Practice*Planners*®

Arthur E. Jongsma, Jr., Series Editor

SIXTH EDITION

Companion to *The Addiction Treatment Planner, Sixth Edition*

The Addiction

PROGRESS NOTES PLANNER

This timesaving resource features:

- Progress Notes components for 48 behaviorally-based presenting problems that correlate with *The Addiction Treatment Planner, Sixth Edition*
- Over 9,000 prewritten progress notes statements describing Client Presentation and Interventions Implemented for each therapy session
- Prewritten notes can be easily adapted to fir client need or treatment situation and conform to ASAM guidelines
- Incorporates new progress notes language consistent with **Evidence-based Treatment Interventions** suggested in The Addiction Treatment Planner, Sixth Edition

DAVID J. BERGHUIS, KATY PASTOOR, and ARTHUR E. JONGSMA, Jr.

WILEY

The Addiction Progress Notes Planner Sixth Edition

Wiley Practice*Planners*® Series

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The Complete Adult Psychotherapy Treatment Planner, with DSM-5 Updates, Sixth Edition
The Addiction Treatment Planner, with DSM-5 Updates, Sixth Edition
The Child Psychotherapy Treatment Planner, with DSM-5 Updates, Sixth Edition
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PracticePlanners®

The Addiction Progress Notes Planner

Sixth Edition

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WILEY

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To Dave and Jan Dykgraaf, who are models of compassion and sacrifice for the good of others.

Arthur E. Jongsma, Jr.

To my husband, Andy, for supporting me in all my work.

Katy Pastoor

CONTENTS

PRACTICE*PLANNERS*® SERIES PREFACE

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books in the Practice*Planners*® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally. They have also proven very beneficial to graduate students as well as young or seasoned practitioners who are looking for suggestions for effective interventions, all of which are best practice or evidence based.

The Practice*Planners*® series includes a wide array of treatment planning books including not only the original *Complete Adult Psychotherapy Treatment Planner*, *Child Psychotherapy Treatment Planner*, *Adolescent Psychotherapy Treatment Planner*, and *Addictions Treatment Planner*, all now being revised and updated for the sixth editions, but also many other *Treatment Planners* targeted to specialty areas of practice, including:

- Co-occurring disorders
- Integrated behavioral medicine
- College students
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Group therapy
- Intellectual and developmental disability
- Juvenile justice and residential care
- LGBTQ+
- Neuro rehabilitation
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Social work and human services
- Special education
- Speech-language pathology
- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

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

- ***Progress Notes Planners*** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.
- ***Homework Planners*** include homework assignments designed around each presenting problem (such as anxiety, depression, substance use, anger management, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.
- ***Client Education Handout Planners*** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners*.

The series also includes:

- ***Evidence-Based Psychotherapy Treatment Planning Video Series***, which offers 12 sixty-minute programs that provide step-by-step guidance on how to use empirically supported treatments to inform the entire treatment planning process. In a viewer-friendly manner, Drs. Art Jongsma and Tim Bruce discuss the steps involved in integrating evidence-based treatment (EBT) objectives and interventions into a treatment plan. The research support for the EBTs is summarized, and selected aspects of the EBTs are demonstrated in role-played counseling scenarios.

A companion Treatment Planning software product is also available:

- ***TheraScribe***®, the #1 selling treatment planning and clinical recordkeeping software system for mental health professionals. *TheraScribe*® 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 to simply point and click to create a detailed, organized, individualized, and customizable treatment plan along with optional integrated progress notes and homework assignments. TheraScribe is available by calling 616-776-1745. Also, see TheraScribe.com for more information.

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

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

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

PROGRESS NOTES INTRODUCTION

ABOUT PRACTICE*PLANNERS*® PROGRESS NOTES

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

Each *Progress Notes Planner*:

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized progress notes.
- Features over 1,000 prewritten progress notes summarizing patient presentation and treatment delivered.
- Provides an array of treatment approaches that correspond with the behavioral problems and *DSM-5* diagnostic categories in the corresponding companion *Treatment Planner*.
- Offers sample progress notes that conform to the requirements of most third-party payors and accrediting agencies, including the Joint Commission, Council on Accreditation, Commission on Accreditation of Rehabilitation Facilities, and National Committee for Quality Assurance.

HOW TO USE THIS *PROGRESS NOTES PLANNER*

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

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

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

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

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

A FINAL NOTE ABOUT PROGRESS NOTES AND HIPAA

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

Does the information contained in this book, when entered into a client's record as a progress note, qualify as a "psychotherapy note" and therefore merit confidential protection under HIPAA regulations? If the progress note that is created by selecting sentences from the database contained in this book is kept in a location separate from the client's PHI data, then the note could qualify as psychotherapy note data that are more protected than general PHI. However, because the sentences contained in this book convey generic information regarding the client's progress, the clinician may decide to keep the notes mixed in with the client's PHI and not consider it psychotherapy note data. In short, how you treat the information (separated from or integrated with PHI) can determine if this progress note planner data is psychotherapy note information. If you modify or edit these generic sentences to reflect more personal information about the client or if 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.

ADULT-CHILD-OF-AN-ALCOHOLIC (ACA) TRAITS

CLIENT PRESENTATION

1. **Raised in an Alcoholic Home (1)***
   A. The client described a history of being raised in an alcoholic home but denied any effects of such an upbringing.
   B. The client described a history of being raised in an alcoholic home but was uncertain about how this affected their emotions.
   C. The client described a history of being raised in an alcoholic home and identified effects, including emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.
   D. The client processed issues related to being raised in an alcoholic home, including emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.
2. **Unresolved Childhood Trauma (2)**
   A. The client described a history of childhood trauma caused by family addiction but denied any effects of this behavior.
   B. The client described a history of childhood trauma caused by family addiction but was unsure of any effects of this behavior.
   C. The client described a history of unresolved childhood trauma caused by family addiction.
   D. The client resolved the feelings associated with the childhood trauma caused by family addiction.
3. **Inability to Trust and Share Feelings (3)**
   A. The client revealed a pattern of extreme difficulty in trusting others, sharing feelings, or talking openly about self.
   B. When sharing openly with others, the client experiences feelings of anxiety and uncertainty.
   C. As the client has begun to work through adult-child-of-an-alcoholic (ACA) concerns, they have reported feeling less anxiety or uncertainty when sharing emotional concerns.
   D. The client no longer experiences anxiety or uncertainty while sharing emotions.
4. **Overconcern With Others (4)**
   A. The client described a pattern of consistently being overly concerned with taking care of others, resulting in failure to care for self.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client identified a need to reduce focus on others' functioning and to replace this with a focus on their own functioning.
C. The client has been able to balance the focus on others' functioning with a focus on their own functioning.

5. Passive Submission (5)

A. The client described a history of being passively submissive to the wishes of others, in an effort to please them.
B. The client tries to ingratiate self to others by being submissive to their wishes.
C. The client acknowledged the need to become more assertive but has struggled to implement the assertiveness.
D. The client is being self-assertive and setting healthy limits.

6. Clings to Destructive Relationships (6)

A. The client described a pattern of clinging to destructive relationships in order to avoid interpersonal abandonment.
B. Hypersensitivity to abandonment has caused the client to maintain relationships that are destructive.
C. The client has acknowledged interpersonal abandonment as a significant issue.
D. The client accepts interpersonal conflict and is changing destructive relationships.

7. Tells Others What They Want to Hear (7)

A. The client described a pattern of disregarding reality in order to present information so that others will be pleased.
B. The client identifies situations in which the client has been able to be more truthful.
C. The client described the acceptance of others in response to the client's increased truthfulness.

8. Feels Worthless (8)

A. The client verbalized seeing self as being worthless and that disrespectful treatment by others was normal and expected.
B. The client has begun to develop a more positive image of self-worth and is more expectant of positive treatment from others.
C. The client clearly identifies improved self-image and insists on being treated in a respectful manner.

9. Experiences of Abandonment and Abuse (9)

A. The client described feeling unwanted, unimportant, and unloved because of experiences of abandonment and abuse.
B. The client has reduced feelings of being unwanted, unimportant, or unloved.
C. The client verbalized feeling wanted, important, and loved in relationships with others.

10. Panic When Relationships End (10)

A. The client described a pattern of strong feelings of panic and helplessness when faced with being alone as a close relationship ends.

B. The client described a chronic pattern of precipitating problems in a relationship because of feelings of panic and helplessness when faced with the possibility of friction in a close relationship.
C. The client has become more at peace with the natural process of relationships beginning and ending.

11. Sublimates Own Needs to Attempt to Fix Others (11)

A. The client described situations in which the client has attempted to "fix" other people.
B. The client identified that they often sublimate their own needs in attempts to "fix" others.
C. The client identified several examples of how they sublimate needs in order to try to "fix" others.
D. As the client has gained insight into the tendency to prioritize their own needs below fixing others, the client has decreased this pattern.
E. The client indicated a decreased need to "fix" others and is able to appropriately concentrate on their own needs.

12. Parental Role (12)

A. The client described a consistent pattern of selecting relationships with immature individuals.
B. The client described a strong tendency to take on a parental role in a relationship, allowing the partner to continue in a pattern of immaturity.
C. The client is beginning to accept responsibility for taking on a parental role in relationships.
D. The client describes a pattern of replacing the parental role with a more equal relationship with peers.

13. Feels Less Worthy (13)

A. The client described self as having less worth, especially when compared with individuals who did not grow up in an alcoholic family.
B. The client has begun to develop a more positive self-image and has terminated verbalizing negative comments about self.
C. The client has begun to make positive comments about self and the positive aspects of their family.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client was urged to feel safe in expressing experiences as an ACA.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Feelings of Powerlessness (3)

A. The client was probed for childhood experiences of powerlessness while growing up in an alcoholic home.
B. The client was asked to explore similarities between feelings of childhood powerlessness and feelings when abusing chemicals.
C. The client was assigned to complete the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was assisted in comparing and contrasting adult feelings of powerlessness connected to substance abuse with historical feelings of powerlessness associated with growing up in an alcoholic home.
E. The client was probed for childhood experiences of powerlessness but denied any concerns in this area.

4. Teach Connection Between Childhood and Addiction (4)

A. The client was taught about the increased likelihood to repeat addictive behavior because of growing up in an addictive family.
B. The client was taught specific syndromes of thought and behavior that often repeat from one addictive generation to another.
C. The client was provided with specific examples of the repetition of addiction from one generation to another.
D. The client was encouraged to identify the connection between childhood experiences and the likelihood of repeating behavior.
E. The client denied any connection between childhood experiences and the likelihood of repeating those types of behaviors; the client was reminded to be aware of this connection.

5. Administer Assessment for ACA Traits (5)

A. The client was administered psychological instruments designed to objectively assess the strength of traits associated with being an adult child of an alcoholic.
B. The Children of Alcoholics Screening Test was administered to the client.
C. The client has completed the assessment of adult-child-of-an-alcoholic traits, but minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of adult-child-of-an-alcoholic traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of adult-child-of-an-alcoholic traits, and the focus of treatment was turned toward this defensiveness.

6. Explore Dysfunctional Family Rules (6)

A. The client explored the pattern of dysfunctional family rules from childhood.
B. The client was asked to explore how dysfunctional family rules lead to chronic fear and an escape into addiction.
C. The client was given support and affirmation regarding the chronic fear related to dysfunctional family rules.
D. It was reflected to the client that they are continuing to exhibit emotional distress and a desire to escape into addiction.

7. Educate About ACA Rules (5)

A. The client was taught the ACA rules for living (i.e., "don't talk, don't trust, don't feel").
B. The client was taught the connection between dysfunctional ACA rules and the impossibility of healthy relationships occurring.
C. The client was reinforced for verbalizing an understanding of dysfunctional ACA rules and how these have affected relationships.
D. The client denied any pattern of ACA rules or dysfunctional current relationships and was urged to monitor these patterns.

8. Develop Connection Between ACA Traits and Addiction (8)

A. The client was directed to list five ways in which ACA traits have led to addiction.
B. The client was assigned "Addressing ACA Traits in Recovery" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying how their ACA traits have led to addiction.
D. The client has displayed greater insight into the connection between their ACA traits and addiction and was reinforced for this growth.
E. The client has not completed assignments regarding understanding codependent behaviors and was redirected to do so.

9. Identify ACA Traits (9)

A. The client was assisted in clarifying ACA traits and the relationship between ACA traits and addiction.
B. The client clearly understood the role that ACA traits have played within their functioning and how that has contributed to the dynamics of their addiction; this insight was reinforced.

C. The client verbalized an understanding of ACA traits and how they have an impact on current functioning in relationships; this insight was reinforced.
D. The client denied the connection between ACA traits and addictive behavior or relationship conflicts and was urged to monitor for this dynamic.

10. Assess Level of Insight (10)

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

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

14. Explore Reaction to Parent's Chemical Abuse (14)

A. The client described experiences of parental chemical abuse and was assisted in relating how these experiences had a negative impact, including the fear of violence, abandonment, unpredictability, and embarrassment.
B. The client was supported while expressing increased insight into how parental chemical abuse has affected their emotional functioning.
C. The client was reinforced for beginning to identify the inappropriateness of parental abuse of chemicals.
D. The client was noted to be in denial regarding the negative impact of parental substance abuse.

15. Probe Abandonment/Rejection Fears (15)

A. The client was asked to identify specific childhood situations in which they experienced a fear of abandonment, mental or physical abuse, and/or feelings of rejection.
B. Active listening skills were used as the client explained what it was like to grow up in the alcoholic home environment, focusing on situations in which fear of abandonment, mental or physical abuse, and/or feelings of rejection occurred.
C. The client has begun to be more open about childhood experiences but was noted to remain rather guarded.
D. The client was supported while describing, in detail, the facts and feelings associated with painful childhood experiences.
E. The client denied any fears of abandonment, mental or physical abuse, and/or rejection, and this was accepted at face value.

16. Explore Childhood Experience's Effect on Intimate Relationships (16)

A. The client was assisted in becoming more aware of fears of abandonment, rejection, neglect, and the assumption of the caretaker role and how these fears are connected to past experiences of being raised in an alcoholic family.
B. The client was assisted in expressing insight into the historical and current sources of fears of abandonment, rejection, neglect, and the assumption of the caretaker role.
C. The client was helped to identify ways in which growing up in an alcoholic family have led to detrimental intimate relationships.
D. The client denied any connection between childhood experiences and problems in intimate relationships and was urged to monitor this area.

17. Identify Parental Role of Caretaker (17)

A. The client was assisted in identifying ways in which the client takes on the parental role of caretaker.
B. The client was assisted in developing a plan for meeting emotional needs without adopting the parental/caretaker role.

C. The client was noted to have begun to reduce the adoption of the parental/caretaker role and to increase healthy relationship skills.
D. The client denied taking on the parental role but has continued in the role of caretaker; additional feedback was provided.

18. Explore Feelings of Worthlessness and Shame (18)

A. The client was probed to describe feelings of worthlessness/shame and level of functioning when compared with others.
B. The client was supported while acknowledging feelings of worthlessness/shame and feeling less competent than others.
C. The client was assisted in identifying parental substance abuse as a factor in low self-esteem issues.
D. The client denied feelings of worthlessness or shame; this was accepted at face value.

19. Teach Low Self-Esteem Precursors (19)

A. The client was taught about the connection between low self-esteem and how the alcoholic home causes experiences of emotional rejection, broken promises, abuse, neglect, poverty, and loss of social status.
B. The client acknowledged a connection between low self-esteem and experiences of emotional rejection, broken promises, abuse, neglect, poverty, and loss of social status because of parental chemical dependence; this insight was reinforced.
C. The client reported beginning to increase self-esteem by moving beyond the effects of being raised in an alcoholic home; this progress was highlighted.

20. List Positive Traits (20)

A. The client was asked to list their positive traits and accomplishments.
B. The client has identified several positive traits and accomplishments; these were reinforced as a foundation for building self-esteem.
C. The client struggled to identify their own positive traits and accomplishments and was provided with tentative examples.
D. The client was assigned "Acknowledging My Strengths" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client has not listed positive traits and accomplishments and was redirected to do so.

21. Emphasize Self-Worth (21)

A. An emphasis was placed on the client's inherent self-worth as a human being.
B. The connection between the client's inherent self-worth and acceptance of a higher power was emphasized.
C. The client was reinforced as they displayed an understanding of self-worth and how this is related to the acceptance of a higher power.
D. The client continues to display poor self-worth; positive self-worth was reemphasized.

22. Explore Family Response to Sharing Feelings (22)

A. The client was asked to identify how the family responded to expressions of feelings, wishes, and wants.

B. The client was assigned "Understanding Family History" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. It was noted that the client identified negative responses from family members during childhood regarding the expression of feelings.
D. It was noted that the client identified a connection between learning in childhood that it was dangerous to share feelings with others and current problems with sharing feelings with peers.
E. The client did not complete the assignment to help understand family history and was redirected to do so.
F. The client denied the family's history of negative responses to sharing feelings; this was accepted.

23. Identify Trustworthiness Traits (23)

A. The client was asked to list a set of character traits in others that qualify them as trustworthy.
B. The client was assisted in identifying several traits that they would expect from others that would identify them as trustworthy (e.g., honesty, sensitivity, open-mindedness, kindness).
C. The client was reinforced as they identified situations in which they saw others being trustworthy.
D. The client was unable to list a set of character traits in others that qualify them as trustworthy and was redirected to do so.

24. Teach Honest Communication Skills (24)

A. The client was taught that the tendency to tell others what we think they want to hear is based on fear of rejection, commonly learned in an alcoholic home.
B. The client was provided with modeling, role playing, and behavior rehearsal to teach more honest communication skills.
C. The client was reinforced for more honest communication in place of telling others what the client thinks they want to hear.
D. The client struggled to understand the techniques or usefulness for honest communication skills; remedial feedback was provided in this area.

25. Assign a Journal of Honest Communication (25)

A. The client was asked to keep a journal to record incidents in which they told the truth rather than saying only what others want to hear.
B. The client presented a journal of situations in which they told the truth rather than saying only what others want to hear; these situations were processed.
C. The client was reinforced in acknowledging a healthier pattern of communication through reviewing journal entries regarding honest communication rather than saying what others want to hear.
D. The client did not journal honest communication and was redirected to do so.

26. Teach Problem-Solving Skills (26)

A. The client was presented a specific problem-solving technique (i.e., identify the problem, brainstorm alternate solutions, examine the advantages and disadvantages of each solution, select an option, implement a course of action, evaluate the results).
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client and therapist role-played examples of implementing problem-solving techniques.
D. The client was helped to recount instances of using problem-solving techniques in day-to-day situations.
E. The client has completed the assignment regarding how to resolve interpersonal conflict, and the answers were reviewed.
F. The client has not completed the assignments regarding applying problem-solving to personal conflict, and this resistance was processed.

27. Explore Family Response to Sharing Feelings (27)

A. The client was asked to identify how the family responded to expressions of feelings, wishes, and wants.
B. It was noted that the client identified negative responses from family members during childhood regarding the expression of feelings.
C. It was noted that the client identified a connection between learning in childhood that it was dangerous to share feelings with others and current problems with sharing feelings with peers.
D. The client did not complete the assignment to help understand family history and was redirected to do so.
E. The client denied the family's history of negative responses to sharing feelings; this was accepted.

28. Educate About Healthy Relationships (28)

A. The client was presented with information about building healthy interpersonal relationships through openness, respect, and honesty, including the sharing of feelings to build trust and mutual understanding.
B. The client was assigned the honesty exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the honesty exercise and the responses were processed.
D. The client has not completed the honesty exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson) and was redirected to do so.
E. The client acknowledged situations in which they could increase sharing of feelings in order to build trust and mutual understanding; the client was directed to do so.
F. The client was supported while recounting situations in which they used openness and honesty in order to increase trust and mutual understanding.

29. Explore the Client's Focus on Others (29)

A. The client was assisted in comparing reluctance to share personal problems with their pattern of focusing on helping others with their problems.

B. Active listening skills were used as the client expressed an understanding of how childhood experiences have prompted the client to focus on helping others as a way to resist sharing personal problems.
C. The client struggled to identify a pattern of resistance to sharing personal problems and was provided with examples of this pattern.

30. Connect Overhelping Others With Low Self-Esteem (30)

A. The client was presented with the concept that overemphasis on helping others is based on low self-esteem and a need for acceptance, which was learned in the alcoholic family of origin.
B. The client was presented with the concept that caretaking behavior often results from choosing friends and partners who are chemically dependent or psychologically disturbed.
C. The client rejected the concept that helping others is based on low self-esteem and relates to choosing friends who are chemically dependent or psychologically disturbed; the client was urged to review this pattern.
D. The client was reinforced in accepting the concept that they have a strong need to help others because of low self-esteem.
E. The client was able to connect caretaking behavior to the choice of friends who are chemically dependent or psychologically disturbed; this insight was reinforced.

31. Teach Recovery Group Involvement (31)

A. The client was taught about how active involvement in a 12-step recovery group is a way to build trust in others and self-confidence.
B. The client was referred to an appropriate 12-step recovery group.
C. Active listening was provided as the client described involvement in an active 12-step recovery group.
D. The client reported that they had not followed through with involvement in a 12-step recovery group and was redirected to do so.
E. The client reported that they had not followed through with involvement in a 12-step recovery group and was instead assigned the Step 12 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

32. Develop an Aftercare Plan (32)

A. The client was assisted in developing an aftercare plan that will support recovery from ACA issues, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client's aftercare plan that will support sobriety (e.g., self-help groups and sponsors, family activities, counseling) was reviewed.
C. The client described active pursuit of the elements of the aftercare plan.
D. The client has not followed through on an aftercare plan and was redirected to do so.

33. List Reasons for Recovery Group Attendance (33)

A. The client was assigned to list 10 reasons why 12-step recovery group attendance is helpful in overcoming ACA traits.

B. The client was assisted in developing a list of 10 reasons why 12-step recovery group attendance is helpful in overcoming ACA traits.
C. The client has not followed through in developing a list of reasons why 12-step recovery group attendance is helpful and was redirected to do so.

34. Identify ACA Traits' Effect on Recovery Groups (34)

A. The client was urged to identify the relationship between ACA traits and the fear of attending recovery group meetings.
B. The client was provided with feedback about common ways in which ACA traits cause fear of attending recovery group meetings.
C. The client was assisted in brainstorming ways to help cope with fear of attending recovery group meetings.
D. The client was assigned "Safe and Peaceful Place Meditation" from *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Progressive Muscle Relaxation" from *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was taught about how to give self positive messages regarding self-worth in order to overcome the fear of attending recovery group meetings.
F. The client was taught how to use relaxation techniques to reduce tension when attending recovery group meetings.
G. The client was taught how to use meditation to induce calm and support from a higher power in order to be more comfortable attending recovery group meetings.
H. The client's fear of openness with others was noted to cause them to continue to avoid recovery group meetings.

35. Teach ACA/AA/NA Group as Trust Builder (35)

A. The client was presented with the idea that an ACA/AA/NA home recovery group can aid in building trust with others and self-confidence.
B. The client was assisted in understanding the need to gain trust and confidence.
C. The client was reinforced for accepting the idea that an ACA/AA/NA group can help build trust and confidence.
D. The client was resistant to acknowledging the need for gaining trust and confidence; additional support and encouragement were provided.

36. Emphasize Family Atmosphere in Home Recovery Group (36)

A. An emphasis was placed on the opportunity to engage in a home recovery group as a way to develop a healthy family atmosphere.
B. The client was urged to help others in the home recovery group.
C. The client was asked about how their self-concept is boosted through helping others in a healthy manner.

37. Teach ACA/AA/NA Group as a Promoter of Self-Worth (37)

A. The client was presented with the idea of an ACA/AA/NA home recovery group functioning as the healthy family they never had.
B. The client was advised about how helping others can aid in recovery and establish a feeling of worth.

C. The client was reinforced while verbalizing acceptance of the family atmosphere in ACA/AA/NA.
D. The client identified ways in which they specifically use the ACA/AA/NA group as a healthy family; these examples were processed.
E. The client was resistant to acknowledging the ACA/AA/NA group as a promoter of self-worth and was urged to review this on a daily basis.

38. Teach About a Higher Power (38)

A. The client was presented with information about how faith in a higher power can aid in recovery from ACA traits and addiction.
B. The client was assigned the Step 2 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 2 exercise and responses were reviewed and processed.
D. The client has not completed the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson) and was redirected to do so.
E. The client was assisted in processing and clarifying ideas and feelings regarding the existence of a higher power.
F. The client was encouraged to describe beliefs about the idea of a higher power.
G. The client rejected the concept of a higher power but was encouraged to review this at a later time.

39. Read About Spirituality in AA's *Big Book* (39)

A. The client was assigned to read about spirituality and the role of a higher power in portions of Adult Children of Alcoholics's *Red Book* and AA's *Big Book*.
B. The client reported reading Adult Children of Alcoholics's *Red Book* and AA's *Big Book* on the topic of spirituality and the role of a higher power, and this topic was discussed.
C. The client was helped to process the material related to spirituality from Adult Children of Alcoholics's *Red Book* and AA's *Big Book* and identified ways in which this related to their situation.
D. The client did not read the portions of Adult Children of Alcoholics's *Red Book* and AA's *Big Book* on the topic of spirituality, and this was reassigned.

40. Identify Issues for a Higher Power (40)

A. The client was asked to identify circumstances in their life that could benefit from being turned over to a higher power.
B. The client was assigned "Understanding Spirituality" or "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying specific issues that need to be turned over to a higher power.
D. The client was reinforced in identifying specific steps that they are taking to turn specific issues over to a higher power.
E. The client denied any need for turning any issues over to a higher power and was urged to remain open to this concept.

41. Teach Assertiveness Skills (41)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client was assigned the "Becoming Assertive" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client displayed an understanding of assertiveness skills that they have been taught.
D. The client's journal of assertiveness experiences was reviewed.
E. The client listed several different situations in which they have been able to be assertive; this success was celebrated.
F. The client reported finding it very difficult to implement assertiveness skills, and remedial assistance was provided.

42. Teach Assertiveness Formula (42)

A. The client was taught the "I feel . . . when you. . . . I would prefer it if. . ." assertiveness formula.
B. The client and the therapist role-played several applications of the assertiveness formula in the client's life.
C. The client was reinforced while displaying an understanding and mastery of assertiveness techniques.
D. The client was assigned to use the assertiveness formula three times per day.
E. The client struggled to understand the techniques and usefulness of the assertiveness formula and was provided with remedial assistance in this area.

43. Teach the *Share Check* Method (43)

A. The client was taught the share check method of building trust in relationships.
B. The therapist and client role-played several applications of the share check method in the client's life.
C. The client was noted to have indicated a desire to increase their level of trust in others and has implemented the share check method to do so.
D. The client continues to be distrustful of others and has not implemented the share check method to increase trust in others; the client was redirected to do so.

44. Reinforce Honest Sharing (44)

A. The client was encouraged and reinforced to share honestly and openly with a trusted person.
B. As the client identified situations in which they have shared honestly and openly with a trusted person, strong reinforcement was given.
C. It was reflected that the client continues to struggle with sharing openly and honestly with a trusted person.

45. Refer for Psychopharmacological Intervention (45)

A. A referral to a physician was made to evaluate the client for a prescription for psychotropic medication.

B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medication provided by the physician.

46. Administer Medications (46)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering their own medications.
C. The client refused to accept medication as prescribed.

47. Monitor Medication Effectiveness and Side Effects (47)

A. As the client has taken psychotropic medication prescribed by a physician, the effectiveness and side effects of the medication were monitored.
B. It was noted that the client has reported that the psychotropic medication has been beneficial.
C. The client reported that the psychotropic medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client identified side effects of the medications; this was relayed to the prescribing clinician.
E. The client has not consistently taken the prescribed medication and has been redirected to do so.

48. Develop 5-Year Plan (48)

A. The client was asked to set goals for recovery from ACA traits at 6 months, 12 months, and 5 years.
B. The identification of specific steps toward recovery was emphasized.
C. The client was assigned the "Personal Recovery Plan" exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was unable to set goals for recovery, and roadblocks were assessed and managed.

49. Assess Satisfaction (49)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ANGER

CLIENT PRESENTATION

1. **Explosive, Destructive Outbursts (1)***
   A. The client described a history of loss of temper in which they have destroyed property in fits of rage, often when intoxicated.
   B. The client described a history of loss of temper involving substance use that dates back to adolescence, including verbal outbursts and property destruction.
   C. The client has reported increased control over their temper and a significant reduction in the incidence of poor anger management.
   D. The client has reported no recent incidents of explosive outbursts that have resulted in destruction of any property or intimidating verbal assaults.
2. **Substance Abuse to Cope With Anger (2)**
   A. The client acknowledged using substances in an attempt to cope with angry feelings.
   B. The client described situations in which they have used substances to cope with angry feelings but had difficulty identifying the relationship between the substance abuse and anger.
   C. The client identified that substance abuse had a direct connection to anger problems.
   D. The client has maintained total abstinence, which is confirmed by the family.
3. **Cognitive Biases Toward Anger (3)**
   A. The client shows a pattern of cognitive biases commonly associated with anger.
   B. The client makes demanding expectations of others.
   C. The client tends to generalize labeling the targets of their anger.
   D. The client tends to have anger in reaction to perceived slights.
   E. As treatment has progressed, the client displays decreased patterns of cognitive biases associated with anger.
4. **Evidence of Physiological Arousal (4)**
   A. The client displayed direct evidence of physiological arousal in relation to feelings of anger.
   B. The client displays indirect evidence of physiological arousal related to feelings of anger.
   C. As treatment has progressed, the client's level of physiological arousal has decreased as anger has become more managed.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Explosive, Destructive Outbursts (5)

A. The client described a history of loss of temper in which they have 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 their temper and a significant reduction in incidents of poor anger management.
D. The client has had no recent incidents of explosive outbursts that have resulted in destruction of property or intimidating verbal assaults.

6. Explosive, Assaultive Outbursts (5)

A. The client described a history of loss of anger control to the point of physical assault on others who were the target of their anger.
B. The client has been arrested for assaultive attacks on others when they have lost control of their 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 their temper and terminate all assaultive behavior.
E. There have been no recent incidents of assaultive attacks on anyone, in spite of the client having experienced periods of anger.

7. Overreactive Irritability (6)

A. The client described a history of reacting too angrily to rather insignificant irritants in daily life.
B. The client indicated that they recognize that they become 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 over-reactivity to minor irritants.

8. Physical/Emotional Abuse (7)

A. The client reported physical encounters that have injured others or have threatened serious injury to others.
B. The client showed little or no remorse for causing pain to others.
C. The client projected blame onto others for aggressive encounters.
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 aggressive patterns and seems to be trying to interact with more assertiveness rather than aggression.

9. Verbal Abuse Toward Significant Other (7)

A. The client has reported incidences of verbal abuse against a significant other.
B. The client showed little or no remorse for causing emotional pain to others.

C. The client projected blame onto others for aggressive encounters.
D. The client continues to interact with others in a verbally abusive style.
E. The client has shown progress in controlling verbal outbursts and abuse and appears to be treating others with respect.

10. Harsh Judgment Statements (8)

A. The client exhibited frequent incidents of being harshly critical of others.
B. The client's family members reported that the client reacts very quickly with angry, critical, and demeaning language toward them.
C. The client reported that they have 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.

11. Angry/Tense Body Language (9)

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

12. Passive-Aggressive Behavior (10)

A. The client described a history of passive-aggressive behavior in which they 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 the client would make promises of doing something but not follow through.
C. The client acknowledged that they tend 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.

13. Violent Rages (11)

A. The client described several incidents of suppressing angry feelings, then exploding in a violent rage.
B. The client described several episodes of loss of control over angry feelings that they had previously guarded closely.
C. The client reported gaining greater control over aggressive impulses, although verbal aggression is still present.
D. The client reported successful control over aggressive impulses, with no recent incidents noted.
E. The client identified situations in which assertively expressing feelings has helped to gain successful control over aggressive impulses.

14. Overreaction to Disapproval (12)

A. The client described a history of reacting too angrily to situations in which they perceive disapproval, rejection, or criticism.
B. The client indicated that they recognize that they become too angry in the face of perceived disapproval, rejection, or criticism.
C. The client's perception of disapproval, rejection, or criticism has led to explosive, angry outbursts, destruction of property, and/or striking out at others.
D. The client has made significant progress at increasing frustration tolerance and reducing explosive over-reactivity to perceived disapproval, rejection, or criticism.

15. Verbal Abuse as Intimidation (13)

A. The client reported verbal threats of aggression toward others, name-calling, and other verbally abusive speech.
B. The client showed little or no remorse for harming or intimidating others.
C. The client projected blame onto others for verbal outbursts.
D. The client continues to act in an aggressive, intimidating style.
E. The client has shown progress in controlling aggressive patterns and seems to be trying to interact with more assertiveness than aggression.

16. Blaming Others (14)

A. The client described several incidents during which they believe that others were to blame for their behaviors.
B. The client identified a pattern of blaming others for their own problems.
C. The client has begun to accept responsibility for their own behavior and problems.

17. Aggression to Achieve Power and Control (15)

A. The client described an inclination to try to dominate social, family, and other situations by using aggressive means.
B. The client has been alienated from others because of the client's dominating and controlling manner.
C. The client has become more considerate of others' opinions and feelings and has reduced the degree of aggression.
D. The client has yielded control to others and has decreased the need to maintain power and control.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing anger symptoms.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assess Anger Dynamics (3)

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

4. Administer Anger Expression Assessment Instruments (4)

A. The client was administered psychological instruments designed to objectively assess anger traits.
B. The client was assessed with the Anger, Irritability, and Assault Questionnaire (AIAQ).
C. The Buss-Durkee Hostility Inventory (BDHI) was used to assess the client's anger expression.
D. The State-Trait Anger Expression Inventory (STAXI) was used to assess the client's anger expression.
E. Feedback was provided to the client regarding the results of the anger expression assessment.
F. The client declined to complete the psychological instruments designed to objectively assess anger expression, and the focus of treatment was changed to this resistance.

5. Refer for Medical/Physical Examination (5)

A. The client was referred for a complete medical/physical examination to rule out organic contributors (e.g., brain damage, tumor, elevated testosterone levels) to anger.
B. The client has complied with the medical/physical examination and the results were shared with the client.
C. The medical/physical examination has identified organic contributors to poor anger control and treatment was suggested.

D. The medical/physical examiner has not identified any organic contributors to poor anger control, and this was reflected to the client.
E. The client has not complied with the medical/physical examination to assess organic contributors and was redirected to do so.

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

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

10. Identify Positive Consequences of Anger Management (10)

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

11. List Negative Anger Impact (11)

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

12. Use Motivational Interviewing (12)

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

13. Educate About Addictive Behavior to Relieve Uncomfortable Feelings (13)

A. The client was educated about the tendency to engage in addictive behavior as a means of relieving uncomfortable feelings.
B. The client was able to develop a list of several incidences of how addictive behavior has been used as a means of relieving uncomfortable feelings.
C. The client reported a decrease in the use of addictive behaviors as a means of relieving uncomfortable feelings; this success was highlighted.
D. The client reported that they have not decreased the use of addictive behaviors as a means of relieving uncomfortable feelings and was provided with additional feedback in this area.

14. Teach About High-Risk Situations (14)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, strong positive emotions, testing personal control).
B. The client was taught about how anger, as a negative emotion, places them at a higher risk for addiction.
C. Active listening skills were used as the client acknowledged the higher risk of addictive behaviors related to negative emotions, social pressure, interpersonal conflict, positive emotions, and testing personal control.
D. The client was supported while acknowledging how anger places them at a higher risk for addiction.
E. The client rejected the connections between anger and higher risk of substance abuse and was provided with additional feedback.

15. Engage in New Ways to Recognize and Manage Anger (15)

A. The client was asked to learn new ways to recognize and manage anger.
B. The client was reinforced for their agreement to learn new ways to recognize and manage anger.
C. The client was uncertain about committing to any change about their anger pattern and was provided with additional feedback in this area.

16. Refer for Psychopharmacological Intervention (16)

A. The client was referred to a prescribing clinician for the purpose of evaluation for a prescription for psychotropic medication to aid in reducing tension and improving anger control.
B. The client has followed through on the referral to a prescribing clinician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medication provided by the physician.

17. Monitor Medication Effectiveness and Side Effects (17)

A. As the client has taken psychotropic medication prescribed by the prescribing clinician, the effectiveness and side effects of the medication have been monitored.
B. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
D. The client has not consistently taken the prescribed psychotropic medication and has been redirected to do so.
E. The client identified side effects of the psychotropic medications and was directed to consult with the prescribing clinician if the side effects persist or worsen.

18. Assign an Anger Journal (18)

A. The client was assigned to keep a daily journal in which to document persons or situations that cause anger, irritation, and disappointment and to record the depth of anger, rating on a scale of 1 to 100.

B. The client was assigned "Anger Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has kept a journal of anger-producing situations and this material was processed within the session.
D. It was noted that the client has become more aware of the causes for targets of their anger, as a result of journaling these experiences on a daily basis.
E. The client has not kept an anger journal and was redirected to do so.

19. List Targets of/Causes for Anger (19)

A. The client was assisted in listing as many of the causes for and targets of their anger that they are aware of.
B. The client was assigned "Is This Anger Due to Feeling Threatened?" or "Is My Anger Due to Unmet Expectations?" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client's list of targets of and causes for anger was processed in order to increase awareness of anger management issues.
D. The client has indicated a greater sensitivity to angry feelings and the causes for them as a result of the focus on these issues.
E. 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.

20. Convey Model of Anger (20)

A. The client was assisted in understanding a model of anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which lead to acting out.
E. The client displayed a clear understanding of this model of anger and was provided with positive reinforcement.
F. The client has struggled to understand this model of anger and was provided with remedial feedback in this area.

21. Process Anger Triggers (21)

A. The client was assisted in processing the list of anger triggers and other relevant journal information.
B. The client was assisted in understanding how cognitive, physiological, and effective factors interplay to produce anger.
C. The client was reinforced for their insight into anger triggers and the cognitive, physiological, and effective factors.
D. The client struggled to connect anger triggers with cognitive, physiological, and effective factors and was provided with remedial information in this area.

22. Discuss Rationale for Treatment (22)

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

23. Assign Reading Material (23)

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

24. Teach Calming Techniques (24)

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; the client was encouraged to use the techniques.

25. Explore Self-Talk (25)

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

26. Assign Self-Talk Homework (26)

A. The client was assigned a homework exercise in which they identify angry self-talk and generate alternatives that help moderate angry reactions.
B. The client was assigned the exercise "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's use of self-talk alternatives was reviewed within the session.

D. The client was reinforced for success in changing angry self-talk to more moderate alternatives.
E. The client was provided with corrective feedback to help improve use of alternative self-talk to moderate angry reactions.

27. Role-Play Relaxation and Cognitive Coping (27)

A. The client was assisted in visualizing anger-provoking scenes and then using relaxation and cognitive coping skills.
B. The client engaged in role-plays regarding the use of relaxation and cognitive coping in anger-provoking scenes.
C. The client was gradually moved from low to high anger-inducing scenes.
D. The client was assigned to implement calming techniques in daily life and when facing anger-triggering situations.
E. The client's experience of using relaxation and cognitive coping in daily life was processed, with reinforcement for success and problem-solving for obstacles identified.

28. Assign Thought-Stopping Technique (28)

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

29. Teach Assertive Communication (29)

A. The client was taught assertive communication through instruction, modeling, role-playing, rehearsal, and practice.
B. The client was referred to an assertiveness training class.
C. The client was assigned *Your Perfect Right* (Alberti & Emmons) or "Assertive Communication of Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client displayed increased assertiveness and was provided with positive feedback in this area.
E. The client has not increased level of assertiveness and was provided with additional feedback in this area.

30. Teach Problem-Solving Skills (30)

A. The client was taught problem-solving skills through the use of instruction, modeling, role-playing, rehearsal, and practice.
B. The client was taught about defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, and evaluating and readjusting the outcome.

C. The client was assigned "Problem Solving: An Alternative to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client displayed a clear understanding of the use of the problem-solving skills and displayed this through examples.
E. The client struggled to understand the use of problem-solving skills and was provided with remedial feedback in this area.

31. Teach Conflict Resolution Skills (31)

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

32. Conduct Conjoint Session for Skill Generalizations (32)

A. The client was asked to invite their significant other for a conjoint session.
B. The client and significant other were seen together in order to help implement assertiveness, problem-solving, and conflict resolution skills.
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for increased use of assertiveness, problem-solving, and conflict resolution skills with the significant other.
E. The client's significant other was urged to assist the client in use of assertiveness, problem-solving, and conflict resolution skills.
F. The client has not regularly used assertiveness, problem-solving, and conflict resolution skills with the significant other and was assisted in identifying barriers to this success.

33. Construct Strategy for Managing Anger (33)

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

34. Select Challenging Situations for Managing Anger (34)

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

35. Consolidate Anger Management Skills (35)

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

36. Monitor/Decrease Outbursts (36)

A. The client's reports of angry outbursts were monitored, toward the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use new anger management skills to decrease the frequency, intensity, and duration of anger outbursts.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's progress in decreasing angry outbursts was reviewed.
E. The client was reinforced for success at decreasing the frequency, intensity, and duration of anger outbursts.
F. The client has not decreased the frequency, intensity, or duration of anger outbursts and corrective feedback was provided.

37. Differentiate Between Lapse and Relapse (37)

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

38. Discuss Management of Lapse Risk Situations (38)

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

39. Encourage Routine Use of Strategies (39)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., calming adaptive self-talk, assertion, and/or conflict resolution).
B. The client was urged to find ways to build new strategies into daily life as much as possible.

C. The client was reinforced while reporting ways in which they have incorporated coping strategies into their life and routine.
D. The client was redirected about ways to incorporate new strategies into their routine and life.

40. Develop a "Coping Card" (40)

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

41. Schedule "Maintenance" Sessions (41)

A. The client was assisted in scheduling "maintenance" sessions to help maintain therapeutic gains and adjust to life without angry outbursts.
B. Positive feedback was provided to the client for maintenance of therapeutic gains.
C. The client has displayed an increase in anger symptoms and was provided with additional relapse prevention strategies.

42. Encourage Disclosure (42)

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

43. Use the ACT Approach (43)

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

44. Teach Mindfulness Meditation (44)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anger.
B. The client was taught to focus on changing their relationship with the anger-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, nonreality-based mental phenomenon.

C. The client was assisted in differentiating between reality-based thoughts and nonreality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes that trigger anger and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

45. Assign ACT Homework (45)

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

46. Assign Reading on Mindfulness and ACT (46)

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

47. Identify Anger Expression Models (47)

A. The client was assisted in identifying key figures in their life who have provided examples of how to positively or negatively express anger.
B. The client was reinforced in identifying several key figures who have been negative role models in expressing anger explosively and destructively.
C. The client was supported and reinforced while acknowledging that they manage anger in the same way that an explosive parent figure had done when the client was growing up.
D. The client was encouraged to identify positive role models throughout their life whom they could respect for their management of angry feelings.
E. The client was supported while acknowledging that others have been influential in teaching destructive patterns of anger management.
F. The client failed to identify key figures in their life who have provided examples as to how to positively express anger and was questioned more specifically in this area.

48. Teach Anger Effects (48)

A. The client was educated regarding the ways in which anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame on others for problems.
B. The client verbalized an understanding of how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others; this insight was reinforced.
C. The client's understanding of the effects of anger has resulted in the client demonstrating improved anger management; this progress was highlighted.
D. The client did not accept the relationship between how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame on others for problems; the client was urged to continue to consider this relationship.

49. Develop Forgiveness (49)

A. The client was assisted in identifying whom they need to forgive.
B. The client was educated as to the long-term process that is involved in forgiveness versus it being a magical, single event.
C. The client was encouraged to read *Forgive and Forget* (Smedes) to learn more about the process of forgiveness.
D. The client identified a list of individuals whom they need to forgive.
E. The client was reluctant to emphasize forgiveness and was provided with additional support in this area.

50. Turn Perpetrators Over to the Higher Power (50)

A. The client was taught about the 12-step recovery program concept of a higher power.
B. The client was taught about the choice to turn the perpetrators of pain over to a higher power for judgment.
C. The client indicated understanding of the concept of a higher power and using the higher power for judgment of perpetrators of pain; this insight was processed.
D. The client rejected the idea of a higher power as a way to provide judgment for perpetrators of pain and was urged to consider this further.

51. Focus on Exercise Program (51)

A. The client was taught the importance of regular exercise in improving anger control and reducing addictive behavior.
B. The client was referred for assistance in developing an individually tailored exercise program that is approved by their personal physician.
C. The client was reinforced while accepting the need for regular exercise and has developed a program of implementation.
D. The client reported implementing an exercise program, and level of relaxation was reviewed.
E. The client has resisted implementation of an exercise regimen and was redirected to do so.

52. Teach the Importance of a 12-Step Recovery Program (52)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around them, and sharing feelings.
B. The client has verbalized an acceptance of the need for a 12-step recovery program, getting a sponsor, reinforcing people around them, and sharing feelings; this progress was reinforced.
C. The client was resistive to acceptance of a 12-step recovery program, and additional examples of how helpful this can be were provided.

53. Develop 5-Year Plan (53)

A. The client was asked to set goals for recovery from anger traits at 6 months, 12 months, and 5 years.
B. The identification of specific steps toward recovery was emphasized.

C. The client was assigned the Personal Recovery Plan exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was unable to set goals for recovery and roadblocks were assessed and managed.

54. Assess Satisfaction (54)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ANTISOCIAL BEHAVIOR

CLIENT PRESENTATION

1. **Rule-Breaking History (1)***
   A. The client confirmed that their history of rule breaking, lying, physical aggression, and/or disrespect for others and the law is associated with the use of drugs and/or alcohol.
   B. The client reported frequent incarcerations due to illegal activities and drug/alcohol violations.
   C. The client acknowledged that substance abuse has paralleled their antisocial behavior.
   D. The client has demonstrated and verbalized more respect for the rules of society and the needs of others.
2. **Disregard for Others' Rights (2)**
   A. The client displayed little concern for the rights of others in their pattern of behavior.
   B. The client has often demonstrated a pattern of violating the rights of others in order to meet needs.
   C. The client verbalized an understanding of how their actions have negatively affected others.
   D. The client has demonstrated increased empathy and sensitivity to the rights of others.
3. **Substance Use (3)**
   A. The client's use of substances exacerbates antisocial behavior patterns such as criminal activity, aggression and intimidation, thrill seeking, impulsivity, and self-centeredness.
   B. The client has no interest in reducing the substance use that exacerbates antisocial behavior patterns.
   C. The client identified an interest in reducing substance use to help reduce antisocial behavior patterns.
   D. The client has significantly reduced or eliminated substance use.
4. **Blaming Others (4)**
   A. The client refused to take responsibility for their own behavior and decisions; instead, the client pointed to the behavior of others or to substance abuse as the cause for their actions.
   B. The client's interpersonal conflicts were blamed on others or on substance abuse, without the client taking any responsibility for the problems.
   C. The client is beginning to accept personal responsibility for their own behavior and makes fewer statements projecting responsibility onto others for their actions.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Aggressive Behavior to Control Others (5)**
   A. The client described a series of incidents in which they have become aggressive in order to manipulate, intimidate, or control others.
   B. The client blamed substance abuse for aggressive/destructive behaviors.
   C. The client has acknowledged the need to control aggressive, manipulative, and intimidating behaviors.
   D. The client has recently demonstrated good self-control and has not engaged in any aggressive, intimidating, or controlling behaviors.

6. **Dishonesty (6)**
   A. The client reported a pattern of lying to cover up responsibility for actions or substance abuse, with little shame or anxiety attached to this pattern of lying.
   B. The client seemed to be lying during the session.
   C. The client acknowledged that their dishonesty produced conflicts within relationships and distrust from others.
   D. The client has committed to being more honest in interpersonal relationships.

7. **Hedonistic Lifestyle (7)**
   A. The client described a pattern of hedonistic, self-centered behaviors that reflect little regard for their negative effects on others.
   B. The client was able to identify how their lifestyle is hedonistic and self-centered.
   C. The client was able to identify how their lifestyle has displayed little regard for any values beyond seeking to feel good.
   D. The client has displayed a pattern of acting with greater regard for the needs and welfare of others.

8. **Lack of Empathy (8)**
   A. The client described patterns of aggression and disrespect for others and displayed no remorse or empathy for how this behavior affects others.
   B. The client projected blame for hurtful behavior onto others or onto substance abuse, saying that they had no alternative.
   C. The client has begun to develop some empathy for the feelings of others but only for those who are close to them (i.e., friends and family).
   D. The client has reported feelings of empathy both for those who are close to them and to others.

9. **Adolescent Criminal Activity (9)**
   A. The client confirmed that their history of criminal activity and addiction began in adolescence.
   B. The client reported that they were often involved with juvenile justice officials or incarcerated within the juvenile justice system for illegal activities and substance abuse.
   C. The client acknowledged that substance abuse paralleled their antisocial behavior and dates back to adolescence.

10. Recklessness/Thrill Seeking (10)

A. The client reported having engaged in reckless, adventure-seeking behavior and substance abuse, reflecting a high need for excitement, having fun, and living "on the edge."
B. The client described a series of reckless actions, often while under the influence of substances, which showed little consideration for the consequences of such actions.
C. The client has begun to control reckless impulses and substance abuse and has reported trying to think of the consequences before acting recklessly.

11. Impulsivity (11)

A. The client's pattern of impulsive behavior and substance use is demonstrated in frequent geographical moves, traveling with few 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 self and others.
C. The client has acknowledged that their life of impulsive reactivity and substance abuse has had many negative consequences and that they are now committed to making an effort to control these impulses.
D. The client has shown progress in controlling impulsive reactivity and substance misuse and now considers the possible consequences of actions before reacting.

INTERVENTIONS IMPLEMENTED*

1. Build Trust and Establish Rapport (1)

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing antisocial behavior symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Identify Antisocial and Addictive Behavior as Self-Defeating (3)

A. The client was asked to list the negative consequences that have accrued because of their antisocial behavior.
B. The client was assigned the Step One exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was asked to identify others who have been negatively affected by their antisocial behavior and to list the specific pain that these individuals have suffered.
D. The client was asked to verbalize an acceptance of the powerlessness and unmanageability they have over antisocial behavior and addiction.
E. The client was confronted with the fear, disappointment, loss of trust, and loss of respect that others experience as a consequence of self-centered behavior and lack of sensitivity.
F. The client denied any negative or self-defeating consequences because of their antisocial/addictive behavior and was provided with tentative examples of how this occurs.
G. The client has not completed the assigned Step One homework and was redirected to do so.

4. Recognize Reciprocity of Antisocial and Addictive Behavior (4)

A. The client was presented with the concept of a reciprocal relationship between antisocial behavior and addiction.
B. The client was asked to identify how substances have played a part in their choices regarding antisocial behavior.
C. The client was asked to verbalize how antisocial behavior has encouraged their addiction.
D. The client denied any connection between antisocial and addictive behaviors and was urged to remain open to this concept.

5. Administer Antisocial Behavior Rating Scales (5)

A. The client was administered psychological instruments designed to objectively assess baseline levels of antisocial behavior, impulsivity, and/or aggression.
B. The client was administered the Psychopathy Checklist–Revised (PCL-R).
C. The client was administered the Aggressive Acts Questionnaire (AAQ).
D. The client was administered the Barratt Impulsiveness Scale-11 (BIS-11).
E. The client was provided feedback regarding the results of the assessment of antisocial behavior, impulsivity, and/or aggression.
F. The client declined to participate in taking the instruments used to assess antisocial behavior, impulsivity, and/or aggression and was redirected to do so.

6. **Recognize *Insanity* (6)**
   A. The client was presented with the concept of how doing the same things over and over again but expecting different results is irrational.
   B. The client was presented with the concept that irrational behavior (e.g., doing the same thing over and over and expecting different results) is what 12-step recovery programs call *insanity*.
   C. The client was asked to identify their experience of *insane* and *irrational* behavior and how this concept applies to them.
   D. The client rejected the concept of their behavior being *insane* or *irrational* and was provided with remedial feedback in this area.

7. **Assess Level of Insight (7)**
   A. The client's level of insight toward the presenting problems was assessed.
   B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
   C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
   D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
   E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
   F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

8. **Assess for Correlated Disorders (8)**
   A. The client was assessed for evidence of research-based correlated disorders.
   B. The client was assessed in regard to the level of vulnerability to suicide.
   C. The client was identified as having a comorbid disorder, and treatment was adjusted to account for these concerns.
   D. The client has been assessed for any correlated disorders, but none were found.

9. **Assess for Culturally Based Confounding Issues (9)**
   A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
   B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.
   C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand their clinical presentation.
   D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior" and these were taken into account in regard to their treatment.
   E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

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

11. Review the Rules and Consequences for Failure to Comply (11)

A. The client was presented with a list of rules that must be kept by participants in the treatment program.
B. The client was presented with a list of general societal rules/expectations.
C. The client was presented with appropriate consequences for failing to follow the rules.
D. The client was praised as they have been able to maintain the rules of the program.
E. The client has failed to follow the presented rules, and appropriate consequences have been implemented.

12. Review Rule Breaking and Natural Consequences (12)

A. The client was presented with several examples of rule/limit breaking that have led to negative consequences for self and others.
B. The client was asked to identify several examples of rule/limit breaking that have led to negative consequences for self and others.
C. The client was consistently reminded of the pain that others suffer as a result of their antisocial behavior.

13. Teach About Empathy (13)

A. Role-playing and role reversal techniques were used to teach the client the value of being empathetic to the needs, rights, and feelings of others.
B. The client was assigned "How I Have Hurt Others" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was asked to commit to acting more sensitively to the rights and feelings of others.
D. The client has not completed the assigned "How I Have Hurt Others" homework and was redirected to do so.

14. Teach About Criminal Thinking (14)

A. The client was taught that actions do not spontaneously occur but rather are preceded by a variety of decisions.
B. The client was asked to review how their decisions are sometimes based in criminal thinking.

C. The client was asked to list five times that antisocial behavior led to negative consequences and also to list the many decisions that were made along the way.
D. The client was helped to see how many negative consequences are preceded by decisions based in criminal thinking.
E. It was pointed out to the client that they justify their antisocial attitude as the way that they learned to live because of childhood or other socialization processes.

15. Teach About the Effects of Dishonesty (15)

A. The client was asked to list the positive effects for others when they are 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 asked to identify situations in which they could be more honest and reliable.
D. The client identified ways in which they are being more honest and reliable, and these were processed.
E. The client was confronted for continuing to be dishonest and unreliable.

16. Connect Criminal Activity and Low Self-Esteem (16)

A. The client was taught about how the emotional dynamics of criminal activity lead to feelings of low self-esteem.
B. The client was asked to identify personal examples of how criminal activity has led to feelings of low self-esteem.
C. The client displayed a clearer understanding of the connection between criminal activity and feelings of low self-esteem, and this insight was reinforced.
D. The client had difficulty displaying an understanding of the connection between criminal activity and low self-esteem and was provided with additional information in this area.

17. Link Criminal Thinking to Antisocial Behavior and Addiction (17)

A. The client was taught how criminal thinking (e.g., super-optimism, little empathy for others, power orientation, a sense of entitlement, self-centeredness) leads to antisocial behavior and addiction.
B. Personal examples of how criminal thinking has led to antisocial behavior and addiction in the client's life were processed.
C. The client denied engaging in criminal thinking leading to antisocial behavior and addiction and was provided with remedial feedback.

18. Identify How Blaming Results in Continued Mistakes (18)

A. The client was asked to identify how blaming others results in a failure to learn from mistakes.
B. The client was confronted with a pattern of behavior that demonstrates a failure to learn from mistakes.
C. The client was asked to list incidents from the past that are examples of blaming others, resulting in a failure to learn from mistakes.

D. The client was assigned "Taking Inventory of Destructive Behaviors" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. Active listening was provided as the client displayed an understanding of how blaming others results in a failure to learn from mistakes and described situations in which the client was changing that pattern.
F. The client was confronted for continuing to blame others for their own mistakes.

19. Explore Reasons for Blaming (19)

A. The client's history was explored, with a focus on causes for the avoidance of accepting responsibility for behavior.
B. The client's history of physical and emotional abuse was explored, and an association with denying responsibility for behavior was made.
C. The client's early history of lying was explored as to causes and consequences.
D. Parental modeling of projection of responsibility for their behavior was examined.

20. Confront Projection (20)

A. The client was consistently confronted for failing to take responsibility for their own actions and for placing the blame onto others for them.
B. The client was assigned "Letter of Apology" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. As the client's pattern of projecting blame onto others began to weaken, the client was reinforced for taking personal responsibility for their actions.
D. The importance of taking responsibility for one's own behavior and the positive implications for this as a way to motivate change were reviewed.

21. Teach the Difference Between Antisocial and Prosocial Behaviors (21)

A. The specific criteria for identifying antisocial behaviors and the opposite prosocial behaviors were brainstormed with the client.
B. A commitment to practicing prosocial behaviors was developed.
C. The client was assigned "Benefits of Helping Others" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Three Acts of Kindness" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in developing a list of prosocial behaviors (e.g., helping others) to practice each day.
E. The client was helped to identify several instances in which they have been practicing prosocial behaviors.
F. The client was confronted for persisting in antisocial behaviors.

22. Confront Disrespect (22)

A. The client was confronted consistently and firmly when exhibiting an attitude of disrespect for the rights and feelings of others.
B. It was firmly and consistently emphasized to the client that others have a right to boundaries, privacy, and respect for their feelings and property.
C. Thoughtful attitudes and beliefs about the welfare of others, as well as respect for others, were modeled for the client.

23. List Typical Antisocial Thoughts and Alternative Thoughts (23)

A. The client was assisted in identifying their typical antisocial thoughts.
B. Positive feedback was provided as the client listed typical antisocial thoughts, as well as alternative, respectful, trusting, empathic, and prosocial thoughts.
C. The client identified success in using alternate, respectful, trusting, empathic thoughts to replace antisocial thoughts; this progress was highlighted.
D. The client acknowledged an ongoing pattern of antisocial thoughts, and a lack of the use of alternate, more prosocial thoughts; additional alternatives were provided.

24. Teach Recovery Group Involvement (24)

A. The client was taught about how active involvement in a recovery group is a way to build trust in and respect for others as well as to develop self-confidence.
B. The client was provided with examples of how recovery groups provide emotional support, social relationships, and guidance, as well as relieve anxiety and reinforce self-worth.
C. The client was assigned the Step 3 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was referred to an appropriate recovery group.
E. The client's involvement in an active recovery group was reinforced.
F. The client acknowledged that they had not followed through with involvement in the recovery group and was redirected to do so.
G. The client has not completed the assigned Step 3 homework and was redirected to do so.

25. Confront Rule Breaking (25)

A. The client was firmly and consistently confronted when they broke the rules, blamed others, or made excuses.
B. As the client's pattern of breaking rules, blaming others, or making excuses weakened, the client was reinforced for taking personal responsibility for their own behavior.
C. The client maintained a pattern of breaking rules, blaming others, and making excuses and was redirected in this area.

26. Address Legal Problems (26)

A. The client was supported, encouraged, and reinforced in addressing legal problems that have resulted from irresponsible behavior.
B. The client was assigned "Accept Responsibility for Illegal Behavior" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) or "What's Addiction Got to Do with My Problems" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. It was reflected that the client has taken increased responsibility in addressing legal problems honestly and directly.
D. The client was confronted for continuing an inappropriate pattern of trying to escape the legal effects of their behavior.

27. Teach About Helping Others via Recovery Groups (27)

A. The client was taught how helping others at recovery groups can increase empathy and build mutual trust and respect.

B. The client reported attending a recovery group, situations in which they have been able to help others, and the positive effects they have had; these were reviewed.
C. The client acknowledged a lack of recovery group attendance and failure to help others and was redirected to do so.

28. Practice Encouraging Others (28)

A. Modeling, role-playing, and behavior rehearsal were used to practice with the client how to encourage others in recovery.
B. The client was assigned "Benefits of Helping Others" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client's positive experiences with encouraging others in recovery were reviewed.
D. The client acknowledged that they had not used techniques to encourage others in recovery and was redirected to do so.

29. List the Value of Trust in Others (29)

A. The client was asked to list the benefits of trusting others and how these are important basic elements for any human relationship.
B. The client was taught the absolute necessity of trust in others as an example of the different forms of relationships that are based in trust and honesty.
C. The client was asked to list the positive effects for others when the client is trusting in others.
D. The client rejected the concept of positive benefits of trusting others and has not focused in this area; the client was redirected to do so.

30. Identify Prosocial Replacement Behaviors (30)

A. The client was assisted in identifying the benefits sought from their addictive behavior (i.e., affiliation with others or emotional balance).
B. The client was reinforced that the goals that they were pursuing with addictive behavior were natural goals but were being met in unhealthy and counterproductive ways.
C. The client was assisted in developing alternative ways to meet goals.
D. The client was assigned the exercise "Alternatives to Addictive Behavior" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

31. Confront Denial of Responsibility (31)

A. The client was firmly and consistently confronted when attempting to deny responsibility for self-centered and impulsive behaviors.
B. The client was directed to identify how their behavior discouraged others from placing trust in them.
C. Positive reinforcement was provided as the client reported an understanding of how denial of responsibility has invoked the lack of trust from others.
D. The client was assigned "Letter of Apology" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. It was noted that the client has made a commitment to accept responsibility for their own behavior, in order to increase others' trust in them.

F. The client denied having any irresponsible, self-centered, or impulsive behaviors and was urged to monitor this dynamic.
G. The client has not completed the assigned "Letter of Apology" homework and was redirected to do so.

32. Emphasize Keeping Commitments (32)

A. The importance of keeping commitments and promises to others and finding ways to prove oneself as trustworthy in relationships were discussed with the client.
B. The client was assisted in endorsing several ways in which they have attempted to prove trustworthy in relationships.
C. The client reported a significant increase in keeping commitments, as well as other ways of proving trustworthy in relationships; this progress was highlighted.
D. The client acknowledged an ongoing pattern of failure in keeping commitments and a continuing lack of trustworthiness in relationships; the client was urged to make some commitments in this area.

33. Establish Sponsor Relationship (33)

A. The client was introduced to a 12-step recovery group sponsor.
B. The client was encouraged to ask a stable person in recovery to be their sponsor.
C. The client was taught about the many ways in which a sponsor can be helpful in recovery.
D. The client has not asked someone to be their sponsor and was redirected to do so.

34. Develop an Aftercare Plan (34)

A. The client was assisted in developing an aftercare plan, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings, which will support recovery from antisocial issues.
B. The client was assisted in listing several components of an aftercare plan that will support their sobriety (e.g., self-help groups and a sponsor, family activities, counseling with a specific psychotherapist).
C. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) or "Taking Daily Inventory" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced while describing active pursuit of the elements of the aftercare plan.
E. The client has not followed through on the aftercare plan and was redirected to do so.
F. The client has not completed the assigned "Taking Daily Inventory" homework and was redirected to do so.

35. Teach the Family About Criminal Thinking (35)

A. Family members were taught about criminal thinking, and the client was assisted in identifying how this occurs for them.
B. The client and family members were assigned "Crooked Thinking Leads to Crooked Behavior" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. Family members reported an understanding of what they were taught about how criminal thinking occurs for the client.
D. Family members were taught about how to correct the client's inaccurate thoughts.
E. Family members were reinforced for a willingness to confront and correct the client's inaccurate thoughts.

36. Encourage Family Recovery (36)

A. The client's family members were encouraged to each work out their own program of recovery.
B. The client's family members were encouraged as they reported an ongoing pattern of using their own program of recovery.
C. Family members were taught the need to overcome the denial of and making excuses for the client's antisocial behavior.
D. As the client has improved, the family has identified a decrease in reinforcing or being intimidated by the client's antisocial behavior; this progress was celebrated.
E. The client reported that family members are not working out their own program of recovery, and they were confronted about this.
F. Family members reported a continuing pattern of reinforcing and of being intimidated by the client's antisocial behavior, and additional interventions were brainstormed.

37. Teach Conflict Resolution Techniques (37)

A. Family members were taught conflict resolution techniques through behavior rehearsal, modeling, and role-playing within the session.
B. The client was assigned "Applying Problem Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Family members were reinforced as they reported implementation of the conflict resolution techniques to settle issues reasonably between family members.
D. Family members have not used conflict resolution techniques, and they were redirected to do so.

38. Direct Family Members to List Support for Recovery (38)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. The client reported family members assisting significantly in encouragement and other techniques to help recovery from antisocial behavior and addiction; this help was reinforced.
C. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support the client's recovery.

39. Develop 5-Year Plan (39)

A. The client was asked to set goals for recovery from antisocial behavior at 6 months, 12 months, and 5 years.
B. The identification of specific steps toward recovery was emphasized.
C. The client was assigned the "Personal Recovery Plan" exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client has outlined a recovery plan that includes concepts learned in treatment.
E. The client was unable to set goals for recovery and roadblocks were assessed and managed.

40. Assess Satisfaction (40)

A. A client satisfaction survey was administered.
B. The client displayed a high level of satisfaction, which was reviewed with the client.
C. The client displayed a medium level of satisfaction with services, which was reviewed with the client.
D. The client displayed a low level of satisfaction with treatment, and the reasons for this were processed.
E. The client declined to take the satisfaction survey and was redirected to do so.

ANXIETY

CLIENT PRESENTATION

1. **Excessive Worry (1)***
   A. The client described symptoms of unrealistic preoccupations with worry that something dire will happen.
   B. The client showed some recognition that excessive worry is beyond the scope of rationality but feels unable to control it.
   C. The worry symptoms have continued for longer than 6 months.
   D. The client has worry symptoms more days than not.
   E. The client described that they worry excessively about two or more events or activities.
   F. The client reported that worry about events or activities has diminished and they are living with more of a sense of peace and confidence.
2. **Excessive Worry About Recent Stressor (2)**
   A. The client described symptoms of unrealistic preoccupations with worry in response to a recent stressor.
   B. The client showed some recognition that excessive worry is beyond the scope of rationality but feels unable to control it.
   C. The worry symptoms have continued for longer than 6 months.
   D. The client has worry symptoms more days than not.
   E. The client described that they worry about recent stressors.
   F. The client reported that worry about recent stressors has diminished, and they are living with more of a sense of peace and confidence.
3. **Excessive Worry (3)**
   A. The client described symptoms of excessive and/or unrealistic worry.
   B. The client's symptoms of excessive and/or unrealistic worry have not decreased.
   C. The client's symptoms of excessive and/or unrealistic worry have decreased through therapeutic techniques.
4. **Motor Tension (4)**
   A. The client described a history of restlessness, tiredness, muscle tension, and shaking.
   B. The client moved about in their chair frequently and sat stiffly.
   C. The client said that they are unable to relax and are always restless and stressed.
   D. The client reported that they have been successful in reducing levels of tension and in increasing levels of relaxation.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Autonomic Hyperactivity (5)

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

6. Hypervigilance (6)

A. The client related that they constantly feel on edge, that sleep is interrupted, and that concentration is difficult.
B. The client reported being irritable in interactions with others, as their patience is thin and they are worrying about everything.
C. The client's family members report that the client is difficult to get along with, as their irritability level 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.

7. Excessive Worry Based on Cognitive Biases (7)

A. The client described symptoms of preoccupation with worry that something dire will happen that is driven largely by cognitive biases.
B. The client showed some recognition that their uncontrolled worry is irrational.
C. The client described worries about issues related to family, personal safety, health, employment, and many other things but cannot identify any rational reason for these worries.
D. The client reported that worries regarding life's circumstances have diminished, and they are living with more of a sense of peace and confidence.

8. Substance Abuse Response (8)

A. The client identified a pattern of substance abuse in response to excessive anxiety.
B. The client has not decreased substance abuse in response to excessive anxiety.
C. The client identified a decrease in the pattern of substance abuse in response to excessive anxiety.
D. The client has stopped abusing substances in response to excessive anxiety.

9. Substance Abuse to Control Anxiety Symptoms (9)

A. The client described a history of substance abuse as an attempt to control anxiety symptoms.
B. The client identified substance abuse as a self-medication tool regarding anxiety symptoms.
C. The client identified a decrease in the abuse of substances related to controlling anxiety symptoms.
D. The client has maintained total abstinence despite ongoing anxiety symptoms.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing anxiety symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess Nature of Anxiety Symptoms (3)**
   A. The client was asked to describe past experiences of anxiety and their impact on functioning, including the focus, excessiveness, uncontrollability, type, frequency intensity, and duration of symptoms.
   B. The Anxiety and Related Disorders Interview Schedule for the *DSM-5* was used to assess the client's anxiety symptoms.
   C. The assessment of the client's anxiety symptoms indicated that their symptoms are extreme and severely interfere with their life.
   D. The assessment of the client's anxiety symptoms indicated that these symptoms are moderate and occasionally interfere with daily functioning.
   E. The assessment of the client's anxiety symptoms indicated that these symptoms are mild and rarely interfere with daily functioning.
   F. The results of the assessment of the client's anxiety symptoms were reviewed with the client.
4. **Administer Assessments for Anxiety Symptoms (4)**
   A. The client was administered psychological instruments designed to objectively assess their level of anxiety.
   B. The client was administered the Penn State Worry Questionnaire.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client was administered the Outcome Questionnaire 45.2 (OQ-45.2).
D. The client was administered the Symptom Checklist-90-R.
E. The client was provided with feedback regarding the results of the assessment of their level of anxiety.
F. The client declined to participate in the objective assessment of their level of anxiety, and this resistance was processed.

5. Refer for Assessment Regarding Etiology (5)

A. The client was referred for an assessment to rule out nonpsychiatric medical etiologies for their anxiety.
B. The client was referred for an assessment to rule out substance-induced etiologies for their level of anxiety.
C. The client has complied with the referral and the results of this evaluation were reviewed.
D. The client has not complied with the referral for a medical evaluation and was redirected to do so.

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand their clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior" and these were taken into account in regard to their treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

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

10. Refer to a Physician (10)

A. The client was referred to a prescribing clinician for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a prescribing clinician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

11. Monitor Medications (11)

A. The client was monitored for compliance with the psychotropic medication regimen.
B. The client was provided with positive feedback about regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of the prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the prescribing clinician.
E. Although the client was monitored for medication side effects, they reported no concerns in this area.

12. Use Motivational Interviewing (12)

A. Motivational interviewing techniques were used to help the client clarify their stage of motivation to change.
B. Motivational interviewing techniques were used to help move the client to the action stage in which they agree to learn new ways to conceptualize and manage anxiety.
C. The client was assisted in identifying dissatisfaction with the status quo and the benefits of making changes.
D. The client was assisted in identifying level of optimism for making changes.

13. Explore Anxiety/Addiction Making Life Unmanageable (13)

A. The client was presented with the concept that powerlessness over anxiety and addiction makes their life unmanageable.

B. The client was assisted in identifying specific instances wherein they have been powerless over addiction and have experienced anxiety, causing life to be unmanageable.

C. As the client's anxiety has decreased, their life has been noted to be somewhat more manageable.

D. The client denied any concerns in regard to anxiety/addiction making life unmanageable and was provided with feedback about how the clinician sees this occurring.

14. Teach Anxiety/Addiction Relationship (14)

A. The client was taught the relationship between anxiety and addiction, including how substances can be used to treat the anxious symptoms.

B. The client was taught about how more substance abuse becomes necessary to cope with the ongoing anxiety symptoms.

C. The client was assigned "Coping With Stress" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client accepted the relationship between anxiety and addiction and was assisted in identifying specific examples from experience that support this pattern.

E. The client reported decreased substance use during anxious situations, and this success was celebrated.

F. It was noted that despite learning about the connection between anxiety and addiction, the client has not decreased substance use during anxious situations.

G. The client has not completed the "Coping With Stress" homework and was redirected to do so.

15. Discuss Anxiety Components (15)

A. The client was taught how anxiety typically involves excessive worry about unrealistically appraised threats, various bodily expressions of overarousal, hypervigilance, and avoidance of what is threatening that interact to maintain the problem.

B. The client was taught how treatment breaks the anxiety cycle by encouraging positive, corrective experiences.

C. The client was taught information from *Mastery of Your Anxiety and Worry: Therapist Guide* (Zinbarg, Craske, & Barlow) or *Treating Generalized Anxiety Disorder* (Rygh & Sanderson) regarding the anxiety pattern.

D. The client was reinforced as they displayed a better understanding of the anxiety cycle of unwarranted fear and avoidance and how treatment breaks the cycle.

E. The client displayed a poor understanding of the anxiety and was provided with remedial feedback in this area.

16. Discuss Target of Treatment (16)

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

B. The reduction of overarousal and unnecessary avoidance and a reengagement in rewarding activities were emphasized as treatment targets.

C. The client displayed a clear understanding of the target of treatment and was provided with positive feedback in this area.
D. The client struggled to understand the target of treatment and was provided with specific examples in this area.

17. Assign Reading on Anxiety (17)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on anxiety.
B. The client was assigned information from *Mastery of Your Anxiety and Worry: Workbook* (Barlow & Craske) or *The Anxiety and Worry Workbook* (Clark & Beck).
C. The client has read the assigned information on anxiety, and key points were reviewed.
D. The client has not read the assigned information on anxiety and was redirected to do so.

18. Teach Relaxation Skills (18)

A. The client was taught calming/relaxation/mindfulness skills.
B. The client was taught skills such as applied relaxation, progressive muscle relaxation, cue-controlled relaxation, mindful breathing, and biofeedback.
C. The client was taught how to discriminate better between relaxation and tension.
D. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was taught how to apply relaxation skills to daily life.
F. The client was taught relaxation skills as described in *New Directions in Progressive Muscle Relaxation* (Bernstein, Borkovec, & Hazlett-Stevens) or *The Relaxation and Stress Reduction Workbook* (Davis et al.).
G. The client was provided with feedback about use of relaxation skills.

19. Assign Relaxation Homework (19)

A. The client was assigned to do homework exercises in which they practice calming/relaxation/mindfulness skills on a daily basis.
B. The client was assigned "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has regularly used relaxation exercises, and the helpful benefits of these exercises were reviewed.
D. The client has not regularly used relaxation exercises and was provided with corrective feedback in this area.
E. The client has used some relaxation exercises but does not find these to be helpful; the client was assisted in brainstorming how to modify these exercises to be more helpful.

20. Implement Worry Time (20)

A. The client was taught to implement "worry time"—delaying the worry about various environmental settings until a designated "worry time."
B. The rationale for using a "worry time" was explained, focusing on trying to limit the association between various environmental settings and the experience of worry.
C. The client was assigned the "Worry Time" exercise in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client and therapist agreed upon a specific "worry time" and the client was urged to implement this process.

21. Teach Techniques to Postpone Until Worry Time (21)

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

22. Discuss Estimation Errors (22)

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

23. Analyze Fears Logically (23)

A. The client's fears were analyzed by examining the probability of their negative expectation becoming a reality, the consequences of the expectation if it occurred, their ability to control the outcome, the worst possible result if the expectation occurred, and their ability to cope if the expectation occurred.
B. The client was assigned "Analyze the Probability of a Feared Event" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned material from *Cognitive Therapy of Anxiety Disorders* (Clark & Beck).
D. The client's ability to control the outcome of circumstances was examined and the effectiveness of worry on that outcome was also examined.
E. Cognitive therapy techniques have been effective at helping the client understand beliefs and distorted messages that produce worry and anxiety.
F. As the client has increased understanding of distorted, anxiety-producing cognitions, their anxiety level has been noted to be decreasing.
G. Despite the client's increased understanding of distorted messages that produce worry and anxiety, their anxiety level has not diminished.

24. Develop Insight Into Worry as Avoidance (24)

A. The client was assisted in gaining insight into how worry creates acute and/or chronic anxious apprehension, leading to avoidance that precludes finding solutions to problems and maintains a worry-avoidance cycle.
B. The client was reinforced for their insightful understanding about how worry creates an avoidance cycle.
C. The client struggled to understand the nature of worry as a form of avoidance and was provided with remedial information in this area.

25. Identify Distorted Thoughts (25)

A. Through the use of cognitive behavioral therapy techniques, the client was assisted in exploring self-talk, underlying assumptions, schemas, or metacognition that mediate anxiety.
B. The client was assisted in challenging and changing biases and conducting behavioral experiments to test predictions toward dispelling unproductive worry and increasing self-confidence in addressing the subject of worry.
C. The client was reinforced as they verbalized an understanding of the cognitive beliefs and messages that mediate anxiety responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify distorted thoughts and cognitions and was provided with tentative examples in this area.

26. Assign Exercises on Self-Talk (26)

A. The client was assigned homework exercises in which they identify fearful self-talk creates reality-based alternatives and tests through behavioral experiments.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's replacement of fearful self-talk with reality-based alternatives was reviewed.
D. The client was reinforced for successes at replacing fearful self-talk with reality-based alternatives.
E. The client was provided with corrective feedback for failures to replace fearful self-talk with reality-based alternatives.
F. The client has not completed their assigned homework regarding fearful self-talk and was redirected to do so.

27. Construct Anxiety Stimulus Hierarchy (27)

A. The client was assisted in constructing a hierarchy of feared and avoided activities, procedures, and conditions or social events.
B. The client was assigned the "Gradually Reducing Your Phobic Fear" exercise in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of their anxiety remain quite vague; they were assisted in completing the hierarchy.
D. 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.

28. Select Initial Exposures (28)

A. Initial exposures were selected from the hierarchy of anxiety-producing situations, with a bias toward the likelihood of being successful.

B. A plan was developed with the client for managing the symptoms that may occur during the initial exposure.

C. The client was assisted in rehearsing the plan for managing the exposure-related symptoms within their imagination.

D. Positive feedback was provided for the client's helpful use of symptom management techniques.

E. The client was redirected for ways to improve symptom management techniques.

29. Conduct Worry Exposure (29)

A. The client was asked to vividly imagine worst-case consequences of worries, holding them in mind until the anxiety associated with them decreases.

B. The client was asked to imagine consequences of worries as described in *Mastery of Your Anxiety and Worry: Therapist Guide* (Zinbarg, Craske, & Barlow).

C. The client was supported as they maintained a focus on the worst-case consequences of worry until the anxiety weakened.

D. The client was assisted in generating reality-based alternatives to the worst-case scenarios, and these were processed within the session.

30. Conduct Exposure in Vivo (30)

A. The client was assisted in engaging in activities usually avoided because of unrealistic worry.

B. The client was assisted in removing any unnecessary, anxiety-drive safety behaviors as described in *Mastery of Your Anxiety and Worry: Therapist Guide* (Zinbarg, Craske, & Barlow).

C. The client was supported while engaging in difficulty activities until anxiety weakened.

31. Assign Homework on Situational Exposures (31)

A. The client was assigned homework exercises to perform worry exposures and record their experience.

B. The client was assigned situational exposure homework from *Mastery of Your Anxiety and Worry: Workbook* (Craske & Barlow).

C. The client's use of worry exposure techniques was reviewed and reinforced.

D. The client has struggled in implementation of worry exposure techniques and was provided with corrective feedback.

E. The client has not attempted to use the worry exposure techniques and was redirected to do so.

32. Teach Problem-Solving Strategies (32)

A. The client was taught a specific problem-solving strategy to reduce unproductive worry or avoidance.

B. The client was taught problem-solving strategies including specifically defining a problem, generating options for addressing it, evaluating the pros and cons of each option, selecting and implementing an action plan, and reevaluating and refining the plan.

C. The client was provided feedback on the use of the problem-solving strategies.
D. The client was unable to make use of problem-solving strategies and remedial feedback was given.

33. Assign Problem-Solving Exercise (33)

A. The client was assigned a homework exercise in which they solve a current problem about which they worry.
B. The client was assigned a problem to solve as described in *Mastery of Your Anxiety and Worry: Workbook* (Craske & Barlow).
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was provided with feedback about ther use of the problem-solving assignment.

34. Engage in Behavioral Activation (34)

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

35. Develop Interpersonal Skills and Relationships (35)

A. As interpersonal deficits were identified as a primary factor in the client's anxiety, they were assisted in developing new interpersonal skills and relationships.
B. The client displayed a clear understanding of the new interpersonal skills and relationships and was reinforced for this success.
C. The client has struggled in regard to developing new interpersonal skills and relationships and was redirected in this area.

36. Assign Homework on Social Skills (36)

A. The client was assigned a homework exercise in which they implement social skills in everyday life.
B. The client was assigned the homework exercise "Restoring Socialization Comfort" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's use of homework exercises in daily life was reviewed, with reinforcement for success and corrective feedback toward improvement.
D. The client did not complete homework exercises and was redirected to do so.

37. Use Acceptance-Based Therapies (37)

A. Techniques from acceptance-based therapies were used to help the client accept worries and overcome avoidance.
B. The client was assisted in identifying and expanding acceptance rather than judgment and avoidance or internal experiences.

C. The client was assisted in promoting action in areas of importance.
D. The client was asked to read *The Mindful Way Through Anxiety* (Orsillo & Roemer) and key concepts were reviewed.

38. Differentiate Between Lapse and Relapse (38)

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

39. Discuss Management of Lapse Risk Situations (39)

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

40. Encourage Continued Use of Strategies (40)

A. The client was instructed to continue using new and effective therapeutic skills (e.g., relaxation, cognitive restructuring, exposure and problem-solving).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
D. The client was redirected about ways to incorporate new strategies into their routine and life.

41. Develop a "Coping Card" (41)

A. The client was given a "coping card" or other reminder on which new and effective worry management skills and other important information are available to the client for later use.
B. The client was assisted in developing the "coping card" in order to list helpful coping strategies.
C. The client was encouraged to use the "coping card" when struggling with anxiety-producing situations.

42. Schedule a "Maintenance" Session (42)

A. The client was scheduled for a "maintenance" session between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if they need to be seen prior to the "maintenance" session.

C. The client's "maintenance" session was held and the client was reinforced for successful implementation of therapy techniques.
D. The client's "maintenance" session was held and the client was coordinated for further treatment, as progress has not been sustained.

43. Process Family-of-Origin Experiences (43)

A. Today's therapy session explored family-of-origin experiences for learning to be fearful and anxious.
B. The client was asked to explore how childhood experiences relate to current anxious thoughts, feelings, and behavior.
C. The client was encouraged to honestly and openly share regarding past rejection experiences, harsh criticism, abandonment, or trauma.
D. The client was given support and affirmation regarding the uncomfortable feelings related to fear-producing situations from their family of origin.
E. As the client has progressed in treatment, verbally expressing and clarifying feelings from the past have become easier.
F. The client has continued to struggle with openly and honestly sharing feelings associated with past rejection experiences, harsh criticism, abandonment, or trauma and was urged to do so as they feel safer.

44. Assign Books on Shame (44)

A. The client was assigned to read excerpts from books related to shame.
B. The client was assigned to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum & Mason).
C. The client has followed through with learning about shame through books (e.g., *Healing the Shame That Binds You* [Bradshaw], *Facing Shame* [Fossum & Mason]), and the key concepts were processed.
D. The client has not followed through on reading books related to shame (e.g., *Healing the Shame That Binds You* [Bradshaw], *Facing Shame* [Fossum & Mason]) and was redirected to do so.

45. Develop Positive Self-Descriptive Statements (45)

A. The client was asked to make a list of 10 positive self-descriptive statements.
B. The client was assigned "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has followed through on making a list of positive self-descriptive statements, and these were reviewed.
D. It was reflected to the client that they have developed a pattern of describing self more positively and have been feeling an increased level of self-esteem.
E. The client has not followed through on developing a list of positive self-descriptive statements and was encouraged to do so.

46. Use Step 3 (46)

A. The client was taught a 12-step program's third step, focusing on how to turn problems, worries, and anxieties over to a higher power.
B. The client was taught about trusting that a higher power is going to help resolve the situation.

C. The client has begun turning problems, worries, and anxieties over to a higher power and is trusting that the higher power is going to help resolve the situation; this progress was reinforced.
D. The client rejected the idea of turning problems, worries, and anxieties over to a higher power and does not feel that this concept will be helpful in resolving anxiety; the client was urged to remain open to these concepts.

47. Develop Alternative Actions (47)

A. The client was assisted in developing a list of situations in which they feel anxious and crave substances.
B. The client was assigned "Coping With Stress" and "Benefits of Helping Others" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in developing an alternative constructive plan of action for when they feel anxious and crave substances (e.g., relaxation exercises, physical exercise, call a sponsor, go to a meeting, call the counselor, talk to someone).
D. The client was reinforced in implementing positive coping strategies to deal with situations that trigger anxiety and craving substance use.
E. The client has resisted identifying anxiety-producing situations and times when they crave substances and is noted to be vulnerable to relapse because of this resistance.

48. Probe Family-of-Origin Experiences (48)

A. Today's therapy session explored family-of-origin experiences for learning to be fearful and anxious.
B. The client was asked to explore how childhood experiences relate to current anxious thoughts, feelings, and behavior.
C. The client was given support and affirmation regarding the uncomfortable feelings related to fear-producing situations from their family of origin.
D. The client continued to exhibit anxiety related to family-of-origin experiences and was provided with remedial information in this area.

49. Assign Step 4 Exercise (49)

A. The client was taught about a 12-step program's Step 4, focusing on detailing the exact nature of their wrongs and forgiveness.
B. The client was directed to write an autobiography detailing the exact nature of their wrongs.
C. The client was assigned the Step 4 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. Active listening skills were provided as the client has completed an autobiography and has detailed the exact nature of their wrongs.
E. The client endorsed the need to forgive self and others and has begun to process this; this insight was reinforced.
F. The client described struggles regarding how to forgive self and others; these barriers were processed.
G. The client has not completed the Step 4 exercise and was redirected to do so.

50. Develop Recovery Group Involvement (50)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and confidence in self.
B. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was referred to an appropriate recovery group.
D. The client described involvement in an active recovery group, and the benefits they have experienced were reviewed.
E. The client acknowledged that they have not followed through with involvement in a recovery group, and the client was redirected to do so.

51. Educate the Family About Anxiety Disorders (51)

A. A family session was held to educate the client's family and significant others regarding anxiety disorder, treatment, and prognosis. Active listening was modeled.
B. Family members expressed their positive support of the client and a more accurate understanding of anxiety and substance-abuse concerns.
C. Family members were neither understanding nor willing to provide support to the client, in spite of diagnosis of an anxiety disorder; they were urged to reconsider this refusal.

52. Direct Family Members to List Support for Recovery (52)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. A family session was held to facilitate communication of techniques that the family can use to assist in the client's recovery.
C. The client reported family members assisting significantly in encouragement and other techniques to help them recover from anxious behavior and addiction; the client was urged to express gratitude.
D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support the client's recovery.

53. Assess Satisfaction (53)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADOLESCENT

CLIENT PRESENTATION

1. **Lack of Attention to Detail (1)***
   A. The client reported failure to give close attention to detail or makes mistakes with things of low interest, even though they may be important to the client's life.
   B. The client's lack of ability to give close attention has resulted in missing out on the comprehension of important details.
   C. The client's ability to give close attention seems to be increasing as they reported increased attention skills.
2. **Fidgety (2)**
   A. The client reported being unable to sit still for any length of time but often feels fidgety.
   B. The client gave evidence of being fidgety within the session, often moving about in the chair.
   C. The client's ability to fidget less has increased.
3. **Difficulty Sustaining Attention (3)**
   A. The client reported difficulty sustaining attention to tasks or activities.
   B. The client gave evidence of difficulty sustaining attention within today's session.
   C. The client's difficult sustaining attention is diminishing and focused concentration is increasing.
4. **Fails to Listen (4)**
   A. The client does not seem to listen to others even when spoken to directly.
   B. The client reports problems with day-to-day functioning because of failure to listen to others.
   C. The client reports greater control over listening when others are speaking to them.
5. **Restless (5)**
   A. The client reported being unable to sit still for a significant length of time and often feels restless.
   B. The client gave evidence of being restless within the session, often moving about in a chair.
   C. The client's ability to rest comfortably for a longer period of time has increased.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. **Lack of Follow-Through (6)**
   A. The client reported struggling to follow through on instructions and fails to finish duties.
   B. Family members reported frustration at the client's pattern of failing to finish duties.
   C. The client has shown progress in follow-through and completing duties.
7. **Inability to Engage Quietly (7)**
   A. The client reports an inability to engage in leisure activities quietly.
   B. The client has identified problems with others because of inability to engage in leisure activities quietly.
   C. The client has improved in ability to engage in leisure activities at an appropriate noise level.
8. **Disorganization (8)**
   A. The client has a history of disorganization in many areas of their life.
   B. The client's disorganization is evident in areas related to home and work, leading them to be less efficient and less effective than they could be.
   C. The client has made significant progress in increasing organization and is using that organization to become more efficient.
   D. The client uses lists and reminders to increase organizational ability.
9. **On the Go (9)**
   A. The client is often described as "on the go" or acting as if "driven by a motor."
   B. The client has identified problems with overall functioning because of their "on the go" behaviors.
   C. The client has been able to improve in functioning as they have reduced their "on the go" behaviors.
10. **Avoidance (10)**
    A. The client often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
    B. The client has struggled to maintain employment or struggles in school because of avoidance of tasks that require sustained mental effort.
    C. The client has reduced their avoidance of difficult tasks and reports improved functioning in a variety of areas.
11. **Excessive Talking (11)**
    A. The client talks excessively.
    B. The client's family and friends have reported frustrations because of excessive talking.
    C. The client has improved in the ability to talk an appropriate amount.
12. **Losing Items (12)**
    A. The client often loses items necessary for tasks or activities.
    B. The client identified problematic functioning because of losing items necessary for day-to-day tasks.

C. The client has done better self-management in order to reduce loss of necessary items.

13. Interrupting (13)

A. The client often interrupts, doesn't wait for their turn, or blurts out answers before a question has been completed.
B. The client's friends and family have identified problems related to the client's inability to function appropriately in social situations.
C. The client's work relationships have suffered owing to an inability to function appropriately.
D. The client has reduced the need to interrupt others, now waits for others, blurts out answers less, and has identified positive results from this improvement.

14. Distractibility (14)

A. The client reported being easily distracted and their 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 focused concentration is increasing.

15. Forgetfulness (15)

A. The client identified often being forgetful in daily activities.
B. The client's day-to-day functioning has suffered owing to forgetfulness.
C. The client has identified ways to be less forgetful and identified positive experiences.

16. Hyperactivity (16)

A. The parents and teachers described the client as being a highly energetic and hyperactive individual.
B. The client presented with a high energy level and had difficulty sitting still for extended periods of time.
C. The client has trouble channeling high energy into constructive or sustained, purposeful activities.
D. Both parents and teachers reported a decrease in the client's level of hyperactivity.
E. The client has consistently channeled energy into constructive and purposeful activities.

17. Increased Vulnerability to Addiction Behaviors (17)

A. The client reported a history of increased vulnerability to addiction behaviors because of attention-deficit/hyperactivity disorder (ADHD) traits.
B. The client's ADHD traits were observed to create an increased vulnerability to addiction behaviors.
C. As the client's ADHD traits have been appropriately treated, vulnerability to addiction behaviors has decreased.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing ADHD symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Identify Targets (3)**
   A. The various stimuli that have triggered the client's ADHD behavior were assessed, including situations, people, and thoughts.
   B. The thoughts, feelings, and actions that have characterized the client's ADHD behavior and their consequences were reviewed.
   C. The client was assisted in identifying target behaviors, antecedents, consequences, and the appropriate placement of interventions.
   D. Placement of interventions was prioritized in school-based situations and, to a lesser extent, home-based and peer-based situations.
   E. Placement of interventions was prioritized in home-based situations and, to a lesser extent, school-based and peer-based situations.
   F. Placement of interventions was prioritized in peer-based situations and, to a lesser extent, home-based and school-based situations.
4. **Rule Out Alternative Conditions (4)**
   A. Alternative conditions that could cause inattention, hyperactivity, and impulsivity were reviewed.
   B. Behavioral, physical, and emotional problems were reviewed in regard to the effect on the client's inattention, hyperactivity, and impulsivity.
   C. The client's level of normal developmental behavior was reviewed.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Coordinate Psychological Testing (5)

A. The client was administered psychological testing in order to establish or rule out the presence of ADHD problems.
B. The Connors ADHD Rating Scale (CARS) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–3 (SASSI-3) was administered to the client.
D. Psychological testing has established the presence of an ADHD problem.
E. The psychological testing failed to confirm the presence of ADHD.

6. Monitor and Rate ADHD Symptoms (6)

A. The client was taught techniques to monitor their ADHD symptoms.
B. The client was asked to rate the severity of their ADHD symptoms on a daily basis, on a scale from 1 to 100.
C. The client was assisted in rating their ADHD symptoms.
D. The client has not monitored their ADHD symptoms and was redirected to do so.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand their clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior" and these were taken into account in regard to treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

10. Assess Severity of Impairment (10)

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

11. Accept Powerlessness and Unmanageability Over ADHD Symptoms (11)

A. The client was taught about the use of a 12-step recovery program's Step 1 exercise to acknowledge unmanageability of ADHD symptoms and addiction.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was noted to accept the concept of being powerless and unable to manage ADHD symptoms and addiction problems.
D. It was noted that the client has had increased serenity after accepting powerlessness and inability to manage ADHD symptoms and addiction.
E. The client rejected the concept of powerlessness and unmanageability over ADHD and addiction symptoms and was urged to monitor this dynamic.

12. Teach About the Relationship Between ADHD and Addiction (12)

A. The client was taught, through the use of a biopsychosocial approach, about the relationship between ADHD symptoms and addictive behavior.
B. The client was assisted in acknowledging several instances in which ADHD symptoms have prompted addictive behavior.
C. As ADHD symptoms have decreased, the client has identified a corresponding decrease in addictive behavior; this progress was highlighted.

13. Develop an ADHD and Addiction Recovery Program (13)

A. The client was assisted in developing a program of recovery that includes the elements necessary to bring ADHD and addictive behavior under control.
B. The client was assigned "Developing a Recovery Program" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they identified specific portions of their ADHD/addiction recovery program, including the use of medication, behavior modification, environmental controls, aftercare meetings, and further therapy.

D. It was noted that the client has begun to use the recovery program.
E. The client has not used their specific recovery program and was redirected to pursue these elements.

14. Teach About a Higher Power (14)

A. The client was presented with information about how faith in a higher power can aid in recovery from ADHD traits and addiction.
B. The client was assisted in processing and clarifying ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe beliefs about the concept of a higher power.
D. The client rejected the idea of a higher power and was urged to remain open to this concept.

15. Refer to a Specialist to Remediate Learning Disabilities (15)

A. The client was referred to an education specialist to design remedial procedures for learning disabilities present in addition to ADHD.
B. The client reported meeting with the educational specialist, who has been able to design remedial procedures for learning disabilities.
C. The client described benefits from the remedial procedures used to counter the effects of learning disabilities.
D. The client has not yet met with an education specialist to design remedial procedures for learning disabilities and was redirected to do so.

16. Refer for Medication Evaluation (16)

A. A referral to a prescribing clinician was made for the purpose of evaluating the client for a prescription of psychotropic medications.
B. The client has followed through on a referral to a prescribing clinician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. Psychotropic medications have been prescribed for the client.
D. The client has been monitored for side effects of the medication.
E. The client has refused a prescription of psychotropic medication provided by the prescribing clinician.

17. Monitor Medication Compliance and Effectiveness (17)

A. The client reported that the medication has helped to improve attention, concentration, and impulse control without any side effects, and the benefits of this were reviewed.
B. The client was assigned the exercise "Evaluating Medication Effects" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client reported little to no improvement while taking the medication and was redirected to the prescribing clinician.
D. The client has not complied with taking medication on a regular basis and was redirected to do so.
E. The client and parents were encouraged to report the side effects of the medication to the prescribing clinician.

18. Educate Family About ADHD (18)

A. The client's parents and siblings were educated about the symptoms of ADHD.
B. The therapy session helped the client's parents and siblings gain a greater understanding and appreciation of the symptoms of ADHD.
C. The family members were given the opportunity to express their thoughts and feelings about having a child or sibling with ADHD.

19. Discuss Treatment Options (19)

A. The various treatment options available for ADHD were discussed with the client and/or parents.
B. The options regarding behavioral parent training, classroom-based behavioral management programs, peer-based programs, medication, and cognitive behavioral therapy were reviewed.
C. Pros and cons of each of the various treatment options were reviewed.
D. Risks and benefits of each treatment option were reviewed to assist the parents in making fully informed decisions.
E. The appropriate treatment for the client's developmental age was discussed.

20. Assign Parents to Read ADHD Information (20)

A. The parents were assigned to read information to increase their knowledge about symptoms of ADHD.
B. The client's parents were directed to read *Taking Charge of ADHD* (Barkley).
C. The parents were directed to read *Parenting Children With ADHD: 10 Lessons That Medicine Cannot Teach* (Monastra).
D. The parents were assigned to read *The Family ADHD Solution: A Scientific Approach to Maximizing Your Child's Attention and Minimizing Parental Stress* (Bertin).
E. The parents have read the information about ADHD, and key points were processed.
F. The client's parents have not read the information about ADHD and were redirected to do so.

21. Assign Client to Read About ADHD (21)

A. The client was instructed to read information about ADHD and adolescence.
B. The client was instructed to read *ADHD—A Teenager's Guide* (Crist) to increase knowledge and understanding of ADHD.
C. The client was instructed to read *The ADHD Workbook for Teens: Activities to Help You Gain Motivation and Confidence* (Honos-Webb) to increase knowledge about ADHD and ways to manage symptoms.
D. The client was instructed to read *Take Control of ADHD: The Ultimate Guide for Teens With ADHD* (Spodak & Stephano) to increase knowledge about ADHD and ways to manage symptoms.
E. The client identified several helpful strategies learned from readings assigned to help improve attention span, academic performance, social skills, and impulse control.
F. The client has not read the helpful information on ADHD and teenagers and was redirected to do so.

22. Explain Benefit of Behavioral Interactions (22)

A. Today's session focused on how parent and child behavioral interactions can reduce the frequency of impulsive, disruptive, and negative attention-seeking behaviors and increase desired prosocial behavior.
B. The use of prompting and reinforcing positive behaviors was reviewed.
C. An emphasis was also placed on the use of clear instruction, time-out, and other loss-of-privilege practices for problem behavior.
D. *The Kazdin Method for Parenting the Defiant Child* (Kazdin) was recommended.
E. *Parents and Adolescents Living Together: The Basics* (Patterson & Forgatch) was recommended to the parents.

23. Teach Parents to Define Aspects of Situation (23)

A. The parents were taught how to specifically define and identify their child's problem behaviors.
B. The parents were taught how to identify their reactions to their child's behavior, and whether the reaction encourages or discourages the behavior.
C. The parents were assigned "Switching From Defense to Offense" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The parents were taught to generate alternatives to their child's problem behavior.
E. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
F. Parents were provided with remedial feedback as they struggled to correctly identify their child's problem behaviors and their own reactions, responses, and alternatives.

24. Teach About Functions of ADHD Behavior (24)

A. The parents were taught about the possible functions of ADHD behavior.
B. Alternative functions for ADHD behavior, such as avoidance, attention-seeking, gaining a desired object/activity, or regulating sensory stimulation, were reviewed.
C. Parents were assisted in reviewing how to test which function is being served by the behavior.
D. The parents were taught about how to use parent training methods to manage behavior depending on the function it serves.

25. Assign Home Exercises to Implement Parenting Techniques (25)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The parents were assigned "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

26. Refer to Parent Management Training Course (26)

A. The parents were referred to a parent management training course.
B. The parents have completed the parent management training course and the key concepts were reviewed.
C. The parents have not used the parent management training course and were redirected to do so.

27. Consult With Teachers (27)

A. Consultation was held with the client's teachers to implement strategies to improve school performance.
B. The client was assigned a seat near the teacher or in a low-distraction work area to help themr remain on task.
C. The client, teacher, and therapist agreed to the use of a prearranged signal to redirect the client to task when attention begins to wander.
D. The client's schedule was modified to allow for breaks between tasks or difficult assignments to help maintain attention and concentration.
E. The teachers were encouraged to obtain and provide frequent feedback to help maintain the client's attention, interest, and motivation.
F. The client was directed to arrange for a listening friend.

28. Institute Behavioral Classroom Management Interventions (28)

A. The parents and pertinent school personnel were consulted in order to implement an age-appropriate behavioral classroom management intervention.
B. The behavioral classroom management interventions were focused on reinforcing appropriate behavior at school and at home, using timeout for undesirable behavior and a daily report card for monitoring progress.
C. The behavioral classroom management program has been used and the benefits were reviewed.
D. The behavioral classroom management program has not been used and problems with this intervention were resolved.

29. Refer for Behavioral Peer Intervention (29)

A. Behavioral peer intervention as described by Pelham et al. in "Summer Treatment Programs for Attention-Deficit Hyperactivity Disorder" was used.
B. Behavioral peer intervention involving brief social skills training, followed by coached group play, was used.
C. Contingency management systems were used as a portion of the behavioral peer intervention, including point systems and timeouts.
D. Objective observations, frequency counts, and adult ratings of social behavior were used as outcome measures.

30. Provide Psychoeducation About ADHD (30)

A. The parents were provided with psychoeducation about ADHD or ADHD and addiction.

B. A rationale for treatment was discussed with the client where the focus will be on improvement of cognitive and behavioral skills, such as organization, planning, adaptive thinking, and reducing distraction and procrastination.
C. The client and parents had a clear understanding of the rationale for treatment, and this was reinforced.
D. The client and parents seemed to struggle with understanding the rationale for treatment and were provided with additional information in this area.

31. Teach Organization and Planning Skills (31)

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

32. Teach Distraction Delay Techniques (32)

A. The client was taught a distraction delay technique involving writing own distractions while working and coming back to them after a set amount of time.
B. The client was taught cue-controlled techniques involving checking in to assess if they were still working on the task at hand or had gotten distracted.
C. The client identified implementing one or both distraction delay techniques and has found success in reducing distractions.
D. The client attempted one or both of the distraction delay techniques and reported minimal usefulness in reducing distractions; additional support was provided.
E. The client did not attempt to use the distraction delay techniques and was assisted in problem-solving.

33. Use Cognitive Restructuring Skills (33)

A. Cognitive restructuring was used to teach adaptive thinking skills and respond adaptively to task-interfering thinking (anxious, depressive, or overly positive thinking) that does not recognize the effects of attentional deficits.
B. The client was reinforced for understanding of adaptive thinking skills.
C. The client has applied adaptive thinking skills in daily life and was encouraged for this step.
D. The client was unable to apply adaptive thinking skills into daily life and remedial information was provided.

34. Teach Procrastination Reduction Skills (34)

A. The client was taught skills to reduce procrastination, such as scheduling tasks, breaking tasks down into manageable steps, learning to set realistic goals for completing tasks, and rethinking beliefs about perfectionism.
B. The client has implemented newly learned skills and identified a significant decrease in procrastination incidences.
C. The client has not implemented newly learned skills and was redirected to attempt this.

35. Conduct Relapse Prevention (35)

A. Newly learned skills were reviewed with the client, continued use was encouraged, and coping with potential future difficulties was rehearsed.
B. The client was asked to schedule a self-check-in 1 month after the last treatment session.
C. The client showed understanding of the newly learned skills and committed to a self-check-in and was provided with positive feedback.

36. Implement Organizational System (36)

A. The parents were assisted in developing an organizational system to increase the client's on-task behavior and completion of school assignments, chores, or work responsibilities.
B. The parents were encouraged to communicate regularly with the teachers through the use of notebooks or planning agendas to help the client complete school or homework on a regular, consistent basis.
C. The client and parents were encouraged to use a calendar or chart to help remind the client of when they were expected to complete chores or household responsibilities.
D. The client and parents were instructed to ask the teacher for a course syllabus and use a calendar to help plan large or long-term projects by breaking them into smaller steps.
E. The client and parents were encouraged to purchase a binder notebook to help the client keep track of school or homework assignments.
F. The family was assigned the exercise "Getting It Done" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
G. The client and parents have not implemented an organizational system to increase the client's on-task behavior, and they were redirected to do so.

37. Develop Routine Schedule (37)

A. The client and parents were assisted in developing a routine schedule to increase the completion of school/homework assignments.
B. The client and parents were assisted in developing a list of chores for the client and identified times and dates when the chores are expected to be completed.
C. A reward system was designed to reinforce the completion of school, household, or work-related responsibilities.
D. The client, parents, and therapist signed a contingency contract specifying the consequences for the client's success or failure in completing school assignments or household responsibilities.
E. The client and parents have not developed a routine schedule to increase the completion of school/homework assignments and were redirected to do so.

38. Use the "Getting It Done" Program (38)

A. The parents and teachers were encouraged to use a school contract and reward system to reinforce completion of the client's assignments.
B. The parents and teachers were given the "Getting It Done" program from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce) to help the client complete school and homework assignments regularly.

C. The parents and teachers were encouraged to use the school contract and reward system outlined in the "Getting It Done" program to reinforce the regular completion of school assignments.
D. The parents and teachers have used the school contract and reward system to reinforce the client's regular completion of school assignments, and the benefits of this program were reviewed.
E. The parents and teachers have not used the school contract and reward system to reinforce the client's regular completion of school assignments and were redirected to do so.

39. Teach Test-Taking Strategies (39)

A. The client and therapist reviewed a list of effective test-taking strategies to improve academic performance.
B. The client was encouraged to review classroom material regularly and study for tests over an extended period of time.
C. The client was instructed to read the directions twice before responding to the questions on a test.
D. The client was taught to recheck work to correct any careless mistakes or to improve an answer.
E. The client was encouraged to read *Test-Taking Strategies* (Kesselman-Turkel & Peterson) as a supplement to therapy.

40. Teach Self-Control Strategies (40)

A. The client was taught meditational and self-control strategies (e.g., relaxation techniques, "stop, think, listen, and act") to help delay the need for immediate gratification and inhibit impulses.
B. The client was encouraged to use active-listening skills to delay the impulse to act out or react without considering the consequences of their actions.
C. The client was asked to identify the benefits of delaying the need for immediate gratification in favor of longer-term gains.
D. The client was assisted in developing an action plan to achieve longer-term goals.
E. The client was assigned "Problem-Solving Exercise" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

41. Focus on Delay of Gratification (41)

A. The therapy session focused on helping the parents increase the structure in the home to help the client delay needs for immediate gratification in order to achieve longer-term goals.
B. The parents were supported as they established the rule that the client is not permitted to engage in social, recreational, or leisure activities until completing chores or homework.
C. The parents were supported as they identified consequences for the client's failure to complete responsibilities; the client verbalized recognition of these consequences.
D. The client and parents were encouraged as they designed a schedule of dates and times when the client is expected to complete chores and homework.

42. Build Communication Skills (42)

A. Instruction, modeling, and role-playing techniques were used to help build the client's general social and communication skills.
B. The client was assisted in practicing general social and communication skills.
C. The client was reinforced for increased social and communication skills.
D. The client was redirected in areas in which they continue to struggle with communication and social skills.

43. Use Social Skills Exercises (43)

A. The parents were assisted in designing exercises that facilitate the client's use of social skills in various everyday situations.
B. The client's use of social skills in various everyday situations was reviewed and processed.
C. The client was provided with positive feedback for helpful use of social skills in everyday situations.
D. The client has not used social skills in everyday situations and was provided with redirection in this area.

44. Assign Books/Manuals on Building Social Skills (44)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client was assigned the "Social Skills Exercise" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. Key points from the client's reading material were reviewed and processed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

45. Teach Problem-Solving Skills (45)

A. The client was taught effective problem-solving skills (i.e., identify the problem, brainstorm alternate solutions, select an option, implement a course of action, and evaluate) in the therapy session.
B. The client was encouraged to use effective problem-solving strategies to solve or overcome a problem or stressor that they are currently facing.
C. The client was given a directive to use problem-solving strategies at home or school on at least three occasions before the next therapy session.

46. Assign Problem-Solving Exercises (46)

A. The client and parents were taught problem-solving techniques for daily life through the use of role-playing and modeling.
B. The parents were helped to identify exercises that could facilitate the client's use of problem-solving in various everyday situations.
C. The client and parents reported using techniques and exercises for problem-solving with positive success.
D. The client and parents reported minimal success using problem-solving techniques and exercises and were provided with support.

47. Relate Learning Problems, Negative Emotions, Addictive Behavior (47)

A. The client was presented with the concept that negative experiences regarding learning have caused negative emotions, which have in turn led to addictive behaviors.
B. The client accepted the concept presented, that they have experienced strong negative emotions related to learning problems, which have led to addiction problems.
C. The client rejected the concept that negative learning experiences have led to strong negative emotions and addiction problems; the client was urged to be aware of this dynamic.

