand their understanding of children and to build skills in disciplining negative behavior and reinforcing positive behavior.
B. The parents have accepted a referral to a parenting class and have reported that they have found it to be beneficial.
C. Key concepts learned from the parenting class were reviewed and applied to the specific family situations.

D. The parents have not followed through on attending a parenting class and were encouraged to do so.

19. Refer to Tough-Love Group (19)

A. The parents were referred to a tough-love group to help them learn to set boundaries firmly.
B. The parents have followed through on attending a tough-love group and were noted to have found meaningful support to help them deal with their own parenting situation.
C. The parents have not followed through on attending a tough-love group and were encouraged to do so.

20. Train Parents in the Barkley Method (20)

A. The parents were trained in the Barkley Method of understanding and managing defiant and oppositional behavior on the part of children.
B. The parents have responded favorably to being taught the principles of the Barkley Method and have begun to implement them in their parenting at home.
C. Both parents have reported that their involvement in the parenting process has increased and that they have become more effective in dealing with their children; the benefits of this progress were highlighted.
D. The parents were reinforced for being supportive of each other in the parenting process; this has produced more effective limit setting on the children.
E. The parents have not used the Barkley Method and were redirected to use this helpful technique.

21. Assign Reading on Sibling Rivalry (21)

A. The parents were assigned to read books on sibling rivalry.
B. The parents were assigned to read the book *Siblings Without Rivalry* (Faber and Mazlish) to help them understand the dynamics of sibling rivalry.
C. The parents have followed through on reading the book about sibling rivalry, and key concepts were processed.
D. Specific ways were identified for the parents to implement parenting techniques to reduce the degree of sibling rivalry.
E. The parents reported that the degree of sibling rivalry has diminished as they have implemented new parenting techniques; they were encouraged to continue these techniques.
F. The parents have not followed through on reading the assigned book and were encouraged to do so.

22. Teach Parenting Techniques (22)

A. The parents were taught effective parenting techniques and were referred to specific literature to educate them further in these concepts.
B. The parents were taught specific techniques from *1-2-3 Magic* (Phelan) or *Parenting with Love and Logic* (Cline and Fay).
C. The parents have begun to implement more effective parenting techniques for their young children and were reinforced for doing so.

D. The parents described problematic interactions with the children as they have tried to implement new techniques, and these problems were processed and resolved.
E. The parents have shown considerable resistance to making changes in their parenting technique; they were assisted in identifying small steps to implement.

23. Teach Conflict Resolution (23)

A. Role-playing, modeling, and behavioral rehearsal were used to teach the client ways to resolve conflict effectively with his/her parents.
B. The client was taught assertiveness skills and respectful communication using "I" messages to help reduce conflict effectively.
C. The client reported an increase in resolving conflicts with parents by talking calmly and assertively rather than aggressively and defensively; he/she was reinforced for this progress.
D. The client has not used the conflict-resolution techniques and was redirected to do so.

24. Increase Family Structure (24)

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 degree of family structure and were encouraged to do so.

25. Assist Development of Structure (25)

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.

26. Assign Family Drawings (26)

A. Each family member was assigned to bring to a family session a self-produced drawing of themselves in relationship to the family.
B. Each family member's drawing of their 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 provided with tentative examples in this area.
E. Family members have not followed through on the assigned family drawings and were redirected to do so.

27. Assign a Family Collage (27)

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.

28. Assign a Family Activity Plan (28)

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.

29. Create a Revised Genogram (29)

A. Family members were assisted 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.

30. Assign *Changing Families* (30)

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 parent have not followed through on reading the book on changing families and were encouraged to do so.

31. Develop Dependence Reduction Plan (31)

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 has begun to implement a plan to reduce his/her pattern of dependence on his/her parents; his/her experience was reviewed.

C. The client was reinforced for all planful steps that were implemented toward becoming more independent and autonomous.

D. The client has not implemented steps toward becoming more independent and autonomous and was redirected to do so.

32. Identify Dependence (32)

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.

33. Confront Continuation of Dependence Pattern (33)

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.

34. Explore Emancipation Fears (34)

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.

35. Develop Emancipation Plan (35)

A. The client was assisted in developing a specific plan of emancipation from his/her parents in a healthy and responsible way.
B. 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.
C. The client has begun to implement a plan for emancipation and was reinforced for doing so.
D. The client has continued to resist emancipation, and his/her resistance was processed.

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.
C. The client reported a satisfactory response time to reaching orgasm during sexual contact.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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. Assess Relationship (1)*

A. The client was asked to share her thoughts and feelings regarding her relationship with her sexual partner.
B. The client was supported as she described a lack of harmony and fulfillment within the relationship with her partner.
C. The client was supported as she outlined 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.

2. Conduct Conjoint Sessions (2)

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.

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 supported as she outlined causes for her sexual inhibition and feelings of guilt, fear, and repulsion associated with sexual activity.
C. The client was guarded about possible family-of-origin causes for her sexual inhibitions and was provided with tentative examples of how this might occur.

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4. Gather Sexual History (4)

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.

5. Explore Origin of Negative Sexual Attitudes (5)

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. In today's session, the client outlined the family-of-origin experiences in which the subject of sexuality was taboo.

C. In today's session, the client described learning negative sexual attitudes from her mother, who shared her distaste for sexual interaction.

D. The client struggled to identify the origin of her negative sexual attitudes and several family-of-origin patterns were reviewed.

6. Explore Religious Training/Sexual Attitudes (6)

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 provided with tentative examples of how this sometimes occurs.

7. Explore Sexual Abuse (7)

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 sexual feelings and thoughts.

8. Process Sexual Trauma (8)

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 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.

9. Teach Insight into the Past (9)

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.

10. Explore Sex Role Models (10)

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 provided with tentative examples in this area.

11. Explore Automatic Thoughts (11)

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 provided with tentative examples in this area.

12. Teach Healthy Self-Talk (12)

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 reported 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.

13. Model Open Sexual Communication (13)

A. The client 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.

14. Assign Sexuality Books (14)

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.

15. Reinforce Open/Positive Sexual Communication (15)

A. The client was reinforced for talking freely, knowledgeably, and positively regarding sexual thoughts, feelings, and behavior.
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.

16. Assess Substance Abuse Causes for Dysfunction (16)

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.

17. Assess Biochemical Causes for Dysfunction (17)

A. The role that diabetes, hypertension, or thyroid disease may have on the client's sexual functioning was identified and assessed.
B. The client was assisted in identifying a medical condition that may have an impact on sexual functioning, and she was referred to a physician for further evaluation.
C. The client was assessed for possible medical causes that may have an impact on sexual functioning, but no medical causes were found.

18. Review Medications (18)

A. The client's use of medication was reviewed for the possible negative side effects on sexual functioning.
B. The client was referred to her physician for a more comprehensive review of the impact on sexual functioning that the medication she is taking may have.
C. The client acknowledged that medication side effects may be a powerful contributing factor to her sexual problems; her options in this area were reviewed.
D. The client has not reviewed medications with her physician, and how they may impact her sexual functioning, and was redirected to do so.

19. Refer for Physician Evaluation (19)

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 physical 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.

20. Assess Depression (20)

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.

21. Refer for Antidepressant Medication (21)

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 was 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.

22. Explore Failed Relationships (22)

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.

23. Explore a Secret, Sexual Affair (23)

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 denied any such affair.

24. Explore a Lesbian Interest (24)

A. Possible sexual urges that have predominated any heterosexual interests were assessed.
B. The client was supported as she acknowledged that her lesbian attraction is a major factor in her sexual dysfunction with her partner.
C. 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.
D. The client was asked about possible lesbian sexual urges and she denied any such urges.

25. Assign Sexual Awareness Exercises (25)

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.

26. Assign Sexual-Pleasuring Exercises (26)

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. The client has followed through on practicing sensate focus exercises both alone and with her partner; her experience was reviewed and processed.
C. 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.
D. The client has not followed through on performing the graduated steps of sexual-pleasuring exercises and was encouraged to do so.

27. Reinforce Disinhibition (27)

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.

28. Assign a Sexuality Journal (28)

A. The client was encouraged to keep a journal of sexual thoughts and feelings to increase her awareness and acceptance of them as a normal occurrence.
B. The client has followed through on keeping a journal of sexual thoughts and feelings, and the material was processed as the client was reinforced for this normal experience.
C. The client has failed to follow through on journaling her sexual thoughts and feelings, and her resistance to doing so was processed to resolution.

29. Encourage Sexual Fantasies (29)

A. The client was encouraged to indulge herself in normal sexual fantasies that could mediate and enhance sexual desire.
B. The client reported success at becoming aware of and indulging in sexual fantasies that have increased sexual desire; the benefits of this progress were reviewed.
C. The client reported resistance to indulging sexual fantasies because feelings of guilt, embarrassment, and shame predominated; these feelings were processed to resolution.

30. Encourage Sexual Experimentation (30)

A. The client was encouraged to experiment with coital positions and environmental settings for sexual play that could increase her feeling 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.

31. Encourage Sexual Assertiveness (31)

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.

32. Explore Extrarelational Stressors (32)

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.

33. Explore Fears of Sexual Inadequacy (33)

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.

34. Explore Feelings of Threat (34)

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.

35. Encourage Positive Body Image (35)

A. The client was asked to list assets of her body that she feels positively about.
B. The client was encouraged to be less critical about her body image.
C. The client's unrealistic distortions about her body were gently confronted.
D. 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.

36. Explore Feelings about Body Image (36)

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.

37. Reinforce Sexual Desire (37)

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.

38. Assign Vaginal Relaxation Exercises (38)

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.

39. Assign Sexual Partner Participation (39)

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. 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.

C. 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.

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 reduced 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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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.

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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. Develop Spending Priorities (8)

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.

9. Review Spending History (9)

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 provided with tentative examples in this area.

10. Explore the Family-of-Origin Financial Patterns (10)

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.

11. Identify Steps to Immediate Financial Relief (11)

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.

12. Refer for Community Assistance (12)

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 to welfare assistance were processed.
D. The client has not pursued church and community financial support resources and was redirected toward these helpful resources.

13. Develop a Financial Plan (13)

A. The client was directed to write a budget and long-range savings and investment plan.
B. The client was referred to a professional financial planner.
C. The client has not developed a financial plan and was redirected to do so.

14. Review Budget (14)

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.

15. Refer for Credit Counseling (15)

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.

16. Encourage Credit Counseling (16)

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.

17. Refer to an Attorney (17)

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 re-directed to do so.

18. Explore the Emotional Vulnerability to Spending (18)

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 provided with tentative examples of how these emotions lead to unwanted and unnecessary spending.

19. Assess Mood Swings (19)

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.

20. Screen for Substance Abuse (20)

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.

21. Explore Family Substance Abuse (21)

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.

22. Review Income Sources (22)

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.

23. Plan a Job Search (23)

A. The client was assisted in formulating a job search plan.
B. The client was reinforced as he/she has begun to implement a job search plan in order to raise his/her level of income.
C. The client has been active in applying for employment and was reinforced for doing so.

D. 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.
E. Support was provided to the client as he/she has attempted to obtain employment, but has been unsuccessful.

24. Reinforce Conjoint Financial Planning (24)

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.

25. Reinforce Cooperative Financial Management (25)

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.

26. Assign Financial Recordkeeping (26)

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 expenses 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.

27. Reinforce Debt Resolution (27)

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.

28. Role-Play Resisting Spending Urges (28)

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.

29. Role-Play Resistance to External Pressure (29)

A. Role-playing and behavioral 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.

30. Teach Cognitive Strategies (30)

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.

31. Teach Purchase Delay (31)

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.

32. Reinforce Successful Resistance (32)

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.

33. Reinforce Cooperation in Family Therapy (33)

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.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

6. Depression Symptoms (4)

A. The client described a lack of appetite and sleep disturbance as well as other depression signs that have occurred since the experience of the loss.
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 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.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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.
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.

4. Assign Grief Books (4)

A. Several books on the grieving process were recommended to the client.
B. It was recommended that the client read one or more of the following books: *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* (Zonnebelt-Smenge and DeVries), *How Can It Be All Right When Everything Is All Wrong?* (Smedes), *How to Survive the Loss of a Love* (Colegrove, Bloomfield, and McWilliams), *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. 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.

5. Assign Reading on Loss of a Child (5)

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 parents were encouraged to read the book *The Bereaved Parent* (Schiff) to help them better understand grief related to a child's death.
C. The parents have followed through with reading the assigned book on parental grief, and themes from that reading were processed.
D. The parents have not followed through with reading the book on grieving parents and were encouraged to do so.

6. Assign Exploring Others' Grief (6)

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 experience with grief and was encouraged to do so.

7. Teach Grief Stages (7)

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.

8. Identify Current Stage of Grief (8)

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.

9. Assign Grief-Related Videos (9)

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.

10. Assign Grief Journal (10)

A. It was recommended that the client 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.

11. Solicit Grief-Related Pictures/Mementos (11)

A. The client was encouraged to bring to the session pictures or mementos connected with the loss.
B. The client brought to the session pictures and mementos connected with his/her loss, and the feelings associated with these memories were processed.
C. The client has failed to bring pictures and mementos associated with the loss to the session and was encouraged to do so.

12. Clarify Grief Feelings (12)

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.

13. Refer to Grief Support Group (13)

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.

14. List Grief Avoidance Consequences (14)

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 provided with tentative examples in this area.

15. Assess Substance Abuse (15)

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.

16. Refer for Chemical Dependence Treatment (16)

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.

17. Identify Dependency (17)

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 provided with tentative examples in this area.

18. Explore Anger Feelings (18)

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 that will allow the grieving process to continue.

19. Reinforce Forgiveness (19)

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. It was recommended that the client 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.

20. Identify/Clarify Grief Feelings (20)

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.

21. Assign List of Regrets (21)

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.

22. Use Rational Emotive Approach (22)

A. A rational emotive 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 reinforced as he/she has decreased his/her statements and feelings of being responsible for the loss.

23. Conduct Empty-Chair Exercise (23)

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.

24. Assign Grave Site Visit (24)

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.

25. Assign Grief Letter (25)

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 currently feels.
B. The client has followed through on writing a grief letter to the deceased loved one and this letter was processed within the session.
C. The client was assisted in clarifying and expressing his/her feelings to and about the lost loved one.
D. 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.

26. Assign Last Contact Letter (26)

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.

27. List Positive Memories (27)

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.

28. Develop Memorial Rituals (28)

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.

29. Conduct Family Grieving (29)

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 their loss.

30. Develop Grieving Ritual (30)

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.

31. Suggest Time-Limited Mourning (31)

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.

32. Develop Penitence Activity (32)

A. The client was assisted in developing an act of penitence for the 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.

33. Encourage Spiritual Activity (33)

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. Immediate Gratification (3)

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.

4. Harmful Impulses (4)

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.

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5. Overreactivity (5)

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.

6. Tension/Affective Arousal (6)

A. The client described a sense of tension or affective arousal before engaging in the impulsive behavior (e.g., kleptomania or 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.

7. Self-Gratification (7)

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.

8. Difficulty Waiting (8)

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 provided with tentative examples in this area; he/she was urged to consider this option at a later time.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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 offered tentative examples in this area.

4. List Negative Consequences (4)

A. The client was assigned the task of listing negative consequences that occurred because of his/her impulsivity.
B. 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.
C. It was reflected to the client that he/she minimizes and uses denial to avoid awareness of the negative consequences of his/her impulsivity.

5. Teach Awareness of Negative Consequences (5)

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 provided with tentative examples of the consequences that result from this behavior pattern.

6. Confront Responsibility Denial (6)

A. The client was confronted about his/her denial of responsibility for impulsive behavior or the negative consequences of that behavior.
B. The client accepted the confrontation of his/her impulsive behavior and the negative consequences of it.
C. The client became defensive in the face of confrontation and continues to deny responsibility for his/her impulsive behavior.

7. Assign Impulsivity Journal (7)

A. The client was asked to keep a log of impulsive behavior and its antecedents, mediators, and consequences.
B. 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.
C. The client failed to keep a log of his/her impulsive behavior and was redirected to do so.

8. Explore Impulsivity Triggers (8)

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 provided with tentative examples in this area.

9. Reinforce Responsibility Acceptance (9)

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.

10. Develop Feedback Contract (10)

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.

11. Brainstorm Reliance on Trusted Supports (11)

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.

12. Teach Cognitive Coping Methods (12)

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.

13. Uncover and Replace Dysfunctional Thoughts (13)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to impulsivity.
B. The client identified a variety of his/her distorted, dysfunctional thoughts and was reinforced for this insight.
C. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace his/her dysfunctional thinking.
D. The client was reinforced as he/she identified a more adaptive, accurate pattern of thinking.
E. The client struggled to identify or replace his/her dysfunctional thoughts that lead to impulsivity and was provided with tentative examples of these types of thoughts.

14. Teach Relaxation Methods (14)

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.

15. Teach Behavioral Strategies (15)

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.

16. Review Implementation of Behavioral Coping Strategies (16)

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.

17. Teach Social Assertiveness (17)

A. Using modeling, role playing, and behavioral rehearsal, the client was taught assertive techniques to express himself/herself.
B. The client was taught the use of "I" messages as a way to express his/her thoughts and feelings directly and assertively.
C. The client was provided with support as he/she expressed anxiety about implementing assertiveness.

18. Review Assertiveness Implementation (18)

A. The client was helped to identify situations in which assertiveness has been implemented and described his/her feelings associated with that behavior and the consequences of that behavior.
B. The client expressed anxiety over the implementation of assertiveness, but was noted to be pleased with the consequences of it.
C. The client was reinforced for successfully implementing assertiveness techniques.
D. The client has failed to implement assertiveness consistently and was directed to do so.

19. Teach "Stop, Think, Listen, and Plan" (19)

A. Modeling, role playing, and behavior rehearsal were used to teach the client the use of "stop, think, listen, and plan" in several life scenarios.
B. The client was supported as he/she enacted "stop, think, listen, and plan" as applied to different current situations.
C. The client was encouraged to use the "stop, think, listen, and plan" technique to control acting impulsively in his/her daily life.
D. The client has not used the "stop, think, listen, and plan" technique and was redirected to do so.

20. Review Daily Use of "Stop, Think, Listen, and Plan" (20)

A. The client was taught the use of "stop, think, listen, and plan" in day-to-day living.
B. The client reported on the implementation of "stop, think, listen, and plan"; the positive consequences of this implementation were highlighted.
C. The client was provided with remedial information on how to use the "stop, think, listen, and plan" technique.

21. Refer for Medication Evaluation (21)

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.

22. Monitor Medication (22)

A. The patent'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.

23. Develop Behavior Modification Program (23)

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.

24. Implement Reward System (24)

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.

25. Refer to Self-Help Recovery Group (25)

A. The client was referred to a self-help recovery group (12-step program, ADHD group, Rational Recovery, etc.).
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 proceeding of a divorce has been finalized.
D. The client expressed feelings of sadness, anger, and resentment surrounding his/her divorce.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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. Plan Conjoint Sessions (1)*

A. Both partners were asked to commit themselves to a series of conjoint sessions to address issues of communication and problem solving.
B. Both partners were reinforced as they agreed to attend and actively participate in conjoint sessions.