48. Use Alternative Behaviors for Negative Emotions (48)

A. The client was presented with a variety of constructive coping behaviors that can be used to cope with negative emotions (e.g., focus cognitively, breathe deeply, make lists, reduce distractions, shorten learning sessions, repeat instructions verbally).
B. Alternative coping behaviors were role-played and modeled with the client as alternatives for dealing with negative emotions.
C. The client was reinforced while displaying an understanding of a variety of alternative coping behaviors to cope with negative emotions.
D. The client identified that they have regularly used alternative coping behaviors to deal with negative emotions and thereby decreased addiction behavior; this progress was highlighted.
E. The client has not used alternative coping behaviors for negative emotions and has continued to use addictive behaviors; the client was redirected to the alternative coping behaviors.

49. Teach Relaxation Techniques (49)

A. The client was taught various relaxation techniques, including progressive relaxation, guided imagery, and/or biofeedback, to be used to help reduce tension.
B. The client was assigned to relax twice a day for 10 to 20 minutes, using newly learned relaxation techniques.
C. The client has implemented relaxation procedures to reduce tension and physical restlessness and has reported that this technique is beneficial; this progress was reinforced.
D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension and was encouraged to do so.

50. Relax When Frustrated by Learning Problems (50)

A. The client was encouraged to incorporate relaxation skills as a coping and focusing mechanism when feeling tense and frustrated by a learning situation or an urge to use substances.
B. The client reported regular use of relaxation skills as a coping and focusing mechanism; the experience was processed.
C. The client was assisted in identifying benefits from the use of relaxation skills when frustrated by learning situations or urges to use substances.
D. The client acknowledged that they have not used relaxation skills when frustrated by learning situations or urges to use substances and was redirected to do so.

51. Develop Physical Fitness Program (51)

A. After the client obtained approval from their personal physician, they were assisted in developing an exercise program.
B. The client has followed through on the exercise program and has gradually increased exercise level by 10% each week; the client was reinforced.
C. The client reported now exercising at a training heart rate for at least 20 minutes, at least three times per week; the benefits of this activity were catalogued.
D. The client has not followed through on establishing a daily exercise routine and was encouraged to do so.

52. Develop an Aftercare Program (52)

A. The client was assisted in developing an aftercare plan that will support recovery from ADHD and addictive behavior problems, including regular attendance at 12-step meetings, getting a sponsor, and continuing necessary therapy.
B. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups, sponsors) as well as specific techniques to assist with ADHD concerns; the client was encouraged to use these skills.
D. The client was reinforced while describing active pursuit of the elements of the aftercare program.
E. The client has not followed through on an aftercare plan and was redirected to do so.

53. Assess Satisfaction (53)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADULT

CLIENT PRESENTATION

1. **ADHD Childhood History (1)***
   A. The client confirmed that childhood history consisted of the following symptoms: behavioral problems at school, impulsivity, temper outbursts, and lack of concentration.
   B. The client had a diagnosed ADHD condition in childhood.
   C. Although the client's symptoms were not diagnosed as ADHD, it can be concluded from the childhood symptoms that the ADHD condition was present at that time.
2. **Lack of Attention to Detail (2)**
   A. The client reported failure to give close attention to detail or makes mistakes with things of low interest, even though they may be important to their life.
   B. The client's lack of ability to give close attention has resulted in missing out on the comprehension of important details.
   C. The client's ability to give close attention seems to be increasing as they reported increased attention skills.
3. **Fidgety (3)**
   A. The client reported being unable to sit still for any length of time but often feels fidgety.
   B. The client gave evidence of being fidgety within the session, often moving about in a chair.
   C. The client's ability to rest comfortably for a longer period of time has increased.
4. **Difficulty Sustaining Attention (4)**
   A. The client reported difficulty sustaining attention to tasks or activities.
   B. The client gave evidence of difficulty sustaining attention within today's session.
   C. The client's difficult sustaining attention is diminishing and focused concentration is increasing.
5. **Fails to Listen (5)**
   A. The client does not seem to listen to others even when spoken to directly.
   B. The client reports problems with day-to-day functioning because of failure to listen to others.
   C. The client reports greater control over listening when others are speaking to them.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. **Restless (6)**
   A. The client reported being unable to sit still for a significant length of time and often feels restless.
   B. The client gave evidence of being restless within the session, often moving about in a chair.
   C. The client's ability to rest comfortably for a longer period of time has increased.
7. **Lack of Follow-Through (7)**
   A. The client reported struggling to follow through on instructions and failing to finish duties.
   B. Family members reported frustration at the client's pattern of failing to finish duties.
   C. The client has shown progress in following through and completing duties.
8. **Inability to Engage Quietly**
   A. The client reports an inability to engage in leisure activities quietly.
   B. The client has identified problems with others owing to inability to engage in leisure activities quietly.
   C. The client has improved in ability to engage in leisure activities at an appropriate noise level.
9. **Disorganization (9)**
   A. The client has a history of disorganization in many areas of their life.
   B. The client's disorganization is evident in areas related to home and work, leading them to be less efficient and less effective than they could be.
   C. The client has made significant progress in increasing organization and is using that organization to become more efficient.
   D. The client uses lists and reminders to increase organizational ability.
10. **On the Go (10)**
   A. The client is often described as "on the go" or acting as if "driven by a motor."
   B. The client has identified problems with overall functioning because of "on the go" behaviors.
   C. The client has been able to improve in functioning as they have reduced their "on the go" behaviors.
11. **Avoidance (11)**
   A. The client often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
   B. The client has struggled to maintain employment or struggles in school owing to avoidance of tasks that require sustained mental effort.
   C. The client has reduced their avoidance of difficult tasks and reports improved functioning in a variety of areas.
12. **Excessive Talking (12)**
   A. The client talks excessively.
   B. The client's family and friends have reported frustrations because of excessive talking.
   C. The client has improved in ability to talk an appropriate amount.

13. Losing Items

A. The client often loses items necessary for tasks or activities.
B. The client identified problematic functioning due to losing items necessary for day-to-day tasks.
C. The client has managed self better in order to reduce loss of necessary items.

14. Interrupting (14)

A. The client often interrupts, doesn't wait for their turn, or blurts out answers before a question has been completed.
B. The client's friends and family have identified problems related to the client's inability to function appropriately in social situations.
C. The client's work relationships have suffered owing to an inability to function appropriately.
D. The client has reduced the need to interrupt others, now waits for others, blurts out answers less, and has identified positive results from this improvement.

15. Distractibility (15)

A. The client reported being easily distracted and 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 focused concentration is increasing.

16. Forgetfulness (16)

A. The client identified often being forgetful in daily activities.
B. The client's day-to-day functioning has suffered because of forgetfulness.
C. The client has identified ways to be less forgetful and identified positive experiences.

17. Increased Vulnerability to Addiction Behaviors (17)

A. The client reported a history of increased vulnerability to addiction behaviors due to ADHD traits.
B. The client's ADHD traits were observed to create an increased vulnerability to addiction behaviors.
C. As the client's ADHD traits have been appropriately treated, vulnerability to addiction behaviors has decreased.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing ADHD symptoms.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Conduct Psychosocial Assessment (3)

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

4. Coordinate Psychological Testing (4)

A. The client was administered psychological testing in order to establish or rule out the presence of ADHD problems.
B. The Connors Adult ADHD Rating Scale (CAARS) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–4 (SASSI-4) was administered to the client.
D. Psychological testing has established the presence of an ADHD problem.
E. Psychological testing has identified other possible psychopathology.
F. Psychological testing has ruled out other psychopathology.
G. The psychological testing failed to confirm the presence of ADHD.

5. Refer to a Specialist to Remediate Learning Disabilities (5)

A. The client was referred to an education specialist to design remedial procedures for learning disabilities present in addition to ADHD.
B. The client reported meeting with the educational specialist, who has been able to design remedial procedures for learning disabilities.
C. The client described benefits from the remedial procedures used to counter the effects of learning disabilities.
D. The client has not yet met with an education specialist and was redirected to do so.

6. Refer for Physician Assessment Regarding Etiology (6)

A. The client was referred to a physician to rule out nonpsychiatric medical etiologies for ADHD.
B. The client was referred to a physician to rule out substance-induced etiologies for the client's level of ADHD.
C. The client has complied with the referral to a physician and the results of this evaluation were reviewed.
D. The client has not complied with the referral for a medical evaluation and was redirected to do so.

7. Process Medical and Psychological Evaluation (7)

A. Results and recommendations of the medical 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 ADHD symptomatology.
D. As a result of the psychological evaluation, the client was provided with several different techniques to assist in the control of ADHD symptomatology.

8. Hold a Conjoint Session to Give Evaluation Feedback (8)

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

9. Arrange Substance Abuse Evaluation (9)

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

10. Assess Level of Insight (10)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

14. Identify Difficult ADHD Behaviors (14)

A. The psychological testing was reviewed to assist the client in identifying the specific ADHD behaviors that have caused the most difficulty.
B. The client was supported as they listed such things as distractibility, lack of concentration, impulsivity, restlessness, and disorganization as the most difficult.
C. The client was assisted in identifying specific behaviors that will be treatment targets.
D. The client was resistive to becoming specific about identifying ADHD behaviors that cause the most difficulty; the client was encouraged to do this as they feel capable.

15. Review Evaluation Results (15)

A. The results of the psychological testing and physician's evaluation were reviewed again with the client in order to assist in the choice of the 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 they agreed to concentrate efforts to change on these most difficult behavior areas.

16. Have Others Rank ADHD Symptoms (16)

A. The client was asked to have extended family members and close collaterals complete a ranking of the behaviors they see as interfering the most with daily functioning.

B. Collateral contacts were asked to rate areas, such as the client's mood swings, temper outbursts, ease of being stressed, short attention span, and failure to complete projects.

C. The client's extended family members' and close collaterals' rankings of the client's ADHD symptoms were reviewed and processed.

17. Develop Negative Consequences of ADHD (17)

A. The client was asked to make a list of negative consequences of ADHD that the client has experienced.

B. The client was asked to identify other problems that could result from continuation of problematic behavior.

C. The client was assigned the exercise "Impulsive Behavior Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client was assisted in reviewing the list of negative consequences of ADHD.

18. Accept Powerlessness and Unmanageability Over ADHD Symptoms (18)

A. The client was taught about the use of a 12-step recovery program's Step 1 exercise to acknowledge unmanageability of ADHD symptoms and addiction.

B. The client was noted to accept the concept of being powerless and unable to manage ADHD symptoms and addiction problems.

C. It was noted that the client has had increased serenity after accepting their powerlessness and inability to manage ADHD symptoms and addiction.

D. The client rejected the concept of powerlessness and unmanageability over ADHD and addiction symptoms and was urged to monitor this dynamic.

19. Teach About the Relationship Between ADHD and Addiction (19)

A. The client was taught, through the use of a biopsychosocial approach, about the relationship between ADHD symptoms and addictive behavior.

B. The client was assisted in acknowledging several instances in which ADHD symptoms have prompted addictive behavior.

C. As ADHD symptoms have decreased, the client has identified a corresponding decrease in addictive behavior; this progress was highlighted.

20. Develop an ADHD and Addiction Recovery Program (20)

A. The client was assisted in developing a program of recovery that includes the elements necessary to bring ADHD and addictive behavior under control.
B. The client was assigned the "Mastering Your Adult ADHD" exercise in *Mastery of Your Adult ADHD: Client Workbook* (Safren et al.).
C. The client was reinforced while identifying specific portions of their ADHD/addiction recovery program, including the use of medication, behavior modification, environmental controls, aftercare meetings, and further therapy.
D. It was noted that the client has begun to use the recovery program.
E. The client has not used their specific recovery program and was redirected to pursue these elements.

21. Teach About a Higher Power (21)

A. The client was presented with information about how faith in a higher power can aid in recovery from ADHD traits and addiction.
B. The client was assisted in processing and clarifying ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe beliefs about the concept of a higher power.
D. The client rejected the idea of a higher power and was urged to remain open to this concept.

22. Refer for Psychotropic Medication (22)

A. A referral to a prescribing clinician was made for the purpose of evaluating the client for a prescription of psychotropic medications.
B. The client was assigned "Why I Dislike Taking My Medication" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has followed through on a referral to a prescribing clinician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
D. Psychotropic medications have been prescribed for the client.
E. The client has been monitored for side effects of the medication.
F. The client has refused a prescription of psychotropic medication provided by the prescribing clinician.

23. Monitor Medication Compliance and Effectiveness (23)

A. The client reported that the medication has helped to improve their attention, concentration, and impulse control without any side effects, and the benefits of this were reviewed.
B. The client was assigned "Evaluating Medication Effects" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client reported little to no improvement while taking the medication and was redirected to their physician.
D. The client has not complied with taking medication on a regular basis and was redirected to do so.
E. The client was encouraged to report the side effects of the medication to the prescribing physician or psychiatrist.

24. Educate About ADHD (24)

A. The client was educated about the symptoms of ADHD.
B. The client was assigned "Symptoms and Fixes for ADHD" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The therapy session helped the client gain a greater understanding and appreciation of the symptoms of ADHD.
D. The client was given the opportunity to express thoughts and feelings about having ADHD.
E. The client has not reviewed information about how to cope with the client's ADHD symptoms and was redirected to this information.

25. Develop Rationale for Treatment (25)

A. A discussion was held with the client in regard to the rationale for treatment.
B. Treatment targets were identified, including organizational and planning skills, management of distractibility, cognitive restructuring, and overcoming procrastination.
C. Concepts for the rationale for treatment were reviewed in accordance with the information provided in *Mastery of Your Adult ADHD: Therapist Manual* (Safren et al.).

26. Teach Self-Monitoring (26)

A. The client was taught how to monitor their own ADHD symptoms.
B. The client was assigned specific monitoring tasks for use in therapy.

27. Assign Reading on ADHD (27)

A. The client was instructed to read information about ADHD in adults.
B. The client was instructed to read *Mastery of Your Adult ADHD: Client Workbook* (Safren et al.) or *The Attention Deficit Disorder in Adults Workbook* (Weiss) to increase knowledge and understanding of ADHD.
C. The client identified several helpful strategies learned from readings assigned to help improve attention span, academic performance, social skills, and impulse control.
D. The client has not read the helpful information on ADHD and was redirected to do so.

28. Assign Self-Help Readings on ADHD (28)

A. The client was assigned self-help reading to facilitate understanding of ADHD.
B. The client was assigned *Driven to Distraction* (Hallowell & Ratey).
C. The client was assigned *ADHD: Attention-Deficit Hyperactivity Disorder in Children, Adolescents, and Adults* (Wender).
D. The client was assigned to read *Putting on the Brakes* (Quinn & Stern).
E. The client was assigned to read *You Mean I'm Not Lazy, Stupid, or Crazy!?* (Kelly & Ramundo).
F. The client was assisted in processing the material that they read.
G. The client has not read the assigned information on ADHD and was redirected to do so.

29. Engage Significant Other (29)

A. The client was allowed to invite a significant other to participate in the therapy.
B. The significant other was taught to help support the change and reduce friction in the relationship introduced by the ADHD.

C. It was reflected that the significant other has been helpful in supporting the client's changes and reducing friction in the relationship.
D. The significant other has struggled to be helpful to the client's change process and was provided with remedial feedback in this area.

30. Teach About the Use of a Reminder Calendar (30)

A. The client was taught about the use of making lists and of using a calendar to remind them about appointments and daily obligations.
B. The client has implemented structured reminders and organizers, and these have been noted to be helpful in reducing forgetfulness and completing necessary tasks.
C. The client has failed to use the structured reminders and continues to forget about daily obligations; the client was redirected to use these organizers.

31. Develop Organizational Skills (31)

A. The client was assisted in developing a procedure for classifying and managing mail and other papers.
B. The client was assisted in developing a procedure for remembering scheduled appointments.
C. The client was reinforced for use of organization and classification systems.
D. The client was redirected when they did not use helpful classification and organizational skills.

32. Teach Problem-Solving Skills (32)

A. The client was taught problem-solving skills as an approach to planning.
B. The client was taught to break down each plan into manageable, time-limited steps in order to reduce the influence of distractibility.
C. The client was assigned "Getting Organized" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for regular use of problem-solving skills.
E. The client has not regularly used problem-solving skills and was redirected to do so.

33. Practice Problem-Solving (33)

A. The client was assigned homework to apply problem-solving skills to an everyday problem.
B. The client was assigned the exercise "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's use of problem-solving skills in everyday problems was reviewed.
D. The client was provided with positive feedback about the ways in which they have appropriately used problem-solving skills.
E. The client was provided with corrective feedback toward improving use of problem-solving skills.

34. Identify Typical Attention Span (34)

A. The client was asked to do various tasks to the point that they indicated distraction.
B. The client attempted various tasks, continuing until distraction was indicated; this was used as an approximate measure of the client's typical attention span.

35. Teach Stimulus Control Techniques (35)

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

36. Break Tasks into Smaller Units (36)

A. The client was taught to break down tasks into meaningful units based on the client's demonstrated attention span.
B. The client was assisted in breaking down tasks into meaningful units.

37. Teach Use of Cues (37)

A. The client was taught to use timers or other cues to remind them to stop task units.
B. The client was taught about reducing off-task time or distractions by limiting the length of time expected to focus on one area.
C. The client was reinforced for use of timers and cues.
D. The client does not regularly use timers and cues and was redirected to do so.

38. Change Maladaptive Self-Talk (38)

A. Cognitive therapy techniques were used to help the client identify and change maladaptive self-talk.
B. The client was assisted in challenging the biases that lead to maladaptive self-talk and to generate alternative thoughts.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for regular use of healthier self-talk.
E. The client has not regularly used healthy self-talk and was redirected to do so.

39. Discuss Metacognitive Therapy Approach (39)

A. The client was taught about using a metacognitive approach to examine "thinking about their thinking."
B. The client was assisted in developing a more adaptive plan based on new, less-threatening metacognitive appraisals.
C. The client was provided with positive reinforcement for use of a metacognitive approach to examining their thinking.
D. The client was provided with corrective feedback toward improving ability to examine thinking.

40. Practice Cognitive Knowledge and Skills (40)

A. The client was assigned homework to implement cognitive knowledge and skills in relevant tasks.

B. The client's cognitive knowledge and skills were reviewed.
C. The client was provided with corrective feedback for their struggles in implementing cognitive knowledge and skills.
D. The client was reinforced for regular use of cognitive knowledge and skills.

41. End Procrastination (41)

A. The client was assisted in identifying the positives and negatives of procrastination.
B. The client was challenged to change their pattern of procrastination.

42. Develop Specific Plans for Overcoming Procrastination (42)

A. The client was asked to apply problem-solving skills to planning as a first step in overcoming procrastination.
B. The client was assisted in breaking down each plan into manageable, time-limited steps to reduce the influence of distractibility and increase the likelihood of successful completion.
C. The client was reinforced for use of problem-solving skills as a way to overcome procrastination.
D. The client has not regularly used problem-solving skills to overcome procrastination and was provided with remedial feedback in this area.

43. Embrace Action Over Procrastination (43)

A. The client was taught to apply cognitive restructuring skills to challenge thoughts encouraging the use of procrastination.
B. The client was taught to change their thoughts toward embracing action.

44. Develop Calendars and Lists (44)

A. The client was assisted in developing calendars to record details of scheduled activities and obligations.
B. The client was assisted in developing lists of responsibilities.
C. The client was directed to keep their calendars and lists with them on a regular basis and mark off each item as it is completed.

45. Assign Practice of Ending Procrastination (45)

A. The client was assigned specific homework tasks to accomplish without procrastination.
B. The client was assigned "Self-Monitoring/Self-Reward Program" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was urged to use techniques learned in therapy to complete homework without procrastination.
D. The client was provided with corrective feedback toward improving this skill and decreasing procrastination.

46. Develop Distraction-Free Environment (46)

A. The client was assisted in designing and implementing an environment that is free of extraneous stimulation.

B. The client was directed to use their environment as place of study, concentration, and learning.
C. The client was provided with ideas about how to organize the environment to be free of extraneous stimulation.

47. Teach Self-Control Strategies (47)

A. The client was taught the self-control strategy of "stop, listen, think, and act" to assist in curbing impulsive behavior.
B. The client was taught problem-solving self-talk as a means of reducing impulsivity.
C. The client was assigned "From Recklessness to Calculated Risks" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. Role-playing was used to help the client apply self-control strategies to daily life situations that are affected by ADHD symptoms.
E. The client reported success at applying self-control strategies and indicated that impulsivity has been diminished; this progress was reinforced.
F. The client has not learned the self-control strategies and was provided with remedial feedback in this area.

48. Select Situations to Apply Skills (48)

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

49. Consolidate New Skills (49)

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

50. Build Communication Skills (50)

A. Instruction, modeling, and role-playing techniques were used to help build the client's general social and communication skills.
B. The client was assisted in practicing general social and communication skills.
C. The client was reinforced for increasing social and communication skills.
D. The client was redirected in areas in which they continue to struggle with communication and social skills.

51. Assign Books/Manuals on Building Social Skills (51)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.

B. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. Key points from the client's reading material were reviewed and processed.
E. The client has not read the assigned information on social and communication skills and was redirected to do so.

52. Review Incidents of Intrusive Comments (52)

A. The client was assisted in reviewing social situations in which they were intrusive or talked excessively without thoughtfulness.
B. The client was redirected toward greater social success through modeling, role-playing, and instruction.
C. The client was reinforced for the ability to change from intrusive thoughtless comments to better social functioning.

53. Teach Problem-Solving Techniques Requiring Thought Before Action (53)

A. The client was taught about problem-solving techniques that require thought before taking action and how they can apply these to interpersonal conflict situations.
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflicts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned "Staying Attentive and Other Negotiating Skills" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for use of problem-solving skills.
E. The client has not used problem-solving skills and was redirected to do so.

54. Teach Relaxation Techniques (54)

A. The client was taught various relaxation techniques, including deep muscle relaxation, rhythmic breathing, meditation, and guided imagery to be used when stress levels increase.
B. The client was assigned "Self-Soothing: Calm Down, Slow Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. It was noted that the client has implemented relaxation procedures to reduce tension and physical restlessness and reported that this technique is beneficial.
D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension and was encouraged to do so.

55. Review Symptoms and Fixes (55)

A. The client was assisted in reviewing the symptoms that have been problematic and the newly learned coping skills that they will use to manage the symptoms.
B. The client was assigned "Symptoms and Fixes for ADD (now ADHD)" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

56. Teach Mindful Meditation (56)

A. The client was provided with a rational for mindful meditation to enhance attentional regulation.
B. The client was taught mindful meditation skills.

C. The client was encouraged to apply mindful meditation skills in other tasks requiring attentional focus.
D. The client engaged accurately in mindful meditation and was reinforced for using this skill.
E. The client struggled to use mindful meditation skills and was provided with remedial feedback.

57. Develop an Aftercare Program (57)

A. The client was assisted in developing an aftercare plan that will support recovery from ADHD and addictive behavior problems, including regular attendance at 12-step meetings, getting a sponsor, and continuing necessary therapy.
B. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups, sponsors), as well as specific techniques to assist with ADHD concerns; the client was encouraged to use these skills.
C. The client was reinforced while describing active pursuit of the elements of the aftercare program.
D. The client has not followed through on an aftercare plan and was redirected to do so.

58. Assess Satisfaction (58)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

BIPOLAR DISORDER

CLIENT PRESENTATION

1. **Mood Dysfunction (1)***
   A. The client exhibits an abnormally and persistently elevated, expansive, or irritable mood.
   B. The client displays multiple symptoms of mania.
   C. The client displays inflated self-esteem or grandiosity.
   D. The client displays decreased need for sleep.
   E. The client displays pressured speech, flight of ideas, and distractibility.
   F. The client displays excessive goal-directed activity or psychomotor agitation and excessive involvement in pleasurable, high-risk behavior.
   G. The client's mood has returned to normal limits.
2. **History of Mood Episode (2)**
   A. The client has a history of a hypomanic mood episode.
   B. The client has a history of a full-blown manic episode.
   C. The client has experienced mixed mood episodes in the past.
3. **Inflated Sense of Self (3)**
   A. The client gave evidence of an inflated sense of self-esteem, unrealistic self-capacities, or grandiosity.
   B. The client appears oblivious to their inflated sense of self-esteem, unrealistic self-capacities, or grandiosity.
   C. The client's inflated sense of self-esteem, unrealistic self-capacities, and grandiosity have persisted, in spite of attempts to get them to be more realistic.
   D. The client's sense of self-esteem and beliefs in their capabilities have become more reality based.
   E. The client has presented no recent evidence of inflated self-esteem or exaggerated, euphoric beliefs.
4. **Increased, Pressured Speech (4)**
   A. The client gave evidence of increased, excessive, and pressured speech within the session.
   B. The client reported that their speech rate increases as they feel 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.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Racing Thoughts (5)**
   A. The client demonstrated a pattern of racing thoughts, moving from one subject to another without maintaining focus.
   B. The client reported experiencing racing thoughts, including difficulty concentrating on one thought because other thoughts interfere.
   C. The client reported that at times of quiet reflection, they are disturbed by thoughts racing through their mind.
   D. The client's thoughts are not racing as they had been, and the client is able to stay focused.
6. **Poor Attention Span/Distraction (6)**
   A. The client gave evidence of a short attention span and a high level of distractibility.
   B. The client reported being unable to focus thoughts on one topic.
   C. The client's attention shifted from one stimulus to the next.
   D. The client has shown increased ability to focus attention and has reduced distractibility.
7. **Increased Energy (7)**
   A. The client displays an increased level of energy.
   B. The client's behavior appears to be rigidly goal directed but not efficient.
   C. As the client has stabilized their mood disorder, their energy level appears to be more appropriate.
8. **Potentially Self-Damaging Activities (8)**
   A. The client reported a behavior pattern that reflected a lack of normal inhibition and an increase in potentially self-damaging activities (e.g., buying sprees, sexual acting out, foolish business investments).
   B. The client's impulsivity has been reflected in sexual acting out, poor financial decisions, and social offenses.
   C. The client has gained more control over impulses and has returned to a normal level of inhibition and social propriety.
9. **Increased Addictive Behavior (9)**
   A. The client described an increase in impulsively engaging in addictive behaviors without regard for the consequences.
   B. The client reported attempting to decrease impulsive, addictive behaviors, with little success.
   C. The client has gained more control over addictive behavior and is more focused on the consequences of such behavior.
10. **Episodes of Depression (10)**
   A. The client reported having had periods when they felt deeply sad and tearful on an almost daily basis.
   B. The client's depressive affect was clearly evident within the session as tears were shed on more than one occasion.
   C. The client reports a history of an irritable mood.

D. The client reported beginning to feel less sad and experiencing periods of joy.
E. The client appeared to be happier within the session and there is no evidence of tearfulness.

11. Variable Appetite (11)

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

12. Lack of Activity Enjoyment (12)

A. The client reported a diminished interest in or enjoyment of activities that were previously found pleasurable.
B. The client has begun to engage in activities that they previously found pleasurable.
C. The client has returned to an active interest in and enjoyment of activities.

13. Psychomotor Abnormalities (13)

A. The client demonstrated psychomotor agitation within the session.
B. The client reported that with the onset of the mood symptoms, they have felt unable to relax or sit quietly.
C. The client demonstrated evidence of psychomotor retardation within the session.
D. The client moved and responded very slowly, showing a lack of energy and motivation.
E. The client reported a significant decrease in psychomotor agitation and the ability to sit more quietly.
F. It was evident within the session that the client has become more relaxed and less agitated.
G. As the depression has lifted, the client has responded more quickly and psychomotor retardation has diminished.

14. Decreased Sleep (14)

A. The client described a pattern of attaining far less sleep than would ordinarily be needed.
B. The client has gone through periods when they did not sleep for 24 consecutive hours or more because their energy level was so high.
C. As the client's mania has begun to diminish, they have begun to return to a more normal sleeping pattern.
D. The client is getting 6 to 8 hours of sleep per night, 5 of 7 nights per week.

15. Lack of Energy (15)

A. The client reported feeling a very low level of energy compared to normal times in their 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.

16. Lack of Concentration (16)

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

17. Social Withdrawal (17)

A. The client has withdrawn from social relationships that were important to them.
B. As the client's depression has deepened, they have increasingly self-isolated.
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.

18. Suicidal Ideation (18)

A. The client expressed 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.

19. Feelings of Hopelessness/Worthlessness (19)

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 self-worth.

20. Inappropriate Guilt (19)

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

21. Preoccupation With Death (20)

A. The client reported recurrent thoughts of their own death.
B. The client identified that they wished for their own death to occur.
C. The intensity and frequency of the recurrent thoughts of death have diminished.
D. The client reported no longer having thoughts of their own death.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing bipolar symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess Mood Episodes (3)**
   A. An assessment was conducted of the client's current and past mood episodes, including the features, frequency, intensity, and duration of the mood episodes.
   B. The Young Mania Rating Scale, Montgomery-Asberg Depression Rating Scale, or Inventory to Diagnose Depression was used to assess the client's current and past mood episodes.
   C. The results of the mood episode assessment reflected severe mood concerns and this was presented to the client.
   D. The results of the mood episode assessment reflected moderate mood concerns and this was presented to the client.
   E. The results of the mood episode assessment reflected mild mood concerns and this was presented to the client.
4. **Assign Step 1 Exercise for Addiction and Mania/Hypomania (4)**
   A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addictive behavior to cope with the manic/hypomanic symptoms.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client displayed an understanding of the concept presented regarding powerlessness, unmanageability, addiction, and manic/hypomanic symptoms.
C. The client was able to endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with manic/hypomanic symptoms; this progress was reinforced.
D. The client rejected the concept of powerlessness and unmanageability over their symptoms; the client was asked to monitor these issues.

5. Teach About the Symptoms of Mania/Hypomania and Addiction (5)

A. The client was taught about the signs and symptoms of mania/hypomania and how these symptoms can foster addictive behavior.
B. The client was assigned "Early Warning Signs of Mania/Hypomania" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was noted to have an increased understanding about symptoms of mania/hypomania.
D. The client was able to connect addictive behavior to their symptoms of mania/hypomania; this insight was highlighted.
E. The client struggled to understand symptoms of mania/hypomania and how they can lead to addictive behaviors; the client was provided with additional feedback.

6. Explore Addiction/Mania/Hypomania Connection (6)

A. The client's addictive behavior history was explored, along with their pattern of manic/hypomanic states.
B. The client was assigned "Mania, Addiction and Recovery" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Active listening was provided as the client identified that they have often engaged in addictive behavior when experiencing manic/hypomanic states.
D. The client denied any pattern of behavior relating to manic/hypomanic states and addictive behaviors; the client was urged to monitor this dynamic.

7. Refer for Physician Assessment Regarding Etiology (7)

A. The client was referred to a physician to rule out nonpsychiatric medical etiologies for bipolar disorder.
B. The client was referred to a physician to rule out substance-induced etiologies for bipolar disorder.
C. The client has complied with the referral to a physician and the results of this evaluation were reviewed.
D. The client has not complied with the referral for a medical evaluation and was redirected to do so.

8. Arrange Substance Abuse Evaluation (8)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.

E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

9. Administer Assessment for Mania/Hypomania Symptoms (9)

A. The client was administered psychological instruments designed to objectively assess the strength of mania/hypomania symptoms.
B. The Beck Depression Inventory-II or the Beck Hopelessness Scale was administered to the client.
C. The Perceived Criticism Scale was administered to the client.
D. The client has completed the assessment of mania/hypomania symptoms, but minimal traits were identified; these results were reported to the client.
E. The client has completed the assessment of mania/hypomania symptoms, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of mania/hypomania symptoms, and the focus was turned toward this defensiveness.

10. Assess Level of Insight (10)

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand their clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior" and these were taken into account in regard to treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

13. Assess Severity of Impairment (13)

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

14. Explore Suicide Potential (14)

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

15. Monitor Ongoing Suicide Potential (15)

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 control; the client was praised for this progress.
C. The client stated that they have no longer experienced thoughts of self-harm; the client will continue to be monitored.
D. The client stated that their suicidal urges are strong and present a threat; a transfer to a more supervised setting was coordinated.

16. Arrange Hospitalization (16)

A. Arrangements were made for the client to be hospitalized in a psychiatric setting based on the fact that their mania is so intense that they could cause harm to self or others or be unable to care for their own basic needs.

B. The client acknowledged the need for the recommended hospitalization and was voluntarily admitted to the psychiatric facility.
C. The client was not willing to voluntarily submit to hospitalization; therefore, commitment procedures were initiated.

17. Teach About a Higher Power (17)

A. The client was presented with information about how faith in a higher power can aid in recovery from mania/hypomania symptoms and addiction.
B. The client was assisted in processing and clarifying ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; the client was urged to remain open to this idea.

18. Use Step 3 (18)

A. The client was taught about a 12-step program's third step, focusing on how to turn over problems to a higher power.
B. The client was taught about trusting that a higher power is going to help resolve the situation.
C. The client participated in turning problems over to a higher power and is trusting that the higher power is going to help resolve the situation; this progress was reinforced.
D. The client rejected the idea of turning problems over to a higher power and does not feel that this will be helpful to resolve the situation; the client was urged to remain open to this idea.

19. Review Step 3 Implementation (19)

A. The client was assigned to turn over one problem each day to a higher power.
B. The client's implementation of the third-step exercise of turning problems over to a higher power was reviewed.
C. The client reported success in turning problems over to a higher power and was verbally reinforced and encouraged.
D. The client reported difficulty or failure in attempting to turn problems over to a higher power, and these difficulties/failures were reviewed, resolved, and redirected.
E. As the client has successfully turned problems over to a higher power, the client has been noted to have an increased pattern of relief from problems and addictive behavior.

20. Arrange for a More Restrictive Setting (20)

A. Arrangements were made for the client to be evaluated for and/or hospitalized in a psychiatric setting based on the fact that their mania is so intense that the client could cause harm to self or others or be unable to care for basic needs.
B. The client was supported for acknowledging the need for hospitalization and voluntary admission to the psychiatric facility.
C. The client was not willing to submit voluntarily to hospitalization; therefore, commitment procedures were initiated.

21. Refer for Medication Evaluation (21)

A. The client was referred for a medication evaluation to consider psychotropic medication to control the manic state.
B. The client has followed through with the medication evaluation and pharmacotherapy has begun.
C. The client has been resistive to cooperating with a medication evaluation and was encouraged to follow through on this recommendation.

22. Refer to Outpatient Systematic Care Team (22)

A. The client was referred to an outpatient systematic care team to help manage medications and provide support services.
B. The client has followed through with the referral to an outpatient systematic care team and support services have begun.
C. The client has not engaged with the outpatient systematic care team and was redirected to follow through on this recommendation.

23. Monitor Medication Reaction (23)

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

24. Maintain Reviews of Psychotropic Medication (24)

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

25. Monitor Ability to Participate in Group Psychotherapy (25)

A. The client's pattern of symptom improvement was monitored, with a focus on how stable the client is in regard to participation in group psychotherapy.
B. The client was judged to be significantly improved and capable of participating in group psychotherapy.

C. The client was judged to still be too manic to allow helpful participation in group psychotherapy.

26. Educate About Mood Episodes (26)

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

27. Teach Stress Diathesis Model (27)

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

28. Provide Rationale for Treatment (28)

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

29. Enhance Motivation for Medication Adherence (29)

A. Motivational interviewing techniques were used to help the client identify and increase motivation for medication adherence.
B. The client was asked about satisfaction with the current level of medication adherence and mood stability.
C. The client was assisted in identifying the benefits of changing their approach to the medication.
D. The client was assisted in assessing optimism for making changes in the medication adherence pattern.
E. The client was assisted in developing specific tactics for medication adherence.

30. Educate About Medication Adherence (30)

A. The client was educated about the importance of medication adherence.

B. The client was taught about the risk for relapse that occurs when medication is discontinued.
C. The client was asked to make a commitment to prescription adherence.
D. The client was reinforced for understanding and commitment to prescription adherence.
E. The client was redirected when displaying poor understanding or commitment to prescription adherence.

31. Assess Prescription Nonadherence Factors (31)

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

32. Coordinate Group Psychoeducational Program (32)

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

33. Teach Illness Management Skills (33)

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

34. Use Cognitive Therapy Techniques (34)

A. Cognitive therapy techniques were used to identify, challenge, and change cognitive appraisals that make the client vulnerable to manic or depressive episodes.
B. The client was reinforced for greater insight into their cognitive appraisals.

35. Assign Homework (28)

A. The client was assigned homework exercises in which they do behavioral experiments to test biased versus alternative predictions.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was assisted in reviewing their insight regarding biased versus alternative predictions and successes were reinforced.
D. The client was provided with corrective feedback toward improvement of understanding of biased or alternative predictions.

36. Teach Coping and Relapse Prevention Skills (36)

A. The client was taught coping and relapse prevention skills via cognitive-behavioral techniques.
B. The client was taught about delaying impulsive actions, structuring and scheduling daily activities, keeping a regular sleep routine, avoiding unrealistic goals striving, and using relaxation procedures.
C. The client was taught about identifying and avoiding episode triggers.
D. The client was assigned "Keeping a Daily Rhythm" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was reinforced for understanding of taught skills.
F. The client did not understand the provided skills and additional information was provided.

37. Conduct Family-Focused Treatment (37)

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

38. Assess Family Communication (38)

A. Objective instruments were used to assess the family communication.
B. The level of expressed emotions within the family was specifically assessed.
C. The family was educated about the role of aversive communication (e.g., highly expressed emotion), how it increases risk of relapse, and how change in communication style can reduce that risk.
D. The family displayed a clear understanding of the effects of aversive communication and this was reinforced.
E. The family was provided with feedback about their style of communication.
F. The family has not been involved in the assessment of communication style, and the focus of treatment was diverted to this resistance.

39. Teach Communication Skills (39)

A. Behavioral techniques were used to teach assertive communication skills.
B. Assertive communication skills, such as offering positive feedback, active listening, making positive requests for behavioral change, and giving negative feedback in an honest, respectful manner, were taught to the client and family.
C. Behavioral techniques were used to teach the family healthy communication skills.

D. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach communication skills.
E. The family was taught the HARD acronym: honest, appropriate, respectful, and direct.

40. Address Problem-Solving (40)

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

41. Teach Problem-Solving Skills (41)

A. Cognitive behavioral techniques, such as education, modeling, role-playing, corrective feedback, and positive reinforcement, were used to teach the client and family problem-solving skills.
B. Specific problem-solving skills were taught to the family, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, implementing a plan, evaluating the results, and reevaluating the plan.
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Family members were asked to use the problem-solving skills in specific situations.
E. The family was reinforced for positive use of problem-solving skills.
F. The family was redirected for failure to properly use problem-solving skills.

42. Assign Problem-Solving Homework (42)

A. The client and family were assigned to use newly learned problem-solving skills and record their use.
B. The client and family were assigned "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client and family were assigned "Problem Solving: An Alternative to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The results of the family members' use of problem-solving skills were reviewed within the session.
E. The family members' appropriate use of problem-solving skills was reinforced.
F. The family members' obstacles were resolved toward sustained, effective use.

43. Develop Relapse Drill (43)

A. The client and family were assisted in drawing up a "relapse drill," detailing roles and responsibilities.
B. Family members were asked to take responsibility for specific roles (e.g., who will call a meeting of the family to address potential relapse; who will call the physician, schedule a serum level, or contact emergency services, if needed).

C. Obstacles to providing family support to the client's potential relapse were reviewed and resolved.
D. The family was asked to make a commitment to adherence to the plan.
E. The family was reinforced for their commitment to adherence to the plan.
F. The family has not developed a clear commitment to the relapse prevention plan and was redirected in this area.

44. Conduct Interpersonal and Social Rhythm Therapy (44)

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

45. Establish Routine Daily Activities (45)

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

46. Teach About Sleep Hygiene Importance (46)

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

47. Engage in Behavioral Activation (47)

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

48. Conduct Interpersonal Portion of Therapy (48)

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

C. The client was supported in reviewing concerns related to interpersonal relationships.

49. Use Interpersonal Therapy Techniques to Resolve Interpersonal Problems (49)

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

50. Establish a Rescue Protocol (50)

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

51. Schedule "Maintenance Sessions" (51)

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

52. Assign Reading on Bipolar Disorder (52)

A. The client was assigned to read a book on bipolar disorder.
B. The client was assigned to read *The Bipolar Disorder Survival Guide* (Miklowitz).
C. The client was assigned to read *The Bipolar Disorder Workbook* (Forester & Gregory).
D. The client was assigned to read *Bipolar 101* (White & Preston).
E. The client has read the assigned information on bipolar disorder and key concepts were reviewed.
F. The client has not read the assigned information on bipolar disorder and was redirected to do so.

53. Outline Recovery Components (53)

A. The client was assisted in outlining the essential components for managing manic/hypomanic states and addiction (i.e., taking medication, complying with medical monitoring, continuing therapy, attending therapy groups regularly, using a higher power, getting a sponsor, helping others in recovery).
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced in endorsing recovery plan components.

D. The client has implemented recovery plan components to assist in managing manic/hypomanic states and addiction; this was reinforced.
E. The client has not been using recovery plan components and was redirected to do so.

54. Discuss Discharge Plan/Environment (54)

A. Today's session focused on discharge planning and on assisting the client in deciding what environment is needed in early recovery.
B. Active listening was provided as the client endorsed a healthy discharge plan and identified the environment needed in early recovery.
C. The client has been reluctant to endorse specific discharge plans and was urged to be more direct in this area.
D. The client is uncertain about the recovery environment that they must use in order to have a successful early recovery; specific feedback was provided.

55. Assign Step 4 Exercise (55)

A. The client was taught about a 12-step recovery program's Step 4, focusing on the detailing of the exact nature of their wrongs.
B. The client was directed to write an autobiography detailing the exact nature of their wrongs.
C. The client has completed the autobiography, has detailed the exact nature of their wrongs, and has shared this with someone in recovery; the reaction of the support person was processed.
D. The client has not completed the Step 4 exercise and was redirected to do so.

56. Develop Recovery Plan (56)

A. The client was taught about the importance of working a program of recovery that includes attending recovery group meetings regularly and helping others.
B. The client was assisted in developing a recovery program.
C. The client was reinforced in describing active pursuit of the elements of the recovery program.
D. The client has not followed through on a recovery program and was redirected to do so.

57. Develop 12-Step Program Contact (57)

A. A contact with a representative of a 12-step program was coordinated.
B. The client was assigned to talk to the 12-step program contact person about manic/hypomanic states and addiction.
C. The client reported a helpful conversation with a 12-step recovery program contact person, including insight into manic/hypomanic states and addiction; this progress was reinforced.
D. The client has not made contact with a 12-step recovery program's representative and was encouraged to do so.

58. Assess Satisfaction (58)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

BORDERLINE TRAITS

CLIENT PRESENTATION

1. **Relationship Instability (1)***
   A. The client described a pervasive pattern of instability of interpersonal relationships, self-image, affect, and marked impulsivity.
   B. The client's unstable relationship, affect, and self-image patterns began in early adulthood and have been consistent since that time.
   C. The client's unstable relationship, affect, and self-image patterns are present in a variety of contexts throughout adulthood.
   D. The client's patterns of relationship, affect, and self-image instability have been reduced.
2. **History of Childhood Trauma (2)**
   A. The client reported having a history of childhood trauma, physical abuse, abandonment, or neglect.
   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 sleep.
   D. The client reported that emotional reactions associated with the childhood abusive experiences have been resolved.
   E. The client was able to discuss childhood abusive experiences without being overwhelmed with negative emotions.
3. **Abandonment Fears (3)**
   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 them to place excessive demands of loyalty and proof of commitment on relationships.
   C. The client has begun to acknowledge fear of abandonment as being excessive and irrational.
   D. Conflicts within a relationship have been reported by the client, but they have not automatically assumed that abandonment will be the result.
4. **Chaotic Interpersonal Relationships (4)**
   A. The client has a pattern of intense, but chaotic, interpersonal relationships as the client puts high expectations on others and is easily threatened that the relationship might be in jeopardy.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client has had many relationships that have ended because of the intensity and demands that they placed on the relationship.
C. The client reported incidents that have occurred recently with friends, whereby they continued placing inappropriately intense demands on the relationship.
D. The client displays interpersonal relationships that are characterized as alternating between extremes of idealization and devaluation.
E. The client has made progress in stabilizing relationships with others by diminishing the degree of demands that they place on the relationship and reducing the dependency on it.

5. Identity Disturbance (5)

A. The client has a history of being confused as to who they are and what their goals in life are.
B. The client has become very intense about questioning their identity.
C. The client has become more assured about their identity and is less reactive to this issue.

6. Impulsivity (6)

A. The client described a history of engaging in impulsive behaviors that have the potential for producing harmful consequences for the client.
B. The client has engaged in impulsive behaviors that compromise their reputation with others.
C. The client has established improved control over impulsivity and considers the consequences of actions more deliberately before engaging in behavior.

7. Suicidal/Self-Mutilating Behavior (7)

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.
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.

8. Affective Instability (8)

A. The client described a history of affective instability owing to marked mood reactivity when stress occurs.
B. The client's mood reactivity is usually quite short lived, as the client returns to a calm state after demonstrating strong feelings of anger, anxiety, or depression.
C. The client's emotional lability has been reduced and the client reports less-frequent incidents of mood reactivity.

9. Feelings of Emptiness (9)

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 them 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.

10. Intense Anger Eruptions (10)

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.

11. Transient Paranoia or Dissociation (11)

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

12. Feels Others Are Unfair (12)

A. The client made frequent complaints about the unfair treatment the client believes that others have given them.
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.

13. Black-or-White Thinking (13)

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 or considering the complexity of the situations.
B. The client's black-or-white thinking has caused the client 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.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing borderline symptoms.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assess Behaviors, Emotional Dysregulation, and Cognitions (3)

A. The client's experience of distress and disability was assessed to identify targets of therapy.
B. The client's pattern of behaviors (e.g., self-harm, anger outbursts, apparent competence, active passivity) was assessed to help identify targets for therapy.
C. The client's emotional dysregulation, including mood swings, sensitivity, and painful emptiness, was assessed in regard to targets for therapy.
D. The client's cognitions were assessed, including biases such as dichotomous thinking, overgeneralization, and catastrophizing, to assist in identifying targets for therapy.
E. Specific targets for therapy were identified.

4. Explore Childhood Abuse/Abandonment (4)

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 current fears of this experience occurring in the present.
D. As the client's experience of abuse and abandonment in childhood was processed, the client denied any emotional impact of these experiences.
E. The client denied any experience of abuse and abandonment in childhood and was urged to talk about these types of concerns as they deem it necessary in the future.

5. Assess Substance Use History (5)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client's use of alcohol and other mood-altering substances can be treated as a self-harm behavior.

C. The client's use of alcohol and other mood-altering substances can be treated as an impulsive behavior.
D. The client was referred for a more in-depth substance use assessment.

6. Arrange Substance Abuse Evaluation (6)

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

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

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

B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that their impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that their impairment appears to create severe to very severe effects on the client's functioning.

E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

11. Refer for Medication Evaluation (11)

A. The client was assessed in regard to the need for psychotropic medication.

B. The client was referred to a prescribing clinician to be evaluated for psychotropic medications to stabilize mood.

C. The client has cooperated with a referral to a prescribing clinician and has attended the evaluation for psychotropic medications.

D. The client has refused to attend a medication evaluation for psychotropic medications and was redirected to do so.

12. Monitor Medication Adherence (12)

A. The client's adherence with prescribed medications was monitored, and effectiveness of the medication on their level of functioning was noted.

B. The client reported that the medication has been beneficial in stabilizing mood and was encouraged to continue its use.

C. The client reported that the medication has not been beneficial in stabilizing mood; this was reflected to the prescribing clinician.

D. The client reported side effects of the medication that they found intolerable; these side effects were relayed to the prescribing clinician.

13. Monitor Misuse (13)

A. The client was informed of the risks of misusing medications.

B. The client reported appropriate use of medication and was encouraged to continue its use.

C. The client reported misusing medication and was redirected; this was reflected to the prescribing clinician.

14. Orient to Dialectical Behavioral Therapy (DBT) (14)

A. The client was oriented to DBT.

B. The multiple facets of DBT were highlighted, including support, collaboration, mindfulness, distress tolerance, coping, and interpersonal skill building.

C. The use of exchange and negotiation, balancing of the rational and emotional mind, and acceptance and change strategies were emphasized.

15. Teach Biosocial View (15)

A. The biosocial view related to borderline personality disorder was emphasized with the client.

B. Biological and environmental vulnerabilities were explored with the client.

16. Assign Reading on Borderline Personality Disorder (16)

A. The client was asked to read selected materials that reinforce therapeutic interventions.

B. Portions of *DBT Skills Training Handouts and Worksheets* (Linehan) or *The Dialectical Behavioral Therapy Skills Workbook* (McKay, Wood, & Brantley) were assigned to the client.

C. The client has read assigned materials and key concepts were reinforced.

D. The client has not read assigned materials that reinforce therapeutic interventions and was redirected to do so.

17. Solicit Agreement for DBT (17)

A. Using commitment strategies and motivational interviewing, an agreement was solicited from the client to work collaboratively within the parameters of the DBT approach.

B. The client was assigned "Addressing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. A written agreement was developed with the client to work collaboratively within the parameters of the DBT approach.

D. The client has agreed to work within the DBT approach, including staying in therapy for the specified time period, attending scheduled therapy sessions, reducing self-harm and suicidal behaviors, staying sober, and participating in skills training to address the behavioral, emotional, and cognitive vulnerabilities targeted in treatment.

E. The client was reinforced for commitment to working within the DBT program.

F. The client has not agreed to work within the DBT program and was referred back to "treatment as usual."

18. Explore Self-Harm Behavior (18)

A. The client's history and nature of self-harm and suicidal behaviors were explored thoroughly.

B. The client recalled a pattern of self-harm and suicidal behaviors that has dated back several years.

C. The client's self-harm and suicidal behaviors were identified as being associated with feelings of depression, fear, and anger, as well as a lack of self-identity.

19. Assess Suicidal Behavior (19)

A. The client's history and current status regarding suicidal gestures were assessed.

B. The onset, frequency, triggers, seriousness/risks, means, access to means, intent and immediate consequences that may reward or maintain the self-harm behaviors were identified.

C. Alternative responses to these thoughts and actions were proposed.

20. Arrange Hospitalization (20)

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

21. Assign Self-Monitoring Forms (21)

A. The client was informed of the usefulness of self-monitoring forms, such as DBT Diary Cards.
B. The client was assigned self-monitoring forms to assess self-harm risk.
C. The client completed assigned self-monitoring forms and these were reviewed at the start of each session.
D. The client did not complete assigned self-monitoring forms and was redirected to do so.

22. Refer to Emergency Helpline (22)

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 use the emergency helpline telephone number rather than engaging in any self-harm behaviors.
C. The client has not used the emergency helpline telephone system in place of engaging in self-harm behaviors and was reminded about this useful resource.

23. Provide Therapist Contact Information (23)

A. The client was provided with the therapist's telephone number for phone coaching of skills learned in therapy.
B. The client was provided with clear instructions for proper use of phone contact, including establishing limits.
C. The client used the provided telephone number and was appropriate in its use.
D. The client used the provided telephone number but was inappropriate in its use and was redirected in this area.
E. The client has not used the provided telephone number and was reminded of its usefulness.

24. Elicit Contact Contract (24)

A. An agreement was elicited from the client that they 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 completed "No Self-Harm Contract" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was reinforced in promising to terminate self-mutilation behavior and to contact emergency personnel if urges for such behavior arise.

D. The client has followed through on the non-self-harm contract by contacting emergency service personnel rather than enacting any suicidal gestures or self-mutilating behavior; the client was reinforced for this healthy use of support.
E. The client's potential for suicide was consistently assessed despite the suicide prevention contract.

25. Teach Distress Tolerance Skills (25)

A. The client was taught about how to apply DBT distress tolerance skills and chain analysis.
B. The client was reinforced for using distress tolerance skills and chain analysis to identify and intervene to reduce self-harm and suicidal behaviors.
C. The client struggled to understand distress tolerance skills and chain analysis and was provided with remedial information.

26. Assign Self-Monitoring Homework (26)

A. The client was assigned self-monitoring homework (e.g., DBT Diary Card) to help guide in-session chain analysis and problem-solving.
B. The client completed self-monitoring homework, and this was reviewed.
C. The client did not complete self-monitoring homework and was redirected to do so.

27. Resolve Therapy-Interfering Behaviors (27)

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

28. Use Strategies to Manage Maladaptive Behaviors, Thoughts, and Feelings (28)

A. Validation, dialectical strategies, and cognitive-behavioral strategies were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.
B. Therapeutic techniques as described in *Dialectical Behavior Therapy in Clinical Practice* (Dimeff & Koerner) were used to help the client manage symptoms.
C. The client was assigned "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Validation was consistently used to help the client manage, reduce, and stabilize maladaptive behaviors, thoughts, and feelings.
E. Dialectical strategies, such as metaphor or devil's advocacy, were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.
F. Cognitive-behavioral strategies, such as cost-benefit analysis, chain analysis, and problem-solving were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.
G. It was noted that the client has decreased maladaptive behaviors, thought patterns, and feelings.

29. Conduct Skills Training (29)

A. Group skills training was used to teach responses to identified problem behaviors.
B. Individual skills training was used to teach the client responses to personal vulnerabilities and skill deficits.
C. The client was taught to analyze own behavior, mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance skills.
D. The client has participated in skills training for specific behavioral problems, and the benefit of this treatment was reviewed.
E. The client has not participated in group skills training and was redirected to do so.

30. Teach Skills for Regular Use (30)

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

31. Conduct Trauma Work (31)

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

32. Explore Schema and Self-Talk (32)

A. The client was assisted in exploring how their schema, underlying assumptions, and self-talk mediate trauma-related and other fears.
B. The client's distorted schema, assumptions, and self-talk were reviewed.
C. The client was reinforced for insight into self-talk, assumptions, and schema that support trauma-related and other fears.
D. The client struggled to develop insight into self-talk, assumptions, and schema and was provided with tentative examples of these concepts.

33. Assign Exercises on Self-Talk (33)

A. The client was assigned homework exercises in which they identify fearful self-talk and create reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was directed to complete the "Daily Record of Dysfunctional Thoughts" from *Cognitive Therapy of Depression* (Beck, Rush, Shaw, & Emery).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for successes at replacing fearful self-talk with reality-based alternatives.
F. The client has not completed assignments for identifying and replacing dysfunctional self-talk and was redirected to do so.

34. Reinforce Positive Self-Talk (34)

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

35. Develop Hierarchy of Triggers (35)

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

36. Direct Imaginal Exposure (36)

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

37. Assign Homework on Exposure (37)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record experience.
B. The client was directed to listen to the taped exposure session to consolidate skills for exposure to feared stimuli.

C. The client was assigned "Gradually Reducing Your Phobic Fear" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in implementation of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

38. Treat Posttraumatic Stress Disorder (PTSD) (38)

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

39. Encourage Trust in Own Evaluations (39)

A. The client was encouraged to value, believe, and trust in their evaluations of self, others, and situations.
B. The client was encouraged to examine situations in a nondefensive manner, independent of others' opinions.
C. The client was encouraged to build self-reliance through trusting their own evaluations.
D. The client was assigned "Forming Stable Relationships" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client was reinforced for value, belief, and trust in their own evaluations of self, others, and situations.
F. The client was redirected when tending to devalue, disbelieve, and distrust their own evaluations.

40. Encourage Positive Experiences (40)

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

41. Teach Problem-Solving Skills (41)

A. The client was taught problem-solving skills.
B. The client was taught to define the problem specifically, brainstorm options, list pros and cons of each option, choose and implement an option, and evaluate the outcome.

C. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Modeling, role-playing, and behavioral rehearsal were used to apply this skill to several current conflicts.

42. Conduct Transference-Focused Therapy (42)

A. Transference-Focused Therapy was conducted using client-therapist communications.
B. The client was assisted in understanding split representations of self and difficulties with self-control.
C. The client was taught about how to integrate split representations of self and develop more effective means to self-control.

43. Conduct Schema-Focused Therapy (43)

A. Schema-Focused Therapy was conducted with the client.
B. The client was assisted in learning and changing entrenched, self-defeating patterns.
C. The client was focused on the relationship with the therapist and daily life outside of therapy.
D. The client was assisted in exploring early developmental experience that included trauma.

44. Conduct Mentalization Therapy (44)

A. Mentalization Therapy was conducted with the client.
B. The client was assisted in learning to interpret the actions of self and others through meaningful and understanding examination of mental states such as desires, needs, feelings, beliefs, and reasons.

45. Relate Borderline Traits to Addictive Behavior (45)

A. The client was presented with information about how poor impulse control, poor anger management, fear of abandonment, and intense mood swings increase the probability of addictive behavior.
B. The client was assigned "Analyzing Acting-Out Behavior" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Active listening was used as the client identified specific incidences from their own life when their borderline traits have led to addictive behavior.
D. The client has reported, as therapy has progressed, decreased incidences of borderline behaviors, with a commensurate decrease in addictive behavior.
E. The client has struggled to identify how poor impulse control, poor anger management, fears of abandonment, and intense mood swings have led to an increase in addictive behavior; the client was provided with specific feedback in this area.

46. Teach About a Higher Power (46)

A. The client was presented with information about how faith in a higher power can aid in recovery from borderline traits and addiction.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.

C. The client was encouraged to describe beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; the client was urged to consider this concept at a later time.

47. Develop an Aftercare Plan (47)

A. The client was assisted in developing an aftercare plan that will support recovery when feeling angry, anxious, abandoned, or depressed.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups and sponsors, family activities, counseling); feedback was provided about the completeness of this plan.
D. The client was reinforced in describing active pursuit of the elements of the aftercare plan.
E. The client has not followed through on an aftercare plan and was redirected to do so.

48. Assist Family Members in Listing Support for Recovery (48)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. The client reported family members assisting significantly in encouragement and other techniques to help recover from borderline traits and addiction; this validation was emphasized.
C. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to support recovery.
D. The client reported that family members have not been supportive of recovery; this rejection was processed.

49. Educate the Family About Borderline Syndrome (49)

A. Family members were taught about the client's borderline syndrome and the steps that the client must take to recover successfully.
B. Family members were reinforced as they have displayed an understanding of the client's borderline syndrome and the steps that the client must take to recover successfully.
C. Family members refused to accept the information about the client's borderline syndrome, and they did not display an understanding of the steps that the client must take to recover successfully; remedial feedback was provided.

50. Develop a 5-Year Plan (50)

A. The client was taught about the concept of a 5-year recovery plan.
B. The client was assisted in developing a realistic 5-year personal recovery plan.
C. The client was reinforced for a reasonable 5-year recovery plan.
D. The client was provided with redirection in areas where the recovery plan seemed unrealistic.

51. Assess Satisfaction (51)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CHILDHOOD TRAUMA

CLIENT PRESENTATION

1. **Physical/Sexual/Emotional Abuse (1)***
   A. The client reported having a history of physical/sexual/emotional abuse in childhood.
   B. The client reported that painful memories of childhood abusive experiences are intrusive and unsettling.
   C. The client reported that nightmares and other disturbing thoughts related to childhood abuse interfere with sleep.
   D. The client was able to discuss childhood abusive experiences without being overwhelmed with negative emotions.
   E. The client reported that emotional reactions associated with the childhood abusive experiences have been resolved.
2. **Addiction Used to Escape Emotional Pain (2)**
   A. The client reported a pattern of using mood-altering substances to escape emotional pain tied to childhood traumas.
   B. As the client has worked through emotional traumas, substance use has decreased.
   C. The client reported no longer engaging in any substance use.
3. **Neglect Experiences (3)**
   A. The client reported a history of parents who were neglectful of the client's emotional and physical needs.
   B. The client's feelings of low self-esteem, lack of confidence, and vulnerability to depression are related to childhood experiences of neglect.
   C. The client stated that their parents were involved with substance abuse and this led to neglect of their child-rearing responsibilities.
   D. The client was able to discuss childhood experience of neglect without becoming overwhelmed with negative emotions.
4. **Unresolved Psychological Conflicts (4)**
   A. The client described a pattern of emotional and psychological discord caused by childhood abuse or neglect.
   B. The client identified a pattern of interpersonal conflict related to unresolved psychological effects of childhood abuse or neglect.
   C. As the client has worked through the pattern of childhood abuse, there have been fewer psychological and relational conflicts.
   D. The client reports decreased psychological conflicts and an increased sense of serenity.

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5. **Irrational Fears (5)**
   A. The client's early traumatic life experiences have led to continuing irrational fears in the present.
   B. As the client has developed insight into conflicts related to childhood, irrational fears have begun to diminish.
   C. The client reported a greater sense of security and serenity and an absence of previously held irrational fears.
   D. The client reports decreased addiction behavior as irrational fears have decreased.
6. **Suppressed Rage (5)**
   A. The client reported that early painful experiences have resulted in feelings of anger and unexpressed rage.
   B. The client has begun to express rage toward their parents for their treatment during childhood.
   C. The client's level of anger has diminished, and the client reported a greater sense of peace.
   D. As the client's level of anger has diminished, the client has decreased addictive behaviors.
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 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.
   D. As the client has progressed in therapy, decreased symptoms of depression and increased self-esteem have resulted in a reduction in addictive behaviors.
8. **Identity Conflicts/Anxious Insecurity (5)**
   A. The client reported struggles with identity and feelings of insecurity because of painful childhood experiences.
   B. The client reported a clearer sense of identity and more self-confidence as painful childhood experiences were processed.
   C. As the client has processed painful childhood experiences, they have experienced a decrease in addictive behaviors.
9. **Intrusive Memories (6)**
   A. The client described experiencing intrusive, distressing thoughts or images that recall the childhood traumas and their associated intensive emotional response.
   B. The client reported a sense of control over the intrusive, distressing thoughts of the traumatic event.
   C. The client reported no longer experiencing intrusive, distressing thoughts of the traumatic event.
10. **Guilt (6)**
    A. The client described a pattern of guilty feelings related to a history of childhood trauma.

B. The client reported that as they have worked through the childhood traumas, their sense of guilt has diminished.
C. The client reported no longer experiencing feelings of guilt related to childhood trauma.

11. Emotional Numbing (6)

A. The client reported an inability to experience a full range of emotions.
B. The client reported beginning to be in touch with feelings again.
C. The client is able to experience a full range of emotions.

12. Unresolved Emotions (7)

A. The client described a pattern of unresolved emotional conflict because of a history of childhood trauma.
B. The client described a gradual decrease in unresolved emotional conflict.
C. As the client has worked through the childhood trauma, they described a decreased pattern of unresolved emotional conflict.

13. Maladaptive Behaviors (7)

A. The client described a pattern of maladaptive behaviors to deal with the emotional and psychological conflicts related to the childhood trauma.
B. The client has gained insight into how their maladaptive behaviors are a result of the childhood trauma.
C. The client reported a decreased pattern of maladaptive or unsuccessful behaviors that have resulted from the childhood trauma.

14. Inability to Trust Others (8)

A. The client reported a pattern of difficulty trusting others, poor bonding in relationships, and problematic communication in interpersonal relationships because of the early childhood neglect or abuse.
B. As the client has worked through their reaction to the childhood traumas, there has been less conflict within personal relationships as well as an increased pattern of trusting others.
C. The client's partner reported that the client is irritable, withdrawn, and preoccupied with childhood trauma.
D. The client and partner reported increased communication and satisfaction with the interpersonal relationship.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing experiences of childhood trauma.

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D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assign Step 1 Exercise for Addiction and Childhood Trauma (3)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with childhood traumas.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client displayed an understanding of the concept presented regarding powerlessness and unmanageability regarding addiction and the negative feelings associated with childhood trauma.
D. The client was able to endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with childhood trauma; this progress was reinforced.
E. The client denied any sense of powerlessness or unmanageability in regard to the use of addiction to deal with negative feelings associated with childhood traumas; the client was provided with tentative examples of this concern.

4. Explore Painful Childhood Experiences (4)

A. The client's painful childhood experiences were explored.
B. Active listening was provided as the client explained what it was like to grow up in their home environment, focusing on the abusive, neglectful experiences that they endured.
C. The client was assisted in identifying the unhealthy emotional and behavioral patterns that have evolved from the painful family-of-origin experiences.
D. The client was helped to identify a variety of emotional effects from the painful situations they endured in the family of origin.
E. The client helped to identify a variety of behavioral patterns that have occurred owing to the painful experiences from the family of origin.

F. The client was assigned "Share the Painful Memory" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
G. The client denied any pattern of unhealthy emotional or behavioral patterns that have occurred owing to painful experiences from the family of origin; this was accepted.
H. The client has refused to discuss any details or feelings related to childhood emotional traumas; the client was urged to do so as they feel safe.

5. Administer Psychological Instruments (5)

A. Psychological instruments designed to objectively assess childhood trauma effects on substance abuse were administered to the client.
B. The Childhood Trauma Questionnaire (CTQ) was administered to the client.
C. The Davidson Trauma Scale (DTS) was administered to the client.
D. The Beck Depression Inventory–II (BDI-II) was administered to the client.
E. The Beck Anxiety Inventory (BAI) was administered to the client.
F. The Substance Abuse Subtle Screening Inventory–4 (SASSI-4) was administered to the client.
G. The client was provided with feedback regarding the results of the psychological instruments administered.

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.

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

9. Assess Severity of Impairment (9)

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

10. Encourage Feelings Expression (10)

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

11. Assign Feelings Journal (11)

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

12. Assign Books on Childhood Trauma (12)

A. Reading materials relating to traumatic childhood experiences were recommended to the client to assist in developing insight.

B. The client was advised to read *It Will Never Happen to Me* (Black), *Outgrowing the Pain* (Gil), or *Healing the Child Within* (Whitfield).
C. The client has followed through on reading the recommended childhood trauma material, and insights related to that reading were processed.
D. The client has not followed through on reading the recommended material and was redirected to do so.

13. Teach About Unhealthy Rules and Roles (13)

A. The client was presented with information about the unhealthy rules and roles that develop in dysfunctional families.
B. The client was assigned "Changing From Victim to Survivor" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in identifying the pattern of unhealthy rules and roles that occurred in the family of origin.
D. The client was able to identify the role that they played within the family dynamics.
E. The client struggled to identify or admit to an unhealthy pattern of rules and roles in the family of origin; tentative examples were provided.
F. The client has not completed the assigned homework and was redirected to do so.

14. Connect Childhood Trauma With Trust Issues (14)

A. The client was presented with the concept that childhood trauma experiences have precipitated problems with trust, anger, self-esteem, and depression.
B. The client accepted the concept presented regarding problems with trust, anger, self-esteem, and depression because of childhood experiences.
C. The client rejected the concept that childhood trauma experiences relate to their problems with trust, anger, self-esteem, or depression; tentative examples were provided.

15. Identify Addictive Behavior as an Unhealthy Coping Skill (15)

A. The client was asked about addiction behavior as a means of coping with emotional pain.
B. The client's addictive behavior was confronted as an inappropriate way to cope with emotional pain.
C. The client was assisted in identifying the self-defeating, negative consequences of addictive behavior.
D. Verbal reinforcement was provided as the client identified the self-defeating, negative consequences of the negative behavior.
E. The client denied any pattern of addictive behavior as a way to cope with emotional pain and was provided with specific examples of how this can occur.

16. Teach Healthy Ways to Cope With Pain (16)

A. The client was asked to identify healthier, more constructive means of coping with emotional pain.
B. The client was assigned "Setting and Maintaining Boundaries" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was assisted in identifying healthier, more constructive means of coping with emotional pain (e.g., sharing pain with others, attending 12-step recovery program meetings, confronting and then forgiving the perpetrator, turning issues over to a higher power).
D. The client was reinforced in endorsing a variety of healthier, more constructive means of coping with emotional pain.
E. The client was reinforced while reporting a pattern of using healthier means for coping.
F. The client has struggled to implement healthier coping mechanisms and continues to rely on addictive behavior; brainstorming techniques were used.
G. The client denied any significant negative consequences from addictive behavior; additional examples were reviewed.

17. Refer for Medication Evaluation (17)

A. The client was referred for a medication evaluation to help stabilize moods and decrease the intensity of angry feelings.
B. The client agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to help stabilize moods and reduce emotional distress.

18. Monitor Effects of Medication (18)

A. The client's response to the medication was discussed in today's therapy session.
B. It was noted that the medication has helped the client to stabilize moods and decrease the intensity of angry feelings.
C. It was noted that the client has had little or no improvement in moods or anger control since being placed on the medication.
D. The client was reinforced as they have consistently taken the medication as prescribed.
E. The client has failed to comply with taking the medication as prescribed and was redirected to do so.

19. Conduct Treatment for Borderline Traits (19)

A. The client was oriented to dialectical behavioral therapy (DBT).
B. The multiple facets of DBT were highlighted, including support, collaboration, challenge, problem-solving, and skill building.
C. The biosocial view related to borderline personality disorder was emphasized, including the constitutional and social influences.
D. The concept of dialectics was reviewed with the client.
E. The client was provided with treatment specific for borderline traits.

20. Refer for PTSD Treatment (20)

A. The client was identified as manifesting posttraumatic stress disorder (PTSD) symptoms.
B. The client was provided with therapy for posttraumatic stress disorder.
C. The client was coordinated for prolonged exposure therapy.
D. The client was coordinated for cognitive processing therapy.
E. The client was coordinated for eye movement desensitization and reprocessing therapy.

F. The client has followed through on treatment for PTSD and was reinforced for this.
G. The client has not followed through on treatment for PTSD and was reminded to do so.

21. Assign Feelings Letter (21)

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

22. Support Confrontation of Perpetrator (22)

A. A conjoint session was held where the client confronted the perpetrator of childhood abusive experiences.
B. The client was supported in 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 confrontation of the perpetrator of childhood abuse/neglect; the client was urged to be more direct.
D. The perpetrator responded with defensive statements and denial in reaction to the client's confrontation 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; the benefits of this progress were reviewed.
F. The client has declined confrontation of the perpetrator; the client was accepted for this decision and urged to consider confrontation at a later date.

23. Use Empty-Chair Exercise (23)

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 feelings and clarifying the impact that the childhood experiences of abuse had.
D. The client was assigned "It Wasn't My Fault" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client was reinforced as they affirmed self as not being responsible for the abuse and placed responsibility clearly on the perpetrator.
F. The client was supported in confronting the nonperpetrating parent for not protecting the client from the abusive experiences in childhood.

24. Reinforce Holding Perpetrator Responsible (24)

A. Any and all statements that the client made that reflected placing blame on the perpetrators and nonprotective, nonnurturing adults for painful childhood experiences were reinforced.

B. The client was consistently reminded that they were not responsible for the abuse and neglect that occurred in childhood but that it was the responsibility of childhood parents or caretakers.

C. The client continues to struggle with self-blame for the abusive experiences of childhood; statements indicating self-blame were confronted and reframed.

25. Explore Victim Versus Survivor (25)

A. The client was asked to consider the positive and negative consequences of considering self as a victim versus being a survivor of childhood trauma.

B. The client's understanding of the advantages of self-perception as a survivor of abuse and neglect rather than a victim was processed.

C. The client has continued to view self as a victim of painful childhood experiences and has not moved forward toward feeling empowered as a survivor; this stagnation was reflected to the client.

26. Reinforce Survivor Self-Perception (26)

A. The client was encouraged and reinforced to perceive self as a survivor rather than a victim of childhood abuse or neglect.

B. The client was assigned "Changing from Victim to Survivor" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. As the client increased statements that reflected a self-perception of survivorship rather than victimization, strong reinforcement was given.

D. The client has continued to make statements of being a victim rather than statements of personal empowerment that reflect survivorship; the client was helped to reframe these statements into survivor statements.

27. Teach Share-Check Technique (27)

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

B. The client reported beginning 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; the client was reminded to do this in small steps.

D. The client was reinforced in expressing insight into difficulty with building trust as related to childhood experiences of abuse and neglect.

28. Teach Trust in Others (28)

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 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; the client was reminded to increase trust in small steps.

29. Teach Healthy Problem-Solving and Communication (29)

A. The client was taught healthy conflict resolution skills (e.g., active listening, using "I" messages, cooperation, compromise, mutual respect).
B. The client reported an increase in using the healthy conflict resolution skills they have been taught.
C. The client identified that they have regularly been using healthy conflict resolution skills (e.g., active listening, using "I" messages, cooperation, compromise, mutual respect); this experience was reviewed.
D. The client has struggled to implement the use of healthy conflict resolution skills; barriers to this progress were brainstormed.

30. Teach Honest Communication Skills (30)

A. The client was taught about healthy communication skills, including being honest, asking for wants, and sharing feelings.
B. The client was provided with modeling, role-playing, and behavior rehearsal to teach more honest communication skills.
C. The client was reinforced for more honest communication.
D. The client continues to struggle in being straightforward with honesty, asking for wants, and sharing feelings; additional techniques were provided.

31. Teach Assertiveness Skills (31)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client displayed an understanding of the assigned components of assertiveness.
C. The client was assigned "Becoming Assertive" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client used a journal to list assertive experiences; the journal was processed.
E. The client listed several situations in which they have been able to be assertive; these were processed.
F. The client reported finding it very difficult to implement assertiveness skills; small successes were encouraged.

32. Identify Unresolved Needs, Wishes, and Wants (32)

A. The client was assisted in identifying, understanding, and verbalizing unresolved needs, wishes, and wants from childhood.
B. The client was assigned "Corresponding With My Childhood Self" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) to help a variety of needs, wishes, and wants from childhood.
C. As the client has progressed in therapy, they have been helped to identify techniques for resolving childhood needs, wishes, and wants.
D. The client was unable to consistently identify unmet needs, wishes, and wants from childhood; tentative examples were provided.

E. The client was assisted with developing a written plan to meet each of their unmet needs, wishes, and wants.
F. The client has implemented the plan to meet unmet needs, wishes, and wants; this was reviewed for successes and failures.
G. The client has struggled to develop a written plan to meet each of their unmet needs, wishes, and wants and was redirected to do so.

33. Assign Books on Childhood Trauma (33)

A. Reading materials relating to traumatic childhood experiences were recommended to the client to assist in developing insight.
B. The client has followed through on reading the recommended childhood trauma material, and the insights related to that reading were processed.
C. The client has been able to use the insights from the reading materials on childhood traumas in order to assist in identifying unresolved feelings, wishes, and wants; positive feedback was provided.
D. The client has not followed through on reading the recommended childhood trauma material and was redirected to do so.

34. Assign Forgiveness Letter (34)

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

35. Assist With a Letter to the Parents (35)

A. The client was assigned to write a letter to each parent or primary caregiver, detailing the childhood abuse and sharing what the client wants from each person in recovery.
B. The client has followed through on writing a letter to each parent or primary caregiver and has processed this within the session.
C. The client has shared the letter with the appropriate parent or primary caregiver, presenting information about the childhood abuse and sharing what they want from each person in recovery; this experience was processed.
D. The client has not followed through with writing a letter to each parent or primary caregiver and was redirected to do so.
E. The client has written the letter to each parent or primary caregiver but has declined to present this to the parent or caregiver; this decision was accepted.

36. Teach About a Higher Power (36)

A. The client was presented with information about how faith in a higher power can aid in recovery from childhood trauma issues.
B. The client was assisted in processing and clarifying ideas and feelings regarding the existence of a higher power.
C. The client used faith in a higher power to assist in forgiving others and reestablishing self-esteem; the benefits were processed.
D. The client rejected the concept of a higher power; the client was urged to be open to this concept.

37. View Perpetrators as Wounded Children (37)

A. The client was presented with the concept that perpetrators were often wounded as children, too, and may need to be forgiven and turned over to a higher power.
B. The client was noted to endorse the idea that the perpetrator(s) was/were also a wounded child.
C. The client was noted to endorse the idea that the perpetrator needed to be forgiven and turned over to a higher power, in order to escape the client's harboring rage at the perpetrator.
D. The client rejected any idea that the perpetrator(s) was/were wounded as a child and needed to be turned over to a higher power; the client was urged to remain open.

38. Recommend Books on Forgiveness (38)

A. The client was recommended to read books on the topic of forgiveness.
B. The client was referred to *Forgive and Forget* (Smedes).
C. The client was referred to *When Bad Things Happen to Good People* (Kushner).
D. The client has read the assigned material on forgiveness, and key points were processed.
E. The client has not read books on the topic of forgiveness and was redirected to do so.

39. Teach Benefits of Forgiveness (39)

A. The client was taught the benefits of forgiveness.
B. The client was asked to identify how they have benefited from the process of forgiveness.
C. The client was taught about how releasing hurt and anger, putting an issue in the past, and increasing trust of others can help with forgiveness.
D. The client was reminded that forgiveness does not necessarily mean forgetting or fraternizing with abusive adults.

40. Assign Letter to Perpetrator (40)

A. The client was assigned to write a forgiveness letter to the perpetrator of the abuse.
B. The client was assigned "Feelings and Forgiveness Letter" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has written a forgiveness letter to the perpetrator of the abuse, and this was processed within the session.
D. The client has not written the letter to the perpetrator of the abuse, and this resistance was processed.

41. Substitute 12-Step Recovery Program for Family (41)

A. The client was presented with the concept of how a home 12-step recovery group can function as a healthy family that the client never had.
B. The client was assisted in realizing why they need a family to assist in recovery.
C. The client was reinforced while displaying acceptance of the idea of using a home group of a 12-step program to assist in recovery.
D. The client was resistant to acknowledging a need for a healthy family; this concept was reinforced.

42. Develop an Aftercare Plan (42)

A. The client was assisted in developing an aftercare plan that will support recovery from childhood trauma and addiction issues, including regular attendance at 12-step program meetings.
B. The client has listed several components of an aftercare program that will support sobriety (e.g., self-help groups and sponsors, family activities, counseling); the plan was critiqued.
C. The client was reinforced while describing active pursuit of the elements of the aftercare plan.
D. The client has not followed through on an aftercare program and was redirected to do so.

43. Assess Satisfaction (43)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CHRONIC PAIN

CLIENT PRESENTATION

1. **Addictive Medications Used to Control Pain (1)***
   A. The client has used addictive medication in order to control pain.
   B. The client's use of addictive medication has become the primary coping skill for pain.
   C. The client has abused medications because of the addictive nature of these medications.
   D. As the client has begun to resolve chronic pain issues, use of addictive medications has decreased.
   E. The client is not currently using any addictive medications.
2. **Coping With Chronic Pain via Addictive Medication (2)**
   A. The client has experienced chronic pain beyond that which would be expected through the normal healing process and it significantly limits physical activities.
   B. The client has not been able to discover ways to manage or decrease pain effectively.
   C. The client reported that pain management strategies have been unsuccessful, leading to use of addictive medications as the primary coping skill.
   D. The client has increased involvement in physical activities, as they have acquired the necessary pain management skills.
3. **Generalized Pain (3)**
   A. The client has complained of pain throughout the body and in many joints, muscles, and bones.
   B. The client's pain has interfered in daily functioning.
   C. The client verbalized fewer complaints about generalized pain and is resuming some normal activities.
   D. The client reported becoming significantly less preoccupied with generalized pain and is functioning rather normally.
4. **Pain Medication Use (4)**
   A. The client reported becoming heavily reliant on pain medication, but that in spite of this dependence, experiences little pain relief.
   B. The client has increased pain medication use beyond the prescribed level in an attempt to obtain relief.
   C. The client has become dependent on the use of medication and may be physiologically addicted.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client has acknowledged overuse of medication and has begun to reduce this dependency and use 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.

5. Rheumatoid Arthritis (5)

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 pain more effectively and maximize daily functioning ability.

6. Irritable Bowel Syndrome (5)

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 the irritable bowel condition and to maximize daily functioning ability.

7. Experiences Headaches (6)

A. The client described a history of chronic 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 headaches.
D. Use of medical and behavioral techniques has virtually eliminated the experience of headaches for the client.

8. Generalized Physical Symptoms (7)

A. The client complained of pain-related symptoms such as fatigue, night sweats, insomnia, muscle tension, and body aches.
B. As the client has learned pain management and regulation skills, there have been fewer complaints of generalized physical symptoms.

9. Neck or Back Pain (8)

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

10. Fibromyalgia Pain (9)

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 their life and to regulate and manage the fibromyalgia pain.

D. The client has returned to near-normal functioning, in spite of the fibromyalgia condition.

11. Rheumatoid Arthritis (9)

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 pain more effectively and maximize daily functioning ability.

12. Decreased Activity (10)

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 pain.
C. As the client has learned to regulate pain more effectively, normal activities have increased.
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 pleasurable activities related to socialization, exercise, and sexual interaction as effective pain management has been learned.

13. Depression (11)

A. The client's experience of chronic pain has led to feelings of depression.
B. The client expressed feelings of depression related to inability to perform normal daily activities because of debilitating pain.
C. As the client has learned pain management skills, depression has decreased.
D. The client reported an increase in self-esteem, interest in activities, increased energy, and enjoyment of socialization as pain management has become more effective.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing chronic pain symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Gather Pain History (3)

A. A history of the client's experience of chronic pain and associated medical conditions was gathered.
B. Active listening was provided as the client described the nature of their pain and explained the causes for it.
C. It was noted that the client does not have a clear understanding of the causes for their pain or effective ways to manage it.

4. Explore Pain's Negative Impact (4)

A. The changes in the client's social, occupational, educational, familial, and intimate life that have occurred in reaction to 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 while explaining the serious debilitating effect that the pain has had on their role within the family.
D. The client's emotional reaction to chronic pain was explored.
E. The client was supported while verbalizing 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, which have resulted from the way pain has interfered with their life.
G. The client acknowledged experiencing periods of severe depression related to this significant pain and the negative changes that have occurred because of it; these emotions were processed.

5. Refer to Physician (5)

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; the client was directed to pursue these options.

D. The client was discouraged to discover that no new medical procedures could offer hope of pain relief; the client's emotions were processed.
E. The client has not followed through on obtaining a new evaluation by a physician and was encouraged to do so.

6. Arrange Substance Abuse Evaluation (6)

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

7. Discuss Medications With Prescriber (7)

A. A discussion was held with the prescribing clinician regarding the use of medications to manage chronic pain and withdrawal from addictive substances.
B. The client was directed to discuss with the prescribing clinician the use of medications to manage chronic pain, as well as withdrawal from addictive substances.
C. The client was assigned "Coping With Addiction and Chronic Pain" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was supported for agreeing to a helpful medication regimen, which will manage pain while balancing the need to withdraw from addictive substances.
E. The client has not followed up with the prescribing clinician regarding the balancing of chronic pain management and withdrawal from addictive substances and was redirected to do so.

8. Administer Assessment for Chronic Pain Concerns (8)

A. The client was administered psychological instruments designed to objectively assess chronic pain and substance abuse.
B. The Magill Pain Questionnaire Short Form (MPQ-SF) was administered to the client.
C. The client has completed the assessment of chronic pain and substance abuse, but minimal abuse was identified; these results were reported to the client.
D. The client has completed the assessment of chronic pain and substance abuse, and significant traits of abuse were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of chronic pain and substance abuse concerns, and the focus of treatment was turned toward this defensiveness.

9. Assess Level of Insight (9)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

10. Assess for Correlated Disorders (10)

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

11. Assess for Culturally Based Confounding Issues (11)

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

12. Assess Severity of Impairment (12)

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

13. Discuss Pain Management/Rehabilitation Programs (13)

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.
C. The client was resistive to the notion of participating in a pain management program and did not believe it would be helpful; the client was encouraged to use these options.

14. Refer to Pain Management/Rehabilitation (14)

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.

15. Solicit Treatment Commitment (15)

A. The client was asked to make a firm commitment to cooperate with a full regimen of pain management treatment.
B. The client has agreed to cooperate with a full regimen of pain management treatment with specialists in this area; this progress was reinforced.
C. The client has refused to make a commitment to complete pain management treatment; the client was encouraged to review these resources at a later time.

16. Refer for Medication Review (16)

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

17. Assess Stage of Change (17)

A. A motivational enhancement approach was used to help assess the client's stage of change.
B. The client was assisted in identifying their stage of change regarding their addictive practice.
C. The client was assigned "Addressing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in moving toward taking steps to engage in treatment.
E. The client was noted to be participating actively in treatment.
F. The client was not participating actively in treatment and additional attempts were made.

18. Join a Pain Management Group (18)

A. The client was referred for cognitive behavioral therapy for pain management.
B. The client was started in a small, closed-enrollment group for pain management.
C. The client has been enrolled in a pain management group as described in "Group Therapy for Patients With Chronic Pain" (Keefeet al.).
D. Concepts from *Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook* (Otis) were used to supplement the treatment program.
E. The client has engaged in the small group for pain management and their experience was reviewed.
F. The client has not enrolled in the pain management treatment group and was redirected to do so.

19. Teach Key Pain Concepts (19)

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 for verbalizing 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 pain.
D. The client continues to be confused by pain and talks only of finding a way to end it; the client was redirected to the important concepts regarding pain.

20. Provide Rationale for Treatment (20)

A. The client was taught how treatment can help them understand how thoughts, feelings, and behavior can affect pain.
B. The client was taught about how they can play a role in managing their own pain.
C. The client was reinforced in embracing the rationale for treatment and the management of their own pain.
D. The client has not accepted the rationale for treatment and the concept of managing their own pain and was provided with additional feedback in this area.

21. Assign Reading on Cognitive-Behavioral Treatment of Pain (21)

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

22. Assign Pain Journal (22)

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

23. Teach Relaxation Skills (23)

A. The client was taught relaxation skills.
B. The client was taught skills such as progressive muscle relaxation, guided imagery, and slow diaphragmatic breathing.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught how to apply relaxation skills in daily life.
E. The client was assigned the exercise "Self-Soothing: Calm Down, Slow Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
F. The client has learned how to better discriminate between relaxation and tension and has learned relaxation skills; this progress was reinforced.
G. The client has not learned relaxation skills or how to discriminate between relaxation and tension and was provided with remedial feedback in this area.

24. Arrange for Biofeedback Training (24)

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

25. Identify Application for Biofeedback and Relaxation (25)

A. The client was urged to identify areas in which they can implement skills learned through relaxation training.
B. The client was urged to identify areas in which they can implement skills learned through biofeedback training.
C. The client was reinforced for the use of skills in daily life.
D. The client has not found ways to use relaxation or biofeedback training in daily life and was provided with tentative examples in this area.

26. Assign Somatic Pain Management Skills (26)

A. The client was assigned a homework exercise to implement somatic pain management skills and record the results.
B. The client's record of somatic pain management skills was reviewed within the treatment session.
C. The client was provided with feedback for the use of somatic pain management skills.

27. Assign Information About Progressive Muscle Relaxation (27)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies in relevant books or treatment manuals.
B. The client was assigned information from *The Relaxation and Stress Reduction Workbook* (Davis, Robbins-Eschelman, & McKay).
C. The client was assigned information from *Living Beyond Your Pain* (Dahl & Lundgren).
D. The client has read the information about progressive muscle relaxation and other calming strategies and key concepts were reviewed.
E. The client has not read the information on progressive muscle relaxation and other calming strategies and was redirected to do so.

28. Refer for Physical Therapy (28)

A. As the client's pain has been noted to be heterogeneous, they have been referred for physical therapy to assess whether an individually tailored exercise program is indicated.
B. The client has been involved in physical therapy and the experience was reviewed.
C. The client has not sought out involvement in physical therapy and was encouraged to do so.

29. Teach Distraction Techniques (29)

A. The client was taught distraction techniques and how to use them with relaxation skills for the management of acute episodes of pain.
B. The client was taught pleasant imagery as a distraction technique.
C. The client was taught counting techniques as a way to distract from chronic pain.
D. The client was taught alternative focal point techniques as a way to supplement relaxation skills for the management of the acute episodes of pain.

E. The client was assigned "Controlling the Focus on Physical Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) or "Managing Pain Without Addictive Drugs" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
F. The client was reinforced for regular use of distraction techniques.
G. The client has not used distraction techniques and was redirected to do so.

30. Conduct Acceptance and Commitment Therapy (30)

A. The client was provided with mindfulness strategies from acceptance and commitment therapy.
B. The client was taught strategies to help decrease avoidance, disconnect thoughts from actions, accept experience rather than change or control symptoms, and behave in accordance with broader life values.
C. The client was taught about clarifying goals and values and committing to behaving accordingly.
D. The client has displayed a clear understanding of the concepts of acceptance and commitment therapy and was reinforced for using these.
E. The client has struggled with the acceptance and commitment therapy changes and was provided with remedial information in this area.

31. Reinforce Pleasurable Activities (31)

A. The client was assisted in creating a list of activities that are pleasurable, rewarding, and/or consistent with identified goals and values.
B. The client was assigned "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
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 Cognitive Diffusion (32)

A. The client was taught the concept, rationale, and skill of cognitive diffusion as a way to respond to thoughts and feelings that steer the client away from value-driven, goal-oriented action.
B. The client was assisted in practicing cognitive diffusion in and out of sessions.
C. The client was reinforced for regular use of cognitive diffusion.
D. The client has not used cognitive diffusion and was redirected to do so.

33. Teach Need for Exercise (33)

A. The client was taught the importance of regular exercise as a benefit in pain management.
B. The client was reinforced in verbalizing an understanding of the need for regular exercise.

C. The client reported on the implementation of exercise into daily life and was reinforced for doing so.
D. The client reported that implementation of exercise into daily life has increased a sense of physical well-being and confidence in their body; the benefits of this progress were reviewed.
E. The client reported not being consistent in maintaining exercise in their daily routine and was encouraged to do so.

34. Refer to Exercise Program (34)

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.

35. Teach Sleep Hygiene (35)

A. The client was taught about sleep hygiene practices to help reestablish a consistent sleep-wake cycle.
B. The client was taught to implement sleep hygiene practices such as bedtime and bedroom practices conducive to sleep, stimulant management, consistent wake time, and relaxation techniques.
C. The client's use of sleep hygiene practices were reviewed, reinforcing for success and providing corrective feedback toward improvement.

36. Assign Cognitive Restructuring Information (36)

A. The client was assigned to read about cognitive restructuring in relevant books or treatment manuals.
B. The client was assigned to read information from *The Chronic Pain Control Workbook* (Catalano & Hardin).
C. The client was assigned to read information from *Managing Chronic Pain: A Cognitive-Behavioral Therapy Approach Workbook* (Otis).
D. The client was assigned to read information from *The Pain Survival Guide* (Turk & Winter).
E. The client has read the assigned information about cognitive restructuring and was assisted in reviewing the key concepts of this technique.
F. The client has not read the assigned information on cognitive restructuring and was redirected to do so.

37. Explore Schema and Self-Talk (37)

A. The client was assisted in exploring their schema, assumptions, and self-talk that mediate maladaptive feelings and actions about chronic pain.
B. The client's schema, assumptions, and self-talk were challenged in regard to the biases that promote maladaptive feelings and actions about chronic pain.

C. The client was assisted in generating thoughts and actions that correct for biases.
D. The client was assisted in developing better coping skills and building confidence in managing pain through the challenge and change of their schema, assumptions, and self-talk.
E. The client struggled to identify their schema, assumptions, and self-talk and was provided with tentative examples in this area.

38. Assign Replacement of Negative Self-Talk (38)

A. The client was assigned a homework exercise in which they identify negative pain-related self-talk.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned to develop positive alternatives for negative pain-related self-talk.
D. The client's modification of pain-related self-talk was reviewed and reinforced.
E. The client has struggled to change negative pain-related self-talk into the positive alternatives and was provided with remedial assistance in this area.

39. Use Cognitive Therapy Techniques (39)

A. Cognitive therapy techniques were used to help the client change their view of pain.
B. The client was assisted in changing their view of pain from being overwhelming to being manageable.
C. The client was reinforced for change in focus from being overwhelmed by pain to being able to manage pain.
D. The client has struggled in using cognitive therapy techniques to change their view of pain and suffering and was provided with remedial assistance in this area.

40. Change Focus From Passive to Active (40)

A. Cognitive therapy techniques were used to help the client change their self-concept and role in pain management.
B. The client was assisted in moving from being passive, reactive, and helpless to active, responsive, and empowered.
C. The client was reinforced for the use of cognitive therapy techniques to become more active, responsive, and empowered.

41. Teach Needed Coping Skills (41)

A. The client was taught coping skills such as problem-solving, social/communication, conflict resolution, and goal setting to apply to the removal of obstacles to implementing new skills.
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflict," "Becoming Assertive," or "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's obstacles to implementing pain management skills were resolved.
D. The client was reinforced for regular use of coping skills.
E. The client has not learned and implemented coping skills and was redirected to do so.

42. Integrate Pain Management Skills Into Daily Activities (42)

A. The client was directed to integrate existing pain management skills with those learned in therapy.
B. The client was assigned to record how they use relaxation, distraction, activity scheduling, and other pain management skills.
C. The client's use of pain management skills was reviewed; positive feedback was provided as the client displays regular use of pain management skills.
D. The client has not used pain management skills in the range of daily activities; the client was provided with additional feedback in this area.

43. Differentiate Between Lapse and Relapse (43)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of pain or old habits that exacerbate pain.
C. A relapse was associated with the sustained return of pain and previous cognitive and behavioral habits that exacerbate and/or maintained pain.
D. The client was provided with support and encouragement while displaying an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

44. Discuss Management of Lapse Risk Situations (44)

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

45. Follow-Up on Pain Management Skills (45)

A. The client was assisted in reviewing ongoing use of pain management skills.
B. The client reported regular use of pain management skills and was provided with positive feedback and coaching in this area.
C. The client has not regularly used pain management skills and their struggles in this area were addressed.

46. Assign Mind-Body Information (46)

A. Books on the concept of the connection between mind and body were recommended to the client.
B. The client was directed to read portions of *Mind/Body Health: The Effects of Attitudes, Emotions, and Relationships* (Karren et al.).
C. The client has followed through on reading the mind-body literature that was recommended; key issues were discussed.

D. 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.
E. The client was referred to a holistic healing program that could help establish the connection between stress management and pain management.
F. The client accepted the referral to a holistic healing program that integrates mind and body treatment.
G. The client was not open to a referral to a holistic referral healing program and was urged to reconsider this at a later time.

47. Teach Mind-Body Connection (47)

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

48. Teach About Prayer (48)

A. The client was taught about the use of prayer to assist in gaining strength to manage chronic pain.
B. The client was taught about meditation techniques.
C. The client was assisted in identifying how to implement prayer and meditation in daily life.
D. The client has not used prayer or meditation to help manage chronic pain and was redirected to use these helpful techniques.

49. Encourage Visit With Clergyperson (49)

A. The client was encouraged to meet with a clergyperson to learn how to turn problems over to a higher power.
B. The client has followed up with the referral to a clergyperson and reported that they have been able to turn over their pain to a higher power.
C. The client has not followed up with the contact with a clergyperson and was redirected to do so.

50. Explore Alternative Medical Procedures (50)

A. Alternative medical procedures, such as acupuncture, hypnosis, and therapeutic massage, were discussed with the client.
B. The client was assigned "Managing Pain Without Addictive Drugs" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Coping With Addiction and Chronic Pain" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was encouraged to explore alternative medical procedures for their beneficial effects on management of pain.

E. The client reported following through on the use of alternative medical procedures; the benefits of these techniques were reviewed.
F. The client reported that the use of alternative medical procedures has not been beneficial to help manage pain; the client's continued use of the techniques was reviewed.

51. Assess Social Support Network (51)

A. The client's social support network was assessed.
B. The client was encouraged to connect with people within their social support network who facilitate or support the client's positive change.
C. The client has not regularly used their social support network and was redirected to do so.

52. Assess Satisfaction (52)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CONDUCT DISORDER/DELINQUENCY

CLIENT PRESENTATION

1. **Failure to Comply (1)***
   A. The client has demonstrated a persistent failure to comply with the rules or expectations at home, at school, and in the community.
   B. The client voiced opposition to the rules at home and school.
   C. The client has started to comply with the rules and expectations at home, at school, and in the community.
   D. The client verbalized willingness to comply with the rules and expectations at home, at school, and in the community.
   E. The client has consistently complied with the rules and expectations at home, at school, and in the community.
2. **Use of Mood-Altering Substances (2)**
   A. The client reported frequently using mood-altering substances until intoxicated or high.
   B. The client indicated that on at least two occasions they were caught high or drunk.
   C. The client's friends, family, and others have confronted them or expressed concern about their substance use.
   D. The client has ceased all substance use and has admitted that it was a problem.
3. **Stealing (3)**
   A. The client has a history of stealing and/or breaking and entering illegally into others' places of residence or businesses.
   B. The client has recently engaged in stealing or illegal breaking and entering.
   C. The client has stolen from others in their home.
   D. The client has stolen from others in the school setting.
   E. The client has not engaged in any stealing or illegal breaking and entering in the recent past.
   F. The client has ceased stealing or illegally breaking and entering into places of residence or businesses.
4. **Legal Conflicts (3)**
   A. The parents reported an extensive history of the client engaging in illegal, antisocial behaviors.
   B. The client has continued to break laws and has failed to learn from past mistakes or experiences.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client has often minimized the seriousness of their offenses against other people or the law.
D. The client verbalized an awareness that their antisocial behavior has produced negative or undesirable consequences for self and others.
E. The client and parents reported a reduction in the frequency and severity of illegal behaviors.

5. School Behavior Problems (4)

A. A review of the client's history revealed numerous acting out and rebellious behaviors in the school setting.
B. The client has often disrupted the classroom with silly, immature, or negative attention-seeking behaviors.
C. The client has missed a significant amount of time from school because of truancy.
D. The client has had frequent conflicts with authority figures in the school setting.
E. The client has started to exercise greater self-control in the classroom setting.
F. The client has recently demonstrated a significant reduction in the frequency of acting out or rebellious behaviors at school.

6. Authority Conflicts (5)

A. The client displayed a negative attitude and was highly argumentative during today's therapy session.
B. The client has often tested the limits and challenged authority figures at home, at school, and in the community.
C. The client has often talked back to authority figures in a disrespectful manner when reprimanded.
D. The client has recently been more cooperative with authority figures.
E. The client has been cooperative and respectful toward authority figures on a consistent basis.

7. Aggressive/Destructive Behaviors (6)

A. The client described a series of incidents where they became aggressive or destructive when upset or frustrated.
B. The client projected the blame onto other people for their aggressive/destructive behaviors.
C. The client has begun to take steps to control hostile/aggressive impulses.
D. The client has recently demonstrated good self-control and has not engaged in any aggressive or destructive behaviors.

8. Angry/Hostile (6)

A. The client appeared angry, hostile, and irritable during today's session.
B. The client reported incidents of becoming easily angered over trivial matters.
C. The client has recently exhibited frequent angry outbursts at home and school.
D. The client has recently exhibited mild improvements in anger control.
E. The client has demonstrated good control of anger and has not exhibited any major loss-of-control episodes.

9. **Deliberate Destructive of Property (7)**
   A. The client described a history in which they have destroyed property in a deliberate manner.
   B. As therapy has progressed, the client has reported increased control over deliberate destructive behaviors.
   C. The client has had no recent incidents of deliberate destruction of property.
10. **Lying/Conning (8)**
   A. The client described a pattern of lying, conning, and manipulating others to meet their needs and avoid facing the consequences of their actions.
   B. The client appeared to be lying in the therapy session about misbehaviors or irresponsible actions.
   C. The client was honest in the therapy session and admitted to wrongdoing or irresponsibility.
   D. The parents reported that the client has been more honest and accepting of their decisions at home.
11. **Theft (9)**
   A. The client was frequently failed to resist impulses to steal objects.
   B. The client noted that they steal objects that are not needed for personal use or for their monetary value.
   C. The client reports confusion and uncertainty as to why they steal items.
   D. The client reported that they no longer participate in any theft.
12. **Illegal Entry (9)**
   A. The client obtains illegal entry into others' property.
   B. The client noted they enter others' property for negative purposes.
   C. The client reported that they no longer enter others' property for negative purposes.
13. **Blaming/Projecting (10)**
   A. The client was unwilling to accept responsibility for poor decisions and behaviors, instead blaming others for their decisions and actions.
   B. The client has begun to accept greater responsibility for their actions and placed the blame onto other people less often for their wrongdoings.
   C. The client admitted to wrongdoings and verbalized an acceptance of responsibility for their actions.
14. **Lack of Remorse/Guilt (11)**
   A. The client expressed little or no remorse for irresponsible, acting out, or aggressive behaviors.
   B. The client expressed remorse for actions, but apparently only because they had been caught and suffered the consequences of their actions.
   C. The client appeared to express genuine remorse or guilt for misbehavior.
15. **Insensitivity/Lack of Empathy (12)**
   A. The client displayed little concern or empathy for the thoughts, feelings, and needs of other people.

B. The client has often demonstrated a willingness to ride roughshod over the rights of others to meet needs.
C. The client verbalized an understanding of how their actions negatively affected others.
D. The client has demonstrated empathy and sensitivity to the thoughts, feelings, and needs of other people.

16. Sexual Promiscuity (13)

A. The client reported a history of having multiple sexual partners where there has been little or no emotional attachment.
B. The client displayed little awareness or concern for the possible consequences (e.g., unwanted pregnancy, contracting sexually transmitted diseases) of irresponsible or promiscuous behavior.
C. The client verbalized an awareness of the negative consequences or potential dangers associated with sexually promiscuous behavior.
D. The client has demonstrated good control over sexual impulses and has not engaged in any risky or irresponsible sexual behavior.

17. Thrill Seeking (14)

A. The client historically has presented as a highly impulsive individual who seeks immediate gratification of needs and often fails to consider the consequences of their actions.
B. The client has engaged in impulsive/thrill-seeking behaviors in order to achieve a sense of excitement and fun.
C. The client has begun to take steps toward improving impulse control and delaying the need for immediate gratification.
D. The client has recently demonstrated good impulse control and has not engaged in any serious acting out or antisocial behaviors.
E. The client has ceased engaging in acting out or thrill-seeking behaviors because of improved ability to stop and think about the possible consequences of their actions.

18. Gang Involvement (15)

A. The client has been identified as a gang member.
B. The client reports participation in gang membership and associated activities.
C. The client has identified the need to break away from the gang setting.
D. The client has discontinued affiliation with the gang.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing conduct or delinquency problems.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Establish Trust-Based Relationship (3)

A. Initial trust level was established with the client through use of unconditional positive regard.
B. Warm acceptance and active listening techniques were used to establish the basis for a nurturing relationship.
C. The client has formed a trust-based relationship and has begun to express thoughts and feelings regarding their anger triggers and conduct issues; positive feedback was provided.
D. Despite the use of active listening, warm acceptance, and unconditional positive regard, the client remains resistant to trust and does not share thoughts and feelings.

4. Assess Misbehavior Dynamics (4)

A. The client and parents were interviewed to assess the nature, severity, and history of the adolescent's misbehavior.
B. The client was assessed for various stimuli that have triggered anger.
C. The client was helped to identify situations, people, and thoughts that have triggered anger.
D. The client was assisted in identifying the thoughts, feelings, and actions that have characterized anger responses.

5. Assess Prior Responses (5)

A. The parents were assessed in regard to how they have attempted to respond to the child's misbehavior.
B. Triggers and reinforcements that may have been contributing to the behavior were reviewed.
C. The parents were assessed for their consistency and their approach to the child.
D. The parents were assessed for whether they have experienced conflicts between themselves over how to react to the child.

6. Provide Psychological Testing (6)

A. A psychological evaluation was conducted to determine whether attention-deficit/hyperactivity disorder or emotional factors are contributing to the client's impulsivity and acting out behaviors.
B. The client was uncooperative and resistant to engaging in the evaluation process.
C. The client approached the psychological testing in an honest, straightforward manner and was cooperative with any requests.
D. Feedback from the psychological testing was given to the client, parents, school officials, or criminal justice officials and appropriate interventions were discussed.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

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

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

11. Refer for Substance Abuse Evaluation (11)

A. The client was referred for a substance abuse evaluation to assess the extent of their drug/alcohol usage and determine the need for treatment.
B. The findings from the substance abuse evaluation revealed the presence of a substance abuse problem and the need for treatment.
C. The evaluation findings did not reveal the presence of a substance abuse problem or the need for treatment in this area.

12. Consult With Criminal Justice Officials (12)

A. A consultation was held with criminal justice officials about the need for appropriate consequences for the client's antisocial behavior.
B. The client was placed on probation for antisocial behaviors and instructed to comply with all the rules pertaining to probation.
C. The client was encouraged as they agreed to make restitution and/or perform community service for past antisocial behavior.
D. The client was placed in an intensive surveillance treatment program as a consequence of antisocial behavior.

13. Review Alternative Placement (13)

A. Consultation was held with parents, school officials, and criminal justice officials about placing the client in an alternative setting because of antisocial behavior.
B. It is recommended that the client be placed in a juvenile detention facility as a consequence of antisocial behavior.
C. It is recommended that the client be placed in a foster home to help prevent recurrences of antisocial behavior.
D. The recommendation was made that the client be placed in a residential program to provide external structure and supervision for the client.
E. The recommendation was made that the client be placed in an inpatient substance abuse program.

14. Reinforce Legal Consequences (14)

A. The parents were encouraged and challenged not to protect the client from the legal consequences of their actions.
B. The parents agreed to contact the police or appropriate criminal justice officials if the client engages in any future antisocial behavior; they were reinforced for this decision.

C. The parents followed through and contacted the police or probation officer after the client engaged in antisocial behavior; they were supported for this decision.
D. The parents failed to contact the police and/or criminal justice officials after the client engaged in antisocial behavior, and the reasons for this were processed.

15. Medication Evaluation Referral (15)

A. The client was referred for a medication evaluation to improve impulse control and stabilize moods.
B. The client and parents agreed to follow through with a medication evaluation.
C. The client was strongly opposed to being placed on medication to help improve impulse control and stabilize moods.
D. The client's response to the medication was discussed.
E. The client reported that medication has helped to improve impulse control and stabilize moods.
F. The client reports little or no improvement from the medication.
G. The client has not complied with taking medication on a regular basis and was encouraged to do so.

16. Increase Connection Between Feelings and Behaviors (16)

A. The client was helped to increase the ability to identify and express feelings instead of acting them out.
B. The client was assisted in making the connection between feelings and reactive behaviors.
C. The client was able to identify connections between feelings and behaviors and was provided with positive feedback.
D. The client is reluctant to share underlying thoughts and feelings during the therapy sessions; the client was reminded to share these thoughts in order to be assisted in making connections.

17. Use Motivational Interviewing (17)

A. Motivational interviewing techniques were used to help the client clarify their stage of motivation to change.
B. Motivational interviewing techniques were used to help move the client to the action stage in which they agree to learn new ways to conceptualize and manage anger.
C. The client was assisted in identifying dissatisfaction with the status quo and the benefits of making changes.
D. The client was assisted in identifying level of optimism for making changes.
E. The client was assigned "Accept Responsibility for Illegal Behavior" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

18. Confront Antisocial Behavior and Attitude (18)

A. The client was therapeutically confronted when making statements that reflect antisocial behavior and attitude.
B. Consequences for the client's antisocial behavior and attitude were pointed out.

C. The client was assigned the exercise "How My Behavior Hurts Others" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was assigned the exercise "Patterns of Stealing" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

19. Identify Positive Consequences of Anger Management (19)

A. The client was asked to identify the positive consequences experienced in managing anger.
B. The client was assisted in identifying positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was asked to agree to learn new ways to conceptualize and manage anger.

20. Challenge Lies and Blaming (20)

A. Therapeutic care was taken while challenging statements in which the client lies and/or blames others for their misbehaviors.
B. The client was gently confronted when failing to accept responsibility for their actions.
C. The client was guided toward acceptance of responsibility and willingness to change anger control problems.
D. The client was reinforced for gradual acceptance of responsibility for anger control problems.
E. The client has not accepted responsibility for anger control problems and was encouraged to do so.

21. Reconceptualize Anger (21)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, which lead to increased arousal and anger, which lead to acting out.
E. The client was assigned the exercise "Is My Anger Due to Unmet Expectations?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
F. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.
G. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

22. Connect Feelings and Behaviors (22)

A. The client was assisted in making a connection between feelings and reactive behaviors.
B. The client was assigned the exercise "Surface Behavior/Inner Feelings" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was reinforced for their insight into the connection between feelings and reactive behaviors.

D. The client struggled to make a connection between feelings and reactive behaviors and was provided with examples of such.