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C. The partners were ambivalent about committing themselves to a series of conjoint sessions to address issues of communication and problem solving, and treatment was focused on obtaining this commitment.

2. Identify Relationship-Building Behaviors (2)

A. The partners were assisted in identifying behaviors 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.

3. Assign Relationship Journaling (3)

A. Each partner was assigned the task of journaling about positive experiences regarding the relationship that occur between sessions.

B. The partners brought back to the session journal material relating positive interactions that occurred between them between sessions, which was processed in the session.

C. Neither partner has followed through on keeping a journal of positive interactions and both were encouraged to do so.

4. Assign *The Intimate Enemy* (4)

A. Both partners were assigned to read the book *The Intimate Enemy* (Bach and Wyden) to broaden their perspective on relationship dynamics.

B. The partners have read the assigned book on relationship dynamics, and key ideas were processed.

C. The partners have not followed through with reading the assigned book on relationship dynamics and were encouraged to do so.

5. Explore Relationship Conflicts (5)

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.

6. Confront Responsibility Avoidance (6)

A. Both partners were confronted about avoiding responsibility for their own roles in the conflicts within the relationship.

B. Both partners tend to become defensive when pressed to acknowledge their own roles in the conflicts between them.

C. The partners were reinforced as they have become more open to identifying their own role in the conflicts and the changes that each must make to improve the relationship.

7. List Changes Needed (7)

A. Each partner was asked to list the changes that must be made to improve the relationship.

B. Each partner has followed through on listing the personal changes that are needed to improve the relationship, and this list was processed in the contract session.

C. Each partner was asked to list the changes the other partner needs to make to improve the relationship.
D. Each partner has identified changes the other needs to make, and these changes were processed in a conjoint session.
E. The partners have not followed through on listing their own changes that would improve the relationship and were encouraged to do so.
F. Each partner has failed to identify a list of changes the other needs to make to improve the relationship and both were encouraged to do so.

8. Solicit Change Commitment (8)

A. Each partner made a commitment to attempt to change specific behaviors that have been identified by himself/herself or the other partner; they were reinforced for this progress.
B. Both partners were reinforced for their willingness to implement changes in themselves to improve the relationship.
C. Each partner's progress in making changes in himself/herself to improve the relationship were reviewed and processed.

9. Assign Specific Communication Time (9)

A. The partners were assigned the task of setting aside 15 minutes, on a daily basis, in which they communicate directly about conflict issues.
B. Practice at communication regarding conflict issues was done within the session, and the partners were assisted in communicating clearly and listening sensitively.
C. As the partners have implemented specific communication times regarding conflict issues, this experience was processed and reinforced.
D. The partners have not followed through on consistently implementing communication time regarding conflict issues and were encouraged to do so.

10. Recommend Relationship Seminar (10)

A. The partners were referred to a relationship seminar where communication and conflict resolution skills would be taught.
B. The partners have followed through on attending a relationship seminar and have begun to implement the skills within the home setting; the benefits of this progress were reviewed.
C. The partners reported success at implementing the communication and problem-solving skills that were learned within the relationship seminar; this success was processed.
D. The partners have not implemented the communication and problem-solving skills that were learned within the relationship seminar and were directed to use these techniques.
E. The partners have not attended the relationship seminar and were redirected to do so.

11. Clarify Communication (11)

A. Both partners were assisted in clarifying their communication and their expression of feelings within conjoint sessions.
B. Both partners reported that they have increased the quality and frequency of communication with each other; specific examples were elicited and reinforced.

C. The partners have often been unclear in their communication and withheld expression of feelings within the conjoint sessions, and this was reflected to them and remediated.

12. Reframe Complaints into Requests (12)

A. The partners were taught to reframe their complaints about each other into requests for each other.

B. The partners have begun to reduce critical complaining about each other by reframing their complaints into polite requests for change; the benefits of this technique were reviewed.

C. Each partner reported specific instances of reframing complaints into polite requests and reported that this change was successful at reducing conflict; these skills were reinforced.

D. The partners have not used the technique of reframing complaints into requests and were reminded about this useful skill.

13. Train in Assertiveness (13)

A. Modeling and role playing were used to teach the principles of assertiveness in communication.

B. The partners have begun to express thoughts and feelings regarding their relationship in a direct, nonaggressive manner; their experience in this area was reviewed.

C. The partners were referred to a seminar on assertiveness training.

D. The partners have not attended the assertiveness training seminar and were redirected to do so.

14. Explore Relationship Expectations (14)

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.

15. Teach Mutual Satisfaction (15)

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.

16. Teach Conflict Resolution Techniques (16)

A. The partners were taught conflict resolution techniques and these techniques were role-played within the session.

B. The partners reported implementation of the conflict resolution techniques to resolve issues reasonably between them; their experience was reviewed and processed.

C. The partners have not used the conflict-resolution techniques and were redirected to regularly use these techniques.

17. Probe Family-of-Origin History (17)

A. Each partner's family-of-origin history was explored to identify patterns of destructive intimate relationship interaction.

B. The partners were encouraged to note the repetition of a family pattern of destructive intimate relationship interactions.
C. The partners' family-of-origin history was explored, but they did not identify any specific pattern of destructive intimate relationship interactions.

18. List Aggression-Escalating Behaviors (18)

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 provided with tentative examples in this area.

19. Develop Conflict-Termination Signal (19)

A. The partners were assisted in identifying a clear verbal or behavioral signal to be used by either partner to terminate interaction immediately 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.

20. Solicit Conflict-Termination Agreement (20)

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.

21. Explore Substance Abuse (21)

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.

22. Refer for Substance Abuse Treatment (22)

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.

23. Identify Infidelity Message (23)

A. The partners were assisted in clarifying the message that lies behind the infidelity within the relationship.

B. The unfaithful partner was unwilling to acknowledge any message behind his/her infidelity; tentative examples were identified.

24. Assign *After the Affair* (24)

A. The partners were encouraged to read the book *After the Affair* (Abrahms-Spring) to help them identify the message behind the unfaithful partner's infidelity.

B. The couple has read the assigned book on marital affairs, and key concepts were processed together.

C. The partners have not followed through with reading the assigned book on marital affairs and were encouraged to do so.

25. Discuss Affair Consequences (25)

A. The consequences to self and others that result from multiple intimate relationships were discussed.

B. The unfaithful partner was supported as he/she expressed regret and remorse about his/her behavior.

C. The faithful partner was supported as he/she expressed the pain of hurt, disappointment, and anxiety that has resulted from the unfaithful partner's affairs.

D. The partners were rather cautious and guarded about identifying the damaging effects of the affair and were provided with tentative examples in this area.

26. Assign *Getting the Love You Want* (26)

A. The partners were encouraged to read the book *Getting the Love You Want* (Hendrix) to learn more about intimate relationships and intimacy fears.

B. The couple has followed through with reading the recommended book on relationship intimacy, and key concepts were discussed and processed.

C. The recommended book on relationship intimacy was not read and the couple was encouraged to do so.

27. Explore Grief Feelings (27)

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.

28. Explore Closeness Vulnerability (28)

A. Each partner's fears regarding getting too close and feeling vulnerable to hurt, rejection, and abandonment were explored.

B. The partners have clarified their own fears of getting too close to each other out of fear of being hurt; their insight was reinforced.

C. The partners were supported as they identified experiences in their past that have contributed to their fear of closeness.

29. Assign Imago Exercises (29)

A. The couple was assisted in participating in an Imago exercise whereby each partner shared with the other childhood wounds that were experienced.
B. The partners have increased their skills at demonstrating understanding and empathy through the Imago exercise.
C. The partners have increased their skills at sharing feelings with each other through the Imago exercise.

30. Assign Genogram (30)

A. Each partner was assigned to complete his/her own genogram to be shared in future conjoint sessions.
B. The partners shared their individual genograms with each other and described family members and their patterns of interaction were processed.
C. Sharing of genogram material has been noted to help the partners share experience with each other and demonstrate understanding.
D. The partners have not completed the genograms to be shared and were encouraged to do so.

31. Identify Enjoyable Activities (31)

A. The partners were assisted in identifying and planning rewarding recreational activities that they could do together.
B. The partners have increased the time spent together in enjoyable contact; the benefits of this progress were reviewed.
C. The partners reported specific instances of recreational activities that they have enjoyed together; their experience was reviewed.
D. The partners have failed to follow through on increasing their enjoyable recreational time together and were encouraged to do so.

32. Diffuse Passion Resistance (32)

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.

33. Gather Sexual History (33)

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.

34. Refer for Physician Evaluation (34)

A. The couple was referred to a physician 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 physician evaluation of their sexual dysfunction.
C. The physician evaluation did not identify any organic basis for the couple's sexual dysfunction.
D. The medical problems identified by the physician as causes for the sexual dysfunction are being treated.
E. The couple has not followed through on the recommended physician evaluation referral and was encouraged to do so.

35. Create Sexual Genogram (35)

A. A sexual genogram was created with the couple, which identified the sexual patterns of behavior, activities, and beliefs for the couple and their extended family.
B. The sexual genogram was helpful in assisting the couple to see how their present sexual problems are related to extended family issues.

36. Solicit Commitment to Healthy Sexual Attitude/Behavior (36)

A. Each partner was asked to commit himself/herself to attempting to develop healthy, mutually satisfying sexual beliefs, attitudes, and behavior that is 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 behavior 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.

37. Refer to a Divorce Support Group (37)

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.

38. Assign *How to Survive the Loss of a Love* (38)

A. The client was encouraged to read *How to Survive the Loss of a Love* (Colgrove, Bloomfield, and McWilliams) to learn concepts related to dealing with the grief associated with the loss of a relationship.
B. The client has followed through on reading the assigned grief material associated with the breaking of a relationship.

C. 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.
D. The client has not read the grief material regarding the loss of a relationship and was encouraged to do so.

39. Provide Adjustment Support (39)

A. The client was given support and encouragement in his/her adjustment to living alone and being single again.
B. 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.

40. Recommend Community Resources (40)

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. Encourage Attorney Representation (2)

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 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.

3. Monitor Court Contact (3)

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.

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4. Explore Chemical Dependence (4)

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.

5. Confront Chemical Dependence Denial (5)

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.

6. Reinforce the Need for Recovery (6)

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.

7. Monitor Sobriety (7)

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.

8. Clarify Values (8)

A. The client was assisted in clarifying values that allowed him/her to engage in an illegal activity.
B. The client was encouraged to accept responsibility for the series of decisions and actions that eventually led to the illegal activity.
C. The client was taught the value of mutual respect for the life and property of himself/herself and others.
D. The client struggled to identify the values that have allowed him/her to engage in illegal activity and was provided with tentative examples in this area.

9. Confront Responsibility Denial (9)

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 encouraged to accept responsibility for the series of decisions and actions that eventually led to the illegal activity.
C. The client has accepted responsibility for his/her behavior that led to illegal actions and legal conflicts; he/she was reinforced for this insight.
D. 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.

10. Teach Legal Boundary Values (10)

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.

11. Probe Emotional Triggers (11)

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.

12. Refer to Ongoing Counseling (12)

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.

13. Explore the Causes for Negative Emotions (13)

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.

14. Interpret Antisocial Behavior (14)

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.

15. Identify Cognitive Distortions (15)

A. The client was assisted in identifying and clarifying cognitive belief structures that foster illegal behavior.
B. The client was helped to identify cognitive distortions that foster antisocial behavior and has indicated a willingness to revise these distortions.
C. The client has been very resistive to identifying any cognitive belief structures that foster illegal behavior, but was provided with tentative examples in this area.

16. Restructure Cognitions (16)

A. The client was assisted in restructuring his/her cognitions to those that foster the keeping of legal boundaries and respecting the rights of others.
B. The client was reinforced for his/her success at implementing positive self-talk that fosters positive behavior.
C. The client has not implemented attempts at using restructured cognitions to foster positive behavior within legal boundaries and was helped to identify situations in which he/she could use these cognitions.

17. Refer to Anger Management Group (17)

A. It was recommended to the client that he/she 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 an anger management group and was redirected to do so.

18. Explore Prosocial Need Fulfillment (18)

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 provided with tentative examples in this area.

19. Teach Prosocial Behaviors (19)

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.

20. Refer to Ex-Offender Center (20)

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.

21. Teach Honesty Value (21)

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.

22. Develop a Restitution Plan (22)

A. The client was assisted in understanding the importance of restitution, and a plan for providing restitution was developed.
B. 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.
C. The client has not followed through on making restitution for his/her illegal activity and was encouraged to do so.

23. Review Implementation of Restitution Plan (23)

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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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 tentative examples, based on his/her presentation, were provided.

3. Build Rejection Fear Awareness (3)

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 provided with tentative examples of these dynamics.

4. Explore Abuse Experiences (4)

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.

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5. Confront/Reframe Self-Disparaging Remarks (5)

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.

6. Build an Awareness of Negative Self-Image (6)

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.

7. Teach Positive Self-Talk (7)

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'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.
D. The client has not used the positive self-talk techniques and was redirected to do so.

8. Identify Negative Self-Talk (8)

A. The client was assisted in identifying distorted negative beliefs about himself/herself and the world, which foster his/her low self-esteem.
B. 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.
C. The client struggled to identify his/her negative self-talk and was provided with examples in this area.

9. Assign *Ten Days to Self-Esteem!* (9)

A. The client was assigned self-esteem-building exercises from the book *Ten Days to Self-Esteem!* (Burns).
B. 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.
C. The client has not followed through on completing the assigned self-esteem-building exercises and was encouraged to do so.

10. Teach Secondary Gain (10)

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.

11. Apply Secondary Gain to Self-Disparagement (11)

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 provided with tentative examples of this dynamic.

12. Assign Positive Self-Statements (12)

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 has followed through on making positive self-statements on a daily basis and recording them; these were reviewed and critiqued.

C. The client has been noted to be displaying a pattern of describing himself/herself more positively and is feeling increased self-esteem from it.

D. The client has not followed through on making one positive statement about himself/herself daily and was encouraged to do so.

13. Reinforce Positive Self-Statements (13)

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.

14. Analyze Goals (14)

A. The client was assisted in developing realistic goals for himself/herself instead of continuing a pattern of discounting his/her abilities and setting low goals.

B. The client's goals for himself/herself were analyzed, and realistic, attainable goals were set.

C. The client was reinforced as he/she verbalized a plan of action that would result in the achievement of realistic goals.

D. The client has begun to accomplish goals, and self-esteem has been noted to increase accordingly.

15. Assign Self-Esteem Exercises (15)

A. The client was assigned cognitive and behavioral exercises designed to increase his/her self-esteem.
B. The client was assigned self-esteem-building exercises from the book *The Six Pillars of Self-Esteem* (Branden) or *Ten Days to Self-Esteem!* (Burns).
C. The client has followed through on implementing the self-esteem-building exercises and has reported positive results; this progress was reviewed.
D. The client has not followed through on implementing the self-esteem-building exercises and was encouraged to do so.

16. Assign Increased Eye Contact (16)

A. The client was assigned to make eye contact with whomever he/she is speaking to.
B. The client reported feeling very anxious while increasing his/her eye contact with others; this was normalized.
C. The client has begun to feel more comfortable with reasonable eye contact with others during social interaction; his/her progress was highlighted.
D. The client has not increased his/her level of eye contact and was redirected to do so.

17. Confront Lack of Eye Contact (17)

A. The client was confronted 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 confronted.
D. The client was reinforced for maintaining reasonable eye contact during the session.

18. Monitor Grooming and Hygiene (18)

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.

19. Assign Mirror Exercise (19)

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.

20. Assign a Building List of Positive Traits (20)

A. The client was asked to keep a building list of positive traits.
B. The client was directed to add to his/her list of positive traits on a regular basis.
C. The client was directed to read the list of his/her positive traits within the session and was supported for doing so.
D. The client has not kept a list of positive traits and was redirected to develop this important resource.

21. Reinforce Positive Traits and Talents (21)

A. The client's positive self-descriptive statements about his/her traits and talents were reinforced.
B. The client's frequency of making positive self-descriptive statements has increased as a result of being reinforced for this behavior.

22. Assign a Feelings Journal (22)

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.

23. Identify Emotions (23)

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.

24. Identify Unmet Needs (24)

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.

25. Conduct a Conjoint Session (25)

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.

26. Plan Need Fulfillment (26)

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 helped to articulate a plan to be proactive in having his/her identified needs met.

C. 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.
D. The client was noted to display increased self-esteem as his/her needs were met through his/her proactive actions.

27. Assign Praise Acceptance (27)

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.

28. Teach Assertiveness (28)

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 difference 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.

29. Assign Life Goals (29)

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.

30. List Accomplishments (30)

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.

31. Assign *What to Say When You Talk to Yourself* (31)

A. The client was assigned to read the book *What to Say When You Talk to Yourself* (Helmstetter) in order to encourage him/her to use positive self-talk to build self-esteem.
B. The client has followed through on reading the assigned book, and key ideas were processed.
C. As a result of reading the assigned book on positive self-talk, the client has been noted to increase the frequency of positive self-descriptive statements given to himself/herself.
D. The client has not followed through on reading the assigned book on positive self-talk and was encouraged to do so.

32. Reinforce Realistic Self-Talk (32)

A. The client was reinforced for the use of realistic positive messages given to himself/herself in interpreting life events.
B. The client is beginning to use positive self-talk messages to build his/her self-esteem on a consistent basis and was reinforced for this progress.

33. Role-Play Social Skills (33)

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.

34. Assign *Shyness* (34)

A. 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.
B. The client has followed through on reading the assigned book, and key concepts were processed.
C. The client has not followed through on reading the assigned book on social skills and was encouraged to do so.

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.
C. The client reported a satisfactory response time to reaching ejaculation during sexual contact.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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. Assess Relationship (1)*

A. The client was asked to share his thoughts and feelings regarding his relationship with his sexual partner.
B. The client was supported as he described a lack of harmony and fulfillment within the relationship with his partner.
C. The client was supported as he outlined 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.

2. Hold Conjoint Sessions (2)

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.

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 supported as he outlined what he saw as causes for his sexual inhibition and feelings of guilt, fear, and repulsion associated with sexual activity.
C. The client was guarded about possible family-of-origin causes for his sexual inhibitions and was provided with tentative examples of how this might occur.

4. Gather Sexual History (4)

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 he provided detailed sexual history material regarding those things that he perceives had influence over his sexual attitudes, feelings, and behavior.

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5. Explore Origin of Negative Sexual Attitudes (5)

A. In today's session, the client described his history of experiences within his family of origin that caused him to develop a negative attitude regarding sexuality.
B. In today's session, the client outlined the family-of-origin experiences in which the subject of sexuality was taboo.
C. In today's session, the client described learning negative sexual attitudes from his parent who shared his distaste for sexual interaction.
D. The client struggled to identify the origin of his negative sexual attitudes and several family-of-origin patterns were reviewed.

6. Explore Religious Training/Sexual Attitudes (6)

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 provided with tentative examples of how this sometimes occurs.

7. Explore Sexual Abuse (7)

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.

8. Process Sexual Trauma (8)

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.
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.

9. Teach Insight into the Past (9)

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.

10. Explore Sex Role Models (10)

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 provided with tentative examples in this area.

11. Explore Automatic Thoughts (11)

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 provided with tentative examples in this area.

12. Teach Healthy Self-Talk (12)

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 reported that he 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.

13. Model Open Sexual Communication (13)

A. The client 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.

14. Assign Sexuality Books (14)

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.

15. Reinforce Open/Positive Sexual Communication (15)

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.

16. Assess Substance Abuse Causes for Dysfunction (16)

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.

17. Assess Biochemical Causes for Dysfunction (17)

A. The role that diabetes, hypertension, or thyroid disease may have on the client's sexual functioning was identified and assessed.
B. The client was assisted in identifying a medical condition that may have an impact on sexual functioning, and he was referred to a physician for further evaluation.
C. The client was assessed for possible medical causes that may have an impact on sexual functioning, but no medical causes were found.

18. Review Medications (18)

A. The client's use of medication was reviewed for the possible negative side effects on sexual functioning.
B. The client was referred to his physician for a more comprehensive review of the impact on sexual functioning that the medication he is taking may have.
C. The client acknowledged that medication side effects may be a powerful contributing factor to his sexual problems; his options in this area were reviewed.
D. The client has not reviewed medications with his physician, and how they may impact his sexual functioning, and was redirected to do so.

19. Refer for Physician Evaluation (19)

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.

20. Refer for Medication Evaluation (20)

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.

21. Assess Depression (21)

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 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.

22. Refer for Antidepressant Medication Evaluation (22)

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.

23. Explore Failed Relationships (23)

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.

24. Explore a Secret, Sexual Affair (24)

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 denied any such affair.

25. Explore a Gay Interest (25)

A. Possible gay sexual urges that have predominated any heterosexual interests were assessed.
B. The client was supported as he acknowledged that his gay attraction is a major factor in his sexual dysfunction with his partner.
C. 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.
D. The client was asked about possible homosexual urges and he denied any such urges.

26. Assign Sexual Awareness Exercises (26)

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.

27. Assign Sexual-Pleasuring Exercises (27)

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. The client has followed through on practicing sensate focus exercises both alone and with his partner; his experience was reviewed and processed.
C. 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.
D. The client has not followed through on performing the graduated steps of sexual-pleasuring exercises and was encouraged to do so.

28. Reinforce Disinhibition (28)

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.

29. Assign a Sexuality Journal (29)

A. The client was encouraged to keep a journal of sexual thoughts and feelings to increase his awareness and acceptance of them as a normal occurrence.
B. The client has followed through on keeping a journal of sexual thoughts and feelings, and the material was processed.
C. The client has failed to follow through on journaling his sexual thoughts and feelings, and his resistance to doing so was processed to resolution.

30. Encourage Sexual Fantasies (30)

A. The client was encouraged to indulge himself in normal sexual fantasies that could mediate and enhance sexual desire.

B. The client reported success at becoming aware of and indulging in sexual fantasies that have increased sexual desire; the benefits of this progress were reviewed.

C. The client reported resistance to indulging sexual fantasies because feelings of guilt, embarrassment, and shame predominated; these feelings were processed to resolution.

31. Encourage Sexual Experimentation (31)

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.

32. Encourage Sexual Assertiveness (32)

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.

33. Explore Extrarelational Stressors (33)

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.

34. Explore Fears of Sexual Inadequacy (34)

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. 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.

35. Explore Feelings of Threat (35)

A. The client's feelings of threat, brought on by the perception of his partner as being sexually aggressive, 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.

36. Teach the Squeeze Technique (36)

A. The client was taught the penis squeeze technique to retard premature ejaculation.
B. The squeeze technique has been implemented by the client during sexual intercourse, and premature ejaculation has been delayed; the benefits of this technique were reviewed.
C. The client reported feelings of satisfaction with the delay in ejaculation produced by the squeeze technique and is now more desirous of sexual contact; he was encouraged to use this technique.
D. Implementation of the squeeze technique has not been successful at reducing the speed of ejaculation; the problems with using this technique were reviewed and resolved.

37. Reinforce Sexual Desire (37)

A. The client's expressions of desire for, and pleasure with, sexual activity were strongly reinforced.
B. As the client has made progress in resolving sexual dysfunction issues, he has been noted to have an increased desire for, and pleasure with, sexual activity.
C. The client was encouraged to express his renewed desire for, and pleasure with, sexual activity to his partner.

MANIA OR HYPOMANIA

CLIENT PRESENTATION

1. Pressured Speech (1)*

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.

2. Flight of Ideas/Racing Thoughts (2)

A. The client demonstrated an inability to stay focused on one subject, but 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.

3. Grandiosity (3)

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.

4. Persecutory Beliefs (3)

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.

5. Lack of Sleep/Appetite (4)

A. The client described a pattern of attaining far less sleep than would normally be needed and also not eating on a regular basis.

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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 and eating pattern.
D. The client is getting six to eight hours of sleep per night and is eating at least two meals per day.

6. Motor Agitation (5)

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.

7. Easily Distracted (6)

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.

8. Disinhibition/Impulsivity (7)

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.

9. Bizarre Dress/Grooming (8)

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.

10. Expansive Moods/Irritability (9)

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.

11. Lack of Follow-Through (10)

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'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.

B. The client's description of his/her feelings, thoughts, and behaviors was used to confirm the presence of the classic signs of mania.

C. The client did not display the classic signs of mania, but will continue to be monitored in this area.

2. Assess Mania Intensity (2)

A. The client was assessed for whether he/she was hypomanic, manic, or manic with psychotic features.

B. The client was assessed to be hypomanic.

C. The client was assessed to be manic.

D. The client's mania was noted to be so severe as to evolve into periods of psychosis.

3. Arrange Hospitalization (3)

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.

4. Refer for Psychiatric Evaluation (4)

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.

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

5. Monitor Medication Reaction (5)

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.

6. Maintain Reviews of Psychotropic Medication (6)

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.

7. Pledge Support (7)

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.

8. Explore Abandonment Fears (8)

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

9. Differentiate Losses (9)

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.

10. Probe Losses (10)

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.

11. Process Losses (11)

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 provided with tentative examples of how to do this.

12. Explore Family-of-Origin History (12)

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.

13. Confront Grandiosity (13)

A. The client's grandiosity and demandingness were gradually, but firmly, confronted.
B. The client has become less expansive and more socially appropriate with the consistent confrontation of his/her grandiosity and demandingness.
C. The client has reacted with anger and irritability when his/her grandiosity was confronted.

14. Explore Stressors (14)

A. The client was helped to identify current stressors that have precipitated an intensification of manic behavior.
B. The client identified specific incidents that have increased his/her fear of rejection and abandonment, and these were processed.
C. The client was reinforced as he/she acknowledged that low self-esteem and fear of rejection do underlie the pattern of braggadocio.

D. As the client was helped to gain insight into the stressors that make him/her feel more fearful, he/she has reduced his/her level of braggadocio.

15. Focus on Impulsive Behavior Consequences (15)

A. The client's impulsive behavior was repeatedly reviewed to help him/her identify the negative consequences that result from this pattern.
B. The client's self-defeating and impulsive behavior was reviewed as to its negative consequences.
C. The client has difficulty identifying negative consequences to his/her impulsive behavior because he/she is so focused on the here and now; he/she was provided with specific examples in this area.

16. Facilitate Impulse Control (16)

A. Role-playing, behavioral rehearsal, and role reversal were used to increase the client's sensitivity to the consequences of his/her impulsive behavior.
B. It was reflected to the client that he/she has significant difficulty identifying negative consequences for his/her impulsive behavior.
C. It was reflected to the client that he/she is beginning to develop sensitivity to the negative consequences of his/her impulsivity.

17. Set Behavioral Limits (17)

A. The client's expressions of hostility were listened to in a calm manner while limits were set on his/her aggressive or impulsive behavior on a consistent basis.
B. The client's expressions of overt hostility or aggression have diminished in response to limit setting.
C. The client's expressions of overt hostility or aggression have not diminished in response to limit setting, and more specific limits were developed.

18. Set Limits on Manipulation (18)

A. The client's attempts at manipulation or acting out of impulsive urges were directly confronted.
B. Clear rules have been established regarding manipulation and acting out such that consequences for breaking rules are clear.
C. As the client has continued to attempt to manipulate and act out, the consequences for breaking the rules were implemented.

19. Provide Structure and Focus (19)

A. Structure and focus were provided to the client's thoughts and actions by regulating the direction of conversation and establishing plans for his/her behavior.
B. The client's flight of ideas and pressured speech were countered by repeatedly bringing the client back to the topic at hand and reminding him/her of the need for follow-through on his/her behavior.
C. As structure and focus has been provided for the client, his/her pattern of flight of ideas and pressured speech have been diminished.

20. Reinforce Slower Speech (20)

A. The client was reinforced for reducing the rate of speech and becoming more deliberate in his/her thought process.
B. The client responded favorably to reinforcement of slower speech and the introduction of more focus to his/her thought process.
C. The client responded with anger and irritability when consistent focus was provided to slower speech.

21. Reinforce Appropriate Dress/Grooming (21)

A. The client was encouraged in and reinforced for dressing appropriately and for responsible grooming.
B. The client's dress and grooming have improved as encouragement and reinforcement were provided.
C. The client has become less outlandish in his/her dress and neater in his/her grooming, as this pattern has been reinforced.
D. The client continues to have outlandish dress and poor grooming and was provided with more specific feedback in this area.

22. Interpret Dependency Fears (22)

A. The client's braggadocio, hostility, and denial of dependency were interpreted as a defense against acknowledging dependency fears.
B. The client has begun to verbalize acceptance of and peace with his/her dependency needs after he/she accepted the interpretation of his/her counterdependent behavior.
C. The client denied the interpretations regarding his/her dependency, braggadocio, and hostility and was encouraged to reconsider this interpretation.

23. Encourage Realistic Sharing (23)

A. The client was encouraged to share his/her feelings at a deep and realistic level to facilitate intimacy development in relationships.
B. The client was encouraged to decrease grandiose statements and express himself/herself more realistically.
C. As a result of the encouragement to share his/her feelings at a deep and realistic level, the client has decreased his/her grandiose statements.
D. The client has not decreased his/her grandiose statements and was provided with more specific feedback in this area.

24. Identify Strengths (24)

A. The client was assisted in identifying his/her strengths and assets that could build self-esteem and confidence.
B. The client identified several strengths, assets, and accomplishments that could serve to build his/her self-esteem and self-confidence; these were processed.
C. The client was unable to identify strengths, assets, or accomplishments and was provided with tentative examples in this area.

25. Reinforce Agitation Control (25)

A. The client was reinforced for controlling his/her motor agitation and helped to set goals for and limits on this behavior.
B. The client was taught relaxation techniques to help him/her reduce the level of agitation and restlessness.

26. Monitor Sleep (26)

A. The client's sleep pattern was monitored and he/she was encouraged to return to a sleep pattern of five or more hours per night.
B. It was reflected to the client that he/she has responded favorably to structure regarding sleep expectations and has increased his/her sleep to five or more hours per night.
C. The client continues to function at a very high energy level and refuses to submit to sleep for five or more hours per night; remedial efforts were employed in this area.

27. Monitor Energy Level (27)

A. The client's energy level was monitored and he/she was reinforced for increased control over behavior, pressured speech, and expression of ideas.
B. The client has responded favorably to placing more structure and control over his/her behavior and reported less agitation and flight of ideas.
C. The client continues to have periods of increased agitation, pressured speech, and flight of ideas and was provided with remedial feedback in this area.

28. Reinforce Focused Behavior (28)

A. The client was reinforced for behavior that was more focused on goal attainment and is less distracted.
B. The client reported staying more focused on a single activity to completion and was reinforced for this control.

29. Explore Illness Understanding (29)

A. The client's understanding of his/her illness was explored and a realistic appraisal of his/her loss of judgment and increased impulsivity was given.
B. The client verbalized a better understanding of his/her behavior, recognizing that poor judgment and control were a result of the manic illness; he/she was reinforced for this progress.
C. The client displayed a poor understanding of his/her illness and was provided with additional information about the nature of mania/hypomania.

30. Teach Need for Ongoing Care (30)

A. The client was taught that his/her psychiatric condition calls for long-term, ongoing care and medication.
B. The client was cautioned against believing that his/her condition is cured and therefore no further medication is necessary.
C. The client was made aware of the high probability of relapse into a manic state if ongoing care and medication are not followed responsibly.
D. The client was reinforced for his/her clear understanding of the ongoing need for treatment.

E. The client displayed a poor understanding of the ongoing need for treatment and was provided with additional information in this area.

31. Explore Family's Feelings (31)

A. A family session was held to allow members to express their feelings of guilt, shame, fear, concern, confusion, or anger regarding the client's manic behavior.

B. Active listening was used as family members have expressed their feelings openly regarding the client's behavior and mental illness.

C. Family members were quite guarded about their feelings regarding the client's behavior and mental illness and were urged to express potential feelings of guilt, shame, fear, confusion, or anger.

32. Educate Family Members (32)

A. The family members were taught the nature of the client's serious mental illness, its behavioral manifestations, and the need for continuing treatment.

B. The family members were reinforced as they expressed support for and commitment to the client.

C. The family members displayed a poor understanding of the nature of the client's serious mental illness, its behavioral manifestations, and the need for continuing treatment and were provided with remedial feedback in this area.

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 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.

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.
D. The client declined to provide informed consent for contact with his/her physician and family members, and this decision was accepted.

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3. Identify Emotional Reactions (3)

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.
C. The client openly expressed his/her feelings regarding the medical condition.

4. Clarify Family Member's Feelings (4)

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.

5. List Negative Consequences of Medical Condition (5)

A. The client was assigned to list the negative consequences that have occurred because of his/her medical condition.
B. The client minimized the negative impact of his/her medical condition and was confronted for this pattern.
C. 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.
D. The client has not completed the list of negative impacts of his/her medical condition and was redirected to do so.

6. Teach Grief Stages (6)

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.

7. Assign Grief Books (7)

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.

8. Assign Grief Journal (8)

A. It was recommended that the client keep a daily grief journal to be shared in future sessions.
B. The client has kept a grief journal on a daily basis, and his/her feelings of grief were reviewed and processed.

C. It was reflected to the client that his/her grief journal has helped to clarify and identify feelings of grief, and begin the resolution of these feelings.
D. The client has not regularly completed a grief journal and was redirected to do so.

9. Suggest Time-Limited Mourning (9)

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 encouraged to resume regular activities, and put off grieving thoughts until the next scheduled time period for grieving.
C. The client has followed through on establishing a specific time each day to focus on the feelings of grief surrounding his/her medical condition and was noted to have been successful at compartmentalizing the grieving experience.
D. The client has not followed through on grieving his/her medical problems during a specific time each day, and it was reflected to him/her that he/she remains preoccupied with the feelings of grief throughout the day.

10. Challenge for a Positive Focus (10)

A. The client was challenged to focus his/her thoughts on the positive aspects of life, rather than on the losses associated with his/her medical condition.
B. When the client focused on the positive aspects of his/her life, immediate reinforcement was provided.
C. The client remains preoccupied with the losses associated with his/her medical condition and was reminded about the need to focus on the positive aspects of his/her life.

11. Encourage Spiritual Activity (11)

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.

12. Confront Denial (12)

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.

13. Process Fears (13)

A. The client's fears associated with medical treatment, deterioration of physical health, and possibility of death were explored.
B. The client was helped to normalize and process his/her fears associated with his/her medical treatment, deterioration of physical health, and possible death.

C. The client was assisted in resolving his/her fears regarding medical treatment, deterioration of physical health, and impending death.
D. 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.

14. Normalize Emotions (14)

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.

15. Assess/Treat Depression or Anxiety (15)

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.

16. Refer to Support Group (16)

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.

17. Refer Family to Support Group (17)

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.

18. Monitor Medical Treatment (18)

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.

19. Explore Confounding Factors (19)

A. Confounding factors (e.g., client misconceptions, fears, and situational factors) were explored as to how they interfere with the client's medical treatment compliance.
B. The client was assisted in gaining more complete information to clear up misconceptions regarding his/her medical treatment.
C. The client was given support regarding his/her fears about his/her medical treatment.
D. The client was assisted in resolving situational factors that interfere with his/her medical treatment compliance.

20. Confront Defense Mechanisms (20)

A. The client was assessed for defense mechanisms (e.g., manipulation, passive-aggressive behavior, or 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.

21. Identify Available Activities (21)

A. The client was assisted in identifying activities that he/she can still enjoy on his/her own.
B. The client was assisted in identifying activities that he/she can still enjoy with others.
C. The client failed to identify activities that he/she can still enjoy and was provided with tentative examples in this area.

22. Solicit Commitment to Increased Activity (22)

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.

23. Teach Relaxation Strategies (23)

A. The client was trained in progressive relaxation methods and deep breathing exercises.
B. The client was trained in the utilization of guided imagery to promote anxiety relief and deepen relaxation.
C. The client has become proficient in progressive muscle relaxation and rhythmic deep breathing and was reinforced for this progress.
D. The client was reinforced for identifying a nonthreatening, pleasant scene that can be utilized to promote relaxation using guided imagery.
E. The client has not mastered the techniques of deep muscle relaxation, deep breathing, and positive imagery and was provided with additional feedback in this area.

24. Utilize Biofeedback (24)

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.
C. The client has not developed an understanding of how to use biofeedback techniques to increase relaxation and was provided with additional training in this area.

25. Reinforce Physical Exercise (25)

A. A plan for routine exercise was developed with the client and a rationale for including this in his/her daily routine was made.
B. The client agreed to make a commitment toward implementing daily exercise as a depression reduction technique and was reinforced for this commitment.
C. The client was reinforced for performing routine daily exercise; the benefits of this exercise were reviewed.
D. The client has not followed through on maintaining a routine of physical exercise and was redirected to do so.

26. Identify Cognitive Distortions (26)

A. The client was asked to identify possible cognitive distortions and negative automatic thoughts that contribute to his/her negative attitude and hopeless feelings associated with the medical condition.
B. The client was assisted in reviewing his/her cognitive distortions and automatic thoughts that contribute to his/her negative attitude and feelings of hopelessness.
C. The client was unable to identify his/her cognitive distortions and negative automatic thoughts and was provided with tentative examples of this type of thinking.

27. Generate Positive Self-Talk (27)

A. The client was assisted in developing positive, realistic self-talk that can replace the cognitive distortions and catastrophizing regarding his/her medical condition and its treatment.
B. The client was supported and strongly reinforced when he/she made positive statements about his/her current situation.

28. Teach about Imagery (28)

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.

29. Encourage Reliance on Faith-Based Promises (29)

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.