23. Teach Calming and Coping Strategies (23)

A. The client was assigned to read about calming and coping strategies in books or treatment manuals.
B. The client was assisted in learning specific calming and coping strategies.
C. The client was assigned the exercise "Progressive Muscle Relaxation" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client has read the information about calming and coping strategies, and key points were reviewed.
E. The client was assisted in developing specific ways to implement calming and coping strategies.
F. The client has not read the information about calming and coping strategies and was redirected to do so.

24. Explore Self-Talk (24)

A. The client's self-talk that mediates angry feelings and aggressive actions was explored using cognitive therapy techniques.
B. The client was assigned the exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assessed for self-talk, such as demanding expectations reflected in "should," "must," or "have to" statements.
D. The client was assisted in identifying and challenging biases and in generating alternative self-talk that corrects for the biases.
E. The client was taught how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

25. Assign Thought-Stopping Technique (25)

A. The client was directed to recognize reactivity and apply a thought-stopping technique on a daily basis between sessions.
B. The client was assigned the exercise "Thought-Stopping" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for successful use of the thought-stopping technique.
E. The client was provided with corrective feedback to help improve use of the thought-stopping technique.

26. Teach Assertive Communication (26)

A. The client was taught about assertive communication skills through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client displayed increased assertiveness and was provided with positive feedback in this area.

D. The client has not increased their level of assertiveness and was provided with additional feedback in this area.

27. Teach Conflict Resolution Skills (27)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I" messages, respectful communication, assertiveness without aggression, and compromise.
D. The client was assigned the exercise "Becoming Assertive" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was assigned the "Problem-Solving Exercise" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
F. The client was reinforced for clear understanding of conflict resolution skills.
G. The client displayed a poor understanding of conflict resolution skills and was provided with remedial feedback.

28. Construct Strategy for Managing Dysregulation (28)

A. The client was assisted in constructing a client-tailored skill set and strategy for preventing or managing emotional and behavioral dysregulation and impulsivity.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to their needs.
C. The client was reinforced for the use of personal and interpersonal skills.
D. The client was redirected to develop more personal and interpersonal skills.

29. Select Challenging Situations for Use of Skills (29)

A. The client was provided with situations in which they may be increasingly challenged to apply new personal and interpersonal skills.
B. The client was asked to identify likely upcoming challenging situations.
C. The client was urged to use personal and interpersonal skills in successively more difficult situations.

30. Assign Skills Homework (30)

A. The client was assigned homework exercises to help practice newly learned calming, assertion, conflict resolution, or cognitive restructuring skills.
B. The client was assigned the "Self-Soothing: Calm Down, Slow Down" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned the "Learning to Ask Instead of Demand" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assigned the "Filing a Complaint" exercise from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was assigned the "Negative Thoughts Trigger Negative Feelings" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
F. The client was assigned the "Anger Control" exercise from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

G. The client has practiced the anger management skills, and the experience was reviewed and processed with the goal of consolidation of such skills.
H. The client has not regularly practiced anger control skills and was redirected to do so.

31. Monitor/Decrease Outbursts (31)

A. The client's reports of angry outbursts were monitored with the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use new anger management skills to decrease the frequency, intensity, and duration of anger outbursts.
C. The client was assigned to read "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assigned the "Anger as a Drug" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client's progress in decreasing angry outbursts was reviewed.
F. The client was reinforced for success at decreasing the frequency, intensity, and duration of anger outbursts.
G. The client has not decreased the frequency, intensity, or duration of anger outbursts, and corrective feedback was provided.

32. Teach Empathy (32)

A. Guided discovery, role-playing, and role reversal techniques were used to increase the client's sensitivity to how antisocial behaviors affect others.
B. The client was assigned the "Trading Places" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was able to verbally recognize how antisocial behaviors affect others through use of role-playing and role reversal techniques.

33. Encourage Disclosure (33)

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

34. Meet With Parents (34)

A. Parents and other supporters agreed to meet.
B. Parents and other supporters were coached on how to support the client's attempts to change.
C. Parents and other supporters identified skills they can implement to support the client's attempts to change.
D. Parents and other supporters were unable to identify ways to support the client in attempts to change and were given remedial feedback.

35. Assign Altruistic Acts (35)

A. The client was given the homework assignment of performing three altruistic or benevolent acts before the next therapy session to increase empathy and sensitivity to the thoughts, feelings, and needs of others.

B. A recommendation was made that the client perform community service as part of probation to increase empathy and concern for the welfare of others.

C. The client's failure to comply with the homework assignment that they perform altruistic or benevolent acts was noted to reflect their lack of empathy and concern for the welfare of others.

36. Assign Empathy Homework (36)

A. The client was assigned homework to increase empathy and sensitivity toward the thoughts, feelings, and needs of others.

B. The client was assigned the "Headed in the Right Direction" exercise from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce) as homework to help increase empathy and sensitivity toward the thoughts, feelings, and needs of others.

C. After completing the "Headed in the Right Direction" exercise, the client was able to identify three ways in which they could demonstrate caring behavior toward others.

D. The client has not completed the homework assignment regarding increasing empathy and sensitivity and was redirected to do so.

37. Assign Household Tasks (37)

A. The client and parents agreed to and were assisted in developing a list of responsible behaviors that the client could perform at home.

B. The parents placed the client in charge of tasks at home to demonstrate confidence in their ability to act responsibly; the results of this risk were reviewed.

38. Use Parent Management Training (38)

A. Parent management training was used, as developed in *Defiant Teens: A Clinician's Manual for Assessment and Family Intervention* (Barkley & Robin).

B. The parents were provided with information from *Defiant Children: A Clinician's Manual for Assessment and Parent Training* (Barkley & Robin).

C. The parents were taught how parent–child behavioral interactions can encourage or discourage positive or negative behavior.

D. The parents were taught how changing key elements of parent–child interactions can promote positive change.

E. The parents were provided with specific examples, such as how prompting and reinforcing positive behaviors can be used to promote positive change.

F. The parents were provided with positive feedback for the use of parent management training approaches.

G. The parents have not used the parent management training approach and were redirected to do so.

39. Assign Parent Training Manuals (39)

A. The parents were directed to read parent training manuals.

B. The parents were directed to read *Parents and Adolescents Living Together: The Basics* (Patterson & Forgatch).
C. The parents were directed to read *Parents and Adolescents Living Together: Family Problem Solving* (Forgatch & Patterson).
D. The parents were directed to read *The Kazdin Method for Parenting the Defiant Child* (Kazdin).
E. The parents were directed to watch media demonstrating the techniques used in parent training sessions.
F. The parents' study of pertinent media was reviewed and processed.
G. The parents have not reviewed the assigned pertinent media and were redirected to do so.

40. Teach Parents to Define Aspects of Situation (40)

A. The parents were taught how to specifically define and identify problem behaviors.
B. The parents were taught how to specifically identify their reactions to the behavior and determine whether the reaction encourages or discourages the behavior.
C. The parents were taught to generate alternatives to the problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify problem behaviors, reactions, responses, and alternatives.

41. Teach Consistent Parenting (41)

A. The parents were taught how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate roles for acceptable and unacceptable behavior.
C. The parents were taught about prompting positive behavior and using positive reinforcement.
D. The parents were taught about clear, direct instruction as well as time-out and other loss-of-privilege techniques for problem behavior.
E. The parents were provided with positive feedback, as they have been able to develop consistent parenting practices.
F. The parents have not developed consistent parenting practices, and they were redirected to do so.

42. Assign Home Exercises to Implement Parenting Techniques (42)

A. The parents were assigned home-based exercises in which they implement parenting techniques and record the results of the implementation exercises.
B. The parents were assigned to read "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The parents were assigned to read "Catch Your Teen Being Responsible" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

D. The parents' implementation of homework exercises was reviewed within the session.
E. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
F. The parents have not completed the assigned homework and were redirected to do so.

43. Develop Reward System/Contingency Contract (43)

A. The client and parents were assisted in compiling a list of rewards to reinforce desired, positive behavior by the client.
B. A reward system was designed to reinforce positive behavior and deter impulsive or aggressive acts.
C. The client signed a contingency contract prepared to specify the consequences for impulsive/acting-out behavior.

44. Conduct Specific Family Therapy (44)

A. Functional family therapy was conducted with the family.
B. Brief strategic family therapy was conducted with the family.
C. The family was assisted in assessing and intervening toward reducing the family contributions to the client's anger control problems.

45. Refer for Multisystemic Therapy (45)

A. The client was seen to have severe conduct problems and was referred to a multisystemic therapy program with cognitive, behavioral, and family interventions.
B. The client has been involved in multisystemic therapy focusing on factors that are contributing to antisocial behavior and or substance use.
C. Multisystemic therapy has focused on improving caregiver discipline practices, enhancing family affective relations, decreasing association with deviant peers, and increasing association with prosocial peers.
D. Multisystemic therapy has focused on improving school and vocational performance, engaging prosocial recreational outlets, and developing an indigenous support network.
E. The client has fully engaged in the multisystemic therapy program and the benefits of such were reviewed.
F. The client has not engaged well in the multisystemic therapy program and problems relating to this were reviewed.

46. Provide Rationale for Relapse Prevention (46)

A. A rationale for relapse prevention was introduced.
B. Discussions about risk situations and strategies for preventing relapse were reviewed.

47. Differentiate Between Lapse and Relapse (47)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with a temporary and recoverable setback.
C. A relapse was associated with the return to a sustained pattern of thinking, feeling, and behaving that is characteristic of a conduct disorder.

D. The client was taught the rationale and intent of preventing or managing lapses to prevent relapse.
E. The client was provided with support and encouragement in displaying an understanding of the difference between a lapse and a relapse.
F. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

48. Discuss Management of Lapse Risk Situations (48)

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

49. Develop a "Coping Card" (49)

A. The client was provided with a coping card on which specific coping strategies were listed and kept as an accessible reminder.
B. The client was assisted in developing the coping card on which to list helpful coping strategies.
C. The client was encouraged to use the coping card when struggling with anxiety-producing situations.

50. Schedule Maintenance Sessions (50)

A. Maintenance sessions were proposed to help the client maintain therapeutic gains and adjust to life without anger outbursts.
B. The client was reinforced for agreeing to the scheduling of maintenance sessions.
C. The client refused to schedule maintenance sessions and this was processed.

51. Expose Family Abuse History (51)

A. The client's family background was explored for a history of neglect or physical or sexual abuse.
B. The client's parents were confronted and challenged to cease physically abusive or overly punitive methods of discipline.
C. An apology from the parents to the client for abusive behaviors and overly harsh methods of discipline was coordinated.
D. The abuse was reported to the appropriate agency.
E. A recommendation was made about which family members should be removed from the home and seek treatment.
F. Necessary steps were identified to minimize the risk of abuse occurring in the future.
G. The nonabusive parent verbalized a commitment to protect the client and siblings from physical abuse in the future; the importance of this role was emphasized.

52. Explore Feelings About Neglect or Abuse (52)

A. The client was given the opportunity in session to express feelings about past neglect, abuse, separation, or abandonment.
B. The client shared the extent of contact with the absent or uninvolved parent in the past and was encouraged to discuss possible reasons for the lack of involvement.
C. The client was instructed to use a journal to record thoughts and feelings about past neglect, abuse, separation, or abandonment.
D. The empty-chair technique was employed to facilitate expression of feelings surrounding past neglect or abuse.
E. The client was instructed to write a letter to the absent parent to express and work through feelings about abandonment or lack of contact.
F. The empty-chair technique was used to help the client express feelings toward the absent parent.
G. The client was assigned "My Story" or "A Blaming Letter and Forgiving Letter to Perpetrator" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
H. The client was assigned "Letter of Empowerment" in the *Adolescent Psychotherapy Homework Planne*r (Jongsma, Peterson, McInnis, & Bruce).
I. The client has been reluctant to explore feelings about neglect and abuse and was urged to process these feelings as the client feels capable of doing so.

53. Develop Recovery Plan (53)

A. The client was assisted in developing a recovery plan detailing the treatment necessary to maintain abstinence.
B. The client was assisted in listing several components of a personal recovery plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
C. The client described active pursuit of the elements of ther recovery plan and was reinforced for this follow-through.
D. The client has not followed through on the recovery plan and was redirected to do so.

54. Assess Satisfaction (54)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DANGEROUSNESS/LETHALITY

CLIENT PRESENTATION

1. **Low Frustration Tolerance (1)***
   A. The client is easily frustrated by minor issues.
   B. The client displays poor impulse control when frustrated.
   C. The client has become violent because of low frustration tolerance.
   D. The client has increased the ability to cope with frustrating situations, displaying better impulse control and decreasing violent episodes.
2. **Dangerous Abuse of Mood-Altering Substances (2)**
   A. The client abuses mood-altering substances, in spite of many negative consequences.
   B. The client abuses mood-altering substances despite the serious, dangerous effects to self or others.
   C. The client displays little regard for the ways in which mood-altering substance abuse affects self or others.
   D. The client has decreased the use of mood-altering substances, which has decreased the negative, dangerous consequences.
3. **Substance Abuse to Cover Up Negative Emotions (3)**
   A. The client uses substances in order to cope with negative emotions.
   B. The client has attempted to cover up anger through substance use.
   C. The client has attempted to cover up hurt through substance use.
   D. The client has attempted to cover up embarrassment through substance use.
   E. The client has attempted to cover up frustration through substance use.
   F. The client has become more able to cope with negative emotion and has decreased substance abuse.
4. **Poor Anger Management Skills (4)**
   A. The client displays a history of explosive, aggressive outbursts, particularly when intoxicated.
   B. The client displays a pattern of angry overreaction to perceived disapproval, rejection, or criticism.
   C. The client tends to passively withhold feelings, then explodes in a violent rage.
   D. The client has developed better anger management skills and has decreased outbursts, overreactions, or explosions.

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5. **Aggressive and Uncooperative (5)**
   A. The client often acts in an aggressive manner as a means to achieve power and control over others.
   B. The client is often uncooperative with authority figures and peers.
   C. The client has a consistent pattern of challenging or disrespecting authority figures.
   D. The client has become more cooperative with authority figures and peers.
6. **Disregard for Authority Figures (6)**
   A. The client often refuses to listen to parents about their concerns.
   B. The client often disregards the directives of authority figures.
   C. The client is quite focused on their own needs, with little regard for family members or authority figures.
   D. The client has begun to be more open to concerns from others.
   E. The client regularly makes a point to seek out advice and direction from parents or other authority figures.
7. **Attempted Suicide or Homicide (7)**
   A. The client has attempted to take their own life.
   B. The client has attempted to kill others.
   C. The client's attempts to cause harm were quite serious.
   D. The client denies any current active thoughts about suicide or homicide.
   E. The client denies any desire to kill self or any others.
8. **Physical Threats (8)**
   A. The client has made threats of physical harm to self.
   B. The client has made threats of physical harm to others.
   C. The client often uses threats of physical harm in order to manipulate others.
   D. As the client's addictive behavior has decreased, threats of physical harm have also decreased.
9. **Violence Exacerbated by Mood-Altering Substances (9)**
   A. The client's pattern of violence appears to escalate when under the influence of a mood-altering substance.
   B. The client is much more dangerous in regard to violent actions when using mood-altering substances.
   C. The client's pattern of violence has decreased as the pattern of mood-altering substance use has decreased.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.

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C. The client was urged to feel safe in self-expression.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Elicit a Promise of No Self-Injurious Behavior (3)

A. The client was asked to make a verbal commitment to initiate contact with the therapist or other staff members 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 they would contact the therapist or some other emergency helpline if the serious urge toward self-injury arises.
C. The client was assigned "No Self-Harm Contract" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was reinforced in committing to not engage in any self-injurious behavior.
E. The client has not committed to refrain from any self-injurious behavior, and additional steps were taken to ensure the client's safety.

4. Review Rules of Treatment (4)

A. The client was asked to read the rules of treatment.
B. The rules of treatment were read to the client.
C. A request was made that the client sign a statement indicating that they will abide by all of the rules of treatment.
D. The client was reinforced for willingness to sign an agreement to abide by all of the treatment program rules.
E. The client declined to sign any agreement about adherence to treatment program rules, and the focus of treatment was moved to this resistance.

5. Refer for Medical Evaluation (5)

A. The client was referred to a physician for a medical evaluation.
B. The assessing clinician was encouraged to identify the effects of the client's substance abuse.
C. The examining clinician was asked to focus on organic or neurological basis for violence.

D. The examining clinician was urged to identify the appropriate need for psychotropic medication.
E. The client has complied with the examination, and the results of this assessment were relayed to the client.
F. The client has declined to be involved in a medical or psychiatric evaluation, and the focus of treatment was moved to this resistance.

6. Monitor Medication Effectiveness and Side Effects (6)

A. The client has taken medications prescribed by a physician, and the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial, and this feedback was related to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial, and this information has been related to the prescribing clinician.
D. The client identified side effects of the medication, and this information was related to the prescribing clinician.
E. The client has not consistently taken the prescribed medications and has been redirected to do so.

7. Complete Biopsychosocial Evaluation (7)

A. A biopsychosocial evaluation was completed.
B. The client was asked about the experience of family history of mental, physical, or sexual abuse; violence; and substance abuse.
C. The client was asked about childhood history of violence, chemical dependence, and social relationships.
D. The client has been cooperative as the biopsychosocial evaluation has been conducted.
E. The client was not cooperative with the biopsychosocial evaluation and was redirected in this area.

8. Obtain Family Input (8)

A. The client's family members were requested to provide their perspective on the client's substance abuse and violence.
B. It was reflected to the client that their family identified a clear connection between the client's substance abuse and violent behavior.
C. Family members were questioned about the client's pattern of substance abuse and violence but tended to downplay these concerns.
D. The client would not allow family members to be contacted about substance abuse and violence, and their wishes were respected.
E. The client's family members were contacted about the client's substance abuse and violence concerns but declined to cooperate with this portion of the assessment.

9. Administer Psychological Instruments (9)

A. The client was administered psychological instruments designed to objectively assess violence toward self and others.
B. The client was administered the Beck Scale for Suicidal Ideation (BSS).

C. The client was administered the Domestic Violence Inventory (DVI).
D. The client has completed the psychological instruments designed to objectively assess violence toward self and others, and feedback was provided regarding the results of the assessment.
E. The client has not completed the psychological instruments designed to objectively assess violence toward self and others, and the focus of treatment was switched to this resistance.

10. Assess Level of Insight (10)

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to impairment in social, relational, vocational, and occupational endeavors.

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

14. Identify Somatic Feelings (14)

A. The client was requested to identify the somatic feelings that accompany feelings of hurt, fear, and anger.
B. The client was assigned "Is My Anger Due to Feeling Threatened?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Is My Anger Due to Unmet Expectations?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has not completed the assignment regarding anger etiology and was redirected to do so.
E. The client was assisted in identifying the somatic feelings that accompany emotions of hurt, fear, and anger.
F. The client was assessed for how they cope with somatic sensations and emotions.
G. The client struggled to identify somatic feelings that accompany emotions of hurt, fear, and anger and was provided with tentative examples in this area.

15. Assess Dangerousness of Suicidal Ideation (15)

A. The client was asked about the frequency and intensity of suicidal ideation, the details of any existing suicide plan, a history of any previous suicide attempts, and a family history of depression or suicide.
B. The client was assessed in regard to their access to means of harm, strengths of feelings of hopelessness or hurt related to a relationship disillusion, and other risk factors for suicide.
C. The client was assigned "Why Do I Matter and Who Cares" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Past and Present Hurt-Hope for the Future" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was encouraged to be forthright regarding the current strength of suicide feelings and the ability to control such urges.
E. The client's suicide urges were assessed to be present, but under control.
F. The client's suicide urges were assessed to be quite serious and the client is at risk of following through with the suicide urges.
G. The client was referred for inpatient treatment because of suicide urges and risk factors.
H. The client has been noted to have a decrease in the pattern of suicide ideation.

16. Assess Strength of Urge to Harm Others (16)

A. The client was asked to describe the strength of their urge to harm others, the degree of plan development, and the threats that they have made.
B. The client was assessed in regard to level of relationship conflict, possessiveness or stalking of a victim, criminal history, and restraining orders.

C. The client was assigned "Taking Inventory of My Destructive Behaviors" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client's homicidal urges were assessed to be present, but under control.
E. The client's homicidal urges were assessed to be quite serious, and the client is at risk of following through with these urges; warnings were provided to identified potential victims in accordance with agency policy and local legal expectations.
F. The client has identified a decrease in the pattern of homicidal ideation.

17. List Coping Skills for Angry Feelings (17)

A. The client was assigned to make a list of five things they could do to cope with angry feelings.
B. The client was assigned "Alternatives to Destructive Behavior" or "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in identifying five things that they can do when feeling angry to cope with angry feelings.
D. The client was provided with tentative examples of how to cope with angry feelings (e.g., relaxing using deep breathing; processing the situation to stop, think, and plan accurately; separating from the situation to give the client time to calm down before responding).

18. Assign Journal With Subjective Units of Distress (18)

A. The client was assigned to keep an anger journal, using subjective units of distress as a measurement of the intensity of the dangerousness/lethal feelings.
B. The client was directed to give their anger a subjective unit of distress score from 1 (as little anger as possible) to 100 (as much anger as possible).
C. The client was assigned "Anger Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's anger journal was reviewed.
E. The client's subjective units of distress were noted to have very little variation and the client was encouraged to identify how these situations may be different from each other.
F. The client has not kept an anger journal and was redirected to do so.

19. Review Anger Journal (19)

A. The client's anger journal was reviewed.
B. The client was assisted in processing situations that stimulate strong anger.
C. The client was provided with coping behaviors for situations that stimulate strong anger.

20. Teach Relaxation Techniques (20)

A. The client was taught to use progressive relaxation techniques.
B. The client was assigned "Safe and Peaceful Place Meditation" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was asked to rate their level of relaxation on a scale of 1 to 10.
D. The client's use of relaxation techniques was processed.
E. The client has not used progressive relaxation techniques and was redirected to do so.

21. Encourage Exercise (21)

A. In accordance with fitness levels and physician approval, the client was urged to participate in exercise for at least 20 minutes each day.

B. The client was reinforced for success at implementing regular exercise.

C. The client's failure to implement regular exercise was redirected.

22. Explore Family-of-Origin Issues (22)

A. The client was asked about family-of-origin issues that may have led to dangerous, lethal behaviors.

B. The client was questioned about physical abuse, abandonment, sexual abuse, gang affiliation, parental chemical dependence, and other issues that may have led to dangerous, lethal behaviors.

C. The client was assigned the "Understanding Family History" exercise in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client was assisted in processing family-of-origin issues that may have led to dangerous, lethal behaviors.

E. Although the client was asked about issues that may have led to dangerous, lethal behaviors, they denied any such issues.

23. Focus on Connection Between Lethal Behaviors and Substance Abuse (23)

A. The client was asked to make a list of five ways in which dangerous, lethal behaviors have led to substance abuse.

B. The client was reinforced in identifying ways in which dangerous, lethal behaviors contributed to substance abuse.

C. The client was directed to share with the group how dangerous, lethal behaviors have contributed to substance abuse.

D. The client was unable to identify ways in which dangerous, lethal behaviors have contributed to substance abuse and was provided with tentative examples in this area.

24. List How Substance Abuse Contributes to Lethal Behavior (24)

A. The client was asked to list five ways that substance abuse contributes to lethal behaviors.

B. Active listening was provided as the client identified ways in which the substance abuse has contributed to lethal behaviors.

C. The client struggled to identify how substance abuse contributes to lethal behaviors and was provided with tentative examples (e.g., a deepening of depression and shame, a reduction of inhibition to reason with self and others).

25. Review Anger to Escape Negative Feelings (25)

A. The client was asked to review how they may have used anger as a way to avoid or escape negative feelings.

B. Emotions such as hurt, shame, or depression were identified as common emotions that precipitate anger.

C. The client was assigned the exercise "Anger as a Drug" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in processing identified emotions and developing more direct alternatives for expressing these.
E. The client denied any secondary emotions as contributing to anger and was provided examples of how others have experienced this.

26. Identify Intimidation (26)

A. The client was asked to list five instances in which they had used dangerous behaviors as a means of intimidating others.
B. The client was assigned "How I Have Hurt Others" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. A discussion was held in regard to the difference between intimidation and respect.
D. The client was assisted in identifying how dangerous behavior intimidates others but does not generate respect.

27. Focus on Powerlessness and Unmanageability (27)

A. Discussion was held regarding the meaning of powerlessness and unmanageability (i.e., Step 1 exercise).
B. The client was asked to focus on how an understanding of powerlessness and unmanageability can be used to manage dangerous, lethal behaviors.
C. The client described how understanding of their powerlessness and unmanageability has helped them cope with dangerous, lethal behaviors.
D. The client denied any pattern of powerlessness and unmanageability and was provided with tentative examples of how others have experienced this dynamic.

28. Teach Steps 2 and 3 (28)

A. The client was taught about Steps 2 and 3 of Alcoholics Anonymous (AA).
B. The client was assigned the Step 2 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was assigned the Step 3 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client has not completed assignments regarding the steps of AA, and this resistance was processed.
E. The client was shown ways in which a higher power can assist in recovery.
F. The client was assigned "Understanding Spirituality" or "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
G. The client was reinforced while focusing on how a higher power can assist in recovery.
H. The client rejected the idea of a higher power and was urged to remain open to this need.

29. Complete Fourth-Step Inventory (29)

A. The client was directed to complete a fourth-step inventory.
B. The client was assigned the Step 4 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 4 exercise and results were processed.
D. The client has not completed the Step 4 exercise and this resistance was processed.
E. The client was asked to list the targets of anger and resentment, why they are resented, and how this has affected the client.
F. Active listening was provided as the client completed the fourth-step inventory.
G. The client has not completed the fourth-step inventory and was redirected to do so.

30. Complete Fifth-Step Inventory (30)

A. The client was directed to complete a fifth-step inventory.
B. The client was asked to share how they have wronged others.
C. The client was assigned "How I Have Hurt Others" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Active listening was provided as the client completed the fifth step, focusing on how they have wronged others.
E. The client has failed to complete the fifth step and was redirected to do so.

31. Meet With Family Members (31)

A. A meeting was held with the client's family to discuss dangerousness and lethal behaviors as well as substance abuse.
B. A discussion was held with the family about what the client is going to do differently in recovery.
C. Family members were reinforced as they appeared open to discussing issues related to the client's dangerousness, lethal behaviors, substance abuse, and recovery.
D. The family members were not open to discussing participation in the client's recovery.

32. Assign Reading on Parenting (32)

A. The client's parents were assigned to read *Parenting Your Out-of-Control Teenager* (Sells) or view online videos by Kazdin explaining ABC parenting techniques.
B. A discussion was held about the measures needed to reestablish control of the child's behavior.
C. The assigned reading has not been completed and the parents were redirected.

33. Develop Family Behavior Contract (33)

A. A contract was developed with the family that outlines what the client will do in recovery and the consequences of failing to meet these contractual obligations.
B. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The family was held to their contract regarding what the client will do in recovery.

D. The client has been actively participating in recovery, and the family was reminded about their contract.
E. The client has failed to meet contractual obligations, and the family was reminded about how they wish to respond to this failure.

34. Assess Satisfaction (34)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed with the client.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DEPENDENT TRAITS

CLIENT PRESENTATION

1. **Passive Submission (1)***
   A. The client described a pattern of passive submission to the wishes, wants, and needs of others.
   B. The client has tried to ingratiate self to others by being eager to please them through meeting their needs.
   C. The client has been taken advantage of because they fear rejection if they refuse to comply with others' requests.
   D. As therapy has progressed, the client has begun to set limits on doing things for others and complying with their requests.
2. **Dependent Traits Lead to Addictive Behavior (2)**
   A. The client's pattern of dependence on others has led to addictive behavior.
   B. The dependent client has turned to addictive behaviors when they felt let down or unsupported by others.
   C. The client has engaged in addictive behaviors in order to maintain contact in a dependent relationship.
   D. As treatment has progressed, the client has become less dependent and less likely to use addictive behaviors.
3. **Abandonment Fears (3)**
   A. The client described a history of being very anxious whenever there is any hint of abandonment present in an established relationship.
   B. Hypersensitivity to abandonment has caused the client to desperately cling to destructive relationships.
   C. The client has begun to acknowledge fear of abandonment as excessive and irrational.
   D. The client has reported conflicts within a relationship but has not automatically assumed that abandonment will be the result.
4. **Overly Focused on Acceptance From Others (4)**
   A. The client described a history of behavior that is strongly influenced by a desire to be accepted by others.
   B. A strong need for acceptance from others has dominated the client's motivation.
   C. The client described volunteering to do unpleasant or demeaning actions in order to gain acceptance from others.
   D. The client has become more aware of the pattern of being too focused on acceptance from others and has begun to be more assertive in relationships.

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5. **Need for Reassurance (5)**
   A. The client has been unable to make decisions or initiate actions without excessive advice, support, and reassurance from others.
   B. The client's dependency on others is reflected in seeking out their approval before taking 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 decision-making skills and to increase confidence in such decisions.
6. **Inability to Trust One's Own Judgment (6)**
   A. The client described a pattern of difficulty trusting their own judgment about everyday life decisions.
   B. The client cited specific examples of disregarding their own judgment, even when knowing that the judgment was accurate.
   C. The client identified small situations in which they trusted their own judgment about small decisions.
   D. The client identified a variety of ways in which they trusted their own judgment about both large and small everyday decisions.
7. **Feels Worthless (7)**
   A. The client verbalized a self-image as unimportant and expressed the feeling of being worthless, hopeless, and helpless.
   B. The client has begun to develop a more positive self-image and has terminated verbalizing negative comments about self.
   C. The client has begun to make positive comments about self.
8. **Sees Rejection as Inevitable (7)**
   A. The client verbalized the assumption that others do not like them, even though there is little or no evidence to support this conclusion.
   B. The client identified an ongoing belief that others do not like them and that rejection by others is inevitable.
   C. As the client's self-esteem has increased, they have begun to believe that others have a positive regard for them.
   D. The client described situations in which others' affection and caring have been noted.
9. **Needs Others to Make Decisions (8)**
   A. The client described a pattern of behavior that reflected consistent reliance on others to make decisions for them in most major areas of life.
   B. The client acknowledged dependence on others but expressed fear of breaking that dependence.
   C. The client denied dependence on others, even though the facts confirm it.
   D. The client has begun to take steps to break dependence on others and move toward increased self-reliance.

10. Fears Group Situations (9)

A. The client acknowledged strong feelings of panic, fear, and helplessness when faced with group situations in which they are uncertain of being accepted.
B. The client described patterns of avoidance of group situations in which they were uncertain of being accepted.
C. The client has begun to overcome feelings of fear associated with being in group situations.

11. Chronic Alienation (10)

A. The client described a pattern of feeling alienated from others.
B. The client's lack of self-confidence is reflected in chronic feelings of alienation.
C. The client has begun to feel more connected to others.
D. The client described increased feelings of closeness with important family members and social contacts.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing dependence traits.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

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3. Explore Feelings of Powerlessness (3)

A. The client was probed for childhood experiences of powerlessness.
B. The client was asked to explore similarities between feelings of childhood powerlessness and feelings when engaging in addictive behavior.
C. The client was assisted in comparing and contrasting adult feelings of powerlessness connected to addictive behavior with historical feelings of powerlessness.
D. The client was assigned the Step 1 exercise in *The Alcoholism & Drug Abuse Client Workbook* (Perkinson).
E. The client was unable to identify feelings of powerlessness or how such feelings relate to addictive behavior and was provided with tentative examples of how this can occur.

4. Administer Assessment for Dependent Traits (4)

A. The client was administered psychological instruments designed to objectively assess dependent traits and addictive behavior.
B. The Millon Clinical Multiaxial Inventory–IV (MCMI-IV) was administered to the client.
C. The client has completed the assessment of dependent traits, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of dependent traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of dependent traits, and the focus of treatment was turned toward this defensiveness.

5. Educate About the Etiology of Dependency (5)

A. The client was taught about ways that childhood experiences can cause fear of making decisions.
B. The client was assigned "Understanding Family History" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was taught about specific syndromes of thought and behavior that often cause dependency and the fear of making decisions.
D. The client was assisted in identifying how a pattern of dependency is not appropriate as an adult.
E. The client was encouraged to identify the connection between childhood experiences and their dependency difficulties.
F. The client rejected any notion of childhood experiences causing dependency issues as an adult; the client was provided with additional feedback in this area.

6. Explore Dysfunctional Family Rules (6)

A. Today's therapy session explored the pattern of dysfunctional family rules from the client's childhood.
B. The client was asked to explore how dysfunctional family rules led to uncomfortable feelings and an escape into addiction and dependency.
C. The therapist focused on how the effects of the dysfunctional family's inconsistent rules have led to the client's fear of failure.

D. The client was reinforced while displaying an understanding of how their dysfunctional family's inconsistent rules have led to fear of failure.
E. The client was given support and affirmation regarding uncomfortable feelings related to dysfunctional family rules.
F. The client is continuing to exhibit emotional distress and a desire to escape into addiction; this pattern was highlighted.

7. Teach Origins of Low Self-Esteem and Fear of Mistakes (7)

A. The client was presented with information about the pattern of low self-esteem and fear of making the wrong decision, resulting from being raised in a home where people were overly controlling and critical.
B. The client was assisted in identifying a pattern of overcontrol and criticism in their upbringing.
C. The client was helped to make a connection between fear of making wrong choices and low self-esteem with the overly controlled and critical childhood environment.
D. The client rejected the connection between fear of making wrong choices and childhood experiences; the client was urged to remain open to this concept.

8. Explore the Effects of Fear and Shame (8)

A. The client was asked to identify specific childhood situations in which they experienced fear and shame.
B. The client was assigned "Acknowledging My Strengths" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Active listening was provided as the client explained what it was like to grow up in an environment that elicited feelings of fear and shame.
D. The client was supported in identifying ways in which the experience of fear and shame has contributed to dependent traits and addictive behavior.
E. The client denied any pattern of fear and shame or any effect on the pattern of dependent traits and addictive behavior; remedial feedback was provided.

9. List Examples of Avoidance (9)

A. The client was asked to list instances when they avoided decisions out of fear of failure or rejection.
B. The client was asked to complete the exercise "Making Your Own Decisions" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has completed the assignment regarding making decisions, and the responses were reviewed and processed.
D. The client has not completed the "Making Your Own Decisions" assignment from the *Adult Psychotherapy Treatment Planner* (Jongsma) and was redirected to do so.
E. The client was assisted in listing a variety of situations in which they have avoided making decisions because of fear of failure or rejection.
F. The client identified a pattern of avoiding decisions out of fear of failure or rejection; this insight was reinforced.
G. The client was unable to identify situations in which they have avoided making decisions because of a fear of failure or rejection and was redirected to review this area.

10. Assess Level of Insight (10)

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

14. Probe Inability to Trust Own Judgment (14)

A. The client's pattern of not trusting their own judgment was probed.
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Validation was provided as the client acknowledged a pattern of not trusting their own judgment.
D. Support was provided as the client identified the origins of the failure to trust their own judgment.
E. The client struggled to identify the origins of the inability to trust their own judgment and was provided with tentative explanations.

15. Discuss the Connection Between Dependency and Addiction (15)

A. Today's session focused on the relationship between the client's dependent traits and addictive behaviors.
B. It was noted that the client was able to make several insightful connections between dependent traits and addictive behavior.
C. As the client has reduced dependent traits, addictive behavior has been noted to decrease as well.
D. The client does not identify any connection between dependent traits and addictive behavior; examples of this connection were reviewed.

16. Explore for Emotional Abandonment (16)

A. The family of origin was explored for experiences of emotional abandonment and neglect.
B. The client was helped to develop insight into the connection between childhood experiences of abandonment and dependent traits and addictive behavior.
C. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. As the client became aware of emotional abandonment experiences, their fear of displeasing others became clearer; this insight was reinforced.
E. The client's insight into experiences of emotional abandonment has been noted to reduce motivation to continually strive to meet others' expectations.

17. Focus on Child Role in Relationships (17)

A. The client was probed about the tendency to take on the child role in relationships.
B. The client was asked to identify causes for functioning as a child in a relationship.
C. The client was assigned "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client completed the homework assignments regarding satisfying unmet emotional needs, and the responses were processed.
E. The client has not completed the "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) and was redirected to do so.
F. The client was helped to develop insight into the pattern of adopting the child role in relationships and the cause of this problem.

G. The client rejected the idea of taking on the child role in relationships; the client was urged to monitor this pattern.

18. Connect Childhood Experience With Assumption of Childlike Role (18)

A. The client was assisted with an understanding of how early childhood experiences have subsequently led to a fear of abandonment, rejection, neglect, and the current assumption of a childlike role.

B. The client was assisted in identifying how their current assumption of a childlike role is detrimental to intimate relationships.

C. The client was assigned "Taking Steps Toward Independence" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client identified ways in which childhood experiences have led to fears of abandonment, rejection, and neglect; this insight was reinforced.

E. The client was supported in accepting the connection between childhood experience and their current assumption of a childlike role.

F. The client struggled to understand how early childhood experience and feelings of abandonment, rejection, and neglect have led to their current childlike role, which is detrimental to intimate relationships; remedial examples of this dynamic were provided.

19. Identify Addictive Behavior as an Escape From Feelings (19)

A. Today's session focused on identifying a pattern of addictive behavior as a means of escaping from feelings of anxiety and helplessness.

B. The client identified the pattern of addictive behavior as a means of escaping from feelings of anxiety and worthlessness; this insight was highlighted.

C. As the client has developed alternative ways to deal with anxiety and feelings of worthlessness, the addictive behavior has been noted to decrease.

D. The client has denied any connection between addictive behavior and feelings of anxiety and worthlessness; the client was urged to monitor this dynamic.

20. Teach Relaxation Techniques (20)

A. The client was taught various relaxation techniques (e.g., deep muscle release, rhythmic deep breathing, positive imagery) as a means of coping with anxiety.

B. The client was assigned the exercise "Self-Soothing: Calm Down, Slow Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

C. The client implemented relaxation procedures to reduce tension and physical restlessness, and it was noted that these techniques are beneficial.

D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension and was encouraged to do so.

21. Role-Play Relaxation (21)

A. The client was assisted, through role-playing and behavior rehearsal, in implementing relaxation techniques that could be used as a healthy escape from anxiety.

B. The client reported regular use of relaxation techniques when experiencing anxiety-producing situations; the benefits of this habit were reinforced.
C. The client was reinforced for implementing relaxation skills in daily life.
D. The client is not using relaxation techniques as a healthy escape from anxiety and was redirected to do so.

22. Explore Punishment of Expressing Feelings in Childhood (22)

A. The client was assisted in becoming more aware of their family's pattern of punishing responses to expressions of feelings, wishes, and wants.
B. The client was assisted in developing insight into feelings of anxiety because of the family's negative response when the client expressed a choice, feeling, or decision.
C. As therapy has progressed, the client has been reinforced for reporting decreased anxiety when expressing a choice, feeling, or decision.

23. Educate About Healthy Relationships (23)

A. The client was presented with information about building healthy interpersonal relationships through openness, respect, and honesty, including the sharing of feelings to build trust and mutual understanding.
B. The client was assigned "Negotiating Skills for Success" or "Building My Support Network" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has completed the assigned homework, and the learning from this assignment was reviewed.
D. Active listening was provided as the client acknowledged situations in which they could increase sharing of feelings in order to build trust and mutual understanding.
E. The client recalled instances when they have used openness and honesty to increase trust and mutual understanding; the client was urged to continue this progress.

24. Teach Honest Communication Skills (24)

A. The client was taught that the tendency to tell others what we think they want to hear is based on fear of rejection, commonly learned in an alcoholic home.
B. The client was provided with modeling, role-playing, and behavior rehearsal to teach more honest communication skills.
C. The client was assigned "How Interdependent Am I" in *the Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for using more honest communication skills to replace telling others what they think they want to hear.

25. Teach the Assertiveness Formula (25)

A. The client was taught the assertiveness formula of "I feel . . . when you. . . . I would prefer it if. . . ."
B. Role-playing and behavior rehearsal were used to teach the client how to use the assertiveness formula in several applications of their life.
C. The client was reinforced in displaying an understanding of how to use the assertiveness formula of "I feel . . . when you. . . . I would prefer it if. . . ."

D. The client was asked to journal one assertiveness situation each day.
E. The client has not journaled one assertiveness situation each day and was redirected to do so.

26. Teach Assertiveness Skills (26)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client was assigned "Becoming Assertive" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client displayed an understanding of the assigned components of assertiveness.
D. The client used a journal to list assertive experiences; the journal was processed.
E. The client listed several situations in which they have been able to be assertive; these were processed.
F. The client reported finding it very difficult to implement assertiveness skills; small successes were encouraged.

27. Review Choices of Friends and Intimate Partners (27)

A. The client's choices of friends and intimate partners were reviewed, with a focus on how they select controlling people.
B. The client was helped to relate dependency traits to the selection of controlling people.
C. As the client has progressed, they have made choices to develop relationships with less controlling individuals; this progress was celebrated.
D. The client struggled to correlate choice of friends and intimate partners with dependency traits; tentative examples were provided.

28. Teach Problem-Solving Skills (28)

A. The client was presented a problem-solving technique that included the following steps: identify the problem; brainstorm alternate solutions; examine the advantages and disadvantages of each solution; select an option; implement a course of action; evaluate the results.
B. The client was asked to role-play examples of implementing problem-solving techniques.
C. The client was reinforced for instances of using problem-solving techniques in day-to-day situations.
D. The client is not using problem-solving techniques and was redirected to do so.

29. Educate About the Fear of Making Decisions (29)

A. The client was educated about how the fear of making decisions is based in low self-esteem and the need for acceptance.
B. The client was helped to identify situations in personal experiences in which they feared making decisions because of low self-esteem and the need for acceptance.
C. As the client has progressed, low self-esteem and need for acceptance have been noted to decrease, and the ability to make decisions has increased.
D. The client rejected the idea of fear of making decisions being based on low self-esteem and the need for acceptance; tentative examples of this dynamic were provided.

30. Assign Use of Decision-Making Skills (30)

A. The client was asked to implement decision-making skills at least three times per week.
B. The client presented an ongoing record of their use of decision-making skills, and these were processed within the session.
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client received reinforcement for using decision-making skills.
E. The client has not used decision-making skills and was redirected to do so.

31. List Independent Actions (31)

A. The client was asked to list five things they do independently without significant assurance from others.
B. The client was asked to list activities that are avoided owing to lack of confidence.
C. A discussion was held about how to move avoided activities into the list of independent activities.
D. The client was assigned the exercise "How Interdependent Am I?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

32. Teach About Recovery Group Involvement (32)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and to develop self-confidence.
B. The client was referred to an appropriate recovery group.
C. The client's involvement in an active recovery group was reviewed.
D. The client acknowledged that they had not followed through with involvement in a recovery group and was redirected to do so.

33. Probe Fear of Attending a Recovery Group (33)

A. The client acknowledged that they had not attended recovery group meetings.
B. The client acknowledged the connection between dependency traits and fear of attending recovery group meetings.
C. The client was assisted in developing additional coping skills for the fear of attending recovery group meetings (e.g., relaxation techniques, positive self-talk, assertiveness skills).
D. The client was supported for implementation of coping skills and for successfully attending recovery group meetings.
E. The client continues to struggle with fear of attending recovery group meetings, and this was processed within the session.

34. Develop an Aftercare Plan (34)

A. The client was assisted in developing an aftercare plan, including regular attendance at 12-step recovery group meetings, that will support recovery from dependency issues.
B. The client was assisted in listing several components of an aftercare plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
C. The client was assigned to complete the Step 12 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

D. The client described active pursuit of the elements of the aftercare plan that has been developed.
E. The client did not follow through on an aftercare plan and was redirected to do so.

35. Emphasize a 12-Step Home Group as Like a Family (35)

A. The client was presented with the idea that a home group of a 12-step program can function as the healthy family that they never had.
B. The client was assisted in realizing why they need a family to assist in recovery.
C. The client was assigned "Building My Support Network" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced while displaying acceptance of the idea of using a home group of a 12-step program as a healthy family to assist in recovery.
E. The client was resistant to acknowledge a need for a healthy family but was gently encouraged to accept this.

36. Develop a Relationship With a 12-Step Sponsor (36)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. The client agreed with the need to use a sponsor within the 12-step community.
C. The client was assisted in developing a relationship with a temporary sponsor.
D. The client declined involvement with a sponsor from the 12-step community; the client was urged to reconsider at a later time.

37. Teach About a Higher Power (37)

A. The client was presented with information about how faith in a higher power can aid in recovery from dependency traits and addiction.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe their beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power and was urged to remain open to this concept.

38. Reinforce Faith in a Higher Power (38)

A. The client's enactment of faith in a higher power was reviewed within the session.
B. The client was assigned "Understanding Spirituality" or "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client reported ongoing use of faith in a higher power to assist in daily life and dependency problems; this progress was celebrated.
D. The client was reinforced for enactment of faith in a higher power.
E. The client reported no use of faith in a higher power in daily life and was redirected to use this faith.

39. Read Recovery Literature (39)

A. The client was assigned to read recovery literature (e.g., Alcoholics Anonymous' *Big Book*).
B. The client reported reading the recovery literature related to dependency and addiction problems, and this was processed.
C. The client did not read the assigned recovery literature, and this was reassigned.

40. Develop an Aftercare Plan (40)

A. The client was assisted in developing an aftercare plan that will support recovery from dependent traits, including regular attendance at 12-step program meetings.
B. The client has listed several components of an aftercare program that will support sobriety (e.g., self-help groups and sponsors, family activities, counseling); the plan was critiqued.
C. The client was reinforced in describing active pursuit of the elements of the aftercare plan.
D. The client has not followed through on an aftercare program and was redirected to do so.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DEPRESSION—UNIPOLAR

CLIENT PRESENTATION

1. **Depressed or Irritable Affect (1)***
   A. The client reported feeling deeply sad and has periods of tearfulness or irritability on an almost daily basis.
   B. The client's depressed affect was clearly evident within the session as tears were shed on more than one occasion.
   C. The client reported beginning to feel less sad and irritable and can experience periods of joy.
   D. The client appeared to be more happy within the session and there is no evidence of tearfulness.
2. **Loss of Appetite (2)**
   A. The client reported that they have 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 their appetite is at normal levels.
3. **Lack of Activity Enjoyment (3)**
   A. The client reported a diminished interest in or enjoyment of activities that were previously found pleasurable.
   B. The client has begun to engage in activities that they 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, they have 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.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

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 feeling a very low level of energy compared to normal times in their 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 being unable to maintain concentration and is easily distracted.
   B. The client reported being unable to read material with good comprehension because of being easily distracted.
   C. The client reported increased ability to concentrate as depression has lifted.

9. **Indecisiveness (7)**
   A. The client reported a decrease in the 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 them.
    B. As the client's depression has deepened, the client has increasingly self-isolated.
    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 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 self-worth.

13. Inappropriate Guilt (10)

A. The client described feelings of pervasive, irrational guilt.
B. Although the client verbalized an understanding that their guilt was irrational, it continues to plague them.
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 have a very negative self-perception.
B. The client's low self-esteem was evident within the session as they made many self-disparaging remarks and maintained very little eye contact.
C. The client's self-esteem has increased as they are beginning to affirm self-worth.
D. The client verbalized positive feelings toward self.

15. Unresolved Grief (12)

A. The client has experienced losses about which they have 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 their life.
C. The client has begun to resolve the feelings of grief associated with the loss in their 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. Addictive Behavior to Escape Depression Symptoms (14)

A. The client reported using addictive behavior as a means of escaping from feelings of sadness, worthlessness, and hopelessness.
B. The client's ongoing addictive behavior appears to have exacerbated depression symptoms.
C. The client's depression symptoms have decreased as addictive behavior has decreased.
D. The client reported discontinuing addictive behavior and dealing directly with feelings of sadness, worthlessness, and hopelessness.

18. Recurrent Depression Pattern (15)

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 their own experience of depression.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing unipolar depression symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assess Mood Episodes (3)

A. An assessment was conducted on the client's current and past mood episodes, including the features, frequency, intensity, and duration of the mood episodes.
B. The Inventory to Diagnose Depression was used to assess the client's, current and past mood episodes.
C. The results of the mood episode assessment reflected severe mood concerns and this was presented to the client.
D. The results of the mood episode assessment reflected moderate mood concerns, and this was presented to the client.
E. The results of the mood episode assessment reflected mild mood concerns, and this was presented to the client.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

4. Display Symptoms Graphically (4)

A. A graphic timeline display was used to help the client chart the pattern of depression symptoms.

B. The client's precursors, triggers, and pattern of depression symptoms were reviewed on a timeline to explore how the client experiences and is affected by depression.

C. The client displayed a greater understanding of the pattern of depression problems and was given support and feedback in this area.

D. The client struggled to understand the pattern of depression symptoms and was redirected in this area.

5. Obtain Feedback Regarding Depression Pattern (5)

A. The client's family, friends, and caregivers were asked about the client's pattern of depression symptoms.

B. The client's family was asked about the family history of depression.

C. Family, friends, and caregivers identified a pattern of depression for the client and within the family, and this was reviewed.

6. Log Current Level of Functioning (6)

A. The client, family, or caretaker was provided with sleeping, eating, and activity logs in which to document the client's current level of functioning.

B. Daily logs related to the client's sleeping, eating, and activity levels have been filled out regularly, and the aggregate results were reviewed, indicating a pattern of depression.

C. The client's symptom logs were reviewed but do not indicate a pattern of depression symptoms.

D. Symptom logs have not been filled out regularly, and this assignment was reinforced as a helpful way to monitor the client's symptoms.

7. Administer Assessment for Depression Traits (7)

A. The client was administered psychological instruments designed to objectively assess the strength of depression symptoms.

B. The Beck Depression Inventory–II (BDI-II) was administered to the client.

C. The Beck Hopelessness Scale (BHS) was administered to the client.

D. The client has completed the assessment of depression symptoms, but minimal symptoms were identified; these results were reported to the client.

E. The client has completed the assessment of depression symptoms, and significant traits were identified; these results were reported to the client.

F. The client refused to participate in the psychological assessment of depression symptoms, and the focus of treatment was turned toward this defensiveness.

8. Refer to a Supervised Environment (8)

A. Because the client was judged to be uncontrollably harmful to self, arrangements were made for psychiatric hospitalization.

B. The client was referred to a crisis residential facility because of concerns about inability to manage within a less restrictive setting.

C. The client was supported for cooperating voluntarily with admission to a more supervised environment.
D. The client refused to be voluntarily admitted to a more supervised environment and therefore civil commitment procedures were initiated.

9. Develop a Suicide Prevention Plan (9)

A. A suicide prevention plan was developed with the client, focusing on how they will be monitored and to whom the client should turn if suicidal ideation increases.
B. The client was given positive feedback for adhering to the structured suicide prevention plan.
C. The client has not adhered to the structured suicide prevention plan and was redirected to do so.

10. Assess Level of Insight (10)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

14. Complete Step 1 Exercise (14)

A. The client was taught about a 12-step program's Step 1, focusing on the need to admit powerlessness and unmanageability over addictive behavior and depression.
B. The client was assigned "Consequences of Continuing Addictive Lifestyles" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in processing the admission of powerlessness and unmanageability over addiction behavior and depression.
D. The client was reinforced for their admission that they are powerless over addictive behavior and depression.
E. The client has not embraced the Step 1 concepts and was provided with additional feedback in this area.

15. Teach About the Cycle of Addiction and Depression (15)

A. The client was taught about how addictive behavior results in negative psychological effects and that addictive behavior is often used in an attempt to control psychological symptoms.
B. The client was affirmed in displaying understanding of the vicious cycle occurring between addictive behavior and psychological symptoms.
C. The client was assisted in identifying how their addictive behavior and psychological symptoms contribute to each other.
D. The client did not display an understanding of the effects of addictive behavior on psychological symptoms or the effect of their psychological symptoms on addictive behavior; therefore, further attempts were made to teach this interaction.

16. Confront Addictive Behavior (16)

A. The client was confronted about using addictive behavior as a means of coping with depression.
B. The client was assisted in identifying the self-defeating, negative consequences of addictive behavior as a means of coping with depression symptoms.
C. The client acknowledged use of addictive behavior as a means of coping with depression and was reinforced for this insight.
D. The client identified how addictive behavior is self-defeating and has negative consequences and was reinforced for this insight.

E. The client denied any pattern of use of addictive behavior as a means of coping with depression symptoms in spite of attempts to show a relationship between these behaviors and feelings.

17. Process Healthier Means of Coping (17)

A. The client was assisted in identifying healthier, constructive means of coping with depression (e.g., sharing pain with others, attending 12-step recovery program meetings, developing positive cognitions, taking medications, turning conflicts over to a higher power).

B. The client was assigned "Gratitude" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client identified a variety of positive coping mechanisms that they will attempt to use to deal with depression symptoms; these were processed as they apply to daily life.

D. The client was reinforced for using more constructive means of coping with depression symptoms.

E. The client has not used healthier, constructive means of coping with depression and was instructed to do so.

18. Refer for Medication Evaluation (18)

A. The client was referred to a prescriber for an evaluation for a prescription of psychotropic medications.

B. The client has followed through on a referral to a prescriber and has been assessed for a prescription of psychotropic medications, but none were prescribed.

C. The client has been prescribed psychotropic medications.

D. The client declined an evaluation by a prescriber for a prescription of psychotropic medications and was redirected to obtain one.

19. Educate About and Monitor Psychotropic Medications (19)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.

B. As the client's psychotropic medications were reviewed, they displayed an understanding of the indications for and expected benefits of the medications.

C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding medications.

D. The client was assigned "Why I Dislike Taking My Medication" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

E. The client was monitored for adherence with and effectiveness/side effects of the psychotropic medication regimen.

F. The client was provided with positive feedback about regular use of psychotropic medications.

G. Concerns about the client's medication effectiveness and side effects were communicated to the prescriber.

H. Although the client was monitored for medication side effects, they reported no concerns in this area.

20. Discuss Factors Contributing to Depression (20)

A. Consistent with the treatment model, a review of cognitive, behavioral, interpersonal, and other factors was discussed in regard to their contribution to the client's depression.
B. The client was able to identify factors that contributed to depression.
C. The client struggled to identify factors that contributed to depression and was provided with a variety of possibilities.

21. Assign Psychoeducational Information Regarding Depression (21)

A. The client was assigned to read chapters, books, treatment manuals, and other resources that convey psychoeducational concepts regarding depression.
B. The client was assigned to read *Thoughts and Feelings: Taking Control of Your Moods and Your Life* (McKay, Davis, & Fanning).
C. The client was assigned to read *A Cognitive Behavioral Workbook for Depression: A Step-by-Step Program* (Knaus).
D. The client was assigned to read *The Mindfulness and Acceptance Workbook for Depression* (Strosahl & Robinson).
E. The client was assigned to read *The Interpersonal Solution to Depression: A Workbook for Changing How You Feel by Changing How You Relate* (Pettit, Joiner, & Rehm).
F. The client has read the assigned material regarding depression, and key concepts were reviewed.
G. The client has not read the assigned material regarding depression and was redirected to do so.

22. Discuss Change in Depression Factors (22)

A. Consistent with the treatment model, a discussion was held regarding how a positive change in cognitive, behavioral, and interpersonal factors can alleviate depression symptoms.
B. The client was able to identify examples of how a positive change in identified factors can alleviate depression.
C. The client was assisted in identifying factors that can help to alleviate depression.

23. Conduct Cognitive Behavioral Therapy (23)

A. Cognitive behavioral therapy concepts were used.
B. The client was helped to learn the connection between cognition, depressive feelings, and actions.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has responded well to cognitive behavioral therapy.
E. Cognitive behavioral therapy techniques have not been helpful to the client.

24. Assign Dysfunctional-Thinking Journal (24)

A. The client was requested to keep a daily journal that lists each situation associated with depressed feelings and the maladaptive thinking that triggered the depression.

B. The client was assigned "Correcting Distorted Thinking" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned to use the "Daily Record of Dysfunctional Thoughts," as described in *Cognitive Therapy of Depression* (Beck et al.).
D. The Socratic method was used to identify, challenge, and change the client's maladaptive thoughts and to replace them with more realistic and adaptive alternatives.
E. The client was reinforced for instances of successful replacement of maladaptive thoughts with more realistic and adaptive alternatives.
F. The client has not kept a record of automatic thoughts and was redirected to do so.

25. Conduct Behavioral Experiments (25)

A. The client was encouraged to do "behavioral experiments" in which depressive automatic thoughts are treated as hypotheses/predictions and are tested against reality-based alternative hypotheses.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's automatic depressive thoughts were tested against the client's past, present, and/or future experiences.
D. The client was assisted in processing the outcome of behavioral experiences.
E. The client was encouraged by experience of the more reality-based hypothesis/predictions; this progress was reinforced.
F. The client continues to focus on depressive automatic thoughts and was redirected toward the behavioral evidence of the more reality-based alternative hypotheses.

26. Reinforce Positive Self-Talk (26)

A. The client was reinforced for any successful replacement of distorted negative thinking with reality-based cognitive messages.
B. It was noted that the client has been engaging in reality-based thinking that has enhanced emotional regulation, built self-efficacy, and increased adaptive functioning.
C. The client was assigned to complete the "Positive Self-Talk" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has not engaged in reality-based thinking and was provided with remedial feedback.

27. Identify Depressive Assumptions/Schema (27)

A. The client was assisted in developing an awareness of biased self-talk that may place them at risk for relapse or recurrence.
B. The client was assisted in developing self-concept from unlovable, worthless, helpless, or incompetent, to empowering, reality-based alternatives.
C. The client recalled several instances of engaging in biased self-talk that precipitated feelings of being unlovable, worthless, helpless, or incompetent.
D. The client was assisted in building self-concept from helpless and incompetent to empowering, reality-based alternatives.

28. Engage in Behavioral Activation (28)

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

29. Develop Skills to Increase Pleasure (29)

A. The client was assisted in developing skills that increase the likelihood of deriving pleasure, meaning, or other targeted therapeutic consequences from behavioral activation.
B. The client was taught assertiveness skills, exercise planning, and social involvement.
C. The client was taught about moving from a less internal to a more external focus.
D. The client was urged to read portions of *Overcoming Depression One Step at a Time: The New Behavioral Activation Approach for Getting Your Life Back* (Addis & Martel).
E. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
F. The client was reinforced for success in increasing skills that will increase the likelihood of deriving pleasure from behavioral activation.
G. The client reported experiencing greater pleasure from the behavioral activation options and was reinforced for this.
H. The client has not developed skills that will increase the likelihood of deriving pleasure from behavioral activation and was redirected to do so.

30. Conduct Interpersonal Therapy (30)

A. An inventory of important past and present relationships was developed with the client.
B. A case formulation linking depression to grief, interpersonal role disputes, role transitions, and/or interpersonal deficits was developed.
C. The case formulation was shared with the client for accuracy.
D. The client was assigned to read portions of *The Interpersonal Solution to Depression: A Workbook for Changing How You Feel by Changing How You Relate* (Pettit, Joiner, & Rehm).

31. Facilitate Mourning (31)

A. As grief issues were identified as a primary contributor to depression, the client was supported in mourning.
B. The client was assigned "Dear____: A Letter to a Lost Loved One" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was assisted in gradually discovering new activities and relationships to compensate for loss.
D. As the client has resolved grief issues, the depression has abated.
E. The client has struggled to resolve grief issues and treatment was redirected in this area.

32. Help Resolve Interpersonal Problems (32)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The client was assigned "Applying Problem-Solving to Interpersonal Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in identifying relationship conflicts that have reached an impasse and how to either clear the impasse or discontinue the relationship.
D. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
E. The client was taught active problem-solving techniques to help them resolve interpersonal problems.
F. It was reflected to the client that they have significantly reduced interpersonal problems.
G. The client continues to have significant interpersonal problems and was provided with remedial assistance in this area.

33. Assist in Role Transitions (33)

A. Role transitions were identified as a primary factor in the client's depression dynamics.
B. The client was assigned "Interest and Skill Self-Assessment" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was helped to identify role transitions, such as beginning a relationship or a career, moving, promotion, retirement, or graduation.
D. The client was helped to mourn the loss of the old role, while recognizing positive and negative aspects of the new role.
E. The client was assisted in taking steps to gain mastery over the new role.

34. Develop Interpersonal Skills and Relationships (34)

A. As interpersonal deficits were identified as a primary factor in the client's depression, the client was assisted in developing new interpersonal skills and relationships.
B. The client was assigned "Communication Skills" or "Action Plan to Address Social Anxiety" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client displayed a clear understanding of the new interpersonal skills and was reinforced for this success.
D. The client has struggled in regard to developing new interpersonal skills and relationships and was redirected in this area.

35. Conduct Problem-Solving Therapy (35)

A. Psychoeducation, modeling, and role-playing were used to teach the client problem-solving skills.
B. Role-play application of the problem-solving skills was assigned to a real-life issue.

C. The client was assigned the homework exercise "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has used problem-solving techniques to help elevate the depression.

36. Encourage a Problem-Solving Approach (36)

A. The client was encouraged to develop a positive problem orientation.
B. The client was urged to see problems and solving them as a natural part of life and not something to be feared, despaired, or avoided.
C. The client was reinforced for understanding and application of a positive problem orientation.
D. The client remains quite negative in orientation to problems and was provided with remedial feedback in this area.

37. Teach Conflict Resolution Skills (37)

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 was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client reported implementation of conflict resolution skills in daily life and was reinforced for this use.
E. The client reported that resolving interpersonal conflicts has contributed to a lifting of depression; the benefits of this progress were emphasized.
F. The client has not used the conflict resolution skills that they have been taught and was provided with specific examples of when to use these skills.

38. Help Resolve Interpersonal Problems (38)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The "Applying Problem-Solving to Interpersonal Conflict" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) was used to help resolve interpersonal problems.
C. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
D. The client was taught active problem-solving techniques to help resolve interpersonal problems.
E. It was reflected to the client that they have significantly reduced interpersonal problems.
F. The client continues to have significant interpersonal problems and was provided with remedial assistance in this area.

39. Differentiate Between Lapse and Relapse (39)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.

C. A relapse was associated with a decision to return to previous depressive patterns.
D. The client was provided with support and encouragement in displaying an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and relapse and was provided with remedial feedback in this area.

40. Manage Lapse Situations (40)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The client was assisted in rehearsing how they will manage these potential relapse situations.

41. Build Relapse Prevention Skills (41)

A. The client was assisted in building relapse prevention skills through the identification of early warning signs of relapse.
B. The client was directed to consistently review skills learned during therapy.
C. The client was assisted in developing an ongoing plan for managing routine challenges.

42. Teach Mindfulness Meditation (42)

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

43. Assign Readings on Mindfulness and Acceptance Therapy (43)

A. The client was assigned reading materials to help explain the major concepts of mindfulness and acceptance therapy.
B. The client was assigned to read portions of *The Mindfulness and Acceptance Workbook for Depression* (Strosahl & Robinson).
C. The client has read the assigned material, and key concepts were reviewed and processed.
D. The client has not read the assigned material and was reminded to do so.

44. Increase Personal Strengths (44)

A. The client's new sense of well-being was reinforced by an emphasis on personal strengths evident in their progress through therapy.
B. The client was assigned the homework exercise "Acknowledging My Strengths" or "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has identified personal strengths and qualities, and these were processed.

45. Conduct Complicated Grief Therapy (45)

A. The client engaged in complicated grief therapy in order to focus on loss and life restoration.
B. The client was assisted in focusing on the history and bereavement experience, identifying personal goals, and using reliving/exposure.
C. The client was asked to share memories and pictures and was assisted in facilitating imaginal conversations with the deceased.
D. The client was assisted in acceptance of loss allowing for natural mourning and reengagement in life.
E. The client has engaged well in complicated grief therapy and has identified progress.
F. The client has not engaged well in complicated grief therapy, and remedial efforts were applied.

46. Conduct Behavioral Couples Therapy (46)

A. The client and significant other were engaged in couple's therapy.
B. Behavioral interventions focused on exchanges between partners, including assertive communication, problem-solving/conflict resolution, and consistent use of respectful, assertive communication.
C. A collaborative problem-solving approach for the couple was emphasized.
D. The client was assigned "How Can We Meet Each Other's Needs and Desires" or "Positive and Negative Contributions to the Relationship: Mine and Yours" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

47. Use Emotion-Focused Therapy (47)

A. The client was assisted in creating a safe, nurturing environment in which to process emotions.
B. The client was assisted in identifying and regulating unhealthy feelings and generating more adaptive feelings that can guide actions.

48. Conduct Brief Psychodynamic Therapy (48)

A. The use of brief psychodynamic therapy was implemented for the client's depression.
B. The client was assisted in increasing insight into the role that past relationship patterns may be contributing to current vulnerabilities to depression.
C. The client was assisted in identifying and processing core conflictual themes.

49. Explore Childhood Pain (49)

A. Experiences from the client's childhood that contribute to their 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 childhood experiences within an understanding atmosphere, sad feelings surrounding those experiences have diminished.
D. The client has been guarded about discussing the experience of childhood pain and was redirected in this area.

50. Explore Anger Feelings (50)

A. The client was encouraged to share feelings of anger regarding painful childhood experiences that contributed to the current depressed state.
B. As the client described painful experiences from the past, they were helped to express feelings of anger, sadness, and suppressed rage.
C. The client reported beginning to feel less depressed as suppressed feelings of anger and hurt have been expressed and processed.
D. The client has not expressed suppressed anger and was urged to do this as they feel able to do so.

51. Connect Repressed Feelings to Depression (51)

A. The client was taught the possible connection between previously unexpressed feelings of anger and helplessness and their current state of depression.
B. It was reflected to the client that as they have gained insight into suppressed feelings from the past, current feelings of depression have diminished.
C. The client was reinforced while verbalizing an understanding of the relationship between current depressed mood and the repression of anger, hurt, and sadness.
D. The client has not displayed an understanding of the relationship between current depressed mood and repression of anger, hurt, and sadness and was provided with remedial feedback in this area.

52. Conduct Acceptance and Commitment Therapy (52)

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

53. Recommend Self-Help Books (53)

A. The client was recommended to read self-help books consistent with the therapeutic approach used in therapy to help supplement therapy and foster better understanding of it.
B. The client was assigned to read *A Cognitive Behavioral Workbook for Depression* (Knaus).
C. The client was assigned to read *Solving Life's Problems* (Nezu et al.).
D. The client was assigned to read *The Interpersonal Solution to Depression* (Pettit & Joiner).
E. The *Mindfulness and Acceptance Workbook for Depression* (Strosahl & Robinson) was assigned to the client.
F. The client was assigned *The 10-Step Depression Relief Workbook* (Rego & Fader).
G. The assigned material was processed.

54. Assign Step 4 Exercise (54)

A. The client was taught about a 12-step program's Step 4, focusing on the exact nature of their wrongs.
B. The client was directed to write an autobiography detailing the exact nature of their wrongs.
C. The client's completed autobiography detailing the exact nature of their wrongs was processed.
D. The client was assisted in turning past misbehavior over to a higher power.
E. The client was assigned "Taking Daily Inventory" or "Taking Inventory of Destructive Behaviors" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
F. The client has not completed the fourth-step inventory or assignments and was redirected to do so.

55. Develop an Aftercare Plan (55)

A. The client was assisted in developing an aftercare plan, including regular attendance at 12-step recovery group meetings, which will support recovery when feeling depression concerns.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in listing several components of an aftercare plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
D. The client described active pursuit of the elements of the aftercare plan and was reinforced for this.
E. The client has not followed through on an aftercare plan and was redirected to do so.

56. Assess Satisfaction (56)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

EATING DISORDERS AND OBESITY

CLIENT PRESENTATION

1. **Refusal to Maintain Body Weight (1)***
   A. The client has refused to maintain body weight at or above a minimally normal weight for age and height.
   B. The client has refused to maintain a body weight at or above 85% of the recommended weight level.
   C. Despite many overt efforts to attain a normal weight, the client continues to have a body weight below what would be expected for their age and height.
   D. The client has made progress toward obtaining the normal recommended weight.
   E. The client has maintained body weight at or above the minimal weight for age and height.
2. **Irrational Fear of Becoming Overweight (2)**
   A. The client has developed a predominating irrational fear of becoming overweight.
   B. The client's fear of becoming overweight has controlled food intake to extreme levels.
   C. The client has used purging methods to overcontrol their weight.
   D. The client's fear of becoming overweight has diminished.
   E. The client has not reported any fear of becoming overweight recently.
3. **Body Image Preoccupation (3)**
   A. The client has a history of persistent preoccupation with body image and grossly inaccurately assesses self as overweight.
   B. The client is beginning to acknowledge that their body image is grossly inaccurate and that some weight gain is necessary.
   C. As the client has begun to gain some weight, their 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 them.
4. **Overemphasis of Body Weight/Shape (4)**
   A. The client described an undue influence of body weight or shape in self-evaluation.
   B. The client tends to preclude other issues of self-worth in favor of the influence of their body or shape.
   C. As treatment has progressed, the client has placed less emphasis on body image and found more worthy traits on which to base self-esteem.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Denial of Emaciation (5)**
   A. The client strongly denies seeing self 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 weight through more normal caloric intake.
6. **Amenorrhea (6)**
   A. This postmenarcheal female has experienced amenorrhea.
   B. The client has had an absence of at least three consecutive menstrual cycles.
   C. As treatment has progressed, the client's physical health has improved, and she has experienced a more typical menstrual cycle.
7. **Electrolyte Imbalance (7)**
   A. An electrolyte imbalance resulting from the client's eating disorder is compromising health.
   B. The client has accepted the fact that their 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 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 they have increased food intake and terminated the purging behavior.
8. **Laxative, Diuretics, Enema, or Medication Abuse (8)**
   A. The client has a history of laxative, diuretic, enema, or medication abuse to purge the system of food intake.
   B. The frequency of laxative, diuretic, enema, or medication abuse has begun to diminish.
   C. The client reported no recent incidents of laxative, diuretic, enema, or medication abuse as a purging behavior for food intake.
9. **Limited Food Intake (8)**
   A. The client has a history of very limited ingestion of food, resulting in weight loss.
   B. Although the client talked of eating three meals per day, a closer analysis indicated that the amount of food consumed was very limited.
   C. The client has begun to increase caloric intake as portions of food consumed have gradually increased.
   D. The client reported consuming a normal level of calories per day in the recent past.
10. **Excessive Strenuous Exercise (8)**
    A. The client has engaged in excessive strenuous exercise as a weight control measure.
    B. In spite of the fact that the client is extremely underweight and is eating too little, the client 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 they engage in to burn calories.
E. The client has terminated the excessive strenuous exercise routine and engages only in normal amounts of healthy exercise.

11. Self-Induced Vomiting (8)

A. The client has engaged in self-induced vomiting out of a fear of gaining weight.
B. The client's purging behavior using self-induced vomiting has occurred on almost a daily basis.
C. The client has increased control over the self-induced vomiting and the frequency of this behavior has decreased.
D. The client reported no recent incidents of self-induced vomiting.

12. Chronic Rapid Overeating (9)

A. The client described a history of chronic consumption of large quantities of high-carbohydrate food.
B. The client has engaged in binge eating on almost a daily basis.
C. The frequency of binge eating of nonnutritious foods has begun to diminish.
D. The client reported that there have been no recent incidences of binge eating.

13. Rapid Eating (10)

A. The client reports a history of eating much more rapidly than normal.
B. The client is uncertain why they eat in a more rapid manner than would be expected.
C. As treatment has progressed, the client's food intake is at a more measured pace.

14. Uncomfortably Full (11)

A. The client reports eating until feeling uncomfortably full.
B. The client has been able to identify cues toward the level of comfortable fullness.
C. The client no longer experiences a sense of being uncomfortably full but is continuing to eat more moderately.

15. Overeating When Not Physically Hungry (12)

A. The client reports eating large amounts of food when they do not actually feel physically hungry.
B. The client identifies use of food when not hungry as a compensatory behavior.
C. The client has learned to eat when hunger cues are identified.
D. The client no longer eats large amounts of food when not feeling physically hungry.

16. Eating Alone Because of Embarrassment (13)

A. The client reports often eating alone because of feeling embarrassed about how much they are eating.
B. The client feels that they have alienated others from eating with them.
C. The client has become more at ease with the social aspects of eating.
D. As treatment has progressed, the client reports a more moderate food intake and feeling more at ease with the social aspect of eating with others.

17. Low Self-Concept Because of Overeating (14)

A. The client reports feeling disgusted, depressed, or guilty after eating too much.
B. The client has explored their emotional reaction to overeating.
C. The client reports that as they have decreased the pattern of overeating, emotional well-being has improved.

18. Obesity (15)

A. The client reports an excess body weight relative to height that is attributed to an abnormally high proportion of body fat.
B. The client reports a body mass index of 30 or more.
C. As treatment has progressed, the client has decreased body mass index to under 30.

19. Addictive Behavior to Cope With Family Conflict (16)

A. The client described a history of addictive behavior used to cope with feelings of anger, alienation, and depression related to conflict within the family.
B. Family members confirmed a pattern of addictive behavior related to conflict within the family.
C. The client acknowledged that addictive behavior, used as a coping technique for negative feelings related to family conflict, must be replaced by abstinence and constructive interventions to reduce family conflict.
D. The client has committed to a plan of abstinence from addictive behaviors and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by the family.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing eating disorder symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Dysfunctional Eating (3)

A. The client was asked to describe dysfunctional eating patterns.
B. The client was assigned the exercise "Eating Patterns Self-Assessment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was supported in acknowledging that their eating patterns are dysfunctional in terms of the amount and type of food consumed.
D. The client had difficulty acknowledging that their eating patterns are dysfunctional and was gently encouraged to see this pattern.
E. The historical course of the eating disorder was assessed.
F. Perceived triggers and goals were reviewed.

4. Evaluate Calorie Consumption (4)

A. The client's calorie consumption was compared with an average adult rate of 1,900 (for women) to 2,500 (for men) calories per day in order to establish the reality of a pattern of under- or overeating.
B. The client acknowledged that their calorie consumption was not within the normal limits; the client was supported for this understanding.
C. The client defended their calorie consumption being outside the normal limits and was gently confronted with facts about normal caloric intake.

5. Measure Weight (5)

A. The client's weight was measured.
B. The client was assessed for minimizing in regard to the eating disorder concerns and related distorted thinking.
C. The client was assisted in identifying minimizations and distorted thinking.
D. The client was reinforced for a decrease in minimizing and distorted thinking regarding excess body weight.

6. Explore Compensatory Behavior (6)

A. The client was asked to describe any compensatory behavior to help control caloric intake.
B. The client was supported in acknowledging engagement in compensatory behavior on a regular basis, after eating, in order to reduce caloric intake.
C. The client was noted to confirm regular use of laxatives, diuretics, enemas, and medications for the purpose of reducing body weight.
D. The client minimized use of laxatives, diuretics, enemas, or medications to control body weight; this minimization was pointed out in a matter-of-fact manner.

E. The client defended their use of compensatory behavior in order to control caloric intake because of the distorted belief that they would become overweight; the client was redirected in this area.
F. The client was reinforced while reporting a decreased use of compensatory behavior to control weight.

7. Assess Eating Disorder With Objective Measures (7)

A. A measure of eating disorders was administered to further assess its depth and breadth.
B. The level of self-induced vomiting, misuse of laxatives, diuretics or other medications, enemas, fasting, or excessive exercise was assessed.
C. The Eating Disorders Inventory–3 was used to assess the client's level of eating disorder symptoms.
D. The Eating Inventory was used to assess the level of eating disorder symptoms.
E. The Eating Disorder Scale was used to assess the level of eating disorder symptoms.
F. The eating disorders assessment indicated that the client has significant eating disorder symptoms; this information was shared with the client.
G. The eating disorders assessment indicated that the client has minimal eating disorder symptoms; this information was shared with the client.

8. Arrange Substance Abuse Evaluation (8)

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

9. Assess Level of Insight (9)

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

10. Assess for Correlated Disorders (10)

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

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

11. Assess for Culturally Based Confounding Issues (11)

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

12. Assess Severity of Impairment (12)

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

13. Refer for Physical Examination (13)

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 having 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.

14. Refer to Dentist (14)

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.

15. Refer to Nutritionist (15)

A. The client was referred to a nutritionist experienced in eating disorders for an assessment of nutritional rehabilitation.
B. Recommendations were made by the nutritionist and these were coordinated into the care plan.
C. The client has not followed through with the referral to a nutritionist and was reminded to do so.

16. Assess/Refer for Psychotropic Medication (16)

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 prescriber referral and psychotropic medication has been prescribed.
E. The client has failed to follow through on the prescriber referral and was encouraged to do so.

17. Monitor Medication (17)

A. The effectiveness of psychotropic medication and its side effects were monitored.
B. The client reported that the medication has been effective in stabilizing 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.

18. Refer for Hospitalization (18)

A. Because the client's weight loss has been severe and their physical health is jeopardized, the client was referred for hospitalization.
B. The client cooperated with admission into treatment and acknowledged that their fragile medical condition necessitated such treatment.
C. The client refused hospitalization that was recommended.
D. Because the client's condition was so fragile and the client was thought to be harmful to self, a commitment to hospitalization has been pursued.

19. Discuss Eating Disorders Model (19)

A. A discussion was held with the client regarding a model of eating disorder development.
B. The client was taught about concepts such as sociocultural pressures to be thin, vulnerability to overvalue body shape and size in determining self-image, maladaptive eating habits, maladaptive compensatory weight management behaviors, and resultant feelings of low self-esteem.
C. The client was taught about concepts related to eating disorders as described in *Overcoming Binge Eating* (Fairburn) or *The Eating Disorders Sourcebook* (Costin).
D. The client displayed a clear understanding of the concepts related to eating disorders and was provided with positive feedback about this insight.
E. The client struggled to understand the information related to eating disorders and was provided with additional feedback in this area.

20. Discuss Rationale for Treatment (20)

A. The rationale for treatment was discussed with the client, including the use of cognitive and behavioral procedures to break the cycle of thinking and behaving that promotes poor self-image, uncontrolled eating, and unhealthy compensatory actions.
B. The rationale for treatment was emphasized, including the building up of physical and mental health-promoting eating practices.
C. The client was assigned the exercise "Creating a Preliminary Eating and Health Plan" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for clear understanding of the rationale for treatment.
E. The client did not have a clear understanding of the rationale for treatment and was provided with remedial information in this area.

21. Assign Reading Materials (21)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on the development and treatment of eating disorders.
B. The client was directed to read selected portions of *Overcoming Binge Eating* (Fairburn).
C. The client was directed to read selected portions of *Overcoming Your Eating Disorders* (Apple & Agras).
D. The client was directed to read selected portions of *Helping Your Teenager Beat an Eating Disorder* (Lock & Le Grange).
E. The client was directed to read selected portions of *The LEARN Program for Weight Management* (Brownell).
F. The client was directed to read selected portions of *Effective Weight Loss* (Forman & Butryn).
G. The client has read the assigned information on the development and treatment of eating disorders, and key concepts were processed.
H. The client has not read the assigned information on eating disorders and was redirected to do so.

22. Assign Self-Monitoring Record (22)

A. The client was assigned to self-monitor and record food intake, thoughts, and feelings.
B. The client was assigned "A Reality Journal: Food, Weight, Thoughts, and Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's journal was processed with a focus on challenging maladaptive patterns of thinking and behaving.
D. The client was assisted in replacing maladaptive patterns of thinking and behaving with adapted alternatives.
E. The client has not kept a journal record of food intake, thoughts, and feelings and was redirected to do so.

23. Establish Minimum Caloric Intake/Assist in Meal Planning (23)

A. The client was assisted in developing a minimum daily caloric intake.
B. The client was reinforced in committing 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 not following through on eating the planned menu items, and the reasons for this failure were reviewed.

24. Establish Weight Goals (24)

A. The body mass index was used to establish healthy weight goals for the client.
B. The client was reinforced in making 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.

25. Monitor Weight (25)

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.

26. Monitor Fluid Intake and Electrolyte Balance (26)

A. The client's fluid intake and electrolyte balance were monitored.
B. The client was provided with realistic feedback regarding progress toward the goal of balance regarding fluid intake and electrolytes.
C. The client was provided with positive feedback for appropriate electrolyte balance.
D. The client was provided with realistic feedback that electrolytes are out of balance.

27. Monitor Electrolyte Balance With Physician (27)

A. The client was encouraged to maintain regular contact with a physician in order to monitor electrolyte balance levels.

B. The client has resisted maintaining regular contact with a physician and was encouraged to do so.
C. The latest monitoring of the client's electrolyte levels indicates that the client has attained and maintained balanced fluids and electrolytes.

28. Assess External and Internal Cues (28)

A. The client was assessed for external cues such as persons, objects, or situations that precipitate uncontrolled eating and/or compensatory weight management behaviors.
B. The client was assessed for internal cues such as thoughts, images, and impulses that contribute to uncontrolled eating and/or compensatory weight management behaviors.
C. The client was reinforced while displaying significant insight as they identified many external and internal cues for uncontrolled and/or compensatory weight management behaviors.
D. The client struggled to identify many external or internal cues and was provided with tentative examples of these types of cues.

29. Develop Hierarchy of Triggers (29)

A. The client was directed to develop a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
B. The client was helped to list many of the high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
C. The client was assisted in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
D. The client's journaling was used to assist in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.

30. Teach Skills for High-Risk Situations (30)

A. The client was taught skills for high-risk situations, such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.
B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client was assigned "Becoming Assertive," "Positive Self-Talk," or "Applying Problem Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client reported implementation of conflict resolution skills in daily life and was reinforced for this use.
E. The client reported that resolving interpersonal conflicts has contributed to lessening eating disorder concerns; this progress was reinforced.
F. The client has not used conflict resolution skills and was provided with specific feedback about when to implement these skills.

31. Assign Homework to Strengthen Skills (31)

A. The client was assigned homework exercises designed to help strengthen the skills learned in therapy.

B. The client was assisted in selecting situations that have a high likelihood of success to begin practicing coping skills.
C. The client was assisted in developing a specific plan for managing high-risk situations.
D. The use of techniques for resolving high-risk situations was reviewed, with positive feedback for success and redirection for failures.
E. Obstacles were resolved toward sustained, effective use of skills.

32. Conduct Phase I of CBT (32)

A. Phase I of cognitive-behavioral therapy (CBT) was used to help the client understand the adverse effects of binging and purging.
B. The client was assigned to self-monitor weight and eating patterns and to establish a regular pattern of eating.
C. The client was assigned to use the homework exercise "A Reality Journal: Food, Weight, Thoughts, and Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Journal material was processed with the client.
E. The client has not completed the assigned material and was redirected to do so.

33. Conduct Phase II of CBT (33)

A. Phase II of CBT was implemented.
B. The focus was shifted to eliminating dieting, reducing weight and body image concerns, teaching problem-solving, and doing cognitive restructuring.
C. The client was assigned the homework exercise "How Fears Control My Eating" or "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has challenged and replaced negative cognitive messages that mediate feelings and actions leading to maladaptive eating and weight control practices.

34. Conduct Phase III of CBT (34)

A. Phase III of CBT was implemented.
B. The client was assisted in developing a maintenance and relapse prevention plan.
C. The client was assisted with developing a plan for self-monitoring of eating and binge triggers, continued use of problem-solving and cognitive restructuring, and setting of short-term goals.
D. The client was reinforced for positive response to developing a maintenance program.
E. The client has not developed a maintenance and relapse prevention plan and was redirected to do so.

35. Conduct Interpersonal Therapy (35)

A. Interpersonal therapy techniques were used to help identify themes that may be supporting the eating disorder.
B. The client was assisted in assessing the "interpersonal inventory" of important past and present relationships as themes that may be supporting the client's eating disorder.
C. The client was assisted in listing issues from past or present relationships, such as interpersonal disputes, role transitions, and/or interpersonal deficits.
D. The client's themes that support eating disorder symptoms were identified and processed.

36. Facilitate Mourning (36)

A. As the client displays significant interpersonal problems related to grief, the client was prompted to share feelings related to mourning.
B. The client was assigned "Dear _____: A Letter to a Lost Loved One" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in gradually discovering new activities and relationships to compensate for loss of previous activities and relationships.
D. The client was reinforced for gradual improvement in regard to the experience of loss.

37. Explore Disputes (37)

A. The client was assisted in resolving interpersonal problems as a result of interpersonal disputes.
B. The client was assigned "Applying Problem-Solving to Interpersonal Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in exploring the relationship and the nature of the dispute.
D. The client was assisted in identifying available options for resolving the dispute issues, including how to overcome the impasse or to end the relationship.
E. The client was reinforced for progress in regard to resolving dispute issues.

38. Resolve Role Transition Issues (38)

A. The client was assisted in identifying role transition issues.
B. The client was assigned "Interest and Skill Self-Assessment" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in accepting the loss of old roles while recognizing the positive and negative aspects of new roles.
D. The client was assisted in taking steps to gain mastery over new roles.

39. Resolve Interpersonal Deficits (39)

A. The client was assisted in identifying interpersonal deficits.
B. The client was assigned "Communication Skills" or "Action Plan to Address Social Anxiety" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in learning and using new interpersonal skills and enhance relationships.
D. The client was reinforced for improvement in regard to interpersonal relationships.

40. Conduct Phase I of Family-Based Treatment (40)

A. The client's family was engaged in the initial phase of family-based treatment.
B. The client's family was assisted in confirming their intent to participate and to strictly adhere to the treatment plan.
C. A history of the eating disorder was taken, and the parent's role was clarified.
D. The parents are actively supervising the client's eating pattern and weight.

41. Conduct Phase II of Family-Based Treatment (41)

A. The second phase of family-based treatment was implemented.

B. The family was assisted in closely monitoring weight gain and physician/nutritionist reports regarding health issues.
C. The family was assisted in gradually returning control over eating decisions back to the client.

42. Conduct Phase III of Family-Based Treatment (42)

A. The third phase of family-based treatment was implemented.
B. The client was assisted in reviewing and reinforcing progress in regard to weight gain.
C. Normal developmental issues were reviewed.
D. Problem-solving and relapse prevention skills were taught and rehearsed.

43. Identify Self-Worth (43)

A. The client was assisted in identifying the basis for self-worth, separate from body image.
B. The client's values, talents, successes, positive traits, importance to others, and intrinsic spiritual value were reviewed and reinforced.
C. The client was assigned "Replacing Fears With Positive Messages" or "Acknowledging My Strengths" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client acknowledged a benefit from developing a positive identity that is based on character traits, relationships, and intrinsic value; the benefits were reinforced.
E. It was reflected that the client has verbalized statements of positive self-esteem more frequently.
F. The client has continued to struggle with identifying the basis for self-worth, separate from body image, and was provided with remedial feedback in this area.

44. Conduct Comprehensive Intervention (44)

A. The client was assigned to read *The LEARN Program for Weight Management* (Brownell), *Cognitive-Behavioral Treatment of Obesity* (Cooper et al.), or *The Look AHEAD Program* (Look AHEAD Research Group).
B. The client was asked to review the key areas involved in losing and maintaining weight loss (i.e., lifestyle, exercise, attitudes, relationships, and nutrition).
C. The client has reviewed the reading material, and key concepts were reviewed.
D. The client has not reviewed the reading materials and was redirected to do so.

45. Review Program Components (45)

A. The session focused specific components of the behavioral weight loss program.
B. The client's gains were reinforced, and obstacles were resolved.
C. The client has sustained progress through use of a specific intervention and was reinforced for this.
D. The client has not sustained progress through use of a specific intervention and remedial feedback was given.

46. Discuss Lapse Versus Relapse (46)

A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of an old maladaptive thought, feeling, or behavior.

C. A relapse was associated with the decision to return to a cycle of maladaptive thoughts, feelings, and actions.
D. The client was reinforced for the ability to respond to a lapse without relapsing.

47. Identify and Rehearse Response to Lapse Situations (47)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of potential lapse situations.
C. The client was reinforced as they identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of possible lapse situations, and this resistance was redirected.

48. Develop Maintenance Plan (48)

A. The client was assisted in developing a maintenance plan.
B. The client was assisted in describing how they plan to identify challenges, use knowledge and skills learned in therapy to manage them, and maintain positive changes gained in therapy.
C. The client was reinforced for the complete maintenance plan.
D. The client's maintenance plan does not appear to be very complete or useful and was provided with feedback in areas that could improve.

49. Develop Lapse Plan (49)

A. The client was assisted in developing a lapse plan.
B. The client was assisted in describing how they plan to manage lapses if they occur by using skills to stop the lapse and return to patterns learned in therapy.
C. The client was reinforced for the complete maintenance plan.
D. The client's maintenance plan does not appear to be very complete or useful, and the client was provided with feedback in areas that could improve.

50. Schedule Maintenance Sessions (50)

A. The client was assisted in scheduling "maintenance" sessions to help maintain therapeutic gains and adjust to life without eating disorder symptoms.
B. Relapse prevention strategies were used to help the client to maintain therapeutic gains and adjust to life without eating disorder symptoms.
C. Positive feedback was provided to the client for maintenance of therapeutic gains.
D. The client has displayed an increase in eating disorder symptoms and was provided with additional relapse prevention strategies.

51. Relate Emotions to Addictive Behavior and Eating Disorder (51)

A. The client was presented with information about how anger, sadness, or fear of abandonment is in relationship with the eating disorder and other addictive behaviors.

B. Active listening was used as the client identified specific incidences from their own life when anger, sadness, and fear of abandonment have led to eating disorder and addictive behavior.
C. The client has reported, as therapy has progressed, decreased incidences of wavering emotions, with a commensurate decrease in addictive behavior.
D. The client has struggled to identify how anger, sadness, or fear of abandonment have led to an increase in addictive behavior; the client was provided with specific feedback in this area.

52. Identify Relapse Triggers (52)

A. The client was assisted, using a relapse prevention exercise, in uncovering triggers for relapse into addiction and eating disorder behaviors.
B. The client identified several triggers for relapse into addiction and eating disorder behaviors, which were processed.
C. The client has struggled to identify triggers for relapse; tentative examples were provided.

53. Refer to Support Group (53)

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 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.

54. Develop 5-Year Plan (54)

A. The client was asked to set goals for recovery from eating disorder and addictions at 6 months, 12 months, and 5 years.
B. The identification of specific steps toward recovery was emphasized.

55. Assess Satisfaction (55)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

FAMILY CONFLICTS

CLIENT PRESENTATION

1. **Dysfunctional Relationships (1)***
   A. The client identified an atmosphere of frequent conflict with family members.
   B. The client identified that many of the relationships within the family have become dysfunctional.
   C. The client is beginning to interact in a healthier manner toward family members.
   D. The client reported increased harmony and support between family members.
2. **Fights, Arguments, and Disputes (2)**
   A. The client reported a repeated pattern of physical fights, verbal arguments, and unresolved disputes between family members.
   B. The client identified tbeing involved in encounters that resulted in physical injuries to others, strong verbal comments, or ongoing, unresolved issues.
   C. The client displayed no remorse related to the pattern of physical fights, verbal arguments, or unresolved disputes within the family.
   D. As the client has progressed in therapy, the pattern of physical fights, verbal arguments, and unresolved disputes has decreased.
3. **Poor Communication (3)**
   A. The client and family displayed poor communication skills, which contributed to the inability to solve family problems.
   B. The client displayed difficulty in communication within the session.
   C. The client acknowledged a pattern of poor communication within the family.
   D. As the client has progressed in therapy, they have increased communication skills and have been more able to solve family problems.
4. **Physical and/or Verbal Abuse (4)**
   A. The client has described a pattern of physical and/or verbal abuse toward family members.
   B. The client's family members indicated an ongoing pattern of physical and/or verbal abuse by the client.
   C. The client's pattern of physical and/or verbal abuse has led to alienation from family members.
   D. As the client has developed better communication skills, the pattern of physical and/or verbal abuse has decreased.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Addictive Behavior to Cope With Family Conflict (5)

A. The client described a history of addictive behavior used to cope with feelings of anger, alienation, and depression related to conflict within the family.
B. Family members confirmed a pattern of addictive behavior related to conflict within the family.
C. The client acknowledged that addictive behavior, used as a coping technique for negative feelings related to family conflict, must be replaced by abstinence and constructive interventions to reduce family conflict.
D. The client has committed to a plan of abstinence from addictive behaviors and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by family.

6. Unresolved Conflicts Leading to Alienation (6)

A. The client described that unresolved conflicts have led to long, sustained periods of distrust and alienation from other family members.
B. Overtures have been made to bridge the gap between the client and other family members, in order to build a strong, supportive relationship.
C. The client is now in regular contact with family members and feels as if they are an accepted member of the family.

7. Periods of No Communication (7)

A. The client has identified long periods of no communication with family members.
B. The client is resistant to reestablishing communication with family members because of unresolved conflicts.
C. The client has made attempts to become more involved with family members.
D. The client reports becoming involved with family members on a regular basis.

8. Lack of Family Support for Recovery (8)

A. The client identified that the family is not supportive of recovery.
B. The client identified incidental and purposeful attempts by family members to thwart recovery.
C. The client has confronted family members regarding their lack of support for recovery.
D. The client reported that the family has become more supportive of recovery.

9. Poor Recovery Environment (9)

A. The client identified that addictive behaviors by other family members have continued.
B. The client identified that recovery is in jeopardy because of family members providing a poor recovery environment.
C. The client identified specific steps that they are taking to develop a better recovery environment.
D. The client's family members have begun their own recovery process, which has assisted the client in becoming more stable in recovery.

10. Adult Child in Parent Home (10)

A. The adult child continues to live in the parental home without consistent effort to emancipate.
B. The adult child continues to be financially and emotionally dependent on the parent(s).
C. As treatment has progressed, the adult child has started to become less financially and emotionally dependent on the parent(s).
D. The adult child has become financially and emotionally independent and has emancipated from the parent's home.

11. Dependence/Independence Conflict (11)

A. The client describes ongoing conflict with 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.

12. Parents Conflict Over Parenting Methods (12)

A. The parents reported conflict with each other over parenting methods and styles of parenting.
B. Although the parents do not identify it, it is clear that they have different parenting styles for their minor children.
C. As treatment has progressed, the parents have come to appreciate the other parent's parenting method.
D. As treatment has progressed, the parents have modified their parenting styles to be more similar and supportive of each other.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing family conflicts.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Powerlessness (3)

A. The client was probed for feelings of powerlessness that have resulted from using addiction to cope with family conflicts.
B. The client was asked to identify family conflicts in which they have felt powerless and unable to manage the situation.
C. The client was able to identify feelings of powerlessness and unmanageability that have resulted from using addiction to cope with family conflicts.
D. The client rejected any ideas related to feeling powerless; tentative examples were provided.

4. Teach About the Cycle of Family Conflicts and Addiction (4)

A. The client was assisted in understanding the vicious cycle that results from reacting to family conflicts with addictive behaviors.
B. Active listening skills were used as the client identified a pattern of addictive behavior causing more family conflicts, which led to more addictive behavior.
C. As the client's recovery has progressed, the pattern of family conflicts and the pattern of addictive behaviors have been noted to be decreased.

5. Explore Family Conflict History (5)

A. The client's history of family conflict was reviewed.
B. The client was assisted in identifying the nature of and causes for the current family conflicts.
C. The client struggled to identify some of the causes for the current family conflicts and was provided with tentative examples.

6. Administer Assessment for Family Issues (6)

A. The client was administered psychological instruments designed to objectively assess family issues.
B. The Family Environment Scale (FES) was administered to the client and/or family members.
C. The Family Relationship Inventory (FRI) was administered to the client and/or family members.
D. The Family System Test (FAST) was administered to the client and/or family members.

E. The assessment of family issues indicated minimal concerns; these results were reported to the client and family members.
F. The results of the assessment for family issues indicated significant concerns; these results were reported to the client and family members.
G. The client and/or significant others refused to participate in the psychological assessment of these issues, and the focus of treatment was turned toward this defensiveness.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

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

11. Teach Relationship Between Childhood and Current Conflicts (11)

A. The client was taught about the common relationship between family-of-origin childhood conflicts and current family conflicts.
B. The client was taught specific syndromes of thought and behavior, which often repeat from one generation to another.
C. The client was assigned to write a detailed account of how family-of-origin conflicts and current family conflicts are related and repeated.
D. The client was noted to display an understanding of the relationship between the family-of-origin family conflicts and current family conflicts through the written account of how these two are related.
E. The client has not completed the assigned account of how the family-of-origin conflicts and current family conflicts are related and was redirected to do so.

12. Identify Power and Control Issues (12)

A. The client was assisted in identifying how they have attempted to seize power and control within the family.
B. The client was able to identify several examples of how they have attempted to seize power and control within the family and the effects of this pattern; these examples were processed.
C. The client denied any pattern of attempting to seize power and control within the family; tentative examples were provided.

13. Explore Independence in Healthy Families (13)

A. The client was assisted in becoming more aware of how respect for independence and autonomy occurs in a healthy family.
B. The client was assisted in identifying how power struggles occur when independence and autonomy are not provided, which leads to unresolved family conflict.
C. The client expressed insight into issues related to independence and autonomy in healthy family relationships and how power struggles have led to unresolved family conflicts; this insight was reinforced.
D. The client has struggled to understand issues related to independence and autonomy and continues to have significant power struggles in family relationships; additional feedback was provided.

14. Explore Family Members' Perspective (14)

A. Family members were asked to describe the nature, frequency, and intensity of their conflict with one another.
B. The causes of family conflict were explored from the perspective of each family member.

C. The client and family were assigned "Identifying Conflict Themes" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in outlining the nature of the family conflicts and their perspective on the causes for them.

15. Facilitate Family Solutions (15)

A. Within a family session, each family member was assisted in identifying what they could do to reduce family conflict and heal wounds of the past.
B. Individual family members were assisted in identifying solutions that they could implement to reduce family conflict and heal wounds of the past.
C. Family members were reluctant to identify and commit to specific solutions for family conflict issues; they were urged to do so as they felt able.

16. Develop a Conflict Resolution Contract (16)

A. The family members were assisted in developing a written contract or set of agreements that outlines what each family member will do to resolve family conflict.
B. Family members were willing to participate in developing a written contract or set of agreements, with various family members contributing suggestions about how to resolve family conflict.
C. Family members reported implementation of the family conflict resolution contract or set of agreements; positive results were noted.
D. Family members resisted implementation of the conflict resolution contract or set of agreements and were redirected to do so.
E. The client's family members could not cooperate enough to develop a written contract or set of agreements to resolve family conflicts; additional prompts were provided.

17. Review Conflict Resolution Implementation (17)

A. Family members' implementation of changes to reduce conflict was reviewed.
B. Family members described a variety of changes that have been successful in reducing conflict; this progress was reinforced.
C. The family has resisted implementing changes to reduce conflict and was redirected to use their agreed-upon conflict resolution techniques.

18. Teach Connection Between Family Conflict and Addictive Behavior (18)

A. The family members were taught about the cyclical nature of addictive behavior causing more family conflicts, and family conflicts contributing to more addictive behavior.
B. The family members were noted to display an understanding of the reciprocal relationship between addictive behavior and family conflict.
C. There has been a noted decrease in addictive behavior and family conflicts.
D. Family members rejected the idea of a relationship between addictive behavior and family conflict; they were urged to monitor this dynamic.

19. Assign Letters to Family Members (19)

A. The client was assigned to write a letter to each family member, taking responsibility for problems in the past, sharing feelings, and asking for what they would like from each family member to support recovery.

B. The client has followed through with writing a letter to each family member regarding their responsibility for problems, feelings, and needs for recovery; the letters were processed within the session.
C. The client has decided to send the family members letters that contain admission of responsibility for problems; their expectations were developed.
D. The client has decided to talk with family members in person to discuss the content of the letter; their expectations were developed.

20. Confront Responsibility Avoidance (20)

A. The client was confronted when not taking responsibility for their own thoughts, feelings, behaviors, and contributions to family conflict, but placed blame on others.
B. The client was reinforced for owning responsibility for their role in the family conflict.
C. Support and encouragement were provided as the client acknowledged their contribution to the family conflict.
D. The client denied any pattern of contribution to the family conflicts and was asked to monitor this dynamic.

21. Assign Family Members to Write a Letter to the Client (21)

A. The client's family members were assisted with writing a letter to the client, stating how they feel and asking for what they would like from them during recovery.
B. Each family member was asked to read the letter to the client in a family session.
C. In today's session, family members composed and read letters to the client, which they accepted.
D. Family members read the letters to the client, who was reluctant to accept the content of the letter; these letters were processed in session.
E. Family members have not followed through with writing letters to the client and were asked again to do so.

22. Use Family Behavioral Therapy (22)

A. Family behavior therapy was conducted in accordance with the principles indicated in *Family Behavior Therapy* (Donahue & Azrin).
B. The client was referred for family behavioral therapy.
C. As the family has been treated with behavioral therapy principles, their progress has been reviewed.
D. The family has not engaged in family behavioral therapy and was redirected to do so.

23. Identify Family Goals (23)

A. Each family member was asked to identify personal and family goals.
B. Each family member's personal family goals were reviewed; these goals were discussed toward identifying a set of realistic goals that can be tracked through therapy.
C. A set of realistic goals for the family therapy were developed.

24. Prioritize Treatment Goals (24)

A. Family members were asked to rank or order goals in terms of importance.
B. The family members' goal rankings were used to help develop a sequence of goals to structure treatment.
C. Family members were asked to commit to the sequence of treatment plan goals.

25. Teach Emergency Skills (25)

A. The client was taught skills tailored to identify emergencies and potential emergency situations.
B. The client was taught skills such as assertiveness, problem-solving, and how to make requests.
C. The client was urged to use skills in emergency situations (e.g., violence, having utilities turned off for nonpayment, medical emergencies, loss of job, eviction, unsanitary conditions).
D. The client was reinforced for using assertiveness and problem-solving skills.
E. The client has not displayed use of problem-solving skills and was redirected to do so.

26. Replace Substance Use Cues With Safe People and Activities (26)

A. The client was asked to identify people, places, and activities that increase the likelihood of substance use and associated behavior problems.
B. The client was urged to monitor, eliminate, or control the people, places, and activities that increase the likelihood of substance use.
C. The client was urged to increase time spent in activities that decrease the likelihood of drug use and associated behavior problems.
D. The client's use of healthier people, places, and situations was reviewed and reinforced.
E. The client has not made substantial changes in the people, places, and activities that increase the likelihood of drug use and was redirected to do so.

27. Use Cognitive Self-Control Techniques (27)

A. The client was taught about cognitive therapy and self-control techniques.
B. The client was taught about identifying thoughts, urges, and emotional-physical sensations associated with drug use.
C. The client was taught to use thought- and action-stopping, and self-redirection to functional, alternative, competing thoughts, feelings, and actions.
D. The client was assigned "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was reinforced for use of self-control techniques.
F. The client does not use self-control techniques and was redirected to do so.

28. Teach Imaginal Rehearsal (28)

A. The client was taught self-control strategies through imaginal rehearsal.
B. The client was taught to imagine scenes in which they identify family-linked triggers to their use of drugs or engagement in problem behaviors, as well as identifying the types of thoughts, feelings, images, and actions that stop those thoughts; the client was then taught to relax and review potential negative consequences and prosocial alternative actions to drug use or other problem behaviors.
C. The client was provided with feedback about use of imaginal rehearsal and further generalizing this skill into daily life.
D. The client was provided with suggestions for future improvement of their imaginal rehearsal.

29. Teach Parent Management Technique (29)

A. The parents were taught the parent management training approach, as espoused by Kazdin in *Parent Management Training*.
B. An emphasis was placed on how behavioral interactions with a child can encourage or discourage positive or negative behavior.
C. The parents were taught about changing key elements of interactions with the child in order to modify behavior.
D. The parents were reinforced for a clear understanding of the parent management training techniques.
E. The parents seem to have struggled with understanding the parent management training techniques and were provided with additional information in this area.

30. Assign Parent Training Manuals (30)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *The Kazdin Method for Parenting the Defiant Child* (Kazdin).
C. The parents were directed to read *Defiant Children* (Barkley) or *Defiant Teens* (Barkley).
D. The parents were directed to watch videotapes/DVDs demonstrating the techniques used in parent training sessions.
E. The parents' study of pertinent parent training media was reviewed and processed.
F. The parents have not reviewed the assigned pertinent parent training media and were redirected to do so.

31. Teach Parenting Skills (31)

A. The parents were taught parenting skills through role-play.
B. Attending, reinforcing, praising, tactile reinforcement, pleasant tone, and ignoring undesired behaviors were taught to the parents.
C. The client was assigned "A Structured Parenting Plan" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The parents were assigned homework to practice "catching the children being good" and ignoring undesired behaviors.
E. The parents' use of new parenting skills was reviewed and reinforced.

32. Teach Positive Parenting Techniques (32)

A. The parents were taught to discipline undesired behaviors by conveying to the child that the undesired behavior was at least partially a product of the situation.
B. The parents were taught to instruct the child to practice the desired behavior.
C. The parents were provided with homework to increase their use of discipline techniques.
D. The parents' use of discipline techniques was reviewed and ideas were provided for improvement.

33. Assign Home Exercises to Implement Parenting Techniques (33)

A. The parents were assigned home exercises in which they implement parenting techniques and record the results of the implementation exercises.
B. The parents were assigned the homework exercise "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

34. Reinforce Behaviors Incompatible With Drug Use (34)

A. The family was assisted in developing positive reinforcement that increases behaviors incompatible with drug use.
B. The family was taught to positively reinforce school/work attendance, coming home when expected, doing chores, spending time with parents, and other behaviors incompatible with drug use.
C. The family was taught to restrict reinforcement when drug use occurs.
D. The family was assigned "Using Reinforcement Principles in Parenting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The use of positive reinforcement for behaviors incompatible with drug use was reviewed and reinforced.

35. Assess Management of Stress (35)

A. The client and family members were assessed for current level of skill in managing everyday family stressors.
B. The client and family members were assessed for use of problem-solving, relaxation, positive parenting, and assertiveness skills.
C. Behavioral techniques were used to build skills to manage everyday family stressors.
D. The client and family members were reinforced for use of skills to manage common, everyday family stressors.

36. Teach Assertive Communication (36)

A. The client and family members were taught assertive communication skills (e.g., calling someone, going to a meeting, using "I" messages, confrontational assertion).
B. The client and family was assigned the exercise "Communication Skills" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Modeling, role-play, and behavioral rehearsal were used to help teach the client and family members assertive communication skills.
D. The use of assertive communication skills was reviewed and reinforced.
E. The family has not developed assertive communication skills and was redirected in this area.

37. Teach Problem-Solving Approach (37)

A. Modeling, role-playing, and behavioral rehearsal were used to teach the client and family members a problem-solving approach to conceptualizing and addressing problems.
B. The family was taught to define problems, generate options, evaluate the pros and cons of each option, develop a plan, implement the plan, reevaluate the plan, and adapt the plan.
C. The client and family were assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. Problem-solving approaches were reviewed and reinforced with the client and family.

38. Teach Conflict Measures (38)

A. The client and family members were taught to use conflict management measures, including calling someone, going to a meeting, using "I" messages, accepting the responsibility for their behaviors, turning it over to a higher power, and "stop, look, listen, think, and plan" before acting.
B. The client and family members were assigned "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Conflict management measures were reviewed and reinforced with the client and family.

39. Practice Refusal of Alcohol/Drugs (39)

A. Modeling, role-playing, and behavioral rehearsal were used to teach the client how to say "no" to alcohol/drugs.
B. The refusal of alcohol/drugs was practiced in several high-risk situations.
C. The client was reinforced for their skill at refusing alcohol/drugs in these practice situations.

40. Refer to Supported Employment Program (40)

A. The client was referred to a supported employment program to help with obtaining employment.
B. The client was coached on preparing for employment, searching for a job, and maintaining employment.
C. The client was reminded about the helpfulness of structuring the day through the use of regular employment.

41. Teach Financial Management Skills (41)

A. The client was taught financial management skills, including learning how to identify if the family has a financial deficit or a surplus.
B. The client was taught about managing income and prioritizing expenses.
C. The client was assigned "Plan a Budget" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for the use of financial management skills.
E. The client has not appropriately used financial management skills and was redirected to do so.

42. Tour Family Home (42)

A. A tour of the family home was conducted in order to praise efforts to prevent home hazards and maintain a clean, stimulating, and well-organized home.
B. Home health hazards were assessed, such as toxins, electrical hazards, adequate food, and maintenance of medical supplies.
C. Home cleanliness was reinforced.
D. Opportunities for social growth of children were assessed and reinforced.
E. The family members were prompted to recognize hazards and were praised for discovering them and implementing discussion.

43. Plan Pleasurable Activities (43)

A. The family was assisted in identifying and planning several pleasurable family activities.
B. The family members were encouraged to make certain that all family members participate in family activities.
C. Options for family activities were provided, such as eating dinner together, going to church together, bowling, bike riding, playing table games, and so forth.
D. The family was assigned "Creating Positive Family Rituals" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The family activity assignment was processed and the experience was redirected for conflict management.

44. Assign a Family Activity Plan (44)

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 was assigned "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The family members described their participation in the planned family activity, and such bonding experiences were reinforced.
D. The family members have not participated in the family activity plan and were redirected to use this helpful technique.

45. Create a Revised Genogram (45)

A. Family members were assigned in developing a revised genogram that depicts how new, healthy relationships are being developed.
B. Family members reported an increased sense of bonding and a desire for more connectedness with each other as evidenced in the revised genogram.

46. Assign Changing Families (46)

A. The parents were assigned to read the book *Changing Families* (Fassler, Lash, & Ives) with the family at home.
B. The parents have followed through on reading the book and reported the positive impact that this experience had on the family dynamics.
C. The parents have not followed through on reading the book on changing families and were encouraged to do so.

47. Teach About a Higher Power (47)

A. The client was presented with information on how faith in a higher power can aid in recovery from addiction problems and family conflicts.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe their own beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; the client was urged to remain open to this concept.

48. Probe the Client's Fears of Emancipation (48)

A. Today's therapy session focused on the client's fear of independence and emancipation.
B. The client was helped to identify healthy and unhealthy ways to move toward greater independence and emancipation.
C. Today's therapy session revealed how the client's low self-esteem and fear of failure contributed to fear of independence and emancipation.
D. The client was helped to realize that movements toward independence and emancipation can occur gradually and in incremental steps.
E. Guided imagery was used to help the client to visualize what steps they need to take in order to achieve future goals.

49. Confront the Continuation of Dependence Pattern (49)

A. The client's pattern of emotional and economic dependence on others was confronted.
B. The client was assigned "How Interdependent Am I" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client acknowledged that they have avoided taking on consistent employment responsibilities that would allow for independent living; the client was urged to rectify this pattern.
D. The client denied emotional dependence or avoidance of responsibility that has contributed to the continuing pattern of living dependently off others; the client was provided with tentative examples in this area.

50. Develop Emancipation Plan (50)

A. The client was assisted in developing a written plan of emancipation that includes steady employment, paying their own expenses, and independent housing.
B. The client stated their goal of emancipation and shared the plan of emancipation with others; the client's experience was reviewed.
C. The client has begun to implement the plan for emancipation and was reinforced for doing so.
D. The client has continued to resist emancipation, and this resistance was processed.

51. Develop an Aftercare Plan (51)

A. The client was assisted in developing an aftercare plan that will support recovery from addictive behavior and family conflicts, including regular attendance at recovery meetings.

B. The client was assigned "Personal Recovery Plan" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) or "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist); this plan was critiqued.
D. The client was reinforced while describing active pursuit of the elements of the aftercare plan.
E. The client has not followed through on the aftercare plan and was redirected to do so.

52. Assess Satisfaction (52)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

GAMBLING

CLIENT PRESENTATION

1. **Unsuccessful Attempts to Decrease Gambling (1)***
   A. The client reported repeated unsuccessful attempts to stop or cut down on gambling.
   B. The client reported difficulty in cutting down or stopping gambling despite the verbalized desire to do so and acknowledgment of the many negative consequences that continued gambling brings.
   C. The client reported being able to decrease gambling behavior.
   D. The client reported being able to maintain a life free of gambling behavior for an extended period of time.
   E. The client reported feeling confident that they will be able to maintain abstinence from gambling.
2. **Denial of Problem (2)**
   A. The client presented with denial regarding the negative consequences of gambling behavior, in spite of direct feedback from others about its negative impact.
   B. The client's denial is beginning to break down as the client is acknowledging that gambling behavior has created problems in their life.
   C. The client now openly admits to the severe negative consequences that have resulted from gambling.
3. **Distorted Beliefs (3)**
   A. The client has maintained a distorted belief that more gambling will certainly result in a windfall of profit that will more than equal previous financial losses.
   B. The client's poor understanding of probability has supported distorted beliefs regarding recovering financial losses.
   C. The client has identified that they will be unlikely to recoup previous financial losses through the use of more gambling.
   D. The client has discontinued gambling behavior and has abandoned the fantasy of recouping previous losses.
4. **Persistent Problems Because of Gambling (4)**
   A. The client identified a variety of secondary problems that have occurred because of gambling behavior, including physical, legal, financial, vocational, social, or relationship problems.
   B. The client acknowledged that gambling has caused secondary problems and described a commitment to resolve these problems through discontinuing gambling behavior.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client has decreased gambling behavior and has experienced improvements in physical, legal, financial, vocational, social, and relationship areas.
D. The client has discontinued gambling behaviors and has seen improvements in physical, legal, financial, vocational, social, and relationship problems.

5. Suspension of Activities (5)

A. The client has suspended involvement in important social, recreational, and occupational activities because they interfere with their gambling lifestyle.
B. The client is beginning to recognize that all other aspects of their life have become secondary to the primary object of gambling.
C. The client is resuming responsibilities in the area of social, recreational, and occupational activities as they become established in a recovery lifestyle.

6. Restlessness and Irritability (6)

A. The client demonstrated restlessness and irritability within the session.
B. The client reported having experienced restlessness and irritability when attempting to stop gambling.
C. As therapy has progressed, the client has displayed decreased patterns of restlessness and irritability because of a suspension or decrease in gambling behavior.
D. It was evident within the session that the client has become more relaxed and less agitated.

7. Loss of Time (7)

A. The client reported frequent experiences of losing track of time when they have been gambling.
B. The client acknowledged that their gambling behavior has been out of control, as evidenced by losing track of time during gambling behavior.
C. As the client has decreased gambling behavior, they report decreased experiences of losing track of time.

8. Physical Withdrawal Symptoms (8)

A. The client acknowledged experiencing physical withdrawal symptoms (e.g., nausea, headaches, sweating, anxiety, insomnia) when they have attempted to go without gambling for any length of time.
B. The client's physical symptoms of withdrawal have eased as they have stabilized and maintained abstinence from gambling behavior.
C. The client is exhibiting no further evidence of physical withdrawal symptoms.

9. Legal Problems (9)

A. The client has been arrested and has legal charges pending because of gambling-related offenses (e.g., bad checks, forgery, embezzlement, theft).
B. The client reports a history of legal charges and/or convictions related to gambling-related offenses.
C. The client's legal charges have been processed, and a sentence has been handed down.

D. The client reports dealing appropriately with pending legal concerns by following through with court expectations.
E. The client reported living an offense-free lifestyle and does not need to commit gambling-related offenses to support their gambling habit.

10. Large Investment in Gambling Activities (10)

A. The client described expending an excessive investment of time, money, and effort in order to participate in gambling activities.
B. As the client has stabilized in a recovery program, they have discovered large amounts of time to give to constructive activity.

11. Loss of Control (11)

A. The client has frequently participated in greater amounts of gambling behavior, for longer periods of time than intended.
B. The client has been unable, in spite of making promises to self and others to reduce the frequency of gambling behavior, to consistently fulfill those promises.
C. The client described many instances of thinking that they would participate in only a small amount of gambling for a brief time but instead became consumed by the gambling behavior.
D. The client reported that they no longer participate in gambling behavior.

12. Substance Abuse (12)

A. The client reported the use of mind-altering substances (i.e., drugs or alcohol) concurrent to gambling behavior.
B. The client reported using mind-altering substances to help cope with stress related to gambling losses.
C. As the client has decreased and discontinued gambling behavior, their concurrent substance abuse has also diminished.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing gambling concerns.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful, and will be terminating therapy.

3. Gather Gambling History (3)

A. The client was asked to describe their gambling behavior in terms of the amount and pattern of gambling and negative consequences that have resulted from gambling behaviors.
B. The client was asked to describe the negative consequences that their gambling behavior has had on their family.
C. Active listening was provided as the client openly discussed their gambling history and gave complete data regarding its nature and extent.
D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of the gambling problem.
E. The client minimized their gambling behaviors and did not give reliable data regarding the nature and extent of their problem; the client was urged to be more open.

4. Administer Assessment for Gambling (4)

A. The client was administered psychological instruments designed to objectively assess gambling behaviors.
B. The client was administered the Maroondah Assessment Profile for Problem Gambling (G-MAP).
C. The client was administered the South Oaks Gambling Screen (SOGS).
D. The client has completed the assessment of gambling behaviors, but minimal symptoms were identified; these results were reported to the client.
E. The client has completed the assessment of gambling behaviors, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of gambling behaviors, and the focus of treatment was turned toward this defensiveness.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

8. Assess Severity of Impairment (8)

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

9. Assign a Didactic Gambling Program (9)

A. The client was assigned to attend a gambling didactic series to increase knowledge of the patterns and effects of gambling.
B. The client attended the gambling didactic series and key points were processed.
C. Today's session focused on the client's increased understanding of the patterns and effects of gambling, including how this has affected them.
D. The client did not attend the gambling didactic series; the client was redirected to do so.

10. Process Didactic Information (10)

A. The client was asked to identify several key points learned from attending each didactic session on gambling.

B. The client identified key points from the gambling didactic information, and these were processed within the group session.

C. The client has struggled to understand the didactic information related to gambling and was assisted in developing a greater understanding of this information.

11. Teach About Cross-Tolerance (11)

A. The client was taught about cross-tolerance (i.e., one drug or addictive behavior causing tolerance to develop for another).

B. The client was assigned "Understanding Nonchemical Addictions" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client reported having read cross-tolerance information and was able to process key points from the reading with the clinician.

D. The client was helped to identify their own experience of cross-tolerance, as identified in the information provided.

E. The client has not learned about cross-tolerance and was provided with additional information in this area.

12. Assign GA's *A New Beginning* (12)

A. The client was required to read the Gamblers Anonymous' (GA) *A New Beginning* and gather five key points from it to process with the clinician.

B. The client reported having read GA's *A New Beginning* and was helped to identify five key points that were pertinent to their gambling pattern.

C. The client has not read GA's *A New Beginning* and was redirected to do so.

13. List Negative Consequences (13)

A. The client was asked to list the ways in which gambling has negatively affected their life and to process this list.

B. The client was assigned exercises from *The Gambling Addiction Client Workbook* (Perkinson).

C. The client was assigned "Consequences and Benefits" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client was noted to minimize the negative impact of gambling behavior on their life.

E. The client has listed the negative impacts of gambling behaviors on their life and acknowledged the negative consequences that they have experienced; this insight was reviewed.

F. The client has not listed the negative impacts of gambling upon their life and was redirected to do so.

14. Assign First-Step Paper (14)

A. The client was assigned to complete a GA first-step paper and to share it with their group and the therapist.

B. The client was assigned "Understanding Nonchemical Addiction" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client completed a first-step paper; as it was reviewed, the client acknowledged that gambling behavior and other addictions have dominated their life.
D. The client failed to complete the first-step paper and was redirected to do so.
E. The client did not complete the assigned exercise and was redirected to do so.

15. Assess for Depression and/or Trauma (15)

A. The client was assessed for depression symptoms, as well as for a history of abuse, neglect, and other traumas that may contribute to underlying emotional pain.
B. The client was assisted in identifying a pattern of depression symptoms related to their gambling behavior.
C. Active listening was provided as the client identified a history that included abuse, neglect, and/or other traumas that contribute to underlying emotional pain.
D. The client denied any pattern of depression, abuse, neglect, or other traumas in their history; this was accepted at face value.

16. Explore Gambling as an Escape (16)

A. The client's use of gambling as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client was reinforced in acknowledging using gambling as a way to escape from stress, emotional pain, and/or boredom.
C. The client was confronted for negative consequences of their pattern of escapism.
D. The client has identified that they have decreased gambling behavior as a way to escape stress, emotional pain, and/or boredom; this progress was reinforced.
E. The client denied the idea that gambling has been used as an escape from stress; the client was reminded to monitor this dynamic.

17. Probe Guilt and Shame Issues (17)

A. The client was probed for their sense of shame, guilt, and low self-worth that has resulted from gambling and its consequences.
B. Active listening was used as the client reported significant patterns of shame, guilt, and low self-worth because of their gambling and its consequences.
C. The client denied any pattern of shame, guilt, and low self-worth; this was accepted at face value.

18. Develop an Understanding of Contributors to Problem Gambling (18)

A. The client was assisted, through using their biopsychosocial history data, in understanding the familial, emotional, and social factors that have contributed to the development of problem gambling.
B. The client reported a decrease in gambling behaviors because of greater understanding of the factors that have contributed to it; this progress was reinforced.
C. The client denied any familial, emotional, and social factors that have contributed to the development of problem gambling; this was accepted at face value.

19. List Reasons for Abstinence (19)

A. The client was asked to list at least 10 positive effects that abstinence from gambling could have on their life.

B. The client was assigned "Consequences and Benefits" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client produced a list of positive effects of abstinence from gambling, and this list was processed and reinforced.
D. The client was assisted in making a list of positive effects of abstinence from gambling, and this list was processed and reinforced.
E. The client has not made a list of positive effects of abstinence from gambling and was redirected to do so.
F. The client did not complete the assigned exercise and was redirected to do so.

20. Review Dishonesty and Gambling (20)

A. The client was assisted in understanding that dishonesty goes along with gambling and that honesty is necessary for recovery.
B. The client was asked to list 10 lies that they have told to hide gambling.
C. The client developed a list of lies that they have told to hide gambling, and these were reviewed.
D. The client was assigned *The Gambling Addiction Client Workbook* (Perkinson).
E. Support was provided as the client acknowledged the pattern of dishonesty that supported their gambling behavior and reported increased honesty during recovery.
F. The client denied any pattern of dishonesty to hide gambling; the client was provided with examples of how this occurs.
G. The client did not complete the assigned exercises and was redirected to do so.

21. Teach About a Higher Power (21)

A. The client was presented with information on how faith in a higher power can aid in recovery from gambling and addictive behaviors.
B. The client was assisted in processing and clarifying their own ideas and feelings of the existence of a higher power.
C. The client was encouraged to describe beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; the client was encouraged to remain open to this concept.

22. Assign Step 3 Exercise (22)

A. Today's session focused on teaching the client about GA's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and to record the experiences in a journal.
C. The client's experiences of turning problems over to their higher power were processed.
D. The client reported a decrease in gambling behavior since turning problems over to a higher power each day; this progress was emphasized.
E. The client struggled with the concept and implementation of turning problems over to a higher power; ways to do this were brainstormed.

23. Explore Substance Use (23)

A. The client was assessed for the use and abuse of mood-altering drugs and alcohol.
B. The role of the use of substances in reinforcing the gambling behavior was assessed.

C. The client was advised about a significant connection between substance use and gambling behavior.

24. Conduct Motivational Interviewing (24)

A. Motivational interviewing techniques were used to help assess the client's preparation for change.
B. The client was assisted in identifying their stage of change regarding substance abuse concerns.
C. The client was assigned "Assessing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. It was reflected to the client that they are currently moving from the current stage toward a stated commitment to change.
E. The client was assisted in strengthening commitment to change.
F. The client was noted to be participating actively in treatment.

25. Refer to a Medication Evaluation (25)

A. The client was referred to a prescriber who is familiar with both mental illness and addiction issues for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a prescriber for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications and was monitored for compliance with the psychotropic medication regimen.
D. The client was provided with positive feedback about regular use of psychotropic medications.
E. The client was monitored for the effectiveness and side effects of prescribed medications.
F. Concerns about the client's medication effectiveness and side effects were communicated to the prescriber.
G. The client declined evaluation by a prescriber for a prescription of psychotropic medication and was redirected to cooperate with this referral.
H. Although the client was monitored for medication side effects, they reported no concerns in this area.

26. Use Cognitive-Behavioral Therapy (CBT) With Relapse Prevention (26)

A. The client was referred for cognitive-behavioral therapy with relapse prevention.
B. Individual therapy was provided to the client using CBT techniques with a focus on relapse prevention.
C. Group therapy was provided to the client using CBT techniques and relapse prevention principles.
D. The client was assisted in understanding the factors contributing to the decision to gamble and how to prevent relapse by resolving these conditions.
E. The client has engaged in CBT focusing on relapse prevention techniques, and their progress was reviewed.
F. The client has not engaged in CBT focusing on relapse prevention techniques, and their lack of progress was reviewed.

27. Assign Material About CBT Approach (27)

A. The client was assigned reading material that is consistent with the cognitive-behavioral approach.

B. The client was assigned to read portions of *Overcoming Your Pathological Gambling: Workbook* (Ladouceur & Lachance).

C. The client has read the assigned material on CBT, and key points were processed.

28. Identify Sobriety Expectations (28)

A. The client was requested to write out basic expectations that they have regarding sobriety.

B. The client has identified specific expectations that they have regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.

C. As the client has been assisted in developing a more realistic expectation regarding sobriety, they have felt more at ease and willing to work toward sobriety.

D. The client has not identified expectations regarding sobriety and was redirected to do so.

29. Construct Node-Link Maps (29)

A. The client was assisted in constructing a node-link map that visually displays the various actions, pathways, and consequences involved in gambling or refraining from gambling.

B. The client was instructed to use the node-link map for directing behavior and as a reminder of what is likely to lead to gambling and its negative consequences.

C. The node-link map was used on a regular basis to increase the client's internalization of the content and adoption of positive pathways.

30. Review Negative Peer Influence (30)

A. A review of the client's negative peers was performed, and the influence of these people on their gambling patterns was identified.

B. The client was assigned the exercise "Creating Recovery Peer Support" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client accepted the interpretation that maintaining contact with gambling friends would reduce the probability of successful recovery from chemical dependence.

D. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on their own recovery (e.g., sobriety buddies).

E. 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 recovery; the client was reinforced for this progress.

F. 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 recovery and was reminded about this important facet of recovery.

31. Plan Social and Recreational Activities (31)

A. A list of social and recreational activities that are free from association with gambling was developed.

B. The client was verbally reinforced as they agreed to begin involvement in new recreational and social activities that will replace gambling-related activities.

C. The client has begun to make changes in 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 their life but was encouraged to begin with small changes in this area.

32. Plan Household and Work-Related Activities and Free-Time Projects (32)

A. A list of household, work, and free-time activities that are free from association with gambling was developed.
B. The client was verbally reinforced as they agreed to begin involvement in new activities that will replace gambling-related activities.
C. The client has begun to make changes in household, work-related, and free-time 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 activities that have previously been a strong part of their life but was encouraged to begin with small changes in this area.

33. Identify Sobriety's Positive Family Effects (33)

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

34. Explore Self-Talk, Assumptions, and Schema (34)

A. The client's self-talk, underlying assumptions, and schema that weaken their resolve to remain abstinent were explored.
B. The biases that the client entertains regarding self-talk, underlying assumptions, and schema were challenged.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in generating more realistic self-talk to correct for biases and build resilience.
E. The client was provided with positive feedback for replacement of self-talk, underlying assumptions, and schema.
F. The client struggled to identify self-talk, underlying assumptions, and schema that weaken their resolve to remain abstinent and was provided with tentative examples in this area.

35. Strengthen New Belief System (35)

A. The client was assisted in identifying their biased predictions.
B. The client was assisted in testing reality-based predictions against their biased predictions.

C. The client was reinforced for their new beliefs that strengthen the new belief system and promote recovery from problem gambling.
D. The client's success in rehearsing the response to biased predictions was reviewed and reinforced.
E. The client has not completed the assignments for generating reality-based predictions and was redirected to do so.

36. Teach About Coping Package (36)

A. The client was taught a variety of techniques to help manage urges to gamble.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk, and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).
D. The client has used coping package techniques to help reduce urges to gamble; this progress was reinforced.
E. The client has not used the coping package for managing urges to gamble and was redirected to do so.

37. Develop Hierarchy of Urge-Producing Cues (37)

A. The client was directed to construct a hierarchy of urge-producing cues to gamble.
B. The client was assigned "Identifying Relapse Triggers and Cues" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in developing a hierarchy of urge-producing cues to gamble.
E. The client was helped to identify a variety of cues that prompt use of substances.
F. The client has not completed the assignments to develop a better understanding of their urge-producing cues and was redirected to do so.

38. Practice Response to Urge-Producing Cues (38)

A. The client was assisted in selecting urge-producing cues with which to practice, with a bias toward cues that are likely to result in a successful experience.
B. Behavioral techniques were used to help the client cognitively restructure urge-producing cues.
C. The client's use of cognitive-restructuring strategies was reviewed and processed toward strengthening resilience against triggered urges to gamble.

39. Assess Stress-Management Skills (39)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to the ability to meet role demands for work, social, and family expectations.
C. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.

D. The client was assigned "Becoming Assertive" or "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was provided with positive feedback regarding their ability to manage common everyday stressors.
F. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

40. Assign Social and Communication Information (40)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
E. The client was assigned to read *Conversationally Speaking* (Garner).
F. The client has read the assigned information about social and communication skills, and key points were reviewed.
G. The client has not read the assigned information on social and communication skills and was redirected to do so.

41. Differentiate Between Lapse and Relapse (41)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

42. Discuss Management of Lapse Risk Situations (42)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was asked to identify how family and peer conflict contribute to stress levels.
D. The client was reinforced for appropriate use of lapse management skills.
E. The client was redirected in regard to poor use of lapse management skills.

43. Identify Relapse Triggers (43)

A. The client was assisted in developing a list of potential relapse signs and triggers that could lead them back to gambling.
B. The client was assigned the "Relapse Triggers" exercise from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was requested to identify specific primary psychotic symptoms that affect their desire for gambling.
D. The client was supported for identifying specific primary psychotic symptoms and how these increase their desire for gambling.
E. The client was assisted in developing a specific strategy for constructively responding to gambling addiction relapse triggers.
F. The client was reinforced for successful implementation of the coping strategies for the gambling relapse triggers.
G. A review was conducted regarding the client's pattern of relapse subsequent to failing to use constructive coping strategies in a trigger situation.

44. Encourage Routine Use of Strategies (44)

A. The client was instructed to routinely use the strategies that they have learned in therapy (e.g., cognitive restructuring exposure).
B. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was urged to find ways to build new strategies into theirr life as much as possible.
D. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
E. The client was redirected about ways to incorporate new strategies into their routine and life.

45. Monitor and Redirect the Family Members' Enabling Behaviors (45)

A. The client's family was monitored for enabling behaviors.
B. The client's family members displayed a variety of enabling behaviors, and these were redirected during the family session.
C. The client's family members accepted their identified pattern of enabling behaviors and indicated a desire to decrease such behaviors.
D. The client's family members rejected their behavior as enabling and have continued with these types of behaviors; additional feedback was provided.

46. Assess Satisfaction (46)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

GRIEF/LOSS UNRESOLVED

CLIENT PRESENTATION

1. **Addictive Behavior to Cope With Grief (1)***
   A. The client reported experiencing unresolved bereavement and using addictive behavior to cope with the grief.
   B. The client has begun to process bereavement and has reported a decrease in addictive behavior.
   C. As therapy has progressed, the client has worked through bereavement and reported a discontinuation of addictive behavior used to cope with the grief.
2. **Constant Thoughts of Lost Loved One (2)**
   A. The client reported thinking repeatedly of the lost loved one, resulting in an inability to move forward in life with new plans or other relationships.
   B. As the client has expressed emotions related to the lost loved one, they have reported a decreased pattern of the loss dominating their thought process.
   C. The client has identified that they feel ready to move forward in life with new plans and new relationships.
3. **Feelings of Guilt (3)**
   A. The client verbalized guilt over believing that they have not done enough for the lost significant other.
   B. The client verbalized an unreasonable belief about having contributed to the death of the significant other.
   C. The client's feelings of guilt have diminished.
   D. The client reported no longer experiencing guilt related to the loss.
4. **Feeling Empty (4)**
   A. The client reports feeling that life is empty and meaningless without the deceased.
   B. The client has begun to regain meaning in life as they resolve their grief.
   C. The client reports having returned to a fulfilling and meaningful life.
5. **Survivor Guilt (5)**
   A. The client identified feelings of guilt over being a survivor when others have died.
   B. The client has begun to process feelings of survivor guilt, and these feelings have diminished.
   C. The client reports no longer feeling guilty for having survived when others have died.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. Feelings of Guilt (6)

A. The client verbalized guilt over believing that they 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 no longer experiencing guilt related to the loss.

7. Grief Avoidance (7)

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 they face the loss issue more directly.
C. The client is able to talk about the loss directly without being overwhelmed with feelings of grief.

8. Vegetative Symptoms of Depression (8)

A. The client described vegetative symptoms of depression, including lack of appetite, weight loss, sleep disturbance, anhedonia, and a lack of energy since experiencing the loss.
B. The client's vegetative symptoms of depression have diminished as they have begun to resolve the feelings of grief.
C. The client's depression symptoms have lifted.

9. Depression and Sadness Prompted by Thoughts of the Loss (9)

A. The client reported waves of depression, grief, and tearfulness brought on by thoughts about the lost loved one.
B. The client's tearful spells have diminished somewhat in frequency.
C. The client reported better control over emotions and no symptoms of spontaneous, severe depression.

10. Suicide Thoughts (10)

A. The client expressed that they are experiencing suicide thoughts but are not taking action on these thoughts.
B. The client reported suicide thoughts that have resulted in suicide gestures.
C. The client has expressed a wish to die in order to relieve pain and join the significant other.
D. The client reported that suicide urges have diminished as they have resolved grief issues.
E. The client denied having any suicide thoughts or gestures and is more hopeful about the future.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing grief.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Explore Lost Relationship (3)**
   A. The client was encouraged to share the story of their relationship with the lost person, including through the use of pictures and mementos that are connected to the deceased loved one.
   B. The client was assigned "Creating a Memorial Collage" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
   C. Active listening was provided as the client shared a great deal of information about their relationship with the lost loved one.
   D. The client presented pictures and mementos that were connected to the deceased loved one; the meanings of these were processed.
   E. The client was supported as they described the emotions related to the lost loved one.
4. **Assign Autobiography Regarding Loss (4)**
   A. The client was invited to elaborate on the circumstances, feelings, and effects of the loss in an autobiography form.
   B. The client was assisted in identifying the circumstances, feelings, and effects of the loss.
   C. The client's description of the circumstances, feelings, and effects of the loss in their life was summarized and reflected to them.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Administer Psychological Instruments (5)

A. The client was administered psychological instruments designed to objectively assess the depth of grief and depression.
B. The client was administered the Beck Depression Inventory-II (BDI-II).
C. The client was administered the Grief Experience Inventory (GEI).
D. The client was provided with feedback regarding the results of the psychological instruments.
E. The client has declined to take the psychological instruments designed to objectively assess the depth of grief and depression, and the focus of treatment was turned toward this resistance.

6. Assess for Possible Clinical Syndromes Related to Loss (6)

A. The client was assessed for whether they show evidence of chronic or complicated grief.
B. The client was assessed for more severe clinical syndromes secondary to the loss, such as major depression, generalized anxiety disorder, or posttraumatic stress disorder.
C. The client's symptoms appear to be reflective of a more clinical syndrome, and treatment was refocused to these concerns.
D. The client appears to be experiencing grief problems but no other more severe secondary syndrome.

7. Conduct Complicated Grief Therapy (7)

A. The client was engaged in Complicated Grief Therapy in order to focus on the loss and life restoration.
B. The client was assisted in focusing on the history and bereavement experience, identifying personal goals.
C. Using reliving exposure the client was asked to share memories and pictures and was assisted in facilitating imaginal conversations with the deceased.
D. The client was assisted in acceptance of loss allowing for natural mourning and reengagement in life.
E. The client has participated well in complicated grief therapy and has made progress in resolving grief and engaging more actively in life.
F. The client has not engaged well in complicated grief therapy, and remedial efforts were applied.

8. Review Positive and Negative Aspects of Lost Relationship (8)

A. The client was assisted in seeing both the positive and negative aspects of the lost relationship.
B. The client was steered away from overidealizing the relationship.
C. It was reflected to the client that they have identified both the positive and negative aspects of the lost relationship.
D. The client has been noted to decrease the pattern of overidealizing the lost relationship.
E. The client was unable to focus on the negative aspects of the relationship; it was reflected that they continue to overidealize the relationship.

9. Assign Reading Material on Grief and Loss (9)

A. The client was assigned to read books on grief and loss.
B. The client was directed to read *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* or *Traveling Through Grief* (Zonnebelt-Smeenge & De Vries).
C. The client was directed to read *Good Grief* (Westberg).
D. The client was assigned to read *How Can It Be All Right When Everything Is All Wrong?* (Smedes).
E. The client was assigned to read *How to Survive the Loss of a Love* (Colgrove, Bloomfield, & McWilliams).
F. The client has read the assigned material on grief and loss, and key points were processed.
G. The client has not read the assigned material on grief and loss and was redirected to do so.

10. Assign Reading Material Regarding the Loss of a Child (10)

A. The client was directed to read material on coping with the loss of a child.
B. The client was directed to read *When the Bough Breaks: Forever After the Death of a Son or Daughter* (Bernstein).
C. The client has read the assigned material regarding the loss of a child, and key themes were reviewed.
D. The client has not read the assigned material on the loss of a child and was redirected to do so.

11. Teach the Process of Goal-Setting to Resolve Grief (11)

A. The client was educated regarding the process of setting goals for the resolution of grief.
B. The client verbalized an increased understanding of the goal-setting process to overcome grief.
C. The client was assisted in setting goals that can lead to the resolution of grief.

12. Identify Goals or Tasks (12)

A. The client was assisted in identifying the goals or tasks that they have accomplished and which goals or tasks they are presently working through.
B. Goals such as acceptance of the death, expressing emotions, storing memories, reconstructing an identity, and creating a new normal were reviewed as to their status.
C. Positive feedback was provided to the client as they identified grief-resolution goals accomplished.
D. The client was helped to develop a plan to move forward on tasks that have not been accomplished as yet.
E. The client struggled to clarify the current status of grief-resolving goals and was provided with feedback in this area.

13. Assess Level of Insight (13)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.

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

14. Assess for Correlated Disorders (14)

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

15. Assess for Culturally Based Confounding Issues (15)

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

16. Assess Severity of Impairment (16)

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

17. Identify Feelings (17)

A. The client was assisted in identifying the feelings of hurt, loss, abandonment, and anger that are felt because of the loss.
B. The client was assigned "Am I Having Difficulty Letting Go?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. Active listening was provided as the client reported identification of specific feelings resulting from the loss, such as hurt, loss, abandonment, and anger.
D. The client was assisted in tracing and resolving the cause of these strong feelings.
E. The client struggled to identify the feelings that they have experienced because of the loss; tentative examples were provided.

18. Teach About Connection Between Loss and Addiction (18)

A. The client was taught about how the loss of the loved one led to addictive behavior.
B. The client was taught about how the need to cope with emotional pain prompted their addictive behaviors.

19. Explore Addictive Behavior as Avoidance (19)

A. The client's use of mood-altering substances as an escape from the pain of grief was assessed.
B. During the addictive behavior assessment, the client acknowledged that they have used and abused substances as an escape from the pain of grief.
C. The client acknowledged that substance abuse is a problem; their insight was highlighted.
D. The client denied that substance abuse is a problem and did not acknowledge that it plays a role in the escape from the pain of grief; the client was urged to remain open to this dynamic.

20. Connect Addictive Behavior to Increased Pain (20)

A. Today's therapy session focused on how addictive behavior can lead to more feelings of pain and other unresolved feelings.
B. The client endorsed their addictive behavior as leading to more pain and unresolved feelings; this insight was reinforced.
C. As addictive behavior decreased, the client has been noted to be able to work through the pain and unresolved feelings.

21. Explore Guilt Feelings (21)

A. The client was assisted in exploring the feelings of guilt and self-blame surrounding the loss.
B. The client was assigned to read portions of *The Grief Recovery Handbook* (James & Friedman).
C. Active listening was provided as the client identified specific issues and feelings of guilt and blame surrounding the loss.
D. The client has begun to work through inappropriate feelings of guilt and blame surrounding the loss; this progress was reinforced.
E. The client struggled to acknowledge issues of guilt and blame related to the loss; common experiences in this area were provided.

22. Decrease Responsibility for Loss (22)

A. Through the use of logic and reasoning, the client was helped to see that they are not responsible for the loss.

B. The client was reinforced as they were able to understand that they were not responsible for the loss.
C. The client struggled to understand and admit that they are not responsible for the loss and was provided with additional feedback.

23. Teach About Destructive Consequences of Anger (23)

A. The client was taught about the destructive consequences of holding on to anger and blame toward others for the loss.
B. As the client has begun to process anger and blame toward others, they have been noted to experience increased peace of mind and reduced stress.
C. The client has not let go of the anger and blame toward others for the loss; the client was reminded about this important need.

24. Connect Dependency on Lost Loved One and Addiction (24)

A. The client was focused on the connection between dependency on the lost loved one and dependency on addictive behaviors.
B. The client was assisted in identifying a variety of ways in which they had been dependent on the lost loved one and ways in which they have been dependent on addictive behavior.
C. The client acknowledged the replacement of dependency on the lost loved one for dependency on the addictive behavior; this insight was reinforced.
D. The client denied any pattern of replacement of dependency on the lost loved one for the addictive behavior; the client was urged to monitor for this dynamic.

25. Conduct Empty-Chair Exercise (25)

A. An empty chair exercise was conducted, wherein the client focused on expressing to the lost loved one imagined in the chair what they never said while that loved one was alive.
B. The client was assisted in expressing thoughts and feelings to the lost loved one through the use of the empty-chair technique.
C. The client was reinforced for the insight gained from using the empty-chair technique.
D. The client struggled to express thoughts and emotions through the empty-chair technique and was assisted in becoming more open in this area.

26. Assign Gravesite Visitation (26)

A. The client was assigned to visit the grave of the deceased loved one to talk to the deceased loved one and ventilate feelings.
B. The client has followed through on the gravesite visitation, and the experience was processed.
C. The client has not completed the gravesite visitation; this reluctance was processed and the visit was reassigned.

27. Assign a Grief Letter (27)

A. The client was assigned the task of writing a letter to the deceased person recalling fond memories and painful and regretful ones and describing how they currently feel.

B. The client was assigned "Dear _____: A Letter to a Lost Loved One" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has followed through on writing a grief letter to the deceased loved one, and this letter was processed within the session.
D. The client was assisted in clarifying and expressing feelings about and to the lost loved one.
E. It was noted that the client has found some sense of relief upon expressing thoughts and feelings that they had left unexpressed earlier.
F. The client has not completed the grief letter to the deceased loved one, and this resistance was investigated.

28. Assign a Written Plan to Be More Active and Independent (28)

A. The client was assigned the task of writing a specific plan to develop more independent and active lifestyle choices.
B. The client has developed a list of more active and independent lifestyle choices (e.g., making plans for a social life, hobbies, financial security, job, recovery, sponsor, grief group, singles group); this list was reinforced.
C. It was reflected to the client that they have begun to develop a more active and independent life.
D. The client has not developed a written plan for a more active and independent lifestyle and was redirected to do so.
E. The client has failed to implement the written plan for a more active and independent lifestyle and was redirected to do so.

29. Assign a Written Plan to Improve Social Involvement (29)

A. The client was assigned a written plan to improve social contact with old friends and to make new ones.
B. The client was assigned "Moving on After Loss" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they followed through on writing a plan to improve social contact with old friends and make new friends.
D. The client has not written out a plan to improve social contact and was redirected to do so.

30. Assign Grief/Loss Support Group (30)

A. The client was directed to attend a grief/loss support group.
B. The client's attendance at the grief/loss support group was reviewed and processed.
C. The client has not attended the grief/loss support group and was redirected to do so.

31. Teach About a Higher Power (31)

A. The client was presented with information on how faith in a higher power can aid in recovery from grief and loss issues and addiction.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding a higher power.

C. The client was encouraged to describe their beliefs about a higher power.
D. The client was provided with examples about how a higher power can be helpful in recovering from grief and addiction (e.g., talk to the higher power about the grief/loss, imagine the higher power healing the pain, ask the higher power to direct you to other friends and family who can provide support).
E. The client rejected the concept of a higher power; the client was urged to remain open to this concept.

32. Assign Reading From Alcoholics Anonymous' (AA) *Big Book* (32)

A. The client was assigned to read about a higher power's plan in AA's *Big Book*.
B. A discussion was held about how the loss of a loved one could be part of the higher power's plan.
C. The client has read the assigned reading in AA's *Big Book* but did not see how this loss could be part of the higher power's plan; the client was provided with additional feedback.
D. The client has not read the assigned reading from AA's *Big Book* and was redirected to do so.

33. Teach About Prayer and Meditation (33)

A. The client was taught, through using a 12-step recovery program's Step 11 exercise, to pray and meditate.
B. The client indicated an understanding of the concepts related to prayer and meditation and was assigned daily contact with their higher power regarding grief issues.
C. The client reports regular prayer and meditation and confirms that turning grief issues over to a higher power has been helpful; progress was reinforced.
D. The client has struggled to use prayer and meditation to turn grief over to a higher power; the client was advised about helpful ways to do this.
E. The client has not used prayer and meditation techniques and was redirected to do so.

34. Teach About the Importance of a Recovery Program (34)

A. The client was taught the importance of actively attending a recovery group, getting a sponsor, and helping others in recovery.
B. The client was reinforced for understanding the need for a recovery group, getting a sponsor, and helping others in recovery.
C. The client was resistant to being involved in a recovery group, having a sponsor, and helping others in recovery; the client was urged to do these recovery tasks as they are able.

35. Contact an AA Sponsor (35)

A. The client was encouraged to make contact with their temporary AA sponsor and discuss recovery plans.
B. The client was reinforced as they made contact with the AA sponsor and has agreed to maintain consistent contact with the sponsor in order to discuss recovery plans.
C. The client has been noted to have developed a comprehensive recovery plan through discussions with the AA sponsor.

D. The client is not satisfied with the AA sponsor and has been directed to ask another AA member to fulfill that role.
E. The client has not made contact with the AA sponsor and was redirected to do so.

36. List Positive Aspects About Lost Loved One (36)

A. The client has developed a list of positive aspects of the lost loved one, and this was reviewed within the session.
B. The client was assigned "What Would They Want for Me?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in exploring the client's perception about how the deceased loved one would encourage them to face the future.
D. The client has not completed a list of positive aspects and memories of the lost loved one and was redirected to do so.

37. Develop Rituals (37)

A. The client was directed to develop rituals that will celebrate the memorable aspects of the loved one's life.
B. The client has developed specific rituals to celebrate the memorable aspects of the lost loved one, and these were reviewed.
C. The client has not developed the rituals to celebrate the memorable aspects of the lost loved one's life and was provided with tentative examples (e.g., placing memorial in newspaper on anniversary of death, volunteering time to a favorite cause of the deceased person).

38. Develop Anniversary Ritual (38)

A. The client was encouraged to develop a grieving ritual to be used while focusing on the feelings of sadness surrounding the anniversary of the loss.
B. The client has followed through on implementing the grieving ritual surrounding the anniversary of the loss, and their experience with that ritual was processed.
C. The client has not followed through on development of the grieving ritual and was encouraged to do so.

39. Suggest Time-Limited Mourning (39)

A. The client was encouraged to set aside a specific time-limited period each day to focus on mourning the loss.
B. The client was reinforced in following 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; the client was redirected to use this technique.

40. Reengage Primary, Positive Social Roles (40)

A. The client was assisted in recommitting to the primary, positive social roles in which they had functioned prior to the loss.

B. The client was assisted in reengaging in the primary, positive social roles in which they have functioned before the loss.
C. The client has attempted to reengage with primary, positive social roles, and experiences were processed.

41. Promote Behavioral Activation (41)

A. The client was assisted in listing activities previously enjoyed but not engaged in since experiencing the loss.
B. The client was encouraged to reengage in enjoyable activities.
C. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's experience of reactivating previously enjoyed activities was processed.

42. Assign Encouragement of Others (42)

A. The client was assigned to encourage one person in recovery each day as a way of improving self-worth and self-esteem.
B. The client was reinforced as they reported successfully encouraging others in recovery each day.
C. The client reported that as they have been more supportive of others, their own self-worth and self-esteem have been noted to improve.
D. The client acknowledged that they have not been regularly encouraging others, and was redirected to do so.

43. Develop an Aftercare Plan (43)

A. The client was assisted in developing an aftercare plan that will support recovery from grief issues, including regular attendance at 12-step recovery program meetings, aftercare sessions, continued therapy, sponsor, turning it over daily, and prayer and meditation.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of an aftercare program that will support sobriety, such as self-help groups and sponsors, therapy, prayer, and meditation; this list was reinforced.
D. The client was reinforced in describing active pursuit of the elements of the aftercare plan.
E. The client has not followed through on an aftercare plan and was redirected to do so.

44. Discuss With Family the Connection Between Grief and Addiction (44)

A. A family session was held to educate the family and significant others regarding the connection between the client's grief and loss issues and addiction problems.
B. During the family session, family members expressed their positive support of the client and reported having a more accurate understanding of grief and loss issues and substance abuse problems.

C. Family members were not understanding or willing to provide support to the client, despite increasing understanding of the client's grief/loss and addiction problems; they were urged to provide more assistance.

45. Engage Family Members in Aftercare (45)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.

B. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in recovery.

C. Family members indicated ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery; they were urged to provide greater support.

46. Assess Satisfaction (46)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

IMPULSIVITY

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 their life.
   B. The client often acts without careful deliberation.
   C. The client is beginning to exercise better control over impulsivity.
   D. The client described instances when they thought before acting and controlled impulsivity.
   E. The client reported no instances of impulsive behavior that have resulted in negative consequences.
2. **Difficulty Waiting (2)**
   A. The client described a history of difficulty waiting for others or impatience when waiting for their turn.
   B. The client's impulsivity was evident as they reported difficulty waiting in line or waiting to take their turn.
   C. The client acknowledged a need to be more patient and to decrease impulsivity.
   D. The client has displayed a patient pattern of behavior, waiting for their turn in an appropriate manner.
3. **Impulsive Addictive Behavior (3)**
   A. The client described a pattern of impulsively engaging in addictive behavior.
   B. The client identified that they often become easily influenced by others and impulsively engage in addictive behaviors.
   C. As the client has gained better control over impulsivity, they have decreased addictive behaviors.
4. **Substance Use (4)**
   A. The client's use of substances exacerbates tendency toward impulsivity.
   B. The client has no interest in reducing the substance use that exacerbates impulsive behavior patterns.
   C. The client identified an interest in reducing substance use to help reduce impulsive behavior patterns.
   D. The client has significantly reduced or eliminated substance use.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Aggressive Impulsivity (5)

A. The client described several incidents 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 more control over aggressive impulses, although verbal aggression is still present.
D. The client reported successful control over aggressive impulses with no recent instances noted.

6. Instant Gratification (6)

A. The client described a pattern of desiring instant gratification.
B. The client described a decreased ability to delay pleasure or gratification.
C. The client has often engaged in addictive behavior because of difficulty with delaying gratification.
D. As the client has developed the ability to delay gratification, the pattern of impulsivity and addictive behaviors has decreased.

7. Dangerous Behavior (7)

A. The client describes a history of engaging in acting out in at least two areas that are potentially self-damaging (e.g., spending money, sexual activity, reckless driving, addictive behavior).
B. The client's impulsivity and restlessness have contributed to a propensity for engaging in self-defeating, risky, or potentially dangerous behavior.
C. The client gained insight into the need to stop and think about the possible consequences of their actions for self and others before engaging in self-defeating, risky, or potentially dangerous behaviors.
D. The client has not recently engaged in any self-defeating, risky, or potentially dangerous behaviors.

8. Overreactivity (8)

A. The client has a pattern of overreaction to mildly aversive stimulation.
B. The client has a pattern of overreaction to pleasure-oriented stimulation.
C. The client has shown a regulation of their reaction to stimulation.

9. Affective Arousal (9)

A. The client described a sense of tension or affective arousal before engaging in the impulsive behavior.
B. The client's description of impulsive behavior indicated a pattern of tension or affective arousal.
C. The client identified their pattern of affective arousal.
D. As the client has developed a variety of coping skills, their pattern of impulsive acting out has diminished.

10. Self-Gratification (10)

A. The client identified a sense of pleasure, gratification, or release at the time of committing the ego-dystonic impulsive act.
B. The client continues to engage in impulsive actions, even though they are against their moral or religious codes.
C. The client describes that impulsive behavior helps to reduce the affective arousal or tension that they experience.
D. As the client has developed a variety of coping skills, the pattern of acting out has diminished.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing impulsivity symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assign Step 1 Exercise for Addiction and Impulsivity (3)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings that are related to impulsivity.
B. The client was assigned the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client displayed an understanding of their powerlessness and unmanageability regarding addiction and impulsivity; this insight was reinforced.
D. The concept of the client's powerlessness and unmanageability that have resulted from using addiction to deal with the pattern of impulsivity was presented to the client, and the client endorsed this concept.
E. The client denied any pattern of powerlessness or difficulty managing life circumstances because of impulsivity and addiction problems; the client was provided with tentative examples of how this occurs.
F. The client did not complete the assigned exercise and was redirected to do so.

4. Review/Identify Impulsive Pattern (4)

A. The client's behavior pattern was reviewed to assist in identifying the pattern of impulsivity.
B. The client was encouraged to clearly acknowledge the pattern of impulsivity without minimization, denial, or projection of blame.
C. The client was assigned "Impulsive Behavior Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has acknowledged the pattern of impulsivity; this insight was reinforced.
E. The client rejects the idea that they have a pattern of impulsivity; the client was urged to look out for these types of symptoms.
F. The client did not complete the assigned exercise and was redirected to do so.

5. Administer Psychological Instruments to Assess Impulsivity (5)

A. The client was administered psychological instruments designed to objectively assess impulsivity.
B. The client was administered the Barratt Impulsiveness Scale 11 (BIS-11).
C. The client was administered the Conners' Adult ADHD Rating Scales (CAARS).
D. The client has completed the instruments designed to objectively assess impulsivity, and feedback was provided to the client about the results of this assessment.
E. The client has declined administration of the psychological instruments designed to objectively assess impulsivity, and the focus of treatment was switched to this resistance.

6. Recognize *Insanity* (6)

A. The client was presented with the concept of how doing the same thing over and over again, but expecting different results, is irrational.
B. The client was presented with the concept that irrational behavior, such as doing the same thing over and over and expecting different results, is what 12-step recovery programs call *insane*.
C. The client was assigned the Step 2 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was asked to identify their experience of *insane* and *irrational* behavior and how this concept applies to them.

E. Active listening skills were used as the client identified their experience of this *insane* and *irrational* behavior.
F. The client denied any pattern of *insane* and *irrational* behavior and was urged to monitor these types of symptoms.
G. The client did not complete the assigned exercise and was redirected to do so.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

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

11. Connect Impulsivity and Negative Consequences (11)

A. The client was assisted in making the connection between their impulsivity and the negative consequences for self.
B. The client was assisted in making the connection between their impulsivity and the negative consequences for others.
C. Active listening was used as the client endorsed the negative pattern of consequences that have occurred because of their impulsive behaviors.
D. The client denied any pattern of negative effects of their impulsive behaviors; tentative examples were provided.

12. List Negative Consequences (12)

A. The client was asked to make a list of the ways in which impulsivity has negatively affected their life and to process this list.
B. The client was asked to identify ways in which their impulsivity has negatively affected others.
C. The client was assigned "Recognizing the Negative Consequences of Impulsive Behavior" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has completed the list of negative impacts of impulsivity; as this list was processed, the client acknowledged the negative consequences that they have experienced.
E. The client has not completed the list of negative impacts that impulsivity has had on their life or for others and was redirected to do so.
F. It was reflected to the client that they have minimized the negative impact of impulsive behaviors on self and others.
G. The client did not complete the assigned exercise and was redirected to do so.

13. Identify Destructive Consequences (13)

A. The client was asked to identify two of the most destructive consequences of impulsive behavior.
B. The client was assisted in identifying situations in which impulsive behavior led to destructive consequences.
C. The client was assisted in discussing alternative behaviors that could have avoided destructive consequences.

14. Explore Impulsive Behavior Leading to Addictive Behavior (14)

A. Today's session focused on how the client's impulsive behaviors have led to addictive behaviors.
B. The client was assisted in identifying specific examples of when impulsive behaviors have led to addictive behaviors.

C. The client acknowledged that impulsive behavior often leads to addictive behavior; this insight was reinforced.
D. The client was unable to identify any situations in which impulsive behavior prompted addictive behavior; tentative examples of how this occurs were provided.

15. Develop a Feedback Contract for Impulsive Acts (15)

A. A conjoint session was held with the client's spouse, significant other, sponsor, or family member in order to develop a contract for feedback regarding impulsive acts.
B. During the conjoint session the client and their chosen significant other agreed to a contract in which the client will seek out feedback prior to engaging in impulsive activity.
C. The client identified that they have used the contract for feedback, and this has been noted to decrease the pattern of impulsive actions.
D. Despite assistance, the client and significant other were unable to develop a specific contract for feedback.

16. Review Implementation of Impulsivity Contract (16)

A. The client's use of the contract to review impulsive activity was processed within the session.
B. The client was assigned "Action Minus Thought Equals Painful Consequences" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client reported regular use of the contract for feedback, and this has been noted to decrease the pattern of impulsive activity.
D. The client was reinforced for success in withholding impulses until they are able to get feedback.
E. The client has not used the contract for feedback and was redirected to do so.

17. Probe for Impulsivity Precipitants (17)

A. A biopsychosocial history was gathered from the client regarding the pattern of impulsivity and addictive behavior.
B. The client was assigned "Understanding Family History" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Using the biopsychosocial history, the client was assisted in seeing the precipitants of impulsivity and addictive behavior.
D. The client was assisted in identifying specific precipitants of impulsivity (e.g., family patterns of impulsivity, anxiety that energizes impulsivity, failure to delay gratification in childhood).
E. The client struggled to identify the precipitants of impulsivity; remedial feedback and assistance were provided.
F. The client did not complete the assigned exercise and was redirected to do so.

18. Refer for Psychopharmacological Intervention (18)

A. The client was referred to a prescriber to evaluate the client for a prescription for psychotropic medication.
B. The client has followed through on the referral to a prescriber and has been assessed for a prescription of psychotropic medication, but none was prescribed.

C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medications provided by the physician.
E. The client's prescriber has continued to monitor and titrate medications.

19. Monitor Medication Effectiveness and Side Effects (19)

A. The client was prescribed medications after an evaluation was completed.
B. As the client has taken medications prescribed by the prescriber, the effectiveness and side effects of the medication were monitored.
C. The client reported that the psychotropic medication has been beneficial, and this was reflected to the prescribing clinician.
D. The client reported that the psychotropic medication has not been beneficial, and this was reflected to the prescribing clinician.
E. The client has not consistently taken the prescribed medications and has been redirected to do so.
F. The client identified side effects of the medication, and these were reflected to the prescribing clinician.

20. Uncover and Replace Dysfunctional Thoughts (20)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to impulsivity.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Active listening was provided as the client identified a variety of distorted, dysfunctional thoughts in which they engage.
D. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace dysfunctional thinking.
E. The client identified a more adaptive, accurate pattern of thinking; this progress was celebrated.
F. The client struggled to identify or replace dysfunctional thoughts that lead to impulsivity; tentative examples were provided.
G. The client did not complete the assigned exercise and was redirected to do so.

21. Develop Positive Thoughts (21)

A. The client was assisted in developing a list of positive, accurate, self-enhancing thoughts.
B. The client was assigned "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was provided with encouragement for reading the list each day and when feeling upset, anxious, or uncomfortable.
D. The client was unable to use positive self-talk, and remedial feedback was given.

22. Probe and Replace Unhealthy Coping Behaviors (22)

A. The client's behavior patterns were probed to identify the behaviors used to cope with anxiety.

B. Modeling, role-playing, and behavior rehearsal were used to teach the client new behaviors that are positive and adaptive (e.g., talking to someone about the problem, taking a time-out, calling the sponsor, going to a meeting, engaging in exercise, practicing relaxation).
C. The client was assigned the exercise "Learning to Think Things Through" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in identifying unhealthy behaviors that are used to cope with anxiety and verbalized an understanding of the positive and adaptive coping behaviors; this insight was reinforced.
E. The client reported regularly using positive and adaptive coping behaviors; this progress was celebrated.
F. The client often does not use healthy coping behaviors and was redirected to use these.
G. The client did not complete the assigned exercise and was redirected to do so.

23. Teach Relaxation Techniques (23)

A. The client was taught relaxation techniques (e.g., progressive relaxation, self-hypnosis, biofeedback) in order to help the client to relax completely.
B. The client was assigned the "Self-Soothing: Calm Down, Slow Down" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client has implemented the assigned relaxation techniques and reported decreased reactivity to anxious feelings.
E. The client has not implemented the relaxation techniques and continues to feel quite stressed and anxious in anxiety-producing situations; the client was redirected to use these techniques.
F. The client did not complete the assigned exercise and was redirected to do so.

24. Teach "Stop, Look, Listen, Think, and Plan Before Acting" (24)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, about the use of "stop, look, listen, think, and plan before acting" skills in several life scenarios.
B. The client was assigned "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was supported as they enacted "stop, look, listen, think, and plan before acting" as applied to a variety of current situations.
D. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in daily life.
E. The client was reinforced for the use of "stop, look, listen, think, and plan before acting."
F. The client reported struggling to use the "stop, look, listen, think, and plan before acting" technique, and was redirected to do so.
G. The client did not complete the assigned exercise and was redirected to do so.

25. Review "Stop, Look, Listen, Think, and Plan Before Acting" (25)

A. The use of the "stop, look, listen, think, and plan before acting" technique was reviewed in the client's day-to-day living.
B. The client reported on the use of the "stop, look, listen, think, and plan before acting" plan; emotional and behavioral consequences were reviewed.
C. The client was given feedback about the use of the "stop, look, listen, think, and plan before acting" technique.
D. The client has not used "stop, look, listen, think, and plan before acting" technique and was redirected to do so.
E. The client was recommended to read portions of *Overcoming Impulse Control Problems* (Grant, Donahue, & Odlaug).

26. Teach About a Higher Power (26)

A. The client was presented with information on how faith in a higher power can aid in recovery from impulsivity and addictive behaviors.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
C. The client was encouraged to describe their beliefs about the idea of a higher power.
D. The client was provided with specific techniques in which they can use a higher power effectively in recovery (e.g., practicing stopping and asking the higher power for strength and direction, practicing daily prayer and meditations).
E. The client rejected the concept of a higher power; the client was urged to remain open to this idea.

27. Use a Step 3 Exercise (27)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning over problems to a higher power each day and to record experiences in a journal.
C. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client's pattern of turning problems over to a higher power was discussed in terms of how this can be beneficial to a recovery from impulsivity and addiction.
E. The client's experience of turning problems over to their higher power was processed.
F. The client reports a decrease in impulsivity and addiction problems since they have turned problems over to a higher power each day; this progress was highlighted.
G. The client struggled with the concept and implementation of turning problems over to a higher power; the client was assisted in developing small steps to implement this task.

28. Assign the Fourth Step (28)

A. The client was assigned to complete a fourth-step inventory and to relate the nature of their wrongs to impulsivity and addiction issues.
B. The client completed the fourth-step inventory and was assigned to share this with a clergy person or someone else in recovery.

C. The client shared the fourth-step inventory, and it was noted to be helpful.
D. The client was assisted in relating how their wrongs related to impulsivity and addictive behavior.
E. The client has not completed the fourth-step inventory and was redirected to do so.

29. Teach Relationship Between Wrongful Behavior and Impulsivity (29)

A. The client was assisted in acknowledging the relationship between the wrongful behavior identified in a Step 4 exercise and impulsivity and addiction.
B. The client was assisted in identifying specific connections between their wrongful behavior (as developed in the Step 4 exercise) and their pattern of impulsivity and addiction.
C. The client has taken increased responsibility for impulsive behaviors after identifying how these behaviors relate to the nature of their wrongs; this progress was reinforced.
D. The client has struggled to acknowledge the relationship between wrongful behavior and impulsivity and addiction; tentative examples were provided.

30. Develop an Aftercare Plan (30)

A. The client was assisted in developing an aftercare plan that will support recovery from impulsivity and addiction problems, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Handling Crisis" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced in listing several components of an aftercare plan that will support sobriety (e.g., self-help groups and a sponsor, family activities, any further therapy that is necessary to recover from impulsivity and any other addictive behavior).
D. The client was reinforced for active pursuit of the elements of the aftercare plan.
E. The client has not followed through on the aftercare plan and was redirected to do so.

31. Encourage Sharing the Journey (31)

A. The client was encouraged to share with family members the journey that they have experienced through impulsivity, addiction, and recovery.
B. The client reported regularly sharing their experience regarding impulsivity, addiction, and recovery; the experience was processed.
C. The client reported positive feedback from others as they share about the journey through recovery; this success was highlighted.
D. The client has not shared about their journey through recovery and was redirected to do so.

32. Discuss Impulsivity and Addictive Behaviors With the Family (32)

A. The client's family members were educated about the connection between impulsivity and addictive behaviors.
B. The client's family members were reinforced as they displayed an understanding about the relationship between impulsivity and addictive behaviors.
C. The client's family rejected the connection between impulsivity and addictive behaviors; they were urged to monitor this dynamic.

33. Direct Family Members to List Support for Recovery (33)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety (e.g., attend recovery group meetings, reinforce the client's positive coping skills, be patient, keep expectations realistic).
B. Family members indicated commitment to supporting the client in recovery through the use of specific techniques; this support was reinforced.
C. Active listening was provided as the client reported family members assisting significantly in encouragement and other techniques to help the client recover from impulsivity and addiction problems.
D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support recovery.
E. The client reported that family members have not been consistent in supporting sobriety; the implications of this lack of support were reviewed.

34. Assess Satisfaction (34)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

LEGAL PROBLEMS

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.
2. **Lawbreaking While Under the Influence of Drugs or Alcohol (2)**
   A. The client's chemical dependence problem has resulted in several arrests and current court involvement.
   B. The client acknowledged that their chemical dependence problem has produced numerous legal problems in their life.
   C. The client is in denial regarding their chemical dependence despite numerous legal problems.
   D. As treatment has progressed, the client's pattern of lawbreaking while under the influence of drugs or alcohol has decreased.
3. **Legal Problems Complicate Recovery (3)**
   A. The client identified many unresolved legal problems, which have complicated recovery from addictive behavior.
   B. The client described plans to overcome legal problems and decrease addictive behavior.
   C. As the client has decreased legal problems, they have been more successful in recovery from addictive behavior.
4. **Fears of Adjudication (4)**
   A. The client is preoccupied with fears regarding the outcome of the adjudication of their current legal problems.
   B. The client's anxiety has been predominant since legal charges have been filed.
   C. The client is beginning to cope more effectively with anxiety associated with the potential effects of their adjudication.
5. **Lawbreaking Related to Illegal Substances (5)**
   A. The client identified a history of repeated violations of the law when buying, selling, or using illegal substances.
   B. The client takes little responsibility for the legal problems associated with buying, selling, or using illegal substances.
   C. As the client has decreased violations of the law related to illegal substances, their addiction behaviors have decreased as well.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. **Court-Ordered Treatment (6)**
   A. The client reported that because of legal concerns, they have entered treatment.
   B. Reports must be made to the client's legal authorities regarding progress and cooperation with treatment.
   C. The client has been resistive to cooperation with treatment because their 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.
7. **Pending Divorce (7)**
   A. The client reported legal complications secondary to a pending divorce.
   B. The client expressed anger, resentment, and fear of abandonment regarding the pending divorce.
   C. The client reported a pattern of contentious legal wrangling related to the divorce.
   D. The client reported problems related to a custody battle over the children, secondary to a divorce.
   E. As the client's divorce issues have been resolved, emotional concerns and addiction behavior have decreased.
   F. The client has been more focused on addiction recovery issues since divorce issues have been resolved.
8. **Chemical Dependency (8)**
   A. The client's chemical dependence has resulted in several arrests and current court involvement.
   B. The client acknowledged that chemical dependence has produced numerous negative consequences in their life.
   C. The client is in denial regarding chemical dependence, in spite of numerous legal problems.
   D. The client described a history of neglecting their physical and medical problems.
9. **Fear of Loss of Freedom (9)**
   A. The client is preoccupied with fear regarding the possibility that they might lose their freedom because of current legal problems.
   B. The client's anxiety has been predominant since legal charges have been filed.
   C. The client is beginning to cope more effectively with anxiety, which is associated with the potential loss of freedom.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing their legal problems.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Legal Problems and Addiction Making Life Unmanageable (3)

A. The client was presented with the concept that powerlessness over legal problems and addiction makes their life unmanageable.
B. The client was assigned to complete the Step 1 Exercise in *The Alcoholism and Drug Abuse Client Workbook*.
C. Active listening was provided as the client identified specific examples during which they have been powerless over addiction and/or legal problems, causing their life to become unmanageable.
D. As the client has resolved legal problems, their life has been noted to be somewhat more manageable.

4. Explore Legal Problems (4)

A. A history of the client's behavior that led to legal conflicts was gathered.
B. The client's behavior and attitude were noted to fit a pattern of antisocial personality disorder.
C. The client's legal conflicts do not have a chronic history to them and were not noted to fit a pattern of antisocial behavior.
D. The client described the behavior that has led to their current involvement with the court system; this pattern was summarized and reflected.

5. Administer Psychological Assessment (5)

A. Psychological instruments designed to objectively assess antisocial traits and propensity for illegal behavior were administered.
B. The Millon Clinical Multiaxial Inventory–III (MCMI-III) was administered.
C. The Jesness Behavior Checklist was administered.

D. The client has participated in the assessment of antisocial traits and the propensity for illegal behavior, and feedback was provided about this assessment.
E. The client has not participated in the objective assessment of antisocial traits and the propensity for illegal behavior, and the focus of treatment was switched to this resistance.

6. Identify and Accept Responsibility for Decisions (6)

A. The client was encouraged to accept responsibility for the decisions that they made that resulted in legal problems, without placing blame on others.
B. The client was assigned "Handling Tough Situations in a Healthy Way" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has identified and accepted responsibility for the decisions that they made that have led to legal conflicts; this insight was reinforced.
D. The client has resisted identifying ways in which they have made decisions that have resulted in legal problems; tentative examples were presented to the client.

7. Confront Avoidance of Responsibility (7)

A. The client was confronted about avoidance of responsibility for their actions.
B. The client was assigned "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has completed assignments to take responsibility for illegal behavior, and their responses were processed.
D. The client has not completed the assignment of the "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) and was redirected to do so.
E. The client was encouraged to accept responsibility for the series of decisions and actions that eventually led to the illegal activity.
F. Verbal reinforcers were provided as the client has accepted responsibility for their behavior.
G. The client continued to deny responsibility for their behavior and legal problems; the client was redirected to take this responsibility.

8. Assess Level of Insight (8)

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

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Teach Relationship Between Legal Problems and Addiction (12)

A. The client was taught the relationship between legal problems and addiction, including how the addiction behavior leads to the legal problems.
B. The client was assigned "Handling Tough Situations in a Healthy Way" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "What's Addiction Got to Do With My Problems?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has not completed the assignment and was redirected to do so.
E. The client was taught about how the concerns over the legal problems may lead to more addictive behavior.
F. The client accepted the relationship between legal problems and addiction and was assisted in identifying specific examples from experience that support this pattern.

G. The client reported decreased substance use and decreased legal concerns; this success was highlighted.

13. Write About Relationship Between Addiction and Legal Conflicts (13)

A. The client was assigned to write about how each legal conflict has been related to addictive behavior.
B. The client has written about how each legal conflict has been related to addictive behavior, and this information was reviewed within the session.
C. The client was reinforced for their insight into the connection between legal conflicts and addictive behavior.
D. The client has not written about how their legal conflicts have been related to addictive behavior and was redirected to do so.

14. Teach Prosocial Behaviors (14)

A. The client was taught the difference between prosocial and antisocial behaviors.
B. The client was assisted in making concrete plans on how to demonstrate prosocial behaviors (e.g., respect for the law, helping others, honesty, reliability, regular attendance at work, recovery groups, aftercare, halfway house).
C. The client has followed through on using prosocial means to meet their life needs; the client's experience in this area was reviewed.
D. It was reflected to the client that they consistently reject prosocial behaviors and attitudes that address antisocial behaviors and attitudes.

15. Probe Distorted Thoughts and Feelings (15)

A. The client was assisted in clarifying distorted thoughts and feelings that surround legal problems and addictive behaviors.
B. The client was noted to identify several distorted thoughts and feelings that surround addictive behavior and legal problems.
C. The client was encouraged to replace the distorted thoughts and feelings that surround the addictive behavior with healthier thoughts and feelings.
D. The client has denied the presence of distorted thoughts and feelings that could be related to their addictive behavior and legal problems; tentative examples were provided.

16. Teach About Criminal Thinking (15)

A. The client was taught about criminal thinking concepts (e.g., rationalization, entitlement, denial, super-optimism, blaming others).
B. The client was assisted in identifying their criminal thinking.
C. The client was assisted in correcting each criminal thought with a thought that is honest and respectful of others.
D. The client displayed an understanding of the issues related to criminal thinking and was noted to be able to identify and correct criminal thoughts.
E. The client has struggled with the understanding, identification, and correction of criminal thoughts; tentative examples were provided.

17. List Positive, Realistic Thoughts (17)

A. The client was assisted in listing a variety of positive, realistic thoughts to replace dysfunctional thinking that led to addictive and illegal behaviors.
B. The client was assigned "Crooked Thinking Leads to Crooked Behavior" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has completed assignments to identify dysfunctional thinking, and their insight was reviewed.
D. The client has not completed the assignment and was redirected to do so.
E. The client was noted to list a variety of realistic thoughts to replace dysfunctional thinking.
F. The client reports using more realistic thoughts to replace dysfunctional thinking and a decrease in addictive and illegal behaviors; this progress was reinforced.
G. The client has not been able to develop positive, realistic thoughts and was redirected to focus in this area.

18. Encourage Representation by an Attorney (18)

A. The client was encouraged to meet with an attorney to discuss plans for resolving legal issues.
B. The client has obtained counsel and has met with the attorney to make plans for resolving legal problems; the client's experience was processed.
C. The client does not have financial resources to hire an attorney; therefore, the client was encouraged to seek a public attorney who has been hired by the court.

19. Encourage Compliance With Probation or Parole (19)

A. The client was encouraged to keep appointments with their probation or parole officer.
B. The client was requested to agree in writing to meet all conditions of probation or parole.
C. The client reported that they have met with their probation or parole officer; this meeting was processed.
D. The client has agreed to meet all conditions of probation or parole and is noted to be consistently doing so.
E. The client has not maintained an appropriate relationship with their probation or parole officer and is not meeting all conditions of probation or parole; this failure was confronted.

20. Explore Prosocial Need Fulfillment (20)

A. The client was assisted in identifying ways to meet social, emotional, and financial needs in recovery without resorting to criminal activity or addictive behavior.
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has begun to explore prosocial activities to meet their needs; the experience was reviewed.
D. The client has consistently rejected the idea of using prosocial means to meet their needs; this pattern was reflected to the client.

21. Teach About Obeying the Law to Maintain Abstinence (21)

A. The client was assisted in understanding why they need to obey the law in order to maintain abstinence from addictive behavior.
B. The client was reinforced for displaying acceptance that they need to obey the law in order to maintain abstinence from addictive behavior.
C. The client rejected the need to obey the law in order to maintain abstinence from addictive behavior; this deviant thinking was confronted.

22. Emphasize the Importance of Helping Others in Recovery (22)

A. Today's session emphasized the importance of helping others in recovery in order to replace an attitude of taking with an attitude of giving and self-sacrificing.
B. The client accepted the concept presented regarding helping others in recovery as a way to replace criminal behaviors.
C. The client identified a pattern of helping others in recovery, which has been noted to replace an attitude of taking with an attitude of giving and self-sacrifice.
D. The client rejected the concept of helping others in recovery; the client was urged to reconsider this concept.

23. Teach About a Higher Power (23)

A. The client was presented with information on how faith in a higher power can aid in recovery from legal conflicts and addiction concerns.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
C. The client was encouraged to turn their will and life over to the care of a higher power of their own understanding.
D. The client was assigned "Understanding Spirituality" or "Finding a Higher Power that Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client was provided with examples of how a higher power can assist in recovery from legal conflicts and addictions (e.g., practice trusting a higher power to help with legal problems, practice daily prayer and meditation).
F. Active listening was provided as the client described a sense of relief and empowerment by turning addictions and legal concerns over to the care of a higher power.
G. The client rejected the idea of a higher power as a way to resolve addiction and legal problems; the client was provided with additional examples of how this occurs.

24. Develop an Aftercare Plan (24)

A. The client was assisted in developing an aftercare plan that will support recovery from legal concerns, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in listing several components of an aftercare plan that will support sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist).

D. The client was reinforced for active pursuit of the elements of the aftercare plan.
E. The client has not followed through on the aftercare plan and was redirected to do so.

25. Teach About the Need for Honest Resolution of Legal Conflicts (25)

A. The client was focused on the importance of resolving legal conflicts honestly.
B. The client endorsed the importance of resolving legal conflicts honestly; this insight was highlighted.
C. Honesty as the basis for trust was reinforced to the client.
D. The client was reinforced for the ways in which they are using honest and legal means to resolve legal conflicts.
E. The client has not endorsed the importance of resolving legal problems honestly and was redirected in this area.

26. Teach Family the Connection Between Legal Problems and Addiction (26)

A. A family session was held to educate the family and significant others regarding the connection between the client's legal problems and addiction.
B. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Family members were reinforced for their positive support of the client and a more accurate understanding of legal concerns and substance abuse problems.
D. Family members were not understanding or willing to provide support to the client, despite an increased understanding of legal concerns and addiction problems; they were urged to monitor the client's progress.

27. Engage Family Members in Aftercare (27)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting in recovery.
C. It was reflected to the family members that they have an ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery.

28. Assess Satisfaction (28)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

LIVING ENVIRONMENT DEFICIENCY

CLIENT PRESENTATION

1. **High-Risk Living Environment (1)***
   A. The client described living in an environment in which there is a high risk for relapse to addictive behavior.
   B. The client has committed to changing their living environment to decrease the risk for relapse to addictive behavior.
   C. The client reports having made major changes in their environment and has decreased addictive behavior.
2. **Resides With Practicing Addict (2)**
   A. The client described that they currently live with an individual who practices addictive behavior on a regular basis.
   B. The client has made periodic attempts to affect their living partner's addictive behavior, but the partner continues to practice addictive behavior.
   C. The client reports a commitment to living only with individuals who do not practice addictive behavior.
   D. The client has terminated living with the individual who practices addictive behavior.
3. **Social Isolation (3)**
   A. The client's social life is characterized by significant social isolation or withdrawal.
   B. The client described a lack of confidence that they will be able to be healthily involved in social relationships.
   C. The client has begun to develop increased feelings of comfort in social situations and has decreased social withdrawal.
   D. The client described instances in which they have been involved in significant social contacts.
4. **High Risk of Abuse (4)**
   A. The client described that they are currently living in an environment in which there is a high risk of physical, sexual, or emotional abuse.
   B. The client described instances of physical abuse that have occurred to them.
   C. The client described instances of sexual abuse that have occurred to them.
   D. The client described instances of emotional abuse that have occurred to them.
   E. The client has taken steps to disengage from the abusive situation.
5. **Family and/or Friends Are Addicts (5)**
   A. The client described that many friends or relatives practice addictive behavior patterns.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client described situations in which the addictive behavior of family members has, in turn, prompted addictive behavior in the client.
C. The client described increased understanding of how the addictive behavior patterns of friends or relatives affect their own addictive behavior patterns.
D. The client reported having changed their pattern of contact with friends or relatives who are practicing addictive behavior.

6. **Family Anger (6)**
   A. The client reported that family members are angry with them and are not supportive of a recovery program.
   B. The client projects blame on others for the family's anger toward them.
   C. The client is beginning to accept responsibility for the conflicts within the family and to attempt to find resolution.
   D. The client reported increased harmony and support between family members, and an increased pattern of support for the recovery program.
7. **Financially Destitute (7)**
   A. The client reported being financially destitute and needing assistance for adequate food and shelter.
   B. The client reported being able to meet immediate needs for food and shelter.
   C. The client has developed an adequate plan to handle financial problems and to adequately provide for self.
8. **Peer Group Members Are Addicts (8)**
   A. The client reported that peer group members regularly practice addictive behaviors.
   B. The client described situations in which peer group members' practice of addictive behavior has prompted their own addictive behavior.
   C. The client described making modifications in their peer group.
9. **Addiction-Prone Neighborhood (9)**
   A. The client reported living in a neighborhood that has a high incidence of addictive behavior.
   B. The client displayed understanding of the effects of the neighborhood's pattern of addictive behavior and how this contributes to their own addictive behavior.
   C. The client reported making changes in their living situation to decrease the high incidence of addictive behavior.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client was urged to feel safe in expressing their living environment concerns.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Use Step 1 Exercise (3)

A. Using a 12-step program's Step 1 exercise, the client was assisted in identifying the powerlessness and unmanageability that result from addiction and a deficient environment.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 1 exercise, and their insight from this exercise was reviewed.
D. Active listening was provided as the client identified the pattern of powerlessness and unmanageability that has resulted from addiction and a deficient environment.
E. As therapy has progressed, the client has been noted to identify decreased powerlessness and unmanageability, as they have improved their environment and decreased addictive behavior.
F. The client reported discontinuing addictive behavior and improving their environment; this progress was reinforced.
G. The client has not completed the Step 1 exercise and was redirected to do so.

4. List Problems With Living Environment and Their Impact (4)

A. The client was assisted in identifying problems with their living environment and the negative impact that these problems have on recovery.
B. The client was assisted with identifying several ways in which living environment problems have had a negative impact on recovery.
C. As the client has improved their living environment, they have been noted to experience less negative impact on recovery.

5. List Specific Environmental Problems/Consequences (5)

A. The client was assigned the "Understanding Family History" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

B. The client was assisted in identifying specific incidences when living environment problems have led to negative consequences and addiction.

C. As the client has gained insight into specific living environment triggers for addiction, they have been noted to decrease addictive behaviors.

D. The client was unable to identify specific incidences when living environment problems led to negative consequences and addictive behavior; tentative examples were provided to the client.

6. Administer Assessment Instruments (6)

A. Psychological instruments designed to objectively assess the client's perception of their social and family environment were administered.

B. The client was administered the Quality of Life Inventory (QOLI).

C. The client was administered the Family Environment Scale (FES).

D. The client has completed the psychological instruments designed to objectively assess their perception of the family environment, and feedback was provided regarding the results of this assessment.

E. The client has not completed the psychological instruments designed to objectively assess their perception of the family environment and was redirected to do so.

7. Assess Level of Insight (7)

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

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

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

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

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

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

8. Assess for Correlated Disorders (8)

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

B. The client was assessed in regard to the level of vulnerability to suicide.

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

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

9. Assess for Culturally Based Confounding Issues (9)

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

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

10. Assess Severity of Impairment (10)

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

11. Develop a Written Plan for Living Environment Problems (11)

A. The client was assisted in developing a written plan for each living environment problem in recovery.
B. The client was assigned "Assessing My Environment" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Active listening was provided as the client identified specifics for addressing each living environment problem in recovery.
D. The client was reinforced while verbalizing a commitment to address living environment problems in recovery.
E. The client was reinforced in implementing specific steps to ameliorate living environment deficiencies.
F. The client has not implemented plans for resolving living environment problems and was redirected to do so.

12. Discuss Moving Alternatives (12)

A. Today's therapy session focused on alternatives that are available for the client for moving out of the current living situation that promotes ongoing addiction.
B. The client was assisted in identifying several different options for moving out of the current deficient living environment.
C. The client was noted to be committed to moving out of the current high-risk living environment.
D. The client was unable to identify any options for their high-risk living environment; tentative examples were provided to the client.

13. Identify Needs (13)

A. The client was assigned the "Assessing My Needs" exercise from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
B. The client was assisted in identifying social, occupational, and financial needs.
C. Active listening was provided as the client identified several different social, occupational, and financial needs.
D. The client was assisted in developing a written plan to meet each of these social, occupational, and financial needs.
E. The client reported implementation of plans to meet social, occupational, and financial needs; the successes were reinforced, and failures were reviewed.
F. The client has struggled to clearly identify social, occupational, and financial needs, or plans to meet each of these needs in recovery; tentative examples were provided to the client.

14. Teach About the Importance of Peer Group Support (14)

A. The client was taught the importance of a supportive peer group.
B. The client was assigned to list 10 reasons why they need a new peer group to maintain abstinence.
C. The client endorsed the importance of a supportive peer group and listed reasons why they need a new peer group in order to maintain abstinence; this list was reviewed.
D. The client rejected the importance of a new peer group and did not endorse the need for a new peer group to maintain abstinence; they were encouraged to increase emphasis on peer group support.

15. Facilitate 12-Step Program Contact (15)

A. The client's connection with a 12-step program's contact person was facilitated.
B. The client was assigned the Personal Recovery Plan in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was encouraged to discuss recovery plans with a 12-step program contact person.
D. The client was reinforced in making contact with a 12-step program contact person and discussing recovery plans.
E. The client had not yet made contact with a 12-step program contact person and was encouraged to do so.

16. Develop a Recovery Plan (16)

A. The client was assisted in developing a personal recovery plan that has all the elements necessary to recover from addictive behavior and the deficient living environment.
B. The client was asked to complete the "What Would My Ideal Life Look Like?" assignment from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of a recovery plan that will support sobriety, such as self-help groups, a sponsor, family/social activities, and counseling with a specific psychotherapist; this list was reviewed.

D. The client was reinforced in identifying portions of a recovery plan that will assist in recovering from the deficient living environment concerns.
E. The client was reinforced for active pursuit of the elements of the recovery plan.
F. The client has not completed a personal recovery plan and was redirected to do so.
G. The client has not followed through with the recovery plan and was redirected to do so.

17. Encourage Recovery Group Involvement (17)

A. The client was encouraged to attend a 12-step recovery program meeting as a means of developing a supportive peer group.
B. The client was referred to an appropriate recovery group.
C. The client was reinforced for involvement in an active recovery group as a way to develop a supportive peer group.
D. The client acknowledged that they did not follow through on involvement with a recovery group and was redirected to do so.

18. List Steps for Relationships With Recovering People (18)

A. The client was assigned the task of developing a list of ways in which they could develop relationships with individuals in recovery.
B. The client has developed a list of steps that they can take to develop relationships with individuals who are in recovery, which was reviewed in session.
C. The client has implemented steps toward developing new relationships with recovering people; this progress was reinforced.
D. The client has not developed a plan for initiating relationships with recovering people and was redirected to do so.

19. Teach About a Higher Power (19)

A. The client was presented with information about how faith in a higher power can aid in recovery from addictive behaviors.
B. The client was assigned "Understand Spirituality" and "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in processing and clarifying their own ideas and feelings regarding the existence of a higher power.
D. The client was encouraged to describe their beliefs about the idea of a higher power.
E. The client rejected the idea of a higher power; the client was encouraged to remain open to this concept.

20. Use Step 3 (20)

A. The client was taught a 12-step program's third step, focusing on how to turn problems, worries, will, and life over to a higher power.
B. The client was assigned the Step 2 and Step 3 exercises from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was taught about trusting that a higher power is going to help resolve the situation.

D. The client participated in turning problems, worries, will, and life over to a higher power, and in trusting that the higher power is going to help resolve the situation; this progress was reinforced.
E. The client rejected the idea of turning problems, worries, will, and life over to a higher power and does not feel that this will be helpful in resolving problems; the client was redirected about the need to trust a higher power.

21. Review Third-Step Implementation (21)

A. The client's implementation of the third-step exercise about turning their will and life over to a higher power was reviewed.
B. The client reported success in turning their will and life over to a higher power; and the client was verbally reinforced and encouraged.
C. The client reported difficulty or failure in attempting to turn their will and life over to a higher power, and these difficulties/failures were reviewed, addressed, and redirected.
D. As the client has successfully turned their will and life over to a higher power, they have reported an increased pattern of relief from addictive behavior; this progress was highlighted.

22. Develop a Spiritual Growth Plan (22)

A. The client was assisted in developing a plan to continue spiritual growth (e.g., attending church, recovery groups, counseling, meeting with a pastor, reading spiritual material).
B. The client was reinforced for specific steps to continue spiritual growth.
C. The client reported implementation of the plan to continue spiritual growth; this success was reinforced.
D. The client reported increased benefit from the plan to continue spiritual growth; this success was highlighted.
E. The client has not developed or followed a plan to continue spiritual growth, and this issue was processed.

23. Practice Declining Addictive Behavior (23)

A. The client was taught about high-risk situations for relapse, including negative emotions, social pressure, interpersonal conflict, positive emotions, and testing of personal control.
B. The client was taught, through modeling, role-playing, and behavior rehearsal, about saying "no" to addictive behavior in high-risk situations.
C. The client was assisted in practicing several high-risk situations in which they can say "no" to addictive behavior.
D. The client reported implementing refusal techniques and successfully resisting addictive behavior in high-risk situations; this success was applauded.
E. The client has not used techniques to say "no" to addictive behavior in high-risk situations and has continued to regularly participate in addictive behavior; this pattern was reflected to the client.

24. Assign Autobiography (24)

A. Using a 12-step recovery program's fourth-step inventory, the client was assigned to write an autobiography.
B. The client was asked to detail the exact nature of their wrongs and how these relate to the negative peer group and addictive behavior.
C. The client was asked to complete Step 4 in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. Today's session focused on the client's completed fourth-step inventory.
E. The client was assigned to read portions of *Coping With Peer Pressure* (Kaplan).
F. A fourth-step inventory has not been completed by the client and was reassigned.

25. Clarify Between Passive, Aggressive, and Assertive Behavior (25)

A. The client was taught criteria for passive behaviors, aggressive behaviors, and assertive behaviors.
B. The client was taught about the difference between passive, aggressive, and assertive behavior.
C. The client was reinforced in displaying a clear understanding of the difference between passive, aggressive, and assertive behaviors.
D. The client struggled with understanding the difference between passive, aggressive, and assertive behaviors and was provided with remedial feedback in this area.

26. Role-Play Assertive Responses to Situations (26)

A. The client was assisted in role-playing assertive responses to situations that they are currently facing.
B. The client was provided with feedback about use of assertiveness techniques while role-playing situations they are currently facing.
C. The client was directed to practice assertive expression of feelings, thoughts, and desires to others throughout the week.
D. The client has practiced assertive expression of feelings, thoughts, and desires to others, and this success was reinforced.
E. The client has not practiced assertive expressions of feelings, thoughts, and desires to others during the week, and was redirected to do so.
F. The client was assigned to read portions of *Your Perfect Right* (Alberti & Emmons).

27. Write Letters to Significant Others (27)

A. The client was assisted in writing a letter to each significant other, sharing their problem with addiction, describing how the living environment has fostered the addiction, and outlining the plan for recovery.
B. The client was assigned to complete the Step 9 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. Today's session focused on letters the client has written to each significant other, sharing the addiction problem, describing how the living environment has fostered the addiction, and outlining the plan for recovery.

D. The client has provided each significant other with a letter describing the addiction problem, living environment deficiencies, and recovery plans, and their reactions were processed.
E. The client has not completed letters to significant others regarding their addiction problem, living environment deficiencies, and plan for recovery and was redirected to do so.

28. Educate Family About Addiction and Living Environment Deficiencies (28)

A. Today's family session focused on teaching family members about addiction, discussing the client's living environment deficiencies, and making plans for support of the client's recovery.
B. Family members were assisted in expressing their positive support for the client and reported having a more accurate understanding of their addiction problems, living environment deficiencies, and plans for recovery.
C. Family members were neither understanding nor willing to provide support to the client, in spite of the addiction problems and environmental deficiencies; this reluctance was processed.

29. Plan to Deal With Addicted Family Members (29)

A. The client was assisted in developing a plan to deal with family members who are addicted.
B. The client was assisted in identifying steps that they can take to cope with family members who are addicted.
C. The client reported implementation of the plan to deal with family members who are addicted, and the results of this plan were processed.
D. The client has not developed a healthy plan for dealing with family members who are addicted and was redirected to do so.

30. Teach Family Environmental Deficiency/Addiction Connection (30)

A. A family session was held to educate the family and significant others regarding the connection between the client's environmental deficiencies and addictive behavior.
B. The client was assigned "Understand Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Family members expressed their positive support of the client, and it was noted that they have a more accurate understanding of their environmental deficiencies and substance abuse problems.
D. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's environmental deficiencies and addiction problems; this failure was processed.

31. Engage Family Members in Aftercare (31)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members expressed their positive support of the client and committed to assist the client in recovery; this success was reinforced.

C. Family members indicated their ongoing emotional displeasure with the client and did not indicate a commitment to support recovery; they were urged to provide more support as the client recovers.

32. Assess Satisfaction (32)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

MEDICAL ISSUES

CLIENT PRESENTATION

1. **Depression Symptoms (1)***
   A. The client reported feeling deeply sad and has periods of tearfulness on an almost daily basis.
   B. The client has withdrawn from social relationships that were important to them.
   C. The client described symptoms of anxiety or worry about medical concerns.
   D. The client reported a diminished interest in or enjoyment of activities that were previously found to be pleasurable.
   E. The client reported feeling a very low level of energy compared to normal times.
   F. The client's depression symptoms have begun to alleviate.
2. **Diagnosis of Chronic Illness (2)**
   A. The client was diagnosed with a chronic illness that is not life threatening.
   B. The client's diagnosis necessitates changes in lifestyle.
   C. The client has accepted and pursued treatment for chronic illness.
   D. The client denied treatment for chronic illness.
   E. The client has gained insight in treatment and has made lifestyle changes toward improvement.
3. **Acute, Serious Illness (3)**
   A. The client has been diagnosed with an acute, serious illness.
   B. The client has been informed that the illness is life threatening.
   C. The client has pursued treatment for the acute illness.
   D. The client has refused treatment for the acute illness.
   E. The client's serious illness has been under treatment and is showing signs of improvement.
4. **Chronic Illness That Will Lead to an Early Death (4)**
   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 the chronic illness and the fact that this illness will eventually lead to an early death.
   C. The client has pursued treatment for the medical condition.
   D. The client has not pursued treatment for the medical condition.
   E. The client is coming to terms with the reality of the chronic illness and impending mortality.

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5. **Poor Cooperation With Treatment (5)**
   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.
6. **Compromised Cognitive Functioning (6)**
   A. The client's severe use of mood-altering chemicals has resulted in compromised cognitive functioning.
   B. The client's recovery is compromised by their cognitive functioning difficulties.
   C. The client's information for their recovery program has been modified to provide them with the greatest capability of learning.
   D. The client has modified their pattern of learning to maximize the recovery process.
7. **Medical Problems (7)**
   A. The client has been diagnosed with medical problems that complicate and compromise recovery from substance use.
   B. The client has pursued treatment for the medical condition.
   C. The client has refused treatment for the medical condition.
   D. The client has not sought treatment for the medical condition because of a lack of insurance and financial resources.
   E. The client's serious medical condition is under treatment and is showing signs of improvement.
8. **Secondary Medical Complications (8)**
   A. The client has been diagnosed with medical complications that are secondary to the substance use disorder.
   B. The client has agreed that substance use has led to medical complications.
   C. The client denied that substance use has led to medical complications.
   D. As the client has reduced substance use, medical complications have also reduced.
9. **Chronic Pain Syndrome (9)**
   A. The client experiences chronic pain syndrome, which is debilitating and results in a higher risk for relapse into substance dependence.
   B. The client has learned coping skills for adapting to chronic pain.
   C. The client has learned to cope more effectively with the chronic pain, and the risk for relapse into substance dependence has decreased.
   D. The client's chronic pain continues, and the risk for relapse into substance dependence has increased.
10. **Medical/Nursing Assistance Required (10)**
    A. The client's medical problems require medical/nursing assistance.
    B. The client has not regularly used medical/nursing assistance.
    C. The client is more accepting of the medical/nursing assistance required for their biomedical problems.

11. Self-Medication (11)

A. The client has used mood-altering chemicals to self-medicate their medical problems.
B. The client's pattern of using mood-altering chemicals to self-medicate medical problems has increased.
C. As treatment has progressed, the client's use of mood-altering chemicals to self-medicate medical problems has decreased.

12. Denial of Seriousness of the Medical Condition (12)

A. The client tends to downplay the seriousness of the medical condition.
B. The client has not accessed appropriate medical care because of denial of the seriousness of their medical condition.
C. As treatment has progressed, the client has become more realistic about the seriousness of their medical condition and has taken the necessary steps to obtain medical care.

13. Health Neglect (13)

A. The client described a history of neglecting 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.

14. Denies Substance Abuse Disorder (14)

A. The client denied any pattern of addiction in spite of strong evidence of increased tolerance, loss of control, and many negative consequences of addictive behavior.
B. The client consistently changed the focus of concerns to medical issues.
C. The client failed to acknowledge significant problems that have resulted from addictive behavior.
D. The client has decreased focus on medical problems; the client has begun to focus on addiction problems.
E. The client has been willing to regularly focus on addiction rather than on auxiliary problems.

15. Visits a Variety of Doctors (15)

A. The client reported often using substances in order to manage medical concerns.
B. The client has attempted to engage multiple prescribers in order to try to obtain more than the expected or necessary amount of medications.
C. The client has experienced negative effects of polypharmacy.
D. As treatment has progressed, the client has decreased the use of multiple prescribers for medical management.
E. The client has discontinued "doctor shopping" and uses only prescribers approved by their primary clinician.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing their medical symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Gather Medical History (3)**
   A. Facts regarding the client's medical condition were gathered, including diagnosis, symptoms, treatment, and prognosis.
   B. The client was supported in providing a comprehensive history of their medical condition.
   C. The client was urged to obtain more complete information regarding their medical diagnosis, symptoms, treatment, and prognosis.
   D. The therapeutic alliance was developed.
4. **Contact Physician/Family (4)**
   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 diagnosis, treatment, and prognosis.
   D. The client declined to provide informed consent for contact with the physician and family members, and this decision was accepted.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Administer Assessment for Ability to Cope With Medical Problems (5)

A. The client was administered psychological instruments designed to objectively assess their coping with medical problems.
B. The Beck Depression Inventory—FastScreen for Medical Patients (BDI-FastScreen) was administered to the client.
C. The Coping with Health Injuries and Problems (CHIP) assessment tool was administered to the client.
D. The client has completed the assessment of ability to cope with medical problems, but minimal symptoms were identified; these results were reported to the client.
E. The client has completed the assessment of ability to cope with medical problems, and significant symptoms were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of ability to cope with medical problems, and the focus of treatment was turned toward this defensiveness.

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

A. The client was assessed for age-related issues that could help to better understand their clinical presentation.
B. The client was assessed for gender-related issues that could help to better understand their clinical presentation.
C. The client was assessed for cultural syndromes, cultural idioms of distress, or culturally based perceived causes that could help to better understand their clinical presentation.

D. Alternative factors have been identified as contributing to the client's currently defined "problem behavior," and these were taken into account in regard to their treatment.
E. Culturally based factors that could help to account for the client's currently defined "problem behavior" were investigated, but no significant factors were identified.

9. Assess Severity of Impairment (9)

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

10. Assign Step 1 Exercise for Powerlessness and Addiction (10)

A. The client was taught about the use of a 12-step recovery program's Step 1 exercise to acknowledge the unmanageability of medical issues and addiction.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was noted to be accepting the idea of being powerless and unable to manage medical issues and addiction problems.
D. The client identified increased serenity after accepting their powerlessness and inability to manage medical concerns and addiction; this progress was highlighted.
E. The client rejected the idea of powerlessness and unmanageability over medical concerns and addiction concerns; they were provided with examples of how others have experienced this dynamic.

11. Teach Relationship Between Medical Problems and Addiction (11)

A. The client was taught, through using a biopsychosocial approach, about the relationship between the medical condition and addictive behavior.
B. The client was assigned "Coping With Addiction and Other Medical Problems" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has completed the assignment to develop the relationship between medical problems and addictive behavior, and responses were processed.
D. The client has not completed the assignment and was redirected to do so.
E. The client was noted to acknowledge several incidents in which medical problems have prompted the addictive behavior.
F. The client rejected the idea that the medical condition is related to addiction concerns; tentative examples were noted.

12. List Negative Consequences (12)

A. The client was assigned to write a list of negative consequences that have occurred because of using addictive behavior to cope with medical problems.

B. The client was noted to minimize the negative impact of addictive behavior to cope with medical problems.

C. The client completed the list of negative impacts of using addictive behavior to cope with medical problems and was helped to acknowledge the negative consequences they have experienced.

D. The client has not completed the list of negative impacts on their life and was redirected to do so.

13. Educate About the Negative Impact of Addictive Behavior (13)

A. The client was educated about the negative impact of addictive behavior on bodily functioning and systems.

B. The client was reinforced in verbalizing an increased understanding about the negative impact of the addictive behavior on bodily functioning and systems.

C. As the client has gained understanding about the negative impact of addictive behavior on bodily functioning and systems, they have been noted to reduce addictive behavior.

D. The client denied any negative impact regarding addictive behavior on bodily functioning and systems; tentative examples were provided.

14. Teach About Medical Issues and Addiction Threats (14)

A. The client was taught about their medical issues and how they pose a serious risk to their welfare.

B. The client was taught about their addiction concerns and how this poses a serious risk to their welfare.

C. The client was assigned the exercise "Coping With Addiction and Other Medical Problems" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client was reinforced in verbalizing an acceptance and understanding of how the medical issues and addiction are both illnesses that pose a serious risk to their welfare.

E. The client rejected the idea of their medical concerns or addiction problems as a serious risk to their welfare; the client was urged to monitor this dynamic.

15. Referral to a Physician (15)

A. The client was referred to a physician for a complete physical examination to evaluate the medical condition.

B. The client followed through with a referral to a physician for a medical examination, and this was supported.

C. The physician has examined the client and made recommendations as indicated to treat the medical condition and alleviate the symptoms.

D. The client has failed to follow through on the recommendation to obtain a medical evaluation and was redirected to do so.

16. Monitor Medical Treatment (16)

A. The client was monitored for follow-through on the physician's orders and on the effectiveness of treatment.
B. The medical staff has followed up on the treatment plan as ordered by the physician.
C. The client has complied with the physician's recommendations, and the client's condition has improved.
D. The client has failed to consistently follow through with the physician's orders regarding medical treatment and was encouraged to comply.

17. Encourage Medical Adherence (17)

A. The client was given information about the medical condition and was urged to cooperate with the doctor's recommendations.
B. The client was assigned "The Impact of My Illness" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client verbalized a more complete understanding of their medical problems and stated a willingness to cooperate with medical care after reviewing information provided about the medical condition.
D. The client did not demonstrate a good understanding of the medical condition and continues to refuse the necessary medical care; remedial information was provided.

18. Provide Medical Information (18)

A. The client was provided with appropriate literature and reference material that would increase understanding of the medical condition.
B. The client was encouraged to contact medical resources to obtain information regarding the medical condition.
C. The client has declined to seek further information regarding the medical condition, its treatment, and prognosis; the client was urged to seek out more information.

19. Teach About Treatment of the Medical Condition and the Prognosis (19)

A. The client was referred to medical personnel to teach them about the medical condition and to discuss the treatment plan and prognosis.
B. As a result of the teaching about the client's medical condition and prognosis, the client verbalized an increased understanding about the medical condition, treatment plan, and prognosis.
C. The client continued to display a lack of understanding about the medical condition, treatment plan, and prognosis and was provided with additional information.

20. Teach the Importance of Medical Management and Follow-Up (20)

A. The client was taught about the importance of medical management and follow-up in aftercare.
B. The client was reinforced while acknowledging a need for medical management and follow-up in aftercare.
C. The client identified a specific plan for medical management and follow-up in aftercare; this progress was highlighted.

D. The client reported having followed through on medical management and follow-up in aftercare; the experience was reviewed.
E. The client does not appear to grasp the importance of medical management and follow-up in aftercare; remedial feedback was provided.

21. Teach About Assertiveness for Medical Information and Treatment (21)

A. The client was taught about assertiveness skills through didactics, role-playing, and written information.
B. The client was assigned "How I Feel About My Medical Treatment" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was encouraged to implement assertiveness skills in obtaining information about and becoming involved in the management of their medical treatment.
D. The client displayed an understanding of the use of the assigned assertiveness skills.
E. The client was reinforced as they reported using assertiveness skills to obtain information about, and become more involved in, the management of their medical treatment.
F. The client has struggled to understand and use the assigned assertiveness skills regarding their medical illness and treatment.

22. Explore Motivation (22)

A. Directive, client-centered, empathic, and motivation-enhancing treatment interventions were used.
B. The client's motivation for change was explored, including whether the client is ready to take active steps or would benefit from continued motivational interviewing.
C. Motivational interviewing techniques were used to help develop greater rapport.

23. Use Cognitive Behavioral Approach (23)

A. A cognitive behavioral approach was used to help the client develop knowledge, as well as self-management and lifestyle skills for managing the medical condition and its consequences.
B. The client was assisted in identifying triggers, including adaptive and maladaptive reactions. stressful reactions, including internal and external triggers.
C. The client was assisted in identifying patterns to reinforce or change.
D. The client demonstrates improved management skills over the challenges brought on by the medical condition.

24. Direct Self-Monitoring (24)

A. The client was asked to self-monitor internal and external triggers and adaptive and maladaptive reactions.
B. The client was asked to collect data about triggers and reactions.
C. The client has monitored and collected data on triggers and reactions and patterns were identified.
D. The client has not monitored and collected data and was redirected to do so.

25. Teach Conceptualization of Stress (25)

A. The client was taught about conceptualizing stress as having different phases.
B. The client was encouraged to identify stress reactions related to anticipation, management/coping, handling feelings, and reflecting on coping efforts.
C. The client was provided with accurate information about the medical condition and stress management.
D. The client was assisted in correcting misinformation and debunking myths.

26. Refer to Reliable Reading Material (26)

A. The client and family were referred to reliable reading material or internet resources for accurate information regarding the medical condition and the effect of stress.
B. The client was assigned the homework exercise "Pain and Stress Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's reading material was reviewed and processed.

27. Develop Coping Plan (27)

A. The client was assisted in developing a personalized coping plan for preventing or managing stressful reactions.
B. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was assisted in developing coping skills such as relaxation/calming, graded behavioral activation, exercise, sleep hygiene, cognitive reframing, and problem-solving.
D. The client was reinforced for use of the coping plan.
E. The client has struggled to effectively use the coping plan, and these difficulties were addressed.

28. Conduct Skills Training (28)

A. The client was assisted in building specific skills tailored to agreed-upon goals.
B. The client's prior effective coping strategies were built upon.
C. The client was taught new skills for managing stress.

29. Train on Interpersonal Coping Skills (29)

A. The client was trained on problem-focused personal and interpersonal coping skills.
B. The client was taught problem-solving techniques.
C. The client was taught communication techniques and conflict-resolution techniques.
D. The client was urged to access social supports.
E. The client was assigned "Self-Soothing: Calm Down, Slow Down" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) and/or "Applying Problem Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
F. The client reports increased coping skill in the face of stress.

30. Train on Emotionally Focused Coping Skills (30)

A. The client was taught about emotionally focused coping skills.
B. The client was taught about calming skills.

C. The client was taught about perspective taking.
D. The client was taught about emotional regulation.
E. The client was taught about cognitive reframing.
F. The client was assigned "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
G. The client demonstrates improved coping with stress.

31. Encourage Skill Development (31)

A. The client was encouraged to rehearse and practice coping skills in session through imagery or behavioral rehearsal.
B. The client was provided with feedback about use of stress coping skills.

32. Facilitate Generalization of Skills (32)

A. The client was urged to generalize skills into everyday life.
B. The client was assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was provided with homework focusing on applying coping skills to gradually more demanding stressful situations.
E. The client was assisted in reviewing use of coping skills, reinforcing success and problem-solving for obstacles.
F. The client has improved on generalizing stress coping skills to everyday life.

33. Encourage Internalization of Skills (33)

A. The client was urged to build self-efficacy by taking credit for improvement.
B. The client was noted to be making self-attributions for change.
C. The client tended to defer credit for improvement and was redirected.

34. Teach Relapse Prevention Skills (34)

A. The client was taught to distinguish between a lapse and relapse.
B. The client was taught to identify and rehearse management of high-risk situations.
C. The client was urged to build a less stressful lifestyle.
D. The client was urged to use booster sessions when needed.

35. Include Significant Others in Intervention Plans (35)

A. The client was urged to include significant others in the intervention plan.
B. An attempt was made to create a reinforcing social support system with the client.
C. The client was unable to identify significant others to include in the intervention plan and was given remedial feedback.

36. Contact Physician/Family (36)

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 diagnosis, treatment, and prognosis.
D. The client declined to provide informed consent for contact with the physician and family members, and this decision was accepted.

37. Monitor Medical Treatment (37)

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 while complying with the physician's recommendations for medical treatment and the condition has improved.

38. Explore Misconceptions (38)

A. Confounding factors (e.g., client misconceptions, fears, situational factors) were explored as to how they interfere with the client's medical treatment adherence.
B. The client was assigned the homework exercise "How I Feel About My Medical Treatment" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in gaining more complete information to clear up misconceptions regarding medical treatment.
D. The client was given support regarding fears about medical treatment.
E. The client was assisted in resolving situational factors that interfere with medical treatment adherence.

39. Confront Defense Mechanisms (39)

A. The client was assessed for defense mechanisms (e.g., manipulation, passive-aggressive behavior, denial) that would block compliance with the medical treatment regimen.
B. The client was confronted for their 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 they have been experiencing denial and that this has affected compliance with the medical treatment regimen.

40. Identify Available Activities (40)

A. The client was assisted in identifying activities that they can still enjoy on their own.
B. The client was assigned the homework exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in identifying activities that they can still enjoy with others.
D. The client failed to identify activities that they can still enjoy and was gently offered examples in this area.

41. Solicit Commitment to Increased Activity (41)

A. The client was asked to commit to increasing activity level by engaging in enjoyable and challenging activities.

B. The client agreed to increase activity level by engaging in enjoyable and challenging activities; the client was reinforced for this decision.

C. The client was reinforced for 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.

42. Conduct Acceptance and Commitment Therapy (ACT) for Chronic Pain (42)

A. The client was asked to identify personal values and set activity goals in response to chronic pain.

B. The client was assisted in learning strategies and skills for accepting limitations imposed by the medical condition.

C. The client was taught strategies for defusing thoughts and actions that would stop their value-driven action.

D. The client was recommended to read *Living Beyond Your Pain* (Dahl & Lundgren).

E. The client has displayed a clear understanding of the concepts of ACT and was reinforced for using them.

F. The client has struggled with the ACT changes and was provided with remedial information in this area.

43. List Actions to Improve Physical Functioning (43)

A. After a discussion with the medical staff, the client was assisted in listing actions that they can take to improve physical functioning (e.g., taking medications; maintaining abstinence; practicing relaxation; implementing proper diet, rest, and exercise; keeping regular follow-up appointments with the physician).

B. The client's list of actions that they can take to improve physical functioning was processed.

C. The client was reinforced as they reported implementing the list of actions that they can take to improve physical functioning.

D. The client did not develop and implement a list of actions that can improve physical functioning and was redirected to do so.

44. Teach Relaxation Techniques for Pain Management (44)

A. The client was taught relaxation techniques (e.g., deep muscle relaxation, guided imagery) to help manage pain.

B. The client was assigned "Self-Soothing: Calm Down, Slow Down" or "Coping With Addiction and Chronic Pain" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was assigned to use relaxation techniques on a regular basis.

D. The client reported implementing assigned relaxation techniques to help manage pain and that the techniques are beneficial.

E. The client has not followed through with the implementation of the relaxation techniques for pain management and was redirected to do so.

45. Refer the Client to a Pain Clinic (45)

A. The client was referred to a pain clinic for medical and psychological management of pain.
B. The client accepted the pain clinic referral and attended an appointment.
C. The client was noted to have better patterns of managing the medical and psychological components of pain.
D. The client has refused to follow through on the referral to a pain clinic and was encouraged to do so.

46. Discuss Medical Issues, Addiction, and Support Services With Family (46)

A. In a family session, discussion focused on the client's medical issues and addiction.
B. Family members were encouraged to obtain support group services (e.g., Al-Anon, Alateen, medical support group).
C. Family members were reinforced as they indicated an increased understanding of the medical issues and addiction concerns for the client.
D. Family members were reinforced for seeking out supportive services (e.g., Al-Anon, Alateen, medical support group).
E. The family has struggled to understand the medical issues and addiction concerns and has not obtained supportive services; they were directed to do so.

47. Teach About a Higher Power (47)

A. The client was presented with information about how faith in a higher power can aid in recovery from medical issues and addiction concerns.
B. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
D. The client was encouraged to describe beliefs about their higher power.
E. The client rejected the idea of a higher power and was provided with additional examples of how this can be helpful (pray for assistance with medical problems, practice regular meditation, attend religious activities to gain support).

48. Teach About Step 11 Prayer and Meditation (48)

A. The client was taught, through using a 12-step recovery program's Step 11 exercise, to pray and meditate.
B. The client was assigned the Step 11 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson), and their insight was reviewed.
C. The client has not completed the Step 11 exercise and was redirected to do so.
D. The client indicated an understanding of the concepts related to prayer and meditation and was assigned daily contact with their higher power regarding medical issues and addiction behaviors.

E. The client was reinforced as they reported implementing regular prayer and meditation and that turning medical problems and addiction concerns over to a higher power has been helpful.
F. The client has struggled to use prayer and meditation to turn over medical concerns to a higher power; barriers to this helpful practice were resolved.
G. The client has not used prayer and meditation techniques and was redirected to do so.

49. Develop a Personal Recovery Plan (49)

A. The client was assisted in developing a personal recovery plan that details what the client is going to do in recovery to maintain abstinence and to treat biomedical issues (e.g., attend recovery groups regularly, make medical visits regularly, take medication as indicated, get a sponsor, attend aftercare, help others).
B. The client was assigned "Physical and Emotional Self-Care" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Managing Pain Without Addictive Drugs" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has listed several components of a personal recovery plan that will support sobriety and medical treatment issues (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed and processed.
E. The client described active pursuit of the elements of the personal recovery plan; this progress was reinforced.
F. The client has not followed through on a personal recovery plan and was redirected to do so.

50. Teach Family the Connection Between Medical Issues and Addiction (50)

A. A family session was held to educate the family and significant others regarding the connection between the client's medical issues and addiction problems.
B. Family members were encouraged as they expressed their positive support of the client and a more accurate understanding of medical issues and substance abuse problems.
C. Family members were not understanding or willing to provide support to the client, despite increased understanding of medical issues and addiction problems; they were urged to monitor the client's recovery.

51. Engage Family Members in the Client's Aftercare (51)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting in recovery.
C. Family members indicated ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery; they were urged to monitor the client's recovery.

52. Assess Satisfaction (52)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

NARCISSISTIC TRAITS

CLIENT PRESENTATION

1. **Grandiose Sense of Self (1)***
   A. The client displayed within the session an inflated sense of self-importance and self-worth.
   B. The client reported problems in relationships because of a pattern of inflating their sense of self-worth and self-importance.
   C. As therapy has progressed, the client has developed a better understanding of their grandiose pattern, and decreased belief regarding their inflated sense of self-worth and self-importance.
2. **Unreasonable Fantasies (2)**
   A. The client reported a persistent tendency to fantasize about unlimited power, success, intelligence, or beauty.
   B. The client verbalized within the session fantasies about unlimited power, success, intelligence, or beauty.
   C. As therapy has progressed, the client has displayed a decrease in the tendency to fantasize about unrealistic power, success, intelligence, or beauty.
3. **Belief in Specialness (3)**
   A. The client believes that they are special and that only other special people can appreciate them.
   B. The client questioned the clinician's ability to appreciate their unrealistic pattern of belief in their own special status.
   C. The client has struggled to engage in treatment because of their belief that others are unable to understand their special qualities.
   D. As therapy has progressed, the client has developed a more realistic sense of self and how others can relate to them.
4. **Need for Recognition/Adoration (4)**
   A. The client reported a pattern of needing to be recognized, admired, and adored by others.
   B. During the session, the client displayed a pattern of needing to be recognized, admired, and adored.
   C. The client described relationship difficulties because of an unfulfilled expectation that others will recognize, admire, and adore them.
   D. As therapy has progressed, the client has decreased the need to be recognized, admired, and adored.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Angry Response to Unmet Needs (5)

A. The client described a pattern of anger and resentment when others do not immediately meet their wishes, wants, needs, or expectations.
B. The client displayed a demanding, angry attitude within the session when wishes, wants, needs, or expectations were not fulfilled.
C. The client reported a pattern of relationship problems because of others not meeting their wishes, wants, needs, or expectations.
D. As therapy has progressed, the client has been more tolerant of others not immediately meeting their wishes, wants, needs, or expectations.