30. Provide Medical Information (30)

A. The client was provided appropriate literature and references to material that would increase his/her understanding of his/her medical condition.
B. The client was encouraged to contact medical resources to obtain more information regarding his/her medical condition.
C. The client has refused to seek further information regarding his/her medical condition, its treatment, and the prognosis.

31. Assign Reliable Reading Material/Internet Resources (31)

A. The client was provided with appropriate literature, reference material, or reliable Internet resources to increase his/her understanding of the medical condition.
B. The client's family was provided with appropriate literature, reference material, or reliable Internet resources for accurate information regarding his/her medical condition.
C. The client and his/her family were encouraged to contact medical resources to obtain information regarding his/her medical condition.
D. The client has declined to seek further information regarding his/her medical condition, its treatment, and prognosis and was reminded about this valuable resource.

32. Assess Emotional Support Resources (32)

A. The client's sources for emotional support were probed and evaluated.
B. The client's family's resources for emotional support were probed and evaluated.
C. The client and his/her family were identified as having adequate resources for emotional support.
D. The client and his/her family were identified as having limited resources for emotional support and were encouraged to obtain more support.

33. Encourage Reaching Out for Support (33)

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.

34. Identify Unspoken Fears (34)

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.

35. Explore Chemical Abuse (35)

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.

36. Recommend Chemical Dependence Treatment (36)

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.

37. Assess STD Behaviors (37)

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.

38. Refer to Public Health/Physician (38)

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.

39. Monitor STD/HIV Follow-Through (39)

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.

40. Identify Emotional Contribution (40)

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.

41. List Supportive Health Behaviors (41)

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 reported a significant decrease in the frequency of repetitive compulsive behaviors.
E. The client reported very little interference in his/her daily routine from compulsive behavior rituals.

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5. Compulsive Prevention Behaviors (5)

A. The client has engaged in repetitive compulsive behavior in an attempt to neutralize or prevent discomfort.
B. 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.
C. 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.
D. The client's anxiety over some dreaded event has diminished significantly and his/her compulsive rituals have also decreased in frequency.
E. The client has not engaged in any ritualistic behaviors designed to prevent some dreaded situation.

6. Compulsions Seen as Unreasonable (6)

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. Assess OCD History (1)*

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 client was noted to have made many attempts to ignore or control the compulsive behaviors and obsessive thoughts, but without any consistent success.
D. It was noted that the client gave evidence of compulsive behaviors within the interview.

2. Conduct Psychological Testing (2)

A. Psychological testing was administered to evaluate the nature and severity of the client's obsessive-compulsive problem.
B. The psychological testing results indicate that the client experiences significant interference in his/her daily life from obsessive-compulsive rituals.
C. The psychological testing indicated a rather mild degree of Obsessive-Compulsive Disorder within the client.
D. The results of the psychological testing were interpreted to the client.

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3. Refer for Medical Evaluation (3)

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.

4. Monitor Medication Compliance (4)

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.

5. Assign Thought Stopping (5)

A. The client was taught a thought-stopping technique that will help him/her interfere with obsessive ruminations and replace them with thoughts of a pleasant scene.
B. Positive feedback was provided as the client reported success at implementing the thought-stopping technique and stated that he/she spends less time ruminating over obsessive thoughts.
C. The client has failed to consistently implement the thought-stopping technique and was encouraged to do so.
D. The client reported that the thought-stopping technique was not effective at reducing his/her obsessive ruminations; his/her use of these techniques was reviewed.

6. Train in Relaxation (6)

A. The client was trained in deep muscle relaxation and positive imagery techniques as methods to use to counteract high anxiety.
B. The client has implemented the relaxation methods within his/her daily routine; his/her reduction in anxiety was emphasized.
C. As the client has implemented relaxation methods to counteract high anxiety, his/her difficulties with OCD have been noted to diminish.
D. The client has not implemented the relaxation methods within his/her daily life and was encouraged to do so.

7. Administer Biofeedback (7)

A. The client was administered biofeedback to help him/her learn to deepen the degree of relaxation that he/she is capable of.
B. The client reported increased ability to develop deep relaxation and has implemented this skill within his/her daily life; the benefits of this progress were reviewed.

C. As the client has utilized relaxation techniques successfully, the degree of obsessive-compulsive behavior has been noted to be reduced.
D. The client has not regularly used biofeedback techniques and was reminded about these helpful techniques.

8. Monitor Thought-Stopping and Relaxation Techniques (8)

A. The client's use of the thought-stopping technique was monitored.
B. The client was provided with redirection for his/her failure to correctly use the thought-stopping technique.
C. The client's use of relaxation techniques was monitored.
D. The client was provided with encouragement and redirection related to his/her use of relaxation techniques.
E. The client was provided with positive feedback regarding his/her use of relaxation and thought-stopping techniques.

9. Explore Unresolved Conflicts (9)

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.

10. Read/Process Fables (10)

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.

11. Assign *Stories for the Third Ear* (11)

A. Selections from the book *Stories for the Third Ear* (Wallas) were assigned to the client to help him/her reduce the emotional intensity around life conflicts.
B. The client followed through with reading the assigned stories by Wallas, and the material was processed to help increase insight into the need for less intensity to be attached to life conflicts.
C. The client has not followed through with reading the selected readings and was encouraged to do so.

12. Encourage Feelings Sharing (12)

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.

13. Assign *Ten Days to Self-Esteem!* (13)

A. The client was assigned to read "The Perfectionist's Script for Self-Defeat" in the book *Ten Days to Self-Esteem!* (Burns) to increase his/her awareness of how he/she believes and thinks in a self-defeating manner.
B. The client has read the assigned material on perfectionism, and key concepts were discussed as they applied to his/her own experience.
C. The client verbalized an increased awareness of his/her perfectionistic thought tendencies and how this is a self-defeating pattern; he/she was assisted in applying this to his/her daily life.
D. The client has not completed the assigned readings from *Ten Days to Self-Esteem!* and was redirected to do so.

14. Assign Perfectionism Exercises (14)

A. The client was assigned to complete exercises from the book *Ten Days to Self-Esteem!* (Burns).
B. The client has completed the perfectionism exercises, and the results of that exercise were processed.
C. The client verbalized an increased awareness of his/her distorted thinking and belief errors, which have a negative effect on his/her daily functioning; he/she was assisted in translating this into daily behavioral changes.
D. The client has not completed the assigned exercises on self-esteem and was reminded to complete this task.

15. Identify Distorted Thoughts (15)

A. The client was assisted in identifying his/her distorted automatic thoughts and beliefs that promote anxiety and OCD symptoms.
B. The client's specific distorted self-talk that he/she engaged in that supports and nurtures anxiety was processed.
C. The client struggled to identify any distorted thoughts and was provided with tentative examples in this area.

16. Develop Reality-Based Self-Talk (16)

A. The client was assisted in developing reality-based self-talk as a strategy to help reduce his/her obsessive thoughts and compulsive behaviors.

B. The client has begun to implement positive, reality-based self-talk that can reduce obsessive and perfectionist thoughts and compulsive behaviors; his/her progress in this area was highlighted.
C. As the client is implementing cognitive techniques to reduce anxiety, his/her symptoms of OCD have been noted to be decreasing.
D. The client has not regularly used reality-based self-talk and was redirected about the use of this helpful technique.

17. Teach Rational Emotive Techniques (17)

A. The client was taught the principles of a rational emotive therapy approach.
B. The client was taught to analyze, attack, and destroy his/her self-defeating beliefs.
C. As the client implemented rational emotive techniques, he/she has decreased ruminations about death and other perplexing life issues; the benefits of this progress was emphasized.
D. The client has not regularly used rational emotive techniques and was provided with remedial training in this area.

18. Develop Cognitive/Behavioral Intervention (18)

A. The client was assigned the task of using a cognitive/behavioral intervention task that will help disrupt the obsessive-compulsive patterns.
B. As the client has implemented the cognitive/behavioral intervention, he/she has decreased obsessive ruminations about unanswerable questions; this progress was reinforced.
C. The client has not implemented cognitive/behavioral interventions to disrupt the obsessive-compulsive patterns and was reminded about this helpful technique.

19. Assign Ericksonian Task (19)

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.

20. Create Strategic Ordeal (20)

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.

21. Develop Ritual Interruption (21)

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.

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.
C. The client described a relationship with others that involves a degree of vulnerability and intimacy with which he/she has become comfortable.

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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. 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 at his/her own pace.

2. Demonstrate Calm Tolerance (2)

A. An effort was made to demonstrate calm tolerance toward the client within the session in order to decrease his/her fear of others.
B. 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.
C. Although calm tolerance has been displayed to the client, he/she continues to be quite distrustful.

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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 to 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. Explore Fear of Vulnerability (5)

A. The client's fears of personal inadequacy and vulnerability 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.

6. Interpret Fear of Anger (6)

A. The client's fear of his/her own anger was interpreted as a basis for the mistrust of others and the projection of anger coming from them.
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 anger toward others as the basis for that feeling of threat.
C. The client denied any feelings of anger and was provided with tentative examples of how fear and anger lead to mistrust and paranoia.

7. Explore Family-of-Origin Experiences (7)

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 provided with tentative examples of how this occurs.

8. Explore Distorted Cognitions (8)

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.

9. Assess Antipsychotic Medication Need (9)

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.

10. Refer for Medication Evaluation (10)

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.

11. Monitor Medication Compliance (11)

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.

12. Refer for Psychological Evaluation (12)

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. The client has not completed the psychological evaluation and was redirected to do so.

13. Coordinate Neuropsychological Evaluation (13)

A. Arrangements were made for a neuropsychological evaluation to determine whether organic factors may be present and could account for the paranoid ideation.
B. The neuropsychological evaluation indicated a high probability of organic factors being present, and a neurological examination was recommended.
C. The neurological evaluation found no basis for organicity as an underlying factor in the paranoia.
D. The client has refused to follow through on a neurological or neuropsychological evaluation and was encouraged to do so.

14. Relate Distrust to Inadequacy Feelings (14)

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 provided with specific, tentative examples in this area.

15. Develop Cost-Benefit Analysis (15)

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.

16. Assess Trust of Significant Others (16)

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.

17. Provide Nonthreatening Interpretations of Others (17)

A. The client was provided 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.

18. Encourage Checking of Beliefs (18)

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.

19. Utilize Role-Playing to Increase Empathy (19)

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 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 technique 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. Loss of Control of Emotions (2)

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.

3. Disagreements Regarding Parenting Strategies (3)

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.
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.

4. Lax Supervision (4)

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.

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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.

5. Overindulgence (5)

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.

6. Harsh, Rigid, and Demeaning Behavior (6)

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.

7. Physical/Emotional Abuse (7)

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.

8. Lack of Knowledge Regarding Developmental Expectations (8)

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.

9. Exhausted Ideas and Resources for a Child's Behavior (9)

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.

2. Analyze Data about Parenting and Marital Relationship (2)

A. The data received from the parents about their relationship and parenting was analyzed.
B. It was established that there are significant marital conflicts which affect the couple's ability to parent.
C. It was established that no significant marital conflicts exist.

3. Conduct/Refer for Marital Therapy (3)

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.

4. Complete Assessment Instruments (4)

A. The parents were referred for objective assessments regarding their parenting strengths and weaknesses (e.g., The Parenting Stress Index [PSI] or 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] or the Parent-Child Relationship Inventory [PCRI]).
C. Assessment instruments have been completed and the results were reflected to the couple.
D. The parents have not completed the assessment instruments regarding strengths and weaknesses and were redirected to do so.

5. Identify Issues Based on Assessment (5)

A. The results of the assessment instruments were shared with the parents.
B. Specific issues were identified to begin working on to strengthen the parenting team.

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C. The parents were supported as they processed the results of the assessment instruments and identified issues to begin working on in order to strengthen the parenting team.
D. The parents were resistive to accepting the information developed through the assessment instruments and were provided with remedial feedback in this area.

6. Identify Strengths Based on Testing (6)

A. Testing results were used to identify parental strengths.
B. The identified parental strengths were used to begin to build confidence in the parental team.
C. As the parents became more confident of the strengths identified in the assessment, they were assisted in developing ways to use these strengths to be more effective as a parental team.

7. Create a Compassionate Environment (7)

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.

8. Educate about Full Scope of Parenting (8)

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.

9. Reduce Unrealistic Expectations (9)

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.

10. Explore Childhood Issues (10)

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.

11. Work Through Unresolved Childhood Issues (11)

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.

12. Evaluate Reactivity (12)

A. The level of the parental team's reactivity to the child's behavior was evaluated.
B. It was pointed out to the parents that they are overly reactive to the child's behavior.
C. The parental team was assessed as not being very reactive to the child's behavior, and this was reflected to them.
D. The parents were assisted in learning to respond in a more modulated, thoughtful, planned manner.

13. Identify "Hot Buttons" (13)

A. The parents were assisted in becoming aware of the "hot buttons" that they have that the child can push to get a quick negative response.
B. The parents were assisted in becoming aware of how their overreaction to "hot button" issues reduces their effectiveness as parents.
C. The parents were encouraged for their insight into how their overreaction to "hot button" issues reduces their effectiveness as parents.
D. The parents failed to identify "hot button" issues and were provided with tentative examples in this area.

14. Role-Play Reactive Situations (14)

A. Role-play techniques were used to help the parents learn how to thoughtfully respond to reactive situations.
B. During the role play, the parents were directed away from automatically responding to their child's demands or negative behaviors.
C. Encouragement was provided as the parents role played their moderated response to reactive situations.

15. Assign Material on Parenting a Challenging Child (15)

A. The parents were directed to read material about parenting methods suggested for the challenging child.
B. The parents were directed to read *The Challenging Child* (Greenspan).
C. The parents were asked to identify what type of difficult behavior pattern their child exhibits.

D. As the parents identified what type of difficult behavior pattern their child exhibits, they were encouraged to implement several of the parenting methods suggested for that type of child.
E. The parents were incorrectly identifying the type of difficult behavior pattern that their child exhibits and were provided with remedial direction in this area.

16. Expand Repertoire of Intervention Options (16)

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.

17. Assist in Implementing New Strategies (17)

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.

18. Train in Effective Parenting Methods (18)

A. The parents were trained in effective parenting methods (e.g., *1-2-3 Magic* by Phelan or *Parenting with Love and Logic* by Cline and Faye).
B. The parents were referred to structured training classes in effective parenting methods (e.g., *1-2-3 Magic* by Phelan or *Parenting with Love and Logic* by Cline and Faye).
C. The parents have completed the structured training in effective parenting methods and have greatly increased their skill, effectiveness, and confidence in parenting.
D. The parents have completed the structured training in effective parenting methods, but were noted not to feel confident in using this program and therefore were provided with remedial assistance in this area.
E. The parents have not attended the structured training classes in effective parenting methods and were redirected to do so.

19. Educate about Sex Differences (19)

A. The parents were educated about the numerous key differences between boys and girls (e.g., rate of development, perspectives, impulse control, and 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.

20. Complete "Parent Report Card" (20)

A. The child was requested to complete the "Parent Report Card" (Berg-Gross).
B. Feedback was provided to the parents based on the "Parent Report Card."
C. The parents were supported for areas of strength.
D. The parents were assisted in identifying weaknesses that need to be bolstered.

21. Identify Weaknesses/Encourage Skills (21)

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.

22. Identify Support Barriers and Opportunities (22)

A. The parents were assisted in identifying and implementing specific ways that they can support each other as parents.
B. The parents were assisted in realizing the ways children work to keep the parents from cooperating in order to get their way.
C. The parents were assisted in brainstorming how they can support each other when the children work to keep them from cooperating.
D. The parents failed to identify specific ways they can support each other and were provided with remedial feedback in this area.

23. Give Permission to Decrease Activities (23)

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.

24. Evaluate the Family's Level of Activity (24)

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 provided with tentative examples in this area.

25. Teach Listening/Sharing Skills (25)

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.

26. Balance Limit Setting with Affirmation (26)

A. The parents were urged to consider how to balance the role of limit setting with appropriate affirmations of praise, compliments, or appreciation to the child.
B. The parents were encouraged to make the large majority of their interventions be praise, compliments, and appreciation to the child.
C. The parents described healthy examples of balancing the roles of limit setting with affirming the child, and positive feedback was provided in this area.
D. The parents failed to identify a healthy balance between their role of limit setting and affirming the child through praise, compliments, and appreciation; they were provided with specific examples in this area.

27. Use Parent-Child Communication Materials (27)

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.

28. Identify Unreasonable Expectations (28)

A. The parents were assisted in identifying any unreasonable and perfectionistic expectations of their child's behavior.
B. The parents were assisted in modifying their unreasonable and perfectionistic expectations of their child's behavior to those that are appropriate and reasonable.
C. The parents have identified their unreasonable and perfectionistic expectations, and modified these to more appropriate levels; the benefits of these changes were identified.
D. The parents denied any pattern of unreasonable and perfectionistic expectations and were urged to continue to consider this area.

29. Identify Negative Outcomes of Perfectionism (29)

A. The parents were assisted in identifying the negative consequences/outcomes that perfectionistic expectations have on a child.
B. The parents were assisted in identifying how perfectionistic expectations affect the relationship between the parents and the child.
C. The parents verbalized negative consequences/outcomes of perfectionistic expectations on their child and indicated that they would terminate this pattern; support and encouragement were provided in this area.
D. The parents were reluctant to admit to placing any perfectionistic expectations on their child and were provided with specific examples in this area.

30. Acknowledge Peer Influence (30)

A. The parents were provided with a balanced view about the influence of peers on adolescents.
B. Examples were provided regarding common ways in which peers influence adolescents.
C. Positive feedback was provided as the parents identified an increased awareness and understanding of peer issues regarding parenting adolescents.
D. The parents continued to downplay the importance of peers and their influence on adolescents and were provided with additional feedback in this area.

31. Teach about Turbulence (31)

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.

32. Educate about "Second Family" (32)

A. The parents were educated about the concept of an adolescent's peers as the "second family."
B. The parents were referred to information (e.g., *The Second Family* by Taffel) on the concept of how peers affect adolescents.
C. The parents were assisted in developing ways to react to the influence of the "second family" while staying connected to their teen.
D. The parents rejected the idea of the "second family" and were provided with additional examples in this area.

33. Address Fears about Peers (33)

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.
D. The parents denied any fears regarding loss of their influence with their teen to negative peer groups and were provided with tentative examples of how this occurs.

34. Identify Negative Parenting Methods (34)

A. The parental team was helped to identify any negative parenting methods that they employ (e.g., harsh consequences, demeaning name calling, physical abuse, etc.).
B. The parental team acknowledged negative parenting practices and made a commitment to discontinue these types of disciplinary techniques.
C. The parents were assisted in recognizing how negative parenting methods impact the children.
D. The parents were assisted in implementing new positive parenting methods.
E. The parents denied any pattern of negative parenting methods and were provided with tentative examples of how this occurs.

35. Assign Positive Parenting Information (35)

A. The parents were directed to read material on new methods of positive parenting.
B. The parents were assigned to read *Positive Parenting from A to Z* (Renshaw-Joslin).
C. The parents have read the information on positive parenting and key points were reviewed.
D. The parents have not read the information on positive parenting and were redirected to do so.