6. Lacks Empathy for Others (6)

A. The client displayed little concern or empathy for the thoughts, feelings, and needs of other people.
B. The client has demonstrated a willingness to ride roughshod over the rights of others to meet their own needs.
C. The client verbalized an understanding of how their actions and comments have negatively affected others.
D. The client has demonstrated empathy and sensitivity to the thoughts, feelings, and needs of other people.

7. Unreasonable Expectations (7)

A. The client displays unreasonable expectations of others within relationships.
B. The client displays a sense of entitlement related to wants and needs.
C. The client displays little empathy for how their actions affect others.
D. The client has vacillated between their own unreasonable expectations and having greater concern for others.
E. The client is able to be consistently empathetic in regard to expectations of others within relationships.

8. Expects and Experiences Envy (8)

A. The client identified often being envious of others.
B. The client identified often believing that others are envious of them.
C. As the client has gained insight into their narcissistic traits, the client has decreased the pattern of experiencing and expecting envy.

9. Bragging (9)

A. The client acknowledged a pattern of bragging about their achievements, exaggerated abilities, and body image.
B. The client displayed within the session a pattern of bragging about their achievements, exaggerated abilities, and body image.
C. The client reported a pattern of negative reactions from others because of their pattern of bragging.
D. As therapy has progressed, the client has decreased the tendency to brag and reports better relationships.

10. Manipulation and Exploitation (10)

A. The client described a pattern of manipulation and exploitation of others to meet their needs and to avoid facing the consequences of actions.
B. The client appeared to be manipulative and exploitative during this session.
C. The client was honest in the therapy session and admitted to the pattern of manipulative and exploitative behaviors.
D. Family members and other significant individuals have described a pattern of more honest communication and interaction with the client.

11. Overly Demanding (11)

A. The client displays a pattern of being overly demanding in interpersonal relationships.
B. The client displays little empathy for the needs, wishes, and wants of significant others when making demands.
C. The client identified their pattern of being demanding and unempathetic.
D. As treatment has progressed, the client displays a less demanding pattern in interpersonal relationships and has more care for the needs, wishes, and wants of others.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing narcissism symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

3. Assign Step 1 Exercise for Narcissistic Traits and Addiction (3)

A. The client was taught about the use of a 12-step recovery program's Step 1 exercise to acknowledge unmanageability of narcissistic traits and addiction behaviors.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client accepted the ideas presented regarding powerlessness and being unable to manage narcissistic traits and addiction problems.
D. The client identified increased serenity after accepting powerlessness and inability to manage narcissistic traits and addiction problems; this insight was reinforced.
E. The client rejected the concept of powerlessness and unmanageability over narcissistic traits and addiction symptoms; additional feedback and tentative examples were provided.

4. Teach Relationship Between Narcissistic Traits and Addiction (4)

A. The client was taught about the relationship between narcissistic traits and addictive behavior.
B. Active listening was provided as the client was able to acknowledge several instances in which narcissistic traits have prompted the addictive behavior.
C. A decrease was noted in the client's addictive behavior as narcissistic symptoms have decreased.
D. The client has rejected the idea that their narcissistic traits relate to addictive behavior; the client was urged to monitor this dynamic.

5. List Negative Consequences (5)

A. The client was asked to make a list of examples in which narcissistic traits have negatively affected their life. This list was processed within the session.
B. The client was noted to minimize the negative impact of narcissistic traits on their life.
C. The client has completed the list of the negative ways in which narcissistic traits have had an impact on their life; as these were processed, the client has acknowledged the negative consequences they have experienced.
D. The client has not completed the list of negative impacts on their life and was redirected to do so.

6. Administer Assessment for Narcissistic Traits (6)

A. The client was administered psychological instruments designed to objectively assess the subject's narcissistic traits.
B. The client was administered the Millon Clinical Multiaxial Inventory–III (MCMI-III).
C. The client has completed the assessment of narcissistic traits, but minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of narcissistic traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of narcissistic traits, and the focus of treatment was turned toward this defensiveness.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

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

11. Teach About 12-Step Recovery Group Involvement (11)

A. The client was taught about how active involvement in a 12-step recovery group is a way to recover from narcissistic traits of dishonesty and bragging and addiction concerns.
B. The client was referred to an appropriate recovery group.
C. The client described involvement in an active recovery group.
D. The client reported that they have not followed through in a recovery group; the client was redirected to do so.

12. Teach About Honesty (12)

A. The client was taught about how honesty is essential for real intimacy and how lies lead to interpersonal frustration and loneliness.
B. The client was taught that pain and disappointment result when honesty is not given the highest priority in one's life.
C. The client was asked to identify situations in which they could be more honest and reliable.
D. Support and encouragement were provided as the client identified ways in which they are being more honest and reliable.
E. The client was confronted for continuing to engage in dishonesty.

13. Discuss the Need for Resolving Narcissism (13)

A. Today's session focused on why resolution of narcissistic traits, especially the tendency toward dishonesty and feeling superior and all powerful, is essential in maintaining abstinence.
B. The client accepted the need for resolving narcissistic traits, as presented in today's session.
C. As the client has decreased narcissistic traits, including the tendency toward dishonesty and feeling superior and all powerful, they have been noted to experience improvement in relationships and better ability to maintain abstinence.
D. The client rejected the concept of resolving narcissistic traits in order to maintain abstinence; the client was urged to monitor this dynamic.

14. Assign and Process a List of 10 Common Lies (14)

A. The client was assigned to list 10 common lies that are told to exaggerate accomplishments and bolster self-image.
B. The client completed the list of 10 common lies, and these were processed, showing why they led to the rejection from others that they fear.
C. The client was noted to display an increased understanding about how lying results in rejection.
D. The client was helped to process the pattern of lies and embellishments, but they do not endorse the connection between the lies and rejection from others.
E. The client has not completed the list of 10 common lies and was redirected to do so.

15. Confront Use of Narcissism to Control Others (15)

A. The client was assisted in listing ways in which they use narcissistic traits to control and manipulate others.

B. The client identified several ways in which they use narcissistic traits to control and manipulate others; this list was processed.
C. The client was confronted about how narcissistic behaviors are counterproductive to interpersonal acceptance and respect.
D. The client endorsed an understanding of how narcissistic behaviors have caused problems in relationships, including areas of acceptance and respect; this insight was reinforced.
E. The client denied that they use narcissistic traits to control and manipulate others and was provided with tentative examples.
F. The client denied that control and manipulation of others are counterproductive to interpersonal acceptance and respect; the client was provided with remedial feedback.

16. Coordinate Group Therapy Sessions for Developing Empathy (16)

A. The client was referred to group therapy sessions that focus on developing empathy.
B. The client was focused on developing empathy for others in group sessions by asking them to share with the group members similar vulnerable and anxious experiences, feelings, and thoughts.
C. The client reported an increased experience of empathy through the group sessions.
D. The client has attended group sessions but has not regularly shared or developed empathy.
E. The client has refused to attend group sessions and was redirected to do so.

17. Teach About Self-Disclosure of Vulnerability (17)

A. The client was taught, through role-playing, modeling, and behavior rehearsal, about self-disclosure of feelings of vulnerability.
B. The client was assigned "Replacing Fears With Positive Messages" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client participated in techniques to learn more about self-disclosure and vulnerability.
D. It was reflected to the client that they display an increased ability to disclose feelings of vulnerability.
E. The client reported ongoing increases in the ability to disclose feelings of vulnerability; this progress was reinforced.
F. The client struggled to disclose feelings of vulnerability and was encouraged to continue working in this area.

18. Explore Perceptions (18)

A. The client was assisted in exploring how they perceive others and what they believe about their motivations.
B. The client was asked to brainstorm about other possibilities regarding what others believe and feel.
C. The client displayed an improved understanding of others after exploring perceptions.
D. The client was unable to identify alternate explanations for others' beliefs and feelings, and remedial feedback was provided.

19. Use Rehearsal (19)

A. The client was engaged in using role-play and behavioral rehearsal of common interpersonal situations.
B. Through role-play and behavioral rehearsal, the client was provided with feedback regarding likely emotional reactions others would have to statements and nonverbal behaviors.
C. The client indicated obtaining valuable insight about statements and nonverbal behaviors and the effects on others and was reinforced for this.
D. The client was resistant to new knowledge about statements and nonverbal behaviors and was provided with remedial feedback.

20. Assign Empathy Reading (20)

A. The client was assigned material to help them understand perspectives of others.
B. The client was assigned to read *Empathy: Why It Matters and How to Get It* (Krznaric).
C. The client was assigned to read *You Just Don't Understand* (Tannen).
D. Major points of this material were identified and processed.
E. The client has not read the assigned material and was encouraged to do so.

21. Probe Family-of-Origin Experiences (21)

A. Today's therapy session focused on the client's family-of-origin experiences of criticism, emotional abandonment or rejection, and/or abuse or neglect that led to feelings of low self-esteem masked by narcissism.
B. Active listening was used as the client described several family-of-origin experiences that have led to feelings of low self-esteem.
C. The client acknowledged a pattern of responding to low self-esteem related to family-of-origin experiences with narcissistic traits; this insight was reinforced.
D. The client struggled to identify family-of-origin experiences of criticism, emotional abandonment or rejection, and/or abuse or neglect; this was accepted at face value.

22. Replace Narcissistic Thoughts Related to Low Self-Esteem (22)

A. Today's session focused on identifying the client's narcissistic thoughts (e.g., grandiosity, sense of entitlement, tendency to blame others, need to exaggerate achievements in search of acceptance).
B. The client was assisted in identifying how narcissistic thoughts were based on low self-esteem and an expectation of rejection.
C. The client was assigned the exercise "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* by Jongsma & Bruce.
D. The client was encouraged to replace thoughts related to low self-esteem with confident, realistic self-talk.
E. The client denied any pattern of narcissistic thoughts; tentative examples were provided.
F. The client struggled to identify and replace narcissistic thoughts; additional feedback was provided.

23. Teach Healthier Self-Talk (23)

A. The client was taught to replace cognitive messages of low self-esteem and fear of rejection with more realistic, healthy, and adaptive self-talk.
B. The client was assisted in identifying cognitive messages of low self-esteem and fear of rejection.
C. The client was assigned the exercise "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in developing realistic, healthy, and adaptive self-talk.
E. Positive feedback was provided to the client as they have regularly used more realistic, healthy, and adaptive self-talk.
F. The client has not consistently used more realistic, healthy, and adaptive self-talk and was provided with additional feedback and examples in this area.

24. Confront and Interpret Entitlement and Braggadocio (24)

A. The client's braggadocio and expressions of entitlement were interpreted as a cover for feelings of fear and low self-esteem.
B. The client displayed an understanding of the interpretation of a pattern of expressing entitlement and braggadocio as a cover for feelings of fear and low self-esteem.
C. The client reported having decreased the pattern of expressing entitlement and braggadocio; this progress was reinforced.
D. The client denied any connection between expressions of entitlement and braggadocio and low-self-esteem issues; additional feedback was provided.

25. Reinforce Appropriate Social Interactions (25)

A. The client was encouraged in and reinforced for social interactions that are characterized by humility, empathy, honesty, and compassion.
B. The client was assigned "Getting Out of Myself" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has completed the assignment to help improve positive social traits, and progress was reinforced.
D. The client has not completed the assignment and was redirected to do so.
E. The client acknowledged more positive feelings when they interact in a more socially appropriate manner; this progress was encouraged.
F. It was reflected to the client that they have become more humble, empathetic, honest, and compassionate.

26. Use Dialectical Behavioral Training (DBT) Skills (26)

A. The client was taught to use DBT skills to improve anger control.
B. The client has used skills such as core mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance.
C. The client was assigned "Alternatives to Destructive Anger" or "Anger Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client was given information about materials such as *The Dialectical Behavior Therapy Skills Workbook* (McKay, Wood, & Brantley) or the *DBT Diary Cards* app.
E. The client's use of skills was processed and encouraged toward ongoing use.

27. Explore Hypersensitivity (27)

A. The client was assisted in exploring how their hypersensitivity and quick use of anger is related to their self-esteem deficit.
B. The client was asked to process feelings of neglect, emotional abandonment, and/or peer rejection early in life that may have led to hypersensitivity and quick use of anger.
C. The client was amenable to processing early life events and gained valuable insight into current behaviors.
D. The client denied any impact of early life events on current behaviors and was provided with remedial feedback.

28. Assign Reading Materials (28)

A. The client was assigned to read material that educates about anger.
B. The client was assigned to read *The Anger Control Workbook* (McKay & Rogers).
C. The client was assigned to read *The Dance of Anger: A Woman's Guide to Changing the Patterns of Intimate Relationships* (Lerner).
D. The client has read the assigned material on anger, and key concepts were reviewed.
E. The client has not read the assigned material on anger and was redirected to do so.

29. Replace Distorted Thoughts (29)

A. Using Socratic dialogue, the client was assisted in replacing distorted thoughts associated with the schema of entitlement/grandiosity with more realistic schemas.
B. The client was provided with examples of unhealthy schemas based on distorted thoughts.
C. The client was provided with examples of healthy, more realistic schemas.
D. The client was assigned to read *Reinventing Your Life* (Young & Klosko).
E. The client was able to replace their unhealthy schemas with healthier, more realistic schemas and was reinforced for this knowledge.
F. The client was unable to change their unhealthy schemas related to entitlement/grandiosity and was given remedial education.

30. Set Limits (30)

A. Limits were set when the client oversteps boundaries or expects special treatment.
B. The client was shown instances of distorted cognitive schemas and narcissistic belief systems that support overstepping boundaries or expecting special treatment.
C. The client's belief system supporting unhealthy behavior was related to problematic relationships in other areas of their life.
D. The client was understanding of the relationship between schemas and beliefs and problematic relationships in their life.
E. The client was unable to understand the relationship between schemas and beliefs and the problematic relationships in their life and was provided remedial feedback.

31. Explore Projections of Others (31)

A. The client was assisted in exploring their projections about others, including the therapist.
B. The client was taught about how their assumptions relate to interactions from others in their past.
C. The client identified specific assumptions they have made and how this has affected interactions from others in their past.
D. The client was unable to identify specific assumptions and was redirected in this area.

32. Brainstorm Alternate Explanations (32)

A. The client was asked to brainstorm about alternative explanations for another's behavior rather than jealousy or malice.
B. The client was assigned "Check Suspicions Against Reality" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was provided with examples of alternative explanations for another's behavior.
D. The client was able to identify specific alternative explanations for another's behavior.
E. The client denied any alternative explanations for another's behavior and was redirected in this area.

33. Simulate Social Scenarios (33)

A. The client was assisted in simulating social scenarios in which they are typically seeking attention through the use of role-playing, modeling, and behavioral rehearsal.
B. The client was elicited for feelings about simulating social scenarios in which they are typically seeking attention.
C. Through role-playing, modeling, and behavior rehearsal, the client was provided with feedback about the feelings of the person interacting with them.
D. The client was asked to evaluate the pros and cons of the attention-seeking behavior.
E. The client was provided with positive feedback for their new understanding of attention-seeking behavior.
F. The client denied gaining insight from the simulation of social scenarios and was provided with remedial feedback.

34. Teach About a Higher Power (34)

A. The client was presented information about how faith in a higher power can aid in recovery from narcissistic traits and addiction.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; the client was urged to stay open to this idea.

35. Use Step 3 Exercise (35)

A. The client was taught a 12-step recovery group's third step, focusing on how to turn problems, worries, and anxieties over to a higher power.

B. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 3 exercise, and their insight in this area was reviewed.
D. The client has not completed the Step 3 exercise, and this was reassigned.
E. The client was taught about trusting that a higher power is going to help them resolve the situation.
F. The client has begun turning problems over to a higher power and is trusting that the higher power is going to help them resolve the situation; the experience was reviewed.
G. The client rejected the idea of turning problems over to a higher power and does not feel that this concept will be helpful in resolving narcissistic traits; the client was urged to remain open in this area.

36. Teach About Helping Others for Self-Worth (36)

A. The client was taught about how helping others will give them a genuine sense of self-worth, which is essential to working a good program of recovery.
B. The client was assigned "Being Genuinely Unselfish" and "Getting Out of Myself" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has completed the assignment on unselfishness, and their insight was reviewed.
D. The client has not completed the assignment on being genuinely unselfish and was redirected to do so.
E. The client was reinforced for endorsing the idea that helping others will improve their genuine sense of self-worth.
F. The client reported several situations in which they have been able to help others and the positive effect that they received; this success was reinforced.
G. The client reported a lack of involvement in helping others and was redirected to do so.

37. Teach Impulse Control Strategies (37)

A. Modeling, role-playing, and behavior rehearsal were used to teach the client the use of "stop, look, listen, think, and plan before acting" in several life scenarios.
B. The client was supported in enacting "stop, look, listen, think, and plan before acting," as applied to a variety of current situations.
C. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in daily life.
D. The client was reinforced for use of "stop, look, listen, think, and plan before acting."
E. The client reported struggling to use "stop, look, listen, think, and plan before acting" and was redirected to do so.

38. Teach Healthy Communication Skills (38)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, interpersonal communication skills (e.g., honesty, ask for what you want, share how you feel, care for what the other person wants, active listening, the use of "I" messages).
B. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client participated in scenarios to learn healthy interpersonal communication skills.
D. The client reported using healthy communication skills on a day-to-day basis, and the effects of these skills were reviewed.
E. The client struggled to learn and implement healthy communication skills and was redirected to continue attempting to learn these types of skills.

39. Develop a Personal Recovery Plan (39)

A. The client was assisted in developing a personal recovery plan that will support recovery from narcissistic traits, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist); the client was directed to follow this plan.
E. The client described active pursuit of the aftercare plan.
F. The client has not followed through with the aftercare plan and was redirected to do so.

40. Teach Family the Connection Between Narcissism and Addiction (40)

A. A family session was held to educate the family and significant others regarding the connection between the client's narcissistic traits and addiction problems.
B. Family members expressed their positive support of the client and a more accurate understanding of narcissistic traits and substance abuse problems; this support was encouraged.
C. Family members were not understanding nor willing to provide support to the client, despite an increasing understanding of the client's narcissistic traits and addiction problems; they were urged to do this in small ways.

41. Engage Family Members in the Client's Aftercare (41)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize his/her recovery.
B. Family members were urged to read portions of *Disarming the Narcissist: Surviving and Thriving With the Self-Absorbed* (Behary).
C. Family members were urged to read portions of *Coping With Infuriating, Mean, Critical People: The Destructive Narcissist Pattern* (Brown).
D. Family members were reinforced as they expressed their positive support of the client and committed to assist in recovery.
E. Family members indicated their ongoing emotional displeasure with the client and did not indicate a commitment to support recovery; they were encouraged to monitor the client's recovery.

42. Examine Family Interactions (42)

A. A family session was held to examine interactions that reinforce the client's criticizing behavior.
B. The family was made aware of interactions that reinforce the client's criticizing behavior.
C. Family members were reinforced as they withdrew reinforcement of the client's behavior.
D. Family members were neither understanding nor willing to withdraw from reinforcement of the client's behavior, and they were urged to monitor the effects of this behavior.

43. Write Behavioral Contract (43)

A. The client's family members were assisted in identifying their own behavior that reinforces exploitive behavior.
B. The client and family members were asked to engage in writing a behavioral contract that will allow each participant to get their needs met more directly.
C. The family was assigned materials to assist in augmenting family functioning.
D. The client and family wrote behavioral contracts, and this was reinforced with positive feedback.
E. The client and family have not written or adhered to behavioral contracts and were given remedial feedback in this area.

44. Assess Satisfaction (30)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

NICOTINE ABUSE/DEPENDENCE

CLIENT PRESENTATION

1. **Consistent Nicotine Use (1)***
   A. The client described a history of consistent nicotine use manifested by increased use, tolerance, and withdrawal.
   B. The client acknowledged that they have consistently used nicotine, with an inability to successfully discontinue use.
   C. The client has committed to a plan of abstinence from nicotine use.
   D. The client has maintained total abstinence from nicotine use, which is confirmed by the family.
2. **Inability to Terminate or Reduce Nicotine Use (2)**
   A. The client acknowledged that they have frequently attempted to terminate or reduce use of nicotine but found that they have been unable to follow through.
   B. The client acknowledged that, in spite of negative consequences and a desire to terminate nicotine use, they have been unable to do so.
   C. As the client has participated in a total recovery program, they have been able to maintain abstinence from nicotine.
3. **Physical Indicators (3)**
   A. The client displayed physical indicators (e.g., chronic obstructive lung disease, bronchitis, lung or oral cancer) that reflect the results of heavy nicotine use.
   B. The client acknowledged that the physical problems are related to the pattern of heavy nicotine use.
   C. As the client has participated in the recovery program and has been able to maintain abstinence from nicotine, their physical status has improved.
4. **Denial (4)**
   A. The client presented with denial regarding the negative consequences of nicotine dependence, in spite of direct feedback from others about its negative impact.
   B. The client's denial is beginning to break down, as the client has acknowledged that nicotine dependence has created problems in their life.
   C. The client now openly admits to the severe negative consequences in which nicotine dependence has resulted.
5. **Continued Nicotine Use Despite Problems (5)**
   A. The client has continued to use nicotine in spite of recurring physical, vocational, social, or relational problems that are directly caused by the substance use.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client has denied that many problems in their life are directly caused by nicotine use.
C. The client acknowledged that nicotine use has been the cause of multiple problems in their life and verbalized a strong desire to maintain a life free from using nicotine products.
D. As the client has maintained a nicotine-free lifestyle, some of the direct negative consequences of nicotine use have diminished.
E. The client is now able to face resolution of significant problems in their life, as they have begun to establish a nicotine-free lifestyle.

6. Physical Withdrawal Symptoms (6)

A. The client acknowledged experiencing physical withdrawal symptoms (e.g., nicotine craving, anxiety, insomnia, irritability, depression) when going without nicotine for any length of time.
B. The client's physical symptoms of withdrawal have eased as they have stabilized in maintaining abstinence from nicotine products.
C. There is no further evidence of physical withdrawal.

7. Loss of Control (7)

A. The client frequently consumes greater amounts of nicotine and uses it for greater periods of time than intended.
B. In spite of making promises to self and others to reduce the frequency of nicotine abuse, the client has been unable to consistently fulfill those promises.
C. The client described many instances of thinking that they would use only a little bit of the tobacco/nicotine for a brief time but, instead, became consumed by the desire for nicotine and use was heavy.
D. The client reported that they have not had recent situations in which they lost control of nicotine use.

8. Continued Use of Nicotine Despite Health Problems (8)

A. The client acknowledged having been warned about the negative consequences of nicotine use by a physician.
B. The client is suffering from poor health from nicotine use, but the nicotine use has continued in spite of significant negative consequences.
C. The client's physical health has stabilized and some negative consequences have begun to reverse as they have maintained a life free of nicotine products.

9. Concurrent Addictive Behaviors (9)

A. The client has identified that nicotine dependence is concurrent with other addictive behaviors, and their practice reinforces one another.
B. The client displayed insight into the pattern of reinforcing nicotine dependence with other addictive behaviors and vice versa.
C. As the client has decreased nicotine dependence, other addictive behaviors have decreased as well.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing nicotine dependence symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Refer for Medical Examination (3)**
   A. The client was referred for a thorough medical examination to determine any negative effects related to nicotine dependence.
   B. The client has followed through with obtaining a medical examination and was told that nicotine dependence has produced negative medical consequences.
   C. The client has obtained a medical examination from a physician and has been told that there are no significant medical effects of nicotine dependence.
   D. The client's physician has ordered medications that facilitate withdrawal from nicotine and assist in maintaining abstinence.
   E. The client has not followed through with obtaining a medical examination and was again directed to do so.
4. **Administer Assessment for Nicotine Abuse/Dependence (4)**
   A. The client was administered psychological instruments designed to objectively assess the strength of nicotine abuse/dependence.
   B. The Addiction Severity Index (ASI) was administered to the client.
   C. The Substance Abuse Subtle Screening Inventory–4 (SASSI-4) was administered to the client.

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D. The Fagerstrom Test for Nicotine Dependence (FTND) was administered to the client.
E. The client has completed the assessment of nicotine abuse/dependence symptoms, but minimal symptoms were identified; these results were reported to the client.
F. The client has completed the assessment of nicotine abuse/dependence symptoms, and significant symptoms were identified; these results were reported to the client.
G. The client refused to participate in the psychological assessment of nicotine abuse/dependence symptoms, and the focus of treatment was turned toward this defensiveness.

5. Monitor the Client's Condition During Withdrawal (5)

A. The client's condition was routinely assessed and monitored during withdrawal from nicotine.
B. The client was assessed and was noted to display typical withdrawal problems from nicotine, which they were able to manage without additional intervention.
C. The client was referred for additional medical services because of withdrawal from nicotine.

6. Gather Addictive Behavior History (6)

A. The client was asked to describe their pattern of nicotine use and other addictions in terms of the amount and pattern of use, symptoms of abuse, and negative life consequences that have resulted from addictive behaviors; family history of nicotine abuse was gathered.
B. Active listening was provided as the client openly discussed addictive behavior history and gave complete data regarding its nature and extent.
C. It was reflected to the client that they were minimizing their pattern of addictive behaviors and did not give reliable data regarding the nature and extent of their addiction problems.
D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of nicotine dependence and addiction problems.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

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

11. Refer to Didactics on Nicotine Dependence (11)

A. The client was asked to attend didactic lectures related to nicotine dependence and the negative effects of nicotine.
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 their nicotine dependence; this progress was reinforced.

12. Refer to Didactics on Recovery (12)

A. The client was asked to attend didactic lectures related to nicotine 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 their nicotine dependence; this progress was reinforced.

13. Assign Readings on Etiology and Negative Consequences (13)

A. The client was assigned to read material on nicotine dependence etiology and its negative social, emotional, and medical consequences and to select several key ideas to discuss at a later session.
B. The client was assigned *American Lung Association 7 Steps to a Smoke-Free Life* (Fisher & Koop).
C. The client was assigned *Quitting Smoking for Dummies* (Brizer).
D. The client has read the information provided on nicotine dependency etiology and consequences, and key ideas from that reading were processed.
E. As a result of reading assigned information on nicotine dependence etiology and consequences, the client has demonstrated an increased understanding of nicotine dependence and the process of recovery.
F. The client has not followed through on reading the assigned material about nicotine dependence etiology and consequences and was redirected to do so.

14. Refer to a Nicotine Dependence Recovery Group (14)

A. The client was assigned to attend a nicotine dependence recovery group on a frequent and regular basis in order to gain support for recovery.
B. The client has maintained consistent attendance at nicotine dependence recovery meetings and has reported that the meetings have been helpful; this progress was highlighted.
C. The client has not followed through with regular attendance at nicotine dependence group meetings and was redirected to do so.
D. The client has attended nicotine dependence recovery group meetings; the client reported that they do not find them helpful and was resistive to returning to them; the experience was processed.

15. Direct Group Therapy (15)

A. Today's group therapy session focused on the sharing of causes for, consequences of, feelings about, and alternatives to nicotine dependence.
B. The client participated in group therapy regarding causes for, consequences of, feelings about, and alternatives to nicotine dependence.
C. The client reports greater understanding and support because of mutual sharing about nicotine dependence in group therapy.
D. The client attended group therapy about the causes for, consequences of, feelings about, and alternatives to nicotine dependence but was not significantly involved.

16. List Negative Consequences (16)

A. The client was asked to make a list of the ways in which nicotine dependence has negatively affected their life and to process this list.

B. The client was assigned "Assessing Readiness and Preparing to Quit" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. It was reflected to the client that they have minimized the negative impact of nicotine dependence on their life.
D. The client completed the list of negative impacts of nicotine dependence on their life and was noted to acknowledge the negative consequences that they have experienced.
E. The client has not completed the list of negative impacts upon their life and was redirected to do so.

17. Assign Step 1 Paper (17)

A. The client was assigned to complete a 12-step program's first-step paper admitting to powerlessness over nicotine.
B. The client completed the first-step paper about powerlessness over nicotine and presented it for feedback.
C. The client completed an assigned 12-step program's first-step paper about powerlessness over nicotine, and presented it to the support group for feedback.
D. The client received supportive feedback and reinforcement for the first-step paper about powerlessness over nicotine.
E. The client has not completed the first-step paper and was redirected to do so.

18. Explore Nicotine Use as an Escape (18)

A. Today's session focused on how nicotine was used to escape from stress, physical or emotional pain, and/or boredom.
B. Active listening was provided as the client identified use of nicotine as a way to escape from stress, physical or emotional pain, and/or boredom.
C. The client was confronted about the negative consequences of their pattern of using nicotine as an escape.
D. The client displayed an increased understanding of the negative consequences of using nicotine as an escape; this insight was highlighted.
E. The client rejected the idea of using nicotine as an escape; the client was asked to monitor this dynamic.

19. Probe Negative Emotions (19)

A. The client was probed about the sense of powerlessness, shame, guilt, and low self-worth that has resulted from nicotine abuse and its consequences.
B. Active listening was used as the client endorsed the emotional effects of nicotine abuse and its consequences (e.g., powerlessness, shame, guilt, low self-worth).
C. As treatment has progressed, the client's nicotine abuse and its emotional consequences have decreased.
D. The client was unable to identify the emotional consequences of nicotine abuse; the client was provided with tentative examples.

20. Understand the Factors Contributing to Nicotine Dependence (20)

A. Using the client's biopsychosocial history, the focus of today's session was on understanding the familial, emotional, and social factors that contributed to the development of nicotine dependence.

B. Active listening was used as the client identified the pattern of familial, emotional, and social factors that contributed to the development of nicotine dependence (e.g., modeling effects of older adults, peer pressure, anxiety).

C. The client struggled to identify the familial, emotional, and social factors that contributed to the development of nicotine dependence; tentative examples were provided.

21. List 10 Reasons for Abstinence (21)

A. The client was assigned to write a list of 10 reasons to be abstinent from nicotine dependence.

B. The client completed a list of 10 reasons to be abstinent from nicotine dependence, and this was processed within the session.

C. The client has not completed the list of 10 reasons to be abstinent from nicotine dependence and was redirected to do so.

22. Teach About Honesty Over Dishonesty (22)

A. The client was assisted in identifying a pattern of lying that they have used to hide nicotine use.

B. The client was asked to list 10 lies that they used to hide nicotine use.

C. The client was focused on how honesty is essential to recovery.

D. The client has not developed a list of 10 lies that they told to hide nicotine use and was redirected to do so.

E. The client has struggled with understanding that honesty is essential to recovery; the client was provided with remedial feedback.

23. Teach About a Higher Power (23)

A. The client was presented with information about how faith in a higher power can aid in recovery from nicotine dependence and other addictive behaviors.

B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.

C. The client was encouraged to describe beliefs about the idea of a higher power.

D. The client rejected the idea of a higher power; the client was urged to remain open to this concept.

24. Assign Step 3 Exercise (24)

A. Today's session focused on teaching the client about the 12-step program's Step 3 concept of "turning it over" to a higher power.

B. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was assigned the task of turning over problems to a higher power each day.

D. The client was asked to record the experience of turning problems over to a higher power and to discuss the results.

E. The client reports a decrease in nicotine dependence since they turned problems over to a higher power each day; this progress was highlighted.
F. The client has struggled with the concept and implementation of turning problems over to a higher power; remedial examples were provided.

25. Clarify and Replace Reasons for Nicotine Use (25)

A. The client was assisted in clarifying why they have used nicotine.
B. The client's reasons why they have used nicotine were processed.
C. The client was assisted in identifying adaptive ways to obtain the sought-after results for which nicotine was used (i.e., relaxation).
D. The client reported using alternative constructive techniques to obtain sought-after results; this progress was reinforced.
E. The client has struggled to identify reasons for nicotine use or alternatives to achieve those results; tentative examples were provided.
F. The client did not complete the assignment on self-soothing and was redirected to do so.

26. Explore Motivation (26)

A. Directive, client-centered, empathic, and motivation-enhancing treatment interventions were used.
B. The client was assigned "Assessing Readiness and Preparing to Quit" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client's motivation for change was explored, including whether they are ready to take active steps or would benefit from continued motivational interviewing.
D. Motivational interviewing techniques were used to help develop greater rapport.

27. Use Smoking Cessation Group Therapy (27)

A. The client was referred to a smoking cessation group therapy program.
B. A smoking cessation group therapy program was conducted with the client.
C. Techniques in group therapy were used consistent with *Smoking Cessation With Weight Gain Prevention: Therapist Guide* (Spring).

28. Assign Reading Material (28)

A. The client was assigned reading from workbooks consistent with the treatment approach.
B. The client's workbook assignments and readings were used to support work done in session.
C. Assignments from *Smoking Cessation With Weight Gain Prevention: Client Workbook* (Spring) were used with the client.

29. Implement STAR Strategy (29)

A. The client was taught the STAR strategy involving *setting* a quit date; *telling* family and friends; *anticipating* triggers, urges, and challenges and plans for managing them; and *removing* all nicotine products from the environment.
B. The client displayed an understanding and interest in the STAR strategy.
C. The client has implemented the STAR strategy with success and was reinforced for progress.
D. The client did not implement the STAR strategy, and problem-solving strategies were implemented.

30. Evaluate for Nicotine Replacement Therapy (30)

A. The client was referred to a physician to evaluate the potential efficacy and safety of nicotine replacement therapy.
B. The client was evaluated for the usefulness and safety of nicotine replacement and was encouraged to use such a program.
C. The client was urged to use nicotine replacement gum in conjunction with the smoking cessation program.
D. The client was encouraged to use the nicotine replacement patch in conjunction with the smoking cessation program.
E. The client was evaluated for nicotine replacement therapy, but this was not indicated.
F. The client has not cooperated in an evaluation for nicotine replacement therapy and was redirected to do so.

31. Refer for Psychopharmacological Intervention (31)

A. The client was referred to a prescriber to evaluate the client for a prescription for smoking cessation medications (e.g., Wellbutrin, Zyban, Chantix).
B. The client has followed through on the referral to a prescriber and has been assessed for a prescription of psychotropic medication, but none was prescribed.
C. The client has been prescribed medication to assist in smoking cessation.
D. The client has refused a prescription of medication to assist in smoking cessation.
E. The client's prescriber has continued to monitor and titrate medications.

32. Educate About Medications (32)

A. The client was educated about the use, side effects, and expected benefits of psychotropic medication.
B. The client was provided with written information about the use, side effects, and expected benefits of medications.
C. The client displayed an adequate understanding of the use, side effects, and expected benefits of psychotropic medication and was reinforced for this understanding.
D. The client has displayed a poor understanding of the use, expected benefits, and side effects of psychotropic medications and was provided remedial information in this area.

33. Monitor Medication Side Effects and Effectiveness (33)

A. The client's medications were monitored in regard to the effectiveness of the medication.
B. The client was asked about the experience of side effects from the medication.
C. Medication effectiveness and side effects were communicated to the prescribing clinician.

34. Titrate/Discontinue Medication for Smoking Cessation (34)

A. The client was judged to have had a significant period of time of abstinence from nicotine use.
B. The client was urged to work with the prescriber in order to titrate and discontinue nicotine replacement therapy and/or prescription medications.
C. The client's physician was contacted in order to investigate the opportunity to discontinue medical treatment options for assisting the subject in discontinuing nicotine use.

35. Design a Behavior Modification Program (35)

A. The client was assisted in designing a behavior modification program that targets nicotine abuse and reinforces periods of abstinence.

B. The client identified an understanding of the identified techniques used in a behavior modification program that targets nicotine abuse and reinforces periods of abstinence.

C. The client struggled to identify the concepts related to a behavior modification program and was provided with additional ideas.

36. Encourage Behavioral Substitutes (36)

A. Behavioral substances to nicotine use to manage urges during nicotine taper and after discontinuation were discussed with the client.

B. The client brainstormed healthy alternatives to nicotine use, such as toothpicks, cinnamon sticks, or mints.

C. The client identified and purchased a behavioral substitute with a high likelihood for success.

D. The client has not purchased a behavioral substitute and was encouraged to do so.

37. Use Aversive Techniques (37)

A. The client was instructed to use smoking techniques that have an aversive quality.

B. The client was assisted in identifying aversive smoking techniques.

C. The client was directed in the use of aversive smoking techniques, such as smoke holding, rapid smoking, or aversive imagery.

D. The client has used aversive techniques, and the experience was reviewed.

E. The client has not use aversive techniques and was redirected to do so.

38. Implement a Behavior Modification Program (38)

A. The client was assigned the implementation of a behavior modification program that stipulates rewards for nicotine abstinence and agreed to follow through with it.

B. The client was reinforced in reporting implementation of a behavior modification program and said that it has been successful.

C. The client has not begun to use the behavior modification program and was redirected to do so.

39. Maintain a Behavior Modification Program (39)

A. The client's behavior modification program was reviewed within the session to help maximize success rates.

B. The client's problems with using a behavior modification program were processed and resolved during the session.

C. The client was redirected on steps to change in the behavior modification program.

D. The client has not used the behavior modification program and was redirected to do so.

40. Coach About Mutual Support (40)

A. The client and significant other were coached about how to mutually support each other in smoking cessation.

B. The couple was able to establish guidelines for the ways that each can support the other's smoking cessation.

41. Teach Calming Techniques (41)

A. The client was taught calming techniques (e.g., progressive relaxation, deep muscle relaxation, biofeedback).
B. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was assigned "Self-Soothing: Calm Down, Slow Down" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assigned to relax twice a day for 10 to 20 minutes.
E. The client reported regular use of calming techniques, which has been noted to lead to decreased nicotine use and to decreased urges to engage in other addictive behaviors.
F. The client has not implemented calming techniques and continues to feel quite stressed, using nicotine to relax; the client was redirected to use the calming techniques.

42. Assign Regular Exercise (42)

A. Based on the client's current physical fitness levels, and approval from a physician, an exercise routine was developed, and the client was assigned to implement it consistently.
B. The client was reinforced as they have begun to increase their exercise level by 10% per week.
C. The client has sustained their exercise level to at least three exercise periods per week, maintaining a training heart rate for at least 20 minutes; positive feedback was provided.
D. The client has not followed through on the exercise program and was redirected to do so.

43. Identify Self-Talk (43)

A. Cognitive techniques were used to help the client identify self-talk that triggers anxiety and tension.
B. Cognitive techniques were used to help the client identify self-talk that gives excuses to smoke.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in developing cognitive techniques that facilitate calming, coping, and abstinence from nicotine use.
E. The client was taught techniques such as alternative self-talk and distraction.

44. Develop Affirming Self-Statements (44)

A. The client was assisted in creating a list of affirming self-statements that will build confidence in overcoming the urge to smoke.
B. The client was assigned the exercise "Use of Affirmations for Change" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has developed affirming self-statements, and these were reinforced.
D. The client was provided with additional examples of affirming self-statements.

45. Teach "Surfing the Urge" Technique (45)

A. The client was taught the "surfing the urge" technique as an acceptance-based approach of observing urges.
B. The client was taught to allow urges to come and go rather than trying to suppress or change them.
C. The client identified success in "surfing the urge" and was reinforced for positive use.
D. The client did not find "surfing the urge" to be useful and was taught other techniques to reduce nicotine urges.

46. Teach Healthy Communication Skills (46)

A. The client was taught healthy communication skills (e.g., using "I" messages, reflecting, active listening, empathy, being reinforcing, sharing).
B. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was reinforced as they reported an increase in using healthy communication skills.
D. The client identified that they have regularly been using healthy communication skills (e.g., "I" messages, reflecting, active listening, empathy, being reinforcing, sharing); the client was verbally reinforced.
E. The client has struggled to implement the use of healthy communication skills and was redirected to do so.

47. Refer for or Teach Social Interaction Skills (47)

A. Today's session focused on teaching the client social interaction skills to reduce personal anxiety that triggered nicotine use.
B. The client was referred for teaching social interaction skills.
C. The client was assigned "Restoring Socialization Comfort" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client reported an increased use of social interaction skills, which has been noted to help reduce interpersonal anxiety that has triggered nicotine use.
E. The client continues to struggle with social interaction skills; remedial instruction was provided.

48. Teach Problem-Solving Skills (48)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, how to solve problems in an organized fashion (i.e., write the problem, think accurately, list the options of action, evaluate alternatives, act, monitor, evaluate results).
B. The client was assigned the exercise "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client role-played examples of implementing problem-solving techniques.
D. The client's use of problem-solving techniques in day-to-day situations was processed.
E. The client has not used problem-solving techniques and was redirected to do so.

49. Identify Relapse Triggers (49)

A. The client was assisted, using a relapse prevention exercise, in uncovering triggers for relapse into nicotine use.
B. The client identified several triggers for relapse into nicotine use, which were processed.
C. The client has struggled to identify triggers for relapse; tentative examples were provided.

50. Teach About High-Risk Situations (50)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, positive emotions, testing personal control).
B. The client was assigned the exercise "Addressing Relapse Triggers" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was noted to display an understanding of high-risk situations.
D. The client was assisted in making a written plan to cope with each high-risk situation.
E. As the client has experienced high-risk situations, they report using relapse prevention techniques; success was processed.
F. The client has trouble identifying high-risk situations or plans for coping; tentative examples were provided.
G. The client did not complete the assignment about high-risk situations and was redirected to do so.

51. Teach Coping Skills (51)

A. Modeling, role-playing, and behavioral rehearsal were used to teach the client coping skills that combined preventative and coping techniques.
B. The client was assisted in identifying and avoiding triggers.
C. The client was assisted in learning calming, cognitive challenging, behavioral, and self-control techniques.

52. Teach "5 Ds" Approach (52)

A. The client was taught the "5 Ds" approach to overcome urges for nicotine use: Delay, Do something else, Deep breathing, Drink water, and Doodle.
B. The client implemented the "5 Ds" approach for overcoming urges for nicotine use and was provided with positive feedback.
C. The client did not implement the "5 Ds" approach and was redirected to try this.

53. Assess Satisfaction (53)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

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 their 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 they have become more efficient in their daily routine.
   D. The client reported that the obsessive thoughts are under significant control and they are 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 obsessive thoughts or impulses.
   B. The client described many different failed attempts at learning to control or ignore obsessions.
   C. The client is beginning to experience some success at controlling and ignoring obsessive thoughts and impulses.
3. **Recognize Internal Source of Obsessions (3)**
   A. The client has a poor understanding that obsessive thoughts are a product of their own mind.
   B. The client reported recognizing that the obsessive thoughts are a product of their own mind and are not coming from some outside source or power.
   C. The client acknowledged that the obsessive thoughts are related to anxiety and are not a sign of any psychotic process.
4. **Compulsive Behaviors (4)**
   A. The client described repetitive and intentional behaviors that are performed in a ritualistic fashion.
   B. The client's compulsive behavior pattern follows rigid rules and has many repetitions to it.
   C. The repetitive and intentional behaviors of the client are performed in response to obsessive thoughts.
   D. The client's repetitive and compulsive behavior is engaged in to prevent some dreaded situation from occurring, which the client is often not able to define clearly.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

E. The client's repetitive and compulsive behavior rituals are not connected in any realistic way with what the client is trying to prevent or neutralize.
F. The client's anxiety over some dreaded event has diminished significantly and compulsive rituals have also decreased in frequency.
G. The client has not engaged in any ritualistic behaviors designed to prevent some dreaded situation.

5. Compulsions Seen as Unreasonable (5)

A. The client acknowledged that repetitive and compulsive behaviors are excessive, unnecessary, and unreasonable.
B. The client has a lack of recognition that repetitive and compulsive behaviors are excessive, unnecessary, and unreasonable.
C. The client's recognition of compulsive behaviors as excessive and unreasonable has provided good motivation for cooperation with treatment and follow-through on attempt to change.

6. Preoccupation With Perceived Defects (6)

A. The client described one or more perceived defects or flaws in physical appearance.
B. The client's perceived defects or flaws are not observable or appear to others.
C. The client's preoccupation has resulted in the performance of repetitive behavioral or mental acts in response to perceived defect.
D. The client has recognized their preoccupation with perceived defects or flaws.
E. The client has begun to make changes in their behavior and mental acts in response to the perceived defect.

7. Hoarding (7)

A. The client has hoarded items.
B. The client has persistent difficulty discarding or parting with possessions.
C. The client has a perceived need to save items and the distress associated with discarding them.
D. The client has begun discarding items.
E. The client has experienced less distress when discarding items.

8. Hair Pulling (8)

A. Recurrent pulling out of hair has resulted in the client's hair loss.
B. The client has repeatedly attempted to decrease or stop hair pulling behavior.
C. The client has successfully decreased hair pulling behaviors.

9. Skin Picking (9)

A. Recurrent skin picking has resulted in client's skin lesions.
B. The client has repeatedly attempted to decrease or stop skin picking behaviors.
C. The client has successfully decreased hair pulling behaviors.

10. Addictive Behavior as a Coping Mechanism (10)

A. The client has engaged in a pattern of addictive behavior as a maladaptive coping mechanism.

B. The client's addictive behavior has diminished as they have decreased OCD symptoms.
C. The client reported no longer engaging in addictive behaviors.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing their OCD and related disorder symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess OCD History (3)**
   A. Active listening was used as the client described the nature, history, and severity of obsessive thoughts and compulsive behaviors.
   B. Through a clinical interview, the client described a severe degree of interference in their daily routine and ability to perform a task efficiently because of the significant problem with obsessive thoughts and compulsive behaviors.
   C. The Anxiety Disorders Interview Schedule for DSM-IV (Brown, DiNardo, & Barlow) was used to assess the client's frequency, intensity, duration, and history of obsessions and compulsions.
   D. The client was noted to have made many attempts to ignore or control the compulsive behaviors and obsessive thoughts, but without any consistent success.
   E. It was noted that the client gave evidence of compulsive behaviors within the interview.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

4. Refer to Medical Provider (4)

A. The client was referred to a medical provider for a complete medical examination to rule out medical or substance-induced causes of the OCD or related disorders.
B. The client has complied with the referral for a physical, and specific medical concerns were identified and are now being treated.
C. The client has been evaluated, substance-induced causes were identified for the client's anxiety, and treatment has been focused in this area.
D. The client has completed a medical examination, and medical and substance-induced etiologies were ruled out.
E. The client has not complied with the request for a complete medical examination and was redirected to do so.

5. Assist in Medical Follow-Through (5)

A. The client was assisted in following through on the recommendations from the physical evaluation.
B. The client was assisted in coordinating medications, lab work, or specialized assessments.

6. Conduct Psychological Testing (6)

A. Psychological testing was administered to evaluate the nature and severity of the client's obsessive-compulsive problem.
B. The Yale-Brown Obsessive-Compulsive Scale (Goodman et al.) was used to assess the depth and breadth of the client's OCD symptoms.
C. The Obsessive-Compulsive Inventory—Revised was used to assess the depth and breadth of the client's OCD symptoms.
D. The psychological testing results indicate that the client experiences significant interference in daily life from obsessive-compulsive rituals.
E. The psychological testing indicated a rather mild degree of obsessive-compulsive disorder within the client.
F. The results of the psychological testing were interpreted to the client.

7. Arrange Substance Abuse Evaluation (7)

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

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Refer for Medical Evaluation (12)

A. The client was referred to a prescriber for an evaluation for a medication prescription to aid in the control of their 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 their OCD.
C. The client has failed to comply with the referral to a prescriber for a medication evaluation and was encouraged to do so.

13. Monitor Medication Adherence (13)

A. The client reported taking the psychotropic medication as prescribed; the positive effect on controlling the OCD was emphasized.
B. The client reported complying with the psychotropic medication prescription but that the effectiveness of the medication has been very limited or nonexistent; this information was relayed to the prescribing clinician.
C. The client has not been consistent in taking the psychotropic medication as prescribed and was encouraged to do so.
D. Consultation with the prescribing clinician has been maintained as needed.

14. Assign Self-Monitoring (14)

A. The client was directed to self-monitor in regard to obsessions, compulsions, and triggers.
B. The client was assigned "Analyze the Probability of a Feared Event" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was asked to record thoughts, feelings, and actions taken when they experience obsessions, compulsions, and triggers.
D. The journal information was processed.

15. Convey Biopsychosocial Model (15)

A. Using a biopsychosocial model, the client was assisted in understanding the familial, emotional, and social factors that have contributed to the development of their OCD or related disorder symptoms.
B. A focus was placed on the role of unwanted fear and avoidance in the maintenance of OCD or related disorder symptoms.
C. Active listening was provided as the client verbalized an increased understanding of the factors that have contributed to the development of OCD or related disorder symptoms.

16. Provide Rationale for Treatment (16)

A. The client was provided with a rationale for treatment involving ongoing medication and psychosocial treatment.
B. A discussion was held about the rationale for treatment as an arena to extinguish learned fear, reality-test obsessional fears and underlying beliefs, and build confidence in a new nonavoidant approach to obsessions and compulsions.
C. The client was reinforced for understanding the appropriate rationale for treatment.
D. The client was redirected when displaying a poor understanding of the rationale for treatment.

17. Assign Reading Materials (17)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on the rationale for exposure and ritual prevention therapy.
B. The client was assigned to read psychoeducational chapters of books or treatment manuals for the rationale for cognitive restructuring for OCD and related disorders.
C. The client was assigned to read information from *Getting Over OCD* (Abramowitz).

D. The client was assigned to read information from *The OCD Workbook* (Hyman & Pedrick).
E. The client was assigned to read information from *The BDD Workbook* (Claiborn & Pedrick).
F. The client was assigned to read information from *Treatment for Hoarding-Workbook* (Steketee & Frost).
G. The client has read the assigned material on the rationale for OCD treatment; key points were reviewed.
H. The client has not read the assigned information on the rationale for OCD treatment and was redirected to do so.

18. Explore Schema and Self-Talk (18)

A. The client was assisted in exploring how their cognitive appraisals mediate obsessional fears and compulsions.
B. The client was assisted in generating thoughts that correct for biases.
C. The client was assisted in using rational disputation and behavioral experiments to test fearful versus alternative predictions.
D. The client was reinforced for their insight into cognitive appraisals that support their fears.
E. The client struggled to develop insight into their own cognitive appraisals and was gently offered examples of these concepts.

19. Teach Self-Dialogue Procedure (19)

A. The client was taught self-dialogue techniques to learn to recognize maladaptive self-talk, challenge its bias, cope with engendered feelings, overcome avoidance, and reinforce accomplishments.
B. The client was assigned "Reducing Compulsive Behaviors" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced for use of self-dialogue procedures.
D. The self-dialogue technique has been helpful to the client and has facilitated improvement in reducing OCD issues.
E. The client has found significant obstacles to using self-dialogue procedures and was assisted in problem-solving for these concerns.

20. Assign Exercises on Self-Talk (20)

A. The client was assigned homework exercises in which they identify fearful self-talk and create reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was directed to complete the "Reducing the Strength of Compulsive Behaviors" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for successes at replacing fearful self-talk with reality-based alternatives.

F. The client struggled to replace fearful self-talk with reality-based alternatives and was provided with corrective feedback toward sustained and effective implementation.

21. Discuss Metacognitive Therapy Approach (21)

A. The client was taught about using a metacognitive approach to examine thinking.
B. The client was assisted in developing a more adaptive plan based on new, less threatening metacognitive appraisals.
C. The client was provided with positive reinforcement for use of a metacognitive approach to examining thinking.
D. The client was provided with corrective feedback toward improving their ability to examine thinking

22. Assess Internal and External Cues (22)

A. The client was assessed in regard to the nature of any external cues (e.g., persons, objects, situations) that precipitate the client's obsessions and compulsions.
B. The client was assessed in regard to the nature of any internal cues (e.g., thoughts, images, impulses) that precipitate the client's obsessions and compulsions.
C. The client was assessed for any subtle or obvious safety (avoidant) behaviors, such as reassurance seeking and wearing concealing clothing.
D. The client was provided with feedback about identification of cues.

23. Construct a Hierarchy of Fear Cues (23)

A. The client was directed to construct a hierarchy of feared internal and external cues.
B. The client was assisted in developing a hierarchy of internal and external fear cues.
C. The client has developed a useful hierarchy of feared internal and external cues, and positive feedback was provided.
D. The client has struggled to clearly develop a hierarchy of feared internal and external cues and was provided with additional assistance in this area.

24. Select Likely Successful Imaginal Exposures (24)

A. The client was assisted in identifying initial imaginal exposures with a bias toward those that have a high likelihood of being successful experiences for the client.
B. The client was assigned "Gradually Reducing Your Phobic Fear" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Cognitive restructuring techniques were used during and after the imaginal exposure of OCD cues.
D. The client was provided with feedback about use of imaginal exposures.

25. Assign Cue Exposure Practice (25)

A. The client was assigned a homework exercise in which they repeat the exposure to the internal and/or external OCD cues.
B. The client was instructed to use restructured cognitions between sessions and to record responses.
C. The client was assigned to use "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client's use of the cue exposure homework was reviewed and success was reinforced.
E. Corrective feedback was provided to the client for their struggles in using restructured cognitions during exposure to OCD cues.
F. The client was assisted in using restructured cognitions as described in *Mastery of Obsessive-Compulsive Disorder* (Foa & Kozak).

26. Use ACT Approach (26)

A. Acceptance and commitment therapy (ACT) procedures were applied.
B. The client was assisted in accepting and openly experiencing anxious or obsessive thoughts and feelings, without being overly affected by them.
C. The client was encouraged to commit time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to their symptoms and lifestyle.
E. The client has not engaged well in the ACT approach, and remedial efforts toward engagement were applied.

27. Teach Mindfulness Meditation (27)

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

28. Assign ACT Homework (28)

A. The client was assigned homework situations in which they practice lessons from mindfulness meditation and ACT.
B. The client was assisted in integrating mindfulness meditation and ACT approaches into everyday life.

29. Assign Reading on Mindfulness and ACT (29)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned specific reading from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth & Eifert).
C. The client has read the assigned material, and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

30. Provide Relapse Prevention Rationale (30)

A. The client was assisted in developing a rationale for relapse prevention.
B. The client was focused on identifying risk factors and introducing strategies to prevent them.

31. Differentiate Between Lapse and Relapse (31)

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

32. Discuss Management of Lapse Risk Situations (32)

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

33. Encourage Routine Use of Strategies (33)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was assigned "Identify and Handling Triggers" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
E. The client was redirected about ways to incorporate new strategies into their routine and life.

34. Develop a "Coping Card" (34)

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

35. Schedule "Maintenance Sessions" (35)

A. The client was assisted in scheduling "maintenance sessions" to help maintain therapeutic gains and adjust to life without OCD.
B. Positive feedback was provided to the client for maintenance of therapeutic gains.
C. The client has displayed an increase in OCD symptoms and was provided with additional relapse prevention strategies.

36. Take a Small Step (36)

A. The client was asked to identify objects that are saved or collected (hoarded) because they cannot throw them out or give them away.
B. The client was assigned "Decreasing What You Save and Collect" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was asked to make a commitment to get rid of one small object.
D. The client's feelings were processed after changing behavior and getting rid of one small object.
E. The client was rewarded for their small step toward success of overcoming hoarding and asked to repeat the process.
F. Small steps were repeated toward removing all hoarded items.

37. Explore Unresolved Conflicts (37)

A. As the client's unresolved life conflicts were explored, they verbalized and clarified feelings connected to those conflicts.
B. The client was supported as they identified key life conflicts that raise their anxiety level and intensify the OCD or related disorder symptoms.
C. As the client was helped to clarify and share feelings regarding current unresolved life conflicts, the level of anxiety diminished and the OCD or related disorder symptoms were reduced.
D. The client has been guarded about feelings regarding current life conflicts and was encouraged to be more open in this area.

38. Read/Process Fables (38)

A. *Friedman's Fables* were read with the client to help them gain perspective on unresolved life conflicts.
B. As the client processed the content of the fables, they 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.

39. Encourage Feelings Sharing (39)

A. The client was encouraged, supported, and assisted in identifying and expressing feelings related to key unresolved life issues.
B. As the client shared feelings regarding life issues, they reported a decreased level of emotional intensity around these issues; the client was reinforced for this progress.
C. It was difficult for the client to get in touch with, clarify, and express emotions, as their pattern is to detach from feelings; this pattern was reflected to the client.

40. Assess for Secondary Gains (40)

A. The client was assessed for potential secondary gains that may be contributing to the maintenance of the OCD or related disorder symptoms.
B. The client was asked about secondary gains, such as attention, care-receiving, and avoidance of activity.
C. Secondary gains appear to be evident, and these were directly addressed.
D. It was noted that no secondary gains appeared to be evident.

41. Use Insight-Oriented Approach (41)

A. Insight-oriented approach was used to explore psychodynamics conflicts.
B. Separation/autonomy issues and anger recognition were identified as potential ways in which fear and avoidance might be manifested.
C. Transference in the therapeutic relationship was addressed.
D. Separation and anger themes were worked through in order to develop new abilities to manage these issues.

42. Develop Ritual Interruption (42)

A. The client was helped to develop a ritual of a very unpleasant task that they agree to perform each time they experience obsessive thoughts.
B. The client was assigned "Interrupting Compulsive Thoughts and Urges" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has begun to implement the distasteful ritual at the times of experiencing obsessive thoughts; the experience was reviewed.
D. The client reports that engaging in the distasteful ritual has interrupted the obsessive thoughts and the current pattern of compulsion; progress was reinforced.
E. The client has not used the ritual interruption technique and was reminded to use this helpful technique.

43. Conduct Cognitive Bias Modification Training (43)

A. Cognitive Bias Modification Training was conducted in which the client was asked to shift from interpreting ambiguous scenarios as threat oriented to a more normalized and realistic interpretation.
B. The client was reinforced for being able to interpret scenarios in a more normalized and realistic way.
C. The client was unable to interpret scenarios in more normalized and realistic ways and obstacles were resolved.

44. Create Strategic Ordeal (44)

A. A strategic ordeal (see *Ordeal Therapy* by 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 in overcoming the OCD or related disorder impulses.
C. It was noted that the strategic ordeal has been quite successful at helping the client reduce OCD or related disorder symptoms and feelings of anxiety.

D. The client has not been successful at implementing the strategic ordeal consistently and was encouraged to do so.

45. Develop a Personal Recovery Plan (45)

A. The client was assisted in developing a personal recovery plan that details what they are going to do in recovery to maintain abstinence and to treat obsession issues (e.g., attend recovery groups regularly, make medical visits regularly, take medication as indicated, get a sponsor, attend aftercare, help others).

B. The client has listed several components of a personal recovery plan that will support sobriety and obsession issues (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed and processed.

C. The client described active pursuit of the elements of the personal recovery plan; this progress was reinforced.

D. The client has not followed through on a personal recovery plan and was redirected to do so.

46. Teach Family the Connection Between Obsession Issues and Addiction (46)

A. A family session was held to educate the family and significant others regarding the connection between the client's obsession issues and addiction problems.

B. Family members were encouraged as they expressed their positive support of the client and a more accurate understanding of obsession issues and addictive behavior.

C. Family members were not understanding or willing to provide support to the client, despite increased understanding of obsession issues and addiction problems; they were urged to monitor the client's recovery.

47. Engage Family Members in the Client's Aftercare (47)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize recovery.

B. Family members were reinforced as they expressed their positive support of the client and committed to assisting in recovery.

C. Family members indicated ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery; they were urged to monitor the client's recovery.

48. Assess Satisfaction (48)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OCCUPATIONAL PROBLEMS

CLIENT PRESENTATION

1. **Severe Business Losses (1)***
   A. The client described feelings of inadequacy, fear, and failure secondary to severe business losses.
   B. The client's financial and economic stresses have resulted in feelings of failure and anxiety.
   C. The client reported an increase in addictive behavior since experiencing severe business losses.
   D. The client has begun to develop a sense of empowerment and a plan to overcome recent financial setbacks.
2. **Authority Conflicts (2)**
   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.
3. **Unemployed/Underemployed (3)**
   A. The client reported a pattern of poor work performance and attendance because of addictive behavior.
   B. The client has been fired because of poor work performance and attendance related to addictive behaviors.
   C. The client has been unable to obtain the level of employment they desire because of a pattern of poor work performance and attendance related to addictive behaviors.
   D. As the client's pattern of addictive behaviors has decreased, work performance and attendance have improved, with a commensurate increase in employment.
4. **Stressful Environment (4)**
   A. The client described the experience that their work environment has been too stressful.
   B. The client identified that their stress level, because of the work environment, has led to addictive behavior as a means of escape.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client's pattern of escape from stress through addictive behaviors has decreased as they have 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 experience of stress and a decrease in addictive behavior.

5. Relapse-Prone Environment (5)

A. The client reported a work environment in which coworkers are supportive of addictive behavior.
B. The client identified that the risk for relapse is increased because of the work environment.
C. As the client has made modifications in the work environment, they have experienced a decreased sense of relapse risk.

6. Job Jeopardy (6)

A. The client reported that their job is in jeopardy because of the pattern of addictive behavior.
B. The client has been reprimanded or received written notification of their job being in jeopardy because of the addictive behavior.
C. The client reports that they have been referred for addiction treatment services as an alternative to being fired.
D. As the client's addictive behavior has terminated, job security has increased.

7. Employer Lacks Recovery Understanding (7)

A. The client identified that their employer does not understand addiction or what is required for recovery.
B. The client reported that their employer has created roadblocks to recovery because of the employer's lack of understanding about addiction and recovery issues.
C. The client reported that the employer has become more understanding of the client's addiction concerns and needs for recovery.
D. Despite the employer's lack of understanding about addiction and recovery issues, the client has taken increased responsibility for their own addiction behaviors.

8. Emotional Effects of Retirement (8)

A. The client reported experiencing feelings of loneliness and lack of meaning in life subsequent to retirement.
B. The client acknowledged that emotional struggles with retirement have prompted addictive behaviors.
C. As the client has displayed improved adjustment to retirement, addiction behavior has decreased.

9. Anxiety Because of Job Jeopardy (9)

A. The client reported severe feelings of anxiety related to perceived job jeopardy.
B. The client's perception of job jeopardy has been reversed as they have consulted with the supervisor and have been reassured of job security.
C. The client has begun to develop an alternate plan of action if job jeopardy results in the loss of employment.

10. Interpersonal Conflict (10)

A. The client reported feelings of anxiety and depression secondary to experiencing interpersonal conflict in the work setting.
B. The client has become more withdrawn and isolated within the work environment because of 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 coworkers.

11. Fear of Failure (11)

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, they have developed a sense that failure is right around the corner.
C. The client has begun to accept success as earned and warranted rather than fearing that they will not be able to live up to the expectations.
D. The client is beginning to feel challenged and confident regarding future expectations.

12. Loss of Employment (12)

A. The client reported feelings of anxiety and depression secondary to losing employment.
B. The client has been fired because of poor work performance and a negative attitude.
C. The client has been laid off from employment because of a downsizing within the company.
D. The client's feelings of anxiety and depression related to loss of employment have diminished as they have developed a plan for seeking new employment.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing vocational stress symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assess History of Vocational Stress (3)

A. The client's history of vocational stress was assessed.
B. Perceived sources, client distress and disability, adaptive and maladaptive coping actions, and goals of treatment were assessed in relation to the client's history of vocational stress.

4. Administer Testing (4)

A. Measures assessing the client's stressors and appraisals of stress were administered.
B. The *Derogatis Stress Profile* (Derogatis) was administered.
C. The *Daily Hassles and Uplifts Scale* (Lazarus & Folkman) was administered.
D. The results of the testing were reviewed with the client.

5. Assess Level of Insight (5)

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

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

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

8. Assess Severity of Impairment (8)

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

9. Convey Biopsychosocial Model (9)

A. Using a biopsychosocial model, the client was assisted in understanding the relationship between stress, its management, and the vulnerability toward substance use.
B. Active listening was provided as the client verbalized an increased understanding of the factors that have contributed to the development of stress in the workplace leading to substance use.

10. Identify High-Risk Situation (10)

A. The client was helped to see why their current employment situation poses a high risk for relapse.
B. The client was able to identify high-risk employment situations, such as coworkers' addictions, job dissatisfaction, supervisor conflict, work hours too long, absence from family due to travel, and ethical conflicts.
C. The client denied any employment situations that would pose a high risk for relapse and was reengaged in this discussion.

11. Develop a Personal Recovery Plan (11)

A. The client was assisted in developing a personal recovery plan that details what they are going to do to manage vocational stress (e.g., attend recovery groups regularly, make medical visits regularly, take medication as indicated, get a sponsor, attend aftercare, help others).
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client has listed several components of a personal recovery plan that will support sobriety and obsession issues (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed and processed.
D. The client described active pursuit of the elements of the personal recovery plan; this progress was reinforced.
E. The client has not followed through on a personal recovery plan and was redirected to do so.

12. Assign a Written Action Plan (12)

A. The client was assigned to write a plan for constructive action that contains various alternatives to resolve coworker and supervisor conflict and maximize recovery.
B. The client's action plan was reviewed and processed.
C. The client's action plan for resolving conflict in the employment situation and maximizing recovery was noted to include regular attendance at recovery groups, regular drug testing, management monitoring of the recovery plan, and honesty with management and coworkers.
D. The client has not developed or implemented a written plan for resolving occupational problems and maximizing recovery; the client was redirected to do so.

13. Educate Employer About Recovery (13)

A. A meeting was held with the client and employer to educate the supervisor about addiction and to gain support for the client's treatment and recovery.
B. The client's employer indicated an increased understanding of the client's addiction problems and recovery needs; this insight was reinforced.
C. The client reports that their employer is much more supportive of recovery; this progress was celebrated.
D. The client was supported as they reported that their employer is not supportive of recovery.

14. Teach Abstinence Skills (14)

A. The client was taught the skills that are necessary to remain abstinent in the current work environment (e.g., honesty with management and coworkers, regular recovery group meetings, using a sponsor, eliciting the support of management, continued treatment).
B. The client displayed understanding of the skills that are necessary to remain abstinent in the current work environment; this insight was reinforced.
C. The client reported implementation of skills for remaining abstinent in the work environment; this progress was celebrated.
D. The client reported decreased addictive behavior because of implementation of abstinence skills related to the work environment; success was highlighted.
E. The client has not used the pattern of abstinence skills for the work environment and was redirected to do so.

15. Refer for Medical Evaluation (15)

A. The client was referred to a prescriber for an evaluation for a medication prescription.
B. The client has followed through with the referral for a medication evaluation and has been prescribed psychotropic medication.

C. The client has failed to comply with the referral to a prescriber for a medication evaluation and was encouraged to do so.

16. Monitor Medication Adherence (16)

A. The client reported taking the psychotropic medication as prescribed.
B. The client reported complying with the psychotropic medication prescription but that the effectiveness of the medication has been very limited or nonexistent; this information was relayed to the prescribing clinician.
C. The client has not been consistent in taking the psychotropic medication as prescribed and was encouraged to do so.
D. Consultation with the prescribing clinician has been maintained as needed.

17. Use Cognitive-Behavioral Approach (17)

A. A cognitive-behavioral approach was used to alleviate stress and achieve personal goals.
B. A functional assessment of the occupational problem was conducted, including the contribution of the work environment, the client, and their interaction.
C. Current coping strategies, including substance use as a stress manager/emotional regulator, was assessed.
D. The results of the functional assessment of the stressful problem were reviewed with the client.

18. Conceptualize Stress (18)

A. The client was assisted in conceptualizing stress and its various components.
B. The client was assisted in identifying the role of cognitive, emotional, physiological, and behavioral factors in the conceptualization of stress.
C. The conceptualization of the stress was tied into the rationale for treatment.

19. Use Cognitive-Behavioral Techniques (19)

A. The client was trained to develop tailored personal and interpersonal skills to facilitate adaptation and management of stress.
B. Techniques such as instruction, modeling, practice, rehearsal, graduated application, and generalization were used to train the client in tailored personal and interpersonal skills.
C. The client was taught calming/relaxation, cognitive, coping, social/communication, and problem-solving skills.
D. The client has internalized many of the skills and was provided with positive feedback.
E. The client has struggled to internalize many of the skills and was provided with remedial assistance.

20. Apply Skills in Challenging Situations (20)

A. The client was provided with exercises in which they apply newly learned skills in increasingly challenging stressful situations.
B. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

C. The client was assigned "Plan Before Acting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client was assisted in reviewing the application of skills in increasingly challenging stressful situations, and successes were reinforced.
F. Obstacles toward sustained and effective use of skills were addressed with the client.

21. Do Relapse Prevention Training (21)

A. The client was assisted in identifying factors that might contribute to relapse and how to prepare for these factors.
B. The client was assisted in differentiating between a lapse and a relapse.
C. The client was assisted in rehearsing the management of high-risk situations.
D. The client was encouraged to use skills learning in therapy on a continuous, daily application.

22. Assign a Written Action Plan (22)

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 was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's action plan was reviewed and processed.
D. 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.
E. The client has not developed a written action plan to resolve coworker or supervisor conflict and was redirected to do so.

23. Role-Play Social Skills (23)

A. Role-playing, behavioral rehearsal, and role reversal were used to teach the client social skills that would increase the probability of positive encounters within the employment situation.
B. The client was reinforced for reporting interpersonal encounters that promoted harmony with coworkers and supervisors.
C. The client was recommended to read *Working Anger: Preventing and Resolving Conflict on the Job* (Potter-Effron).
D. The client has read the assigned material on preventing working place conflict, and key concepts were reviewed.
E. The client has not read the assigned material on preventing workplace conflict and was redirected to do so.

24. Train in Assertiveness Skills (24)

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 assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for implementing assertiveness that increased effective communication of needs and feelings without aggression or defensiveness.
E. The client has not used assertiveness skills and was reminded to use these helpful skills.

25. Conduct Problem-Solving Therapy (25)

A. Techniques such as psychoeducation, modeling, and role-playing were used to teach the client problem-solving skills.
B. The client was taught to define a problem, generate solutions, weigh the possible solutions, select and implement a plan of action, evaluate and then accept or revise the plan.
C. The client was assisted in role-playing application of the problem-solving skill to a real-life issue.
D. The client was assigned the homework exercise "Applying Problem Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

26. Teach Realistic Cognitive Messages (26)

A. The client was trained in more realistic, adaptive cognitive messages.
B. The client was supported in identifying specific, realistic, adaptive 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.

27. Assign a Journal of Self-Defeating Thoughts (27)

A. The client was assigned to keep a daily record of self-defeating thoughts.
B. The client was encouraged to complete the exercise "Journal and Replace Self-Defeating Thoughts," "Positive Self-Talk," or "A Vocational Action Plan" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's record of self-defeating thoughts was reviewed, including those that reflected hopelessness, worthlessness, fear of rejection, catastrophizing, and negative predictions of the future.
D. The client was 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.

28. Clarify Emotional Reactions (28)

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 the expression of emotions related to the vocational stress and was encouraged to be more open as they feel capable of doing so.

29. Identify Distorted Cognitions (29)

A. The client was helped to identify the biased self-talk and beliefs that are connected with feelings of vocational stress.
B. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was supported in being able to use cognitive restructuring to challenge and change maladaptive biased thoughts to more adaptive alternatives.
D. The client was assisted in using cognitive restructuring to challenge and change maladaptive biased thoughts to more adaptive alternatives.

30. Conduct Behavioral Experiments (30)

A. The client was assisted in developing behavioral experiments that will test biased and alternative expectations/predictions.
B. The client was assisted in implementing behavioral experiments to test biased and alternative beliefs.
C. The client was assisted in reviewing the experience of behavioral experiments; the client was reinforced for successes.
D. The client has struggled to conduct behavioral experiments, and obstacles to implementation were resolved.

31. Teach Calming/Relaxation Skills (31)

A. The client was taught calming and relaxing skills.
B. The client was taught applied relaxation, progressive muscle relaxation, cue controlled relaxation, mindful breathing, and biofeedback techniques.
C. The client was taught about discriminating better between relaxation and tension.
D. The client was taught to apply relaxation skills to daily life.
E. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
F. The client was taught how to apply calming and relaxing skills to daily life to replace substance use.

32. Assign Practice of Relaxation (32)

A. The client was assigned homework tasks in which they practice relaxation exercises on a daily basis.
B. The client was taught to gradually apply relaxation techniques from non-stress-provoking to stress-provoking situations.
C. The client was assigned "Gradually Reducing Your Phobic Fear" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in reviewing and reinforcing successes in the use of relaxation exercises.
E. The client was provided with corrective feedback toward improvement of overcoming barriers to using relaxation on a regular basis.

33. Assign Progressive Muscle Relaxation Reading Material (33)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies.

B. The client was assigned to read *The Relaxation and Stress Reduction Workbook* (Davis et al.).
C. The client was advised to read *The Daily Relaxer* (McKay & Fanning).
D. The client has read the assigned material on relaxation and calming strategies, and key concepts were reviewed.
E. The client has not read the assigned material on relaxation and calming strategies and was requested to do so.

34. Refer to Supported Employment (34)

A. The client was referred to a supported employment program to build occupational skills and improve overall functioning and quality of life.
B. The client has engaged in the supported employment, and the experience was reviewed.
C. The client has not engaged in the supported employment program and was redirected to do so.

35. Support Job Change (35)

A. The client was assisted in accepting the need to change jobs—to employment that would be more supportive of recovery.
B. The client was helped to process emotional reactions to the idea of changing jobs to employment that would be more supportive of recovery.
C. The client verbalized acceptance of the need to change jobs and was supported in the decision.
D. The client was assigned "Interest and Skill Self-Assessment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma); responses in this area were reviewed.
E. The client has implemented the decision to change jobs and was reinforced for follow-through.
F. The client does not accept changing jobs as a viable alternative for recovery needs, and this was accepted.

36. Clarify Work Conflicts (36)

A. The client was asked to describe the nature of conflicts with coworkers and/or supervisor.
B. The client was assigned "Workplace Problems and Solutions" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was supported in describing the history and nature of the conflicts with coworkers.
D. The client was rather guarded about the pattern of work conflicts and was gently offered examples of how people experience vocational stress and work conflict.

37. Identify Client Role in Conflict (37)

A. The client was helped to identify their 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 their own role within the conflict with coworkers rather than projecting all of the blame and responsibility onto others.
D. The client denied any role in the conflict and was gently offered examples about how they may play a role.

38. Explore Personal Problems (38)

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 their personal life that are having a negative influence on 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 personal problems in order to improve the employment situation.

39. Explore Family Patterns of Conflict (39)

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 their 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 the client has addressed family-of-origin conflicts.
D. The client denied any pattern of family-of-origin conflict that might affect work setting problems and was provided with tentative examples of these types of dynamics.

40. Explore Interpersonal Conflict Patterns (40)

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 they have 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 their style of interacting with others to reduce interpersonal conflict generally.

41. Confront Projection of Responsibility (41)

A. The client was confronted for projecting responsibility for their 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 their own behavior, feelings, and role in the conflict.

42. Reinforce Responsibility Acceptance (42)

A. The client was reinforced for accepting responsibility for feelings and behavior without projecting responsibility for them onto others.

B. As the client accepted responsibility for their own behavior and feelings, the client was reinforced for identifying behavioral changes that they could make to improve the employment situation.

43. Explore Vocational Stress Effects (43)

A. The client was helped to explore the effects that vocational stress has had on self and relationships with significant others.
B. The client was supported for acknowledging that vocational stress has had a serious negative effect on self and relationships with others.
C. The client was helped to develop a plan to reduce vocational stress through a change in employment actions or a change of employment.
D. The client denied any effects of vocational stress on self or relationships with significant others and was provided with tentative examples of how this often occurs.

44. Facilitate Family Therapy (44)

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 their responsibility for the current employment conflicts.

45. Explore Employment Termination Causes (45)

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 termination that were beyond their control and, therefore, not their responsibility.
C. The client was reinforced for verbalizing and understanding the circumstances that led up to being terminated from employment, including those that may have been beyond their control.

46. Probe Childhood History (46)

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 fear of failure.
C. The client was assisted in working through childhood experiences that have contributed to feelings of inadequacy.
D. The client denied any effect that childhood experiences had on current feelings of inadequacy and was provided with tentative examples of how this sometimes occurs.

47. Develop Positive Self-Talk (47)

A. The client was assisted in developing a list of realistic, positive statements about self.
B. The client was assigned the homework exercise "Positive Self Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was recommended to read *The Self-Esteem Companion* (McKay et al.).
D. The client was reinforced for realistic self-appraisals of success and failures in the workplace.

48. List Accomplishments and Support System (48)

A. The client was assisted in listing their positive traits, talents, and accomplishments.
B. The client was assigned the homework exercise "What Are My Good Qualities?" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was asked to list all those who care for, respect, and value them and who are there for them as a part of an ongoing social support network.
D. The client was encouraged in a view of self as capable, likable, and of value, based upon previous successes and current affirmations from a social support network.

49. Teach Alternate Evaluation of Self (49)

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 self-worth apart from vocational success.

50. Teach About a Higher Power (50)

A. The client was presented with information about how faith in a higher power can aid in recovery from occupational problems and addictive behaviors.
B. The client was assisted in processing and clarifying ideas and feelings about their higher power.
C. The client was encouraged to turn their will and life over to the care of a higher power of their own understanding.
D. The client described a sense of relief and empowerment by turning occupational problems, addiction, will, and life over to the care of a higher power; this progress was reinforced.
E. The client rejected the idea of a higher power as a way to resolve addiction, anxiety, and other unmanageable problems; the client was urged to remain open to this need.

51. Use Step 3 Exercise (51)

A. The client was taught a 12-step program's third step, focusing on how to turn occupational problems over to a higher power.
B. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 3 exercise and insights were reviewed.
D. The client has not completed the Step 3 exercise and the reasons for this resistance were processed.
E. The client was taught about trusting that a higher power is going to help resolve the situation.
F. The client has begun to turn occupational problems over to a higher power and is noted to be more trusting that the higher power is going to help resolve the situation.

G. The client rejected the idea of turning occupational problems over to a higher power and does not feel that this practice will be helpful in resolving problems; the client was urged to remain open to this need.

52. Explore Feelings About Retirement (52)

A. The client's feelings about retirement were explored.
B. The client was assisted in expressing and clarifying feelings regarding the changes that will occur when they retire.
C. The client's emotional experience of retirement was processed.
D. The client was assisted in resolving the feelings associated with retirement.

53. Engage in Constructive Activities (53)

A. The client was assisted in developing a list of constructive activities in which they can engage in order to replace addictive behavior.
B. The client was offered examples of constructive activities that will replace addictive behavior (i.e., volunteering, hobbies, exercise, special-interest groups, 12-step recovery program meetings, continuing education, religious involvement).
C. The client has developed specific plans for replacing addictive behavior with constructive activities, and this progress was reinforced.
D. The client has been noted to engage in alternative activities that replace the addictive behavior, and the benefits of such progress were reviewed.
E. The client has not replaced addictive behaviors with constructive activities and was redirected to do so.

54. Develop Job Search Plan (54)

A. The client was assisted in developing a written plan for attainable objectives in a job search.
B. The client was recommended to read *What Color Is Your Parachute? A Practical Manual for Job Hunters and Career-Changers* (Bolles).
C. The client was supported and reinforced for implementation of a job search plan.
D. The client was encouraged to share feelings of fear, frustration, and disappointment as they have engaged in the job search process.
E. The client has not developed or implemented a job search plan and was reminded to do so.

55. Teach Job Search Networking (55)

A. The client was taught to use want ads and networking with friends and family to seek out job opportunities.
B. The client was recommended to read *Fearless Job Hunting: Powerful Psychological Strategies for Getting the Job You Want* (Knaus, Klarreich, Greiger, & Knaus).
C. The client was encouraged while beginning the job search process and used a networking procedure.
D. The client has not used job search networking techniques and was reminded to implement these techniques.

56. Assign Job Search Support Classes (56)

A. The client was assigned to attend a class that teaches job searching skills.
B. It was recommended that the client 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.

57. Monitor Job Search Process (57)

A. The client was supported and encouraged while engaging in the job search experience.
B. The client was encouraged to share 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.

58. Develop an Aftercare Plan (58)

A. The client was assisted in developing an aftercare plan that details what they are going to do to prevent or manage vocational stress and prevent relapse of addictive behavior (e.g., attend recovery groups regularly, getting a sponsor, continuing therapy).
B. The client has listed several components of an aftercare plan that will support sobriety and vocational stress; this list was reviewed and processed.
C. The client described active pursuit of the elements of the aftercare plan; this progress was reinforced.
D. The client has not followed through on developing an aftercare plan and was redirected to do so.

59. Discuss Occupational Problems/Addiction Connection With Family (59)

A. A family session was held to educate the client's family and significant others regarding the connection between occupational problems and addictive behavior.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of the client's occupational and substance-abuse problems; this progress was reinforced.
C. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's occupational problems and addiction problems; they were redirected in this area.

60. Engage Family Members in Aftercare (60)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members expressed their positive support of the client and committed to assisting in recovery; this progress was reinforced.
C. Family members indicated their ongoing emotional displeasure with the client and did not indicate a commitment to support recovery; they were encouraged to monitor the client's progress in recovery.

61. Assess Satisfaction (61)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OPIOID USE DISORDER

CLIENT PRESENTATION

1. **Impairment or Distress Owing to Opioid Use (1)***
   A. The client demonstrates a regular pattern of opioid use.
   B. The client's opioid use has led to a pattern of significant impairment.
   C. The client's opioid use has created a pattern of distressful symptoms.
   D. As treatment has progressed, the client's pattern of opioid use has significantly decreased.
   E. The client has discontinued use of opioids and reports improved mental and physical status.
2. **Increased Tolerance (2)**
   A. The client described a pattern of increasing tolerance for the opioid, as they have needed to use more of it to obtain the desired effect.
   B. The client described a steady increase in the amount and frequency of opioid use as their tolerance for it has increased.
3. **Physical Withdrawal Symptoms (3)**
   A. The client acknowledged experiencing physical withdrawal symptoms characteristic of opioid use disorder.
   B. The client's physical symptoms of withdrawal have eased as they have stabilized and maintained abstinence.
   C. There is no further evidence of physical withdrawal symptoms.
4. **Persistent Desire to Reduce Opioid Use (4)**
   A. The client frequently indicates that they would like to decrease or discontinue opioid use.
   B. The client acknowledged frequent attempts to terminate the use of opioids but found that they have been unable to follow through.
   C. The client acknowledged that despite the negative consequences and a desire to terminate opioid use, they have been unable to do so.
   D. As the client has participated in a total recovery program, they have been able to maintain abstinence from opioid use.
5. **Excessive Time Investment (5)**
   A. The client described expending an excessive investment of time and effort in order to obtain, use, or recover from the use of opioids.
   B. The client has suspended other important activities in order to participate in opioid use.
   C. As the client has stabilized in a recovery program, they have discovered a large amount of time to give to constructive activities.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. **Suspension of Activities (6)**
   A. The client has suspended involvement in important social, occupational, and recreational activities because of opioid use.
   B. The client is beginning to recognize that all other aspects of life became secondary to the primary object of obtaining and using opioids.
   C. The client is resuming social, occupational, and recreational activities as they become established in the recovery lifestyle.
7. **Illegal Activity (7)**
   A. The client frequently engages in illegal activity to support the opioid habit.
   B. The client engages in prostitution in order to financially support the opioid habit.
   C. The client frequently steals in order to finance the opioid habit.
   D. The client engages in illicit drug sales in order to finance the opioid habit.
   E. As the client has established a regular pattern of recovery, involvement in illegal activity has substantially decreased.
8. **Persistent Opioid Abuse Despite Problems (8)**
   A. The client has continued to abuse opioids in spite of recurring financial, legal, social, vocational, medical, familial, and self-esteem consequences.
   B. The client denied that the problems in their life are directly caused by opioid use.
   C. The client acknowledged that opioid use has been the cause of multiple personal problems and verbalized a strong desire to maintain a life free from using opioids.
   D. As the client has maintained sobriety, the direct negative consequences of opioid use have diminished.
   E. The client is now able to face resolution of significant problems in their life, as they have established sobriety.
9. **Opioids Used to Manage Pain (9)**
   A. The client reported often using opioids in order to manage chronic pain.
   B. The client began using opioids to manage chronic pain, but as use continued, the client became addicted to the substance, regardless of physical pain concerns.
   C. As treatment has progressed, the client has decreased the use of opioids for pain management.
   D. The client has terminated use of opioids for pain management.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing opioid use symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.

*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Refer for Medical Evaluation (3)

A. The client was referred for a thorough medical evaluation to determine any negative medical affects related to opioid abuse.
B. The client was tested for HIV, hepatitis, and sexually transmitted diseases.
C. The client has followed through with obtaining a medical evaluation and was told that opioid use has produced negative medical consequences.
D. The client has obtained a medical evaluation and has been told that there are no significant medical effects of opioid use.
E. The physician assessed the client for use of methadone and buprenorphine to reduce craving for opioids.
F. The client has been prescribed medications to reduce craving for opioids.
G. The client has not followed through with obtaining a medical evaluation and was redirected to do so.

4. Refer to Maintenance/Withdrawal Program (4)

A. The client was referred to a pharmacologically based maintenance/withdrawal program that has medical supervision.
B. The client was referred to a methadone maintenance program.
C. The client was referred to a buprenorphine program.
D. The client has entered a pharmacologically based maintenance/withdrawal program, and their experience in this program was reviewed.
E. The client has not followed through on a pharmacologically based maintenance/withdrawal program and was redirected to do so.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

8. Assess Severity of Impairment (8)

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

9. Refer to Prescriber (9)

A. The client was referred to a prescriber who will assess the client for mental health conditions that are co-occurring with opioid use and may require medication as part of the treatment plan.
B. The client has followed through with the referral to a prescriber and has begun recommended medications.

C. The client has resisted the referral to a prescriber or medication use, and these obstacles were resolved.

10. Monitor Medications (10)

A. The client was encouraged to maintain contact with the prescribing clinician in order to monitor medications.

B. The effectiveness of medications was reviewed with the client and prescribing clinician.

C. The client has not maintained contact with the prescribing clinician and was redirected to do so.

11. Assess and Monitor Withdrawal (11)

A. During the client's period of withdrawal, they were consistently assessed and monitored using a standardized procedure.

B. The Clinical Opiate Withdrawal Scale (COWS) was used to monitor the client's period of withdrawal.

12. Administer Psychological Instruments (12)

A. The client was administered psychological instruments designed to objectively assess the depth of opioid use disorder.

B. The Substance Use Disorders Diagnostic Schedule–IV (SUDDS-IV) was administered to the client.

C. The Substance Abuse Subtle Screening Inventory–4 (SASSI-4) was administered to the client.

D. As the client progressed through the process of withdrawal, the client was provided medically appropriate treatment as needed.

E. The client did not need any specific medical treatment to complete withdrawal.

F. The client has been noted to complete withdrawal.

G. The Brunnsviken Brief Quality of Life Scale (BBQ) was administered regularly with the client to assess and discuss treatment progress.

13. Obtain Biopsychosocial History (13)

A. A complete family and personal biopsychosocial history was obtained.

B. Specific information from the family and a client history was obtained, with a focus on addiction (e.g., family history of addiction and treatment, other substances used, progression of substance abuse, consequences of abuse).

C. The results of the biopsychosocial history were reviewed with the client.

14. Assign Didactics Regarding Effects of Chemical Dependence (14)

A. The client was assigned to attend a chemical dependence didactic/psychoeducational series to increase knowledge of the patterns and effects of chemical dependence.

B. The client was asked to identify in writing several key points obtained from the didactic/psychoeducational lectures.

C. Key points from the didactic/psychoeducational lectures that were noted by the client were processed in individual sessions.

D. The client has become more open in acknowledging and accepting chemical dependence.

15. Urge Group Attendance (15)

A. The client was urged to attend an Alcoholics Anonymous or Narcotics Anonymous (AA/NA) group with the support of a sponsor.
B. The client was recommended a group experience with Self-Management and Recovery Training (SMART Recovery) that uses cognitive-behavioral therapy (CBT) and motivational interviewing.
C. The client has followed through with consistent attendance to group therapy and reports that the meetings have been helpful.
D. The client has not followed through on regular attendance to group therapy and was redirected to do so.
E. The client has attended group therapy meetings but reports that they do not find them helpful and is resistant to returning to them.

16. Assign Addiction Education Material (16)

A. The client was asked to read material on addiction to increase awareness of the process of addiction and recovery.
B. The client was assigned *Willpower's Not Enough* (Washton), *The Addiction Workbook* (Fanning), or *Narcotics Anonymous* (World Service Office).
C. The client was asked to identify five key points from the material that was assigned on addiction.
D. Key points from the addiction material that was read were discussed.
E. The client has not read the assigned reading material on addiction and was redirected to do so.

17. Teach Five A's (17)

A. The client was taught about the Five A's of successful treatment, including Adherence to medication, Abstinence from illicit drugs, Attendance at treatment appointments, Alternative pleasant activities to drug use, and Accessing support from drug-free friends and family.
B. The client was reinforced for understanding and use of the Five A's of successful treatment.
C. The client struggled to use the Five A's of successful treatment, and obstacles were addressed.

18. Assign Incentivized Group Therapy (18)

A. The client was assigned to attend a group therapy program.
B. Contingency management practices were used in which the client was provided with an incentive reward for attendance, participation, and drug-free urine tests.
C. The client has participated in incentivized group therapy and was reinforced for this positive activity.
D. The client has not attended incentivized group therapy and was redirected to do so, noting the positive rewards.

19. Direct Group Therapy (19)

A. Group therapy sessions were provided that facilitated the sharing of, causes for, consequences of, feelings about, and alternatives to addiction.

B. The client participated in group therapy sessions, sharing information about the causes, consequences, and feelings about addiction.
C. The client has attended group therapy sessions focused on addiction issues but has not actively participated by sharing thoughts and feelings.
D. The client has not attended group therapy sessions and was redirected to do so.

20. Assign First-Step Paper (20)

A. The client was assigned to complete an NA first-step paper and to share it with the group and the therapist.
B. The client completed a first-step paper that acknowledged that addictive behavior has dominated their life.
C. The client has failed to complete the first-step paper and was redirected to do so.

21. List Negative Consequences (21)

A. The client was asked to make a list of the ways in which addiction has negatively affected their life and to process this list toward increasing the client's commitment to stay in treatment.
B. The client was assigned "Substance Abuse Negative Impact Versus Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has completed the list of negative impacts of addictive behaviors on their life and has acknowledged the negative consequences they have experienced.
D. The client has minimized the negative impact of addictive behavior on their life.
E. The client has not completed the list of negative impacts upon their life and was redirected to do so.

22. Explore Addiction as an Escape (22)

A. The client's use of opioid abuse as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client acknowledged using opioid abuse has functioned as an escape from stress, emotional pain, and/or boredom.
C. The client discussed negative consequences of the pattern of escapism toward creating a rationale for learning alternative prevention and coping strategies.
D. The client reported decreased opioid abuse as a way to escape stress, emotional pain, and/or boredom.
E. The client denied the idea that opioid abuse has been used as an escape from stress.

23. Probe Guilt and Shame Issues (23)

A. The client was probed for negative emotions and beliefs such as a sense of shame, guilt, and low self-worth that has resulted from opioid abuse and its consequences.
B. The client was taught the use of CBT techniques to address identified thoughts and feelings.
C. The client reported significant patterns of negative emotions and beliefs because of opioid abuse and its consequences.
D. The client denied any pattern of shame, guilt, and low self-worth.

24. List Reasons for Abstinence (24)

A. The client was asked to make a list of at least 10 positive effects that abstinence from opioid abuse could have on their life.
B. The client was assigned "Making Change Happen" or "A Working Recovery Plan" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client made a list of positive effects of abstinence from opioid abuse, and this list was processed and reinforced.
D. The client was assisted in making a list of positive effects of abstinence from opioid abuse, and this list was processed and reinforced.
E. The client has not made a list of positive effects of abstinence from opioid abuse and was redirected to do so.
F. The client has not completed the assignments about reasons to be abstinent from addiction and was redirected to do so.

25. Review Dishonesty and Opioid Abuse/Dependence (25)

A. The client was guided in discovering the dishonesty that goes along with opioid abuse and that honesty is necessary for recovery.
B. The client was asked to identify 10 lies that they have told to hide opioid abuse.
C. The client developed a list of lies that they have told to hide opioid abuse, and these were reviewed.
D. The client acknowledged a pattern of dishonesty, which has supported their opioid abuse behavior, and reported increased honesty during recovery.
E. The client denied any pattern of dishonesty to hide opioid abuse.

26. Teach About a Higher Power (26)

A. The client was presented with information on how faith in a higher power can aid in recovery from opioid abuse and addictive behaviors.
B. The client was assisted in processing and clarifying their own ideas and feelings about their higher power.
C. The client was encouraged to describe beliefs about their higher power.
D. The client was noted to reject the concept of a higher power.

27. Conduct Motivational Interviewing (27)

A. Motivational enhancement therapy or motivational interviewing techniques were used to help assess the client's stage of change.
B. The client was assisted in identifying their stage of change regarding opioid use.
C. The client was assisted in moving toward making a commitment to change.
D. The client was noted to be participating actively in treatment.

28. Assign AA/NA Member Contact (28)

A. The client was assigned to meet with an AA/NA member who has been working the 12-step program for several years to find out specifically how the program has helped them 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; the experience was processed.
D. The client has not followed through on meeting with an AA/NA member and was redirected to do so.

29. Identify Sobriety Expectations (29)

A. The client was asked to write out their basic expectations regarding sobriety.
B. The client has identified specific expectations that they have regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.
C. As the client has been assisted in developing a more realistic expectation regarding sobriety, they have felt more at ease and willing to work toward sobriety.
D. The client has not identified expectations regarding sobriety and was redirected to do so.

30. Encourage Sobriety Despite Relapses (30)

A. Although the client has relapsed, they were refocused on the need for substance abuse recovery and on the need for sobriety.
B. As the client has received continued support for recovery and sobriety despite relapses, they have become more confident regarding their chances for success.
C. The client lacks confidence in their ability to obtain recovery and sobriety because of a pattern of relapses; this pessimism was challenged and processed.

31. Develop Abstinence Contract (31)

A. The client was assigned to write an abstinence contract regarding their drug of choice as a means of terminating emotional and cognitive involvement with that drug.
B. The client has followed through with writing the abstinence contract for their drug of choice, and the contents of it were processed.
C. The client's feelings about writing an abstinence contract for the drug of choice were processed.
D. The client reported feeling some sense of relief at breaking emotional ties with their drug of choice; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned abstinence contract for their drug of choice and was redirected to do so.

32. Implement an Abstinence Contingency Management System (32)

A. A prize-based contingency management system for drug-free living was implemented.
B. The client was provided with specific rewards for drug-negative urine samples.
C. The client's contingency rewards were gradually increased with continued abstinence.

33. Implement an Attendance Contingency Management System (33)

A. A prize-based contingency management system for drug-free living through treatment attendance was implemented.
B. The client was provided with specific rewards for continuing attendance in treatment.
C. The client's contingency rewards were gradually increased with continued treatment attendance.

34. Review Negative Peer Influence (34)

A. A review of the client's negative peers was performed, and the influence of these people on 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 chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on their own recovery (e.g., sobriety buddies).
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 recovery; they were 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 in recovery and was reminded about this important facet of recovery.

35. Plan Social and Recreational Activities (35)

A. A list of social and recreational activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced in agreeing 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 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 their life but was encouraged to begin with small changes in this area.

36. Plan Household, Work-Related, and Free-Time Activities (36)

A. A list of household, work-related, and free-time activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced while agreeing to begin involvement in new activities that will replace substance abuse–related activities.
C. The client has begun to make changes in household, work-related, and free-time 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 activities that have previously been a strong part of their life but was encouraged to begin with small changes in this area.

37. Evaluate Living Situation (37)

A. The client's current living situation was reviewed as to whether it fosters a pattern of substance use.
B. The client was supported as they agreed that their current living situation does encourage continuing substance use.
C. The client could not see any reason why their current living situation would have a negative effect on substance use recovery; the client was provided with tentative examples in this area.

38. Encourage a Change in Living Situation (38)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster chemical dependence recovery.
B. The client was reinforced as they found a new living situation that is free from the negative influences that the current living situation brings to chemical dependence recovery.
C. The client is very resistive to moving from their current living situation; the client was assisted in processing this resistance.

39. Identify Sobriety's Positive Family Effects (39)

A. The client was assisted in identifying the positive changes that will occur within family relationships because of chemical dependence recovery.
B. The client was assigned "Alternatives to Addictive Behavior" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client reported that their family is enjoying a reduction in stress and increased cooperation since chemical dependence recovery began; the client's reaction to these changes was processed.
D. The client was unable to identify any positive changes that have occurred or could occur within family relationships as a result of chemical dependence recovery and was provided with tentative examples in this area.

40. Reinforce Making Amends (40)

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 the plan to make amends to those who have been hurt by their substance abuse was reviewed.
D. The client reported feeling good about the fact that they have begun to make amends to others who have been hurt by their substance abuse; this progress was reinforced.
E. The client has not followed through on making amends to others who have been negatively affected by their pattern of substance abuse and was reminded to do so.

41. Obtain Commitment Regarding Making Amends (41)

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 in making a verbal commitment to make initial amends now and to make further amends as they work 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.

42. Refer for Couples/Family Therapy (42)

A. The client was referred to a clinician who specializes in couples or family therapy.
B. The couple/family was assisted in learning and implementing ways to improve relations and communicate effectively.
C. The couple/family's referral for therapy services has helped improve relationships, solve conflicts, and increase effective communication.
D. The client and family members have not sought out family or marital services, and this reluctance was processed.

43. Teach About Coping Strategies (43)

A. The client was taught a variety of techniques to help manage urges to use substances.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught thought-stopping, positive self-talk, attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence) and staying behaviorally engaged toward recovery goals.
D. The client has used coping strategies to help manage triggered urges to use substances; this progress was reinforced.
E. The client has not used the coping strategies for managing triggered urges to use substances and was redirected to do so.

44. Explore Self-Talk and Beliefs (44)

A. The client's self-talk and beliefs that weaken their resolve to remain abstinent were explored.
B. The biases that the client entertains regarding self-talk and beliefs were challenged.
C. The client was assisted in generating alternatives to correct for biases and conducting behavioral experiments to reinforce alternatives and build resilience.
D. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was provided with positive feedback for replacement of self-talk and beliefs.
F. The client struggled to identify self-talk and beliefs that weaken resolve to remain abstinent and was provided with tentative examples in this area.

45. Implement Computer-Based CBT (45)

A. The client was assisted in implementing the use of the computer-based training for cognitive-behavioral therapy (CBT4CBT).
B. The client has followed through with consistent use of CBT4CBT and reports that the program has been helpful.
C. The client has not followed through on consistent use of CBT4CBT and was redirected to do so.
D. The client has consistently used CBT4CBT but reports that they do not find this helpful and is resistant to continuing; obstacles were processed.

46. Develop Hierarchy of Urge-Producing Cues (46)

A. The client was directed to construct a hierarchy of urge-producing cues to use substances.
B. The client was assigned "Identifying Relapse Triggers and Cues" or "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in developing a hierarchy of urge-producing cues to use substances.
D. The client was helped to identify a variety of cues that prompt use of substances.
E. The client has not completed assignments regarding urge-producing cues, and this resistance was processed.

47. Select Exposures That Are Likely to Succeed (47)

A. Initial in vivo or role-played exposures were selected, with a bias toward those that have a high likelihood of being a successful learning experience for the client.
B. Cognitive restructuring was done during and after the exposure using behavioral strategies (e.g., modeling, rehearsal, social reinforcement).
C. Behavioral strategies were used to facilitate development of effective coping strategies if exposed to the trigger.
D. A review was conducted with the client about use of in vivo or role-played exposures.
E. The client was provided with positive feedback regarding use of exposures.
F. The client has not used in vivo or role-played exposures, and obstacles were resolved.

48. Assess Stress-Management Skills (48)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to their ability to meet role demands for work, social, and family expectations.
C. Behavioral and cognitive-restructuring techniques were used to help build skills to manage everyday challenges.
D. The client was provided with positive feedback regarding their ability to manage common everyday stressors.
E. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

49. Assign Social and Communication Information (49)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills, and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

50. Explore Pain Level (50)

A. The client was assisted in exploring their pain level associated with injury.
B. The client was assessed for a pattern of narcotic abuse to cope with pain.
C. The client's pain was assessed with the Screener and Opioid Assessment for Patients in Pain (SOAPP-8) or Current Opioid Misuse Measure (COMM-9).

51. Obtain Pain Management Skills (51)

A. The client was taught about pain management skills in order to have alternatives to substance use for managing pain.
B. The client was referred to a pain management program to assist in learning alternative skills for managing pain.
C. The client has learned alternative skills for managing pain, and their use of substances has decreased; this progress was reinforced.
D. The client has not used pain management opportunities and was redirected to do so.

52. Differentiate Between Lapse and Relapse (52)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

53. Discuss Management of Lapse Risk Situations (53)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was asked to identify how family and peer conflict contribute to stress levels.
D. The client was assigned "Relapse Triggers" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was reinforced for appropriate use of lapse management skills.
F. The client was redirected in regard to poor use of lapse management skills.

54. Encourage Routine Use of Strategies (54)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring exposure).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client has not completed the aftercare planning assignment and was redirected to complete this important further step in recovery.
E. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
F. The client was redirected about ways to incorporate new strategies into their routine and life.

55. Refer to Supported Employment/Coach Job Issues (55)

A. The client was referred to a supported employment program to assist in developing independent job skills.
B. The client was reinforced for involvement in the supported employment program that has assisted in skill building regarding employment needs.
C. The client has not actively participated in the supported employment program and was redirected to do so.
D. The client was coached regarding preparation for employment, searching for a job, and maintaining employment.
E. The client was assisted in role-playing and rehearsing specific techniques necessary for obtaining and maintaining employment.
F. The client was provided with positive feedback regarding increased understanding of issues related to obtaining and maintaining employment.
G. The client continues to have a poor understanding of basic concepts related to obtaining and maintaining employment and was provided with additional feedback in this area.

56. Emphasize Positives Without Substances (56)

A. The client was taught about how to get good things out of life without using mood-altering substances.
B. The client was assigned to make a list of pleasurable activities through the use of "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client verbalized increased understanding of how to get good things out of life without using mood-altering substances.
D. The client has engaged in rewarding activities and was reinforced for this positive step.
E. The client denied the concept of getting good things out of life without using mood-altering substances.

57. Assign Regular Exercise (57)

A. Based on the client's current physical fitness levels, and with physician approval, an exercise routine was developed, and the client was assigned to implement it consistently.
B. The client has begun to increase their exercise level by 10% per week.
C. The client has sustained their exercise level for at least three exercise periods per week, maintaining a training heart rate for at least 20 minutes.
D. The client has not followed through on their exercise program and was redirected to do so.

58. Assign Step 3 Exercise (58)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and recording the experiences in a journal.
C. The client's experience of turning problems over to their higher power was processed within the session.
D. A decrease in the client's addictive behavior has been noted since they have turned peer group negativity problems over to a higher power each day.
E. The client struggled with the concept and implementation of turning problems over to a higher power and was provided with remedial feedback in this area.

59. Assess Satisfaction (59)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OPPOSITIONAL DEFIANT BEHAVIOR

CLIENT PRESENTATION

1. **Angry Mood (1)***
   A. The client described a history of angry/irritable mood, argumentative/defiant behavior, or vindictiveness persisting more than 6 months.
   B. The client described a history of angry/irritable mood that dates back to childhood.
   C. As therapy has progressed, the client has reported increased control over their angry/irritable mood and a significant reduction in instances of argumentative/defiant behavior or vindictiveness.
   D. The client has had no recent instances of angry/irritable mood, argumentative/defiant behavior, or vindictiveness.
2. **Loss of Temper (2)**
   A. The client described a history of losing their temper to rather insignificant irritants in their daily life.
   B. The client indicated that they recognize that they lose their temper in the face of rather minor frustrations and irritants.
   C. Minor irritants have resulted in temper 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 loss of temper to minor irritants.
3. **Easily Annoyed (3)**
   A. The client described a pattern of being touchy or easily annoyed by behavior around them.
   B. The client identified a recognition of being overly touchy or easily annoyed by actions that do not usually invite this response.
   C. As treatment has progressed, the client has understood more about their pattern of being overly touchy or easily annoyed.
   D. The client has made significant progress in reducing touchiness and annoyance.
4. **Anger and Resentment (4)**
   A. The client shows a pattern of anger and resentment across many situations.
   B. The client does not appear to be experiencing anger and resentment in response to specific issues but as a general pattern.
   C. As treatment has progressed, the client has verbalized insight into their pattern of anger and resentment.
   D. The client has made progress in controlling their pattern of anger and resentment.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Argumentative (5)**
   A. The client's total mood was argumentative, even regarding the most insignificant points.
   B. There was an edgy, argumentative manner present in the client.
   C. There has been a marked decrease in the client taking issue with or arguing most points.
   D. The client has reached a point where they are able to accept direction without arguing.
6. **Authority Conflicts (6)**
   A. The client acknowledged a history of defiance and refusal to comply with requests from authority figures or with rules.
   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 the need to resist challenging such directives.
7. **Deliberate Annoyance (7)**
   A. The client described a pattern of deliberately annoying other people.
   B. The client displayed a pattern of engaging in deliberately annoying behavior during the session.
   C. The client has displayed a decreased pattern of annoying others.
   D. The client is slowly coming to the point where they do not try to annoy others.
8. **Blaming (8)**
   A. The client displayed an attitude of blaming others for their problems.
   B. The client refused to take any responsibility for recent deceptions and inappropriate behavior, instead projecting it onto others, including authority figures.
   C. The client conveyed the attitude that "I am not to blame for anything; it's all them."
   D. The client has gradually started to take some responsibility for their decisions and behavior.
   E. The client's general mood and manner reflect a noticeable decrease in blaming others for things that happen to them.
9. **Spiteful or Vindictive (9)**
   A. The client identified being spiteful or vindictive against others at least twice in the past 6 months.
   B. The client was able to provide instances of spitefulness or vindictive behavior that they have recently engaged in.
   C. The client has reduced spiteful or vindictive behavior.
   D. The client reported no spiteful or vindictive behavior in recent months.
10. **Angry Overreaction (10)**
   A. The client identified a pattern of engaging in angry overreaction to perceived disapproval, rejection, or criticism.
   B. The client presented in an angry, resentful, and generally uncooperative manner during the session.

C. The client's overall manner was sullen and quiet, which masked a strong mood of anger and resentfulness.
D. The client's general mood and presentation reflected a noticeable decrease in anger and resentfulness.

11. Inappropriate Reactivity (11)

A. The client reported a pattern of passively withholding feelings, then showing inappropriate reactivity.
B. Within the session, the client vacillated between passively withholding feelings and displaying an angry, inappropriate reactivity.
C. As treatment has progressed, the client has been able to manage angry feelings and does not explode into a violent rage.

12. Substance Abuse as Coping Mechanism (12)

A. The client reported a pattern of substance abuse in order to cope with angry feelings and to relinquish responsibility for aggression.
B. The client reported several instances in which substance abuse has been used to withhold angry feelings or to help minimize responsibility for aggressive behaviors.
C. As the client has developed better coping skills for angry feelings and responsibility for behavior, they have decreased addictive behaviors.

13. Tense Body Language (13)

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

14. Defiance to Achieve Control (14)

A. The client described an inclination to dominate others through the use of defiant techniques.
B. The client has become alienated from others through their defiant, controlling manner.
C. The client has become more considerate of others' opinions and feelings and has reduced the pattern of defiance as a means of controlling situations.
D. The client has yielded control to others and has solicited others to have power and control in relationships.

15. Verbal Abuse (15)

A. The client acknowledged frequently engaging in verbal abuse of others as a means of expressing anger or frustration with them.
B. Significant others and the client's family have indicated that they have been hurt by frequent verbal abuse.

C. The client has shown little empathy toward others for the pain that they have caused through verbal abuse.
D. As treatment has progressed, the client has discontinued the pattern of verbal abuse.

16. Resentment Toward Authority Figures (16)

A. The client reported that experiencing a long-standing pattern of resentment toward authority figures.
B. The client identified a variety of authority figures (e.g., law enforcement officers, government officials, supervisors, treatment professionals) whom they have treated with resentment and distrust.
C. As therapy has progressed, the client has identified a decrease in resentment toward authority figures.
D. The client reports that they no longer hold inappropriate resentment toward authority figures.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing defiance symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Anger (3)

A. The client's angry feelings were identified through nonjudgmental assessment.
B. The source of the client's angry feelings was identified.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client was assisted in developing how their anger has occurred.
D. The client has difficulties developing the sources of anger and was provided with tentative examples of how this can occur.

4. Assign Anger Log (4)

A. The client was assigned to keep a daily anger log, in which they will document each situation that produced angry feelings, the thoughts associated with the situation, and level of anger, on a scale of 1 to 100.
B. The client has kept a log of anger-producing situations, and this material was processed within the session.
C. The client has been observed to be more aware of the causes and the targets of anger, as well as of the dysfunctional thoughts that trigger anger.
D. The client has struggled to identify the causes and triggers for anger or the dysfunctional thoughts that occur, and this was further processed within the session.
E. The client has not kept the anger log and was redirected to do so.

5. Assess Anger Dynamics (5)

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

6. Assess Parents' Response (6)

A. The parents' attempts to respond to their child's behavior was assessed.
B. The parents were probed for triggers and reinforcements that may be contributing to the behavior.
C. The parents were probed for whether they have experienced conflicts between them over how to react to the child.
D. It was nonjudgmentally reflected to the parents that they have had significant conflicts regarding how to parent the child.
E. It was reflected to the parents that they are fairly consistent in their approach to the child.

7. Administer Assessment for Oppositional Defiance (7)

A. The client was administered psychological instruments designed to objectively assess the strength of oppositional defiance.
B. The Adolescent Psychopathology Scale–Short Form was administered to the client.
C. The Millon Adolescent Clinical Inventory (MACI) was administered to the client.
D. The client has completed the assessment of oppositional defiance, and minimal traits were identified; these results were reported to the client.
E. The client has completed the assessment of oppositional defiance, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of oppositional defiance, and the focus of treatment was turned toward this defensiveness.

8. Assess Level of Insight (8)

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

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Arrange Substance Abuse Evaluation (12)

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

13. Educate About Addictive Behavior to Relieve Uncomfortable Feelings (13)

A. The client was educated about the tendency to engage in addictive behavior as a means of relieving uncomfortable feelings.
B. Active listening was used as the client listed several instances when addictive behavior has been used as a means of relieving uncomfortable feelings.

14. Teach About High-Risk Situations (14)

A. The client was taught about high-risk situations (e.g., strong negative emotions, social pressure, interpersonal conflict, strong positive emotions, testing personal control).
B. The client was taught about how anger, as a strong negative emotion, places them at a higher risk for addiction.
C. The client was assisted in identifying the higher risk of addictive behaviors related to strong negative emotions, social pressure, interpersonal conflict, strong positive emotions, and testing personal control.
D. The client acknowledged how oppositional defiant behavior places them at a higher risk for addiction; this insight was reinforced.
E. The client rejected the connections between oppositional defiant behavior and a higher risk of addictive behavior; the client was urged to monitor this dynamic.

15. Identify Anger as Relapse Risk (15)

A. The client was assisted in identifying five reasons why anger increases the risk of relapse.
B. Active listening was used as the client identified several reasons from their own experience about why anger increases the risk of relapse.
C. The client struggled to identify and acknowledge how angry feelings may increase the risk of relapse; tentative examples were provided.

16. Refer for Medication Evaluation (16)

A. The client was referred for a medication evaluation to help stabilize mood and improve anger control.
B. The client and parents were supported as they agreed to follow through with a medication evaluation by a prescriber.
C. It was noted that the client was strongly opposed to being placed on medication to help stabilize mood and improve anger control.

D. The issues of medication adherence and effectiveness were addressed with the parents and the client.
E. The client reported that the medication has helped to stabilize mood and decrease the frequency and intensity of angry outbursts and was supported for this improvement.
F. Information related to the client's medication adherence and its effectiveness was communicated to the prescriber.
G. The client reported that the medication has not helped to stabilize moods or decrease the frequency or intensity of angry outbursts and was referred back to the prescribing clinician.

17. Explore Reasons for Blaming (17)

A. The client's history was explored with a focus on causes for externalizing and blame others for behavior.
B. Using motivational interviewing techniques, the client was moved toward accepting responsibility for their actions and expressing a willingness to change.
C. The client was able to identify reasons for blaming others and began accepting responsibility for their actions.
D. The client was unable to move away from externalizing and blame others and was provided with remedial feedback.

18. Identify Positive Consequences of Defiance Management (18)

A. The client was asked to identify the positive consequences they have experienced in managing anger and defiance.
B. The client was assisted in identifying positive consequences of managing anger and defiance (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was encouraged to learn new ways to conceptualize and manage anger/defiance.

19. Reconceptualize Anger (19)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which in turn lead to acting out.
E. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.
F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

20. Identify Positive Consequences of Anger Management (20)

A. The client was asked to identify the positive consequences they have experienced in managing anger and defiance.

B. The client was assisted in identifying positive consequences of managing anger and defiance (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was encouraged to learn new ways to conceptualize and manage anger/defiance.

21. Assign Use of Calming Techniques (21)

A. The client was assigned to implement calming techniques into daily life when facing anger-triggering situations.
B. The client was assigned "Self-Soothing: Calm Down, Slow Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client related situations in which they have appropriately used calming techniques when facing anger-triggering situations; this progress was reinforced.
D. The client described situations in which they have not used calming techniques, and these failures were reviewed and redirected.

22. Explore Self-Talk (22)

A. The client's self-talk that mediates angry feelings was explored.
B. The client was assessed for self-talk, such as demanding expectations, reflected in "should," "must," or "have to" statements.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in identifying and challenging biases and in generating alternative self-talk that corrects for the biases.
E. The client was taught about how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

23. Assign Thought-Stopping Technique (23)

A. The client was directed to recognize reactivity and apply a "thought-stopping" technique on a daily basis between sessions.
B. The client was assigned "Thought-Stopping" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for helpful use of the thought-stopping technique that allows for calming and choosing a more adaptive response to triggers.
E. The client was provided with corrective feedback to help improve use of the thought-stopping technique.

24. Teach Assertive Communication (24)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client was assigned the exercise "Assertive Communication of Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client displayed increased assertiveness and was provided with positive feedback in this area.

E. The client has not increased their level of assertiveness and was provided with additional feedback in this area.

25. Teach Conflict Resolution Skills (25)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I" messages, respectful communication, assertiveness without aggression, and compromise.
D. The client was assigned "Being Assertive" and/or "Problem-Solving Exercise" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was reinforced for clear understanding of the conflict resolution skills.
F. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

26. Construct Strategy for Managing Dysregulation (26)

A. The client was assisted in constructing and consolidating a strategy for preventing or managing emotional and behavioral dysregulation and impulsivity.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to needs.
C. The client was reinforced for their comprehensive management strategy.
D. The client was redirected to develop a more comprehensive management strategy.

27. Select Challenging Situations for Managing Anger/Defiance (27)

A. Situations were suggested to the client in which they may be increasingly challenged to apply new strategies for managing anger and other behaviors.
B. The client was asked to identify likely upcoming challenging situations for managing anger and other behaviors.
C. The client was urged to use strategies for managing anger and other behaviors in successively more difficult situations.

28. Assign Homework to Practice Coping Skills (28)

A. Techniques were used to help the client consolidate new anger management skills.
B. The client was assigned homework exercises to help consolidate new calming skills, including "Self-Soothing: Calm Down, Slow Down" or "Safe and Peaceful Place Meditation," from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned homework exercises to help consolidate new assertiveness skills, including "Learning to Ask Instead of Demand" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assigned homework exercises to help consolidate new conflict resolution skills, including "Filing a Complaint" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client was assigned homework exercises to help consolidate new cognitive restructuring skills, including "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

F. The client was assigned exercises to help consolidate new anger management skills, including "Anger Control" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
G. The client's use of homework to consolidate coping skills was reviewed and reinforced.
H. The client has not completed homework to help consolidate coping skills and was redirected to do so.

29. Monitor/Decrease Episodes (29)

A. The client's reports of defiant episodes were monitored, toward the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use new anger management skills to decrease the frequency, intensity, and duration of defiant episodes.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assigned "Anger as a Drug" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client's progress in decreasing defiant episodes was reviewed.
F. The client was reinforced for success at decreasing the frequency, intensity, and duration of defiant episodes.
G. The client has not decreased frequency, intensity, or duration of defiant episodes, and corrective feedback was provided.

30. Encourage Disclosure (30)

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

31. Meet Supports (31)

A. With client approval, parents and support persons were coached on how to support the client's attempts to change.
B. Parents and support persons were motivated to learn how to support the client's attempts at change.
C. Parents and support persons were unable to be coached in how to support the client, and the client was encouraged to identify additional supports.

32. Use Parent Management Training (32)

A. The parents were taught how parent and child behavioral interactions can encourage or discourage positive or negative behavior.
B. The parents were taught about how changing key elements of parent–child interactions can be used to promote positive change.

C. The parents were provided with specific examples of how prompting and reinforcing positive behaviors can be used to promote positive change.
D. The parents were provided with positive feedback for using the parent management training approach.
E. The parents have not used the parent management training approach and were redirected to do so.

33. Assign Parent Training Manuals (33)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *Parents and Adolescents Living Together: The Basics* (Patterson & Forgatch).
C. The parents were directed to read *Parents and Adolescents Living Together: Family Problem Solving* (Forgatch & Patterson).
D. The parents were directed to read *The Kazdin Method for Parenting the Defiant Child* (Kazdin).
E. The parents were directed to watch media demonstrating the techniques used in parent training sessions.
F. The parents' study of pertinent parent training media was reviewed and processed.
G. The parents have not reviewed the assigned pertinent parent training media and were redirected to do so.

34. Teach Parents to Define Aspects of Situation (34)

A. The parents were taught how to specifically define and identify their child's problem behaviors.
B. The parents were taught how to identify their reactions to their child's behavior and whether the reaction increases or decreases the frequency of the behavior.
C. The parents were taught to generate alternative reactions to their child's problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify their child's problem behaviors and their own reactions, responses, and alternatives.

35. Teach Consistent Parenting (35)

A. The parents were taught about how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate roles for their child's acceptable and unacceptable behavior.
C. The parents were taught about prompting positive behavior and use of positive reinforcement.
D. The parents were taught about clear, direct instruction, time-out, and other loss-of-privilege techniques for their child's problem behaviors.
E. The parents were provided with positive feedback as they have been able to develop consistent parenting practices.

F. The parents have not developed consistent parenting practices and were redirected to do so.

36. Assign Home Exercises to Implement Parenting Techniques (36)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The parents were assigned "Clear Rules, Positive Reinforcement, Appropriate Consequences" or "Catch Your Teen Being Responsible" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

37. Implement Reward System (37)

A. The parents were encouraged to design and implement a reward system and/or contingency contract with the client.
B. The family met with school officials to reinforce identified positive behaviors at home and school while deterring impulsive oppositional behaviors.
C. The family and school have implemented a reward program for deterring impulsive oppositional behaviors.
D. The client has failed to consistently use the reward program for deterring impulsive oppositional behaviors and was directed to do so.

38. Track Hostility and Identify Solutions (38)

A. The frequency and intensity of the negative, hostile feelings and defiant behaviors were tracked.
B. Problem-solving techniques were developed to help solve the frequency and intensity of the negative, hostile feelings and defiant behaviors.
C. A specific plan was developed to help decrease the frequency and intensity of the client's negative, hostile feelings and defiant behaviors.

39. Teach Reciprocity (39)

A. The client was taught about the principle of reciprocity and how this applies to relationships.
B. The client was asked to conduct an experiment in which they agree to treat everyone in a respectful manner for a 1-week period to see if others will reciprocate by treating them with more respect.
C. The client was assisted in tracking the results of the experiment in respect.
D. The client was assisted in problem-solving issues with respect to help increase the frequency of respectful interactions.
E. It was reflected to the client that they have increased the pattern of respectful interactions.
F. The client has not increased the pattern of respectful interactions, and this was reflected to them.

40. Play Therapeutic Game (40)

A. The Thinking, Feeling, and Doing Game (Gardner) was played with the client, during which they had numerous opportunities to express feelings appropriately.
B. Playing the Talking, Feeling, and Doing Game with the client has given the opportunity to experiment with recognizing and expressing feelings.
C. It was reflected to the client that they have become freer to express feelings in a respectful manner.

41. Videotape Destructive Interaction Patterns (41)

A. Videotaping was used in family sessions to help identify destructive patterns of interaction within the family.
B. The family was assisted in identifying destructive interaction patterns from viewing the video of a session and developing new, respectful interactions through role-play, role rehearsal, and modeling.
C. The family members reported an increase in respectful interaction between them and an increase in sensitivity to the pattern of disrespectful interaction that has been so prevalent in the past; they were encouraged for this progress.

42. Provide Rationale for Relapse Prevention (42)

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

43. Differentiate Between Lapse and Relapse (43)

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

44. Discuss Management of Lapse Risk Situations (44)

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

45. Develop a "Coping Card" (45)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing the "coping card" in order to list helpful coping strategies.

C. The client was encouraged to use the "coping card" when struggling with anger-producing situations.

46. Schedule "Maintenance" Sessions (46)

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

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

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

47. List Hurtful Life Experiences (47)

A. The client was assigned to list experiences of life that have hurt and that have led to angry, oppositional defiant behavior.

B. The client identified a variety of situations in which they have felt hurt, taken advantage of, or abused; these were processed.

C. The client was assisted in making a connection between feelings of hurt and the oppositional defiant behavior.

D. The client has been unable to identify hurtful experiences and how they relate to oppositional defiant behavior; tentative examples were provided.

48. Probe Family-of-Origin Patterns (48)

A. The client was probed regarding family-of-origin history to identify patterns of violence, anger, and suspicion.

B. The client was assisted in identifying how patterns of violence, anger, and suspicion in the family of origin can lead to a tendency to see people and situations as dangerous and threatening.

C. The client identified patterns within the family of origin that have led to the pattern of seeing people and situations as dangerous and threatening; this insight was reinforced.

D. The client denied a connection between the family of origin and their view of people and situations as dangerous and threatening; tentative examples were provided.

49. Probe Family Dynamics (49)

A. The client's history of family dynamics was probed to identify patterns that have led to the development of oppositional defiant behavior.

B. The client identified family dynamics of abuse and control that have led to the development of oppositional defiant behavior; this insight was processed.

C. As the client has developed a greater understanding of family dynamics, oppositional defiant behaviors have been noted to decrease.

50. Teach Anger Effects (50)

A. The client was educated regarding the ways in which anger blocks the awareness of pain, discharges uncomfortable feelings, deflects guilt, and places blame for problems on others.

B. The client was assisted in gaining an understanding of how anger blocks the awareness of pain, discharges uncomfortable feelings, deflects guilt, and places blame for problems on others.

C. The client has used the understanding of the effects of anger and has made changes based on this understanding; this insight was reinforced.
D. The client has not accepted how anger blocks the awareness of pain, discharges uncomfortable feelings, deflects guilt, and places blame for problems on others; tentative examples were provided.

51. Develop Forgiveness (51)

A. The client was assisted in identifying whom they need to forgive.
B. The client was educated about the long-term process involved in forgiveness, versus it being a magical single event.
C. The client was recommended to read *Forgive and Forget* (Smedes).
D. The client was supported as they identified a list of individuals whom they need to forgive.

52. Turn Perpetrators Over to a Higher Power (52)

A. The client was taught about the 12-step recovery program concept of a higher power.
B. The client was taught about the choice to turn the perpetrators of pain over to their higher power for judgment and punishment.
C. The client verbalized an understanding of the concept of the higher power and the use of the higher power for judgment and punishment of perpetrators of pain; this insight was highlighted.
D. The client rejected the idea of a higher power as a way to provide judgment and punishment for perpetrators of pain; they were urged to remain open to this concept.

53. Teach Importance of a 12-Step Recovery Program (53)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around them, and sharing feelings.
B. The client has agreed that they need to have a 12-step recovery program, to get a sponsor, to reinforce people around them, and to share feelings; this progress was reinforced and followed up to confirm.
C. The client was resistive to a 12-step recovery program but was redirected to participate.

54. List Adaptive Actions for Anger (54)

A. The client was assisted in developing a list of actions that they are going to take to cope with angry feelings.
B. The client was assigned the exercise "Analyzing Acting Out Behavior" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying several adaptive actions that they have used to cope with angry feelings (e.g., calling a sponsor, being assertive but not aggressive, taking a time-out, implementing relaxation, practicing positive self-talk, praying to a higher power).

D. The client was able to identify situations in which they used adaptive actions in order to avoid relapse, and these were processed.
E. The client did not use adaptive actions to cope with angry feelings and was redirected to do so.

55. Assess Satisfaction (55)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PANIC DISORDER/AGORAPHOBIA

CLIENT PRESENTATION

1. **Severe Panic Symptoms (1)***
   A. The client has experienced sudden and unexpected severe panic symptoms that have occurred repeatedly and have resulted in persistent concern about additional attacks.
   B. The client has significantly modified 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 they have not experienced any recent panic attack symptoms.
2. **Fear of Environmental Situations Triggering Anxiety (2)**
   A. The client described fear of environmental situations that they believe may trigger intense anxiety symptoms.
   B. The client's fear of environmental situations has resulted in 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 they have left the home environment without being crippled by anxiety.
   E. The client is able to leave home normally and function within public environments.
3. **Fear and Avoidance of Bodily Sensations (3)**
   A. The client demonstrates a marked fear of bodily sensations associated with panic attacks.
   B. The client displays a pattern of avoidance of situations that may induce bodily sensations associated with panic attacks.
   C. The client's lifestyle is interfered with because of marked fear and avoidance.
   D. As treatment has progressed, the client is less fearful and avoidant of the bodily sensations that might be associated with potential panic attacks.
   E. The client has returned to a more normal routine.
4. **Needs Safe Person (4)**
   A. The client is unable to engage in certain activities because of fear of panic attacks and other anxiety symptoms.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client has adopted using a "safe person" whom they demand accompanies them to be able to do certain activities.
C. The client has experienced marked distress in relationships because of needing to have a "safe person" in order to engage in certain activities.
D. As the client's anxiety symptoms have decreased, the need for a safe person has decreased.
E. The client's relationships have become more stable.

5. Increasing Isolation (5)

A. The client described situations in which they have declined involvement with others because of a fear of traveling or leaving a "safe environment," such as their home.
B. The client reported becoming increasingly isolated because of fear of traveling or leaving a "safe environment."
C. The client has severely constricted involvement with others.
D. Although the client experiences some symptoms of panic, they still feel capable of leaving home.
E. The client has been able to leave their "safe environment" on a regular basis.

6. Avoids Public Places and Large Groups (6)

A. The client avoids public places, such as malls or large stores.
B. The client avoids large groups of people.
C. The client has constricted involvement with others in order to avoid social situations.
D. The client has begun to reach out socially and feels more comfortable in public places or with large groups of people.
E. The client reported enjoying involvement with large groups of people and feels comfortable going to public places.

7. Panic Without Agoraphobia (7)

A. The client does not display evidence of agoraphobia.
B. Although the client experiences symptoms of panic, they still feel capable of leaving home.

8. Substance Use as an Escape (8)

A. The client has engaged in a pattern of substance use as a maladaptive coping mechanism.
B. The client's substance use has diminished as they have worked through the panic and agoraphobia.
C. The client reported no longer engaging in substance use as a coping mechanism.

9. Recovery Complicated by Substance Use (9)

A. The client's substance use has complicated recovery from the panic disorder.
B. The client's panic disorder symptoms have decreased as they have decreased substance use.
C. The client reports healthy management of panic disorder symptoms in conjunction with eliminating substance use.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing panic/agoraphobia symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess Nature of Panic Symptoms (3)**
   A. The client was asked about the frequency, intensity, duration, and history of panic symptoms, fear, and avoidance.
   B. *The Anxiety and Related Disorders Interview Schedule—Adult Version* was used to assess the client's panic symptoms.
   C. The assessment of the client's panic symptoms indicated that symptoms are extreme and severely interfere with the client's life.
   D. The assessment of the client's panic symptoms indicates that these symptoms are moderate and occasionally interfere with daily functioning.
   E. The results of the assessment of the client's panic symptoms indicate that these symptoms are mild and rarely interfere with daily functioning.
   F. The results of the assessment of the client's panic symptoms were reviewed with the client.
4. **Refer to Medical Provider (4)**
   A. The client was referred to a medical provider for a physical examination to general medical or substance-induced causes for panic/agoraphobia symptoms.
   B. General medical or substance-induced causes for the client's panic/agoraphobia symptoms were identified, and appropriate treatment was coordinated.

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C. No general medical or substance-induced causes were identified for the client's panic/agoraphobia symptoms.

5. Review Medical Evaluation (5)

A. A review of conclusions and recommendations from the medical evaluation was reviewed with the client.

B. The client was medically cleared and provided with education about the panic disorder.

6. Administer Assessments for Anxiety and Agoraphobia Symptoms (6)

A. The client was administered psychological instruments designed to objectively assess the level of anxiety and agoraphobia symptoms.

B. The client was administered *The Mobility Inventory for Agoraphobia* (Chambless, Caputo, & Gracely).

C. The client was administered *The Anxiety Sensitivity Index* (Reiss, Peterson, & Grusky).

D. The client was provided with feedback regarding the results of the assessment of the level of anxiety symptoms.

E. The client declined to participate in the objective assessment of their level of anxiety symptoms, and this resistance was processed.

7. Arrange Substance-Abuse Evaluation (7)

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

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

C. The client was assessed to have a pattern of moderate substance use.

D. The client was assessed to have a pattern of severe substance use.

E. The client was referred for a substance use treatment.

F. The client was found to not have any substance use concerns.

8. Assess Level of Insight (8)

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

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

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

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

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

F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

9. Assess for Correlated Disorders (9)

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

B. The client was assessed in regard to the level of vulnerability to suicide.

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Develop a Personal Recovery Plan (12)

A. The client was assisted in developing a personal recovery plan that details what they are going to do to manage vocational stress (e.g., attend recovery groups regularly, make medical visits regularly, take medication as indicated, get a sponsor, attend aftercare, help others).
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of a personal recovery plan that will support sobriety and obsession issues (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed and processed.
D. The client described active pursuit of the elements of the personal recovery plan; this progress was reinforced.
E. The client has not followed through on a personal recovery plan and was redirected to do so.

13. Arrange for Medication Evaluation (13)

A. Arrangements were made for the client to have a medical evaluation for the purpose of considering psychotropic medication to alleviate phobic symptoms.
B. The client has followed through with a medical evaluation for the purpose of considering psychotropic medication.
C. The client has not cooperated with the referral for a medication evaluation and was encouraged to do so.

14. Monitor Medication Adherence (14)

A. The client reported having 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 they have not taken the prescribed medication consistently and was encouraged to do so.
C. The client reported taking the prescribed medication and stated that they have 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.

15. Self-Monitor Panic Stimulus Situations (15)

A. The client was assisted in identifying specific stimulus situations that precipitate panic symptoms.
B. The client was assigned "Monitoring My Panic Attack Experiences" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned "Panic Survey" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client could not describe any specific stimulus situations that produce panic; they have helped to identify that they occur unexpectedly and without any pattern.
E. The client was helped to identify that panic symptoms occur when they leave the confines of their home environment and enter public situations where there are many people.
F. The client was taught about and directed in regard to self-monitoring panic and avoidance symptoms, including cues, level of distress, symptoms, thoughts, and behaviors.

16. Discuss Biopsychological Model of Panic Symptoms (16)

A. A discussion was held about how panic attacks are "false alarms" of danger but are not medically dangerous.
B. A discussion was held about how panic attacks are not a sign of weakness or craziness.
C. The client's panic attacks were discussed, including how they are a common symptom but can lead to unnecessary avoidance, thereby reinforcing the panic attack.
D. The client was taught about myths and misconceptions about panic symptoms.

17. Assign Information on Panic Disorders and Agoraphobia (17)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals about panic disorders and agoraphobia.
B. The client was assigned specific chapters from *Mastery of Your Anxiety and Panic: Workbook* (Barlow & Craske).

C. The client was assigned to read chapters from *Don't Panic* (Wilson).
D. The client was assigned to read *Living With Fear* (Marks).
E. The client was assigned to read specific chapters from *Thoughts and Feelings* (McKay et al.).
F. The client was assigned to read *Face Your Fears* (Tolin).
G. The client has read the assigned information on panic disorders and agoraphobia and key points were discussed.
H. The client has not read the assigned information on panic disorders and agoraphobia and was redirected to do so.

18. Discuss Benefits of Exposure (18)

A. The client was taught about how exposure can serve as an arena to extinguish learned fear, build confidence, and create safe, success experiences.
B. A discussion was held about the use of exposure to decrease fear, build confidence, and feel safer.
C. The client was reinforced as they indicated a clear understanding of how exposure can help to conquer panic and agoraphobia symptoms.
D. The client did not display understanding about how exposure can help overcome agoraphobia and panic symptoms and was provided with remedial feedback in this area.

19. Train Relaxation and Coping Strategies (19)

A. The client was taught progressive relaxation methods and debriefing exercises.
B. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was trained in the use of coping strategies to manage symptoms of panic attacks.
D. The client was taught coping strategies such as staying focused on behavioral goals, muscular relaxation, evenly paced diaphragmatic breathing, and positive self-talk in order to manage symptoms.
E. The client has become proficient in coping techniques for panic attacks; they were reinforced for the regular use of these techniques.
F. The client has not regularly used coping techniques for panic attacks and was provided with additional training in this area.

20. Assign CART (20)

A. The client was assigned capnometry-assisted respiratory training (CART) by providing CO2 level biofeedback to learn how to gain control over dysfunctional respiratory patterns and associated panic symptoms.
B. The client was taught about reducing hyperventilation and breathing more slowly and less shallow.
C. The client was reinforced for their understanding of CART concepts.
D. The client has not displayed mastery of CART concepts and was provided with remedial information in this area.

21. Teach Cognitive Coping Strategies (21)

A. Modeling and behavioral rehearsal were used to train the client in positive self-talk for reassurance of the ability to work through and endure anxiety symptoms without serious consequences.

B. The client was urged to keep a focus on the external situation and responsibilities rather than internal panic symptoms.

C. The client has implemented positive self-talk to be reassured of the ability to endure anxiety without serious consequences; the client was reinforced for this progress.

D. The client has not used positive self-talk to help endure anxiety and was provided with additional direction in this area.

22. Identify Distorted Thoughts (22)

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

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

C. The client was reinforced in verbalizing an understanding of the cognitive beliefs and messages that mediate anxiety responses.

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

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

23. Assign Exercises on Self-Talk (23)

A. The client was assigned homework exercises in which they identify fearful self-talk and create reality-based alternatives.

B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was directed to do assignments from *10 Simple Solutions to Panic* (Antony & McCabe).

D. The client was directed to complete assignments from *Mastery of Your Anxiety and Panic: Workbook* (Barlow & Craske).

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

F. The client was reinforced for successes at replacing fearful self-talk with reality-based alternatives.

G. The client was provided with corrective feedback for failures to replace fearful self-talk with reality-based alternatives.

H. The client has not completed assigned homework regarding fearful self-talk and was redirected to do so.

24. Teach Sensation Exposure Technique (24)

A. The client was taught about sensation exposure techniques.

B. The client was taught about generating feared physical sensations through exercise (e.g., breathes rapidly until slightly light-headed) and the use of coping strategies to keep calm.

C. The client was assigned to read about sensation exposure techniques in *10 Simple Solutions to Panic* (Antony & McCabe).

D. The client was assigned to read about sensation exposure techniques in *Mastery of Your Anxiety and Panic–Therapist's Guide* (Craske, Barlow, & Meadows).
E. The client displayed a clear understanding of the sensation exposure technique and was reinforced for understanding.
F. The client struggled to understand the sensation exposure technique and was provided with remedial feedback.

25. Assign Homework on Sensation Exposure (25)

A. The client was assigned homework exercises to perform sensation exposure and record the experience.
B. The client was assigned sensation exposure homework from *Mastery of Your Anxiety and Panic* (Barlow & Craske).
C. The client was assigned sensation exposure homework from *10 Simple Solutions to Panic* (Antony & McCabe).
D. The client's use of sensation exposure techniques was reviewed and reinforced.
E. The client has struggled in implementation of sensation exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the sensation exposure techniques and was redirected to do so.

26. Construct Anxiety Stimuli Hierarchy (26)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations in which the client engages in unnecessary safety behaviors or avoids because of fear that a panic attack will occur and cause feared consequences.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of fear remain quite vague; the client 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.

27. Select Initial Exposures (27)

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

28. Assign Homework on Situational Exposures (28)

A. The client was assigned homework exercises to perform situational exposures and record the experience.
B. The client was assigned "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned situational exposures homework from *Mastery of Your Anxiety and Panic* (Barlow & Craske).

D. The client was assigned situational exposures homework from *10 Simple Solutions to Panic* (Antony & McCabe).
E. The client's use of situational exposure techniques was reviewed and reinforced.
F. The client has struggled in implementation of situational exposure techniques and was provided with corrective feedback.
G. The client has not attempted to use the situational exposure techniques and was redirected to do so.

29. Differentiate Between Lapse and Relapse (29)

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

30. Discuss Management of Lapse Risk Situations (30)

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

31. Encourage Routine Use of Strategies (31)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was reinforced while reporting ways in which they have incorporated coping strategies into their life and routine.
D. The client was redirected about ways to incorporate new strategies into their routine and life.

32. Develop a "Coping Card" (32)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing the "coping card" in order to list helpful coping strategies through the use of "Coping Card" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was encouraged to use the "coping card" when struggling with anxiety-producing situations.

33. Schedule a "Booster Session" (33)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if they need to be seen prior to the "booster session."
C. The client's "booster session" was held and the client was reinforced for successful implementation of therapy techniques.
D. The client's "booster session" was held and the client was encouraged to attend further treatment as progress has not been sustained.

34. Use ACT Approach (34)

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

35. Teach Mindfulness Meditation (35)

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

36. Assign ACT Homework (36)

A. The client was assigned homework situations in which they practice lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating mindfulness meditation and ACT approaches into everyday life.

37. Assign Reading on Mindfulness and ACT (37)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific segments from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth & Eifert).

C. The client has read the assigned material, and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

38. Recommend Exercise Program (38)

A. The client was recommended to initiate a physician-approved exercise program that includes aerobic components.
B. The client was assisted in developing an exercise program that increases physical health, reduces fear of physical sensations, and reduces panic and anxiety.
C. The client has found the exercise program to be useful, and progress was reviewed.
D. The client has not found the exercise program to be useful, and barriers were processed.
E. The client has not initiated an exercise program; resistance to this activity was processed.

39. Use Panic-Focused Psychodynamic Approach (39)

A. A panic-focused psychodynamic approach was used to explore conflicts.
B. Separation/autonomy issues and anger recognition were identified as potential ways in which fear and avoidance might be manifested.
C. Transference in the therapeutic relationship was addressed.
D. Separation and anger themes were worked through in order to develop new abilities to manage these issues.

40. Explore Key Unresolved Conflicts (40)

A. The client's life circumstances were explored to help identify and resolve key conflicts that may underlie the panic disorder.
B. The client was able to work through many unresolved conflicts.
C. The client has struggled to identify unresolved conflicts and was provided with additional feedback in this area.

41. Encourage Sharing of Feelings (41)

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 the past.

42. Explore Secondary Gain (42)

A. Secondary gain was identified for the client's panic symptoms because of the tendency to escape or avoid certain situations.
B. The client denied any role for secondary gain that results from modification of life to accommodate panic; the client was gently offered examples.
C. The client was reinforced for accepting the role of secondary gain in promoting and maintaining the panic symptoms and encouraged to overcome this gain through living a more normal life.
D. The client was challenged to remain in feared situations and to use coping skills to endure, rather than seek, secondary gain.

43. Explore Conflicts (43)

A. The client was assisted in exploring the resolution of interpersonal or other identified life conflicts.
B. The client was assisted with acceptance of conflicts that cannot be changed.
C. The client was assisted in conflict-resolution approaches to address conflicts that can be resolved.

44. Develop an Ericksonian Task (44)

A. An Ericksonian task was developed that is consistent with the theme of the client's fears.
B. The client was asked to approach the feared stimulus and take small steps toward remaining in its presence without withdrawal or avoidance while processing and tolerating small amounts of fear until it passes.
C. The client was assisted in processing the results of the Ericksonian task.

45. Reinforce Responsibility Acceptance (45)

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; progress was highlighted.

46. Develop an Aftercare Plan (46)

A. The client was assisted in developing an aftercare plan that will support recovery, including regular attendance at recovery meetings, getting a sponsor, and continuing therapy to prevent relapse of panic disorder and addictive behavior.
B. The client has listed several components of an aftercare plan that will support sobriety; this list was processed.
C. The client was reinforced for the active pursuit of the elements of the aftercare plan.
D. The client has not followed through on the aftercare plan and was redirected to do so.
E. The client did not complete the assignment related to a personal recovery plan and was redirected to do so.

47. Assess Satisfaction (47)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PARENT–CHILD RELATIONAL PROBLEM

CLIENT PRESENTATION

1. **Reciprocal Relationship of Stress/Addictive Behaviors (1)***
   A. The client identified that the stress from the relationship with their child often triggers addictive behavior.
   B. The client identified that addictive behavior often exacerbates the relationship conflicts.
   C. The client identified a commensurate decrease in relationship stress and addictive behavior.
2. **Poor Communication (2)**
   A. The client complained of a lack of communication with their child.
   B. The client cited incidents of improved communication with their child.
   C. The client reported being pleased with the amount and the quality of communication with their child.
3. **Child's Opposition/Defiance (3)**
   A. The client's child presented in an oppositional, defiant manner.
   B. The client reported their child's pattern of oppositional and defiant behavior, which is a concern to the client.
   C. The client's child expressed hostile defiance toward the client.
   D. The client's child has noticeably reduced the level of hostility and defiance toward most adults.
4. **Lack of Communication Skills (4)**
   A. The parent and child have deficiencies in their skills for communicating with each other.
   B. The parent and child often have difficulty communicating their emotions.
   C. As treatment has progressed, meaningful communication has increased between parent and child.
5. **Anger/Resentment (5)**
   A. The client has displayed a pattern of addiction and dishonesty that has led to the family member's anger and resentment toward them.
   B. The client reported specific incidents related to the pattern of addiction and dishonesty that have prompted the family member's anger and resentment toward them.
   C. The client's family member has verbalized anger and resentment toward the client, related to the client's addiction and dishonesty.

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D. As the client's addiction and dishonesty have decreased, the family member's anger and resentment have dissipated as well.

6. Frequent Arguing (6)

A. The client reported a pattern of frequent arguing between the child and the client.
B. There was an edgy, argumentative manner present in the client.
C. There has been a significant decrease in the client's arguments with their child.

7. Emotional Distance (6)

A. The client reported an emotional distance between the client and the child.
B. The client's pattern of addictive behavior has contributed to their child's tendency to emotionally withdraw.
C. The client indicated concern about the pattern of emotional distance between the client and their child.

8. Social Isolation/Withdrawal (7)

A. The client has become isolated and withdrawn from the family because of the pattern of addictive behavior.
B. The client reported that they rarely engages in social contact with the family because of the pattern of addictive behavior.
C. As the client's addictive behaviors have decreased, the pattern of social involvement with the family has increased.

9. Verbal/Physical Abuse (8)

A. The client's child has reported that the client has been verbally or physically abusive.
B. The client's child's report of physical/verbal abuse has been confirmed through independent sources.
C. The client provided a detailed account of their verbal/physical abuse of their child.
D. The reports of physical abuse have been reported to children's protective services as required by mandatory reporting statutes.
E. The client has stopped all physical and verbal abuse.

10. Child's Peer Group Involvement Excludes Family (9)

A. The client reported that their child's involvement within the child's peer group has excluded the client and other family members.
B. The client reported feeling stress that their child has chosen the peer group over involvement with the client and other family members.
C. The client's child identified their preference of their peer group to the exclusion of parents and other family members.
D. The client reported that their child has increased involvement with the client and other family members and decreased involvement with their peer group.

11. Difficulty in Managing Challenging Behaviors (10)

A. The client reported that they frequently struggle to manage the challenging problem behaviors of their child.

B. The client reported that their responses to their child's challenging problem behaviors seem to have failed to help manage the problem behaviors.
C. As treatment has progressed, the client reported that they have had some success in managing their child's problem behaviors.
D. The client reported that they have improved and are typically able to manage their child's challenging behaviors with appropriate parenting interventions.

12. Loss of Control of Emotions (11)

A. The client reported that they frequently struggle to control emotional reactions to their child's misbehavior.
B. The client related a pattern of anger outbursts and other emotional reactions to their child's misbehavior.
C. The client reported fears regarding the loss of emotional control when reacting to their child's misbehavior.
D. As treatment has progressed, the client reports better control over emotional reactions to their child's misbehavior.

13. Disagreements Regarding Parenting Strategies (12)

A. The client described a lack of agreement with their partner regarding strategies for dealing with various types of child behavior problems.
B. The client reported the desire for stricter control, whereas the partner endorsed a more permissive approach.
C. The client seems to advocate for a more permissive approach, whereas the partner endorses a stricter pattern of control.
D. The child's behavior seems to be negatively affected by the client and partner's variable pattern of disciplinary response.
E. As communication has increased, the client and partner have achieved agreement regarding strategies for dealing with various types of behavior problems.

14. Deficits in Parenting Knowledge and Skills (13)

A. The client displays deficits in parenting knowledge and skills.
B. The client has a poor understanding of the use of basic techniques such as rewards, consequences, and time-outs.
C. As treatment has progressed, the client has gained significant knowledge and skills in parenting.

15. Inconsistent Parenting Styles (14)

A. The client displays an inconsistent parenting style, moving between styles for no apparent reason.
B. The parents have displayed an inconsistent pattern, with each seeming to become more extreme in response to the other parent's style.
C. As treatment has progressed, parenting styles have become more consistent and reliable.

16. Family Inability to Establish/Maintain Relationships (15)

A. The client reported that family members have a consistent inability to establish and maintain meaningful, intimate family relationships.

B. Family members consistently describe an inability to establish and maintain meaningful, intimate family relationships.
C. The client reported that family members have increased their ability to establish and maintain meaningful, intimate family relationships.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing relationship concerns.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Explore Relationship Conflicts (3)**
   A. During a conjoint session, a history of the parent-child relational conflicts was solicited.
   B. Each family member was asked to provide their perspective on each issue.
   C. A discussion was facilitated in which each family member outlined the nature of the conflict between them.
   D. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   E. The client was assigned "Identifying Conflict Themes" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   F. It was reflected to the family members that each demonstrated a tendency to project blame onto the others for conflicts.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

4. Assess Parents' Response (4)

A. The parents' attempts to respond to their child's behavior was assessed.
B. The parents were probed for triggers and reinforcements that may be contributing to the behavior.
C. The parents were probed for whether they have experienced conflicts between them over how to react to the child.
D. It was nonjudgmentally reflected to the parents that they have had significant conflicts regarding how to parent the child.
E. It was reflected to the parents that they are fairly consistent in their approach to the child.

5. Assess Child's Thoughts (5)

A. The child's thoughts, feelings, and actions associated with the parent–child conflicts were assessed in a nonjudgmental manner.
B. The child was open about thoughts, feelings, and actions associated with parent–child conflicts.
C. The client was unable to openly discuss thoughts, feelings, and actions associated with parent–child conflicts and was provided with examples.

6. Assign Step 1 Exercise for Addiction and Parent–Child Relational Conflicts (6)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with parent–child relational conflicts.
B. The client displayed an understanding of the concept of powerlessness and unmanageability regarding addiction and the negative feelings associated with parent–child relational conflicts; this insight was reinforced.
C. Support and encouragement were provided as the client endorsed the concept of powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with parent–child relational conflicts.
D. The client did not endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with parent–child relational conflicts; the client was provided with examples of how this occurs.

7. Administer Assessment for Parent–Child Relational Conflict (7)

A. The client was administered psychological instruments designed to objectively assess the strength of parent–-child relational conflict problems.
B. The Parenting Stress Index (PSI) was administered.
C. The Parent–Child Relationship Inventory (PCRI) was administered.
D. The Intra- and Interpersonal Relations Scale was administered to the client.
E. The client has completed the assessment of parent–child relational conflict concerns, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of parent–child relational conflict concerns, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of parent–child relational conflict concerns, and the focus of treatment was turned toward this defensiveness.

8. Assess Comorbid Conditions (8)

A. Psychological testing was coordinated to help in assessing for comorbid conditions such as depression or attention-deficit/hyperactivity disorder.
B. Psychological testing has been completed and no comorbid conditions are identified.
C. Psychological testing has been completed and appropriate treatment options were developed for comorbid conditions.
D. Psychological testing has not been completed and the clients were redirected to do so.

9. Analyze Data About Parenting and Marital Relationship (9)

A. The data received from the parents about their mental status, relationship, and parenting were analyzed.
B. The data received from the parents about their marital conflicts or serious individual mental health issues were established or ruled out.
C. It was established that there are significant concerns that affect the couple's ability to parent.
D. It was established that no significant concerns exist.

10. Conduct/Refer for Marital Therapy (10)

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.

11. Assess Level of Insight (11)

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

12. Assess for Correlated Disorders (12)

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

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

13. Assess for Culturally Based Confounding Issues (13)

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

14. Assess Severity of Impairment (14)

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

15. Arrange Substance Abuse Evaluation (15)

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

16. Assess Need for Medication (16)

A. The client was assessed for the need for psychotropic medication to assist in management of behaviors.
B. The client was referred to a prescriber to be evaluated for psychotropic medication to reduce symptoms.
C. The client has completed an evaluation by the prescriber and has begun taking medication.

D. The client has resisted the referral to a prescriber and does not want to take any medication to reduce symptoms; their concerns were processed.
E. The client was monitored for prescription compliance, effectiveness, and side effects.

17. Teach Reciprocity of Parent–Child Relational Conflicts and Addiction (17)

A. The client was presented with the concept of a reciprocal relationship between parent–child relational conflicts and addiction.
B. The client was asked to identify how substances have played a major part in choices regarding parent–child relational conflicts.
C. The client was asked to verbalize how parent–child relational conflicts have been triggers for substance use.
D. The client denied any connection between parent–child relational conflicts and addictive behavior; the client was asked to monitor this dynamic.

18. Focus on Acceptance of Responsibility (18)

A. The client was focused on accepting responsibility for their role in the relationship problems and for choosing addictive behavior as a reaction to conflicts.
B. The client accepted responsibility for their relationship problems but was noted not to take responsibility for their choice of addictive behavior.
C. The client was noted to deny responsibility for relationship problems but did accept responsibility for addictive behavior.
D. The client accepted responsibility for parent–child relational conflicts and for choosing addictive behavior as a reaction to the conflicts; this honesty was reinforced.
E. The client denied any responsibility for parent–child relational conflicts or addictive behaviors; the client was urged to monitor this dynamic.

19. Confront Denial (19)

A. The client was confronted for their responsibility for the parent–child relational conflicts and projection of all responsibility onto the child.
B. The client was assigned "Am I Teaching My Child Addictive Patterns" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was supported in accepting that they have a pattern of denial of responsibility for the parent–child relational conflicts and that they project responsibility onto the child.
D. The client has accepted increased responsibility for the parent–child relational conflicts and is not projecting responsibility onto the child; this progress was emphasized.
E. The client rejected the concept of denial of responsibility for the parent–child relational conflicts and continues to project responsibility onto the child; the client was urged to monitor this dynamic.

20. Assess/Report Abusive Behaviors (20)

A. An assessment was conducted to identify the nature and extent of the client's abusive behavior toward the child.
B. The client's child was referred to a physician to confirm and document the physical abuse.

C. The client's abuse of the child was reported to the state child protection agency for further investigation.
D. The client was notified of the revelation about the child's physical abuse and that, as required by law, it was reported to the state child protection agency for investigation.

21. Ensure Child's Safety (21)

A. The family environment was assessed to determine whether it was safe for the child.
B. The family environment was determined to be unsafe for the child, and steps were recommended to protect the child from any further abuse (e.g., notifying legal authorities of the abuse, temporary placement of the child with other family or friend, removal of the abusive parent from the home).
C. Family members were assisted in taking specific steps to ensure the child's safety.
D. Family members have not taken specific steps to ensure the child's safety, and they were redirected to do so.

22. Refer to Domestic Violence Program (22)

A. The abusive parent was referred to a domestic violence treatment program.
B. The abusive parent attended and participated in the required domestic violence treatment program, and the experience was reviewed.
C. The gains made by the abusive parent within the domestic violence treatment program were monitored and reinforced.
D. The abusive parent was confronted regarding noncompliance with attending the required domestic violence treatment.

23. Assign Positive/Negative Aspects Lists (23)

A. The family members were assigned to list, from their own perspectives, the positive and negative things about the relationships and about each other.
B. The family members have listed positive things about each other and about the relationships, as well as negative things about each other and the relationships; this was reviewed.
C. The family members have failed to follow through on completing the assignment regarding listing positive and negative relationship aspects, and they were encouraged to do so.

24. Use Cognitive-Behavioral Therapy Approach (24)

A. The cognitive-behavioral family therapy approach was used to target specific cognitive, behavioral, and environmental changes toward identified goals.
B. The cognitive-behavioral family therapy approach was used to teach parenting and other personal and interpersonal skills to facilitate change.
C. The cognitive-behavioral family therapy approach was useful for the family.
D. The family did not make progress toward changes, and remedial techniques were applied.

25. Identify Conflict Causes (25)

A. The client was assisted in identifying causes for past and present relationship conflicts.
B. The client was assisted in identifying a variety of familial interactions patterns or dynamics that may be exacerbating the conflict between adolescent and parents.

C. The client was focused on the underlying conflicts, family-of-origin issues, unrealistic expectations, and marital problems that have affected past and present conflicts.
D. The client was unable to identify consistent issues that have caused past or present conflicts and was given tentative examples in this area.

26. List Own and Others' Changes by Client (26)

A. The client was asked to list the changes that they must make to improve the relationship.
B. The client has followed through on listing the changes that they must make to improve the relationship, and this list was processed within the session.
C. The client was asked to list the changes the child needs to make to improve the relationship.
D. The client has identified the changes that the child needs to make, and these changes were processed within the session.
E. The client has failed to identify a list of changes that they or the child need to make to improve the relationship and was encouraged to do so.

27. List Own and Others' Changes by Family Members (27)

A. Each of the client's family members was assigned a list of the changes that they must make to improve the relationship.
B. Each of the client's family members has followed through on listing the changes that they need to make to improve the relationship, and these lists were processed within the session.
C. Each of the client's family members was asked to list the changes that the client needs to make to improve the relationship.
D. Each of the client's family members has identified changes that the client needs to make, and these changes were processed within the session.
E. The client's family members have failed to identify a list of changes that they and the client need to make to improve the relationship, and they were encouraged to do so.

28. Solicit Change Commitment (28)

A. Each family member was facilitated in making a commitment to attempt to change specific behaviors that have been identified by the client or other family members.
B. Each family member was asked to make a written commitment as to what behaviors each will attempt to change.
C. The client was assigned "What Do I Want for My Children?" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. Each family member was reinforced for willingness to implement changes to improve the relationship.
E. Each family member's progress in making changes to improve the relationship was reviewed and processed.
F. Each family member has not made significant changes to improve the relationship, and they were refocused on these changes.

29. Use Techniques (29)

A. Several techniques were used with the family members, including instruction, modeling, role-playing, feedback, and practice.

B. Several techniques were used to teach the family members how to conceptualize and manage emotional reactions, manage interpersonal interactions, and resolve conflicts.

30. Facilitate Discussion/Make Plans for Communication (30)

A. In a family therapy session, a discussion was facilitated regarding the parent–child problems and how to improve intimacy, nurturing, and communication.

B. Family members identified the important aspects of the parent–child problem, and these were processed.

C. Family members were helped to develop specific plans to improve intimacy, nurturing, and communication.

D. Family members indicated implementation of plans to improve intimacy, nurturing, and communication, and this was reviewed.

E. Family members have struggled to develop and institute plans to improve intimacy, nurturing, and communication and were provided with additional guidance.

31. Teach Verbal/Nonverbal Affection (31)

A. Modeling, role-playing, and behavior rehearsal were used to teach the family members how to show verbal and nonverbal affection to each other.

B. Active listening was used as the family members verbalized an understanding of techniques to show verbal and nonverbal affection to each other (e.g., going for a walk together, talking intimately, holding hands, hugging, playing ball, giving each other compliments and praise).

C. The family members were assisted in identifying regularly using techniques to display verbal and nonverbal affection to each other.

D. The family members have not used techniques to show verbal and nonverbal affection to each other, and they were redirected to do so.

32. Teach Healthy Communication Skills (32)

A. The client was taught about healthy communication skills (i.e., using "I" messages, reflecting, active listening, sharing feelings).

B. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. Support was provided as the client displayed an understanding of healthy communication skills.

D. The client identified that they have used healthy communication skills to improve relationships; this progress was highlighted.

E. The client has struggled to use appropriate healthy communication skills and was redirected to use these types of skills.

33. Teach Family Communication Skills (33)

A. A family session was held to focus on teaching and improving communication skills.
B. Family members were taught specific communication skills, and they displayed these within the session.
C. Family members reported increased communication, and this progress was reinforced.
D. Family members have struggled to understand and implement the helpful communication skills and were provided with additional feedback.

34. Assign Specific Communication Plan (34)

A. The client was assigned to develop a written plan as to the time, place, and amount of time that will be devoted to private, one-to-one communication with family members each day.
B. The client has developed a specific written plan for one-to-one communication, which was reviewed.
C. The client reported devoting specific time to private, one-to-one communication with their partner each day, and the experience was reviewed.
D. The client has not developed a plan for one-to-one communication and was redirected to do so.

35. Educate About Gender Differences (35)

A. The parents were educated about the numerous key differences between boys and girls (e.g., rate of development, perspectives, impulse control, anger).
B. The parents were educated about how to handle the sex role differences in the parenting process.
C. The parents reported increased understanding of parenting issues related to a child's sex role; positive feedback was provided.

36. Educate Parents About the Influences on Adolescent Behavior (36)

A. The parents were taught about the various biopsychosocial influences on their adolescent.
B. The parents were taught about the ways in which adolescent biological factors can influence behavior.
C. The parents were taught about how peer influences can affect the behavior of an adolescent.
D. The parents were taught about how self-concept and identity issues can affect an adolescent.
E. A discussion was held about the ways that parenting interventions can respond to the various factors affecting the adolescent.

37. Teach About Turbulence (37)

A. The parents were taught the concept that adolescence is a time of "riding the adolescent rapids" until both survive.
B. The parents were provided with encouragement as they displayed a healthy understanding of the turbulence related to the developmental stage of adolescence.
C. It was perceived that the parents continue to deny the expectation of turbulence related to adolescence, and they were provided with additional feedback in this area.

38. Address Fears About Peers (38)

A. The parents were assisted in clarifying their feelings related to negative peer groups, negative peer influence, and fears about losing their influence with their adolescent to these groups.

B. The parents identified their emotional reactions to the influence of negative peer groups and were provided with support and affirmation.

C. The parents have developed a healthy response to their fears regarding negative peer groups, negative peer influences, and losing their influence to these groups; this progress was reinforced.

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

39. Use Parent Management Training (39)

A. Parent management training was used as developed in *Living With Children* (Patterson).

B. The parents were assigned to implement techniques from *Parenting the Strong-Willed Child* (Forehand & Long).

C. The parents were assigned to read *The Kazdin Method for Parenting the Defiant Child* (Kazdin).

D. The parents were taught how parent and child behavioral interactions can encourage or discourage positive or negative behavior.

E. The parents were taught about how changing key elements of parent–child interactions can be used to promote positive change in the child's behavior.

F. The parents were provided with specific examples as to how prompting and reinforcing positive behaviors can be used to promote positive change in the child's behavior.

G. The parents were provided with positive feedback for using the parent management training approach.

H. The parents have not used the parent management training approach and were redirected to do so.

40. Teach Consistent Parenting (40)

A. The parents were taught about how to implement key parenting practices on a consistent basis.

B. The parents were taught about establishing realistic, age-appropriate rules for acceptable and unacceptable behavior.

C. The parents were taught about prompting their child's positive behavior and use of positive reinforcement.

D. The parents were taught about clear direct instruction, time-out, and other loss-of-privilege techniques for their child's problem behavior.

E. The parents were taught about negotiation and renegotiation with adolescents.

F. The client was assigned "A Structured Parenting Plan" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

G. The parents were provided with positive feedback as they have developed consistent parenting practices.

H. The parents have not developed consistent parenting practices and were redirected to do so.

41. Assign Home Exercises to Implement Parenting Technique (41)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The client was assigned "Using Reinforcement Principles in Parenting" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

42. Assign Parent Training Manuals (42)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *Parents and Adolescents Living Together: The Basics* (Patterson & Forgatch).
C. The parents were directed to read *Parents and Adolescents Living Together: Family Problem Solving* (Forgatch & Patterson).
D. The parents were directed to read *Your Defiant Teen* (Barkley & Robin).
E. The parents were directed to watch media demonstrating the techniques used in parent training sessions.
F. The parents' study of pertinent media was reviewed and processed.
G. The parents have not reviewed the assigned pertinent media and were redirected to do so.

43. Assist in Implementing New Strategies (43)

A. Support, empowerment, and encouragement were provided to the parents in implementing new strategies for parenting their child.
B. The client was assigned "Learning to Parent as a Team" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The parents were monitored in how they implemented new parenting strategies for their child.
D. Feedback and redirection were provided to the parents as they implemented new strategies for parenting their child.
E. The parents have not used new strategies for parenting their child and were redirected to do so.

44. Use Cognitive-Behavioral Therapy Approach (44)

A. The cognitive-behavioral therapy approach was used with the child, including techniques such as instruction, modeling, role-playing, feedback, and practice.
B. Cognitive-behavioral therapy techniques were used to teach the child how to manage emotional reactions, manage interpersonal interactions, and resolve conflicts.

45. Develop Personal and Interpersonal Skills (45)

A. Games, stories, tasks, and other activities in session were used to develop personal and interpersonal skills with the client.
B. The client was assigned "Becoming Assertive," "Problem-Solving Exercise," or "Developing Conversational Skills" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

C. The client was encouraged to carry new personal and interpersonal skills into real-life situations.
D. The client's use of interpersonal and personal skills in real-life situations was reviewed and reinforced for successes.
E. Problem-solving of obstacles to using skills in real-life situations was provided.

46. Teach Listening/Sharing Skills (46)

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.

47. Use Parent–Child Communication Materials (47)

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 & 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.

48. Identify Pleasurable Activities (48)

A. The family members were assisted in identifying and planning rewarding recreational activities that they can do together.
B. The client was assigned "Creating Positive Family Rituals" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The family members were noted to have increased the time spent together in enjoyable contact.
D. The family members reported specific instances of recreational activities that they have enjoyed together.
E. The family members have failed to follow through on increasing their enjoyable recreational time together, and they were encouraged to do so.

49. Assign Letter to Family Members (49)

A. The client was assigned to write a letter to each family member, sharing how they feel and suggesting pleasurable activities that they could engage in together during recovery.
B. The client has written a letter to each family member, sharing feelings and desired recovery activities, and this was processed within the session.
C. The client has shared feelings and desired pleasurable activities, and family members have been noted to respond with positive feedback and an increase in pleasurable activities.

D. The client has shared the letter regarding feelings and desired pleasurable activities, but family members have displayed a negative reaction to this sharing of feelings; this experience was processed.
E. The client failed to complete a letter regarding feelings and desired pleasurable activities and was redirected to do so.

50. Develop Written Recovery Plan (50)

A. The client was assisted in developing a written recovery plan that will support recovery from parent–child relational problems and addictive behavior, including attending recovery group meetings regularly, getting a sponsor, and obtaining other necessary therapy.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of a recovery plan that were noted to support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
D. The client was reinforced for active pursuit of the elements of the recovery plan.
E. The client has not followed through on developing a recovery plan and was redirected to do so.

51. Teach Family Members About Recovery Program (51)

A. Each family member was taught about the importance of working on their own program of recovery.
B. Family members were assisted in identifying the important components of the recovery programs.
C. Family members were reinforced as they accepted the idea of working their own recovery programs.
D. Family members were reluctant to accept the need for working their own programs of recovery and were redirected to do so.

52. Assess Satisfaction (52)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PARTNER RELATIONAL CONFLICTS

CLIENT PRESENTATION

1. **Arguing With Partner (1)***
   A. The client reported frequent or continual arguing with their 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 the relationship with the partner has improved significantly and arguing has become very infrequent.
2. **Relationship Stress as an Excuse for Addiction (2)**
   A. The client described a pattern of relationship stress that they have used as an excuse for addiction.
   B. The client described that addictive behavior has exacerbated the relationship conflicts.
   C. The client described an increasing pattern of relationship stress and addictive behavior.
   D. The client reported a decrease in relationship stress and addictive behavior.
3. **Lack of Communication (3)**
   A. The client complained of a lack of communication with the partner.
   B. Communication between the client and partner has improved.
   C. The client cited examples of improved communication with the partner.
   D. The client reported being pleased with the amount and quality of the communication with the partner.
4. **Marital Separation (4)**
   A. The client and partner have agreed to a marital separation because of addictive behavior.
   B. The partner has initiated a separation from the client, citing addictive behavior.
   C. The client has initiated a marital separation from the partner.
   D. The client expressed feelings of hurt, disappointment, anxiety, and depression related to the marital separation.
   E. The separation between the client and partner has ended and they have reunited.
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 surrounding the divorce.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

E. The client expressed feelings of anger and resentment over the divorce.
F. The client placed responsibility for the divorce on the partner.
G. The pending divorce action has been discontinued, and the client and partner have reconciled.

6. Emotional Distance (6)

A. The client described a pattern of very limited or only superficial communication, frequent arguing, infrequent sexual enjoyment, and a feeling of emotional distance from the partner.
B. The client and partner continue a pattern of emotional distance characterized by poor communication, arguing, and infrequent sexual enjoyment.
C. The client and partner have taken steps to spend quality time together to increase the degree of intimacy between them.

7. Social Isolation (7)

A. The client described a pattern of social isolation and withdrawal because of addictive behavior.
B. The client identified choosing to engage in addictive behavior rather than spending time with others in social situations.
C. As the client has decreased addictive behavior, they report increased social contacts.
D. The client reported more fulfilling social interactions.

8. Abusive Relationship (8)

A. The client reported instances of verbal abuse that have occurred within the relationship.
B. The client reported instances of physical abuse that have occurred within the relationship.
C. The client has taken steps to disengage from the abusive relationship.
D. The abuse in the relationship has ended.

9. Multiple Intimate Relationships (9)

A. The client described involvement in multiple concurrent sexual relationships.
B. The client described being involved in multiple concurrent sexual relationships in the past.
C. The client reported experiencing emotional conflicts regarding engagement in multiple concurrent sexual relationships.
D. The client reported feeling no conflict over the pattern of multiple concurrent sexual relationships.
E. The client acknowledged the need to terminate the pattern of multiple concurrent sexual relationships.

10. Broken Relationship Pattern (10)

A. The client described a pattern of repeatedly broken or conflicted relationships because of a lack of problem-solving skills, recurrent distrust in the relationships, or choosing dysfunctional partners who may be abusive.
B. The client has developed increased insight into the pattern of choosing dysfunctional partners with whom to become intimate.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing relationship concerns.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assign Step 1 Exercise for Addiction and Partner Relational Problems (3)**
   A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with partner relational conflicts.
   B. The client described an understanding of the concept of powerlessness and unmanageability regarding addiction and partner relational conflicts; this insight was processed.
   C. The client was able to endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with partner relational conflicts; the progress was reinforced.
   D. The client did not endorse the concept of powerlessness and unmanageability that have resulted from addiction and partner relational conflicts and was provided with additional feedback in this area.
4. **Identify Conflict Causes (4)**
   A. The client was assisted in identifying causes for past and present relationship conflicts.
   B. Active listening was provided as the client identified a variety of patterns of behavior that are causes for past and present conflicts.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. Support and encouragement were provided as the client focused on the situational factors that have affected past and present conflicts.
D. The client was unable to identify consistent patterns that have caused past or present conflicts and was provided with tentative examples of this dynamic.

5. Explore Relationship Conflicts (5)

A. During a conjoint session, a history of the partner relational conflicts was solicited.
B. Each partner was asked to provide their perspective on each issue.
C. The couple was assigned "Identifying Conflict Themes" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. A discussion was facilitated during which each partner identified the nature of the conflict between them.
E. It was reflected to the partners that they demonstrated a tendency to project blame onto each other for their conflicts.

6. Conduct DEEP Analysis (6)

A. The couple was assessed through the use of the DEEP analysis, identifying differences, emotional sensitivities, external circumstances, and patterns of interaction.
B. The couple was assessed in order to develop a case formulation of the relational problems.

7. Administer Assessment for Partner Relational Conflict (7)

A. The client was administered psychological instruments designed to objectively assess the strength of partner relational conflicts.
B. The Dyadic Adjustment Scale (DAS) was administered to the client.
C. The Communication Patterns Questionnaire–Short Form (CPQ-FS) was administered to the client.
D. The client was assessed with satisfaction inventories, such as the Marital Satisfaction Inventory—Revised or the Couples Questionnaire.
E. The client has completed the assessment of partner relational conflict concerns, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of partner relational conflict concerns, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of partner relational conflict concerns, and the focus of treatment was turned toward this defensiveness.

8. Assess Level of Insight (8)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Teach Partner Relational Conflicts/Addiction Connection (12)

A. The client was taught about the connection between partner relational conflicts and addiction, including how addiction can be used to manage the feelings associated with these conflicts.
B. The client was taught about how increased addictive behavior leads to increased partner relational conflicts.
C. The client was assigned "Relationship Assessment" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client accepted the connection between partner relational conflicts and addictive behavior and was able to identify specific examples from experience that support this pattern.
E. The client reported decreased addictive behavior related to partner relational conflicts; this progress was celebrated.
F. The client rejected the concept of a connection between partner relational conflicts and addictive behavior; the client was encouraged to monitor this pattern.

13. List Examples of Addiction Leading to Conflict (13)

A. The client was asked to list five instances when addictive behavior has led to relationship conflicts.
B. The client was assisted in identifying several instances when addictive behavior has led to relationship conflict situations.
C. The client was noted to display increased insight because of their review of addictive behavior leading to relationship conflict.
D. The client denied any pattern of addictive behavior leading to relationship conflicts; the client was urged to monitor this pattern.

14. List Examples of Relationship Conflict Leading to Addictive Behavior (14)

A. The client was asked to list five occasions in which relationship conflicts have led to addictive behavior.
B. Active listening was provided as the client identified several situations in which relationship conflicts have precipitated addictive behavior.
C. The client was noted to display increased insight because of their review of relationship conflicts leading to addictive behavior.
D. The client denied any pattern of relationship conflicts leading to addictive behavior; the client was urged to monitor this pattern.

15. Focus on Acceptance of Responsibility (15)

A. The client was asked to focus on accepting responsibility for their role in the relationship problems and for choosing addictive behavior as a reaction to conflicts.
B. The client acknowledged responsibility for relationship problems but was noted not to take responsibility for the choice of addictive behavior.
C. The client accepts responsibility for addictive behavior but was noted to deny responsibility for relationship problems.
D. The client acknowledged responsibility for partner relational conflicts and for choosing addictive behavior as a reaction to the conflicts; this progress was reinforced.
E. The client denied any responsibility for partner relational conflicts or addictive behavior and was urged to monitor this pattern.

16. Identify Positive Aspects (16)

A. The partners were assisted in identifying positive aspects of their relationship that drew them together initially.
B. Both partners were reinforced as they identified positive aspects that have been rewarding since forming a union.

C. The partners were unable to identify positive aspects of their relationship that drew them together initially and have been rewarding, and they were given examples in this area.

17. Explore Relationship Conflicts (17)

A. Each partner has been assisted in identifying the nature of the conflicts between them, such as abuse/neglect, substance use, poor communication, inadequate conflict resolution, or problem-solving difficulties.

B. It was noted that each partner has demonstrated a tendency to project blame onto the other for their conflicts.

18. Assign Relationship Journaling (18)

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

B. The couple was assigned "Positive and Negative Contributions to the Relationship: Mine and Yours" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

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

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

19. Assess Current Patterns of Destructive Behavior (19)

A. The couple's current level of destructive and/or abusive behavior was assessed.

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

C. The partners were encouraged to note the repetition of a family pattern of destructive intimate relationship interactions.

D. The partners' family-of-origin history was explored, but they did not identify any specific pattern of destructive intimate relationship interactions.

20. List Aggression-Escalating Behaviors (20)

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.

21. Develop Conflict-Termination Signal (21)

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.

22. Solicit Conflict-Termination Agreement (22)

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.

23. Record Use of "Time-Out" (23)

A. The couple was assigned to implement the use of the "time-out" signal and other conflict-resolution skills in daily interaction.

B. The couple was asked to record their use of the "time-out" signal and other conflict-resolution skills.

C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The couple has regularly used and recorded their use of conflict-resolution skills, and these were processed within the session.

E. The couple has not regularly used or recorded the conflict-resolution skills and was redirected to do so.

24. Build Tolerance of Perspectives (24)

A. The couple was assisted in building tolerance, acceptance, and empathy by asking them to discuss issues without blaming or insisting that change is the other's responsibility.

B. The couple was asked to voice the other's perspective, detach objectively when analyzing problems, and work to tolerate discussion of sensitive topics.

C. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The couple was reinforced for building tolerance, acceptance, and empathy for each other.

E. The couple struggled to identify each other's perspectives and was provided with specific examples.

25. Build Tolerance of Differences (25)

A. The couple was assisted in building tolerance and acceptance for each other's differences.

B. An emphasis was made on the positive of each partner's differences, and these were compared to and balanced with awareness of drawbacks.

C. The couple was reinforced for building tolerance and acceptance for each other's differences.

D. The couple struggled to identify the positive side of each other's differences and was provided with specific examples.

26. Process Partners' Positive and Problematic Features (26)

A. The lists of positive and problematic features of each partner in the relationship were reviewed and processed within the session.

B. The couple was asked to develop a list of targeted changes each needs to make to improve the relationship.

C. The couple was asked to complete the "How Can We Meet Each Other's Needs and Desires?" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The couple has processed a list of problematic features and was provided with positive feedback for their mature understanding of the changes that need to be made.
E. The couple has struggled to make a clear commitment to the changes that each will need to make in order to improve their relationship; this reluctance was reflected and processed.

27. Develop Contract (27)

A. The partners were assisted in developing a contract identifying negotiated behavioral changes that each partner requests within the relationship.
B. The couple was directed to sign the contract or verbalize agreement.

28. Identify Conflicts Related to Communication, Conflict Resolution, and Problem-Solving (28)

A. The couple was assisted in identifying conflicts that could be addressed using communication, conflict resolution, and/or problem-solving skills.
B. Techniques described by Holzworth-Monroe and Jacobson in "Behavioral Marital Therapy" in the *Handbook of Family Therapy* (Gurman & Knickerson) were used to help the couple develop better communication, conflict resolution, and problem-solving skills.

29. Teach Communication Skills (29)

A. Behavioral techniques (education, modeling, role-playing, corrective feedback, positive reinforcement) were used to teach communication skills.
B. The couple was taught assertive communicating; offering positive, active listening; making positive requests of others for behavior change; and giving negative feedback in an honest, open, and respectful manner.
C. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The couple was reinforced for learning better communication skills.
E. The couple has not learned better communication skills and was provided with remedial feedback in this area.

30. Teach Problem-Solving Skills (30)

A. Behavioral techniques (education, modeling, role-playing, corrective feedback, positive reinforcement) were used to teach problem-solving skills.
B. The couple was taught to combine assertive communication and problem-solving skills to learn new approaches to resolving conflict.
C. The couple was reinforced for learning better problem-solving skills.
D. The couple has not learned better problem-solving skills and was provided with remedial feedback in this area.

31. Assign Record of Skills (31)

A. The couple was assigned to do homework using learned communication, problem-solving, and conflict resolution skills.
B. The couple was asked to record their experience of newly learned skills.

C. The couple was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has completed the communication skills assignment and the results were processed in session; corrective feedback toward improvement was provided.
E. The client has not completed the communication skills assignment, and the resistance was processed.
F. The client was encouraged to process results within the session.
G. The client was provided with corrective feedback toward improvement in regard to learned skills.

32. Assign Readings (32)

A. The client/couple was assigned readings from books that reinforce therapeutic concepts and practices.
B. The client/couple was assigned *Reconcilable Differences* (Christensen et al.).
C. The client/couple was assigned *Love Is Never Enough* (Beck).
D. The client/couple was assigned *Couple Skills* (McKay, Fanning, & Paleg).
E. The client/couple read the assigned material and therapeutic concepts were reviewed and reinforced.
F. The client/couple did not read the assignment material and were redirected to do so.

33. Discuss Sexual Problems (33)

A. The nature of the couple's sexual relationship was assessed for the presence of any sexual dysfunction or irrational sexual beliefs and attitudes.
B. The partners were helped to acknowledge sexual problems between themselves and have agreed to focus efforts on trying to resolve these problems.
C. The partners denied any sexual conflict between themselves, which was accepted at face value.

34. Teach Verbal/Nonverbal Affection (34)

A. Modeling, role-playing, and behavior rehearsal were used to teach the partners how to show verbal and nonverbal affection to each other.
B. The partners verbalized an understanding of techniques to show verbal and nonverbal affection to each other (e.g., going for a walk together, talking intimately, holding hands, hugging, dancing, giving each other compliments and praise); these examples were reinforced.
C. The partners reported regularly using techniques to display verbal and nonverbal affection to each other; this progress was reinforced.
D. The partners have not used techniques to show verbal and nonverbal affection to each other, and both were redirected to do so.

35. Gather Sexual History Information (35)

A. The couple was requested to provide a detailed sexual history, including both positive and negative experiences.
B. Each partner's sexual history was reviewed in order to rule out dysfunction and use strengths.

C. After reviewing each partner's sexual history and the history of the couple, specific strengths and dysfunction were identified and reflected to the couple.
D. The couple has been reluctant to share sexual history information, and this resistance was processed.

36. Refer for Sexual Dysfunction Diagnosis and Treatment (36)

A. The client was referred to a specialist for a diagnostic evaluation of sexual dysfunction.
B. Organic factors were identified as leading to sexual dysfunction, and appropriate treatment was recommended and initiated.
C. Psychogenic factors were identified as leading to sexual dysfunction, and appropriate treatment was recommended and initiated.
D. An assessment of sexual dysfunction was conducted, but none was found.

37. Identify Components of Sexual Attitudes (37)

A. A joint session was held to identify sexual behavior, patterns, activities, and beliefs of each partner in the extended family.
B. The couple was supported as they identified the contributors to their sexual attitudes.
C. The couple appeared cautious and defensive about the factors contributing to their negative sexual attitudes and was encouraged to become more open in this area.

38. Solicit Commitment to Healthy Sexual Attitude/Behavior (38)

A. Each partner was asked to commit to developing healthy, mutually satisfying sexual beliefs, attitudes, and behaviors that are independent of maladaptive ones learned previously.
B. Each partner was supported in verbalizing a commitment to change sexual attitudes and behaviors to something healthier and gave evidence of that commitment through reporting implementation of healthier behavior and attitudes.
C. Each partner identified the difficulties that they are having separating from previous maladaptive sexual beliefs and attitudes; these were processed toward resolution.

39. Stress Continued Therapy (39)

A. The couple was focused on the importance of continued therapy to improve the relationship and to maintain gains.
B. The couple acknowledged the need for continued therapy in order to improve the relationship and maintain gains.
C. The couple rejected the need for continued therapy to improve the relationship and maintain gains.

40. Identify Pleasurable Activities (40)

A. The partners were assisted in identifying and planning rewarding recreational activities that they can do together.
B. The client was assigned "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The partners reported specific instances of recreational activities that they have enjoyed together; examples of this success were solicited.
D. The partners have failed to follow through on increasing their enjoyable recreational time together, and both were encouraged to do so.

41. Encourage Grief Sharing and Social Interaction (41)

A. The client was encouraged to share the grief of losing their significant other or spouse.
B. Active listening was provided as the client expressed grief over the loss of the significant other or spouse.
C. The client was provided with additional support as they struggle to openly share emotions related to the loss of the significant other or spouse.
D. The client was encouraged to develop a written plan to increase social interaction and to improve old relationships.
E. The client has developed a plan for increasing social interaction and improving old relationships and is implementing this plan; this progress was highlighted.
F. The client has not focused on developing a plan to increase social interactions and improve old relationships and was redirected to do so.

42. Encourage New Relationships (42)

A. The client was encouraged to build new social relationships.
B. The client reported increasing social relationships and was positively reinforced within the session for doing so.
C. The client has been reluctant to develop new social relationships and was redirected to do so.

43. Develop Written Recovery Plan (43)

A. The client was assisted in developing a written recovery plan that will support recovery from partner relational problems and addictive behavior, including attending recovery group meetings regularly, getting a sponsor, and obtaining other necessary therapy.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has listed several components of a recovery plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed.
D. The client was reinforced as they described active pursuit of the elements of the recovery plan.
E. The client has not followed through on developing a recovery plan and was redirected to do so.

44. Assess Satisfaction (44)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PEER GROUP NEGATIVITY

CLIENT PRESENTATION

1. **Encouraged in Addictive Behavior (1)***
   A. The client reported that many of their friends and relatives are chemically dependent.
   B. The client reported that their chemically dependent friends and relatives often encourage the client to join them in addictive behavior.
   C. The client described an increase in addictive behavior subsequent to friends and relatives encouraging the client to engage in addictive behavior.
   D. The client reported that they have resisted the influence of addicted friends and relatives.
   E. The client reported that they are developing different relationships in order to avoid addicted friends and relatives.
2. **Illegal Substances Sold and Encouraged (2)**
   A. The client reported that peers are often involved in the sale of illegal substances.
   B. The client reported that peers often encourage the client to engage in the sale of illegal substances.
   C. The client reported a temptation to join peers in the sale of illegal substances.
   D. The client described their own involvement in the sale of illegal substances.
   E. The client has terminated involvement with peers and the sale of illegal substances.
3. **Peer Group Is Unsupportive (3)**
   A. The client identified situations in which the peer group is not supportive of their recovery from addiction.
   B. The client acknowledged that the peer group has a persistent pattern of failure to support their recovery from addiction.
   C. The client reported changing their peer group to help support recovery from addiction.
   D. The client endorsed the need to develop a new peer group in order to obtain support for recovery from addiction.
4. **Gang Involvement (4)**
   A. The client described a variety of gang-related activities that support criminal activity and addictive behavior.
   B. The client reported that they have been involved in a gang that supported criminal activity and addictive behavior.
   C. The client acknowledged ways in which their gang involvement produces a pattern of criminal activity and addictive behavior.
   D. The client has taken steps to disengage from the gang environment.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Peers Not Understanding Addiction/Recovery (5)**
   A. The client indicated that peers do not seem to understand the client's experience of addiction.
   B. The client identified that peers do not understand or support their need for recovery.
   C. The client's peers' poor understanding of addiction and need for recovery has contributed to the client's decision to continue addictive behavior.
   D. As treatment has progressed, the client's peers' understanding of addiction and recovery has improved, and support for recovery has increased.
6. **Mocking Recovery (6)**
   A. The client was observed to laugh and joke about recovery.
   B. The client reported that peers often laugh and joke about recovery and continue to engage in addictive behavior.
   C. The client displayed increased seriousness about recovery and has discontinued laughing and joking about addictive behavior.
7. **Gambling (7)**
   A. The client reported that peers engage in and encourage gambling.
   B. The client acknowledged having struggled to control gambling impulses.
   C. The client acknowledged their problem with gambling and has identified needing to develop a different peer culture.
   D. The client has made changes in their peer group to avoid those who support gambling.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing peer group problems.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assign Step 1 Exercise for Addiction and Peer Group Negativity (3)

A. A 12-step program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from addictive behaviors and peer group negativity.
B. The client was assigned to complete the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client has completed the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson) and their insights into this area were reviewed.
D. The client has not completed the Step 1 exercise and the reasons for this resistance were processed.
E. Active listening skills were used as the client discussed powerlessness and unmanageability regarding addiction and the negative peer group.
F. The client was reinforced in endorsing the concept of their powerlessness and unmanageability that have resulted from addictive behaviors and peer group negativity.
G. The client denied that their addiction and negative peer group have resulted in powerlessness and unmanageability and was provided with tentative examples of how this occurs.

4. Administer Assessment for Peer Group Negativity (4)

A. The client was administered psychological instruments designed to objectively assess the strength of the client's identification with values of a negative peer group.
B. The Family Environment Scale (FES) was administered to the client.
C. The client has completed the assessment of identification with the values of a negative peer group, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of identification with the values of a negative peer group, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of identification with the values of a negative peer group, and the focus of treatment was turned toward this defensiveness.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

8. Assess Severity of Impairment (8)

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

9. Explore Relationship Between Peer Group Negativity and Addiction (9)

A. The client was taught the relationship between peer group negativity and addiction, including how addictive behavior can be used in response to peer group negativity.
B. The client was taught about how more addictive behavior supports and develops increased peer group negativity.
C. The client accepted the reciprocal relationship between peer group negativity and addiction and was helped to identify specific examples from experience that support this pattern.

D. The client reported decreased addictive behavior despite ongoing peer group encouragement to continue the addictive behavior; the client was cautioned about the precarious nature of this progress.
E. Analogies were provided to the client emphasizing the increased likelihood of relapse when the client is around other addicted individuals (e.g., "Birds of a feather flock together," "If you hang around the barber shop long enough, you're going to get a haircut").

10. List Peers' Encouragement of Addictive Behavior (10)

A. The client was assigned to list instances when peers encouraged addictive behavior.
B. The client was assigned "What Do I Need and How Do I Get It?" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Active listening was provided as the client reported several situations in which peers have encouraged addictive behavior.
D. The client was helped to identify a pattern of peers encouraging addictive behavior.
E. The client denied any pattern of peer encouragement of addictive behavior and was urged to monitor this dynamic.

11. List Criminal Activity Prompted by Peer Group (11)

A. The client was assigned to list five times when the peer group has led them into criminal activity.
B. Active listening was provided as the client identified several situations in which the peer group has led them into criminal activity.
C. The client was supported in acknowledging a consistent pattern of the group leading them into criminal activity.
D. The client denied any pattern of the peer group leading them into criminal activity and was provided with tentative examples of how this occurs.

12. Reinforce and Empathize Regarding Changing Peer Group (12)

A. The client verbalized an intent to break ties with the current peer group, and empathy was provided for the stress of this process.
B. The client was assigned the exercise "Creating Recovery Peer Support" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced about their decision to break ties with their current peer group.
D. The client indicated an increased desire to change their peer group as they experienced empathy regarding the difficulty in leaving addicted friends behind and making new friends.
E. The client reported that they successfully left addicted friends behind and made new friends; this success was reinforced.
F. The client has refused to develop new friendships and intends to return to old, unhealthy relationships. This was processed within the session.

13. Grieve the Loss of the Old Peer Group and Develop New Friends (13)

A. The client was assisted in grieving the loss of the former peer group.
B. Active listening was provided as the client identified many feelings regarding changes in the peer group.

C. The client's plans to develop new friends within recovery were reinforced.
D. The client's newly developed friendships within recovery were reviewed.
E. The client has not developed new friendships within the recovery program and was redirected to do so.

14. Teach About a Risk of Relapse (14)

A. The client was assisted in identifying reasons why continuing to associate with the current peer group increases the risk for relapse.
B. The client identified several reasons why continuing to associate with the current peer group increases the risk for relapse; this insight was reinforced.
C. The client rejected the idea that the current peer group increased the risk for relapse and was urged to monitor this dynamic.

15. List Consequences of Continued Ties to Peer Group (15)

A. The client was asked to list the negative consequences associated with continuing the ties to the negative peer group.
B. Active listening was provided as the client identified specific examples of how continuing contact with the negative peer group would lead to negative consequences.
C. The client denied or minimized any negative consequences for continued association with the negative peer group and was provided with tentative examples in this area.

16. Assign Step 2 Exercise Regarding Negativity and *Insanity* (16)

A. The client was assisted, through use of a 12-step program's Step 2 exercise, in seeing how peer group negativity and addiction meet the 12-step program's definition of *insane*.
B. The client was asked to identify experiences of *insane* or *irrational* peer group negativity and how this concept applies to them.
C. The client was assigned the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client has completed the Step 2 exercise and their insights in this area were reviewed.
E. The client has not completed the Step 2 exercise and the reasons for this resistance were processed.
F. The client endorsed the idea that peer group negativity meets the concept of *insanity*; this insight was reinforced.
G. The client rejected the concept of *insanity* and how peer group activity may be irrational and was asked to monitor this dynamic.

17. Teach About a Higher Power (17)

A. The client was presented with information about how faith in a higher power can restore the client to sanity.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
C. The client was encouraged to describe beliefs about the concept of a higher power and how a higher power can restore them to sanity.
D. The client rejected the concept of a higher power and was encouraged to remain open to this concept.

18. Identify Assistance From a Higher Power (18)

A. The client was asked to identify ways that a higher power can assist them.
B. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Specific ways in which a higher power can be helpful to the client were processed.
D. The client reported specific steps that they are taking to turn specific issues over to a higher power and was reinforced for this progress.
E. The client rejected the idea that a higher power can assist them and was provided with specific examples (e.g., by sending power to resist temptation, by imparting spiritual direction, by giving a feeling of acceptance).

19. Assign a Step 3 Exercise (19)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and recording the experiences in a journal.
C. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client's experience of turning problems over to their higher power was processed within the session.
E. A decrease in the client's addictive behavior has been noted since the client has turned peer group negativity problems over to a higher power each day.
F. The client struggled with the concept and implementation of turning problems over to a higher power and was provided with remedial feedback in this area.

20. Teach About the Need for Honesty and Obeying the Law (20)

A. The client was asked to list the positive effects for others when they are honest and obey the law.
B. The client was asked to list the positive effects when they are honest and obey the law.
C. The client's reasons why rigorous honesty and obeying the law are essential to working on a program of recovery were processed.
D. The client reported routinely engaging in rigorous honesty and has been obeying the law as a portion of the program of recovery; this progress was highlighted.
E. The client has not accepted the necessity for rigorous honesty and adherence to laws and was redirected in this area.

21. Assign a Written Plan to Increase Social Contact (21)

A. The client was assigned to write a specific plan about their intentions to increase social contact with a new peer group that is positive toward recovery.
B. The client was assigned "Creating Recovery Peer Support" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has made a written plan about increasing social contact with a positive peer group, and this plan was processed within the session.

D. The client reported having implemented the plan to increase social contact with a new peer group that is positive toward recovery; the experience was processed.
E. The client has struggled to implement the plan for a new peer group, and these problems were processed within the session.
F. The client has not made a written plan for increasing social contact with a new peer group that is positive toward recovery and was redirected to do so.

22. Encourage Recovery Group Socializing (22)

A. The client was encouraged to stay for coffee and conversation after each 12-step recovery group meeting, in order to increase social skills and make new, positive friends.
B. The client was reinforced while endorsing the idea of using conversation and coffee time after 12-step recovery group meetings to make new, positive friends.
C. The client reported staying after 12-step recovery group meetings for coffee and conversation, and this was noted to be helpful to develop social skills and make new, positive friends.
D. The client has been reluctant to practice social skills after 12-step recovery group meetings and was redirected to do so.

23. Assign a Fourth-Step Exercise (23)

A. Using a 12-step recovery program's Step 4 inventory, the client was assigned to write an autobiography detailing the exact nature of their wrongs and how these relate to the negative peer group and to addictive behavior.
B. The client completed the fourth-step inventory and was encouraged to share this with a clergy person or someone else in recovery.
C. The client has shared their fourth-step inventory; as this was processed, the client reported finding this helpful.
D. The client has not completed the fourth-step inventory and was redirected to do so.

24. Practice Refusal in High-Risk Situations (24)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, how to refuse to engage in high-risk situations for relapse (e.g., negative emotions, social pressure, interpersonal conflicts, strong positive emotions, testing personal control).
B. The client was assigned "Identifying Relapse Triggers and Cues" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in practicing the refusal of addictive behaviors in high-risk situations within the session.
D. The client was strongly reinforced as they reported an ongoing ability to refuse addictive behaviors in high-risk situations.
E. The client continues to struggle with refusing addictive behaviors in high-risk situations, and failures were addressed.

25. Review Refusal Skills (25)

A. The client's implementation of refusal skills in high-risk situations was reviewed.
B. The client was recommended to read *Coping With Peer Pressure* (Kaplan).

C. The client's pattern of success in refusing addictive behavior in high-risk situations was reinforced.
D. The client was redirected for situations in which they have failed to use helpful refusal skills in high-risk situations.

26. Develop a Relationship With a 12-Step Sponsor (26)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they agreed with the need to use a sponsor within the 12-step community.
D. The client was assisted in developing a relationship with a temporary sponsor.
E. The client has not pursued involvement with a sponsor from the 12-step community and was redirected to do so.

27. List of Positive and Negative Peers (27)

A. The client was assisted in making a list of all peers who are positive toward recovery.
B. The client was assisted in making a list of all peers who are negative toward recovery.
C. A review of the client's positive and negative peers has prompted greater understanding of peer group dynamics.
D. The client was assigned "Building My Support Network" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. The client has not developed a list of peers who are positive or negative and was redirected to do so.

28. Plan Coping Response for Unsupportive Peers (28)

A. The client was assisted in planning how to avoid peers who are unsupportive or critical of recovery efforts.
B. The client was assisted in developing coping skills for dealing with peers who are unsupportive or critical of recovery efforts.
C. The client was reinforced for developing helpful skills on how to avoid or cope with peers who are unsupportive or critical of recovery efforts.
D. The client struggled to identify helpful techniques to avoid or cope with peers who are unsupportive or critical of recovery efforts and was provided with tentative examples in this area.

29. Assign Family List of Peers to Avoid (29)

A. Within a family session, family members indicated which peers they believe need to be avoided in recovery and why.
B. The client was noted to display an understanding of the need to avoid peers identified by family members.
C. The client was reinforced as they implemented a pattern of avoiding peers whom family members indicated should be avoided.

D. The client rejected the expectation that they should avoid the peers that the family members have identified; the client was urged to find the family's wisdom in this area.

30. Teach Family the Peer Group Negativity/Addiction Connection (30)

A. A family session was held to educate the family and significant others regarding the connection between the client's peer group negativity and addiction problems.

B. A list was presented detailing the steps that the client must take to recover successfully.

C. Family members were reinforced as they expressed their positive support and a more accurate understanding of peer group negativity and substance abuse problems.

D. Family members were not understanding nor willing to provide support to the client, despite increasing understanding of peer group negativity patterns and addiction problems; they were urged to monitor the client's progress in recovery.

31. Engage Family Members in Recovery (31)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize recovery.

B. Family members were reinforced as they expressed their positive support of the client and committed to assisting in recovery.

C. Family members indicated ongoing emotional displeasure with the client and did not indicate support for recovery; they were urged to monitor the client's progress in recovery.

32. Assess Satisfaction (32)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

POSTTRAUMATIC STRESS DISORDER (PTSD)

CLIENT PRESENTATION

1. **Exposure to Death or Injury to Others (1)***
   A. The client has a history of having been exposed to an actual or perceived threat of death or serious injury.
   B. The client's intense emotional response to the traumatic event has somewhat diminished.
   C. The client can now recall the traumatic event of being threatened with death or serious injury without an intense emotional response.
2. **Intense Reaction to Trauma (2)**
   A. The client has a history of having been exposed to the death or serious injury of others that resulted in feelings of intense fear, helplessness, or horror.
   B. The client's severe emotional response of fear has somewhat diminished.
   C. The client can now recall being a witness to the traumatic incident without experiencing the intense emotional response of fear, helplessness, or horror.
3. **Intrusive Thoughts (3)**
   A. The client described experiencing intrusive, distressing thoughts or images that recall the traumatic event and its associated intense emotional response.
   B. The client reported experiencing less difficulty with intrusive, distressing thoughts of the traumatic event.
   C. The client reported no longer experiencing intrusive, distressing thoughts of the traumatic event.
4. **Disturbing Dreams (4)**
   A. The client described disturbing dreams that they experience and are associated with the traumatic event.
   B. The frequency and intensity of the disturbing dreams associated with the traumatic event have decreased.
   C. The client reported no longer experiencing disturbing dreams associated with the traumatic event.
5. **Flashbacks (5)**
   A. The client reported experiencing illusions about or flashbacks to the traumatic event.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

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.

6. Physiological Reactivity (6)

A. The client experiences physiological reactivity associated with fear and anger when exposed to the internal or external cues that symbolize the traumatic event.
B. The client's physiological reactivity has diminished when exposed to internal or external cues of the traumatic event.
C. The client reported no longer experiencing physiological reactivity when exposed to internal or external cues of the traumatic event.

7. Thought/Feeling/Conversation Avoidance (7)

A. The client described trying to avoid thinking, feeling, or talking about the traumatic event because of the associated negative emotional response.
B. The client is making less effort to avoid thoughts, feelings, or conversations about the traumatic event.
C. The client reported now being able to talk or think about the traumatic event without feeling overwhelmed with negative emotions.

8. Place/People Avoidance (8)

A. The client reported a pattern of avoidance of activity, places, or people associated with the traumatic event because they are fearful of the negative emotions that may be triggered.
B. The client is able to tolerate contact with people, places, or activities associated with the traumatic event without feeling overwhelmed.

9. Lack of Interest (9)

A. The client has developed a lack of interest and a pattern of lack of participation in activities that had previously been rewarding and pleasurable.
B. The client has begun to show some interest in participation in previously rewarding activities.
C. The client is now showing a normal interest in participation in rewarding activities.

10. Sleep Disturbance (10)

A. Since the traumatic event occurred, the client has experienced a desire to sleep much more than normal.
B. Since the traumatic event occurred, the client has found it very difficult to initiate and maintain sleep.
C. Since the traumatic event occurred, the client has had a fear of sleeping.
D. The client's sleep disturbance has terminated and the client has returned to a normal sleep pattern.

11. Lack of Concentration (11)

A. The client described a pattern of lack of concentration that began with the exposure to the traumatic event.

B. The client identified feelings of guilt that impinge on concentration.
C. The client reported now being able to focus more clearly on cognitive processing.
D. The client's ability to concentrate has returned to normal levels.

12. Hypervigilance (12)

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

13. Exaggerated Startle Response (13)

A. The client described having experienced an exaggerated startle response.
B. The client's exaggerated startle response has diminished.
C. The client no longer experiences an exaggerated startle response.

14. Symptoms for 1 Month or More (14)

A. The client stated that symptoms of PTSD have been present for more than a month.
B. The client's symptoms that have been present for more than a month have diminished.
C. The client no longer experiences PTSD symptoms.

15. Interpersonal Conflict (15)

A. The client described a pattern of interpersonal conflict, especially in regard to intimate relationships.
B. As the client has worked through their reaction to the traumatic event, there has been less conflict within personal relationships.
C. The client's partner reported being irritable, withdrawn, and preoccupied with the traumatic event.
D. The client and partner reported increased communication and satisfaction with the interpersonal relationship.
E. The client has been unable to maintain employment because of authority/coworker conflict or anxiety symptoms.
F. As the client has worked through the feelings associated with the traumatic event, they have been more reliable and responsible within the employment setting.
G. The client has resumed employment duties and attendance in a consistent and reliable manner.

16. Addictive Behavior as an Escape (16)

A. Since the traumatic experience, the client has engaged in a pattern of addictive behavior as a maladaptive coping mechanism.
B. The client's addictive behavior has diminished as they have worked through the traumatic event.
C. The client reported no longer engaging in addictive behaviors.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing PTSD symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Explore Facts of Traumatic Event (3)**
   A. The client was gently encouraged to tell the entire story of the traumatic event.
   B. The client was assigned the exercise "How the Trauma Affects Me" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
   C. The Anxiety Disorders Interview Schedule–Adult Version was used to assess the client's anxiety symptoms.
   D. The client was given the opportunity to share what they recall about the traumatic event.
   E. Today's therapy session explored the sequence of events before, during, and after the traumatic event.
4. **Refer/Conduct Psychological Testing (4)**
   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.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Arrange Substance Abuse Evaluation (5)

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

6. Assess Depression (6)

A. The depth of the client's depression and suicide risk were assessed.
B. Because 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 they have denied any current suicidal ideation.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

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

10. Assess Severity of Impairment (10)

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

11. List When Posttraumatic Stress Has Led to Addictive Behavior (11)

A. The client was assigned to list times when posttraumatic stress has led to addictive behaviors.
B. The client was assigned "Coping With Addiction and PTSD or Other Anxiety Disorders" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was helped to identify times in which posttraumatic stress symptoms have led to addictive behavior.
D. The client has not developed a list of situations in which posttraumatic stress has led to addictive behavior and was redirected to do so.

12. Teach About Recovery Group Involvement (12)

A. The client was taught about how active involvement in a recovery group is a way to cope with posttraumatic stress symptoms.
B. The client was referred to an appropriate recovery group.
C. The client described involvement in an active recovery group.
D. The client reported that they have not followed through with involvement in the recovery group and was redirected to do so.

13. Refer for Medication Evaluation (13)

A. The client was referred for a medication evaluation to help stabilize moods and decrease the intensity of feelings.
B. The client was reinforced as they agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to help stabilize moods and reduce emotional distress; their objections were processed.

14. Monitor Effects of Medication (14)

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 moods and decrease the intensity of feelings; the client was directed to share this information with the prescribing clinician.

C. The client reports little to no improvement in moods or anger control since being placed on the medication; the client 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; the client was encouraged to take the medication as prescribed.

15. Provide Psychoeducation Regarding Cognitive Therapy With PTSD (15)

A. The client was provided with psychoeducation about Cognitive Therapy with PTSD.
B. The client was taught about the relationship between thoughts, emotions, and behaviors associated with trauma and with posttraumatic growth.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client verbalized an understanding of the cognitive approach.

16. Discuss PTSD Symptoms (16)

A. A discussion was held about how PTSD results from exposure to trauma and results in intrusive recollections, unwarranted fears, anxiety, and a vulnerability to other negative emotions.
B. The client was provided with specific examples of how PTSD symptoms occur and affect individuals.
C. The client displayed a clear understanding of the dynamics of PTSD and was provided with positive feedback.
D. The client has struggled to understand the dynamics of PTSD and was provided with remedial feedback in this area.

17. Educate About PTSD Treatment (17)

A. The client was educated about how effective treatments for PTSD help address the cognitive, emotional, and behavioral consequences.
B. The client was taught about how treatment helps recognize and replace PTSD-driven thoughts, feelings, and actions with those facilitative of posttraumatic growth.
C. The client was taught that growth occurs through discussing the trauma, exploring existing and alternative means of it and its impacts, and changing actions from emotion driven to goal oriented.
D. The client was understanding of this rationale for treatment.

18. Assign Reading on Anxiety (18)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on PTSD.
B. The client was assigned information from *Overcoming Post-Traumatic Stress Disorder* (Smyth).
C. The client was assigned readings from *Reclaiming Your Life From a Traumatic Experience* (Rothbaum et al.).
D. The client has read the assigned information on PTSD, and key points were reviewed.
E. The client has not read the assigned information on PTSD and was redirected to do so.

19. Teach Calming Skills (19)

A. The client was taught calming skills.
B. The client was taught breathing training, relaxation, and calming self-talk to use in between sessions when feeling overly distressed.
C. The client was assigned "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client reported regularly using calming skills, and this was reinforced.
F. The client's use of calming skills was reviewed and addressed.

20. Assign Reading About PTSD, Calming, and Coping (20)

A. The client was assigned to read about calming and coping strategies in books or treatment manuals on PTSD.
B. The client was assigned *I Can't Get Over It* (Matsakis).
C. The client was assigned "Safe and Peaceful Place Meditation" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has read the assigned materials on PTSD, and salient issues were identified and processed.
E. The client has not read the assigned material on PTSD and was redirected to do so.

21. Use Cognitive Processing Approach (21)

A. The cognitive processing therapy approach was used, starting with assigning the client to write a description of the meaning of the traumatic event.
B. The client was assigned "Share the Painful Memory" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was asked to read and discuss the impact statement.
D. The client was assisted in the process of reading and discussing the impact statement.
E. Maladaptive, biased thoughts and beliefs were therapeutically challenged, and the client was assisted in exploring alternatives that facilitate posttraumatic growth.

22. Teach Relationship Between Thoughts, Behaviors, and Emotions (22)

A. The client was assisted in identifying the connection between thoughts, feelings, and emotions that are associated with the trauma.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was supported in giving examples of the relationship between thoughts, behaviors, and emotions associated with the trauma.
D. The client struggled to identify connections between thoughts, feelings, and emotions associated with the trauma and was provided with examples in this area.

23. Rewrite Description of the Event (23)

A. As part of a periodic update, the client was asked to rewrite the description of the event but now reflecting new thoughts and beliefs.

B. The client was requested to discuss this restructured version of the event reinforcing the new beliefs.
C. The client was asked to assess and address the themes common to PTSD, including safety, trust, power, control, esteem, and intimacy.

24. Explore Self-Talk and Beliefs About Self (24)

A. The client was asked to explore self-talk and self-beliefs.
B. The client was asked to explore thoughts about others and the future.
C. The client was asked to focus on themes of safety, trust, power, control, esteem, and intimacy.
D. The client was assisted in identifying and challenging biases.
E. The client was assisted in generating appraisals that correct for biases.
F. The client was assisted in testing biased and alternative predications through behavioral experiments.

25. Log Automatic Thoughts (25)

A. The client was asked to keep a daily log of automatic thoughts.
B. The client was assigned the homework exercise "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in processing the journal material to challenge distorted thinking patterns with reality-based thoughts.
D. The client was assisted in generating predictions for behavioral experiments.

26. Assign Self-Talk Homework (26)

A. The client was assigned homework exercises in which they test trauma-driven predictions and create reality-based alternatives.
B. The client has completed homework related to self-talk and creating reality-based alternatives; the client was provided with positive reinforcement for success in this area.
C. The client has completed homework related to self-talk and creating reality-based alternatives; the client was provided with corrective feedback for failure to identify and replace self-talk with reality-based alternatives.
D. The client has not attempted homework related to trauma-driven predictions and reality-based alternatives and was redirected to do so.

27. Use Imaginal Exposure (27)

A. The client was asked to describe a traumatic experience at an increasing, but client-chosen, level of detail.
B. The client was asked to continue to describe traumatic experience at their own chosen level of detail until the associated anxiety reduces and stabilizes.
C. The client was provided with recordings of the session and was asked to listen to it between sessions.
D. The client was reinforced for progress in imaginal exposure.
E. The client was assisted in problem-solving obstacles to their imaginal exposure.

28. Assign Self-Directed Exposure as Homework (28)

A. The client was assigned an agreed-upon homework exercise in which they do self-directed exposure to the memory of the trauma.
B. The client's use of homework exercises on self-directed exposure to the memory of the trauma was reviewed and processed.
C. The client did not complete the agreed-upon homework exercise and was redirected to try this.

29. Use In Vivo Exposure (29)

A. The client was assisted in developing real-life exposure situations.
B. The client was assisted in gradual exposure to identified triggers, such as objects, situations, and places that are negatively associated with the trauma.
C. The client was assisted in gradually eliminating safety behaviors.
D. The client was assigned "Gradually Reducing Your Phobic Fear" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was assisted in managing symptoms when experiencing these in vivo exposures.

30. Assign Homework on Exposures (30)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record the experience.
B. The client was assigned situational exposures homework from "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned situational exposures homework from *Reclaiming Your Life From a Traumatic Experience* (Rothbaum).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in implementation of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

31. Teach Calming and Coping Skills (31)

A. Using cognitive-behavioral techniques, such as covert modeling, role-play, practice and generalization training, the client was taught tailored calming and coping skills.
B. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was assisted in practicing cognitive-behavioral techniques.
D. The client displayed a clear understanding of calming and coping skills for managing fears, overcoming avoidance, and increasing present-day adaptation.
E. The client has not displayed a clear understanding of calming and coping skills for managing fears, overcoming avoidance, and increasing present-day adaptation, and was provided with additional feedback in this area.

32. Teach Self-Dialogue Procedure (32)

A. The client was taught self-dialogue procedures.
B. The client was taught self-dialogue techniques to learn to recognize maladaptive self-talk, challenge its bias, cope with engendered feelings, overcome avoidance, and reinforce accomplishments.
C. The client was assigned the exercise "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for use of self-dialogue procedures.
E. The client has found significant obstacles to using self-dialogue procedures and was assisted in problem-solving about these concerns.

33. Employ EMDR (33)

A. The client was trained in the use of the eye movement desensitization and reprocessing (EMDR) technique to reduce emotional reactivity to the traumatic event.
B. The client reported that the EMDR technique has been helpful in reducing 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 emotional reactivity to the traumatic event.

34. Conduct Brief Eclectic Therapy (34)

A. Using Brief Eclectic Therapy with cognitive-behavioral therapy elements, the client was assisted in exploring difficult emotions, memories, and impacts on personal identity.
B. The client was assisted in identifying new meaning for their traumatic event.
C. The client was moved toward a personal identity that promotes posttraumatic growth.
D. The client has engaged well in the Brief Eclectic Therapy approach and has applied these concepts to their symptoms.
E. The client has not engaged well in the Brief Eclectic Therapy approach, and remedial efforts were applied.

35. Conduct Narrative Exposure Therapy (35)

A. The client was asked to establish a chronological narrative to their life.
B. The client was assisted in contextualizing trauma within their narrative.
C. The client was assisted in learning emotion regulation skills.
D. The client was assisted in cultivating a personal identity and approach to life facilitative of posttraumatic growth.
E. The client established a chronological narrative for their life and was reinforced for doing so.
F. The client has not established a chronological narrative for their life and was redirected to do so.

36. Use ACT Approach (36)

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

37. Teach Mindfulness Meditation (37)

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

38. Assign ACT Homework (38)

A. The client was assigned homework situations in which they practice lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating mindfulness meditation and ACT approaches into everyday life.

39. Assign Reading on Mindfulness and ACT (39)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific portions from *Finding Life Beyond Trauma: Using Acceptance and Commitment Therapy to Heal From Post-Traumatic Stress and Trauma-Related Problems* (Follette & Pistorello).
C. The client was assigned to read specific portions from *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse* (Najavits).
D. The client was assigned to read specific portions from *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy* (Hayes).
E. The client has read the assigned material, and key concepts were processed.
F. The client has not read the assigned material and was redirected to do so.

40. Assess Anger Control (40)

A. A history of the client's anger control problems was taken in today's therapy session.
B. The client was assigned "Anger Journal" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. Active listening was used as the client shared instances in which poor control of anger resulted in verbal threats of violence, actual harm or injury to others, or destruction of property.
D. The client identified events or situations that frequently trigger a loss of control of anger and was helped to see their patterns.
E. The client was asked to identify the common targets of anger to help gain greater insight into the factors contributing to lack of control.
F. Today's therapy session helped the client realize how anger control problems are often associated with underlying, painful emotions about the traumatic event.
G. The client was quite guarded about anger control problems and was urged to be more open in this area.

41. Teach Anger Management Techniques (41)

A. The client was taught meditational and self-control strategies to help improve anger control.
B. The client was taught guided imagery and relaxation techniques to help improve 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 anger through controlled, respectful verbalizations and healthy physical outlets.
E. A reward system was designed to reinforce the client for demonstrating good anger control.

42. Use Compassionate Mind Training (42)

A. The client was assisted in identifying and changing self-attacking and personal shaming resulting from the trauma.
B. The client was assisted in identifying alternatives to self-attacking and personal shaming comments.

43. Monitor Sleep Patterns (43)

A. The client was encouraged to keep a record of how much sleep they get 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 to a physician for a medical evaluation to determine whether medication is needed to help them sleep.
E. The client was assigned "Sleep Pattern Record" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
F. The client's increase in sleep was emphasized as a success.
G. The client continues to struggle with a poor sleep pattern and was provided with additional feedback.

44. Assess Medication Needs (44)

A. The client was referred for a medication evaluation to determine whether medication is needed to reduce intrusive nightmares related to the trauma.

B. The client was reinforced as they agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to reduce intrusive nightmares; their objections were processed.

45. Encourage Exercise Routine (45)

A. The client was engaged in developing a routine of physical exercise that is approved by the client's personal physician.
B. The client engaged in the development of a physical exercise program and has committed to regular participation.
C. The client refused to participate in an exercise program.
D. The client postponed participation in the development of an exercise program and was encouraged to follow through.

46. Recommend Physical Fitness (46)

A. The client was encouraged to participate in an appropriate level of physical fitness activities.
B. The client was encouraged to read *Exercising Your Way to Better Mental Health* (Leith) to introduce the concept of combating stress, depression, and anxiety with exercise.
C. 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.
D. The client has implemented a regular exercise regimen as a depression reduction technique and reported successful results; the client was verbally reinforced for this progress.
E. 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.

47. Teach About a Higher Power (47)

A. The client was presented with information about how faith in a higher power can aid in recovery from PTSD and addiction concerns.
B. The client was assisted in processing and clarifying ideas and feelings regarding their higher power.
C. The client was encouraged to turn their will and life over to the care of a higher power of their own understanding.
D. The client described a sense of relief and empowerment by turning their anxiety, addiction, will, and life over to the care of a higher power; this progress was reinforced.
E. The client rejected the idea of a higher power as a way to resolve addiction, posttraumatic stress, and other unmanageable problems; the client was urged to remain open to this concept.

48. Use Step 3 (48)

A. The client was taught about a 12-step program's third step, focusing on how to turn over problems, worries, and anxieties to a higher power.
B. The client was taught about trusting that a higher power is going to help resolve the situation.

C. The client participated in turning problems, worries, and PTSD symptoms over to a higher power and is noted to be trusting that the higher power is going to help resolve the situation.
D. The client has kept a journal of turning problems over to a higher power, and this was processed within the session.
E. The client rejected the idea of turning problems, worries, and PTSD symptoms over to a higher power and does not feel that this will be helpful to resolving these issues; the client was provided with examples of how others have been helped by this technique.

49. Develop a Personal Recovery Plan (49)

A. The client was assisted in developing a personal recovery plan that will support recovery from posttraumatic stress issues, including regular attendance at recovery group meetings, getting a sponsor, taking medications as directed, and follow-up visits with a therapist or doctor.
B. The client was assigned "Personal Recovery Plan" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. A review was conducted of the client's components of a personal recovery plan that will support sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist).
D. The client was reinforced as they described active pursuit of the elements of the aftercare plan.
E. The client has not followed through on the aftercare plan and was redirected to do so.

50. List Reasons for a Recovery Plan (50)

A. The client was assigned the task of listing reasons why they should faithfully adhere to a recovery plan.
B. The client was helped to identify a variety of reasons why they should faithfully adhere to a recovery plan.
C. The client identified that they have been regularly using the recovery plan, which has been noted to help to decrease PTSD and addiction symptoms.
D. The client has not identified reasons why they should faithfully adhere to a recovery plan and was redirected to do so.

51. Teach Family the Connection Between PTSD and Addiction (51)

A. A family session was held to educate the family and significant others regarding the connection between the client's PTSD and addiction problems.
B. Family members were reinforced as they expressed their positive support of the client and a more accurate understanding of PTSD and substance abuse problems.
C. Family members were not understanding nor willing to provide support to the client, despite increased understanding of the client's PTSD and addiction problems, and were requested to monitor recovery.

52. Direct Family Members to List Support for Recovery (52)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. A family session was held to facilitate communication of techniques that the family can use to assist in the client's recovery.
C. The client reported family members assisting significantly in encouragement and other techniques to help recover from PTSD and addiction; this progress was highlighted.
D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support recovery.

53. Provide Relapse Prevention Rationale (53)

A. The client was provided with a rationale for the use of relapse prevention techniques.
B. The client was encouraged to identify risks and introduce strategies for preventing each risk.
C. The client was reinforced for use of relapse prevention strategies.

54. Discuss Lapse Versus Relapse (54)

A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was reinforced for ability to respond to a lapse without relapsing.

55. Identify and Rehearse Response to Lapse Situations (55)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of potential lapse situations.
C. The client was reinforced as they identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of potential lapse situations, and this resistance was redirected.