36. Support Effort to Positively Parent (36)

A. The parents were encouraged to implement and maintain positive parenting methods.
B. The parents were reinforced when they used positive methods of parenting.
C. The parents were redirected as to how they could improve on their positive methods of parenting.
D. The parents reported an increase in positive parenting methods and a decrease in negative parenting methods and were assisted in identifying the benefits of changes in each area.

37. Assign Material on Limits (37)

A. The parents were assigned to read books to help them develop appropriate limits and expectations for their child.
B. The parents were assigned books on limit setting (e.g., *Between Parent and Teenager* by Ginott, *Get Out of My Life, But First Could You Drive Me and Cheryl to the Mall?* by Wolf, or *Grounded for Life* by Tracey).
C. The parents were assigned books from the Gessell Developmental Series by Ames and Ilg.
D. The parents have read the material on setting limits with children, and the key issues were reviewed.
E. The parents have not read the material on setting limits with the children and were redirected to do so.

38. Develop Realistic Behavioral Expectations (38)

A. The parents were assisted in developing appropriate and realistic behavioral expectations.
B. The parents were directed to consider their child's age and level of maturity when developing realistic behavioral expectations.
C. The parents were encouraged to implement their realistic and appropriate behavioral expectations in a nurturing, instructive manner.

39. Ease the Pain of "Letting Go" (39)

A. The parents were encouraged to express their concerns and fears about "letting go" of their adolescent.
B. The parents were assisted in naming their concerns and fears about "letting go" of their adolescent and given support regarding the difficulty every parent has in this area.
C. Emphasis was placed on the parent's own stories about how they separated from their parents to help facilitate expressing their concerns and fears about "letting go" of their adolescent.
D. Positive feedback was provided to the parents for gaining insight about "letting go" of the adolescent.
E. The parents displayed a poor understanding about how to "let go" of the adolescent and were provided with additional feedback in this area.

40. Provide Guidance in Healthy Separation from Adolescent (40)

A. The parents were provided with guidance regarding ways they can allow and support the healthy process of separation for 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.

41. Resolve Barriers to Connectedness (41)

A. The parents and child identified 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.

42. Teach about Quality Time (42)

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.

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.
E. As the client has displayed improved adjustment to retirement, his/her emotional struggles have decreased.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

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 care-taking 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 asked to identify how each circumstance on his/her list of stressors has contributed to his/her dissatisfaction.
C. The client was supported as he/she identified the circumstances and clarified why each causes stress.
D. The client gave a rather minimal list of current stressors and was asked directly about areas that he/she may have omitted.

*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,* Third Edition (Jongsma and Peterson) by John Wiley & Sons, 2003.

3. List What Is Missing (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. Prioritize Values (4)

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 assisted in clearly identifying his/her values.
C. The client was helped to prioritize his/her values in a manner that makes sense to him/her.
D. The client had difficulty identifying, clarifying, and prioritizing his/her values and was provided with remedial feedback in this area.

5. Assign Reading on Values Clarification (5)

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), *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.

6. Develop New Activities Plan (6)

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.

7. Review Attempts to Change Activity Pattern (7)

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.

8. Brainstorm Support Sources (8)

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.

9. Encourage Changes to Reduce Burden (9)

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.

10. Teach Assertiveness Skills (10)

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 difference 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.

11. Refer to Assertiveness Training Class (11)

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.

12. Assign Books on Assertiveness (12)

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 *Boundaries: Where You End and I Begin* (Katherine).

C. The client was assisted in processing the content of the reading on assertiveness, and to apply it to his/her daily life.
D. The client has not read the assigned books on assertiveness and was redirected to do so.

13. Teach Problem-Resolution Skills (13)

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 re-adjust 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.

14. Apply Problem-Solving Skills (14)

A. The client was asked to identify situations in which he/she could apply the problem-solving techniques to his/her current circumstances.
B. Modeling and role-playing techniques were used to help the client apply the problem-solving approach to his/her circumstances.
C. The client was encouraged to implement his/her plan of action developed through the problem-solving techniques.
D. The client described successes in his/her use of the problem-solving approach, and these were reinforced.
E. 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.

15. Teach Communication Skills (15)

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, etc.).
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.

16. Hold Conjoint Session (16)

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.

17. List Overlooked Advantages (17)

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 provided with tentative examples in this area (e.g., opportunity to make own decisions, opportunity for intimacy and sharing with partner, time for developing personal interests, or meeting the needs of a significant other).

18. Identify and Plan Modifications to Restore Balance (18)

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 identified areas in his/her life that are in need of modification in order to restore balance, and these were reviewed and critiqued.
C. 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 provided with tentative 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, and self-indulgence).
D. The client was assisted in developing a plan of implementation to restore balance to his/her life.

19. List Positive Self-Identity Factors (19)

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, and areas of interest/ability that have not yet been developed).
B. The client's list of positive self-identity factors was reviewed and processed.
C. The client was assisted in developing specific positive self-identity traits.
D. 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.
E. The client has not developed positive self-identity factors and was redirected to do so.

20. Plan for Meaningful Involvement During Transitions (20)

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 identify 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.

21. Explore Social Opportunities (21)

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.

22. Teach Social Skills (22)

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.

23. Monitor Current Adjustment Stress (23)

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. The client was recommended for treatment focused on depression, anxiety, or grief.

24. Assess Suicide Potential (24)

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 or psychiatric hospitalization).

25. Hold Family Therapy to Increase Support (25)

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.

PHOBIA-PANIC/AGORAPHOBIA

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. Severe Panic Symptoms (2)

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.

3. Fear of Environmental Situations Triggering Anxiety (3)

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.

4. Interference with Normal Routines (4)

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.

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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.

5. Recognition That Fear Is Unreasonable (5)

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.

6. Panic without Agoraphobia (6)

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.

7. Agoraphobia without Panic (7)

A. The client does not display panic attacks.
B. Although the client feels anxious whenever leaving his/her constricted safety zone, he/she does not experience panic symptoms apart from the agoraphobia symptoms.

INTERVENTIONS IMPLEMENTED

1. Assess Phobic Fear (1)*

A. The specifics regarding the client's phobic fear were addressed.
B. 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.
B. The fear survey results indicated that the client's phobic fear is extreme and severely interferes with his/her life.
C. The fear survey results indicate that the client's phobic fear is moderate and occasionally interferes with his/her daily functioning.
D. The fear survey results indicate that the client's phobic fear is mild and rarely interferes with his/her daily functioning.
E. The results of the fear survey were reviewed with the client.

3. Interpret Phobic Symbolism (3)

A. The client was assisted in identifying the symbolic significance that the phobic stimulus may have as a basis for his/her fear.

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B. The client accepted the interpretation of the phobic stimulus situation as being representative of an unresolved conflict from the past.
C. The client denied that the phobic stimulus situation had any symbolic significance; possible symbolism was presented to him/her.

4. Identify Distorted Thoughts (4)

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 provided with tentative examples in this area.

5. Construct Anxiety Stimuli Hierarchy (5)

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.

6. Train in Relaxation (6)

A. The client was trained in progressive relaxation methods and deep breathing exercises.
B. The client has become proficient in progressive deep muscle relaxation and the utilization of rhythmic deep breathing; he/she was reinforced for the regular use of these techniques.
C. The client has not regularly used progressive relaxation methods and deep breathing exercises and was provided with additional training in this area.

7. Utilize Biofeedback (7)

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.

8. Train in Guided Imagery (8)

A. The client was trained in the utilization of guided imagery to promote anxiety relief and deepen relaxation.
B. The client was able to identify a nonthreatening, pleasant scene that was utilized to promote relaxation using guided imagery.

C. Developing a pleasant, nonthreatening scene to promote relaxation was difficult for the client, and he/she was given some specific examples of these techniques.

9. Direct Systematic Desensitization (9)

A. The client was led in a systematic desensitization procedure in which imagery was used to prompt the anxiety response.

B. The client cooperated with the systematic desensitization procedure and reported success at imagining anxiety-provoking scenes without feeling overwhelmed.

C. It was difficult for the client to imagine phobic stimulus situations to a realistic enough degree to promote anxiety; he/she was assisted in using this technique.

10. Assign In Vivo Desensitization (10)

A. The client was assigned to complete in vivo desensitization contact with the phobic stimulus object or situation.

B. The client was taught the principles of desensitization and encouraged to encounter the phobic stimulus in gradual steps, utilizing relaxation to counterattack any anxiety response.

C. The client has used the in vivo desensitization techniques, and the benefits of this progress were reviewed.

D. The client has not attempted to use the in vivo desensitization techniques and was reminded to do so.

11. Reinforce Progress (11)

A. The client's encounters with the phobic stimulus object/situation were reviewed and successful experiences were reinforced.

B. The client reported specific encounters with the phobic stimulus situation and a sense of feeling in control, calm, and comfortable; his/her progress was strongly reinforced.

12. Differentiate Current Fear from Past Pain (12)

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.

13. Encourage Sharing of Feelings (13)

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.

14. Reinforce Insight (14)

A. The client's insight into the link between his/her past emotional pain and present phobic anxiety was reinforced.

B. The client has continued to deny any link between present phobic fear and his/her past painful experiences; he/she was urged to continue to look for these concerns.

15. Refer for Medication Evaluation (15)

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.

16. Monitor Medication Compliance (16)

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.

17. Explore Panic Attacks (17)

A. Active listening was provided as the client described the history and nature of his/her panic symptoms and the degree to which they interfere with his/her daily functioning.

B. It was reflected that the client experienced frequent and severe panic symptoms and significant interference in his/her daily functioning.

C. The client described moderate panic symptoms and a varying degree of interference in his/her daily functioning; his/her experience was accepted.

D. It was noted that the client has mild symptoms of panic and very little interference in his/her daily routine.

18. Explore Panic Stimulus Situations (18)

A. The client was assisted in identifying specific stimulus situations that precipitate panic symptoms.

B. 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.

C. 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.

19. Explore Secondary Gain (19)

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 provided with tentative 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.

20. Counteract Panic Myths (20)

A. The client was consistently reassured of the fact that there is no connection between panic symptoms and heart attack, loss of control over behavior, or serious mental illness.

B. The client was reinforced as he/she verbalized an understanding that panic symptoms do not promote serious physical or mental illness.

21. Teach Coping Strategies (21)

A. The client was taught behavioral and cognitive coping strategies such as diversion, deep breathing, positive self-talk, and muscle relaxation to alleviate panic symptoms.

B. The client reported that implementation of the coping strategies has been successful in reducing the intensity of anxiety symptoms; his/her success was emphasized.

C. The client has not implemented coping strategies consistently and was encouraged to do so.

22. Encourage Relaxation to Manage Panic (22)

A. The client was encouraged to utilize deep muscle relaxation and deep breathing skills to manage panic symptoms.

B. The client's use of relaxation skills has been successful at terminating panic symptoms and returning him/her to a feeling of peace; his/her success was reinforced.

C. Redirection was provided to the client regarding his/her failure to use deep muscle relaxation and deep breathing skills to manage panic sensations.

23. Utilize Modeling/Behavioral Rehearsal (23)

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.

24. Urge External Focus (24)

A. The client was urged to keep his/her focus on external stimuli and behavioral responsibilities rather than being preoccupied with internal states and physiological changes.

B. The client was reinforced as he/she has made a commitment to not allow panic symptoms to take control of his/her life and to not avoid and escape normal responsibilities and activities.

C. The client has been successful at turning his/her focus away from internal anxiety states and toward behavioral responsibilities; he/she was reinforced for this progress.

D. The client has not maintained an external focus in order to keep panic symptoms from taking control of his/her life and was reminded about this helpful technique.

25. Reinforce Responsibility Acceptance (25)

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.

POSTTRAUMATIC STRESS DISORDER (PTSD)

CLIENT PRESENTATION

1. Exposure to Death/Injury to Others (1)*

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.

2. 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.

3. Intrusive Thoughts (2)

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 (3)

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 (4)

A. The client reported experiencing illusions about or flashbacks to the traumatic event.

B. The frequency and intensity of the client's flashback experiences have diminished.

C. The client reported no longer experiencing flashbacks to the traumatic event.

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6. Distressful Reminders (5)

A. The client experienced intense distress when exposed to reminders of the traumatic event.

B. The client reported having been exposed to some reminders of the traumatic event without experiencing overwhelming distress.

7. 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.

8. 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.

9. 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.

10. Blocked Recall (9)

A. The client stated that he/she has an inability to recall some important aspect of the traumatic event.

B. The client's amnesia regarding some important aspects of the traumatic event has begun to lessen.

C. The client can now recall almost all of the important aspects of the traumatic event, as his/her amnesia has terminated.

11. Lack of Interest (10)

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.

12. Detachment (11)

A. The client described feeling a sense of detachment from others.
B. The client reported regaining a sense of attachment in participation with others.
C. The client reported that he/she no longer feels alienated from others and is able to participate in social and intimate interactions.

13. Blunted Emotions (12)

A. The client reported an inability to experience the full range of emotions, including love.
B. The client reported beginning to be in touch with his/her feelings again.
C. The client is able to experience the full range of emotions.

14. Pessimistic/Fatalistic (13)

A. Since the traumatic event occurred, the client has had a pessimistic and fatalistic attitude regarding the future.
B. The client is beginning to experience a somewhat hopeful attitude regarding the future.
C. The client's pessimistic, fatalistic attitude regarding the future has terminated and he/she has begun to make plans and talk about the future with a more hopeful attitude.

15. Sleep Disturbance (14)

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.

16. Irritability (15)

A. The client described a pattern of irritability that was not present before the traumatic event occurred.
B. The client reported incidents of becoming angry and losing his/her temper easily, resulting in explosive outbursts.
C. The client's irritability has diminished somewhat and the intensity of the explosive outbursts has lessened.
D. The client reported no recent incidents of explosive, angry outbursts.

17. Lack of Concentration (16)

A. The client described a pattern of lack of concentration that began with the exposure to the traumatic event.
B. The client reported that he/she is now able to focus more clearly on cognitive processing.
C. The client's ability to concentrate has returned to normal levels.

18. Hypervigilance (17)

A. The client described a pattern of hypervigilance.
B. The client's hypervigilant pattern has diminished.
C. The client reported no longer experiencing hypervigilance.

19. Exaggerated Startle Response (18)

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.

20. Depression (19)

A. The client described experiencing sad affect, lack of energy, social withdrawal, and guilt feelings as part of a depressive reaction.
B. The client's depression symptoms have diminished considerably.
C. The client reported that he/she is no longer experiencing symptoms of depression.

21. Alcohol/Drug Abuse (20)

A. Since the traumatic experience, the client has engaged in a pattern of alcohol and/or drug abuse as a maladaptive coping mechanism.
B. The client's alcohol and/or drug abuse has diminished as he/she has worked through the traumatic event.
C. The client reported no longer engaging in any alcohol or drug abuse.

22. Suicidal Thoughts (21)

A. The client reported experiencing suicidal thoughts since the onset of PTSD.
B. The client's suicidal thoughts have become less intense and less frequent.
C. The client reported no longer experiencing any suicidal thoughts.

23. Interpersonal Conflict (22)

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.

24. Violent Threat/Behavior (23)

A. The client described having engaged in verbally violent threats since experiencing the traumatic event.
B. The client's irritability has been magnified into physically violent behavior.

C. As the client has worked through the emotions associated with the traumatic event, his/her verbal and physical violence has diminished.
D. The client reported having no recent experiences with verbal or physical violence or threats of violence.

25. Employment Conflicts (24)

A. The client has been unable to maintain employment due to authority/coworker conflict or anxiety symptoms.
B. 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.
C. The client has resumed his/her employment duties and attendance in a consistent and reliable manner.

26. Symptoms for One Month or More (25)

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.

INTERVENTIONS IMPLEMENTED

1. Refer/Conduct Psychological Testing (1)*

A. Psychological testing was administered to assess for the presence and strength of the PTSD symptoms.
B. The psychological testing confirmed the presence of significant PTSD symptoms.
C. The psychological testing confirmed mild PTSD symptoms.
D. The psychological testing revealed that there are no significant PTSD symptoms present.
E. The results of the psychological testing were presented to the client.

2. Identify Negative Impact (2)

A. The client was asked to identify how the traumatic event has made a negative impact on his/her life.
B. Active listening skills were used as the client stated that he/she has been unable to function normally because of the PTSD symptoms interfering with his/her life.
C. The client was supported as he/she listed several PTSD symptoms that have caused significant interference in his/her life.
D. The client was assisted in identifying how the traumatic event has negatively impacted his/her personality, relationships, functioning at work or school, and social/recreational life.

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3. Administer CAPS-1 (3)

A. The Clinician Administered PTSD Scales (CAPS-1) were used to assess the client's PTSD status.

B. The CAPS-1 results substantiated the client's claim of significant PTSD and the impaired functioning that has resulted from it.

C. The results of the CAPS-1 were reviewed with the client.

4. List/Rank PTSD Symptoms (4)

A. The client was asked to list the specific PTSD symptoms that he/she experiences and to rank them according to the degree of distress they have caused.

B. The client has followed through with listing his/her PTSD symptoms and has ranked them according to their intensity and frequency of occurrence; this ranking was reviewed.

C. The client had difficulty being specific regarding his/her PTSD symptoms in terms of listing them in rank order; he/she was assisted in ranking them in a more specific manner.

5. Explore Facts of Traumatic Event (5)

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. Today's therapy session explored the sequence of events before, during, and after the traumatic event.

6. Explore Emotional Reaction during Trauma (6)

A. Today's therapy session explored the client's emotional reaction at the time of the trauma.

B. The client was supported as he/she recalled the fear that he/she experienced at the time of the traumatic incident.

C. The client was supported as he/she recalled the feelings of hurt, anger, and sadness that he/she experienced during the traumatic incident.

D. The client was unable to recall the emotions that he/she experienced during the traumatic incident; this was reflected to him/her as a symptom of the PTSD.

E. A client-centered therapy approach was used to explore the client's emotional reaction at the time of the traumatic incident.

7. Assess Chemical Dependence (7)

A. The client was asked to described 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.

8. Gather Family/Personal Substance Abuse History (8)

A. The client was asked to provide information regarding substance abuse patterns within his/her immediate and extended family of origin.
B. Active listening was used as the client confirmed that one or more members of his/her extended family have had difficulties with substance abuse and chemical dependence.
C. The client stated that there have been no chemical dependence problems throughout his/her extended family, and this was accepted at face value.
D. It was noted that the client has developed a pattern of substance abuse in reaction to the symptoms stemming from the traumatic event.

9. Probe Substance Abuse Negative Consequences (9)

A. The client was asked to identify any feelings of shame, guilt, or low self-esteem that have resulted from his/her substance abuse and its consequences.
B. The client was assisted in verbalizing a recognition that mood-altering chemicals were used as a primary coping mechanism to escape from stress or pain and that their use has resulted in negative consequences.
C. The client denied any negative consequences resulting from his/her substance abuse associated with the PTSD symptoms; he/she was queried about possible effects.
D. The client's denial was such that he/she was not able to acknowledge a pattern of substance abuse or the negative consequences of that substance abuse; his/her current functioning was accepted.