56. Encourage Use of Therapy Strategies (56)

A. The client was encouraged to routinely use strategies used in therapy.
B. The client was urged to use cognitive restructuring, social skills, and exposure techniques while building social interactions and relationships.
C. The client was reinforced for regular use of therapy techniques within social interactions and relationships.
D. The client was unable to identify many situations in which they have used therapy techniques to help build social interactions and social relationships and was redirected to seek these situations out.

57. Develop a "Coping Card" (57)

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

58. Schedule a Booster Session (58)

A. The client was scheduled for a "booster session" between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if they need to be seen prior to the booster session.
C. The client's booster session was held and the client was reinforced for successful implementation of therapy techniques.
D. The client's booster session was held and the client was encouraged to attend further treatment as progress has not been sustained.

59. Assess Satisfaction (59)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PSYCHOSIS

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 Thoughts/Speech (2)**
   A. The client's speech and thought patterns are incoherent and illogical.
   B. The client demonstrated loose associations of ideas and vague speech.
   C. The client's illogical thoughts 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. **Abnormal Affect (4)**
   A. The client presented with a blunt 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 confusion and lack of orientation as to their own person.
   C. The client has experienced less confusion and a better orientation as to their own person.
   D. The client no longer displays evidence of confusion or lack of orientation as to their own person.
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.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client demonstrated pronounced ambivalence or cessation of goal-directed activity.
C. The client is able to consistently initiate constructive activity.

7. Relationship Withdrawal (7)

A. The client has been withdrawn from the external world and has been preoccupied with egocentric ideas and fantasies.
B. The client has shown a slight improvement in the ability to demonstrate relationship skills.
C. The client has shown an interest in relating to others in a more appropriate manner.
D. The client displayed appropriate, healthy, and goal-directed relationship skills.

8. Psychomotor Abnormalities (8)

A. The client displayed a marked increase in reactivity with the environment.
B. The client demonstrated various catatonic patterns (e.g., stupor, rigidity, posturing, negativism, excitement).
C. The client gave evidence of unusual mannerisms or grimacing.
D. The client's psychomotor abnormalities have diminished, and their pattern of relating has become more typical and less alienating.

9. Inadequate Self-Care (9)

A. The client displayed an inability to adequately care for their own basic physical needs, as evidenced by strong body odor, disheveled hair, dirty clothing, and poor diet.
B. The client has failed to use basic hygiene techniques (e.g., bathing, brushing teeth, washing clothes, seeking proper medical attention).
C. The client has recently started to show improvement toward caring for their own basic physical needs.
D. The client has taken responsibility for adequately caring for their own basic physical needs.

10. Harm to Self/Others (10)

A. The client reported experiencing ongoing suicidal/homicidal ideation but denied having any specific plan to implement these urges.
B. The client reported experiencing ongoing suicidal/homicidal ideation and has developed a specific plan to implement these urges.
C. Although the client has acknowledged that they have developed a suicidal/homicidal plan, the client indicated that the suicidal/homicidal urges are controllable and promised not to implement such a plan.
D. The client required admission to a supervised psychiatric facility for more intensive treatment because of suicidal/homicidal urges.
E. The client reported no suicidal/homicidal urges.

11. Substance Abuse (11)

A. The client described a history of substance abuse on a frequent basis, which has affected psychotic symptoms.
B. Family members confirmed chronic substance abuse by the client.

C. The client acknowledged that substance abuse has affected psychotic symptoms.
D. The client has committed to a plan of abstinence from substances and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by the family.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing psychosis symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess Psychosis History (3)**
   A. A history of the client's symptoms was developed, including current symptoms and the impact they have had on functioning.
   B. The client was assigned "What Do You Hear and See?" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
   C. The historical information related to the client's illness was rather minimal, and the nature of the client's psychosis could not be assessed.
4. **Request Family to Provide Information (4)**
   A. Family members were requested to provide information about the client's history of psychotic behaviors.
   B. The information from the client's family members was synthesized with the other clinical information.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Refer for Medical Evaluation (5)

A. A referral was made for a complete medical evaluation to rule out possible general medical or substance-induced etiologies.
B. The client has complied with the complete medical evaluation, and the results were reviewed.
C. Other factors appear to be contributing to the client's psychosis, and this was reflected to the client.
D. After a complete evaluation, medical and substance-induced etiologies have been ruled out.
E. The client has not complied with the referral for a medical evaluation and was redirected to do so.

6. Use Motivational Interviewing (6)

A. Motivational interviewing techniques were used to engage the client in a process of discontinuing substance abuse.
B. The client was able to identify discrepancies between current functioning and desired functioning and motivational interviewing techniques built upon this.
C. The client was able to identify their hopefulness for discontinuing substance use.

7. Evaluate Severity (7)

A. The severity of the client's addiction and psychotic symptoms was assessed.
B. The client was noted to display an ongoing pattern of psychotic symptoms.
C. The client was referred for inpatient care or other emergency service due to the severity of psychotic symptoms.
D. The client's psychotic symptoms were assessed as mild and the client demonstrated some capability to remain reality-based and to relate appropriately.

8. Explore Family History (8)

A. The client's family history was assessed for serious mental illness and addictive behavior.
B. It has been confirmed that severe and persistent mental illness and/or addictive behavior does exist within the client's extended family of origin.
C. There is no evidence of severe and persistent mental illness and/or addictive behavior in the client's extended family of origin.
D. The client and significant others were not able to provide sufficient information to determine whether severe and persistent mental illness or addictive behavior exists within the family of origin.

9. Refer to Substance Abuse Treatment Program (9)

A. The client was referred to a more intense substance abuse treatment program.
B. The client has followed through on involvement with the more intense substance abuse treatment program, and the positive aspects of this opportunity were reviewed.
C. The client has not used the more intense substance abuse treatment program and was redirected to do so.

10. Administer Testing for Psychosis Symptoms (10)

A. The client was administered psychological and/or neuropsychological instruments designed to objectively assess the strength of psychosis symptoms.
B. The Minnesota Multiphasic Personality Inventory–2 (MMPI-2) was administered to the client.
C. The Psychiatric Research Interview for Substance and Mental Disorders (PRISM) was administered to the client.
D. The client has completed the assessment of psychosis symptoms, and minimal traits were identified; these results were reported to the client.
E. The client has completed the assessment of psychosis symptoms, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of psychosis symptoms, and the focus was turned toward this defensiveness.

11. Assess Level of Insight (11)

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

12. Assess for Correlated Disorders (12)

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

13. Assess for Culturally Based Confounding Issues (13)

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

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

14. Assess Severity of Impairment (14)

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

B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that their impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that their impairment appears to create severe to very severe effects on the client's functioning.

E. The client was continuously assessed for the severity of impairment, as well as the efficacy and appropriateness of treatment.

15. Arrange Medication Evaluation (15)

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 prescribing clinician.

C. The client has attended an appointment with a prescribing clinician and has accepted the need for psychotropic medication.

D. Although the client seems confused as to the need for medication, they are 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.

16. Arrange Hospitalization (16)

A. Since the client has demonstrated an inability to care for basic needs, commitment procedures to an inpatient psychiatric facility were initiated.

B. Because the client has demonstrated the potential for self-harm, admission to an inpatient psychiatric facility was facilitated.

17. Arrange Supervised Living (17)

A. Arrangements have been made for a supervised living situation to monitor the client's medication adherence and ability to care for their 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.

18. Coordinate Mobile Crisis Response Services (18)

A. Mobile crisis response services were provided in the client's home environment.

B. The client was provided with crisis responses services that included a physical exam, psychiatric evaluation, medication access, and triage to inpatient care.

C. The client was able to be seen in their own setting.

19. Perform Suicide Assessment (19)

A. A suicide assessment was performed.
B. A suicide assessment revealed that the client is not suicidal.
C. A suicide assessment revealed that the client is suicidal and necessary precautionary steps were taken.

20. Remove Hazardous Items (20)

A. Potentially hazardous materials such as firearms and excess medication were removed from the client's access.
B. Family members were advised about the need to remove potentially hazardous materials from the client's access.

21. Develop Crisis Plan (21)

A. A crisis plan was developed to provide supervision and support to the client on an intensive basis.
B. Family members and significant others were coordinated to provide supervision and support to the client on an intensive basis.
C. The crisis plan was continuously reviewed to monitor the client's needs.

22. Coordinate Round-the-Clock Consultation (22)

A. Access to round-the-clock professional consultation was coordinated.
B. The client and caregivers were coordinated with access to a 24-hour professionally staffed crisis line.

23. Educate About Psychotropic Medications (23)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. The client was assigned the homework exercise "Why I Dislike Taking My Medication" from *the Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. As the client's psychotropic medications were reviewed, the client displayed an understanding about the indications for and expected benefits of the medications.
D. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding medications.

24. Monitor Medications (24)

A. The client was monitored for adherence with the psychotropic medication regimen.
B. The client was provided with positive feedback about regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, they reported no concerns in this area.

25. Educate the Family About Symptoms of Psychosis (25)

A. The client's family, friends, and caregivers were educated about the symptoms of psychosis, the need for medication and medication adherence, risk factors for relapse, effective communication, problem-solving, early episode intervention, and social support.

B. The client's family members, friends, and caregivers were supported for their increased understanding about psychosis.

C. The client's family members, friends, and caregivers rejected the information regarding psychosis and were given additional feedback in this area.

26. Assess and Educate About Aversive Communication (26)

A. The client, family, and/or significant others were assessed in their use of aversive communication.

B. The client, family, and/or significant others were helped to identify highly expressed emotions within family distress.

C. The client, family, and/or significant others were educated about the role of aversive communication in exacerbating psychosis.

D. The client, family, and/or significant others were emphasized to use the positive role of social support.

27. Teach Family Communication Skills (27)

A. Cognitive behavioral techniques, such as education, modeling, role-playing, and corrective feedback, were used to teach family members communication skills.

B. Offering positive feedback, active listening, making positive requests of others for behavior change, and giving constructive feedback were taught to the family.

C. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The family was positively reinforced for their use of healthy communication skills.

E. The family was redirected for not using healthy communication skills.

28. Identify Conflicts to Solve (28)

A. The client and family were assisted in identifying conflicts that can be addressed with problem-solving skills.

B. The family has identified conflicts that can be addressed with problem-solving techniques, and the techniques were applied to them.

29. Teach Problem-Solving Skills (29)

A. Cognitive behavioral techniques, such as education, modeling, role-playing, corrective feedback, and positive reinforcement, were used to teach problem-solving skills.

B. The family and client were taught to define the problem constructively and specifically, brainstorm solution options, evaluate the pros and cons of the options, choose an option, implement the plan, evaluate the results, and adjust the plan.

C. The client and family were reinforced for positive use of the problem-solving skills.

D. The client and family were redirected when they did not use problem-solving skills.

30. Assign Homework on Communication and Problem Solving (30)

A. The client and family/support persons were assigned homework exercises to use and record the use of newly learned communication and problem-solving skills.
B. The client and family/support persons were assigned the homework exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client and family/support persons were assigned the homework exercise "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client and family/support persons' use of homework exercises to record newly learned communication problems was processed.

31. Develop Relapse Drill (31)

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

32. Refer to a Family Psychoeducational Program (32)

A. The family was referred to a psychoeducational program to help demonstrate techniques to cope with the client's psychotic behaviors.
B. The client was referred to a multigroup family psychoeducational program to help learn and share about techniques to cope with the client's psychotic behaviors.
C. The family was engaged in the psychoeducational program and has identified ways in which they have learned to cope with the client's psychotic behaviors.
D. The client's family has not engaged in the psychoeducational program and was redirected to do so.

33. Identify Psychosis Triggers (33)

A. The client was asked to identify specific behaviors, situations, and feelings that occurred before decompensation or psychotic episodes.
B. The client identified specific behaviors, situations, and feelings that occurred prior to decompensation, and these triggers were processed.
C. The client was unable to identify specific behaviors, situations, and feelings that have occurred prior to decompensation and was given suggestions in these areas.

34. Identify Emotional and Behavioral Reactions (34)

A. The client was assisted in identifying emotional reactions that tend to maintain symptoms.

B. The client was assigned the exercise "Coping With Addiction and Schizophrenia Spectrum Disorders" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was assisted in identifying how the effects of psychotic symptoms may affect those symptoms.

D. Examples were used to identify the self-reinforcing nature of some psychotic symptoms (e.g., withdrawal leading to isolation and loneliness; paranoid accusations leading to negative actions of others who falsely support the delusion).

E. The client was reinforced for their insight into the effects of psychosis.

F. The client has not understood or accepted the effects of psychotic symptoms and was provided with remedial assistance in this area.

35. Assess Adaptive and Maladaptive Strategies (35)

A. The client was assessed for adaptive and maladaptive strategies for coping with psychotic symptoms.

B. Inquiries were made regarding how the client uses deficit strategies to cope with psychotic symptoms.

C. The client was provided with feedback about use of maladaptive and adaptive strategies for coping with psychotic symptoms.

36. Use Cognitive-Behavioral Strategies (36)

A. Cognitive-behavioral strategies were used to help the client learn coping and compensation strategies for managing psychotic symptoms.

B. The client was referred for cognitive-behavioral therapy to help the coping compensation strategies for managing psychotic symptoms.

C. The client was asked to provide examples of the cognitive-behavioral strategies that they have learned in order to cope with psychotic symptoms.

D. The client was reinforced for use of cognitive-behavioral strategies.

E. The client has not used cognitive-behavioral strategies to cope with psychotic symptoms and was redirected to do so.

37. Desensitize Fearfulness of Hallucinations (37)

A. The client was encouraged to talk about hallucinations—their frequency, intensity, and meaning—in order to desensitize the level of fear.

B. The client was assigned "What Do You Hear and See?" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) to help the client talk about their hallucinations.

C. As the client talked about their hallucinations, they were provided with support, encouragement, and empathy.

D. The client was reinforced for reporting a decreased sense of fear related to their hallucinations, now seeing them as simply a symptom.

E. The client continues to exhibit significant fear related to their hallucinations and was provided with additional support in this area.

38. Teach Coping and Compensation Strategies (38)

A. The client was taught coping and compensation strategies for managing psychotic symptoms.
B. The client was taught self-calming techniques and attention switching/narrowing techniques to help manage psychotic symptoms.
C. The client was taught healthy internal cognition techniques, such as realistic self-talk or realistic attribution of the source of the symptom in order to help manage psychotic symptoms.
D. The client was taught to increase adaptive personal and social activity to help manage psychotic symptoms.
E. The client was reinforced for use of coping and compensation strategies.
F. The client has not used the coping and compensation strategies and was redirected to do so.

39. Use Cognitive-Behavioral Strategies on Self-Talk (39)

A. Cognitive-behavioral strategies were used to help the client explore biased self-talk and beliefs.
B. The client was referred for cognitive-behavioral therapy to help identify and challenge the biases that support psychotic symptoms.
C. The client was asked to provide examples of the cognitive-behavioral strategies that they have learned in order to challenges biases, generate alternative appraisal, and correct biases.
D. The client was reinforced for the use of cognitive-behavioral strategies that build confidence and improve adaptation.
E. The client has not used cognitive-behavioral strategies to cope with psychotic symptoms and was redirected to do so.

40. Assign Self-Talk Homework (40)

A. The client was assigned homework in which they identify biased self-talk, create reality-based alternatives, and test them with experience.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has completed self-talk homework and the experience was reviewed and reinforced for success.
D. The client has completed self-talk homework and the experience was reviewed and reinforced for providing corrective feedback toward facilitating sustained, positive change.

41. Use Metacognitive Therapy Approach (41)

A. The client was taught about using a metacognitive approach to examine thinking.
B. The client was assisted in developing a more adaptive plan based on new, normalized, less-threatening metacognitive appraisals.
C. The client was provided with positive reinforcement for use of a metacognitive approach to examining thinking.

D. The client was provided with corrective feedback toward improving the ability to examine thinking.

42. Provide Rationale for Social Skills Training (42)

A. The client was provided with the rationale for social skills training that conveys the benefits of improved social interactions.

B. The client was assisted in identifying how decreased negative social interactions can be helpful.

43. Teach/Refer for Communication and Social Skills (43)

A. The client was referred for an assertiveness-training group that will educate and facilitate assertiveness skills and other adaptive communication techniques.

B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness, communication, and social skills.

C. The client was assigned "Restoring Socialization Comfort" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client has demonstrated a clearer understanding of important social skills and was provided with positive feedback in this area.

E. The client could not demonstrate a clear understanding of important social and communication skills and was provided with additional feedback in this area.

44. Recommend Reading Assignments (44)

A. Reading assignments from books or treatment manuals consistent with social skills being taught were recommended.

B. The client was assisted in acquisition of social skills.

C. The client was referred to read *Your Perfect Right* by Alberti & Emmons for assertiveness skills.

D. The client was referred to read *Conversationally Speaking* (Garner) for conversational skills.

45. Practice New Skills in Session and Out (45)

A. The client was asked to practice new skills in reality testing, changing maladaptive beliefs, and managing symptoms within the session.

B. The client was provided with homework assignments between sessions that focus on practicing new skills, reality testing, changing maladaptive beliefs, and managing symptoms.

C. The client was helped to process maintenance exercises.

D. The client has not completed maintenance exercises and was redirected to do so.

46. Use Cognitive Remediation/Neurocognitive Therapy (46)

A. The client was provided cognitive remediation/neurocognitive therapy.

B. The client was assigned "Negative Thoughts Trigger Negative feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was assisted in repeated practice of cognitive tasks and/or strategy training to restore cognitive functioning.

D. The client was assisted in learning compensatory strategies for cognitive impairments and improving cognitive, emotional, and social functioning.

47. Refer to Supported Employment (47)

A. The client was referred to a supported employment program to build occupational skills and improve overall functioning and quality of life.
B. The client has engaged in the supported employment and the experience was reviewed.
C. The client has not engaged in the supported employment program and was redirected to do so.

48. Provide Psychoeducation About Acceptance Approach to Psychosis (48)

A. The client was provided with psychoeducation about psychosis.
B. The client was taught about relaxation techniques, mindfulness techniques, and mindful action.
C. The client was encouraged to accept rather than judgment and avoidance of internal experiences.
D. Actions in areas of importance to the client were promoted.

49. Encourage Expression of Emotions Regarding Mental Illness (49)

A. The client was encouraged to express feelings related to the acceptance of mental illness.
B. The client was provided with positive support and empathy as they expressed emotions related to mental illness.
C. As the client has expressed feelings, they report a greater acceptance of mental illness, and this was processed.
D. The client tends to deny and minimize feelings related to the acceptance of mental illness and was provided with additional feedback in this area.

50. Refer to a Support Group (50)

A. The client was referred to a support group for individuals with severe and persistent mental illness.
B. The client has attended the support group for individuals with severe and persistent mental illness, and the benefits of this support group were reviewed.
C. The client reported that they have not experienced any positive benefit from the use of a support group but was encouraged to continue to attend.

51. Prompt ADLs (51)

A. The client was prompted to complete activities of daily living (ADLs) to promote caring for their own basic needs.
B. The client was noted to display an increase in the pattern of completing ADLs.
C. The client was noted to display better personal hygiene and other evidence of completing of ADLs.
D. The client has not regularly completed ADLs and was redirected to do so.

52. Assign Daily Activities List (52)

A. The client was assigned the task of developing a daily list of activities that are planned to assist in developing a more routine schedule.
B. The client was assigned the exercise "Planning a Stable Life" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client developed a list of activities that are planned for the day, and when each activity will be used; the list was reviewed.
D. The client has used the list of daily activities that are planned and reported a more routine schedule and decreased psychotic behaviors; this progress was reinforced.
E. The client has not used the list of daily planned activities and was redirected to do so.

53. Recommend Recreational Therapy (53)

A. The client was directed to attend recreational therapy activities that are nonthreatening, simple to master, and encourage a low level of social interaction.
B. The client reports involvement in recreational therapy activities.
C. As the client has become more involved in recreational therapy activity, the pattern of psychotic symptoms has decreased.
D. Role-playing and behavior rehearsal were used to give the client the opportunity to practice appropriate participation in recreational activities.
E. The client's appropriate involvement in recreational activities was verbally reinforced.
F. The client was gently confronted and redirected when not involved in appropriate participation in recreational activities.
G. The client has not participated in recreational therapy activities and was redirected to do so.

54. Provide Occupational Therapy Activities (54)

A. The client was provided with occupational therapy activities that help to divert them from internal cognitive focus and provide for structured social interaction and a sense of accomplishment on the completion of a task.
B. The client reported participation in occupational therapy.
C. The client reported having had less internal cognitive focus, better social interaction, and a sense of accomplishment because of the occupational therapy activities; this progress was reinforced.
D. The client has not participated in the occupational therapy activities and was redirected to do so.

55. Conduct Art Therapy (55)

A. The client was encouraged to participate in an art therapy group in order to express feelings through various art media.
B. The client described involvement in the art therapy group and reported that this was beneficial.
C. The client has been involved in an art therapy group but does not see this as beneficial.
D. The client has avoided involvement in an art therapy group and was redirected to attend.

56. Encourage Sharing of Artwork (56)

A. The client was encouraged to share the meaning of their artwork.
B. The client was reinforced in participating in a group discussion in which they shared the meaning of their artwork.
C. Active listening was provided as the client gave meaningful information about their artwork.
D. The client declined to share information or feedback about the meaning of their artwork but was encouraged to do so when they felt safe.

57. Provide Rationale for Regular Sleep Pattern (57)

A. The client was provided with the rationale for and asked to go to bed at normal nighttime hours.
B. The client has displayed a regular sleep pattern; this progress was reinforced.
C. The client was reinforced for compliance with sleeping at expected times.
D. The client continues to have an offset sleep pattern and was redirected to attempt sleep at the expected times.

58. Arrange Supervised Living (58)

A. Arrangements have been made for a supervised living situation, to monitor the client's medication compliance and ability to care for their own basic needs.
B. The client was assigned the exercise "Planning a Stable Life" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client is strongly resistive to the placement in a supervised living situation, and commitment procedures have been initiated.
D. The client has voluntarily cooperated with being placed in a supervised living situation.

59. Assess Satisfaction (59)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

READINESS TO CHANGE

CLIENT PRESENTATION

1. **Displays Ambivalence (1)***
   A. The client displays a pattern of ambivalence about engaging in the recommended course of treatment.
   B. The client actively voiced ambivalence about engaging in the recommended course of treatment.
   C. The client has reduced ambivalence about engaging in the recommended course of treatment.
   D. The client has chosen to fully commit to the recommended course of treatment.
2. **Early Stage of Change (2)**
   A. The client displays patterns within the precontemplation stage of change.
   B. The client displays patterns within the contemplation stage of change.
   C. The client displays patterns within the preparation stage of change.
   D. The client has moved to the action stage of change and displays patterns consistent with this.
3. **Denial (3)**
   A. The client consistently denied any pattern of addiction, in spite of strong evidence of increased tolerance, loss of control, and many negative consequences of addictive behavior.
   B. The client failed to acknowledge the significant problems that have resulted from addictive behavior.
   C. The client reported a belief that negative consequences and life struggles were a result of other factors than addiction.
   D. The client does not believe that others are aware of their addiction problems.
   E. As the client has come to accept their pattern of increased tolerance, loss of control, and negative consequences, they have also accepted that they have a problem with addiction.
4. **Changes Focus of Concern (4)**
   A. The client consistently changed the focus of concern onto ancillary factors rather than admit that addiction is the primary problem.
   B. The client consistently blamed others or circumstances for their problems.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022)

C. The client has decreased focus on other problems and is beginning to focus on addiction problems.
D. The client has been willing to regularly focus on addiction rather than on ancillary problems.

5. Anger at Ultimatums (5)

A. The client described feelings of anger that a family member, the court, or employer has given them an ultimatum for treatment.
B. The client has focused away from addiction problems and consistently focuses on how others have been unfair to them.
C. The client has begun to work through their emotions related to being forced into treatment.
D. The client is persevering in treatment despite being forced into treatment by pressure from others.

6. Uncooperative (6)

A. The client has consistently refused to cooperate with the established treatment plan.
B. Many treatment opportunities have been missed by the client because of refusal to cooperate with the treatment plan.
C. The client is at constant risk of being terminated from the treatment program.
D. The client has displayed some willingness to cooperate with the treatment program.
E. The client appears to have accepted and endorsed the treatment plan and is adhering to the treatment requirements.

7. Verbal Abuse (7)

A. The client frequently engages in verbal abuse of others as a means of resisting treatment.
B. The client's family and other significant individuals have indicated that they have been hurt by the client's frequent verbal abuse.
C. The client displayed little empathy toward the pain that they have caused through verbal abuse of others.
D. The client has become more aware of the 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 by the client.

8. Irritability (7)

A. The client displayed in an irritable, restless, and angry manner.
B. Interactions with treatment staff and peers demonstrated the client's irritable, restless, and angry manner.
C. The client's body language was indicative of an individual who is irritable, restless, and angry.
D. As the client has been more engaged in treatment, the pattern of irritability, restlessness, and anger has decreased.

9. **Dishonesty to Self (8)**
   A. The client appears to have maintained dishonest beliefs regarding their addictive behavior so strongly that they struggle to identify their own lies.
   B. The client's dishonesty toward self and others has led to believing their own lies rather than the facts regarding addictive behavior.
   C. The client appears confused and uncertain regarding addictive behavior.
   D. The client is beginning to accept the facts regarding addictive behavior and is casting off the pattern of dishonesty toward self and others.
10. **Seeks Removal From Treatment (9)**
   A. Many phone calls have been made by the client to friends or family members, demanding that they remove the client from treatment.
   B. The client irrationally demanded that others accede to their wishes to be removed from treatment.
   C. As the client has become more engaged in treatment, requests for friends or family to remove the client from treatment have decreased.
11. **Refusal of Contact With Peers (10)**
   A. The client refused to talk to treatment peers.
   B. The client has declined any type of emotional bond with treatment peers.
   C. As the client has become more involved in treatment, they have begun to talk to and bond with treatment peers.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing ambivalence to treatment.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Probe Treatment Ambivalence (3)

A. The reasons why the client is ambivalent to treatment were probed.
B. The client was helped to identify a variety of reasons why they are ambivalent to treatment.
C. As the client identified reasons for ambivalent treatment, the accuracy of their beliefs about addiction was reviewed.
D. As the client has developed a better understanding about addiction, ambivalence to treatment has been observed to decrease.

4. Encourage Sharing of Emotions (4)

A. The client was encouraged to share the emotions that they feel about coming to treatment.
B. Active listening was provided as the client shared feelings of fear, sadness, shame, and anger regarding their need for treatment.
C. As the client has vented feelings regarding treatment, their resistance has been observed to decrease.
D. The client refused to discuss emotions related to treatment and was redirected to do so as they feel capable.

5. Administer Assessment for Treatment Resistance (5)

A. The client was administered psychological instruments designed to objectively assess the strength of treatment resistance concerns.
B. The Correctional Treatment Resistance Scale was administered to the client.
C. The Therapeutic Reactance Scale (TRS) was administered to the client.
D. The client has completed the assessment of treatment resistance, and minimal concerns were identified; these results were reported to the client.
E. The client has completed the assessment of treatment resistance, and significant concerns were identified; these results were reported to the client.
F. The client refused to participate in psychological assessment of treatment resistance and the focus of treatment was turned toward this defensiveness.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

10. Physician Review of Substance Use Effects (10)

A. The physician examined the client.
B. The physician shared the results of the history and physical with the client, pointing out signs and symptoms of prolonged and excessive substance use.
C. The client was supported in verbalizing an understanding of the signs and symptoms of prolonged and excessive substance use.
D. The client was reinforced while beginning to accept their pattern of substance use.
E. The client rejected the physician's information and explanation and continued to deny their pattern of substance use.

11. Collect and Share Data (11)

A. A biopsychosocial assessment was conducted.
B. An assessment of the consequences, both pro and con, of addiction was conducted.
C. Additional information (e.g., laboratory results, collateral information from friends and relatives) was obtained.
D. The results of the data collection were shared with the client.
E. Faced with the overwhelming physical evidence presented, personal history, and feedback from others, the client has begun to accept that they have a pattern of addiction and are in need of treatment.
F. The client has rejected the evidence related to the need for treatment; the client was urged to remain open to this concept.

12. Discuss Levels of Care (12)

A. The variety of levels of care for the client was reviewed, including recovery group meetings, counseling, outpatient treatment, day treatment, residential treatment, partial hospitalization, and hospitalization.
B. The client was assisted in making an informed decision about which level of treatment is most appropriate.
C. The client was reinforced for making a commitment to enter a specific level of treatment.
D. The client denied the need for treatment, which was calmly rejected.

13. Teach About the Treatment Process (13)

A. The client was taught about the treatment process and was encouraged to stay in treatment as long as necessary to bring the addiction under control.
B. The client displayed an understanding of the treatment process that was summarized for them.
C. As the client verbalized an increased understanding about the treatment process, they have been more open to remaining in treatment long enough to bring addiction under control; this progress was reinforced.
D. Despite an understanding of the treatment process, the client has refused to remain in treatment; the client was urged to reconsider.
E. The client has not completed the assigned homework on seeing progress and was redirected to do so.

14. Assess Position in Stage of Change (14)

A. The Stages of Change model was used to assess the client's position in treatment.
B. The client's position within the Stage of Change process was identified.
C. The client was assigned the exercise "Assessing Readiness and Motivation" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. Feedback was provided to the client regarding their position in the Stage of Change model.

15. Explore Motivation for Change (15)

A. Through a strategic, client-centered, empathetic style of motivational enhancement therapy, the client was assisted in exploring their motivation for change.

B. The client was nonjudgmentally assessed as to whether they are ready to take active steps toward engaging in the recommended treatment.
C. The results of biopsychosocial and medical assessments were used to explore motivation to engage in the recommended treatment.
D. The client would benefit from ongoing motivational interviewing.
E. The client was motivated to make changes and has agreed to actively engage in the recommended treatment.

16. Elicit Commitment (16)

A. The client was asked to make a commitment using open-ended questioning, affirmations, reflections, and summarizations (OARS).
B. The client's desire, perceived ability, reasons, and needs for change (DARN) were explored.

17. Map a Working Plan of Action (17)

A. The client was assisted in mapping a working plan of action for engaging in treatment.
B. The client was assisted in identifying graduated "next steps" that are likely to be successfully accomplished toward sustained engagement in treatment.
C. The client was showed progress in mapping a working plan of action and was provided with positive feedback.
D. The client struggled to map a working plan of action and was provided with remedial assistance.

18. Review Negative Consequences (18)

A. The negative consequences that have resulted from the client's addictive behavior were reviewed.
B. The client was assigned "Problem Identification" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was directed to review the extent of their addiction through listing the negative consequences of addictive behavior.
D. The client verbalized an understanding of the connection outlined between negative consequences and the extent of addictive behavior.
E. The client declined any connection between addictive behavior and the negative consequences; remedial feedback was provided.

19. Obtain Releases of Information for Significant Others (19)

A. The client was asked to sign releases of information so that the treatment staff can meet with the client's employer, family, friends, and/or coworkers.
B. The client agreed to sign releases of information, and the client's employer, family, friends, and/or coworkers were enlisted to encourage them to remain in treatment.
C. As the client has seen the extent of support for them to remain in treatment, treatment resistance has decreased; this progress was reinforced.
D. The client declined to sign releases of information and was encouraged to do so if they have a change of mind.

20. Assign Letters From Significant Others (20)

A. Concerned family, friends, employer, and coworkers were assigned to write letters to the client stating specific instances when the client's addiction has hurt them and sharing what they are going to do if the client refuses treatment.
B. Concerned others have written letters to the client, and these were read to the client in a group setting.
C. As the client heard the letters read regarding the effects of their addiction on others and the responses if they refuse treatment, the client has become more accepting of the need for treatment; this progress was reinforced.
D. The client was noted to continue to reject the need for treatment despite others providing specific information about the harm of addiction and their response if they continue to deny addiction.

21. Obtain Releases of Information for Court (21)

A. The client was asked to sign a release of information so that the probation, parole, or court services worker can be contacted.
B. The client signed a release of information so that the court can be contacted, and the court representative has indicated support for the client's treatment.
C. The client's probation, parole, or court services worker was facilitated to directly encourage the client to remain in treatment.
D. The client's probation, parole, or court services worker has threatened specific legal responses if the client does not remain in treatment; this was emphasized to the client.
E. As the client has received information from the probation, parole, or court services worker, they are more open to treatment; this progress was reinforced.
F. The client was noted to still be resistant to treatment despite specific encouragement and consequences outlined by the probation, parole, or court services worker.

22. Review Treatment Resistance in Group (22)

A. In a group setting, the client was encouraged to share why they do not wish to remain in treatment.
B. The client's treatment peers were facilitated to confront the client's denial and support the need for treatment.
C. The client was assigned "Consequences of Continuing Addictive Lifestyles" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client displayed an increased desire for treatment due to feedback from peers who have "been in their shoes"; this progress was highlighted.
E. The client disregarded the feedback and support from treatment peers but was encouraged to reconsider in their own time.

23. Encourage Discussion of Plans to Leave Treatment (23)

A. The client was encouraged to discuss with peers and staff their plans to leave treatment.
B. The client has openly discussed with peers and staff their plans to leave treatment, and feedback was provided.

C. As the client received feedback from others about their plans to leave treatment, they have decreased the desire to leave treatment; this progress was reinforced.
D. The client refused to discuss plans to leave treatment and was redirected to do so.

24. Assign One-to-One Contact (24)

A. The client was assigned a staff member or treatment peer to stay with them until the risk of leaving treatment is resolved.
B. One-to-one contact with the client has been maintained.
C. The client has been resistive and antagonistic toward having one-to-one contact.
D. Through the use of one-to-one contact, the client has been monitored and has also received additional feedback about treatment.

25. Review Lies for Hiding Addiction (25)

A. The client was assisted in reviewing the lies and other hurtful behaviors that they engaged in because of addiction.
B. The client was assigned "Substance Abuse's Negative Impact Versus Sobriety's Positive Impact" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was encouraged to admit to others the lies and other harmful behaviors that they have engaged in because of addiction.
D. Several common lies and other hurtful behaviors that people use to hide addiction were reviewed in the session.
E. The client was supported in acknowledging the pattern of dishonesty and hurtful behaviors used to hide addiction.
F. The client denied any pattern of lying to hide addiction and was urged to watch for this dynamic.

26. Develop Written Recovery Plan (26)

A. The client was assisted in developing a written recovery plan detailing the treatment necessary to maintain abstinence.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in listing several components of a personal recovery plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
D. The client described active pursuit of the elements of the recovery plan and was reinforced for this follow-through.
E. The client has not followed through on the recovery plan and was redirected to do so.

27. Discuss Treatment Resistance/Addiction Connection With Family (27)

A. A family session was held to educate the client's family and significant others regarding the connection between the client's denial and treatment resistance and their addiction problems.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of denial, treatment resistance, and addiction problems; this insight was reinforced.

C. Family members were neither understanding nor willing to provide support to the client, despite increasing understanding of the client's treatment resistance and addiction problems; they were urged to monitor the client's recovery.

28. Enlist Family Support (28)

A. The client was requested to list three things each family member can do to assist in recovery.
B. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
C. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in recovery.
D. Family members indicated ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery; they were urged to monitor the client's progress in recovery.

29. Assess Satisfaction (29)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

RELAPSE PRONENESS

CLIENT PRESENTATION

1. **Multiple Relapses After Treatment (1)***
   A. The client described multiple experiences of having received treatment for substance abuse followed by a return to mood-altering drug abuse.
   B. The client has been unable to maintain sobriety after being released from substance abuse treatment or another protective setting.
   C. The client reported being able to maintain sobriety for many months before relapsing.
   D. The client reported being able to maintain a life free from mood-altering drugs for more than 2 years after having received substance abuse treatment.
   E. The client reported feeling confident that this latest establishment of a recovery plan will be successful.
2. **Emotions Increase Risk (2)**
   A. The client identified a frequent pattern of emotional experiences that led to relapse and continued addiction.
   B. The client displays emotional reactivity and has identified this as a risk factor for relapse.
   C. As the client has gained control of the pattern of emotional reactivity, relapse potential has decreased.
3. **Friends/Family Are Substance Abusers (3)**
   A. The client identified many family members who engage in addictive behavior.
   B. The client identified many friends who engage in addictive behavior.
   C. The client reported that they often find it difficult to resist family/friends when they encourage addictive behavior.
   D. The client has developed skills to resist friends/family who encourage addictive behavior.
4. **Interpersonal Conflicts (4)**
   A. The client identified a pattern of significant interpersonal conflicts.
   B. The client's risk for relapse increases because of a pattern of frequent interpersonal conflicts.
   C. As the client has begun to resolve interpersonal conflicts, the risk for relapse has decreased.
5. **Social Pressure (5)**
   A. The client identified that as they experience social anxiety, addictive behavior increases.
   B. As the client has resolved concerns related to social pressure, they have experienced a concomitant decrease in addictive behavior.

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*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

6. **Incomplete Recovery Programs (6)**
   A. The client described short-term involvement in programs of recovery.
   B. The client identified that their involvement in recovery programs has never been long enough to establish and maintain abstinence.
   C. The client endorsed several risk factors related to failure to maintain a recovery program.
   D. The client committed to maintaining the recovery program long enough to establish and maintain significant abstinence.
7. **Mental Illness (7)**
   A. The client displayed evidence of significant mental illness concerns.
   B. The client has used substances to assist in the management of mental illness symptoms.
   C. The client's mental illness plays a substantial role in the risk for relapse.
   D. The client has initiated proper treatment for both their mental illness concerns and substance abuse.
   E. As the client's mental illness concerns have decreased, they have experienced a concomitant decrease in substance abuse.
8. **Failed Sobriety Attempts Without Treatment (8)**
   A. The client has had many attempts at sobriety without using any specific treatment.
   B. When the client has attempted sobriety without treatment, they have returned to relapse.
   C. As the client has used structured addiction treatment, attempts at sobriety have become more successful.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing concerns and past relapses.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Fifth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2014).

C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Write Chemical Use/Recovery/Relapse History (3)

A. The client was asked to describe or write a chemical use history, describing attempts at recovery and the situations surrounding relapse.
B. The client completed their chemical use history, and this information was processed within the session.
C. A review of the client's chemical use history revealed that they have had several attempts at recovery and many risk factors related to relapse.
D. The client displayed insight related to the pattern of recovery and relapse and was reinforced for this.
E. The client has not completed the written chemical use history, and was redirected to do so.

4. Administer Assessment for Relapse Concerns (4)

A. The client was administered psychological instruments designed to objectively assess addiction relapse.
B. *The Substance Abuse Relapse Assessment* was administered to the client.
C. The client has completed the assessment of addiction relapse traits, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of addiction relapse traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of addiction relapse traits, and the focus of treatment was turned toward this defensiveness.

5. Assign Step 1 Exercise for Addiction and Relapse (5)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the pattern of negative feelings.
B. The client displayed an understanding of powerlessness and unmanageability regarding the addiction and relapse pattern; this insight was reinforced.
C. The client was affirmed for endorsing the concept of powerless and unmanageability that have resulted from the addiction and relapse pattern.
D. The client did not endorse the concept of powerlessness and unmanageability that have resulted from addiction and relapse and was confronted for this denial.

6. Recognize *Insanity*/Need for Higher Power (6)

A. Using a 12-step recovery program's Step 2 exercise, the client was assisted in seeing the *insanity* of their disease.
B. The client was reinforced in accepting the pattern of *insanity* relative to the pattern of addictive behavior.

C. The client rejected the idea of *insanity* and was urged to remain open to this concept.
D. The client was taught about how a higher power can restore them to *sanity*.
E. The client was reinforced in accepting the need to have a higher power restore them to *sanity*.
F. The client rejected the concept of a higher power restoring them to *sanity* and was urged to remain open to this concept.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

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

11. Develop Relapse Pattern (11)

A. The client was assisted in understanding contributors to the pattern of relapsing (e.g., not consistently working a daily program of recovery, not attending meetings, insufficient coping skills for high-risk situations, mental illness, interpersonal conflicts, poor recovery environment).
B. The client was assigned the exercise "Early Warning Signs of Relapse" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying contributors to the pattern of relapsing, which has increased recovery behaviors and decreased addictive behaviors.
D. The client has difficulty understanding the pattern of relapse behaviors; tentative interpretations were provided.

12. Support Daily Recovery Program (12)

A. The client was assisted in understanding the need for a daily program of recovery to maintain abstinence.
B. The client was reinforced as they identified the necessity of working a daily program of recovery.
C. The client rejected the idea of working a daily program of recovery to maintain abstinence and was redirected to this essential building block to recovery.

13. Develop Reasons for Recovery Relapses (13)

A. Today's session focused on the client's relapse history and on helping understand the reasons why the recovery program resulted in relapse.
B. After a review of the client's relapse history, the client was able to understand the pattern of relapsed recovery programs.
C. The client expressed insight into their recovery program needs and was reinforced for this progress.
D. The client has struggled to identify and understand the reasons why their recovery programs have resulted in relapse; tentative examples were provided.

14. Assign Step 3 Exercise (14)

A. Today's session focused on teaching the client about the 12-step program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and to record the experiences in a journal.
C. The client was assigned the Step 2 and Step 3 exercises from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

D. The client's experiences of turning problems over to their higher power were processed within the session.
E. The client reports a decrease in addictive behavior since they began turning problems over to a higher power each day; this progress was highlighted.
F. The client has struggled with the concept and implementation of turning problems over to a higher power and was provided with remedial feedback in this area.

15. Teach About a Higher Power (15)

A. The client was presented with information about how faith in a higher power can aid in recovery from addictive behaviors.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
C. The client was encouraged to describe their beliefs about their higher power.
D. The client rejected the idea of a higher power and was provided with specific examples of how others have used this to assist in recovery (e.g., attending religious activities, practicing regular prayer, meditation).

16. Probe About Discontinuation of 12-Step Meetings (16)

A. The client was probed about the pattern of discontinuing attendance at 12-step recovery program meetings.
B. The client acknowledged the pattern of discontinuing attendance at 12-step recovery program meetings, and this was explored for causes.
C. The client identified causes for discontinuing 12-step recovery program meetings, and these were processed.
D. The client was reinforced for renewing their commitment to attending 12-step recovery program meetings.

17. Develop Recovery Meeting Reward Plan (17)

A. The client was assisted in developing a specific plan that will help to increase rewards obtained at recovery groups.
B. The client was assisted in identifying specific plans that will assist in increasing the rewards obtained at recovery groups, including concentrating on helping others, going for coffee and dessert after the meeting, socializing, sticking with the winners, and so forth.
C. The client was reinforced for using the plan to increase rewards obtained at recovery group meetings and reported increased motivation to attend meetings.
D. The client has not implemented the plan to increase rewards at recovery group meetings and was redirected to do so.

18. Develop Sponsor Relationship (18)

A. The client was assigned a 12-step recovery program contact person.
B. The client and 12-step recovery group contact person have begun to attend recovery group meetings together; this change was reinforced.
C. The client and sponsor were encouraged to make the outing fun rather than a boring obligation.

D. The client reports increased motivation to attend 12-step recovery group meetings; this progress was highlighted.
E. The client has not connected with the sponsor and was encouraged to seek another sponsor.
F. The client has not increased commitment to recovery group meetings and was confronted for this high-risk behavior.

19. Assess Stage of Change (19)

A. A motivational enhancement approach was used to help assess the client's stage of change.
B. The client was assisted in identifying the stage of change regarding their addictive practice.
C. The client was assisted in moving toward taking steps to engage in treatment.
D. The client was noted to be participating actively in treatment.
E. The client was not participating actively in treatment and additional attempts were made.

20. Elicit Commitment (20)

A. The client was asked to make a commitment using open-ended questioning, affirmations, reflections, and summarizations.
B. The client's desire, perceived ability, reasons, and needs for change were explored.

21. Develop Abstinence Contract (21)

A. A review of the negative consequences of relapse was completed.
B. The client was assisted in developing an abstinence contract.
C. "Substance Abuse Negative Impact vs. Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce) was assigned to the client.
D. The client was assisted in working through their emotional reaction to the commitment to terminate the use of their drug.

22. Teach About High-Risk Situations (22)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, positive emotions, testing personal control).
B. The client was taught about how high-risk situations contribute to addictive behavior.
C. The client was assigned "Relapse Triggers" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assigned homework from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
E. After being taught about risk factors, the client acknowledged a higher risk of addictive behavior related to strong negative emotions, social pressure, interpersonal conflict, positive emotions, and testing personal control.
F. The client rejected the connection between high-risk situations and addictive behaviors; the client was urged to monitor this dynamic.
G. The client has not completed the assignments provided and was redirected to do so.

23. Differentiate Between Lapse and Relapse (23)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

24. Develop Written Plan of Coping Skills (24)

A. The client was assisted in identifying high-risk situations (i.e., negative emotions, social pressure, interpersonal conflict, strong positive emotions, tests of personal control).
B. The client was assisted in developing a written plan that details coping skills (e.g., go to a meeting, call a sponsor, call the 12-step recovery hotline, call the counselor, talk to someone) that will be used in a high-risk situations.
C. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client has developed their own list of coping skills for high-risk situations and these were processed.
E. The client has not developed a list of coping skills for high-risk situations and was redirected to do so.

25. Review Use of Coping Skills for High-Risk Situations (25)

A. The client was asked to identify situations in daily life that necessitated the use of high-risk coping skills.
B. The client has regularly used high-risk coping skills and was reinforced for this success.
C. The client has not used coping skills in high-risk situations, and obstacles were addressed toward sustained implementation.
D. The client was assisted in refining the use of high-risk coping skills.

26. Explore Self-Talk, Assumptions, and Schema (26)

A. The client's self-talk, assumptions, and schema that weaken their resolve to remain abstinent were explored.
B. The biases that the client entertains regarding self-talk, assumptions, and schema were challenged.
C. The client was assisted in generating more realistic self-talk, assumptions, and schema to correct for biases and build resilience.
D. The client was provided with positive feedback for replacement of self-talk, assumptions, and schema.
E. The client struggled to identify self-talk, assumptions, and schema that weaken their resolve to remain abstinent and was provided with tentative examples in this area.

27. Rehearse Replacement of Negative Self-Talk (27)

A. The client was assisted in identifying situations in which negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to negative self-talk.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

28. Teach About Coping Strategies (28)

A. The client was taught a variety of techniques to help manage triggered urges.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk, and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).
D. The client has used coping package techniques to help reduce urges to use substances; this progress was reinforced.
E. The client has not used the coping package for managing urges to use substances and was redirected to do so.

29. Assess Stress-Management Skills (29)

A. The client's current level of skill in managing stressors was assessed.
B. The client was assessed in regard to the ability to meet role demands for work, social, and family expectations.
C. The client was asked to complete *Overcoming Your Alcohol or Drug Problem* by Daley & Marlatt.
D. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.
E. The client was provided with positive feedback regarding the ability to manage common everyday stressors.
F. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

30. Teach Assertive Communication (30)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was assigned the exercise "Becoming Assertive" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was referred to an assertiveness training class.
D. The client displayed increased assertiveness and was provided with positive feedback in this area.
E. The client has not increased their level of assertiveness and was provided with additional feedback in this area.

31. Teach Conflict Resolution Skills (31)

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 was assigned "Applying Problem-Solving to Interpersonal Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client reported implementation of conflict resolution skills in daily life and was reinforced for this use.
E. The client reported that resolving interpersonal conflicts has contributed to a lifting of depression; the benefits of this progress were emphasized.
F. The client has not used the conflict resolution skills that they have been taught and was provided with specific examples of when to use these skills.

32. Practice Saying "No" to Alcohol/Drugs (32)

A. The client was taught about techniques to say "no" to alcohol/drugs.
B. Modeling, role-playing, and behavioral rehearsal were used to teach the client about refusing alcohol/drugs.
C. Refusal of substances was practiced in several graduated high-risk situations.

33. Assign Social and Communication Information (33)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

34. Encourage Routine Use of Strategies (34)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., personal and interpersonal skills, seeking support, meeting attendance, and activation in activities not associated with substance use).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
E. The client was redirected about ways to incorporate new strategies into their routine and life.

35. Review Negative Peer Influence (35)

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

B. The client was assigned "What Do I Need and How Do I Get It?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from chemical dependence.

D. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on their own recovery (e.g., sobriety buddies).

E. 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 recovery; the client was reinforced for this progress.

F. 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 recovery and was reminded about this important facet of recovery.

36. Plan Social and Recreational Activities (36)

A. A list of social and recreational activities that are free from association with substance abuse was developed.

B. The client was assigned the exercise "Relapse Prevention" from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

C. The client was verbally reinforced as they agreed to begin involvement in new recreational and social activities that will replace substance abuse-related activities.

D. The client has begun to make changes in social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.

E. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of their life but was encouraged to begin with small changes in this area.

37. Plan Household, Work-Related, and Other Free-Time Activities (37)

A. A list of household, work-related, and other free-time activities that are free from association with substance abuse was developed.

B. The client was verbally reinforced as they agreed to begin involvement in new household, work-related, and other free-time activities that will replace substance abuse-related activities.

C. The client has begun to make changes in household, work-related, and other free-time 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 household, work-related, and other free-time activities that have previously been a strong part of their life but was encouraged to begin with small changes in this area.

38. Evaluate Living Situation (38)

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 they agreed that their current living situation does encourage continuing substance abuse.
C. The client could not see any reason why their current living situation would have a negative effect on chemical dependence recovery; the client was provided with tentative examples in this area.

39. Encourage a Change in Living Situation (39)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster chemical dependence recovery.
B. The client was assigned "Assessing My Environment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they found a new living situation that is free from the negative influences that the current living situation brings to chemical dependence recovery.
D. The client is very resistive to moving from their current living situation; the client was assisted in processing this resistance.

40. Help Resolve Interpersonal Problems (40)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
C. The client was taught active problem-solving techniques to help resolve interpersonal problems.
D. It was reflected to the client that they have significantly reduced interpersonal problems.
E. The client continues to have significant interpersonal problems and was provided with remedial assistance in this area.

41. Refer to a Prescriber (41)

A. The client was referred to a prescriber who is familiar with both mental illness and substance use issues for an evaluation for a medication evaluation.
B. The client was reinforced for following through on a referral to a prescriber for a medical evaluation, but none were prescribed.
C. The client has been prescribed medications.
D. The client declined evaluation by a prescriber for medication and was redirected to cooperate with this referral.

42. Monitor Medications (42)

A. The client was monitored for adherence with the psychotropic medication regimen.
B. The client was provided with positive feedback about regular use of psychotropic medications.

C. The client was monitored for the effectiveness and side effects of prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the prescriber.
E. Although the client was monitored for medication side effects, they reported no concerns in this area.

43. Administer/Monitor Medications (43)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering their own medications.
C. As the client has taken medications prescribed, the effectiveness and side effects of the medication were monitored.
D. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.
E. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
F. The client identified side effects of the medication, and this was relayed to the prescribing clinician.
G. The client has not consistently taken the prescribed medications and was redirected to do so.

44. Develop Aftercare Placement (44)

A. The client was assisted in making decisions for aftercare placement, with an emphasis on providing enough structure to help maintain abstinence.
B. The client was assisted in reviewing a variety of different options, including a halfway house, group home, outpatient treatment, day care, partial hospitalization, and residential placement.
C. The client has developed a specific plan for aftercare placement and was encouraged to implement it consistently.
D. The client has been reluctant to commit to an aftercare placement and was redirected regarding these decisions.

45. Develop Written Continuing Care Plan (45)

A. The client was assisted in developing a written continuing care plan that includes all elements likely to facilitate recovery without relapse.
B. The client was assigned the exercise "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying helpful portions of the aftercare plan, including honesty, attending meetings, getting a sponsor, use of therapeutic skills, and enhanced social relationships.
D. The client has not developed a written continuing care plan and was redirected to do so.
E. The client has developed an appropriate written continuing care plan and was reinforced for this progress.

46. Assess Satisfaction (46)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SELF-HARM

CLIENT PRESENTATION

1. **Self-Injury (1)***
   A. The client demonstrates a maladaptive pattern of self-harm.
   B. The client engages in self-mutilation by cutting on their body.
   C. The client has engaged in self-mutilation by burning.
   D. The client often engages in self-harm by hitting.
   E. The client engages in a maladaptive pattern of self-harm in order to control uncomfortable feelings.
   F. As treatment has progressed, the client has been better able to manage uncomfortable feelings and has decreased self-harm.
   G. The client has discontinued self-harm.
2. **Inability to Decrease or Stop Self-Harm (2)**
   A. The client has verbalized a desire to decrease or stop self-harm but has been unable to do so.
   B. The client identifies negative consequences of continued self-harm but has been unable to discontinue.
   C. As treatment has progressed, the client has been able to follow through on the desire to decrease and discontinue self-harm.
3. **Denial (3)**
   A. The client presented with denial regarding the negative consequences of self-harm, in spite of direct feedback about its negative effect.
   B. The client's denial is beginning to break down as they are acknowledging that self-harm has created problems in their life.
   C. The client now openly admits to the severe negative consequences in which self-harm has resulted.
4. **Persistent Self-Harm Despite Problems (4)**
   A. The client has continued to engage in self-harm in spite of recurring physical, legal, vocational, social, or relationship problems that were directly caused by the self-harm.
   B. The client denied that many problems in their life are directly caused by self-harm.
   C. The client acknowledged that self-harm has been the cause of multiple problems in their life and verbalized a strong desire to maintain a life free from self-harm.
   D. As the client has maintained safety, some of the direct negative consequences of self-harm have diminished.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

E. The client is now able to face resolution of significant problems in their life as they are able to establish safety.

5. **Increased Tolerance (5)**
   A. The client described a pattern of increasing tolerance for the self-harm, as they needed to do more of it to obtain the desired effect.
   B. The client described the steady increase in the amount and frequency of the self-harm as tolerance for it has increased.
6. **Withdrawal Symptoms (6)**
   A. The client acknowledged experiencing physical withdrawal symptoms (e.g., shaking, seizures, nausea, headaches, sweating, insomnia) as well as negative emotions as they tried to discontinue the self-harm.
   B. The client's symptoms have eased as they have stabilized and maintained abstinence from self-harm.
   C. There is no further evidence of withdrawal symptoms.
7. **Hospitalization (7)**
   A. The client has been hospitalized for self-harm behavior.
   B. The client has required closely supervised care in order to manage self-harm behavior.
8. **Suspension of Activities (8)**
   A. The client has suspended involvement in important social, recreational, and occupational activities because they interfered with self-harm behavior.
   B. The client is beginning to recognize that all other aspects of their life became secondary to the primary objective of self-harm behavior.
   C. The client is resuming responsibilities in the areas of social, recreational, and occupational activities as they become established in a recovery lifestyle.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing self-harm symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Gather History (3)

A. A biopsychosocial history was gathered from the client regarding the pattern of self-harm behavior.
B. Using the biopsychosocial history, the client was assisted in identifying the precipitants of self-harm behavior.
C. The client was focused on the history of addiction within their family and personal biopsychosocial history, including family history of addiction and treatment, other substances used, progression of substance abuse, and consequences of abuse.
D. The client was assisted in identifying factors related to the pattern of self-harm, including the types of self-harm engaged in, environmental setting, secrecy or shared patterns, progression of degree, accompanying mood, frequency, and association with substance use.

4. Administer Assessment for Self-Harm Behavior (4)

A. The client was administered psychological instruments designed to objectively assess self-harm and personality factors.
B. The Millon Clinical Multiaxial Inventory–III (MCMI-III) was administered to the client.
C. The client has completed the assessment of issues related to self-harm, and minimal concerns were identified; these results were reviewed with the client.
D. The client refused to participate in the psychological assessment of self-harm traits, and the focus of treatment was turned toward this defensiveness.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.

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

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

8. Assess Severity of Impairment (8)

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

9. Refer to Physician (9)

A. The client was referred to a physician to perform a physical examination.
B. Testing was completed, including tests for HIV, hepatitis, and sexually transmitted diseases.
C. The need for psychotropic medication was assessed.
D. The use of specific medications was assessed as applicable.

10. Refer for Medication (10)

A. The client was referred to a pharmacologically based treatment/recovery program.
B. The subject was referred for acamprosate or naltrexone treatment.

C. The client has complied with the referral to a pharmacologically based treatment/recovery program, and progress was reviewed.
D. The client has not complied with the referral to a pharmacologically based treatment/recovery program and was redirected to do so.

11. Monitor Medication Reaction (11)

A. The client's reaction to the medication in terms of side effects and effectiveness was monitored.
B. The client reported that the medication has been effective at reducing symptoms; the client was urged to continue this medication regimen.
C. The client has been reluctant to take the prescribed medication for symptoms but was urged to follow through on the prescription.
D. As the client has taken medication, which has been successful in reducing the symptom pattern, they have begun to feel that it is no longer necessary and have indicated a desire to stop taking it; the client was urged to continue the medication as prescribed.

12. Administer Medication (12)

A. Medical staff administered psychotropic medications as prescribed.
B. Medical staff assisted the client in administering their own medications.
C. The client refused to accept medication as prescribed.

13. Conduct DBT (13)

A. The client was oriented to dialectical behavioral therapy (DBT).
B. The multiple facets of DBT were highlighted, including support, collaboration, mindfulness, distress tolerance, coping, and skill building.
C. The concept of dialectics was reviewed with the client.
D. DBT topics were explained to the client, including the emphasis on exchange and negotiation, balancing the rational and emotional and acceptance and change strategies.

14. Assign Didactics Regarding Effects of Chemical Dependence (14)

A. The client was assigned to attend a chemical dependence didactic series to increase knowledge of the patterns and effects of chemical dependence.
B. The client was asked to identify in writing several key points obtained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. It was reflected to the client that they have become more open in acknowledging and accepting chemical dependence.

15. Assign Readings on Addiction Recovery (15)

A. The client was assigned to read evidence-based material regarding addiction recovery (e.g., *Overcoming Your Alcohol or Drug Problem* by Daley & Marlatt).
B. The client was asked to process with the therapist five key points that were gained from the reading of substance abuse literature.

C. The client has read the assigned substance abuse literature and processed it within the session.
D. The client has not read the assigned substance abuse literature and was redirected to do so.

16. Assign Reading Material on Addiction (16)

A. The client was assigned reading material on addiction.
B. The client was assigned *Willpower's Not Enough* (Washton & Boundy).
C. The client was assigned *The Addiction Workbook* (Fanning).
D. The client was assigned *Alcoholics Anonymous* (Alcoholics Anonymous World Services).
E. Key points were processed from the client's reading.

17. Read About Narcotics Anonymous (17)

A. The client was urged to read information from *Narcotics Anonymous* (World Service Office).
B. The client was asked to gather five key points from the assigned readings from *Narcotics Anonymous* and process this with the therapist.

18. Assign Group Therapy (18)

A. The client was assigned to attend group therapy focused on addiction recovery and self-harm.
B. The client attended group therapy focused on addiction recovery and self-harm, and key benefits were reviewed.
C. The client has not attended group therapy focused on addiction recovery and self-harm and was redirected to do so.

19. Direct Group Therapy (19)

A. Today's group therapy session focused on the sharing of causes for, consequences of, feelings about, and alternatives to addictive patterns.
B. The client participated in group therapy regarding causes for, consequences of, feelings about, and alternatives to addictive patterns.
C. The client reports greater understanding and support because of mutual sharing about addictive patterns in group therapy.
D. The client attended group therapy about the causes for, consequences of, feelings about, and alternatives to addictive patterns but was not significantly involved.

20. Assign Step 1 Paper (20)

A. The client was assigned to complete a 12-step program's first-step paper admitting to powerlessness over self-harm.
B. The client completed the first-step paper about powerlessness over self-harm and presented it for feedback.
C. The client completed an assigned 12-step program's first-step paper about powerlessness over self-harm and presented it to the support group for feedback.
D. The client received supportive feedback and reinforcement for the first-step paper about powerlessness over self-harm.
E. The client has not completed the first-step paper and was redirected to do so.

21. List Negative Consequences (21)

A. The client was asked to make a list of the ways in which self-harm has negatively affected their life and to process this list.
B. The client was assigned "Substance Abuse Negative Impact Versus Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. It was reflected to the client that they have minimized the negative impact of self-harm on their life.
D. The client completed the list of negative impacts of self-harm on their life and was noted to acknowledge the negative consequences that they have experienced.
E. The client has not completed the list of negative impacts upon their life and was redirected to do so.

22. Confront Denial (22)

A. The client's use of denial to minimize the severity and negative consequences of substance abuse and self-harm was consistently confronted.
B. The client was assisted in identifying how denial perpetuates their problems.
C. The client was noted to have decreased denial.

23. Teach About the Treatment Process (23)

A. The client was taught about the treatment process and was encouraged to stay in treatment as long as necessary to bring the addiction under control.
B. The client displayed an understanding of the treatment process that was summarized for them.
C. As the client verbalized an increased understanding about the treatment process, they have been more open to remaining in treatment long enough to bring addiction under control; this progress was reinforced.
D. Despite an understanding of the treatment process, the client has refused to remain in treatment; the client was urged to reconsider.
E. The client has not completed the assigned homework on seeing progress and was redirected to do so.

24. Explore Self-Harm and Addiction as an Escape (24)

A. The client's use of self-harm and substance abuse as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client was assigned "Understanding Self-Harm and Addiction" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client acknowledged using self-harm and substance abuse as a way to escape from stress, emotional pain, and/or boredom; this insight was reinforced.
D. The client was confronted for the negative consequences of the pattern of escapism.
E. The client reported having decreased self-harm and substance abuse as a way to escape stress, emotional pain, and/or boredom; this progress was reinforced.
F. The client denied the idea that self-harm and substance abuse have been used as an escape from stress and was provided with additional feedback in this area.

25. Probe Guilt and Shame Issues (25)

A. The client was probed for the sense of shame, guilt, and low self-worth that has resulted from self-harm/substance abuse and its consequences.

B. The client reported significant patterns of shame, guilt, and low self-worth because of self-harm/substance abuse and its consequences, which was processed.

C. The client denied any pattern of shame, guilt, and low self-worth and was provided with examples of how these feelings can occur.

26. List Reasons to Stay Abstinent (26)

A. The client was assisted in developing a list of reasons why they should stay abstinent from substance use and self-harm.

B. The client was assigned the exercise "Making Change Happen" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was assigned the exercise "A Working Recovery Plan" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client identified several reasons for remaining abstinent from substance use and self-harm; this list was processed.

E. The client struggled to identify reasons why they should remain abstinent and this was processed within the session.

27. Review Dishonesty and Substance Abuse/Dependence (27)

A. The client was assisted in understanding that dishonesty goes along with substance abuse and self-harm and that honesty is necessary for recovery.

B. The client was asked to identify 10 lies that they have told to hide substance abuse and self-harm.

C. The client was assigned the "Honesty" exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

D. The client developed a list of lies that they have told to hide substance abuse and self-harm, and these were reviewed.

E. The client acknowledged their pattern of dishonesty, which has supported substance abuse and self-harm behavior, and reported increased honesty during recovery; this insight was highlighted.

F. The client denied any pattern of dishonesty to hide substance abuse and self-harm and was provided with examples of how this occurs.

28. Teach About Honesty (28)

A. The client was taught about why honesty is essential to recovery.

B. The client was provided with several examples of how honesty is an important part of recovery.

C. The client was asked to identify their own understanding of how honesty is essential to recovery.

29. Teach About a Higher Power (29)

A. The client was presented with information on how faith in a higher power can aid in recovery from substance abuse and self-harm.

B. The client was assigned the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was assisted in processing and clarifying their own ideas and feelings about their higher power.
E. The client was encouraged to describe beliefs about their higher power.
F. The client rejected the concept of a higher power and was urged to remain open to this concept.

30. Conduct Motivational Interviewing (30)

A. Motivational interviewing techniques were used to help assess the client's preparation for change.
B. The client was assigned "Addressing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying their stage of change regarding substance abuse and self-harm concerns.
D. It was reflected to the client that they are currently building motivation for change.
E. The client was assisted in strengthening commitment to change.
F. The client was noted to be participating actively in treatment.

31. Assign AA/NA Member Contact (31)

A. The client was assigned to meet with an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) member who has been working the 12-step program for several years to find out specifically how the program has helped them 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; the experience was processed.
D. The client has not followed through on meeting with an AA/NA member and was redirected to do so.

32. Identify Sobriety Expectations (32)

A. The client was asked to write out basic expectations that they have regarding sobriety.
B. The client has identified specific expectations that they have regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.
C. As the client has been assisted in developing a more realistic expectation regarding sobriety, they have felt more at ease and willing to work toward sobriety.
D. The client has not identified expectations regarding sobriety and was redirected to do so.

33. Encourage Sobriety Despite Relapses (33)

A. Although the client has relapsed, they were refocused on the need for substance abuse and self-harm recovery and on the need for sobriety.

B. As the client has received continued support for recovery and sobriety despite relapses, they have become more confident regarding their chances for success.
C. The client lacks confidence in the ability to obtain recovery and sobriety because of the pattern of relapses; this pessimism was challenged and processed.

34. Assign Abstinence Contract (34)

A. The client was assigned to write an abstinence contract for their drug of choice and self-harm as a means of terminating emotional and cognitive involvement with that drug.
B. The client was assigned "No Self-Harm Contract" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has followed through with writing the abstinence contract for their drug of choice and self-harm, and the contents of it were processed.
D. The client's feelings about writing an abstinence contract were processed.
E. The client reported feeling some sense of relief at breaking emotional ties with their drug of choice and self-harm; the benefits of this progress were reviewed.
F. The client failed to follow through on the assigned abstinence contract for their drug of choice and self-harm and was redirected to do so.

35. Review Negative Peer Influence (35)

A. A review of the client's negative peers was performed, and the influence of these people on substance abuse and self-harm patterns was identified.
B. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from chemical dependence and self-harm.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on their own recovery (e.g., sobriety buddies).
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 recovery; the client 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 in recovery and was reminded about this important facet of recovery.

36. Plan Social and Recreational Activities (36)

A. A list of social and recreational activities that are free from association with substance abuse and self-harm was developed.
B. The client was verbally reinforced as they agreed to begin involvement in new recreational and social activities that will replace substance abuse–related and self-harm activities.
C. The client has begun to make changes in 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 their life but was encouraged to begin with small changes in this area.

37. Plan Household and Work-Related Activities (37)

A. A list of household and work-related activities that are free from association with substance abuse and self-harm was developed.

B. The client was verbally reinforced as they agreed to begin involvement in new household and work-related activities that will replace substance abuse–related and self-harm activities.

C. The client has begun to make changes in household and work-related 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 household and work-related activities that have previously been a strong part of their life but was encouraged to begin with small changes in this area.

38. Evaluate Living Situation (38)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence and self-harm.

B. The client was assigned the exercise "Assessing My Needs" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was supported as they agreed that their current living situation does encourage continuing substance abuse and self-harm.

D. The client could not see any reason why their current living situation would have a negative effect on chemical dependence and self-harm recovery; the client was provided with tentative examples in this area.

39. Encourage a Change in Living Situation (39)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster chemical dependence and self-harm recovery.

B. The client was assigned the exercise "Assessing My Environment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was reinforced as they found a new living situation that is free from the negative influences that the current living situation brings to chemical dependence and self-harm recovery.

D. The client is very resistive to moving from their current living situation; the client was assisted in processing this resistance.

40. Identify Sobriety's Positive Family Effects (40)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of chemical dependence and self-harm recovery.

B. The client was assigned "Substance Abuse's Negative Impact Versus Sobriety's Positive Impact" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client reported that their family is enjoying a reduction in stress and increased cooperation since chemical dependence and self-harm recovery began; the client's reaction to these changes was processed.

D. The client was unable to identify any positive changes that have occurred or could occur within family relationships as a result of chemical dependence and self-harm recovery and was provided with tentative examples in this area.

41. Reinforce Making Amends (41)

A. The negative effects that the client's substance abuse and self-harm have had on family, friends, and work relationships were identified.
B. The client was assigned "How I Have Hurt Others" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. A plan for making amends to those who have been negatively affected by the client's substance abuse and self-harm was developed.
D. The client's implementation of the plan to make amends to those who have been hurt by their substance abuse and self-harm was reviewed.
E. The client reported feeling good about the fact that they have begun to make amends to others who have been hurt by their substance abuse and self-harm; this progress was reinforced.
F. The client has not followed through on making amends to others who have been negatively affected by the pattern of substance abuse and self-harm and was reminded to do so.

42. Obtain Commitment Regarding Making Amends (42)

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 in making a verbal commitment to make initial amends now and to make further amends as they work 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.

43. Construct Strategy for Managing Triggers (43)

A. The client was assisted in constructing a client-tailored strategy for managing triggers for self-harm.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to their needs.
C. The client was assigned "Progressive Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was assigned "Making Use of the Thought-Stopping Technique" or "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was reinforced for their comprehensive self-harm management strategy.
F. The client was redirected to develop a more comprehensive self-harm management strategy.

44. Explore Schema and Self-Talk (44)

A. The client's schema and self-talk that weaken the resolve to remain abstinent were explored.
B. The biases that the client entertains regarding their schema and self-talk were challenged.

C. The client was assigned "Correcting Distorted Thinking" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was assisted in generating more realistic self-talk to correct for biases and build resilience.
E. The client was provided with positive feedback for replacement of self-talk and biases.
F. The client struggled to identify self-talk and biases that weaken the resolve to remain abstinent and was provided with tentative examples in this area.

45. Rehearse Replacement of Negative Self-Talk (45)

A. The client was assisted in identifying situations in which negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to negative self-talk.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

46. Develop Hierarchy of Urge-Producing Cues (46)

A. The client was directed to construct a hierarchy of urge-producing cues to use substances and self-harm.
B. The client was assisted in developing a hierarchy of urge-producing cues to use substances and or engage in self-harm.
C. The client was assigned "Self-Harm Risk Factors, Triggers and Early Warning Signs" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was helped to identify a variety of cues that prompt the use of substances and self-harm.
E. The client has failed to identify a hierarchy of urge-producing cues and was assisted in developing this task.

47. Practice Response to Urge-Producing Cues (47)

A. The client was assisted in selecting urge-producing cues with which to practice, with a bias toward cues that are likely to result in a successful experience.
B. The client was assigned "Identifying Relapse Triggers and Cues" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Behavioral techniques were used to help the client cognitively restructure urge-producing cues.
D. The client's use of cognitive-restructuring strategies was reviewed and processed.
E. The client was trained to use these techniques with high-risk situations.

48. Assess Stress-Management Skills (48)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to the ability to meet role demands for work, social, and family expectations.
C. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.
E. The client was provided with positive feedback regarding the ability to manage common everyday stressors.
F. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

49. Assign Social and Communication Information (49)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

50. Differentiate Between Lapse and Relapse (50)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances and self-harm.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

51. Uncover Triggers for Relapse (51)

A. A 12-step recovery program relapse prevention exercise was used to help the client uncover triggers for relapse.
B. Through the use of the 12-step recovery program relapse prevention exercise, the client has gained a significant amount of insight into triggers for relapse.
C. The client struggled to identify triggers for relapse and was provided with remedial assistance in this area.

52. Identify and Rehearse Response to Lapse Situations (52)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of potential lapse situations.
C. The client was reinforced as they identified and rehearsed how to cope with potential lapse situations.

D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of possible lapse situations and this resistance was redirected.

53. Identify Relapse Triggers (53)

A. The client was assisted in developing a list of potential relapse signs and triggers that could lead them back to substance abuse and self-harm.
B. The client was asked to identify specific primary psychotic symptoms that affect the desire for substances and self-harm.
C. The client was assigned "Relapse Triggers" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was supported for identifying specific primary psychotic symptoms and how these increase the desire for substances and self-harm.
E. The client was assisted in developing a specific strategy for constructively responding to substance abuse and self-harm relapse triggers.
F. The client was reinforced for successful implementation of the coping strategies for the substance abuse and self-harm relapse triggers.
G. A review was conducted regarding the client's pattern of relapse subsequent to failing to use constructive coping strategies in a trigger situation.

54. Encourage Routine Use of Strategies (54)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring exposure).
B. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was urged to find ways to build new strategies into their life as much as possible.
D. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
E. The client was redirected about ways to incorporate new strategies into their routine and life.

55. Teach About Life's Pleasures (55)

A. The client was taught about the importance of getting pleasure out of life without using mood-altering substances and self-harm.
B. The client was reminded that the benefits obtained from using mood-altering substances can be developed through the use of alternative, nonsubstance means in order to develop pleasure in their life.
C. The client reflected understanding of how they can get pleasure out of life without using mood-altering substances.
D. The client does not appear to understand how life's pleasures can be developed without using mood-altering substances and was provided with remedial feedback in this area.

56. List Pleasurable Activities (56)

A. The client was asked to develop a list of pleasurable activities.
B. The client was assigned "Identify and Schedule Pleasant Activities" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned to engage in selected activities on a daily basis.
D. The client's use of pleasurable activities was reviewed.
E. The client has not developed a regular practice of engaging in pleasurable activities and was redirected to do so.

57. Recommend Physical Fitness (57)

A. The client was encouraged to participate in an appropriate level of physical fitness activities,
B. The client was encouraged to read *Exercising Your Way to Better Mental Health* (Leith) to introduce the concept of combating stress, depression, and anxiety with exercise.
C. 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.
D. The client has implemented a regular exercise regimen as a depression reduction technique and reported successful results; the client was verbally reinforced for this progress.
E. 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.

58. Assess Satisfaction (58)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SELF-CARE DEFICITS—PRIMARY

CLIENT PRESENTATION

1. **Chemical Dependence Has Eroded Self-Care (1)***
   A. The client's chronic chemical dependence has eroded the motivation necessary for adequate self-care.
   B. The client's chronic chemical dependence has eroded the discipline for performing adequate self-care.
   C. The client appears to be more motivated for performing self-care, and this is displayed through better hygiene and grooming.
   D. The client is regularly motivated to perform adequate self-care, and this is displayed through regular practice of self-care and good hygiene and grooming.
2. **Substandard Grooming and Hygiene (2)**
   A. The client came to the session poorly groomed.
   B. The client displayed poor grooming, as evidenced by strong body odor, disheveled hair, or dirty clothing.
   C. Others have noted that the client displays substandard grooming and hygiene.
   D. The client has begun to show an increased focus on hygiene and grooming.
   E. The client's hygiene and grooming have been appropriate, with clean clothing and no strong body odor.
3. **Failure to Use Basic Hygiene Techniques (3)**
   A. The client gave evidence of a failure to use basic hygiene techniques, such as bathing, brushing teeth, or washing clothes.
   B. When questioned about basic hygiene techniques, the client reported that they rarely bathe, brush teeth, or wash clothes.
   C. The client has begun to bathe, brush teeth, and dress in clean clothes on a regular basis.
   D. The client displayed increased personal care through the use of basic hygiene techniques.
4. **Medical Problems (4)**
   A. The client's poor hygiene has caused specific medical problems.
   B. The client is experiencing dental difficulties because of poor hygiene.
   C. Because of the client's poor personal hygiene, they are experiencing medical problems that put others at risk.
   D. As the client has improved personal hygiene, medical problems have decreased.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Poor Diet (5)**
   A. Because of the client's inability to prepare meals properly, they have experienced diet deficiencies.
   B. The client makes poor food selections, which has caused deficiencies in diet.
   C. The client has displayed an increased understanding of and willingness to use a healthier diet.
   D. As the client's diet has improved, their overall level of physical functioning has improved.
6. **Social Skills Deficits (6)**
   A. The client displayed poor social interaction skills.
   B. The client displayed poor eye contact, insufficient interpersonal attending, and awkward social responses.
   C. As the client's substance abuse symptoms have stabilized, interaction skills have increased.
   D. The client now displays more appropriate eye contact, interpersonal attending skills, and social responses.
7. **Inadequate Knowledge Regarding Self-Care (7)**
   A. The client displayed an inadequate level of knowledge or functioning in basic skills around the home.
   B. The client indicated having little experience in doing basic self-care around the home (e.g., cleaning floors, washing dishes, disposing of garbage, keeping fresh food available).
   C. As the client has gained specific knowledge about how to perform basic duties around the home, self-care has become more appropriate.
8. **Losses Due to Poor Hygiene (8)**
   A. The client described that they have experienced loss of relationship, employment, or other social opportunities because of poor hygiene and inadequate attention to grooming.
   B. The client's family, friends, and employer have all indicated a decreased desire to be involved with the client because of poor hygiene and inadequate attention to grooming.
   C. As the client's hygiene and grooming have improved, they have experienced improvement in relationships, employer acceptance, and other social opportunities.
9. **Low Intellectual Functioning (9)**
   A. The client has an intellectual quotient significantly lower than average.
   B. The client struggles with appropriate self-care because of low intellectual functioning.
   C. The client's self-care has improved.
10. **Unresolved Childhood Trauma (10)**
   A. The client described a history of childhood neglect, mental, physical, or sexual trauma.
   B. The client described a history of childhood neglect, mental, physical, or sexual trauma but was unsure of any effects of this behavior.
   C. The client resolved the childhood neglect, mental, physical, or sexual trauma caused by family addiction.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing self-care deficit concerns.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assign Inventory of Self-Care (3)**
   A. The client was asked to prepare an inventory of positive and negative functioning regarding self-care.
   B. The client was assigned the exercise "Assessing Self-Care Deficits" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   C. The client was assigned the exercise "Relating Self-Care Deficits to My Addiction" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   D. The client prepared the inventory of positive and negative functioning regarding self-care, and this was reviewed within the session.
   E. The client was given positive feedback regarding the accurate inventory of positive and negative functioning regarding self-care.
   F. The client has prepared the inventory of positive and negative functioning regarding self-care but needed additional feedback to develop an accurate assessment.
   G. The client has not prepared an inventory of positive and negative functioning regarding self-care and was redirected to do so.
4. **Assign Obtaining Feedback (4)**
   A. The client was asked to identify a trusted individual from whom they can obtain helpful feedback regarding daily hygiene and grooming.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client has received helpful feedback regarding daily hygiene and grooming, and this was reviewed within the session.
C. The client has declined to seek or use any feedback regarding daily hygiene and grooming and was redirected to complete this assignment.

5. Assess Nutritional Knowledge (5)

A. The client's basic nutritional knowledge and skills were assessed.
B. The client's basic diet and possible nutritional deficiencies were reviewed.
C. The client was referred to a dietician for an assessment regarding basic nutritional knowledge and skills, usual diet, and nutritional deficiencies.
D. The client has not followed through on referral to a dietician and was redirected to do so.

6. Administer Assessment for Self-Care Skills (6)

A. The client was administered psychological instruments designed to objectively assess self-care skills.
B. The Independent Living Scales assessment was administered to the client.
C. The client has completed the assessment of self-care skills, and minimal skills were identified; these results were reported to the client.
D. The client has completed the assessment of self-care skills, and significant skills were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of self-care skills, and the focus of treatment was turned toward this defensiveness.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

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

10. Assess Severity of Impairment (10)

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

11. Facilitate Expressing Emotions (11)

A. The client was assisted in expressing emotions related to impaired performance in self-care.
B. The client was assisted in identifying specific emotions regarding impaired performance in self-care (e.g., embarrassment, depression, low self-esteem).
C. The client was assigned "Assessing My Needs" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. Empathy was provided to the client as they expressed emotions regarding impaired performance in self-care.
E. The client was reluctant to admit to any negative emotions regarding impaired performance of self-care and was provided with feedback about likely emotions that they may experience.

12. Review Rejection (12)

A. The client was asked to identify painful experiences in which rejection was experienced because of the lack of performance of basic self-care.
B. The client was provided with empathy as they identified painful experiences in which rejection was experienced because of the lack of performance of basic self-care.
C. The client's broken relationships, loss of employment, and other painful experiences were reviewed within the session.
D. The client could not identify painful experiences related to poor performance of basic self-care and was asked to continue to focus on these areas.

13. Teach Possible Positive Outcomes (13)

A. The client was assisted in visualizing the possible positive changes that could occur from increased attention to appearance and other daily living skills.
B. The client was supported and reinforced as they identified positive results that would occur because of increased attention to appearance and other daily living skills.
C. The client struggled to identify positive results that could occur from giving increased attention to appearance and other daily living skills and was provided with additional feedback about these areas.

14. Review Medical Risks (14)

A. Specific medical risks associated with poor hygiene and nutrition or lack of attention to other self-care were reviewed.
B. Medical risks (e.g., dental problems, risk of infection, lice, other health problems) were identified and discussed.
C. The client was assisted in developing an understanding about the medical risks associated with poor nutrition and hygiene or lack of attention to other self-care.
D. The client agreed that they are at a higher medical risk because of poor nutrition and hygiene or lack of attention to other self-care and was focused on remediation efforts.
E. The client rejected the identified concerns regarding medical risks.

15. Identify Secondary Gain (15)

A. The possible secondary gain associated with decreased self-care functioning was reviewed.
B. The client identified specific secondary gains that they have attained for decreased functioning in self-care (e.g., less involvement in potentially difficult social situations), and these were reviewed within the session.
C. The client denied any pattern of secondary gain related to decreased functioning in self-care and was provided with hypothetical examples of the secondary gains.

16. Identify Needed Self-Care (16)

A. The client was assisted in identifying the self-care that is desired but is not present in their current repertoire.
B. The client received feedback regarding the description of self-care that they wished to increase.
C. The client was unable to identify specific self-care that they wish to increase and was encouraged to review this area.

17. Prioritize Self-Care (17)

A. The client was asked to prioritize on which self-care they would like to focus in order to improve functioning.
B. The client was assigned "Making Your Own Decisions" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was given feedback about the choice of self-care to focus on implementing.

D. The client was informed about the specific skills that they will need to learn in order to implement the use of individual self-care items.
E. The client struggled to prioritize which self-care they wish to use and was redirected to do so.

18. Refer for Psychological Testing (18)

A. The client was referred for an assessment of cognitive abilities and deficits.
B. Objective psychological testing was administered to the client to assess cognitive strengths and weaknesses.
C. The client cooperated with the psychological testing and received feedback about the results.
D. The psychological testing confirmed the presence of specific cognitive abilities and deficits.
E. The client was not compliant with taking the psychological evaluation and was encouraged to participate completely.

19. Recommend Remediating Programs (19)

A. The client was referred to remediating programs that are focused on removing deficits for performing self-care, including skill-building groups or behavior-shaping programs.
B. The client was assisted in remediating deficits for performing self-care through the use of skill-building groups and behavior-shaping programs.
C. As specific programs have assisted the client in removing deficits for performing self-care, the client's self-care has gradually increased.

20. Interpret Decompensation (20)

A. The client's poor performance on self-care was interpreted as an indicator of chemical dependence or psychiatric decompensation.
B. The client's pattern of poor self-care and chemical dependence or psychiatric decompensation was shared with the client, caregivers, and medical staff.
C. The client was assigned the exercise "Relating Self-Care Deficits to My Addiction" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client acknowledged poor performance of self-care as prodromals of chemical dependence or psychiatric decompensation, and this was supported during the session.
E. The client, caregivers, and medical staff concurred regarding the client's chemical dependence and general psychiatric decompensation.
F. The client denied any chemical dependence or psychiatric decompensation, despite being told that poor performance of self-care is an indication of psychiatric decompensation.

21. Refer to a Prescriber (21)

A. The client was referred to a prescriber for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a prescriber for an assessment for a prescription of psychotropic medications, but none were prescribed.

C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a prescriber for a prescription of psychotropic medications and was redirected to cooperate with this referral.

22. Educate About Psychotropic Medications (22)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, they displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding medications.

23. Monitor Medications (23)

A. The client was monitored for adherence with the psychotropic medication regimen.
B. The client was provided with positive feedback about regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of the prescribed medications.
D. Concerns about the effectiveness and side effects of the client's medications were communicated to the prescriber.
E. The client was assigned "Why I Dislike Taking My Medication" in the Adult Psychotherapy Homework Planner (Jongsma & Bruce).
F. Although the client was monitored for side effects from the medications, they reported no concerns in this area.

24. Arrange for a Physical Examination (24)

A. A full physical examination was arranged for the client, and the physician was encouraged to prescribe remediation programs to aid the client in performing self-care.
B. A physician examined the client, and specific negative medical effects of low functioning on self-care were identified.
C. The physician has identified specific recommendations to help remediate the effects of the client's poor self-care skills.
D. The physician has not identified any physical effects related to the client's poor performance on self-care.
E. Specific self-care remediation behaviors were reviewed with the client.

25. Refer to a Dentist (25)

A. The client was referred to a dentist to determine dental treatment needs.
B. Specific dental treatment needs were identified, and ongoing dental treatment was coordinated.
C. No specific dental treatment needs were identified, but a routine follow-up appointment was made.

D. The client has not followed through on the referral for dental services and was redirected to do so.

26. Provide Educational Material (26)

A. The client was provided with educational material to help learn basic personal hygiene skills.
B. The client was referred to specific portions of books and videos on the topic of personal hygiene.
C. The client was referred to written material such as *The Complete Guide to Better Dental Care* (Taintor & Taintor) or *American Medical Association Family Medical Guide* (American Medical Association).
D. The client has surveyed the educational material, and important points were reviewed within the session.
E. The client has not reviewed the educational material and was requested to do so.

27. Refer for One-to-One Training (27)

A. The client was referred to a designated staff for one-to-one training in basic hygiene needs and techniques.
B. The client has reviewed specific hygiene needs and techniques with the designated staff and was supported for this.
C. The client has not yet met with the designated staff for one-to-one training in basic hygiene needs and techniques and was redirected to do so.

28. Refer to a Psychoeducational Group (28)

A. The client was referred to a psychoeducational group focused on teaching personal hygiene skills.
B. The psychoeducational group was used to help the client learn to give and receive feedback about hygiene skill implementation.
C. The client has attended a psychoeducational group and received feedback about hygiene skill implementation, which was processed within the session.
D. The client was verbally reinforced for using the group feedback about hygiene skill implementation.
E. The client has not attended the psychoeducational group for hygiene skill implementation and was redirected to do so.

29. Encourage Scheduled Hygiene Performance (29)

A. The client was encouraged to perform basic hygiene skills on a regular schedule (e.g., the same time and in the same order each day).
B. The client was reinforced for the pattern of performing basic hygiene skills on a regular schedule.
C. The client has not performed personal hygiene skills on a scheduled basis and was redirected to do so.

30. Teach Self-Monitoring (30)

A. The client was assisted in developing a self-monitoring program for performing self-care.

B. The client was supported in the use of a checkoff chart for performing self-care.
C. The client was provided with positive feedback and encouragement regarding use of a self-monitoring program for performing self-care.
D. The client has not implemented or used a self-monitoring program for performing self-care and was encouraged to do so.

31. Provide Feedback (31)

A. The client was provided with feedback about progress in use of self-monitoring to improve personal hygiene.
B. The client appeared to react positively to the feedback that was given regarding progress in the use of self-monitoring to improve performance of self-care.
C. The client accepted the negative feedback that was given regarding the lack of use of self-monitoring to improve personal hygiene.

32. Review Community Resources (32)

A. A list of community resources was reviewed with the client to assist in improving personal appearance (e.g., laundromat/dry cleaner, hair salon/barber).
B. As community resources were reviewed, the client displayed an understanding and commitment to use appropriate community resources.
C. The client has not used community resources to improve personal appearance and was provided with additional encouragement to do so.

33. Arrange for a Tour of Community Resources (33)

A. Arrangements were made for the client to tour community facilities for cleaning and pressing clothes, cutting and styling hair, or purchasing soap and deodorant.
B. As the community resources were reviewed, the client showed an increased understanding of how these resources can be used to improve performance of self-care.
C. The client continued to display a lack of understanding about the use of community facilities to assist in performing self-care, and this information was reiterated.

34. Assess for Exacerbating Conditions (34)

A. The client was assessed for mental illness or substance abuse that may exacerbate poor performance in self-care.
B. The client was assigned "Relating Self-Care Deficits to My Addiction" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was identified as having a concomitant mental illness or substance abuse problem.
D. Upon review, the client does not display evidence of a coexisting mental illness or substance abuse problem.

35. Refer for Substance Abuse Treatment (35)

A. The client was referred to a 12-step recovery program (i.e., Alcoholics Anonymous or Narcotics Anonymous).

B. The client was referred to a substance abuse treatment program.
C. The client has been admitted to a substance abuse treatment program and was supported for this follow-through.
D. The client has refused the referral to a substance abuse treatment program, and this refusal was processed.

36. Integrate Mental Health and Substance Abuse Treatment (36)

A. The client's mental health and substance abuse treatment services were coordinated in an integrated fashion.
B. The client's substance abuse treatment providers have been provided with increased information about the client's mental health diagnosis and treatment.
C. The client's mental health treatment providers have been provided with increased information about the client's substance abuse diagnosis and treatment.

37. Facilitate Training From Support System (37)

A. The client's family members, friends, and caregivers were facilitated to assist in training the client in basic housekeeping skills.
B. Family members, friends, and caregivers were requested to monitor and report on the client's progress regarding basic housekeeping skills.
C. Family members, friends, and caregivers were reinforced for regularly providing training to the client on basic housekeeping skills and reporting on progress.
D. Family members, friends, and caregivers do not regularly provide options for the client to learn basic housekeeping skills and were redirected to do so.

38. Teach Housekeeping Skills (38)

A. The client was taught about basic housekeeping skills through references to books on this subject.
B. As the client has been taught basic housekeeping skills, they have displayed an increased understanding of these needs and techniques.
C. The client continues to display a lack of understanding of basic housekeeping skills, and this information was presented again in a different fashion.

39. Teach Cooking Techniques (39)

A. The client was taught some basic cooking techniques.
B. Cookbooks were used to teach the client basic cooking techniques.
C. As the client has been taught about basic cooking techniques, they have displayed an increased understanding of food preparation.
D. The client displayed a lack of understanding of food preparation procedures and was provided with additional remedial information in this area.

40. Monitor Dietary Recommendations (40)

A. The client was monitored for follow-through regarding a dietician's recommendations for changes in eating practices.

B. The client was provided with positive feedback for consistently following through on the recommended changes to cooking and eating practices.
C. The client was provided with negative feedback regarding the failure to use the dietician's recommendations, which prompted their pledge to improve in this area.

41. Refer to an Activity Therapist (41)

A. The client was referred to an activity therapist for recommendations regarding physical fitness activities that are available in the community.
B. The client was referred to community physical fitness resources (e.g., health clubs, other recreational programs).
C. The client has been actively participating in community physical fitness programs and was reinforced for this.
D. The client has declined involvement in community physical fitness programs and was redirected to do so.

42. Assist in Setting Exercise Goals (42)

A. The client was assisted in setting specific exercise goals.
B. The client's participation in exercise and physical fitness activities was monitored.
C. The client reported regular participation in exercise and physical fitness activities and was reinforced for this.
D. The client reported very limited participation in exercise and physical fitness activities and was encouraged to increase participation.

43. Provide Physical Fitness Educational Material (43)

A. Educational material regarding physical fitness was provided to the client.
B. The client displayed an increased understanding of physical fitness as a result of reviewing physical fitness educational material.
C. The client has not read the physical fitness educational material and was redirected to do so.

44. Coordinate a Health Club Membership (44)

A. The client's membership at a local health club or YMCA/YWCA was facilitated.
B. The client has joined a local health club or YMCA/YWCA fitness program and was reinforced for doing so.
C. The client has not used local resources for fitness programs and was redirected to do so.

45. Refer for Testing (45)

A. The client was referred to a psychologist for intelligence testing.
B. The client was referred to a psychologist for personality testing.
C. The results of testing were reviewed with the client.
D. It was determined that a referral to Supplemental Security Income (SSI) was appropriate for the client and necessary steps were taken.
E. SSI does not appear to be useful for the client.

46. Refer to Group Home (46)

A. The client was engaged in a discussion about the usefulness of a group home or recovery home.
B. The client indicated interest in a group home or recovery house and a referral was made.
C. The client denied interest in moving to a group home or recovery house.

47. Assess Satisfaction (47)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SELF-CARE DEFICITS—SECONDARY

CLIENT PRESENTATION

1. **Lack of Access to Instrumental Activities of Daily Living (IADLs) (1)***
   A. The client has had limited access to IADLs (e.g., shopping, housekeeping, accounting, food preparation, transportation, and use of community services) because of a history of addiction and mental illness.
   B. The client has often been barred from performing IADLs because of addiction and mental illness.
   C. The client has begun to access IADLs.
   D. The client displays an increased pattern of independence through engaging in IADLs.
2. **Lack of Experience with IADLs (1)**
   A. The client described a pattern of inexperience with IADLs (e.g., shopping, housekeeping, accounting, food preparation, transportation, and use of community services).
   B. The client has often relied on others for IADLs.
   C. The client reports increased experience with IADLs.
   D. The client displays more independence as they gain experience with IADLs.
3. **Poor Functioning on IADLs (1)**
   A. The client described poor functioning on IADLs, despite regular access to and experience with areas such as shopping, housekeeping, accounting, food preparation, transportation, and use of community services.
   B. As the client's addiction and mental illness symptoms have stabilized, the client has improved functioning relative to IADLs.
   C. The client regularly takes care of their own IADLs in a functional manner.
4. **Anxiety Regarding Increasing IADLs (2)**
   A. The client described feelings of anxiety regarding becoming more independent.
   B. The client reported feelings of uncertainty and fear regarding specific areas of IADLs.
   C. The client is avoidant of areas in which they could increase IADLs.
   D. The client has become more confident regarding performing IADLs.
5. **Lack of Community Resource Knowledge (3)**
   A. The client has limited information regarding available community resources to aid in recovery.
   B. The client often fails to use community resources because of ignorance in this area.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. As the client has gained increased knowledge of community resources, they have increased independence.

6. Poor Emergency Response (4)

A. The client has failed to respond appropriately in emergency situations.
B. The client displayed a lack of knowledge about emergency services, their function, or how to access them.
C. The client's addiction and mental illness symptoms have affected the ability to respond appropriately to emergency situations.
D. As the client has stabilized addiction and mental illness symptoms, they have learned more about appropriate emergency responses.
E. The client has appropriately used emergency resources.

7. Symptoms Affect Independent Use of Community Resources (5)

A. Experiences of addiction and mental illness symptoms have affected the client's ability to use community resources independently.
B. As the client has stabilized addiction and mental illness symptoms, their ability to use community resources has increased.
C. The client reports that they are regularly using community resources on an independent basis.

8. Unfamiliarity With Services (6)

A. The client described that they have not had experience with resources such as banking, stores, and grocery stores.
B. The client has increased familiarity with resources such as banking, stores, and grocery stores.
C. The client displays independent functioning regarding the use of banking, stores, and grocery stores.

9. Poor Organization (7)

A. The client reported a pattern of poor attention to and organization of personal responsibilities.
B. The client has displayed poor attention to and organization of personal responsibilities, as evidenced by unpaid bills and unkept appointments.
C. As the client has become more organized, they have regularly met personal responsibilities (e.g., paying bills, keeping appointments).

10. Limited Access to Community Resources (8)

A. The client has failed to access community resources such as worship centers, libraries, recreational areas, or businesses.
B. The client's failure to access community resources has resulted in decreased involvement within the community.
C. As the client's addiction and mental illness symptoms have stabilized, the client increased access to community resources.

D. The client regularly uses community resources such as worship centers, libraries, recreational areas, or businesses.

11. Restricted From Community Resources (9)

A. The client's access to community resources has been restricted because of addiction or bizarre behaviors.
B. The client has been banned from using specific community resources because of a history of addiction or bizarre behavior.
C. As the client's addiction and mental illness symptoms have improved, their behavior has been more stable.
D. The client has gained access to previously restricted community resources because of a regular pattern of stability.

12. Low Intellectual Functioning (10)

A. The client has an intellectual quotient significantly lower than average.
B. The client struggles with appropriate self-care because of low intellectual functioning.
C. The client's self-care has improved.

13. History of Childhood Trauma (11)

A. The client described a history of childhood abandonment, mental, physical, or sexual trauma.
B. The client described a history of childhood abandonment, mental, physical, or sexual trauma but was unsure of any effects of this behavior.
C. The client resolved the childhood abandonment, mental, physical, or sexual trauma caused by family addiction.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Identify Successful Independence in the Community (3)

A. The client was asked to describe previous situations in which they have been successful in the community.
B. The client was assigned the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was supported with attentive listening and encouragement as they reviewed previous successful community independence experiences.
D. The client was unable to identify any previous successful community involvement and was given feedback in this area.

4. Describe Failures to Become Independent (4)

A. The client was asked to describe negative experiences regarding becoming more independent.
B. The client was assigned "Relating Self-Care Deficits to My Addiction" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was provided with attentive listening as they described the circumstances and emotions encountered because of negative experiences when attempting to be more independent.
D. The client denied any pattern of negative experiences when trying to be more independent and was provided with more realistic feedback in this area.

5. Administer Assessment for IADLs (5)

A. The client was administered psychological instruments designed to objectively assess concerns regarding independent activities of daily living.
B. The Independent Living Scales assessment was administered to the client.
C. The client has completed the assessment of IADLs, and minimal concerns were identified; these results were reported to the client.
D. The client has completed the assessment of IADLs, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of IADLs, and the focus of treatment was turned toward this defensiveness.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.

E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

10. Describe Failures to Become Independent (10)

A. The client was asked to describe negative experiences regarding becoming more independent.
B. The client was assigned the "Honesty" exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was provided with attentive listening as they described the circumstances and emotions encountered because of negative experiences when attempting to be more independent.
D. The client denied any pattern of negative experiences when trying to be more independent and was provided with more realistic feedback in this area.

11. Examine Problematic IADL Areas (11)

A. The client's problematic IADL areas were examined with them.
B. The client was assigned "Working Toward Independence" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has completed the assignment to work toward independence, and their insights in this area were reviewed.
D. The client has not completed the "Working Toward Independence" assignment from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma) and was redirected to do so.
E. Specific patterns of behavior and thought that contribute to the client's failure at independent functioning were identified.
F. The client described increased understanding of problematic behaviors and cognitions subsequent to reviewing problematic IADL areas.
G. The client has no insight as to failures regarding IADLs or the causes for those failures; additional realistic feedback was provided.

12. Obtain Feedback From a Support Network (12)

A. A proper authorization to release confidential information was obtained, in order to review IADLs with the client's support network.
B. Specific feedback was obtained from the client's family members, friends, and caregivers about the performance of IADLs.
C. The client's support network's feedback about the performance of IADLs was reviewed with the client.
D. The client displayed increased understanding of IADL issues subsequent to reviewing feedback from the support network.
E. The client rejected the IADL feedback provided by their support network and was urged to consider this important information.

13. Identify Needed IADLs (13)

A. The client was assisted in identifying those IADLs that are desired but are not present in the current repertoire.
B. The client received feedback regarding the description of IADLs that they wish to increase.
C. The client was unable to identify specific IADLs that they wish to increase and was assisted in reviewing this area.

14. Prioritize IADLs (14)

A. The client was asked to prioritize which IADLs they would like to focus on in order to improve functioning.
B. The client was assigned "Filling in Self-Care Gaps" in the Addiction Treatment Homework Planner (Lenz, Finley, & Jongsma).
C. The client was given feedback about their choice of IADLs to focus on implementing.
D. The client was informed about the specific skills that they would need to learn in order to implement the use of individual IADLs.
E. The client failed to prioritize which IADLs they wish to use and was redirected to do so.

15. Choose Advocate for SSI Application (15)

A. The client was encouraged to seek out and choose a family or community mental health advocate to assist in applying for Supplemental Security Income (SSI).
B. The client was reinforced as they sought out help for applying for SSI.
C. The client has not enlisted assistance to apply for SSI and was redirected to do so.

16. Recommend Remediating Programs (16)

A. The client was referred to remedial programs that are focused on removing deficits for performing IADLs, including skill-building groups, 12-step meetings, token economies, and behavior-shaping programs.
B. The client was assisted in remediating deficits for performing IADLs through the use of skill-building groups, 12-step meetings, token economies, and behavior-shaping programs.
C. As specific programs have assisted the client in removing deficits for performing IADLs, activities of daily living (ADLs) have gradually increased.
D. The client has not complied with the referral to skill-building groups and was again encouraged to do so.

17. Explore Social Anxiety (17)

A. The client's experience of social anxiety related to increased independence and social contacts was explored.
B. The impact of the client's social anxiety on the ability to engage in recovery tasks (e.g., meetings) was assessed.
C. The client was assigned the exercise "Restoring Socialization Comfort" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was provided with support and empathy as they described their experience of anxiety.
E. The client denied any anxiety related to increased independence, and this was noted.

18. Teach Social Skills (18)

A. The client was taught skills that are necessary for appropriate social behavior.
B. The client was provided with feedback regarding use of social skills.
C. As the client has developed more appropriate social skills, their social interaction has been more appropriate, and the client was provided with positive feedback about this progress.
D. The client was confronted about not learning appropriate social skills and not increasing the frequency and appropriateness of their social interactions.

19. Support Increased Social Interaction (19)

A. The client was provided with encouragement regarding attempts to increase social interaction.
B. The client was provided with positive feedback regarding successful attempts to increase social interaction.
C. The client has failed to increase appropriate social interaction despite feedback and encouragement.

20. Develop IADL Completion Schedule (20)

A. The client was assisted in developing a specific schedule for completing IADLs (e.g., going to 12-step group on Thursday, arranging finances on Monday mornings, or going to the grocery store on Tuesday).

B. The client was assigned the Personal Recovery Plan exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

C. The client has developed their own schedule for completing IADLs, and this schedule was reviewed.

D. The client's use of scheduling IADLs has helped them complete these on a regular basis, and the client was provided with positive feedback for this follow-through.

E. The client has not used their schedule for completing IADLs and was redirected to do so.

21. Teach Flexibility in IADL Schedule (21)

A. The client was taught about situations in which they should break from their established routine.

B. The client acknowledged specific situations in which they should break from their established routine (e.g., do the banking on a different day because of a holiday, or do the weekly cleaning one day earlier in order to attend a desired social function) and was provided with support for this flexible approach.

C. The client was provided with encouragement and education as they have found it difficult to break from structured routine.

22. Educate About Addiction/Mental Illness (22)

A. The client was educated about the expected or common symptoms of addiction and mental illness, which may negatively affect IADL functioning.

B. As the client's symptoms of addiction and mental illness were discussed, the client displayed an understanding of how these symptoms may affect IADL functioning.

C. The client struggled to identify how symptoms of addiction and mental illness may negatively affect IADL functioning and was given additional feedback in this area.

23. Interpret Psychiatric Decompensation (23)

A. The client's poor performance on IADLs was interpreted as an indicator of addiction or psychiatric decompensation.

B. The client's pattern of poor IADLs and addiction/psychiatric decompensation was shared with them, along with caregivers and medical staff.

C. The client acknowledged poor performance on IADLs as prodromals of addiction or psychiatric decompensation, and this was supported.

D. The client, caregivers, and medical staff concurred regarding their general addiction relapse or psychiatric decompensation.

E. The client denied psychiatric decompensation or addiction relapse despite being told that poor performance on IADLs is an indication of such.

24. Refer to a Prescriber (24)

A. The client was referred to a prescriber for an evaluation for a prescription of psychotropic medications.

B. The client was reinforced for following through on a referral to a prescriber for an assessment for a prescription of psychotropic medications but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a prescriber for a prescription of psychotropic medications and was redirected to cooperate with this referral.

25. Educate About Psychotropic Medications (25)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, the client displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding medications.
D. The client was assigned "Why I Dislike Taking My Medication" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. A protocol for procuring the client's medications was reviewed with them.
F. The procurement of the client's medication was modeled to them.
G. The client was shadowed for support as they procured their own medications.
H. The client does not appropriately and regularly procure their own medications and was provided with additional training in this area.

26. Monitor Medications (26)

A. The client was monitored for compliance with their psychotropic medication regimen.
B. The client was provided with positive feedback about regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, they reported no concerns in this area.

27. Develop Agreement Regarding Monitoring of Medications (27)

A. An agreement was developed with the client regarding the level of responsibility and independence that they must display to trigger a decrease in the clinician's monitoring of medications.
B. The closeness with which the clinician monitors the client's medications has been decreased as they have displayed increased responsibility and independence.
C. The client's medications continue to be closely monitored as they have failed to display the needed level of responsibility and independence.

28. Coordinate an Agreement With the Pharmacist (28)

A. An agreement was coordinated between the client, the pharmacist, and the clinician regarding circumstances that would trigger a transfer of medication monitoring back to the clinician.

B. The client was supported for their understanding of circumstances in which the pharmacist would contact the clinician (e.g., failure to pick up the monthly prescription, or trying to refill the prescription too soon).
C. The client was provided with positive feedback regarding appropriate use of the pharmacy to obtain medications.
D. As the client has failed to appropriately use the pharmacy to obtain medications, their medication usage has been more closely monitored.

29. Brainstorm Transportation Resources (29)

A. The client was assisted in brainstorming possible transportation resources available for their use.
B. The client was assigned "Taking Steps Towards Independence" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Specific transportation resources (e.g., public transportation, personal vehicle, agency resources, friends and family, walking, bicycling) were identified.
D. The client continues to be uncertain about what type of transportation resources to use and was provided with additional feedback in this area.

30. Teach About Public Transportation Options (30)

A. The client was taught about available public transportation options by discussing these options and reviewing written schedules.
B. The client was accompanied on the use of community transportation services, which has helped to teach the safe, socially appropriate use of public transportation.
C. The client declined to be accompanied on the use of public transportation services and this choice was accepted.

31. Review Expectations for Using Public Transportation (31)

A. The typical expectations for using public transportation were reviewed, including paying for the transportation, time schedules, and social norms for behavior.
B. The client was praised for their understanding of typical expectations for using public transportation.
C. The client has displayed appropriate adherence to social and other expectations while using public transportation and received positive feedback for this.
D. The client has failed to understand the typical expectations for using public transportation and was given further education in this area.

32. Ride Along on Public Transportation (32)

A. The client was accompanied on public transportation to a variety of destinations.
B. The client has identified being more comfortable with using public transportation without accompaniment and was provided with positive feedback about this.

33. Develop Income Sources (33)

A. The client was assisted in obtaining, completing, and filing forms for Social Security disability benefits or other public aid.
B. The client was assisted in identifying ways to increase income through obtaining employment.

C. The client has obtained regular income and is now able to afford the use of resources within the community, and the client was provided with positive feedback for this progress.
D. The client has not developed any regular sources of income and was redirected to do so.

34. Develop a Budget (34)

A. The client was requested to develop a basic budget, including income, necessary expenses, additional spending, and savings plans.
B. The client was assigned the exercise "Plan a Budget" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client has developed a basic budget, and this material was reviewed.
D. The client was given positive feedback for a comprehensive, realistic budget.
E. The client has not developed a basic budget and was redirected to do so.

35. Review Banking Pros, Cons, and Practices (35)

A. The advantage of using the banking system to assist with IADLs was reviewed with the client, including increased security, financial organization, and convenience for paying bills.
B. The client was cautioned about the hazards related to banking (e.g., credit debt, overdrawn checking charges).
C. The procedures used within the banking system were reviewed.
D. The client was reinforced for verbalization of an increased understanding of the issues related to using a banking system for IADLs.
E. The client displayed a poor understanding of the use of the banking system to assist with IADLs and was provided with further information in this area.

36. Coordinate a Helping Relationship With Bank Staff (36)

A. A helping relationship was coordinated between the client and specific members of the banking staff.
B. Permission to release information to the bank staff was obtained.
C. The staff of the bank was informed about the client's needs and disabilities.
D. The client reported feeling more comfortable through the use of a helpful relationship with specific bank staff and this experience was processed.

37. Encourage the Use of a Specific Employee at Bank (37)

A. The client was encouraged to select and use a specific staff member at a specific bank branch in order to develop a more personal and understanding relationship.
B. The client has regularly sought out a specific employee at the bank, and this was noted to be helping the client feel more comfortable and to know what to expect in the interaction.
C. The client continues to approach the use of the banking system in a rather haphazard manner and was provided with redirection in this approach.

38. Familiarize With Commercial Resources (38)

A. The client was familiarized with commercial resources that are available in the area through a review of newspaper advertisements and a tour of the business districts within the community.

B. The client was provided with positive feedback regarding their understanding about the commercial resources available in the area.
C. The client continues to have a poor understanding of the commercial resources available in the area and was provided with additional information about this topic.

39. Role-Play Shopping Situations (39)

A. Role-playing was used to teach the client how to handle commonly occurring shopping situations.
B. The client was assigned "How Interdependent Am I?" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in role-playing specific shopping situations (e.g., asking for assistance, declining a pushy salesperson, returning a defective item).
D. The client was provided with feedback about functioning in commonly occurring shopping situations.
E. The client has not been able to increase understanding of the needed response in typical shopping situations and was provided with additional information in this area.