10. Teach Contributing Factors to Substance Abuse (10)

A. The client was taught the familial, emotional, and social factors that have contributed to the development of his/her chemical dependence.
B. The client was supported as he/she verbalized an understanding of the factors contributing to his/her chemical dependence and acknowledged it as a problem.
C. The client's denial led to a refusal to acknowledge his/her chemical dependence and any factors that have contributed to it; this was reflected to him/her.

11. Refer to Chemical Dependence Treatment (11)

A. The client was referred for chemical dependence treatment.
B. The client consented to chemical dependence treatment referral, as he/she has acknowledged it as a significant problem.
C. The client refused to accept a referral for chemical dependence treatment and continued to deny that substance abuse is a problem.
D. The client was reinforced for following through on obtaining chemical dependence treatment.
E. The client's treatment focus was switched to his/her chemical dependence problem.

12. Assess Anger Control (12)

A. A history of the client's anger control problems was taken in today's therapy session.
B. 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.

C. 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.
D. 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.
E. 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.
F. The client was quite guarded about his/her anger control problems and was urged to be more open in this area.

13. Teach Anger Management Techniques (13)

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.

14. Provide Trauma Reaction Education (14)

A. The client was referred for didactic sessions that would focus on teaching him/her the facts about the effects of traumatic events on survivors and the survivors' subsequent adjustment.
B. The client was taught within the session about the effects that trauma has on individuals and how their subsequent adjustment is affected by the trauma.
C. The client was referred to books on traumatic reactions to help him/her understand trauma effects.
D. The client has verbalized an awareness of how PTSD develops and its impact on himself/herself and others; this understanding was reinforced.

15. Teach Deep Muscle Relaxation (15)

A. The client was taught deep muscle relaxation methods, along with deep breathing and positive imagery, to induce relaxation and decrease his/her emotional distress.
B. The client reported a positive response to the use of deep muscle relaxation methods and positive imagery techniques to help him/her feel more relaxed and less distressed; he/she was encouraged to continue use of this technique.
C. The client appeared uncomfortable and unable to relax when being instructed in the use of deep muscle relaxation and guided imagery techniques; he/she was provided with remedial information in this area.

16. Utilize EMG Biofeedback (16)

A. EMG biofeedback was utilized to help increase the depth of the client's relaxation.
B. The client reported a positive response to the use of EMG biofeedback to increase the depth of his/her relaxation and reduce the intensity of his/her emotional distress.

C. The client reported little to no improvement in his/her ability to relax through the use of EMG biofeedback.

17. Encourage Physical Exercise (17)

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.

18. Recommend *Exercising Your Way to Better Mental Health* (18)

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.

19. Utilize Systematic Desensitization (19)

A. Imaginal systematic desensitization was used to help the client overcome emotional reactivity to the traumatic event by means of gradual exposure to a hierarchy of stimulus situations.

B. The client is reacting positively to the imaginal systematic desensitization procedure and reports a decrease in emotional reactivity to stimulus items.

C. The client reports that he/she has successfully overcome any significant emotional reactivity to stimulus items associated with the traumatic event; he/she was reinforced for this progress.

D. The systematic desensitization techniques have not been successful at helping the client reduce emotional reactivity to stimulus situations associated with the traumatic event; the use of these techniques was reviewed.

20. Explore Feelings Surrounding Traumatic Event (20)

A. Today's therapy session explored the client's feelings before, during, and after the traumatic event.

B. The client was given support and affirmation when retelling the story of the traumatic event.

C. The retelling of the traumatic incident helped to reduce the client's emotional distress.

D. It was noted that the client has continued to exhibit a significant amount of emotional distress when telling the story of the traumatic event.

21. Explore Negative Self-Talk (21)

A. Today's therapy session identified how the client's negative self-talk and pessimistic outlook are associated with the trauma.

B. Today's therapy session focused on how the client's pessimistic outlook and strong self-doubts interfere with his/her willingness to take healthy risks.
C. A cognitive-behavioral therapy approach was utilized to identify the client's self-defeating thoughts.
D. The client was helped to identify more adaptive ways to cope with the trauma instead of continuing to rely on unsuccessful coping strategies.
E. The client failed to identify negative self-talk and was provided with tentative examples in this area.

22. Replace Distorted, Negative, Self-Defeating Thoughts (22)

A. The client was helped to replace his/her distorted, negative, self-defeating thoughts with positive, reality-based self-talk.
B. The client was encouraged to make positive self-statements to improve his/her self-esteem and decrease his/her emotional pain.
C. The client was given the homework assignment to make at least one positive self-statement daily around others.
D. The client's distorted, negative, self-defeating thoughts were challenged to help him/her overcome the pattern of catastrophizing events and/or expecting the worst to occur.
E. The client reported experiencing increased calm by being able to replace his/her distorted, cognitive self-defeating thoughts with positive, reality-based self-talk; this progress was reinforced.
F. The client has failed to replace negative, self-defeating thoughts with positive, reality-based self-talk and was reminded about this helpful technique.

23. Develop Stimulus Approach Plan (23)

A. The client was assisted in developing a plan to decrease his/her emotional reactivity by gradually approaching previously avoided stimuli that trigger thoughts and feelings associated with the trauma.
B. The client developed a hierarchy of steps that he/she can take to gradually approach the previously avoided stimuli that trigger thoughts and feelings associated with the trauma; this hierarchy was reviewed in the session.
C. The client was trained in the use of relaxation, deep breathing, and positive self-talk prior to attempting to gradually approach the previously avoided stimuli.
D. The client reported that the use of relaxation, deep breathing, and positive self-talk has helped him/her gradually approach the previously avoided stimuli without experiencing a significant amount of distress; his/her progress was emphasized.
E. The client failed to practice using the relaxation techniques and positive self-talk because of his/her fear of being overwhelmed by painful emotions; he/she was redirected to use this helpful technique.

24. Monitor Sleep Patterns (24)

A. The client was encouraged to keep a record of how much sleep he/she gets every night.
B. The client was trained in the use of relaxation techniques to help induce sleep.

C. The client was trained in the use of positive imagery to help induce sleep.
D. The client was referred for a medication evaluation to determine whether medication is needed to help him/her sleep.

25. Employ EMDR Technique (25)

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.

26. Refer for Group Therapy (26)

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.

27. Refer for Medication Evaluation (27)

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.

28. Monitor Effects of Medication (28)

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.

29. Conduct Family/Conjoint Session (29)

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.

30. Assess Dissociative Symptoms (30)

A. An assessment of the client's dissociative symptoms was employed to check for flashbacks, memory loss, identity disorder, and so on.
B. The client identified dissociative symptoms as a part of his/her fear response, and treatment for this symptom pattern was recommended.
C. The client denied that any dissociative symptom pattern was present, and this was accepted.

31. Explore Vocational History (31)

A. The client's vocational history was explored and the impact of the PTSD symptoms on his/her employment adjustment were noted.
B. The client was helped to acknowledge that his/her PTSD symptom pattern has led to unreliable attendance and a lack of cooperation with coworkers and supervisors.
C. As the client's vocational history was reviewed, he/she denied that the PTSD symptoms have had any impact on his/her employment situation.
D. The client's irritability, explosive temper, social withdrawal, and other PTSD symptoms have been noted to lead to poor work adjustment.

32. Assess Depression (32)

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.

33. Identify Distorted Cognitive Messages (33)

A. The client was assisted in identifying cognitive messages that reinforce his/her feelings of hopelessness and helplessness.
B. The client has verbalized an increased awareness of his/her distorted cognitive messages and was directed to replace them with more positive, reality-based self-talk.

C. The client was helped to understand how distorted cognitive messages can result in negative emotional states.
D. The client could not identify the distorted cognitive messages that reinforce his/her feelings of hopelessness and helplessness and was provided with tentative examples in this area.

34. Reinforce Reality-Based Cognitions (34)

A. The client was taught positive, reality-based self-talk to replace his/her distorted cognitive messages.
B. The client was reinforced for implementing positive, reality-based cognitive messages that enhance self-confidence and increase adaptive action.
C. The client has begun to verbalize hopeful and positive statements regarding the future and was reinforced for doing so.

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. Disturbed Affect (4)

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.

5. Lost Sense of Self (5)

A. The client has experienced a loss of ego boundaries and has a lack of personal identity.
B. The client demonstrated blatant confusion and a lack of orientation as to his/her own person.
C. The client displayed more appropriate ego boundaries and has a better orientation as to his/her personal identity.

6. Volition Diminished (6)

A. The client gave evidence of inadequate interest, drive, or ability to follow a course of action to its logical conclusion.
B. The client has demonstrated pronounced ambivalence or cessation of goal-directed activity.

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C. The client has shown improvement in volitional behavior and has become more goal directed in his/her actions.

7. Relationship Withdrawal (7)

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.

8. Psychomotor Abnormalities (8)

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.

9. Agitation (9)

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.

10. Bizarre Dress/Grooming (10)

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.

INTERVENTIONS IMPLEMENTED

1. Demonstrate Acceptance (1)*

A. The client was shown acceptance through a calm, nurturing manner, good eye contact, and active listening.
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.

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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. Assess Psychosis History (3)

A. The history of the client's illness revealed that the client's symptom pattern is chronic with prodromal elements.
B. The client's psychosis is judged to be reactive and acute.

4. Explore Family History (4)

A. The client's family history was assessed for serious mental illness.
B. It has been confirmed that severe and persistent mental illness does exist within the client's extended family of origin.
C. There is no evidence noted of severe and persistent mental illness in the client's extended family of origin.
D. Although attempts were made to assess the client's family history, the client and significant others were unable to provide sufficient information to determine if severe and persistent mental illness exists within the extended family of origin.

5. Provide Supportive Therapy (5)

A. The client was provided emotional and social support in an understanding and accepting atmosphere to reduce his/her fears and feelings of alienation.
B. The client seemed to relax and feel less agitated when provided with an environment of acceptance.

6. Explain Psychotic Process (6)

A. The nature of the psychotic process was explained to the client, as well as the biochemical causes and the confusing effect on rational thought.
B. The client seemed to accept and understand the explanation that his/her distressing symptoms are due to mental illness.
C. The client remains confused as to the basis for his/her thought disturbance.

7. Arrange Medication Evaluation (7)

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.

8. Monitor Medication Compliance (8)

A. The client is taking his/her antipsychotic medication consistently, but only under supervision.
B. The client has been taking his/her antipsychotic medication consistently without supervision.
C. The client was reinforced for taking medication consistently, and the need to continue to do so was stressed.
D. The effectiveness and side effects of the client's medications were monitored.
E. The client is not at all consistent about taking his/her psychotropic medications, and more supervision of this is necessary.

9. Arrange Supervised Living (9)

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.

10. Arrange Involuntary Commitment (10)

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.

11. Probe Reactive Psychosis Causes (11)

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.

12. Explore Feelings Regarding Stressors (12)

A. The client was encouraged to share his/her feelings associated with stressors present in his/her environment.
B. The client was supported as he/she shared feelings of fear, helplessness, and confusion associated with external stressors.
C. The client was unable to articulate his/her feelings associated with the stressful environment; possible feelings were presented to him/her in a tentative manner.

13. Reduce Environmental Threat (13)

A. A plan was developed with the client that focused on reducing the level of stress that he/she perceives in his/her environment.
B. Steps have been taken to change the environment in such a way as to reduce the client's feeling of threat associated with it.

C. Arrangements have been made for the client to be visited, monitored, supervised, and encouraged more frequently by supportive people.

14. Restructure Irrational Beliefs (14)

A. As the client verbalized irrational beliefs, illogical thoughts, and perceptual disturbances, reality-based evidence was reviewed in an attempt to get the client to restructure his/her irrational thoughts.

B. The client was able to comprehend the reality-based evidence and modify his/her irrational beliefs; he/she was reinforced for this progress.

C. The client's psychotic process prohibited him/her from accepting the reality-based evidence that would modify his/her irrational beliefs.

15. Encourage Reality Focus (15)

A. As the client discussed and described his/her hallucinatory and delusional experience, an attempt was made to encourage a focus on the reality of the external world rather than the distortions of internal stimuli.

B. Positive feedback was provided as the client reported hallucinations occurring with slightly less frequency and intensity.

C. The client's hallucinatory and delusional experiences continue in spite of attempts to get him/her to focus on the reality of the external world.

D. As the client takes his/her prescribed antipsychotic medication, he/she is more open to a reality focus rather than responding to internal stimuli; he/she was reinforced for this progress.

16. Differentiate between Internal and External Stimuli (16)

A. The client was helped to differentiate between self-generated internal messages and the reality of the external world.

B. The client is beginning to understand and differentiate between self-generated messages and the reality of the external world; he/she was reinforced for this progress.

C. Although the client continues to experience hallucinations and delusions, he/she is able to understand that they are a product of his/her mental illness rather than reality based; this progress was encouraged.

17. Reinforce Appropriate Social / Emotional Responses (17)

A. The client was encouraged and reinforced for social and emotional responses to others that are typical and appropriate.

B. The client was reinforced as he/she is beginning to show limited social functioning by responding appropriately to friendly encounters.

C. It was noted that the client's relationship withdrawal is diminishing, and his/her emotional and social responses are becoming more normal.

18. Confront Illogical Thoughts / Speech (18)

A. The client's illogical thinking and speech were gently confronted, and attempts were made to refocus the thinking toward a stronger reality basis.

B. The client responded positively to the gentle confrontation of his/her illogical thoughts and speech and is speaking more logically and coherently.

C. As the client has taken his/her antipsychotic medication more consistently, he/she is demonstrating more logical, coherent speech; this progress was encouraged.

19. Reinforce Clarity/Rationality of Thought (19)

A. The client's clear expression of thoughts and the reality basis to his/her thoughts were reinforced.

B. The client is beginning to show more logical, coherent speech, and this pattern is being reinforced consistently.

20. Explore Underlying Needs/Feelings (20)

A. An attempt was made to explore the client's underlying feelings and needs that may trigger irrational thought.

B. Active listening was used as the client expressed feelings of inadequacy, anxiety, and guilt, as well as fear of rejection.

C. The client was taught that as his/her stress level increases, the psychotic symptoms increase in intensity.

D. The client failed to consistently identify his/her underlying needs and feelings and was provided with tentative examples in this area.

21. Educate Family Members (21)

A. A family session was held to educate the family and significant others regarding the client's illness, treatment, and prognosis.

B. Support was provided as family members expressed their positive support of the client and a more accurate understanding of his/her severe and persistent mental illness.

C. Family members were not understanding or willing to provide support to the client in spite of his/her persistent mental illness; they were encouraged to provide this support.

22. Teach Double-Bind Avoidance (22)

A. Family members were taught the meaning of giving double-binding messages to the client and that avoidance of this type of communication is important to reduce the client's feelings of stress and anxiety.

B. Family members were reinforced as they displayed openness to understanding the role of double-binding messages and committed themselves to more direct and honest communication.

C. Family members denied engaging in any double-binding messages and seemed defensive regarding any acknowledgment of this type of communication; they were urged to watch for this type of message.

23. Explore Family Members' Feelings (23)

A. Family members were encouraged to share their feelings of frustration, guilt, fear, or depression surrounding the client's mental illness and behavior problems.

B. Active listening was used as family members shared their feelings of helplessness, embarrassment, and frustration surrounding the client's behavior.

C. Although family members had been feeling frustrated and helpless at times, they also expressed feelings of empathy and support for the client; their honesty was reinforced.

D. Family members were rather guarded about their emotions related to the client's mental illness and behavior problems; common emotions experienced by family members were presented to them.

24. Refer Family to Support Group (24)

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.

25. Monitor/Redirect Client Functioning (25)

A. The client's level of functioning has been monitored as to the client's providing care for his/her own basic needs.
B. As the client's behavior deteriorates and his/her thought process slips into psychosis, support, encouragement, and redirection toward more intense treatment has been provided.
C. As the client consistently takes his/her medication and follows the structured program of treatment and support provided, he/she is reinforced for follow-through.

SEXUAL ABUSE

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.
C. The client reported that he/she has had a successful and satisfying enjoyable contact with a desired partner.

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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 pervasive 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 now 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.
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 was 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.

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4. Identify Supportive Individuals (4)

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.

5. Refer to Support Group (5)

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.

6. Assign a Book on Sexual Abuse (6)

A. The client was directed to read books about sexual abuse.

B. It was recommended to the client that he/she read *The Courage to Heal* (Bass and Davis), *Betrayal of Innocence* (Forward and Buck), or *Outgrowing the Pain* (Gil).

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.

7. Assign *The Courage to Heal Workbook* (7)

A. The client was assigned a written exercise from *The Courage to Heal Workbook* (Davis).

B. The client has completed the assigned exercise from *The Courage to Heal Workbook* and verbalized an increased knowledge of sexual abuse and its effects.

C. The client has not completed the assigned written exercise from *The Courage to Heal Workbook* and was encouraged to do so.

8. Explore Feelings (8)

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.

9. Encourage Openness (9)

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.

10. Utilize the Empty-Chair Disclosure Technique (10)

A. The client was guided in using an empty-chair conversation exercise with the nonabusive parent, telling them 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.

11. Facilitate Telling Spouse of the Abuse (11)

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.

12. Facilitate Family Revelation (12)

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.

13. Explore Boundaries in Family Pattern (13)

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 provided with tentative examples in this area.

14. List Sexual Abuse Impact (14)

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 struggles to identify the impact of the sexual abuse on his/her current functioning and was provided with tentative examples in this area.

15. Develop a Symptom Line (15)

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.

16. Arrange for Hypnosis (16)

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.

17. Assign a Journal (17)

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 cautioned against embellishing his/her memories because of what he/she has read or seen in movies or video.
C. 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.
D. 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.

18. Read Books on Shame (18)

A. The client was recommended to read books on shame.
B. It was recommended to the client that he/she read *Healing the Shame That Binds You* (Bradshaw), *Shame* (Kaufman), 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.

19. Process Guilt Feelings (19)

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.

20. Confront Taking Responsibility (20)

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.

21. Assign a "Cost-Benefit Analysis" Exercise (21)

A. The client was assigned to complete a "Cost-Benefit Analysis" exercise from *Ten 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.

22. Read "The Seedling" (22)

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.

23. Remove Barriers to Forgiving (23)

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.

24. Recommend *Forgive and Forget* (24)

A. It was recommended that the client 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.

25. Assign a Letter to the Perpetrator (25)

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.

26. Prepare for Perpetrator Meeting (26)

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.

27. Hold a Conjoint Confrontation Session (27)

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.

28. Assign a Forgiveness Letter (28)

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 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.
D. The client presented the completed forgiveness exercise, and the contents of that exercise were processed within the session.
E. The client has not completed the forgiveness exercise and was redirected to do so.

29. Teach the Share-Check Method (29)

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.

30. Role-Play Boundary Establishment (30)

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.

31. Define Appropriate Touching (31)

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.

32. Assign Touch Initiation (32)

A. The client was assigned to practice initiating touching in an appropriate manner with a trustworthy partner one or two 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.

33. Reinforce Difference between Victim and Survivor (33)

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 reinforced as he/she displayed an understanding that he/she must no longer perceive himself/herself as a victim, but as a survivor.
C. The client was assisted in identifying and processing emotional, social, or cultural barriers to seeing himself/herself as a survivor rather than a victim.
D. 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.

34. Reinforce Survivor Identification (34)

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 him/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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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 which 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 (8)

A. The client's presentation reflected a low sense of self-esteem as he/she avoided any eye contact and made consistent self-despairing remarks.
B. The client described him/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 significant 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. Gather Sexual History (2)

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.

3. Identify Positive Sexual Experiences (3)

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 this in this trusting, confidential environment.

4. Assign Journal (4)

A. The client was asked to keep a journal describing sexual thoughts, fantasies, and conflicts that occur throughout the week.
B. The client's journal was reviewed within the session to help the client increase his/her awareness of sexual attractions and conflicts.
C. Specific patterns related to the client's journaling of sexual thoughts, fantasies, and conflicts were reflected to him/her.
D. The client has not kept a journal of his/her sexual thoughts, fantasies, and conflicts and was redirected to do so.

5. Rate Sexual Attraction (5)

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.

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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.

6. Explore Factors Contributing to Confusion (6)

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 provided with tentative examples in this area.

7. Write Future Biography (7)

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 had 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.

8. Educate about Range of Sexual Identities (8)

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.

9. Read *The Invention of Heterosexuality* (9)

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.

10. Explore Negative Emotions about Hiding Sexual Identity (10)

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.

11. Explore Religious Convictions and Conflicts with Sexual Identity (11)

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.

12. Teach Safer Sex (12)

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.

13. Identify Myths and Replace with Positive Beliefs (13)

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.

14. Assign Books on Homosexuality (14)

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.

15. List Advantages/Disadvantages of Disclosing Sexual Identity (15)

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 disclosure of sexual identity were explored and addressed.

16. Assign Movies/Videos (16)

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.

17. Identify Gay/Lesbian Peers (17)

A. Encouragement was given the client to identify other lesbian and gay adolescents from school, 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.

18. Assign Lesbian/Gay Magazines and Newspapers (18)

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.

19. Encourage Information and Support via the Internet (19)

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 web sites or 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.

20. Refer to Support Group (20)

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.

21. Role Play Disclosure (21)

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.

22. Plan for Sexual Identity Disclosure (22)

A. The client was asked to develop a detailed plan around disclosing his/her sexual orientation.
B. The client's plan around disclosure of his/her sexual identity was probed and possible questions and reactions from others were identified and addressed.
C. The client's inability to develop a plan of disclosure of his/her sexual identity was explored.
D. The client appeared ready to go forward with the plan of disclosure of his/her sexual identity.

23. Identify Friend Likely to Be Accepting of Homosexuality (23)

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 waters" by disclosing sexuality information to this friend.
C. The client's experience of disclosing his/her homosexuality to his/her friend was reviewed.

24. Suggest Casual Talks (24)

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.

25. Encourage Sexual Identity Disclosure Following Plan (25)

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.

26. Review Reactions to Sexual Orientation Disclosure (26)

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/Maintenance 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 he/she can fall asleep within a reasonable period of time, but often awakens and is unable to return to sleep easily.
C. The client reported that he/she awakens at a very early hour and is unable to return to sleep.
D. The client reported that his/her sleep disturbance has diminished and that he/she is beginning to return to a normal sleep cycle.
E. The client reported longer experiences without sleep disturbance symptoms and is sleeping fairly consistently.

2. Not Feeling Rested (2)

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 seven to eight 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.

3. Daytime Sleepiness (3)

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.

4. Sleep-Wake Schedule Reversal (4)

A. Due to a reversal in the client's normal sleep-wake schedule, he/she has experienced difficulty in staying asleep.
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.

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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.

5. Frightening Dreams Recalled (5)

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 has diminished significantly.
D. The client reported that he/she no longer experiences extremely frightening dreams that awaken him/her in the night.

6. Abrupt Awakening without Dream Recall (6)

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.

7. Sleepwalking (7)

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.
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.

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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. Refer for Physician Evaluation (5)

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 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.
D. The physician ruled out any physical/organic or medication side effect as the cause for the client's sleep disturbance.
E. The physician has ordered psychotropic medications to help the client return to a normal sleep pattern.
F. The client has not followed through on the referral to his/her physician and was redirected to complete this task.

6. Monitor Medication Compliance (6)

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.

7. Explore Traumatic Events (7)

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.

8. Assign a Dream Journal (8)

A. The client was assigned to keep a journal of disturbing dreams and how they may be related to current life stressors.

B. The material kept within the client's journal of disturbing dreams was processed and he/she also described the ongoing stressors within his/her life.

C. The client was assisted in acknowledging a relationship between the occurrence of disturbing dreams and unresolved conflicts in his/her life.

D. The client has not kept a dream journal and was redirected to do so.

9. Explore Control Release Fears (9)

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.

10. Explore Death Fears (10)

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 within sleep.

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.

11. Identify Life Stressors (11)

A. The client was assisted in identifying current life circumstances that are causing anxiety and may be interfering with sleep.
B. The client identified several unresolved issues in his/her life that are causing stress and interfering with sleep, and these were processed.
C. The client denied any current life stressors that may be interfering with sleep and was urged to monitor this dynamic.

12. Formulate Stress Reduction Plan (12)

A. A stress reduction plan was formulated with the client in order to modify his/her life situation to reduce stress and anxiety and increase normal sleep.
B. The client has implemented the stress reduction plan and reported a reduction in anxiety and an increase in sleep; the benefits of this progress were reviewed.
C. The client has not followed through on implementing the stress reduction plan and was encouraged to do so.

13. Explore Childhood Sleep Traumas (13)

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.

14. Explore Sexual Abuse (14)

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.

15. Assign Sleep Induction Routine (15)

A. The client was assigned a daily routine of exercise, low stimulation prior to sleep, relaxation training, consumption of a bland diet, taking a warm bath before sleep, reading neutral material, and other events that could promote relaxation and peace of mind.
B. The client has followed through with the implementation of the recommended sleep induction routine that was developed and has reported some success at increasing the initiation and maintenance of sleep.
C. The client has followed through with implementing the sleep induction routine, but reported continuing sleep disturbance; his/her use of this technique was reviewed.

D. The client has not followed through with the implementation of the sleep induction routine that was developed and was encouraged to do so on a consistent basis.

16. Review Sleep Induction Routine (16)

A. The client's use of the sleep induction routine was reviewed.
B. The client was reinforced for his/her successful use of a regular sleep induction routine.
C. The client has used the sleep induction routine, but has not obtained a significant benefit; his/her use of the routine was processed and he/she was redirected.
D. The client has not utilized a regular sleep induction routine and was redirected to do so.

17. Teach Relaxation Skills (17)

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.

18. Administer EMG Biofeedback (18)

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.

19. Refer to Sleep Clinic (19)

A. The client was referred to a sleep clinic for assessment of sleep apnea or other physiological factors that could interfere with normal sleep patterns.
B. The client has followed through on the referral to a sleep clinic and reported that factors were found that have interfered with his/her sleep pattern.
C. The client has followed through with the referral to the sleep clinic, but no physiological factors were found that have interfered with his/her sleep pattern.
D. The client has not followed through with the referral to the sleep clinic and was encouraged to do so.

SOCIAL DISCOMFORT

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.
C. The client has shown some willingness to interact socially as he/she has overcome some of the social anxiety that was formerly present.

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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. Substance Abuse (6)

A. The client has used alcohol and/or other chemicals to help ease the anxiety of becoming involved in social situations.
B. The client reported that only when he/she is under the influence of a mood-altering substance is he/she able to relate to others comfortably.
C. The client has acknowledged that his/her use of alcohol and/or other mood-altering chemicals to cope with social anxiety is not adaptive.
D. The client has terminated the use of alcohol and/or other mood-altering chemicals to cope with social anxiety.
E. The client reported being able to interact socially with others without anxiety in spite of not using alcohol or other mood-altering chemicals.

7. Solitary Activities (7)

A. The client practices almost complete isolation or involvement in solitary activities during most of his/her waking hours.
B. The client's lack of confidence in his/her social skills has resulted in avoidance of social contact and a predominance of isolation.
C. The client is beginning to engage in activities that involve interacting with others.
D. The client reported enjoying activities that required social interaction.

8. Physiological Anxiety Symptoms (8)

A. The client has an increased heart rate, 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. Explore Rejection Experiences (1)*

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.

2. Identify Social Fears (2)

A. The client was asked to identify and clarify the nature of the fears connected to associating with others.
B. The client was assisted in clarifying the fears that are associated with interacting with others.
C. The client was provided with positive feedback as he/she identified and clarified the fears that are associated with interacting with others.
D. The client struggled to identify the fears that are associated with interacting with others and was provided with tentative examples in this area.

3. Explore Childhood Traumatic Experiences (3)

A. The client was probed for childhood experiences of criticism, abandonment, or abuse that would foster low self-esteem, shame, and social insecurity.
B. Active listening was provided as the client described experiences of frequent and severe parental criticism and mockery that have led to chronic feelings of low self-esteem and lack of social confidence.
C. Active listening was provided as the client described experiences of abandonment and abuse that occurred within his/her childhood that have contributed to feelings of low self-esteem, shame, and social anxiety.

4. Assign Books on Shame (4)

A. The client was directed to read books on shame.
B. It was recommended to the client that he/she 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.

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5. Identify Distorted Thoughts (5)

A. The client was assisted in identifying his/her distorted automatic thoughts that are associated with anxiety over social interaction.

B. The client identified several specific negative self-talk messages that he/she engages in that contribute to social anxiety and social withdrawal; these were processed.

C. The client was helped to identify instances of reading other people's minds, projecting thoughts into them, catastrophizing situations, and judging himself/herself critically.

6. Assign "Social Anxiety" (6)

A. The client was assigned the "Social Anxiety" section in *The Feeling Good Handbook* (Burns).

B. The client has followed through with completing the "Social Anxiety" section, and this assignment was processed to help the client identify sources of his/her social anxiety and negative messages associated with that anxiety.

C. The client reported a decrease in his/her feelings of fear associated with social contact as he/she has processed the "Social Anxiety" exercise.

D. The client has not completed the "Social Anxiety" section of *The Feeling Good Handbook* and was redirected to do so.

7. Assign *Ten Days to Self-Esteem!* (7)

A. The client was urged to complete and process the exercises on social anxiety and thought distortion within the book *Ten Days to Self-Esteem!* (Burns).

B. The client has followed through on completing the social anxiety exercises within the book *Ten Days to Self-Esteem!* and the exercise results were processed.

C. The client has reported an increase in feelings of self-acceptance and has utilized positive self-talk to reduce feelings of anxiety; his/her experience was reinforced.

D. The client has not completed the exercises on social anxiety and thought distortion from *Ten Days to Self-Esteem!* and was redirected to do so.

8. Develop Positive Self-Talk (8)

A. The client was assisted in developing positive self-talk that will aid in overcoming fear of relating with others or participating in social activities.

B. The client was assisted in implementing positive self-talk dialog that has been successful in helping him/her overcome fear of interacting with others.

C. The client has not been consistent in implementing positive self-talk, but reverts to distorted negative messages; he/she was reminded to use positive self-talk.

9. List Positive Social Experiences (9)

A. The client was asked to focus his/her attention on listing positive experiences of being involved in social activities and/or relating one-on-one with others.

B. The client recalled positive social interactions and was reinforced for his/her role in those interactions.

10. Utilize a Solution-Focused Approach (10)

A. The client was asked to identify a time when he/she socialized with enjoyment and little anxiety.

B. The client was urged to use this same skill that was previously successful in a similar social situation currently.
C. The client was reinforced as he/she successfully implemented the previously successful social skills in a current situation.

11. Monitor Solution-Oriented Approach (11)

A. The client's use of the solution-oriented approach was monitored.
B. The client was reinforced for his/her successes in using the solutions to his/her social anxiety.
C. The client was redirected when he/she failed to use the solutions for his/her social anxiety.

12. Assign Conversation Initiation (12)

A. The client was assigned to initiate one conversation daily, while increasing the time from one to five minutes per interaction.
B. Although the client reported a strong desire to avoid social interaction, he/she agreed to the request to attempt to initiate one conversation per day.
C. The client's initiation of conversations was reviewed.
D. The client has not initiated conversations and was redirected to do so.

13. Plan Social/Recreational Activities (13)

A. The client was assisted in developing a plan of participation in social and recreational activities available within the community.
B. The client reported positive experiences with reaching out and participating in social and recreational activities within the community; the benefits of this progress were highlighted.
C. The client reported on his/her attempts to participate in social and recreational activities within the community, but also indicated a strong degree of social anxiety being present during these experiences; this was accepted as natural.
D. The client was strongly reinforced for efforts to reach out for social and recreational contact within the community and was urged to continue in spite of feelings of anxiety.
E. The client has failed to follow through with implementing social and recreational activities within the community and was urged to do so.

14. Refer to Self-Help Group (14)

A. A recommendation was made to the client to participate in a self-help group that is appropriate to his/her situation.
B. The client reported following through on becoming involved with a self-help group and described the experience as positive; his/her progress was reinforced.
C. It was noted that the client's participation in a self-help group has reduced his/her social anxiety and increased social skills and social confidence.
D. The client has not followed through with the recommendation to participate in a self-help group and was encouraged to do so.

15. Refer to Communication Improvement Seminar (15)

A. The client was urged to attend a communication improvement seminar or a Dale Carnegie course.

B. The client has followed through with the recommendation to attend a communications seminar to increase his/her social skills.
C. The client has failed to follow through on the recommendation to attend a social skills–building seminar and was encouraged to do so.

16. Monitor Conversation Initiation (16)

A. The client was asked to relate his/her experience in initiating conversation with others and was given positive feedback regarding successful experiences.
B. The client was encouraged and redirected when he/she indicated a desire to avoid initiating social contact one time per day.

17. Support Social Initiation (17)

A. The client was encouraged and supported in any and all efforts that he/she made to initiate and build social relationships.
B. As the client reported positive outcomes of participation in social and support groups, he/she was strongly encouraged to continue and was reinforced for his/her efforts.

18. Role-Play Conversation Initiation (18)

A. To facilitate the client's social skills, role-playing was used with the client initiating conversation with another person.
B. The client expressed more confidence in his/her social initiation ability after the role-playing experience.
C. The client has followed through with implementing the initiation of a social contact and reported a feeling of success with this experience; this progress was reinforced.

19. Read *Friedman's Fables* (19)

A. "Jean and Jane" and "The Wallflower," from the book *Friedman's Fables* (Friedman), were read to the client in order to help him/her identify ways that he/she is like other people and, therefore, acceptable to others.
B. The client's questions and thoughts and reactions to the fables exercise were processed.
C. The client was noted to have a deeper understanding of how he/she is similar to others.

20. Assign Self-Acceptance Books (20)

A. The client was directed to read books on self-acceptance.
B. Books on self-acceptance were recommended to the client such as *Born to Win* (James and Jongeward), *Pulling Your Own Strings* (Dyer), or *I'm OK, You're OK* (Harris and Harris).
C. The client reported reading material on self-acceptance and has been assisted in growing more confident in who he/she is.
D. It was noted that the client has increased his/her statements that reflect self-acceptance after reading the assigned material.
E. The client has not read the assigned books on self-acceptance and was redirected to do so.

21. Teach Similarity between Self and Others (21)

A. The client was assisted in recognizing how he/she is like or similar to others and, therefore, acceptable to them.

B. It was reflected to the client that he/she has tended to see himself/herself as different than and inferior to others in an irrational, unrealistic belief.
C. The client has become more realistic in viewing himself/herself as similar to others with their flaws and shortcomings; he/she was reinforced for this progress.

22. Use a Transactional Analysis Approach (22)

A. A transactional analysis (TA) approach was used to uncover and identify the client's beliefs and fears that contribute to social anxiety.
B. The TA approach was used to alter the client's beliefs and actions in a more adaptive and positive mode.
C. The client reported successful social interactions after utilization of the TA approach.

23. Train in Assertiveness Skills (23)

A. The client was trained in assertiveness skills that could be applied to various social situations.
B. The client was referred to an assertiveness training class to build his/her confidence in social situations.
C. The client reported implementation of assertiveness skills within social situations and was reinforced for this improvement.
D. The client has not used assertiveness skills within social situations and was reminded about this helpful technique.

24. Identify Defense Mechanisms (24)

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.

25. Encourage Use of Assertiveness Skills (25)

A. The client was encouraged to use his/her new assertiveness skills.
B. The client was provided with specific guidance with ways in which he/she can use his/her assertiveness skills.
C. The client was reinforced for his/her use of the assertiveness skills.
D. The client reported difficulty in being assertive and was provided with redirection about how to apply these skills.

26. Identify/Process Mistrust (26)

A. The client was assisted in identifying ways in which he/she demonstrates an inappropriate sense of mistrust in others.
B. The client was provided with specific examples of situations in which he/she has displayed an inappropriate sense of mistrust in others.
C. The client was assisted in identifying ways in which he/she can remove the barriers to trusting others.

27. Plan Social and Solitary Activities (27)

A. The client was assisted in developing a daily plan for nonworking hours that contains both social and solitary activities.

B. The client has implemented a balanced plan for social and solitary activities and was reinforced for this follow-through.

C. The client continues to isolate himself/herself more than the written plan for social interaction called for; he/she was reminded to use plans.

SOMATIZATION

CLIENT PRESENTATION

1. Preoccupation with Imagined Physical Abnormality (1)*

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.

2. Stress-Related Physical Malady (2)

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.

3. Fear of Physical Illness (3)

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.

4. Many Physical Complaints (4)

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.

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5. Chronic Pain Preoccupation (5)

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.

6. Vague Physical Complaint (6)

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.

7. Pain Related to Psychological and Medical Conditions (7)

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.

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. Refocus Physical Complaints to Emotional Conflict (2)

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.

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C. The client was led to understand that his/her physical problems are related to unresolved emotional issues.

3. Explore Emotional Conflicts (3)

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 has become 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.

4. Connect Somatic Focus to Emotional Conflicts (4)

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.

5. Explore Somatic Family History (5)

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 provided with tentative examples of how this is sometimes related from generation to generation.

6. Teach Secondary Gain (6)

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 provided with tentative examples of how he/she may have experienced secondary gain by maintaining physical illness and somatic complaints.

7. Explore Anger Causes (7)

A. Current and historical experiences that have triggered feelings of anger within the client were explored.
B. The client was supported as he/she identified several issues that cause him/her to feel anger.
C. The client was led to see a connection between his/her suppression of anger and physical preoccupation.
D. The client was reinforced as he/she expressed an understanding of the connection between unresolved feelings of anger and physical symptoms.

E. The client did not display an understanding of a connection between his/her suppression of anger and physical preoccupation and was provided with tentative examples in this area.

8. Teach Anger Expression (8)

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.

9. Train in Assertiveness (9)

A. The client was trained in the concept of assertiveness 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 has begun to assert himself/herself and to express feelings of anger as well as other emotions; he/she was reinforced for this progress.

D. It was noted that as the client has become more assertive in expression of feelings, his/her physical complaints have diminished.

E. The client has not used his/her assertiveness skills and was reminded about these helpful techniques.

10. Reinforce Assertiveness (10)

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.

11. Probe Low Self-Esteem Causes (11)

A. Active listening was used as the client identified experiences within his/her childhood that have contributed to feelings of low self-esteem and inadequacy.

B. The client's negative childhood experiences were explored and the feelings about those experiences were processed.

12. Connect Low Self-Esteem to Negative Body Image (12)

A. The client was taught the connection between his/her low self-esteem and his/her preoccupation with a negative body image.

B. The client was reinforced as he/she verbalized an understanding of the connection between his/her negative body image and general low self-esteem that emanates from early family experiences.

13. Plan Pleasurable Activities (13)

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 reinforced as he/she listed several pleasurable and constructive activities that could serve as a diversion from self-preoccupation.

C. 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.

14. Assign Diversion Activities (14)

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.

15. Train in Relaxation (15)

A. The client was trained in relaxation techniques using biofeedback, deep breathing, and positive imagery methods.

B. The client was encouraged to implement the use of relaxation skills to reduce tension in response to stress in his/her daily life.

C. The client has not used relaxation techniques on a regular basis and was redirected to do so.

16. Assign Daily Exercise (16)

A. A daily exercise routine was developed, and the client was assigned to implement it consistently.

B. The client was encouraged to increase his/her daily exercise regimen to reduce tension and to increase a sense of self-confidence in his/her own body.

C. The client has regularly used daily exercise and was reinforced for this healthy progress.

D. The client has not engaged in a daily exercise routine and was redirected to do so.

17. Challenge Pain Endurance (17)

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.

18. Limit Preoccupation Times (18)

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 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.

C. 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.

19. Utilize Ordeal Technique (19)

A. The client was assisted in creating an ordeal to be enacted each time the symptom of physical complaining occurs.
B. The client was taught the effectiveness of following through on a prescription of enacting an ordeal as a punishment for the focus on physical symptoms.
C. Though it has been difficult for the client, he/she has followed through with the ordeal technique; it was noted that the frequency of physical complaints has diminished.
D. The client has not followed through with implementing the ordeal technique and was encouraged to do so.

20. Assign a Survey of Others (20)

A. The client was assigned to a ritual of surveying his/her partner, friends, neighbors, pastors, and so on about how concerned they feel he/she should be about his/her physical problem.
B. The client was asked to poll others about how concerned they would be and what they would recommend he/she do each time a physical complaint occurs.
C. The client has followed through with this surveying, and the results of this assignment were processed.
D. The client was reinforced as he/she has come to realize that others react much less seriously than he/she does to the relatively minor physical preoccupations.
E. The client has not completed the ritual of surveying others and was redirected to complete this task.

21. Plan Coping Techniques (21)

A. The client was asked to list coping behaviors that will be implemented when his/her physical symptoms reappear.
B. The client was asked to predict when the next attack of pain or physical problems may occur and then to plan a specific coping behavior to respond with.
C. The client reported that he/she has implemented the coping behavior that was planned and that this has reduced his/her preoccupation with the physical problem; the benefits of this progress were reviewed.
D. The client has not implemented planned coping techniques and was redirected to do so.

22. Reinforce Empowerment (22)

A. The client was taught to empower himself/herself with a sense of control over environmental events rather than to continue his/her perspective of being a victim of events.
B. The client was encouraged to develop an assertive internal focus of control over the environment rather than viewing himself/herself as controlled by events around himself/herself.
C. The client was encouraged to develop a perspective of empowered control rather than continuing a perspective of helplessness, frustration, anger, and "poor me."

23. Convert Illness Preoccupation to Health Interest (23)

A. The client was helped to focus on his/her health rather than illness.
B. The client was issued a prescription for increased pleasurable and healthy activities such as physical exercise, sexual interaction, or other enjoyable activities.

C. As the client has learned to focus on health rather than illness, he/she has been noted to be less preoccupied with physical complaints.
D. The client has not translated his/her illness preoccupation into a health interest and was reminded about this helpful technique.

24. Reinforce Body Acceptance (24)

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.

25. Teach the Negative Impact of Complaining (25)

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.

26. Refer to Pain Clinic (26)

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 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 encouraged to summarize the highlights of his/her spiritual journey up to this date.
C. The client has followed through on the assignment of writing about his/her spiritual journey and the content of this journaling was processed.
D. 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.
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.

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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. Review Early-Life Religious Experiences (5)

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.

6. Assign a Talk with a Spiritual Leader (6)

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.

7. Assign Books about God (7)

A. The client was encouraged to read books about God.
B. The client was encouraged to read books such as *God: A Biography* (Miles) or *The History of 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.

8. Identify Spirituality Blocks (8)

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 provided with tentative examples in this area.

9. Assign Books on Conversion (9)

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.

10. Differentiate between Religion and Spirituality (10)

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 difference between religion and spiritual faith, he/she has been noted to be freer to explore the latter.

11. Emphasize the Higher Power's Forgiveness (11)

A. An emphasis was placed on the higher power as being characterized by love and gracious forgiveness rather than harsh judgmentalism.
B. The client was encouraged to accept the higher power's forgiveness as he/she has expressed remorse and seeks forgiveness.

12. Recommend Daily Meditation (12)

A. It was recommended to the client that he/she 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.

13. Assign a Letter to the Higher Power (13)

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.

14. Develop Devotional Rituals (14)

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.

15. Differentiate between Earthly Father and Higher Power (15)

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.

16. Separate Beliefs (16)

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 provided with tentative examples of how to do this.

17. Separate Painful Religious Experiences from Religious Tenets (17)

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.

18. Explore Religious Distortions (18)

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.

19. Read Books on Serenity (19)

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 *Search for Serenity* (Presnall).
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.

20. Explore Shame/Guilt Feelings (20)

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.

21. Encourage Spiritual Mentoring (21)

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.

22. Refer to a Spiritual Group (22)

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.

23. Refer to a Spiritual Retreat (23)

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.

24. Recommend Spiritual Communication Books (24)

A. The client was encouraged to read books on spiritual communication.

B. The client was recommended to read books on ways to expand his/her spirituality and depth of communicating with a higher power, such as *Cloistered Walk* (Norris), *Hymns to an Unknown God* (Keen), 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.

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 last 24 hours.
B. The client has made a suicide attempt within the last week.
C. The client has made a suicide attempt within the last 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.
B. The client minimized his/her history of suicide attempts and treated the experience lightly.

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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.
C. Significant others were contacted to make sure that the client was receiving adequate supervision.

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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. Elicit Promise of No Self-Injurious Behavior (5)

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.

6. Provide Helpline Information (6)

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.

7. Develop Suicide Prevention Contract (7)

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 asked to make a commitment to agree to the terms of the suicide prevention contract and did make such a commitment.
C. The client declined to sign a suicide prevention contract, and more specific steps to maintain his/her safety from self-injurious behavior were initiated.

8. Offer Telephone Availability (8)

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.

9. Remove Lethal Weapons (9)

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.

10. Encourage Honesty (10)

A. The client was encouraged to be open and honest regarding his/her suicidal urges.
B. The client was reassured regularly of the caring concern of the therapist and significant others.
C. The client was reinforced for his/her ability to be open and honest regarding his/her suicidal urges.
D. When the client was judged to not be honest about his/her suicidal urges, he/she was confronted.

11. Arrange for Hospitalization (11)

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.

12. Explore Emotional Pain Sources (12)

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 provided with tentative examples of how these occur.

13. Encourage Feelings Expression (13)

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 provided with tentative examples of the emotions he/she seems to be experiencing.

14. Identify Suicidal Ideation Precursors (14)

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 provided with tentative examples in this area.

15. Probe Family Conflict (15)

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 provided with tentative examples in this area.

16. Promote Family Communication (16)

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.

17. Explore Significant Others' Understanding (17)

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.

18. Refer for Medication Evaluation (18)

A. An assessment was made about the client's need for antidepressant medication, and arrangements were made for a prescription.
B. The client agreed to accept a prescription for antidepressant medication.
C. The client refused to accept a prescription for antidepressant medication.
D. The client cooperated with a referral to a physician who evaluated him/her for antidepressant medication and provided a prescription for this medication.
E. The client has not followed through on the referral for medication and was redirected to do so.

19. Monitor Medication Compliance (19)

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.

20. Explore Relationship Grief (20)

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 death 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 provided with tentative examples of when he/she may experience this grief.

21. Review Problem-Solving Skills (21)

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.

22. Monitor Eating/Sleeping Patterns (22)

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.

23. Develop Coping Strategies (23)

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.

24. Promote Hopeful Attitude (24)

A. The client was assisted in identifying positive and hopeful things in his/her life at the present time.

B. The client identified positive aspects, relationships, and achievements in his/her life, and these positive things were supported and reinforced.
C. The client was supported as he/she reported and demonstrated an increased sense of hope for himself/herself and the future.
D. When the client displayed a more pessimistic attitude, he/she was encouraged to have a more positive outlook.

25. Identify Sources of Support (25)

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 in his/her life.
D. The client denied any sources of support and was provided with tentative examples in this area.

26. Identify Distorted Cognitions (26)

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 provided with tentative examples in this area.

27. Confront Catastrophizing (27)

A. The client's tendency to catastrophize in his/her cognitive processing was confronted.
B. The client was taught a more realistic perspective of hope in the face of pain, rather than pessimism and catastrophizing.
C. The client was reinforced for his/her realistic perspective of hope, rather than catastrophizing.
D. The client was redirected when he/she increased his/her pessimism and catastrophizing.

28. Use Cognitive Restructuring Techniques (28)

A. The client was taught cognitive restructuring techniques to revise distorted negative core schemas.
B. The client was reinforced for modifying his/her negative automatic thoughts and replacing them with more realistic positive thoughts that produce feelings of hope and empowerment.
C. The client was redirected when he/she did not use the cognitive restructuring techniques.

29. Assign Journaling (29)

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.

30. Develop Penitence Ritual (30)

A. The client was assisted in developing a penitence ritual in which he/she could express grief for others who have died and absolve himself/herself of guilt for continuing to live.
B. The client was supported and encouraged to implement the penitence ritual connected with being a survivor.
C. The client's feelings regarding implementation of the penitence ritual were processed.
D. The client has not developed a penitence ritual and was redirected to do so.

31. Explore Spiritual Support System (31)

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 encouraged to engage in the faith practices that nurture and strengthen his/her spiritual belief system.
C. The client was reinforced for verbalizing the feeling of support that results from his/her spiritual faith.
D. The client has not explored the use of a spiritual support system for his/her concerns and was encouraged to investigate this helpful resource.

32. Refer to Spiritual Leader (32)

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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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 provided with tentative 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 provided with tentative 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 agreed to and cooperated with psychological testing to evaluate personality patterns.
C. 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.

5. Explore Family History (5)

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.

6. Explore Beliefs about Worth (6)

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.

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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.

7. Explore Family Pressure to Achieve (7)

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 provided with tentative examples of how this occurs in some families.

8. Clarify Value System (8)

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 helped to critically examine values that provide motivation for an overemphasis on accomplishment, achievement, and success.
C. The client was supported in verbalizing a desire to reprioritize values to focus less on himself/herself and more on others.

9. Assign Biographies (9)

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.

10. Assign Books on Type A Attitudes (10)

A. The client was encouraged to read books on Type A behavior.
B. It was recommended to the client that he/she read *Positive Addiction* (Glasser) and *Overdoing It* (Robinson).
C. The client has read the assigned material on Type A behavior, and key ideas were processed within the session.
D. The client was encouraged and supported for developing insight into the specific beliefs that support his/her driven, overachieving behavior.
E. The client has failed to read the recommended material on Type A behavior and was encouraged to do so.

11. Suggest Reducing Work Hours (11)

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.

12. Identify Distorted Thoughts (12)

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 assisted 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 provided with tentative examples in this area.

13. Reinforce Single-Activity Focus (13)

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.

14. Train in Relaxation (14)

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 encouraged to implement deep muscle relaxation on a daily basis to relieve tension and reduce the intensity of his/her life.
C. The client was reinforced when he/she reported an increased use of relaxation techniques to reduce intensity and pressure.
D. The client has not used relaxation techniques to reduce intensity and pressure and was redirected to do so.

15. Assign Recreational Activity (15)

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.

16. Assign Hobby Activity (16)

A. Nonvocational interests of the client were explored and listed.
B. The client was assigned to spend time and energy involved in a nonvocational interest activity two times per week for one month.
C. The client's response to involvement in nonvocational activities was processed and reinforced.
D. The client has not used a hobby to help become more relaxed and was reminded to use this helpful resource.

17. Assign Comedy Movies (17)

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.

18. Reinforce Life Balance (18)

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.

19. Explore Intolerance/Impatience (19)

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 provided with tentative examples in this area.

20. Identify Standards of Criticism (20)

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.

21. Reflect Hostility (21)

A. An effort was made to reflect the client's hostility so as to assist him/her in becoming more aware of it.
B. The client was assisted in identifying sources of hostility toward and impatience with others.
C. The client was helped to process his/her hostile feelings toward others and to resolve them so as to develop a more accepting attitude.

22. Assign Ericksonian Task (22)

A. The client was assigned an Ericksonian task of performing a neutral activity and then simply reflecting about a subject for a preestablished length of time.

B. The client's performance of the Ericksonian task was processed with the goal of helping him/her recognize impatience and difficulty with quiet reflection.
C. The client has not completed the Ericksonian task and was reminded to complete this task.

23. Train in Assertiveness (23)

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.

24. Confront Self-Centeredness (24)

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.

25. Assign Active Listening (25)

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.

26. Teach Positive Self-Talk (26)

A. The client was trained in replacing distorted automatic thoughts with more realistic, positive self-talk that will assist in promoting a slower pace, greater self-acceptance, and sensitivity to others.
B. The client was reinforced for reporting implementation of positive self-talk that has altered beliefs that fostered compulsive achievement-oriented behaviors.
C. The client has not implemented positive self-talk techniques and was reminded to use this helpful resource.

27. Assign Experiential Weekend (27)

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.

28. Assign Camping/Volunteering Project (28)

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.

29. Encourage Nonprofit Volunteering (29)

A. The client was encouraged to volunteer for a nonprofit social agency, school, or the like for one 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.

30. Encourage Spontaneous Kindness (30)

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.

31. Encourage Expression of Appreciation (31)

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.

32. Assign *The Road Less Traveled* (32)

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 things.

D. The client has failed to follow through with reading the recommended book, *The Road Less Traveled,* and was encouraged to do so.

33. Assign "List of Aphorisms" (33)

A. The client was assigned to read "List of Aphorisms" in the book *Treating Type A Behaviors and Your Heart* (Friedman and Olmer) 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.

34. List Aesthetic Enjoyment Activities (34)

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. The client was reinforced for incorporating purely aesthetically enjoyable activities into his/her daily routine.
C. The client has not engaged in activities for purely aesthetic enjoyment and was reminded to use this technique.

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. Fear of Failure (2)

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.

3. Authority Conflict (3)

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.
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.

4. Loss of Employment (4)

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.

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5. Job Jeopardy (5)

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.

6. Job Dissatisfaction (6)

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. Clarify Work Conflicts (1)*

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 provided with tentative examples of how people experience vocational stress and work conflict.

2. Identify Client Role in Conflict (2)

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 provided with tentative examples about how he/she may play a role.

3. Explore Substance Abuse (3)

A. The possible role of substance abuse as a contributing factor to the employment problems was explored.
B. The client was supported as he/she acknowledged that his/her substance abuse is a problem and that it does contribute to vocational conflicts.

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C. The client denied any substance abuse problems as having a role in his/her employment problems; this was accepted at face value.
D. Although the client denies any substance abuse problem as playing a role in his/her employment problems, alternative information indicates there is a substance abuse problem; he/she was confronted with this information.

4. Explore Personal Problems (4)

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.

5. Explore Family Patterns of Conflict (5)

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.

6. Explore Interpersonal Conflict Patterns (6)

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.

7. Confront Projection of Responsibility (7)

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.

8. Reinforce Responsibility Acceptance (8)

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.

9. Assign a Written Action Plan (9)

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.

10. Role-Play Social Skills (10)

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.

11. Train in Assertiveness Skills (11)

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.

12. Teach Realistic Cognitive Messages (12)

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.

13. Assign a Journal of Self-Defeating Thoughts (13)

A. The client was assigned to keep a daily record of self-defeating thoughts.
B. 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.

C. 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.
D. The client was strongly reinforced for implementing positive, realistic thoughts rather than self-defeating thoughts.
E. The client has not kept a journal of self-defeating thoughts and their positive, realistic replacements and was redirected to do so.

14. Clarify Emotional Reactions (14)

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.

15. Identify Distorted Cognitions (15)

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 supported in identifying specific self-talk that precipitates feelings of anxiety, fear, and depression.
C. The client was assisted in replacing his/her distorted cognitions with more positive cognitions.

16. Confront Catastrophizing (16)

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.

17. Explore Vocational Stress Effects (17)

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 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.

18. Facilitate Family Therapy (18)

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.

19. Develop Corrective Action Plan (19)

A. The client was assisted in developing a corrective action plan for the problems that exist within the employment situation.
B. The client's plan for correcting problems that exist within the employment situation was reviewed and processed.
C. The client was supported and encouraged in taking responsibility for proactive action to resolve employment conflicts.
D. The client's implementation of a proactive plan to resolve employment conflicts was reinforced.

20. Explore Employment Termination Causes (20)

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.

21. Probe Childhood History (21)

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.

22. Reinforce Realistic Self-Appraisal (22)

A. The client was assisted in being realistic regarding appraising his/her successes and failures at employment.
B. The client was supported for recalling employment successes and terminating self-disparaging comments that were based on perceived failure at employment.

23. List Accomplishments and Support System (23)

A. The client was assisted in listing his/her positive traits, talents, and accomplishments.
B. 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.
C. 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.

24. Teach Alternate Evaluation of Self (24)

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.

25. Develop Job Search Plan (25)

A. The client was assisted in developing a written plan for attainable objectives in a job search.
B. The client was supported and reinforced for implementation of a job search plan.
C. The client was encouraged to share his/her feelings of fear, frustration, and disappointment as he/she has engaged in the job search process.
D. The client has not developed or implemented a job search plan and was reminded to do so.

26. Teach Job Search Networking (26)

A. The client was taught to utilize want ads and networking with friends and family to seek out job opportunities.
B. The client was encouraged as he/she began the job search process and utilized a networking procedure.
C. The client has not utilized job search networking techniques and was reminded to implement these techniques.

27. Assign Job Search Support Classes (27)

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.

28. Monitor Job Search Process (28)

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.