40. Review Support Group Availability (40)

A. The places, times, and locations of appropriate support groups for the client were reviewed.
B. The client was assigned "Filling in Self-Care Gaps" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in selecting specific support groups that would be helpful for recovery (e.g., 12-step meetings, religious groups, community agencies).
D. A commitment was elicited from the client to attend a support group.
E. The client has attended a support group, and the experience was processed.
F. The client has not attended a support group and was redirected to do so.

41. Attend Group Meetings With Client (41)

A. The client was accompanied to a 12-step meeting.
B. Arrangements were made for the client to be accompanied to a support group meeting.
C. The client described being less uncomfortable and uncertain as they were accompanied to a support group meeting.
D. The client is now attending support group meetings on their own and this was reinforced.

42. Teach Appropriate Use of Emergency Services (42)

A. The client was taught about the appropriate use of specific emergency service professionals, including their responsibilities and limitations.
B. The client was provided with positive feedback for accurate understanding of responsible use of emergency service professionals and their responsibilities and limitations.
C. The client has not displayed a coherent understanding of the appropriate use of specific emergency service professionals and was provided with additional education in this area.

43. Provide Lists of Emergency Numbers (43)

A. The client was provided with an easy-to-read list of emergency numbers.
B. The client displayed understanding of the available emergency resources.

44. Brainstorm Alternatives to Nuisance Emergency Calls (44)

A. The client was assisted in brainstorming alternative resources that are available for use, instead of nuisance calls to emergency response staff.
B. The client was assisted in developing specific alternatives to use instead of nuisance calls to emergency response staff (e.g., contact a crisis line rather than the police for psychotic symptom development; contact a support group member when feeling lonely, instead of going to the emergency room; contact family first if feeling ill).
C. The client has decreased the pattern of nuisance calls to emergency response staff and was provided with positive feedback for this progress.
D. The client has not used alternative resources instead of nuisance calls to emergency response staff and was urged to modify this practice.

45. Develop a List of Resources for IADLs (45)

A. The client was asked to identify a list of personal resources for assistance in carrying out IADLs.
B. The client was assisted in identifying specific resources to use for carrying out IADLs (e.g., family and friends, support group members, neighbors).
C. The client has failed to identify a list of personal resources to assist in carrying out IADLs and was urged to do so.

46. Role-Play Asking for Assistance (46)

A. Role-playing was used to help the client practice how to approach strangers for basic assistance (e.g., asking for directions).
B. Feedback was provided to the client about their approach, personal hygiene, and dress and how appearance and manner affect a stranger's comfort level.
C. The client displayed an understanding of the issues related to asking others for assistance and was praised for this insight.
D. The client displayed poor understanding of how appearance and manner affect others' comfort level and was provided with additional feedback in this area.

47. Assess Satisfaction (47)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

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 in 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 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 childhood sexual experiences.
   E. The client's feelings of shame and low self-esteem have diminished as they place responsibility on the perpetrator.
3. **Inability to Recall Childhood (3)**
   A. The client stated being unable to recall years of childhood.
   B. As the client has begun to work through 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, they experience feelings of anxiety and avoidance.
   C. As the client has begun to work through experiences of childhood sexual abuse, they reported less anxiety associated with current intimate relationships.
   D. The client no longer experiences anxiety and avoidance in current intimate relationships.
5. **Sexual Dysfunction (5)**
   A. The client reported an inability to enjoy sexual contact with a desired partner.
   B. The client experiences feelings of anxiety and tension when sexual contact with a desired partner is initiated.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client reported having had a successful and satisfying enjoyable contact with a desired partner.
D. The client no longer experiences feelings of anxiety during sexual contact with a desired partner and reports satisfaction in this area.

6. Unexplained Anger/Fear (6)

A. The client described unexplainable feelings of anger, rage, or fear when coming into contact with a close family relative.
B. The client has begun to identify a close family relative as the perpetrator of sexual abuse in their childhood.

7. Seduction/Promiscuity (7)

A. The client described a pervasive pattern of promiscuity in their 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 having developed an unhealthy sexualization of relationships as a result of sexual abuse experiences.
D. The client has terminated the pattern of sexual promiscuity and seduction.

8. Substance Abuse to Cope with Emotions (8)

A. The client described a pattern of substance abuse in order to deal with the difficult emotions related to the sexual abuse.
B. The client acknowledged that they have developed an unhealthy pattern of using substances in order to deal with difficult emotions related to the sexual abuse.
C. The client has terminated the use of substance abuse to cope with feelings related to the sexual abuse.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing their sexual abuse history.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

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* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Sexual Abuse History (3)

A. The client was encouraged to tell the entire story of the sexual abuse, giving as many details as they felt comfortable with.
B. The client was overwhelmed with feelings of sadness and shame as they talked of childhood sexual experiences; direct support was provided.
C. It was reflected to the client that they are not able to speak of the childhood sexual abuse without being emotionally overwhelmed.

4. Draw a House Diagram (4)

A. The client was asked to draw a diagram of the house in which they were raised and to indicate where everyone slept, as well as where the abuse occurred.
B. The client was assigned "Picturing the Place of Abuse" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client talked about the nature, frequency, and duration of the abuse as they worked with the diagram of the house they had created; support and encouragement were provided.
D. The client continues to have difficulty talking about the details of the sexual abuse; the client was urged to be more open as they feel safer.

5. Assess Psychological Problems (5)

A. The client was assessed for psychological problems secondary to the sexual abuse.
B. Psychological problems secondary to the sexual abuse are currently manifested as a clinical syndrome, and treatment was tailored to resolve these issues.
C. The client was assessed for psychological problems secondary to the sexual abuse but none were noted.

6. Arrange Substance Abuse Evaluation (6)

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

7. Explore Substance Abuse and Sexual Abuse Association (7)

A. The client was assisted in exploring the association between substance use and history of sexual abuse.
B. The client identified an association between substance use and history of sexual abuse.
C. The client denied any association between substance use and history of sexual abuse.

8. Assess Level of Insight (8)

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

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

A. The severity of the client's impairment was assessed to determine the appropriate level of care.
B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

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

12. Connect Sexual Abuse to Powerlessness (12)

A. The client was asked to list the ways in which sexual abuse has led to feelings of powerlessness and unmanageability.
B. The client was assisted in connecting sexual abuse, powerlessness, unmanageability, and addictive behaviors.
C. The client was reinforced for openness about using addictive behaviors to manage feelings of powerlessness and unmanageability.

13. Educate About Chemicals Used to Cope (13)

A. The client was educated about how sexual abuse can lead to mood-altering chemicals being used to deal with uncomfortable feelings.
B. The client was willing to accept the concept that the sexual abuse can lead to mood-altering chemical use as a way to deal with uncomfortable feelings.

14. Assign Step 3 Exercise (14)

A. The client was asked to complete a Step 3 exercise.
B. The client was asked to use the Step 3 exercise to teach them how to use a higher power to deal with sexual abuse issues.
C. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for use of the Step 3 exercise to turn their sexual abuse issues over to their higher power.
E. The client has struggled with a Step 3 exercise and was redirected to complete it.

15. List How Higher Power Assists (15)

A. The client was asked to list five ways in which a higher power can assist in dealing with sexual abuse issues.
B. The client identified a variety of ways in which a higher power can assist in dealing with sexual abuse and was reinforced for this.
C. The client struggled to identify how a higher power can help in regard to sexual abuse issues and was provided with specific examples.

16. Identify Supportive Individuals (16)

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 assigned the exercise "Internal and External Resources for Safety" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was encouraged to speak to those individuals whom they believed might be supportive and to enlist their support.
D. The client could not identify anyone that they believed would be supportive if they made public the childhood sexual abuse; the client was asked about people/supports that they had not yet reviewed.

17. Refer to Support Group (17)

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.

18. Assign a Book on Sexual Abuse (18)

A. The client was directed to read books about sexual abuse.
B. The client was advised to read *Getting Through the Day: Strategies for Adults Hurt as Children* (Napier), *Betrayal of Innocence* (Forward & Buck), *Outgrowing the Pain* (Gil), or *Reclaiming Your Life After Rape: Cognitive-Behavioral Therapy for Posttraumatic Stress Disorder–Client Workbook* (Rothbaum & Foa).
C. The client has read some of the recommended sexual abuse survivor material, and the content of that reading was processed.
D. The client verbalized an increased knowledge of sexual abuse and its effects after reading the recommended sexual abuse material.
E. The client has not read any of the recommended sexual abuse material and was encouraged to do so.

19. Assign *Healing the Trauma of Abuse* (19)

A. The client was assigned a written exercise from *Healing the Trauma of Abuse* (Copeland & Harris).
B. The client has completed the assigned exercise from *Healing the Trauma of Abuse* and verbalized an increased knowledge of sexual abuse and its effects.
C. The client has not completed the assigned written exercise from *Healing the Trauma of Abuse* and was encouraged to do so.

20. Explore Feelings (20)

A. The client was encouraged and supported in verbally expressing and clarifying feelings associated with experiences of childhood sexual abuse.
B. Active listening was used as the client identified feelings of shame, sadness, and anger associated with experiences of childhood sexual abuse.
C. The client was assigned "My Story" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

D. The client was assigned "Picturing the Place of the Abuse" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. It was reflected to the client that they experience feelings of guilt and responsibility for childhood sexual abuse experiences.
F. As the client more freely shared details of childhood sexual abuse experiences, the intensity of the feelings associated with those experiences was noted to be diminishing.

21. Encourage Openness (21)

A. The client was encouraged to be open in talking of the sexual abuse without shame, embarrassment, or the belief that they were responsible for the abuse.
B. The client was assigned "It Wasn't My Fault" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. 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.
D. 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.

22. Utilize the Empty-Chair Disclosure Technique (22)

A. The client was guided in using an empty-chair conversation exercise with the nonabusive parent, telling the parent of the sexual abuse and its effects.
B. The empty-chair technique was used to assist the client in becoming comfortable in sharing sexual abuse experience with siblings and other members of the family.
C. The client was assigned "A Blaming Letter and a Forgiving Letter" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was verbally reinforced when agreeing to share the sexual abuse experiences with key members of the family before the next session.
E. The client has followed through with sharing the childhood sexual abuse experiences with members of the family, and this experience was processed.
F. The client reported that sharing the sexual abuse experiences with members of the family was not a positive experience and that they found no support from them; this experience was processed.

23. Facilitate Telling Spouse of the Abuse (23)

A. A conjoint session was held wherein the client told their spouse of the sexual abuse experience of their childhood.
B. It was reflected to the client that they received empathetic support from their spouse after sharing the sexual abuse experience of childhood.
C. The client's spouse was rather detached and cold in response to the client sharing childhood sexual abuse experiences; the spouse was encouraged to provide support.

24. Facilitate Family Revelation (24)

A. The client was supported in revealing the childhood sexual abuse to their parents.
B. It was reflected to the client that their parents were supportive and understanding when they were told about childhood sexual abuse.

C. The client's parents were rather detached upon hearing of childhood sexual abuse experiences, and they were urged to be more supportive.
D. The client's parents expressed disbelief at the revelation of childhood sexual abuse experiences; the client was supported through this process.
E. The family was assigned "Denial Within the Family" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).

25. Explore Boundaries in Family Pattern (25)

A. A genogram was developed with the client to assist 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.

26. List Sexual Abuse Impact (26)

A. The client was asked to make a list of the ways that the childhood sexual abuse has affected their life.
B. Active listening was provided as the client verbalized the ways that sexual abuse has affected their life.
C. The client listed difficulties with intimacy and sexual dysfunction as primary results of childhood sexual abuse experience; these were normalized.
D. The client struggled to identify the impact of the sexual abuse on current functioning and was provided with tentative examples in this area.

27. Develop a Symptom Line (27)

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 affected their life.

28. Arrange for Hypnosis (28)

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 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.

29. Assign a Journal (29)

A. To help the client clarify memories of childhood sexual abuse experiences, they were assigned to keep a journal of details recalled and to talk and think about the abuse incidents.

B. The client was assigned the homework exercise "Picturing the Place of the Abuse" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned the homework exercise "Describe the Trauma" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was cautioned against embellishing memories because of what they have read or seen in movies or videos.
E. Care was used not to lead the client but only to allow them to recall on their own details of childhood sexual abuse experiences.
F. The client has begun to recall more of the details of the childhood sexual abuse experiences because of keeping a journal and talking more freely about the incidences; these memories were processed.

30. Read Books on Shame (30)

A. The client was recommended to read books on shame.
B. It was recommended to the client to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum & Mason) to help 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 their feelings.
D. The client reported fewer 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.

31. Process Guilt Feelings (31)

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 verbal affirmation of not being 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 childhood sexual abuse experiences; this progress was reinforced.

32. Confront Taking Responsibility (32)

A. At any time that the client indicated feelings of responsibility for the abuse, they were confronted, and these feelings were processed.
B. The client was assisted in working through issues of responsibility and guilt and coming to terms with self 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. The client was assigned the exercise "It Wasn't My Fault" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
E. It was reflected to the client that they continue to see self as a victim rather than empowering self as a survivor.

33. Assign a "Cost-Benefit Analysis" Exercise (33)

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, they 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 they are a victim and needs to continue to feel rage toward the perpetrator; this feeling was normalized.

34. Read "The Seedling" (34)

A. The story titled "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 childhood sexual abuse.

35. Remove Barriers to Forgiving (35)

A. The client was assisted in removing any barriers that prevent them from beginning the process of forgiving those responsible for the abuse.
B. The client was helped to identify the cognitive messages they have 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 they indicated more ability to forgive those responsible for the abuse.

36. Recommend *Forgive and Forget* (36)

A. It was recommended that the client read the book *Forgive and Forget* (Smedes) to help understand the process of forgiveness as applied to the perpetrator of childhood sexual abuse.
B. The client has followed through with reading the book on forgiveness; as this was processed, the client indicated a greater understanding of the benefit of forgiveness.
C. The client was reinforced for committing 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; the client was urged to review this idea at a later time.

37. Assign a Letter to the Perpetrator (37)

A. The client was assigned to write an angry letter to the perpetrator that expresses 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 they have 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.

38. Prepare for Perpetrator Meeting (38)

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 they indicated feeling more competent about the face-to-face meeting with the perpetrator.

39. Hold a Conjoint Confrontation Session (39)

A. The conjoint session was held wherein the client confronted the perpetrator of the sexual abuse.

B. The client was supported as they expressed feelings to the perpetrator and explained the negative impact that the abuse has had on their life.

C. The client was overwhelmed with emotion as they confronted the perpetrator of the sexual abuse but continued to put responsibility for the behavior on the perpetrator; the client was supported through this process.

40. Assign a Forgiveness Letter (40)

A. The client was assigned to write a forgiveness letter to the perpetrator of the childhood sexual abuse.

B. The client was assigned the homework exercise "A Blaming Letter and a Forgiveness Letter to Perpetrator" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client has followed through on the forgiveness exercise and has committed to beginning the process of forgiving self, the perpetrator, and others connected with the sexual abuse; the client 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.

41. Teach the Share-Check Method (41)

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; the client was encouraged to use this technique.

42. Role-Play Boundary Establishment (42)

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, they have 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 they continue to have difficulty establishing boundaries and choose to avoid relationships because of fear of intimacy.

43. Reinforce Difference Between Victim and Survivor (43)

A. The client was asked to complete an exercise that identified the positives and negatives of being a victim versus a survivor of sexual abuse.
B. The client was assigned the homework exercise "Changing From Victim to Survivor" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was reinforced as they displayed an understanding that they must no longer perceive self as a victim, but as a survivor.
D. The client was assisted in identifying and processing emotional, social, or cultural barriers to seeing self as a survivor rather than a victim.
E. The client has failed to grasp the concept and empowerment from perceiving self as a survivor versus a victim and was provided with remedial feedback in this area.

44. Reinforce Survivor Identification (44)

A. The client was provided with verbal reinforcement when they identified as a survivor.
B. It was reflected to the client that they make many comments that display their identification as a survivor.
C. The client rarely makes comments about seeing self as a survivor but was reinforced when they approximated these types of comments.

SEXUAL PROMISCUITY

CLIENT PRESENTATION

1. **Sexually Active With No Commitment (1)***
   A. The client indicated that they are involved in a sexual relationship but do not see it lasting.
   B. The client reported being sexually active with one partner but that both are free to "date others."
   C. The client verbalized being sexually active with one partner but did not want this to "tie them down."
   D. The client has expressed the desire to have a relationship in which there is mutual commitment to each other.
2. **Sexually Preoccupied (2)**
   A. The client reported being sexually preoccupied a majority of their free time.
   B. The client reported having frequent thoughts, dreams, and fantasies about sexual material.
   C. The client indicated that whenever their mind wanders, it always goes to sexual content.
   D. The client has engaged in the use of pornographic magazines, videos, and Internet sites.
   E. The client reported a decrease in sexual preoccupation and now will think about other topics.
3. **Dangerous Sexual Acting Out (3)**
   A. The client described a history of sexual acting out in areas that are potentially self-damaging (e.g., unprotected sex, hiring prostitutes, cruising the streets for sex, many sexual partners).
   B. The client displayed little understanding about the potentially self-damaging consequences of their pattern of sexually acting out.
   C. The client acknowledged the potentially self-damaging effects of sexual acting out.
   D. As the client has progressed in recovery, their potentially self-damaging sexual acting out has decreased.
4. **Instant Gratification (4)**
   A. The client reported a history of sexual involvement that seeks instant gratification.
   B. The client's main focus in any sexual encounter is their own sexual gratification.
   C. The client often has little focus on the sexual wants and needs of their sexual partner.
   D. The client reported a decrease in the pattern of instant gratification of sexual desires.

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5. **Prostitution (5)**
   A. The client solicits prostitutes as a part of their substance abuse pattern.
   B. The client engages in prostitution in order to support their substance abuse habit.
   C. As treatment has progressed, the client's involvement in prostitution has decreased.
   D. The client no longer engages in prostitution as a portion of their substance abuse pattern.

6. **Inability to Decrease Sexual Behavior (6)**
   A. The client reported unsuccessful attempts to stop or cut down on harmful sexual behavior.
   B. The client reported difficulty cutting down or stopping the harmful sexual behavior, despite the verbalized desire to do so and acknowledgment of the many negative consequences that continued harmful sexual behavior brings.
   C. The client reported being able to decrease harmful sexual behavior.
   D. The client reported being able to maintain a life free from harmful sexual behavior for an extended period of time.
   E. The client reported feeling confident that they will be able to maintain abstinence from harmful sexual behavior.

7. **Sexual Behavior as a Coping Mechanism (7)**
   A. The client identified a pattern of using sexual behavior to cope with stress or reduce tension.
   B. The client identified instances in which they had experienced stress or tension and used sexual behavior to manage the stress and tension.
   C. The client reported a decrease in sexual behavior, as they have learned alternative techniques for stress and tension.

8. **Overarousal (8)**
   A. The client reported a pattern of being overly aroused by mildly sexually oriented stimuli.
   B. The client described situations in which they have experienced significant sexual arousal, greater than would be expected for that situation.
   C. The client acknowledged the inappropriateness of their overarousal to mildly sexually oriented matters.
   D. As the client has progressed in recovery, their overarousal to mildly sexually oriented material has decreased significantly.

9. **Affective Arousal Reduction (9)**
   A. The client described a sense of tension or affective arousal before engaging in the sexual behavior and a reduction of tension after completing the sexual act.
   B. The client's description of sexual activity indicated a pattern of tension or affective arousal that decreases only after completing the sexual act.
   C. The client identified the pattern of affective arousal and reduction.
   D. As the client has developed a variety of coping skills, the pattern of sexual acting out has diminished.

10. Illegal Sexual Behavior With a Minor (10)

A. The client reported having experienced legal complications because of sexual behavior with a minor.
B. The client described sexual behavior that is unlawful.
C. The client acknowledged the illegal pattern of sexual behavior with a minor and identified the need to change the pattern.
D. The client has discontinued unlawful sexual behavior.

11. Substance Abuse (11)

A. The client reported the use of mind-altering substances (e.g., drugs, alcohol) concurrent to their impulsive, emotionally detached sexual encounters.
B. The client reported using mind-altering substances to help cope with their stress related to their impulsive, emotionally detached sexual encounters.
C. As the client has decreased and discontinued their impulsive, emotionally detached sexual encounters, concurrent substance abuse has also diminished.

12. Sex for Drugs (12)

A. The client described that the pattern of chemical dependence has led to an exchange of sexual activity for mood-altering drugs.
B. The client described a reciprocal pattern of chemical use and sexual activity.
C. As the client has decreased their use of mood-altering drugs, the pattern of exchanging sex for drugs has diminished.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing their sexual promiscuity history.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.

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E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assign Step 1 Exercise for Addiction and Sexual Promiscuity (3)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings related to sexual promiscuity.
B. The client was noted to display an understanding of powerlessness and unmanageability regarding addiction and sexual promiscuity issues.
C. The client endorsed the concept that was presented regarding powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with sexual promiscuity.
D. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
E. The client did not complete the assigned homework and was redirected to do so.
F. The client refused to endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with sexual promiscuity; the client was urged to monitor this dynamic.

4. Explore History and Nature of Sexual Promiscuity (4)

A. The client's history of promiscuous sexual activity was explored.
B. The client was assigned "Looking Closer at My Sexual Behavior" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was assisted in identifying patterns in their history of sexual promiscuity.
D. The client was reinforced as they identified specific patterns in their history and nature of the promiscuity.
E. The client is quite guarded about providing information about their pattern of sexual promiscuity and was urged to become more open in this area.
F. The client did not complete the assignment to look closer at their sexual behavior and was redirected to do so.

5. Administer Assessment for Sexual Promiscuity (5)

A. The client was administered psychological instruments designed to objectively assess the strength of sexual promiscuity concerns.
B. The Derogatis Interview for Sexual Functioning (DISF) was administered to the client.
C. The Multiphasic Sex Inventory–II (MSI-II) was administered to the client.
D. The Sexual Adjustment Inventory (SAI) was administered to the client.
E. The client has completed the assessment of sexual promiscuity concerns, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of sexual promiscuity concerns, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of sexual promiscuity concerns, and the focus of treatment was turned toward this defensiveness.

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

10. Identify Negative Consequences (10)

A. The client was assisted in making a connection between their sexual promiscuity and the negative consequences that they have experienced.
B. Active listening was provided as the client identified several situations in which sexual promiscuity has led to negative consequences.
C. The client was reinforced for the idea that sexual promiscuity has regularly led to negative consequences.
D. The client denied any negative consequences related to the pattern of sexual promiscuity; tentative examples were provided.

11. List Negative Consequences (11)

A. The client was assigned to write a list of negative consequences that have occurred because of sexual promiscuity and addiction.
B. The client has written the list of negative consequences related to sexual promiscuity and addiction, and this was processed within the session.
C. The client has not developed a list of negative consequences related to sexual promiscuity and addiction and was redirected to do so.
D. The client was assigned "Connecting Sexual Behavior with Needs" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client has completed the assignment for connecting sexual behavior with needs, and the results were processed.
F. The client has not completed the assignment to help connect sexual behavior with needs and this resistance was redirected.

12. Explore Impulsive Promiscuity and Negative Consequences (12)

A. The client was asked to identify situations in which they acted too quickly on impulses, which resulted in sexually promiscuous behavior and negative consequences.
B. Active listening was provided as the client identified specific instances of sexually promiscuous behavior.
C. The client was assigned the exercise "Impulsive Behavior Journal" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was assisted in identifying negative consequences related to the pattern of sexually promiscuous behavior.
E. The client was reinforced for the idea that sexually promiscuous behavior often leads to negative consequences.
F. The client refused to endorse the concept that sexually promiscuous behavior often leads to negative consequences; tentative examples of this pattern were presented.

13. Recognize *Insanity*/Need for a Higher Power (13)

A. The client was presented with the concept of how doing the same things over and over again but expecting different results is irrational.
B. The client was assigned the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

C. The client was presented with the concept that irrational behavior (e.g., doing the same thing over and over again and expecting different results) is what 12-step recovery programs call *insane*.
D. The client was asked to identify their experience of *insane* and irrational behavior and how this concept applies to them.
E. The client rejected the concept of *insanity* as applied to their pattern of sexual promiscuity and addictive behavior, or the idea of a higher power restoring them to *sanity*; the client was urged to monitor this dynamic.
F. The client did not complete the assigned Step 2 exercise and this resistance was processed.

14. Develop a Feedback Contract for Sexually Promiscuous Acts (14)

A. A conjoint session was held with the client's spouse, significant other, sponsor, or family member to develop a contract for feedback regarding sexually promiscuous acts.
B. The client and their chosen significant other were assisted in developing a contract in which the client will seek out feedback prior to engaging in sexually promiscuous acts.
C. The client identified that they have used the contract for feedback, and that this has decreased their pattern of sexually promiscuous acts; this progress was reinforced.
D. The client and significant other were unable to develop a specific contract for feedback; specific examples of how others have used this concept were presented.

15. Probe for Sexually Promiscuous Precipitants (15)

A. The client was assisted in developing a biopsychosocial history regarding sexual promiscuity.
B. The client was assisted, through using the biopsychosocial history, in seeing the precipitants of sexual promiscuity.
C. The client was assigned the exercise "Is It Romance or Is It Fear?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was helped to identify specific precipitants of sexual promiscuity (e.g., family patterns of promiscuity, low self-esteem, sexual abuse).
E. The client struggled to identify the precipitants of sexual promiscuity; tentative examples were provided.
F. The client did not complete the assignment related to the possible causes for sexual promiscuity and was redirected to do so.

16. Refer for Psychotropic (16)

A. The client was referred to a prescriber for the purpose of evaluation for a prescription for psychotropic medication.
B. The client has followed through on the referral to a prescriber and has been assessed for a prescription of psychotropic medication, but none was prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medications provided by the prescriber.
E. The client's prescriber has continued to monitor and titrate medications.

17. Monitor Medication Effectiveness and Side Effects (17)

A. As the client has taken medications prescribed by the physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial; this was relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client has not consistently taken the prescribed medications and has been redirected to do so.
E. The client identified side effects of the medication; this was relayed to the prescribing clinician.

18. Uncover and Replace Dysfunctional Thoughts (18)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to sexual promiscuity.
B. The client was assigned the exercise "Working Through Shame" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client identified a variety of distorted, dysfunctional thoughts in which they engage; this progress was reinforced.
D. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace distorted, dysfunctional thinking.
E. The client was reinforced for a more adaptive, accurate pattern of thinking.
F. The client struggled to identify or replace dysfunctional thoughts that lead to sexual promiscuity; tentative examples were provided.

19. List and Use Self-Enhancing Thoughts (19)

A. The client was assisted in developing a list of positive, accurate, self-enhancing thoughts.
B. The client was assigned the exercise "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was reinforced for the list of positive, accurate, self-enhancing thoughts.
D. The client was assigned the task of reading their positive, accurate, self-enhancing thoughts each day, particularly when feeling tense or disparaged.
E. The client reported that they are regularly using their positive, accurate, self-enhancing thoughts; this progress was reinforced.
F. The client has struggled to list their positive, accurate, self-enhancing thoughts and has not been reading these on a regular basis; the client was redirected to do so.

20. Probe and Replace Unhealthy Coping Behaviors (20)

A. The client's behavior patterns were probed to identify the behaviors that the client uses to cope with anxiety.
B. The client was taught, through modeling, role-playing, and behavior rehearsal, about new anxiety-coping behaviors that are positive and adaptive (e.g., talking to someone about the problem, taking a time-out, calling the sponsor, going to a meeting, engaging in exercise, practicing relaxation).

C. The client was assigned "Problem-Solving: An Alternative to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client identified unhealthy behaviors that they use to cope with anxiety; this insight was reinforced.
E. The client was reinforced for an understanding of positive and adaptive coping behaviors.
F. The client reported regularly using positive and adaptive coping behaviors; this progress was reinforced.
G. The client often does not use healthy coping behaviors and was redirected to use these.

21. Teach Relaxation Techniques (21)

A. The client was taught relaxation techniques (e.g., progressive relaxation, self-hypnosis, biofeedback) in order to help them relax completely.
B. The client was assigned the exercise "Self-Soothing: Slow Down, Calm Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Progressive Muscle Relaxation" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was encouraged to use relaxation skills when feeling tense or anxious.
E. The client has implemented the relaxation techniques and reported a decreased reactivity to anxious feelings; this progress was highlighted.
F. The client has not implemented the relaxation techniques and continues to feel quite stressed and anxious in anxiety-producing situations and was redirected to implement the techniques.
G. The client did not complete the assignment related to self-soothing and was redirected to do so.

22. Teach the Assertive Communication Formula (22)

A. The client was taught the assertive communication skills formula, "I feel … when you . . . I would prefer it if … ."
B. The assertiveness formula was practiced in several different role-playing situations related to the client's current problems.
C. The client identified that they have used the assigned assertive communication formula.
D. The client indicated that they have not used the assertive communication formula and was redirected to do so.

23. Review the Implementation of Assertiveness (23)

A. The client's use of the assertiveness formula was reviewed.
B. The client was assigned the exercise "Becoming Assertive" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Active listening was provided as the client reported on their experience of the consequences of being assertive, as well as their emotions related to these interactions.
D. The client was assisted in adapting the assertiveness techniques to the situation.
E. The client was given feedback about the use of assertiveness skills.

24. Teach About "Stop, Look, Listen, Think, and Plan Before Acting" (24)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, about the use of "stop, look, listen, think, and plan before acting" skills in several life scenarios.
B. The client was assigned "Learning to Think Things Through" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was supported as they enacted "stop, look, listen, think, and plan before acting" as applied to a variety of current situations.
D. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in daily life.
E. The client was reinforced for the use of the "stop, look, listen, think, and plan before acting."
F. The client reported that they have struggled to use the "stop, look, listen, think, and plan before acting" and was redirected to do so.

25. Review "Stop, Look, Listen, Think, and Plan Before Acting" (25)

A. The use of the "stop, look, listen, think, and plan before acting" technique was reviewed in the client's day-to-day living.
B. The client was assigned "Problem-Solving: An Alternate to Impulsive Action" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Active listening was provided as the client identified the use of the plan to "stop, look, listen, think, and plan before acting" and their emotional and behavioral consequences.
D. The client was given feedback about the use of the "stop, look, listen, think, and plan before acting" technique.

26. Assign Step 3 Exercise (26)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over to a higher power."
B. The client was assigned "Understanding Spirituality" and/or "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned the task of turning over problems to a higher power each day and to record the experiences in a journal.
D. The client's pattern of turning problems over to a higher power was discussed in terms of how this can be beneficial to recovering from sexual promiscuity and addiction.
E. The client's experience of turning problems over to their higher power was processed.
F. The client reports a decrease in sexual promiscuity and addiction problems since they have turned problems over to a higher power each day; this progress was reinforced.
G. The client struggled with the concept and implementation of turning problems over to a higher power and was provided with tentative examples of how to use this resource (e.g., understanding God's forgiveness and grace, practicing regular prayer, turning cravings over to God).

27. Assign Autobiography of Wrongs (27)

A. The client was assigned to complete an autobiography of the exact nature of their wrongs to sexual promiscuity and addiction issues.

B. The client completed the autobiography and was assigned to share this with a support person.
C. The client shared the autobiography and was noted to find this helpful.
D. The client has not completed the autobiography and was redirected to do so.

28. Explore History of Sexual Abuse (28)

A. The client's history was explored to determine whether they had been a victim of sexual abuse.
B. The client was assigned "My Story" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client was assigned "Picturing the Place of the Abuse" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client confirmed that they have been a victim of sexual abuse, and this experience was noted to have had a significant impact on sexual attitudes and behavior.
E. The client reported that they had no knowledge or evidence that they had been a victim of sexual abuse; this was accepted at face value.

29. Teach Connection Between Sexual Abuse and Current Sexual Activity (29)

A. The client was assisted in looking at the connection between being treated as a sexual object and treating others as such.
B. The client received verbal support and encouragement as they shared how sexual abuse has affected them.
C. Positive feedback was provided for the client's development of insight into the impact of being a sexual abuse victim and their current sexual acting out.
D. The client denied any connection between their sexual abuse experience and current sexual activity; the client was urged to monitor this dynamic.

30. Teach the Value of True Sexual Intimacy (30)

A. The client was taught the value of reserving sexual intimacy for a committed, mutually respectful relationship with longevity.
B. The client was assisted in developing a list of relationship characteristics that would indicate the potential for true sexual intimacy.
C. The client was reinforced for endorsement of the desire to reserve sexual intimacy for a committed, mutually respectful relationship with longevity.
D. It was reflected to the client that they do not accept the value of true sexual intimacy.

31. Teach Connection Between Past Rejection and Current Problems (31)

A. The client was helped to become aware of fear of rejection and its connection to past life experiences of abuse, abandonment, and rejection.
B. Past experiences of rejection and abandonment were explored with the client to build awareness of their current impact on sexual acting out in search of acceptance and affirmation.
C. The client was reinforced as they have acknowledged the connection between their history of rejection and abuse and current promiscuity.

D. The client remains in denial about the impact of past experience of rejection and abandonment; this denial was reflected to the client.

32. Identify Distorted Thoughts as Triggers (32)

A. The client was assisted in increasing the ability to recognize distorted thoughts that trigger sexual acting-out behavior.
B. The client was assigned "Connecting Sexual Behavior With Needs" in *the Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. The client identified a variety of thoughts and situations that trigger urges to act out sexually; this insight was reinforced.
D. The client was unable to identify thoughts and situations that cause them to act out in a sexual manner and was provided with tentative examples of this dynamic.

33. Develop Adaptive Behaviors (33)

A. The client was assisted in identifying adaptive behaviors.
B. The client was assigned "Relapse Triggers" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was reinforced for identifying the adaptive behaviors that they would use to cope with specific trigger situations.
D. Positive reinforcement was provided for the client's regular implementation of their adaptive behaviors during trigger situations.
E. The client has not used adaptive coping techniques and was redirected to do so.

34. List Advantages for Being Monogamous (34)

A. The client was assisted in identifying a list of personal advantages for becoming monogamous in sexually intimate behavior (e.g., increased self-esteem, development of trust and respect from others, living within a spiritual value system, reduced health risk).
B. The client was assigned "Pros and Cons of Having Sex" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
C. Active listening was provided as the client identified a variety of personal advantages for monogamy.
D. The client struggled to identify advantages to monogamy and was redirected to review these concerns.

35. Develop an Aftercare Plan (35)

A. The client was assisted in developing an aftercare plan that will support recovery from sexual promiscuity and addiction problems, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client has listed several components of an aftercare plan that will support sobriety (e.g., self-help groups, a sponsor, family activities, any further therapy that is necessary to recover from sexual promiscuity and any other addictive behavior); this list was processed.
E. The client was reinforced for the active pursuit of the elements of the aftercare plan.
F. The client has not followed through on the aftercare plan and was redirected to do so.
G. The client did not complete the assignment related to a personal recovery plan and was redirected to do so.

36. Assess Satisfaction (36)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SLEEP DISTURBANCE

CLIENT PRESENTATION

1. **Sleep Initiation Problems (1)***
   A. The client reported finding it very difficult to fall asleep within a reasonable period of time.
   B. The client reported that sleep disturbance has diminished and that they are beginning to return to a normal sleep cycle.
   C. The client reported longer experiences without sleep disturbance symptoms and is sleeping fairly consistently.
2. **Sleep Maintenance Problems (2)**
   A. The client reported being able to fall asleep within a reasonable period of time but often awakening and being unable to return to sleep easily.
   B. The client reported awakening at a very early hour and is unable to return to sleep.
   C. The client reported that sleep disturbance has decreased and they are beginning to return to the normal sleep cycle.
   D. The client reported longer experiences without sleep disturbance symptoms and is sleeping fairly consistently.
3. **Substance Use to Gain Sleep (3)**
   A. The client noted that they chronically use alcohol in order to obtain sleep.
   B. The client identified that they often use street drugs in order to assist in gaining sleep.
   C. The client identified that they misuse over-the-counter or prescribed medication to obtain sleep.
   D. As treatment has progressed, the client has decreased use of substances in order to assist in gaining sleep.
   E. The client has been able to gain sleep through appropriate, nonchemical means on a regular basis.
4. **Fearful About Sleep (4)**
   A. The client reports often feeling fearful about being able to sleep as night approaches.
   B. The client appears worrisome and overly focused about whether they will be able to achieve sleep.
   C. The client reports feeling more at ease about gaining sleep.
5. **Daytime Sleepiness (5)**
   A. The client reported feeling very sleepy during the day and easily falls asleep, even while sitting in a chair.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client reported that they have fallen asleep in a chair in the presence of others in a social situation on many occasions.
C. The client reported beginning to feel more rested and alert during the day as the sleep pattern is returning to normal.
D. The client reported no recent incidents of falling asleep too easily during the day.

6. Sleep-Wake Schedule Reversal (6)

A. Because of a reversal in the client's normal sleep-wake schedule, they have experienced difficulty in staying asleep.
B. Because of a change in the client's work schedule, they have had to reverse their sleep-wake schedule, and this has resulted in significant sleep disturbance.
C. The client is beginning to adapt to the reversed sleep-wake schedule and obtain the necessary sleep required.
D. The client has not adapted to the reversal in their sleep-wake schedule and has changed employment to be able to return to a normal sleep schedule.

7. Frightening Dreams Recalled (7)

A. The client reported significant distress resulting from repeated awakening at night with detailed recall of extremely frightening dreams involving threats to self.
B. As the client's daily life external stressors have increased, they have experienced repeated awakening and detailed recall of extremely frightening dreams involving threats to self.
C. As the client has resolved external stressors, incidents of experiencing nightmares have diminished significantly.
D. The client reported that they no longer experience extremely frightening dreams that awaken them in the night.

8. Abrupt Awakening Without Dream Recall (8)

A. The client reported having 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, incidents of panic awakening have decreased.
C. The client reported no recent incidents of panic awakening with confusion or disorientation.

9. Sleepwalking (9)

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 their 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. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing sleep disturbance symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; they were encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Assess Sleep Disturbance (3)**
   A. The exact nature of the client's sleep disturbance was assessed, including sleep pattern, bedtime routine, activity level while awake, nutritional habits, napping practice, actual sleep time, rhythm of time for being awake versus sleeping, and associated thoughts and feelings.
   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.
4. **Assign a Stress and Sleep Journal (4)**
   A. The client was asked to keep a journal of daily stressors and nightly sleep pattern and routine.
   B. The client was assigned the exercise "Assessing Sleep Problems" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   C. The client has followed through on keeping a sleep journal, which also notes daily stressors, and this information was processed within the session.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

D. The client acknowledged that sleep disturbance seemed clearly to be related to unresolved stressors in daily life; the client was reinforced for this insight.
E. The client has not kept a regular stress and sleep journal and was redirected to do so.

5. Assess Medication/Substance Abuse (5)

A. The client was assisted in identifying any medication intake that may be related to the sleep disorder.
B. The degree of the client's substance abuse and its relationship to the sleep disorder were assessed.
C. The client was reinforced for acknowledging a relationship between substance abuse and sleep disturbance.
D. The client was referred to treatment that was focused on substance abuse, which would secondarily improve sleep.
E. The client acknowledged that sleep disturbance seemed related to a medication change and was referred to a physician for an evaluation of this relationship.

6. Assess Depression (6)

A. The client verbalized feelings of depression, and the onset of this mood disorder was noted to be related to 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; the client was helped to see this connection.

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

10. Assess Severity of Impairment (10)

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

11. Educate About Effect of Chemicals on Sleep (11)

A. The client was educated about how regular use of mood-altering chemicals for sleep can increase sleep problems.
B. The client was educated about the cyclical nature of mood-altering chemicals inducing sleep but also causing greater problems getting to sleep the next time.
C. The client was reinforced for clear understanding of the biochemical effects of using mood-altering chemicals for sleep.
D. The client struggled to understand how mood-altering chemical use was contributing to sleep problems and was provided with remedial information in this area.

12. Teach Cyclical Nature of Substance Abuse and Sleep Problems (12)

A. The client was taught about how sleep problems can contribute to substance abuse.
B. The client was assisted in identifying times when tiredness has contributed to the decision to use substances.
C. The client was taught about how substance abuse can lead to sleep problems.
D. The client was assisted in identifying situations in which substance abuse had a direct effect on sleep problems.

13. Refer for Physician Evaluation (13)

A. The client was referred to a physician to rule out any physical and/or substance-induced causes for sleep disturbance.
B. The client was referred to a physician to evaluate whether psychotropic medications might be helpful to induce sleep.
C. The client was referred for sleep lab studies.
D. The physician has indicated that physical organic causes for the client's sleep disturbance have been found and a regimen of treatment for these problems has been initiated.
E. The physician ruled out any physical/organic or medication side effect as the cause for the client's sleep disturbance.
F. The physician has ordered psychotropic medications to help the client return to a normal sleep pattern.
G. The client has not followed through on the referral to a physician and was redirected to complete this task.

14. Monitor Medication Adherence (14)

A. The client was noted to be consistently taking the prescribed medication and stated that it was effective at increasing normal sleep routines.
B. The client reported taking the prescribed medication on a consistent basis but has not noted any positive effect on sleep; the client was directed to review this with the prescribing clinician.
C. The client reported not consistently taking prescribed medication and was encouraged to do so.

15. Provide Basic Sleep Education (15)

A. The client was provided with basic sleep education, including normal length of sleep, normal variations of sleep, normal time to fall asleep, and normal mid-night awakening.
B. The client was recommended to read *The Insomnia Workbook: A Comprehensive Guide to Getting the Sleep You Need* (Silberman).
C. The client was helped to understand the exact nature of their abnormal sleeping pattern.

16. Provide Rationale for Therapy (16)

A. The client was provided with rationale for therapy, explaining the role of cognitive, emotional, physiological, and behavioral contributions to good and poor sleep.
B. The client was tested for their understanding of concepts related to and the rationale for therapy.

17. Assign Reading Material (17)

A. The client was asked to read material consistent with the therapeutic approach to facilitate progress through therapy.
B. The client was assigned to read *Overcoming Insomnia* (Edinger & Carney).
C. The client was assigned to read *Say Goodnight to Insomnia* (Jacobs).

D. The client was assigned to read *The Harvard School Medical Guide to a Good Night's Sleep* (Epstein & Mardon).
E. The client has read the assigned material, and key concepts were processed.
F. The client has not read the assigned material to assist their progress through therapy and was redirected to do so.

18. Teach Calming/Focusing Skills (18)

A. The client was trained in progressive muscle relaxation, autogenic training, guided imagery, or slow diaphragmatic breathing.
B. The client was assigned "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned the exercise "Progressive Muscle Relaxation" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was taught skills as defined in *No More Sleepless Nights* (Hauri & Linde).
E. The client was assigned the exercise "Self-Soothing: Stay Calm, Slow Down" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
F. The client has implemented the calming/focusing skills that were taught and has reported successful initiation of sleep; the client was directed to continue the use of this helpful skill.
G. The client has not implemented the calming/focusing skills on a consistent basis and was encouraged to do so.

19. Administer EMG Biofeedback (19)

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 relaxation skills, they have been able to sleep better; progress was reinforced.
D. The client has not regularly used EMG biofeedback techniques and was reminded to use these helpful techniques.

20. Instruct on Sleep Hygiene (20)

A. The client was instructed on appropriate sleep hygiene practices.
B. The client was advised about restricting excessive liquid intake, spicy late-night snacks, or heavy evening meals.
C. The client was encouraged to exercise regularly but not directly before bedtime.
D. The client was taught about minimizing or avoiding caffeine, alcohol, tobacco, or other stimulant intake.
E. The client was assigned the exercise "Improving Sleep Hygiene" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
F. The client was reinforced for regular use of sleep hygiene techniques.
G. The client has not regularly used sleep hygiene practices and was redirected to do so.

21. Establish Consistent Sleep-Wake Cycle (21)

A. A discussion was held regarding the rationale for stimulus control strategies to establish a consistent sleep-wake cycle.
B. Suggestions provided in *Behavioral Treatments for Insomnia* (Bootzin & Nicassio) were used to help the client establish stimulus control strategies for a consistent sleep-wake cycle.
C. The client was reinforced for regular use of a consistent sleep-wake cycle.
D. The client has not established a consistent sleep-wake cycle, and problems in this area were processed.

22. Teach Stimulus Control Techniques (22)

A. The client was taught stimulus control techniques.
B. The client was taught to lie down to sleep only when sleepy and to use the bed only for sleep or sexual activity.
C. The client was taught to get out of bed if sleep does not arrive soon after retiring and then lie back down when sleepy.
D. The client was taught to set an alarm to the same wake-up time every morning, regardless of sleep time or quality, and not to nap during the day.
E. The client has regularly used stimulus control techniques and was reinforced for using these helpful techniques.
F. The client has not used stimulus control techniques on a regular basis and was redirected to do so.

23. Instruct About Scheduling Activities (23)

A. The client was instructed to move activities associated with arousal and activation from bedtime ritual to earlier times of the day.
B. The client was provided with examples of arousal and activation activities, such as reading stimulating content, reviewing the day's events, planning for the next day, or watching disturbing television.
C. The client was reinforced for moving activating events away from bedtime.
D. The client has not followed through on moving activating events away from bedtime and was redirected to do so.

24. Monitor Stimulus Control Compliance (24)

A. The client's sleep pattern was monitored.
B. The client was assigned "Sleep Pattern Record" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was monitored for compliance with stimulus control instructions.
D. Problem-solving techniques were used to help resolve obstacles to stimulus control compliance.
E. The client was reinforced for successful, consistent implementation of stimulus control techniques.

25. Use Sleep Restriction Therapy (25)

A. The client was taught about the use of sleep restriction therapy, in which the amount of time in bed is reduced to match the amount of time the client typically sleeps.
B. The client was taught about how inducing systematic sleep deprivation can eventually lead to optimal sleep duration.
C. The client was assigned sleep restriction techniques.
D. The client has gradually increased sleep times upwards, gaining optimal sleep duration.
E. The client's use of sleep restriction techniques was reviewed and adjusted.

26. Explore and Replace Distorted Self-Talk (26)

A. The client was assisted in exploring beliefs and self-talk that mediate emotional responses counterproductive to sleep (e.g., fears, worries of sleeplessness).
B. The client's self-talk biases were challenged, and they were assisted in replacing the maladaptive cognition with reality-based alternatives.
C. The client was assisted in developing positive self-talk that will increase the likelihood of establishing a sound sleep pattern.

27. Assign Self-Talk Homework (27)

A. The client was assigned a homework exercise in which they identify targeted self-talk and create reality-based alternatives.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client's use of self-talk techniques was reviewed and reinforced for successes.
D. The client was provided with corrective feedback toward improvement of their use of self-talk techniques.

28. Use Paradoxical Intervention (28)

A. The client was assigned a paradoxical intervention, in which they try to stay awake for as long as possible to diminish performance anxiety interfering with sleep.
B. The client's use of the paradoxical intervention was reviewed.
C. The client was reinforced for success in using the paradoxical intervention.
D. The client was assisted in problem-solving obstacles toward implementing the paradoxical interventions.

29. Use Cognitive-Behavioral Skills Training (29)

A. The client was taught cognitive-behavioral skills for managing stressors related to sleep disturbance.
B. The client was provided instruction, covert modeling, role-play, practice, and generalized training to manage stressors related to the sleep disturbance.
C. The client was taught tailored skills, such as calming and coping skills, conflict resolution, and problem-solving to assist in managing stressors related to the sleep disturbance.

D. The client was routinely reviewed for use of cognitive-behavioral skills, with reinforcement for success.
E. The client was assisted in problem-solving obstacles toward effective everyday use of cognitive-behavioral skills.

30. Assign Reading Material on Cognitive-Behavioral Treatment (30)

A. The client was assigned to read material on the cognitive-behavioral treatment approach to sleeplessness.
B. The client was assigned to read *Overcoming Insomnia* (Edinger & Carney).
C. The client was assigned to read *Say Good Night to Insomnia* (Jacobs).
D. The client has read the assigned material on cognitive-behavioral treatment approaches, and key concepts were processed.
E. The client has not read the assigned material on cognitive-behavioral treatment approaches and was redirected to do so.

31. Teach Thought-Stopping Technique (31)

A. The client was taught about the use of thought-stopping techniques as part of an approach to block negative, self-defeating thinking that interferes with sleep.
B. The client was taught to redirect attention to calm, sleep-inducing foci.
C. The client was assigned the exercise "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was monitored in regard to use of the thought-stopping technique and was assisted in making this more effective.

32. Use Scheduled Awakening Procedure (32)

A. The client was introduced to the concept of a scheduled awakening procedure, in which they are gently and only slightly awakened 30 minutes before the typical time of night wakening, sleep terrors, or sleep-walking incidents.
B. The client was assisted in implementing the scheduled awakening procedure.
C. The scheduled awakening procedure has gradually been phased out as sleep terrors decrease.

33. Differentiate Between Lapse and Relapse (33)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with a temporary and reversible slip into old habits that risk sleep disturbance.
C. A relapse was associated with the decision to return to old habits that risk sleep disturbance.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

34. Discuss Management of Lapse Risk Situations (34)

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

35. Encourage Routine Use of Strategies (35)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.

36. Develop a "Coping Card" (36)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing the "coping card" in order to list helpful coping strategies.
C. The client was encouraged to use the "coping card" when struggling with sleep disturbance situations.

37. Schedule "Maintenance Sessions" (37)

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

38. Explore Traumatic Events (38)

A. As the client was being assessed for traumatic events, they described experiences of emotional trauma that have disturbed sleep since the incident occurred.
B. As the client was helped to share the traumatic event and the feelings associated with it, they have reduced the amount of emotional reactivity and 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 them.

D. The client was rather guarded about exploring traumatic events that may have affected their sleep pattern and was urged to be more open about these as they felt safe to do so.

39. Connect Dreams to Present or Past Trauma (39)

A. The client's experience of disturbing dreams was probed.
B. The client was assisted in understanding the relationship between current disturbing dreams and present or past traumas.
C. The client was helped in processing the feelings surrounding present or past traumas that are stimulating disturbing dreams.

40. Explore Control Release Fears (40)

A. The client was supported as they described having difficulties relinquishing control and that this may be related to yielding to 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, sleep disturbance has also diminished; progress was reinforced.

41. Explore Death Fears (41)

A. The client was supported as they acknowledged having a strong fear of death that contributes to sleep disturbance as the client fears dying while asleep.
B. The client's fears about dying in 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.

42. Explore Childhood Sleep Traumas (42)

A. The client was supported as they identified traumatic childhood events 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, sleep has returned to a more normal cycle.
D. The client denied any childhood sleep traumas, and this was accepted.

43. Explore Sexual Abuse (43)

A. The possibility of the client having experienced sexual abuse in their bedroom before, during, or after sleep was explored.
B. Active listening was provided as the client acknowledged experiencing sexual abuse and that the memory associated with these traumatic experiences continues to disturb sleep.
C. The client denied any sexual abuse incidents that may be interfering with sleep, and this was accepted.

44. Assess Satisfaction (44)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SOCIAL ANXIETY/SKILLS DEFICIT

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 the client has to interact with people whom they do not know or must interact in a group situation.
   C. The client's social anxiety has diminished and the client is more confident in social situations.
   D. The client has begun to overcome shyness and can initiate social contact with some degree of comfort and confidence.
   E. The client reported that they no longer experience 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 have resulted in an extreme sensitivity to any hint of disapproval from others.
   C. The client has acknowledged that their 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 them 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 them to avoid social situations within work, family, and neighborhood settings.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

C. The client has shown some willingness to interact socially as they have overcome some of the social anxiety that was formerly present.
D. The client indicated feeling free now to interact socially and does not go out of their 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 become involved in social situations because they are fearful of their social anxiety becoming apparent to others.
C. The client has become more confident of their 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 them.

6. Performance Anxiety (6)

A. The client reported experiencing debilitating performance anxiety when expected to participate in required social performance demands.
B. The client described being unable to function when expected to complete typical social performance demands.
C. The client avoids required social performance demands.
D. As treatment has progressed, the client has become more at ease with typical social performance demands.
E. The client reports no struggles with performance anxiety.

7. Physiological Anxiety Symptoms (7)

A. The client has an increased heart rate and experiences sweating, dry mouth, muscle tension, and shakiness in most social situations.
B. As the client has learned new social skills and developed more self-confidence, the intensity and frequency of physiological anxiety symptoms have diminished.
C. The client reported engaging in social activities without experiencing any physiological anxiety symptoms.

8. Lack of Learned Social Skills (8)

A. The client described having had little experience in social relationships.
B. The client acknowledged never learning social skills that would decrease anxiety and increase confidence.
C. The client is often insecure about the social aspects of relationships.
D. As the client's involvement in social relationships has increased, skill confidence has increased and anxiety has decreased.
E. The client reports an increased confidence in the social aspects of relationships.

9. Substance Abuse (9)

A. The client has used alcohol and/or other chemicals to help reduce the anxiety of becoming involved in social situations.

B. The client reported that only when under the influence of a mood-altering substance are they able to relate to others comfortably.
C. The client has acknowledged that 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.

10. Inability to Initiate and Maintain Relationships (10)

A. The client described an inability to establish, nurture, and maintain meaningful interpersonal relationships.
B. The client's difficulty in relationships is related to lack of social skills, including failure to listen, support, communicate, or negotiate differences of opinion.
C. The client often fails to work through problem situations within relationships, leading to lost or diminished relationships.
D. As the client's social anxiety has diminished, social skills have improved; the client is listening, supporting, communicating, and negotiating.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing social anxiety symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

3. Assess Nature of Social Anxiety Symptoms (3)

A. The client was asked about the frequency, intensity, duration, and history of social anxiety symptoms, fear, and avoidance.
B. The Anxiety and Related Disorders Interview Schedule—Adult Version was used to assess the client's social discomfort symptoms.
C. The assessment of the client's social anxiety symptoms indicated that their symptoms are extreme and severely interfere with their life.
D. The assessment of the client's social anxiety symptoms indicated that these symptoms are moderate and occasionally interfere with daily functioning.
E. The results of the assessment of the client's social anxiety symptoms indicated that these symptoms are mild and rarely interfere with daily functioning.
F. The results of the assessment of the client's social anxiety symptoms were reviewed with the client.

4. Assess Social Anxiety Objectively (4)

A. The client was administered psychological instruments designed to objectively assess social anxiety.
B. The client was administered the Liebowitz Social Anxiety Scale.
C. The client was administered the Social Phobia Inventory.
D. The Social Interaction Anxiety Scale was administered to the client.
E. The client was provided with feedback regarding the results of the social anxiety and social skills assessment.
F. The client declined to take the psychological instruments designed to objectively assess social anxiety and social skills, and the focus of treatment was turned toward this resistance.

5. Assess Level of Insight (5)

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

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

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

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

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

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

8. Assess Severity of Impairment (8)

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

B. The client was assessed in regard to their impairment in social, relational, vocational, and occupational endeavors.

C. It was reflected to the client that their impairment appears to create mild to moderate effects on the client's functioning.

D. It was reflected to the client that their impairment appears to create severe to very severe effects on the client's functioning.

E. The client was continuously assessed for the severity of impairment as well as the efficacy and appropriateness of treatment.

9. Explore How Anxiety and Addiction Make Life Unmanageable (9)

A. The client was presented with the concept that powerlessness over social anxiety and addiction makes life unmanageable.

B. The client was reinforced in being able to identify specific examples during which they have been powerless over addiction and have experienced social anxiety, causing life to be unmanageable.

C. As the client has decreased social anxiety, their life has been noted to become somewhat more manageable.

10. Teach About the Relationship Between Anxiety and Addiction (10)

A. The client was taught the relationship between anxiety and addiction, including how substances were used to treat the social anxiety symptoms.

B. The client was taught about how more substances become necessary to treat the ongoing social anxiety symptoms.

C. The client was assigned the exercise "Action Plan to Address Social Anxiety" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

D. The client accepted the relationship between social anxiety and addiction and was helped to identify specific examples from experiences that support this pattern.

E. The client reported decreased substance use during anxious situations; this progress was reinforced.

11. Recognize *Insanity* (11)

A. The client was presented with the concept of how doing the same things over and over again but expecting different results is *irrational*.

B. The client was presented with the concept that *irrational* behavior (e.g., doing the same thing over and over and expecting different results) is what 12-step recovery programs call *insane*.

C. The client was asked to identify the experience of *insane* and *irrational* behavior, and how this concept applies to them.

D. The client was unable to identify any experience of *insane* and *irrational* behavior; tentative examples in this area were provided.

12. Refer for Medication Evaluation (12)

A. Arrangements were made for the client to have a medication evaluation for the purpose of considering psychotropic medication.

B. The client has followed through with seeing a prescriber 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 prescriber for a medication evaluation and was encouraged to do so.

13. Monitor Medication Adherence (13)

A. The client reported having taken the prescribed medication consistently and that it has helped to control the anxiety; this was relayed to the prescribing clinician.

B. The client reported that they have not taken the prescribed medication consistently and was encouraged to do so.

C. The client reported taking the prescribed medication and stated that they have 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 prescribing clinician.

14. Refer to Group Therapy (14)

A. The client was referred to a small (closed enrollment) group for social anxiety.

B. The client was enrolled in a social anxiety group as defined in *Managing Social Anxiety* (Hope et al.) and the *Cognitive Behavioral Therapy for Social Anxiety* (Hofmann & Otto).

C. The client has participated in the group therapy for social anxiety; the experience was reviewed and processed.

D. The client has not been involved in group therapy for social anxiety concerns and was redirected to do so.

15. Discuss Cognitive Biases (15)

A. A discussion was held regarding how social anxiety derives from cognitive biases that overestimate negative evaluation by others, undervalue the self, increase distress, and often lead to unnecessary avoidance.

B. The client was provided with examples of cognitive biases that support social anxiety symptoms.

C. The client was reinforced as they identified their own cognitive biases.
D. The client was unable to identify any cognitive biases that support anxiety symptoms and was provided with tentative examples in this area.

16. Assign Information on Social Anxiety, Avoidance, and Treatment (16)

A. The client was assigned to read information on social anxiety that explains the cycle of social anxiety and avoidance and provides a rationale for treatment.
B. The client was assigned information about social anxiety, avoidance, and treatment from *Overcoming Social Anxiety and Shyness* (Butler).
C. The client was assigned information about social anxiety, avoidance, and treatment from *The Shyness and Social Anxiety Workbook* (Antony & Swinson).
D. The client was assigned information about social anxiety, avoidance, and treatment from *Managing Social Anxiety* (Hope et al.).
E. The client has read the information on social anxiety, avoidance, and treatment, and key concepts were reviewed.
F. The client has not read the assigned material on social anxiety, avoidance, and treatment and was redirected to do so.

17. Discuss Cognitive Restructuring (17)

A. A discussion was held about how cognitive restructuring and exposure serve as an arena to overcome learned fear, build social skills and confidence, and reality-test biased thoughts.
B. The client was reinforced as they displayed a clear understanding of the use of cognitive restructuring and exposure to overcome learned fear, build social skills and confidence, and reality-test biased thoughts.
C. The client did not display a clear understanding of the use of cognitive restructuring and exposure and was provided with remedial feedback in this area.

18. Assign Social Anxiety Record (18)

A. The client was assigned to keep a record of social anxiety, including a description of each situation that caused anxious feelings, the rating of the severity using a Likert-type scale (e.g., 0–10), and the thoughts that triggered the anxiety, emotions felt, and actions taken.
B. The client kept a daily record of social anxiety, and this was processed within the session, with a focus on improving the client's understanding of how social anxiety operates and how the treatment is designed to work.
C. The client was assisted in identifying their pattern of social anxiety.
D. The client has not kept a daily record of social anxiety and was redirected to do so.
E. The client has struggled to identify the thoughts that fuel the social anxiety, and this was processed within the session.

19. Teach Anxiety Management Skills (19)

A. The client was taught anxiety management skills.
B. The client was assigned "Deep Breathing Exercise" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

C. The client was assigned the exercise "Progressive Muscle Relaxation" from the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
D. The client was taught about staying focused on behavioral goals and tolerance of anxiety.
E. Techniques for muscular relaxation and paced diaphragmatic breathing were taught to the client.
F. The client was reinforced for clear understanding and use of anxiety management skills.
G. The client has not used new anxiety management skills and was redirected to do so.

20. Teach Task Concentration Training (20)

A. The client was explained the rationale for and taught task concentration training in which they practice attending externally to a task and neutral elements of the environment.
B. The client practiced task concentration in the session and was assigned to practice at home.
C. The client was assisted in transporting the skill of task concentration to social interaction and performance demand situations.
D. The client was reinforced for clear understanding and use of task concentration.
E. The client has not developed a clear understanding of task concentration and remedial information was provided.

21. Discuss Social Cues (21)

A. The client was taught the role of selective attention and misinterpretation of social cues in generating social anxiety.
B. The client was assisted in generating and implementing strategies that focus and interpret social cues in a more realistic and accepting manner.
C. The client was reinforced for understanding of social cues in relationship to social anxiety.
D. The client struggled to understand social cues in relationship to social anxiety and remedial information was provided.

22. Identify Distorted Thoughts (22)

A. The client was assisted in identifying the self-talk, underlying assumptions, and schema that mediate social fears.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was taught the role of distorted thinking in precipitating emotional responses.
D. The client was assisted in generating appraisals that correct for the biases and build confidence.
E. The client was assisted in replacing distorted messages with positive, realistic appraisals that counter social anxiety.
F. The client failed to identify distorted thoughts and cognitions; tentative examples in this area were provided.

23. Assign Exercises on Self-Talk (23)

A. The client was assigned homework exercises in which they identify fearful self-talk and create reality-based alternatives.
B. The client was assigned "Restoring Socialization Comfort" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was directed to do assignments from the *Shyness and Social Anxiety Workbook* (Antony & Swinson).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for successes at replacing fearful self-talk with reality-based alternatives.
F. The client was provided with corrective feedback for failures to replace fearful self-talk with reality-based alternatives.
G. The client has not completed the assignment regarding fearful self-talk and was redirected to do so.

24. Build Social and Communication Skills (24)

A. Instruction, modeling, and role-playing were used to build the client's general social and communication skills.
B. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Positive feedback was provided to the client for increased use of social and communication skills.
D. Despite the instruction, modeling, and role-playing about social and communication skills, the client continues to struggle with these techniques and was provided with additional feedback in this area.

25. Use Video Feedback (25)

A. The client was assisted in recording and using video feedback to develop social skills, counter false beliefs about social performance, and build confidence and a positive self-concept.
B. The client found video feedback to be helpful and the experience was processed.
C. The client has not benefited from video feedback, and obstacles were addressed.

26. Assign Information on Social and Communication Skills (26)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client was assigned "Becoming Assertive" or "Restoring Socialization Comfort" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client has read the assigned information on social and communication skills, and key points were reviewed.
F. The client has not read the information on social and communication skills and was redirected to do so.

27. Construct Anxiety Stimuli Hierarchy (27)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with the phobic response.
B. The client was assisted in identifying safety behaviors in which they unnecessarily engage to avoid feared consequences.
C. The client was successful at completing a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.
D. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of their fear remain quite vague; the client was assisted in completing the hierarchy.

28. Select Exposures That Are Likely to Succeed (28)

A. Initial in vivo or role-played exposures were selected, with a bias toward those that have a high likelihood of being a successful experience for the client.
B. The client was assigned "Gradually Reducing Your Phobic Fear" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Cognitive restructuring was done within and after the exposure using behavioral strategies (e.g., modeling, rehearsal, social reinforcement).
D. A review was conducted with the client about the use of in vivo or role-played exposure.
E. The client was provided with positive feedback regarding use of exposures.
F. The client has not used in vivo or role-played exposures and was redirected to do so.

29. Assign Exercises on Exposure (29)

A. The client was assigned homework exercises in which they do behavioral experiments/exposure exercises and record responses.
B. The client was assigned "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned to read excerpts from the *Shyness and Social Anxiety Workbook* (Antony & Swinson).
D. The client's information about exposure was reviewed and processed.
E. The client has not read the information on exposure and was redirected to do so.

30. Differentiate Between Lapse and Relapse (30)

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

31. Discuss Management of Lapse Risk Situations (31)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The client was assigned "Relapse Prevention Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
D. The client was reinforced for appropriate use of lapse management skills.
E. The client was redirected in regard to poor use of lapse management skills.

32. Encourage Routine Use of Strategies (32)

A. The client was instructed to routinely use the strategies that they have learned in therapy (e.g., cognitive restructuring, exposure) while building social interactions and relationships.
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
D. The client was redirected about ways to incorporate new strategies into their routine and life.

33. Develop a Coping Card (33)

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

34. Use ACT Approach (34)

A. The use of acceptance and commitment therapy (ACT) was applied.
B. The client was encouraged to accept and openly experience anxious thoughts and feelings, without being overly affected by them.
C. The client was encouraged to commit time and effort to activities that are consistent with identified personally meaningful values.
D. The client has engaged well in the ACT approach and applied these concepts to their symptoms and lifestyle.
E. The client has not engaged well in the ACT approach and remedial efforts were applied.

35. Teach Mindfulness Meditation (35)

A. The client was taught mindfulness meditation techniques to help recognize negative thought processes associated with anxiety and change.
B. The client was taught to focus on changing their relationship with the anxiety-related thoughts by accepting the thoughts, images, and impulses that are reality-based while noticing, but not reacting to, nonreality-based mental phenomena.

C. The client was assisted in differentiating between reality-based thoughts and nonreality-based thoughts.
D. The client has used mindfulness meditation to help overcome negative thought processes and was reinforced for this.
E. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

36. Assign ACT Homework (36)

A. The client was assigned homework situations in which they practice lessons from mindfulness meditation and ACT.
B. The client was assisted in consolidating their mindfulness meditation and ACT approaches into everyday life.

37. Assign Reading on Mindfulness and ACT (37)

A. The client was assigned reading material consistent with mindfulness and the ACT approach to supplement work done in session.
B. The client was assigned to read specific portions from *The Mindfulness and Acceptance Workbook for Anxiety* (Forsyth & Eifert).
C. The client has read the assigned material, and key concepts were processed.
D. The client has not read the assigned material and was redirected to do so.

38. Conduct Interpersonal Therapy (38)

A. An inventory of important past and present relationships was developed with the client.
B. A case formulation linking anxiety to grief, interpersonal role disputes, role transitions, and/or interpersonal deficits was developed.
C. The case formulation was shared and processed with the client.

39. Facilitate Mourning (39)

A. As grief issues were identified as a primary contributor to anxiety, the client was helped in mourning.
B. The client was assigned "Moving on After Loss" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in gradually discovering new activities and relationships to compensate for loss.
D. As the client has resolved grief issues, anxiety has abated.
E. The client has struggled to resolve grief issues, and treatment was redirected in this area.

40. Process Interpersonal Disputes (40)

A. The client was assisted in identifying how interpersonal disputes contributed to anxiety.
B. The client was assigned "Applying Problem-Solving to Interpersonal Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in exploring the conflicted relationship, the nature of the dispute, the level of impasse, and available options.
D. The client was assisted in implementing conflict-resolution skills.

E. The relationship appears to have reached an impasse and the client was assisted in considering ways to change the impasse or end the relationship.

41. Assist in Role Transitions (41)

A. Role transitions were identified as a primary factor in the client's anxiety dynamics.
B. The client was helped to identify role transitions, such as beginning a relationship or a career, moving, promotion, retirement, or graduation.
C. The client was helped to mourn the loss of the old role, while recognizing positive and negative aspects of the new role.
D. The client was assisted in taking steps to gain mastery over the new role.

42. Develop Interpersonal Skills and Relationships (42)

A. As interpersonal skill deficits were identified as a primary factor in the client's anxiety, they were assisted in developing new interpersonal skills to enhance existing relationships and/or create new ones.
B. The client displayed a clear understanding of the new interpersonal skills and how to build relationships and was reinforced for this success.
C. The client has struggled in regard to developing new interpersonal skills and relationships and was redirected in this area.

43. Explore Rejection Experiences (43)

A. The client was asked to identify childhood and adolescent experiences of social rejection and neglect that have contributed to 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 they should recall them in the future.

44. Assign Books on Shame (44)

A. The client was directed to read books on shame.
B. The client was advised to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum & Mason).
C. The client has read the assigned books on shame and can now better identify how shame has affected relating to others; key points from the reading material were reviewed.
D. As the client has overcome feelings of shame, they were 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.

45. Conduct Imagery Rescripting (45)

A. Imagery Rescripting was used with the client, as identified in *Imagery Rescripting as a Therapeutic Technique* (Arntz).
B. The client was assisted in imaging and discussing early memories from different points of view, including as a (vulnerable) child and then as the (mature and experienced) adult, and/or with a new, desired outcome.

C. The client was able to process toward updating the meaning of the event and separating the past meaning from the present one.
D. The client struggled to process toward updating the meaning of the event and separating the past meaning from the present one, and remedial feedback was given.

46. Incorporate New Meaning (46)

A. The client was assisted in incorporating the new meaning into present situations in which the past memory is provoked or has been including present-day responding.
B. The client was reinforced for the ability to incorporate new meaning into present situations.
C. The client struggled to incorporate new meaning into present situations and was assisted in problem-solving obstacles.

47. Identify Defense Mechanisms (47)

A. The client was assisted in identifying the defense mechanisms that keep others at a distance and prevent the development of trusting relationships.
B. The client was assisted in reducing defensiveness so as to be able to build social relationships and not be alienated from others.
C. The client was understanding of the defense mechanisms they use and has begun reducing this defensiveness.
D. The client denied specific defense mechanisms to keep others at a distance and was given tentative examples in this area.

48. Use Insight-Oriented Approach (48)

A. The client was assisted in using insight-oriented approaches to explore how psychodynamic conflicts may be manifesting a social fear and avoidance.
B. The client was assisted in identifying and addressing transference.
C. The client was assisted with working through personally relevant themes toward developing new approaches to social interaction and reducing vulnerabilities to influences from the past.

49. Teach About a Higher Power (49)

A. The client was presented with information about how faith in a higher power can aid in recovery from anxiety and addiction concerns.
B. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power, and the benefits of turning their will and life over to the care of a higher power.
D. The client was encouraged to turn their will and life over to the care of a higher power of their own understanding.
E. The client described a sense of relief and empowerment by turning their social anxiety, addiction, will, and life over to the care of a higher power; the client was reinforced for this progress.

F. The client rejected the idea of a higher power as a way to resolve addiction, social anxiety, and other unmanageable problems; the client was urged to remain open to this concept.

50. Use Step 3 (50)

A. The client was taught a 12-step program's third step, focusing on how to turn over problems, worries, and anxieties to a higher power.
B. The client was taught about trusting that a higher power is going to help resolve the situation.
C. The client participated in turning problems, worries, and social anxieties over to a higher power, and the client is trusting that the higher power is going to help resolve the situation; the client was reinforced for this progress.
D. The client rejected the idea of turning problems, worries, and anxieties over to a higher power and does not feel that this will be helpful in resolving the situation; the client was urged to keep this Step 3 task in mind.

51. Review Implementation of the Third Step (51)

A. The client's implementation of the third-step exercise of turning social anxieties over to a higher power was reviewed.
B. The client reported success in turning over social anxieties to a higher power and was verbally reinforced and encouraged.
C. The client reported difficulty or failure at attempting to turn anxieties over to a higher power, and these difficulties or failures were reviewed, resolved, and redirected.
D. It was noted that as the client has successfully turned anxieties over to a higher power, they have reported an increased pattern of relief from anxieties and addictive behavior.

52. Urge Attendance at Social/Recreational Activities (52)

A. The client was urged to attend and participate in available social and recreational activities within the treatment program.
B. The client was urged to attend and participate in available social and recreational activities within the community.
C. The client was assigned "Using My Support Network" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was noted to have increased involvement in available social and recreational activities and was praised for this success.
E. The client has not increased participation in available social and recreational activities within the treatment program or the community and was urged to do so.

53. Develop Recovery Group Involvement (53)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and self-confidence.
B. The client was assigned to assist others within the recovery group setting.
C. The client was referred to an appropriate recovery group.

D. Active listening skills were used as the client described involvement in an active recovery group.
E. The client reported not following through with involvement in a recovery group and was redirected to do so.

54. Increase Interaction (54)

A. The client's general level of interaction with others was monitored.
B. The client was encouraged to engage in social interaction with others.
C. Redirection was provided to the client when they missed opportunities to increase interaction with others.
D. The client was reinforced for increased involvement with others.

55. Assess Satisfaction (55)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SPIRITUAL CONFUSION

CLIENT PRESENTATION

1. **Spiritual Confusion Affects Recovery (1)***
   A. The client presented a negative attitude regarding recovery.
   B. The client identified that their negative attitude about recovery is related to their confusion about spiritual matters.
   C. The client is uncertain about the use of a higher power in recovery.
   D. As the client has developed better understanding regarding spiritual issues, the negative attitude about recovery has dissipated.
   E. The client is quite focused on recovery.
2. **Religious Convictions Condemn Addiction/Recovery (2)**
   A. The client described that their religious convictions are condemning of addictive behavior and the use of a 12-step recovery program.
   B. The client described reluctance to be involved in a 12-step recovery program because of their religious convictions.
   C. The client has been able to resolve the contradictions they have experienced regarding religious convictions and the 12-step recovery program.
   D. The client is using religious convictions and a 12-step recovery program in a synchronistic manner.
3. **Fears God's Anger (3)**
   A. The client reported believing that God is angry with them.
   B. The client reported fearing that God is angry with them, resulting in withdrawal from developing a relationship with a higher power.
   C. The client has processed fear and distrust and has developed a more positive attitude about God.
   D. The client verbalized positive feelings toward God being a part of their life.
4. **Anger at God (4)**
   A. The client reported being angry at God, which has led to rejection of spiritual issues.
   B. The client reported fear about describing their anger at God.
   C. The client has processed feelings of fear and anger and has developed a more positive attitude about God.
   D. The client verbalized positive feelings toward God as part of their life.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. **Religion Unsupportive of 12-Step Recovery Program (5)**
   A. The client identified that their religious system does not support the use of a 12-step recovery program.
   B. The client reported that they have resolved the contradictions between use of a 12-step recovery program and active involvement in their religious system.
   C. The client is using their religious system and a 12-step recovery program in an integrated manner.
6. **Higher Power Confusion (6)**
   A. The client indicated that they did not understand the issues related to a need for a higher power.
   B. The client verbalized an understanding of issues related to a higher power but does not believe that they have a personal need for a higher power.
   C. The client verbalized a desire for a closer relationship with their higher power.
   D. The client reported feeling more in touch with, understood by, and supported by a higher power.
7. **Denies Higher Power (7)**
   A. The client described spiritual beliefs that are negative toward the existence of a higher power.
   B. The client stated that they do not believe in God.
   C. The client has resolved many concerns regarding a higher power and has begun to understand the need for this power in their life.
   D. The client has found a meaningful relationship with God that brings comfort, support, encouragement, and direction.
8. **Refuses Conscious Contact With God (8)**
   A. The client identified that they refuse to seek conscious contact with God because of their pattern of anger with God.
   B. As the client has worked through anger with God, they have begun to seek conscious contact with God.
   C. The client reported feeling more in touch with, understood by, and supported by God.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support, and a level of trust was developed.
   C. The client was urged to feel safe in expressing spiritual confusion concerns.
   D. The client began to express feelings more freely as rapport and trust level have increased.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Explore Spiritual History (3)

A. The client's spiritual journey and religious training were explored.
B. The client's thoughts and feelings toward a higher power were explored.
C. The client's current spiritual practices were reviewed.
D. The client was assigned "My History of Spirituality" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client has completed the assignment, and the results of this information were reviewed.
F. The client has not completed the assigned homework and was redirected to do so.
G. The client was provided with feedback regarding their spiritual journey, religious training, thoughts and feelings toward a higher power, and current spiritual practices.

4. Administer Assessment for Spiritual Confusion (4)

A. The client was administered psychological instruments designed to objectively assess spiritual confusion.
B. The Spiritual Well-Being Scale (SWBS) was administered to the client.
C. The client has completed the assessment of spiritual confusion concerns, and minimal concerns were identified; these results were reported to the client.
D. The client has completed the assessment of spiritual confusion concerns, and significant concerns were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of spiritual confusion concerns, and the focus of treatment was turned toward this defensiveness.

5. Assess Level of Insight (5)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and has no motivation to make changes.

6. Assess for Correlated Disorders (6)

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

7. Assess for Culturally Based Confounding Issues (7)

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

8. Assess Severity of Impairment (8)

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

9. Assign Step 1 Exercise for Addiction and Spiritual Confusion (9)

A. A 12-step recovery program's Step 1 was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with spiritual confusion.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

C. The client displayed an understanding of the concept of powerlessness and unmanageability regarding addiction and the negative feelings associated with spiritual confusion; this progress was reinforced.
D. The client was able to endorse the concept of powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with spiritual confusion; this progress was reinforced.
E. The client was unable to endorse the concept of powerlessness and unmanageability regarding addiction and spiritual confusion issues and was provided with additional feedback.
F. The client did not complete the assigned Step 1 exercise and this resistance was processed.

10. Probe Spiritual Confusion/Addiction Connection (10)

A. Active listening was provided as the client described their personal history of spiritual confusion.
B. The client was shown how spiritual confusion has contributed to addiction and a negative attitude toward recovery.
C. The client acknowledged a pattern of spiritual confusion leading to addiction and a negative attitude toward recovery; this insight was highlighted.
D. As the client has resolved their spiritual confusion, they have been noted to experience less addictive behaviors and a more positive attitude toward recovery.

11. Connect Addiction to Spiritual Confusion (11)

A. The client was assisted in identifying how addiction has led to spiritual confusion concerns.
B. The client was noted to display an understanding of the relationship between addiction and spiritual confusion.
C. The client denied any connection between addiction and spiritual confusion; additional examples of how this can occur were presented.

12. Recognize *Insanity* of Spiritual Confusion/Addictive Behavior (12)

A. Using a 12-step recovery program's Step 2 exercise, the client was taught about the concept of *insanity*.
B. The client was assigned the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was assisted in identifying how their spiritual confusion and addictive behavior met the 12-step recovery program definition of *insanity*.
D. The client was supported for their understanding of the pattern of *insane* experiences related to their addictive behavior and spiritual confusion.
E. The client was assisted in identifying how a higher power can assist in relieving the addiction.
F. The client has rejected the concept of *insanity* and does not believe that a higher power can assist in relieving spiritual confusion and addiction concerns; the client was urged to remain open to this concept.
G. The client did not complete the assigned Step 2 exercise and this resistance was processed.

13. Teach Spiritual Attitude/Recovery Connection (13)

A. The client was taught about how attitudes about spiritual matters affect recovery.
B. The client was taught about how negative attitudes toward spiritual matters make recovery more difficult.
C. The client accepted the concept that negative attitudes toward spiritual matters have made recovery more difficult; this insight was reinforced.
D. The client rejected any connection between spiritual attitudes and recovery and was provided with additional feedback.

14. Teach About "God as We Understand Him" (14)

A. The client was taught about the 12-step recovery program concept of "God as we understand Him."
B. The client was assigned "Understanding Spirituality" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in identifying how "God as we understand Him" related to concerns regarding spiritual confusion.
D. The client was reinforced for their understanding of "God as we understand Him."
E. As the client developed a greater understanding of "God as we understand Him," they were noted to have a decrease in spiritual confusion.
F. The client continues to struggle with the concept of "God as we understand Him," and this struggle was processed within the session.
G. The client did not complete the assignment on understanding spirituality and this resistance was processed.

15. Teach Ecumenical Use of 12-Step Recovery Program (15)

A. The client was taught about how many different religions and cultures can implement the 12-step recovery program.
B. The client was taught about how their own religion and culture can use a 12-step recovery program for recovery.
C. The client verbalized a greater understanding of the use of a 12-step recovery program and how this can be implemented simultaneously with their religious and cultural concerns; this insight was reinforced.
D. The client continues to struggle with reconciling their own religious and cultural concerns with the 12-step recovery program; additional feedback was provided.

16. Teach About Forgiveness From the Higher Power (16)

A. The client was taught about how the higher power is willing to forgive them for the wrongs they have committed.
B. The client verbalized an understanding of the willingness of their higher power to forgive them for the wrongs that they have committed; this progress was reinforced.
C. The expectation that the client's higher power would be condemning of them was identified, and the concept that the higher power would offer hope and peace was emphasized.
D. Forgiveness from the higher power has been sought out by the client; the benefits of this progress were reviewed.

E. The client rejected the concept of their higher power as willing to forgive and accept them; this was processed further within the session.

17. Assign Forgiveness Books (17)

A. The client was assigned books related to the process of forgiveness (e.g., *Forgive and Forget* by Smedes).
B. The client reported having read the recommended books related to forgiveness; key concepts were processed.
C. The client displayed a better understanding of issues related to forgiveness after having read the assigned books related to forgiveness.
D. The client has not read books related to forgiveness and was redirected to do so.

18. Assign Material on Grace (18)

A. The client was assigned to read materials about grace.
B. The client was assigned *Addiction and Grace: Love and Spirituality in the Healing of Addictions* (May).
C. The client was assigned *Shame and Grace: Healing the Shame We Don't Deserve* (Smedes).
D. The client was directed to read portions of *Where in the World Is God? God's Presence in Every Moment of Our Lives* (Brizee).
E. The client read the assigned material and processed key issues from this reading within the session.
F. The client has not read the assigned material and was redirected to do so.

19. Teach About Importance of a Higher Power (19)

A. The client was presented with information about how faith in a higher power can aid in recovery from spiritual confusion and addiction concerns.
B. The client was assisted in listing many ways that a higher power can assist in recovery.
C. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
D. The client was reinforced for faith in a higher power to assist in recovery.
E. The client rejected the concept of a higher power and was urged to remain open to this concept.

20. Assign AA's *Big Book* Reading Regarding God's Good Plan (20)

A. The client was assigned to read about God's good plan in Alcoholics Anonymous' (AA's) *Big Book*.
B. The client reported following through on reading the assigned excerpts from AA's *Big Book* regarding God's plan; key concepts were processed.
C. The client was taught about how everything that happens in the world is a part of God's good plan.
D. The client was reinforced in displaying a better understanding of God's good plan.
E. The client rejected the idea that everything that happens in the world is part of God's good plan; they were urged to remain open to this concept.

21. Refer to Clergy Person (21)

A. The client was referred to a clergy person who is familiar with 12-step recovery programs and was encouraged to share thoughts and feelings about their higher power.
B. The client's meeting with a clergy person familiar with 12-step recovery programs was arranged.
C. The client reported that they had followed up on meeting with a clergy person, and thoughts and feelings about their higher power were shared.
D. The client reported increased understanding about issues related to their higher power after having met with a clergy person; this insight was reinforced.
E. The client has not followed through on meeting with a clergy person and was redirected to do so.
F. The client was assigned "Finding a Higher Power That Makes Sense" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

22. Coordinate 12-Step Sponsor (22)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. A meeting was arranged for the client to discuss the 12-step recovery program, spiritual confusion, and addiction with a contact person or a temporary sponsor.
C. The client reported having met with the contact person or temporary sponsor to discuss recovery, spiritual, and addiction issues, and the benefits of this meeting were processed.
D. The client has not met with the recovery program contact person or temporary sponsor and was redirected to do so.

23. Assign "How It Works" (23)

A. The client was assigned to read "How It Works" in AA's *Big Book* and to discuss the three pertinent ideas that are outlined at the end of the chapter.
B. The client reported that they have read "How It Works," and issues related to "we were alcoholic and could not manage our own lives" were reviewed.
C. The client reported that they have read "How It Works," and issues related to "probably no human power could have relieved our alcoholism" were reviewed.
D. The client reported that they have read "How It Works," and issues related to "God could and would if God were sought," were reviewed.
E. The client has not read "How It Works" and was redirected to do so.

24. Develop Written Plan for Spiritual Journey (24)

A. Using the 12-step recovery program as a guide, the client was assisted in making a written plan to continue the spiritual journey.
B. The client was assisted in developing a written plan for continuing the spiritual journey.
C. The client reported having implemented the specific steps related to continuing the spiritual journey, and this progress was reviewed.
D. The client has not developed a written plan for continuing the spiritual journey and was redirected to do so.

25. Assign Letter to Higher Power (25)

A. The client was assigned to write a letter to their higher power, sharing how they think and feel and asking for what they want to aid in recovery.
B. The client reported having written a letter to the higher power, and this was processed within the session.
C. The client reported a better understanding of wants and needs in recovery; this insight was reinforced.
D. The client has not completed the assigned letter to a higher power and was redirected to do so.

26. Assign Step 3 Exercise (26)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and to record the experiences in a journal.
C. The client's experiences of turning problems over to their higher power were processed.
D. The client reports a decrease in addictive behavior and spiritual confusion since they began turning problems over to a higher power each day; this progress was reviewed.
E. The client struggled with the concept and implementation of turning problems over to a higher power; this was processed within the session.

27. Assign Reading on Prayer and Meditation (27)

A. The client was assigned to read Chapter 11 in AA's *Twelve Steps and Twelve Traditions*.
B. The client reported that they have read the assigned chapter in AA's *Twelve Steps and Twelve Traditions* and key concepts were processed.
C. The client was taught about how to pray (talk to God) and meditate (listen for God).
D. The client was assigned to pray and meditate at least once each day.
E. The client reported an increased understanding of prayer and meditation, and that they are praying and meditating at least once each day; this progress was celebrated.
F. The client has not used prayer and meditation and was redirected to do so.

28. Assign Prayer Journal (28)

A. The client was assigned to keep a prayer journal, writing down prayers and new insights gained about the higher power's will for their life.
B. The client has regularly used the prayer journal and has developed many new insights about the higher power's will for their life; this progress was highlighted.
C. The client has not regularly kept a prayer journal and was redirected to do so.

29. Record Higher Power Insights (29)

A. The client was asked to write down insights gained from incorporating a higher power into daily living.
B. The client was asked to share their higher power insights.

30. Develop Recovery Plan (30)

A. The client was assisted in developing a plan of recovery from spiritual confusion and addictive behaviors, including regularly attending recovery groups, getting a sponsor, and helping others in recovery.

B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client's list of several components of a recovery plan that will support sobriety was processed.

E. The client described active pursuit of the elements of the recovery plan; the benefits of this progress were reviewed.

F. The client has not followed through on a recovery plan and was redirected to do so.

31. Discuss Spiritual Confusion/Addiction Connection With Family (31)

A. A family session was held to educate the client's family and significant others regarding the connection between spiritual confusion and addiction problems.

B. A discussion was facilitated in which family members expressed their positive support of the client and reported having a more accurate understanding of spiritual confusion concerns and substance-abuse problems.

C. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's spiritual confusion and addiction problems; they were urged to monitor the client's recovery.

32. Engage Family Members in Aftercare (32)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.

B. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in recovery.

C. Family members indicated ongoing emotional displeasure with the client and did not indicate a commitment for support for recovery; they were urged to monitor the client's recovery.

D. The client was taught about trusting that a higher power is going to help resolve the situation.

33. Assess Satisfaction (33)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE-INDUCED DISORDERS

CLIENT PRESENTATION

1. **Amnestic Disorder (1)***
   A. The client displayed memory impairment that persists beyond the duration of substance intoxication or withdrawal effects.
   B. The client displayed difficulty remembering expected information.
   C. The client's memory deficits have improved somewhat.
   D. The client has used coping techniques to adapt to memory deficits.
   E. The client continues to be inadequately aware of memory deficits.
2. **Dementia (2)**
   A. The client presented with memory impairment and cognitive disturbance that persist beyond the time of substance intoxication or withdrawal effects.
   B. The client's cognitive disturbance was apparent through difficulty with speech and executive functioning tasks.
   C. The client's memory deficit and cognitive disturbance have improved slightly.
   D. The client has used coping techniques to adapt to memory impairment and cognitive disturbance.
   E. The client continues to be inadequately aware of memory impairment and cognitive disturbance.
3. **Delirium (3)**
   A. The client displayed evidence of delirium that has developed during or shortly after substance intoxication or withdrawal.
   B. The client displayed delirium through lack of clear awareness of the environment, deficits in the ability to focus attention, memory dysfunction, and language and perceptual disturbance.
   C. The client's pattern of delirium has improved slightly.
   D. The client has regained full capabilities and does not display any evidence of delirium.
4. **Hallucinations (4)**
   A. The client has experienced auditory hallucinations that persist beyond substance intoxication or withdrawal effects.
   B. The client has experienced visual hallucinations that persist beyond substance intoxication or withdrawal effects.
   C. The client's hallucinations have diminished in frequency.
   D. The client reported no longer experiencing hallucinations.

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5. Delusions (4)

A. The client demonstrated delusional thought content that persists beyond substance intoxication or withdrawal effects.
B. The client has experienced persecutory delusions that persist beyond substance intoxication or withdrawal effects.
C. The client's delusional thoughts have diminished in frequency and intensity.
D. The client no longer experiences delusional thoughts.

6. Depressed Mood (5)

A. The client evidenced a depressed mood that developed during or shortly after substance intoxication or withdrawal.
B. The client reported feeling deeply sad and having periods of tearfulness on an almost daily basis.
C. The client's depressed affect was clearly evident within the session, as tears were shed on more than one occasion.
D. The client reported that they have begun to feel less sad and can experience periods of joy.
E. The client appears to be happier within the session, and there is no evidence of tearfulness.

7. Expansive Mood (6)

A. The client displayed evidence of a markedly expansive mood that developed during or shortly after substance intoxication or withdrawal.
B. The client gave evidence of a very expansive mood that can easily turn to impatience and irritability if their behavior is blocked or confronted.
C. The client related instances of feeling anger when others tried to control their expansive, grandiose ideas and moods.
D. As the client's expansive mood has been controlled, impatience and irritable anger have diminished.

8. Anxiety (7)

A. The client described symptoms of anxiety or worry that developed during or shortly after substance intoxication or withdrawal.
B. The client described irrational worries about issues related to family, job, social interactions, or health.
C. The client showed some recognition that their worry is beyond the scope of rationality, but the client is unable to control it.
D. The client reported that their worries regarding life circumstances have diminished, and they are living with more of a sense of peace and confidence.

9. Panic Attacks (7)

A. The client displayed evidence of panic attacks that developed during or shortly after substance intoxication or withdrawal.
B. The client has experienced sudden and unexpected severe panic symptoms that have occurred repeatedly and have resulted in persistent concern about additional attacks.

C. The client has significantly modified their normal behavior patterns in an effort to avoid panic attacks.
D. The frequency and severity of panic attacks have diminished significantly.
E. The client reported that they have not experienced any recent panic attack symptoms.

10. Obsessions (7)

A. The client displayed evidence of prominent obsessions that developed during or shortly after substance intoxication or withdrawal.
B. The client described recurrent and persistent thoughts or impulses that are viewed as senseless, intrusive, and time consuming and that interfere with their daily routine.
C. The intensity of the recurrent and persistent thoughts and impulses is so severe that the client is unable to perform daily duties or interact in social relationships.
D. The strength of the client's obsessive thoughts has diminished and the client has become more efficient in their daily routine.
E. The client reported that the obsessive thoughts are under significant control, and they are able to focus attention and efforts on the task at hand.

11. Sleep Disturbance (8)

A. The client displayed evidence of a sleep disturbance that developed during or shortly after substance intoxication or withdrawal.
B. The client reported periods of inability to get to sleep.
C. The client reported periods of sleeping for many hours without the desire to get out of bed.
D. The client's problem with sleep disturbance has diminished as the depression has lifted.
E. Medication has improved the client's problems with sleep disturbance.

12. Sexual Dysfunction (9)

A. The client described a pattern of sexual dysfunction that developed during or shortly after substance intoxication or withdrawal.
B. The client has experienced a recurrent lack of the usual physiological response of sexual excitement and arousal.
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 response of sexual arousal.

13. Psychiatric Decompensation (10)

A. The client's substance abuse and dependence have contributed to psychiatric decompensation.
B. The client's mood is significantly disturbed by substance abuse and dependence.
C. The client displays increased anxiety secondary to substance abuse or dependence.
D. The client has displayed signs of psychosis.
E. As treatment has progressed, the client's psychiatric symptoms have meliorated.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing substance-induced disorder symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Welcome to Treatment (3)**
   A. The client was welcomed to treatment and was assured that they are in a safe place.
   B. The client was encouraged to stay in treatment long enough to enter recovery.
   C. The client responded to the welcome and encouragement by beginning to describe substance abuse concerns.
   D. The client remained agitated, tense, and preoccupied with uncertainty and substance-induced symptoms; the soothing welcome to treatment was continued.
   E. The client was assigned the "Honesty" exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
4. **Gather Information About Substance Abuse Dependence (4)**
   A. Information was gathered regarding the client's recent substance abuse behavior.
   B. A history of the client's chemical dependence was developed.
   C. The client was assigned "Problem Identification: Is It Addiction" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
   D. The client was assigned the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

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E. Recent substance abuse and the client's history of chemical dependence were summarized and reflected to the client.

5. Connect Substance-Induced Disorder With Chemical Abuse (5)

A. The client was taught about their substance-induced disorder.
B. The client's signs and symptoms were directly related to chemical abuse.
C. The client was taught that symptoms will improve if they remain abstinent from substance abuse.
D. Specific information was provided to the client about how discontinuing substance abuse will improve specific symptoms that they are experiencing.
E. The client verbalized an understanding about the improvement that they will experience if they remain abstinent from substance abuse; this insight was reinforced.
F. As the client's substance abuse has discontinued, the client has experienced an improvement in the substance-induced disorder; this progress was highlighted.
G. The client refused to accept the connection between chemical abuse and substance-induced disorder, but additional feedback was provided.

6. Administer Assessment for Substance-Induced Disorders (6)

A. The client was administered psychological instruments designed to objectively assess the strength of substance-induced disorders.
B. The Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI) were administered to the client.
C. The Clinical Institute Withdrawal Assessment of Alcohol Scale–Revised (CIWA-Ar) and Narcotics Withdrawal Scale (NWS) were administered to the client.
D. A mental status examination and a cognitive screening capacity examination were administered to the client.
E. The client has completed the assessment of substance-induced disorders, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of substance-induced disorders, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of substance-induced disorders and the focus of treatment was turned toward this defensiveness.

7. Assess the Potential for Harm to Self and/or Others (7)

A. The client was monitored on an ongoing basis for ongoing suicide potential and potential for harming others.
B. The client was asked to describe the frequency and intensity of suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.
C. The client was encouraged to be forthright regarding the current strength of their suicidal/homicidal feelings and ability to control those urges.
D. The client was assigned "No Self-Harm Contract" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client denied any current thoughts about hurting self or others, and this was accepted at face value.

8. Encourage Emotional Expression (8)

A. The client was helped to identify, clarify, and express feelings associated with their substance-induced disorder and addictive behavior.
B. Active listening was provided as the client openly expressed feelings regarding their substance-induced disorder and addictive behavior.
C. The client denied any significant emotional reaction to their substance-induced disorder and addictive behavior; tentative examples were provided.

9. Assess Level of Insight (9)

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

10. Assess for Correlated Disorders (10)

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

11. Assess for Culturally Based Confounding Issues (11)

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

12. Assess Severity of Impairment (12)

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

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

13. Physician Referral (13)

A. The client was referred to a physician for examination.
B. The physician has examined the client and written treatment orders as indicated.
C. The physician has prescribed specific medications.
D. The client's medications have been titrated, and the client is being monitored for effectiveness and side effects by the physician.
E. The client has not followed through on the examination with the physician and was redirected to do so.

14. Implement and Monitor Physician Orders (14)

A. The staff were directed to carry out orders as directed by the physician.
B. The staff were directed to monitor the client's symptoms, effectiveness, and side effects of the prescribed medication.
C. The client's symptoms, effectiveness, and side effects of the prescribed medications were monitored and any concerns were directed to the prescribing clinician.

15. Encourage Fluids and Nourishment (15)

A. The client was encouraged to take fluids and nourishment as ordered by the physician.
B. The client was reinforced as they have increased intake of fluids and nourishment.
C. The client is now taking fluids and nourishment at the appropriate level ordered by the physician and is experiencing positive health benefits.
D. The client continues to take very little fluids or nourishment and has been redirected to increase this.

16. Assign Staff Coverage (16)

A. A staff member was assigned to stay with the client during the severe substance-induced disorder, intoxication, or withdrawal.
B. Staff members have been closely monitoring the client during their severe substance-induced disorder, intoxication, or withdrawal.
C. The client appears to be comforted by the presence of staff members and is using them to appropriately cope with their substance-induced disorder, intoxication, or withdrawal.
D. The client is antagonistic toward staff members monitoring them.
E. Close staff monitoring of the client is no longer necessary.

17. Adjust Environment (17)

A. The client's environment was adjusted to provide minimal stimulation and thereby avoid exacerbating excessive anxiety, perceptual disturbance, and irritability.
B. The subdued lighting, low noise levels, and calm atmosphere have helped to calm the client.
C. The client persists in the experience of anxiety, perceptual disturbance, and irritability, despite the minimally stimulating environment, but this environment should be maintained.

18. Encourage Peers' Encouragement (18)

A. The client's treatment peers were asked to provide encouragement to them during recovery.
B. Other clients within the treatment setting were reinforced for encouraging the client to participate in recovery.
C. Active listening was provided as the client described the feeling of encouragement and positive support from treatment peers.
D. Treatment peers have not provided encouragement to the client during recovery and were redirected to do so.
E. The client continues to be quite discouraged despite significant support from peers; this support was continued.

19. Teach Importance of a 12-Step Recovery Program (19)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around them, sharing feelings, and remaining in treatment.
B. The client was assigned "Using My Support Network" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they have verbalized an understanding of the need for a 12-step recovery program, getting a sponsor, reinforcing people around them, sharing feelings, and remaining in treatment.
D. The client was resistive to a 12-step recovery program but was encouraged nevertheless.

20. Develop Written Plan for Treatment (20)

A. The client was assisted in developing a written plan to treat their substance-induced disorder and addictive behavior.
B. The client was assigned "Exploring Treatment and Recovery Options" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client has developed a written plan that details the specific plan for treatment of the substance-induced disorder and addictive behaviors; this plan was processed.
D. The client was reinforced for a willingness to implement the written plan to treat the substance-induced disorder and addictive behavior.
E. The client has not developed a written plan to treat the substance-induced disorder and addictive behavior and was redirected to do so.

21. Teach Relationship Between Substance-Induced Disorder and Addiction (21)

A. Family members were educated about the client's substance-induced disorder and addictive behavior.

B. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client's family displayed an understanding about the relationship between the substance-induced disorder and addictive behaviors; this insight was reinforced.

D. The client's family rejected the connection between the client's substance-induced disorder and addictive behavior; they were urged to monitor recovery.

22. Assign a List of Needs From Family Members (22)

A. The client was assigned to develop a list of three things that each family member can do to assist in recovery.

B. The client has developed a wide variety of needs that family members can assist with in recovery; this list was processed.

C. Family members were reinforced for their support for the client and have committed to help in recovery.

D. Active listening was provided as the client reported that family members have not been consistent in supporting sobriety.

23. Assess Satisfaction (23)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE INTOXICATION/WITHDRAWAL

CLIENT PRESENTATION

1. **Cognitive Changes (1)***
   A. The client has recently ingested or been exposed to a mood-altering substance.
   B. The client displayed cognitive impairment directly after using the mood-altering substance.
   C. The client displayed impaired judgment after using the mood-altering substance.
   D. As the client's body has processed the mood-altering substance, the client has displayed decreased negative cognitive effects.
   E. The client's cognitive functioning appears to have returned to their normal level of functioning.
2. **Behavioral Changes (1)**
   A. The client has recently ingested or been exposed to a mood-altering substance.
   B. The client has displayed, subsequent to taking the mood-altering substance, maladaptive behavioral changes (e.g., belligerence, slurred speech, irritability, sleep disturbance, ataxia).
   C. As the effects of the mood-altering substance have worn off, the client's behavioral functioning has become more normalized.
   D. The client appears to have returned to their baseline level of behavioral functioning.
3. **Emotional Changes (1)**
   A. The client has recently ingested or been exposed to a mood-altering substance.
   B. The client appears to have little control over shifts in mood.
   C. As the effects of the mood-altering substance have lessened, the client has displayed more emotional stability.
   D. The client appears to have returned to their baseline of emotional functioning.
4. **Abnormal Autonomic Reactivity (2)**
   A. The client displayed a pattern of abnormal autonomic reactivity subsequent to the introduction of a mood-altering substance into the body.
   B. The client displayed evidence of altered vital signs, dilated or restricted pupils, diaphoresis, and other abnormal autonomic indicators.
   C. The client's autonomic reactivity is stabilizing.
   D. The client's pattern of autonomic reactivity appears to have returned to their baseline level of functioning.

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5. Admits Abuse (3)

A. The client was questioned about recent use of mood-altering chemicals.
B. The client admitted that they have recently used a mood-altering chemical.
C. The client denied that they have recently used mood-altering chemicals.

6. Objective Test Analysis (4)

A. The client's recent substance use was confirmed through the use of a urine test.
B. A blood screen indicated that the client has recently used substances.
C. A Breathalyzer™ analysis indicated recent alcohol abuse at significant levels.
D. Objective analysis of test results related to the client's body function indicates recent substance use.
E. Objective analysis of test results related to the client's body function failed to confirm any recent substance use.

7. Psychological Withdrawal Symptoms (5)

A. The client described a pattern of substance use, followed by a period of lack of substance use leading to withdrawal.
B. The client displayed psychological symptoms (e.g., irritability, anxiety, anger, emotional lability, depression, hallucinations, delusions) related to withdrawal from the use of a mood-altering substance.
C. As the client has progressed through withdrawal, their psychological symptoms appear to have intensified.
D. The client's psychological symptoms appear to be lessening as the client is stabilizing.
E. The client displayed no psychological symptoms related to withdrawal and appeared to be at their psychological baseline level.

8. Impairment Due to Intoxication and Withdrawal (6)

A. The client displayed significant cognitive impairment because of intoxication and withdrawal.
B. The client displayed psychomotor impairment because of intoxication and withdrawal.
C. The client's emotional functioning is affected by intoxication and withdrawal.
D. The client's cognitive, psychomotor, and emotional functioning appears to have stabilized.
E. The client has returned to their baseline level of cognitive, psychomotor, or emotional functioning, and the effects of intoxication or withdrawal appear to have discontinued.

9. Cravings (7)

A. The client described a pattern of preoccupation with strong cravings, including the desire to leave treatment and to use mood-altering chemicals.
B. The client consistently talked about their pattern of strong cravings and desire to use mood-altering chemicals.
C. The client has left treatment and is suspected of going to use mood-altering chemicals.
D. The client reported a decrease in preoccupation with strong cravings, leaving treatment, and using mood-altering chemicals.

E. As treatment has progressed, the client does not appear to be focused on the desire to use mood-altering chemicals.

INTERVENTIONS IMPLEMENTED

1. **Build Trust and Establish Rapport (1)***
   A. Caring was conveyed to the client through support, warmth, and empathy.
   B. The client was provided with nonjudgmental support and a level of trust was developed.
   C. The client was urged to feel safe in expressing substance intoxication withdrawal symptoms.
   D. The client began to express feelings more freely as rapport and trust level have increased.
   E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.
2. **Focus on Strengthening Therapeutic Relationship (2)**
   A. The relationship with the client was strengthened using empirically supported factors.
   B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
   C. The client reacted positively to the relationship-strengthening measures taken.
   D. The client verbalized feeling supported and understood during therapy sessions.
   E. Despite attempts to strengthen the therapeutic relationship the client reports feeling distant and misunderstood.
   F. The client has indicated that sessions are not helpful and will be terminating therapy.
3. **Welcome to Treatment (3)**
   A. The client was welcomed to treatment and was assured that they are in a safe place.
   B. The client was told that they are experiencing substance intoxication.
   C. The client was taught about the procedures that will be used to arrest substance intoxication symptoms.
   D. The client responded to the welcome and explanations by displaying compliance with the procedures for arresting symptoms.
   E. The client was not compliant with the procedures used to arrest substance intoxication symptoms.
4. **Maintain in Treatment (4)**
   A. The client was focused on the importance of staying in treatment to recover from substance intoxication and possible withdrawal.
   B. The client was assigned the "Honesty" exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).

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C. The client agreed to remain in the treatment setting in order to assist with recovering from substance intoxication and possible withdrawal.
D. The client displayed impaired judgment, focusing on leaving the treatment setting despite their substance intoxication and withdrawal symptoms; the client was encouraged to remain in treatment.

5. Administer Assessment for Substance Intoxication/Withdrawal (5)

A. The client was administered psychological instruments designed to objectively assess substance intoxication/withdrawal.
B. The Clinical Institute Withdrawal Assessment of Alcohol Scale–Revised (CIWA-Ar) was administered to the client.
C. The Clinical Opiate Withdrawal Scale (COWS) was administered to the client.
D. The Narcotic Withdrawal Scale (NWS) was administered to the client.
E. The client has completed the assessment of substance intoxication/withdrawal and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of substance intoxication/withdrawal, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of substance intoxication/withdrawal, and the focus of treatment was turned toward this defensiveness.

6. Obtain Informed Consent (6)

A. The client was informed about what to expect during intoxication and withdrawal.
B. The client was taught about the medical management of intoxication and withdrawal.
C. The client was encouraged to cooperate with medical management for intoxication and withdrawal.
D. The client was reinforced for signing a consent-to-treat form.
E. The client appeared to struggle to understand information about intoxication and medical management needs, and this was presented in a more basic manner.
F. The client refused to sign a consent-to-treat form; the client was encouraged to do this if they should have a change of heart.

7. Contact Significant Others (7)

A. The client signed a release of information form presented to them.
B. The client's significant others were contacted in order to gain support for the client's admission to treatment.
C. The client refused to sign a release of information form and was encouraged to do so if they have a change of heart.
D. The client's significant others were noted to be supportive of the client's admission to treatment.
E. The client's significant others were noted to not be supportive of the client's admission to treatment.

8. Assess Level of Insight (8)

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

B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

9. Assess for Correlated Disorders (9)

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

10. Assess for Culturally Based Confounding Issues (10)

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

11. Assess Severity of Impairment (11)

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

12. Refer to a Physician (12)

A. The client was referred to a physician for examination.

B. The physician examined the client and wrote the necessary treatment orders.
C. The physician educated the client about substance intoxication and withdrawal.
D. The physician has prescribed specific medications for the client to aid in withdrawal.
E. The client's medications have been titrated, and the client is being monitored for effectiveness and side effects by the physician.
F. The client has not cooperated with the examination by the physician and was redirected to do so.

13. Carry Out Medical Orders (13)

A. Medical staff carried out the physician's orders as directed.
B. The client was compliant with the physician's orders as followed by the medical staff.
C. The medical staff administered medications to the client as prescribed.
D. The medical staff assisted the client with administering their own medications.
E. The client refused to take medications or otherwise participate in the physician-recommended orders and was redirected to do so.

14. Monitor Medication Effectiveness and Side Effects (14)

A. As the client has taken the psychotropic medication prescribed by the physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the medication has been beneficial to reducing symptoms; this was reflected to the prescribing clinician.
C. The client reported that the medication has not been helpful; this was reflected to the prescribing clinician.
D. The client has not consistently taken the medication and was redirected to do so.

15. Complete Biopsychosocial Assessment (15)

A. A biopsychosocial assessment was completed in order to determine the extent of the client's addiction and the need for treatment.
B. The client was cooperative with completion of the biopsychosocial assessment.
C. The results of the biopsychosocial assessment indicate that the client has experienced ongoing patterns of addiction and is in need of treatment.
D. It was reflected to the client that they have a wide pattern of addiction concerns.
E. The client was assigned the Step 1 exercise in *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
F. The client's biopsychosocial assessment did not indicate the need for treatment.
G. The client was not compliant with completing the biopsychosocial assessment and this will be attempted at a later time.

16. Assign Staff Coverage (16)

A. A staff member was assigned to stay with the client during severe substance intoxication and withdrawal.
B. Staff members were closely monitoring the client during intoxication and withdrawal.
C. The client appeared to be comforted by the presence of staff members and is using them to appropriately cope with substance intoxication and withdrawal.
D. The client was antagonistic toward staff members who were monitoring.

17. Teach Self-Monitoring for Intoxication/Withdrawal (17)

A. The client was taught about what signs and symptoms they might experience during substance intoxication and/or withdrawal.
B. The client was assigned "Coping With Post-Acute Withdrawal (PAW)" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was encouraged to report any significant changes in symptoms to the medical staff.
D. The client displayed an understanding of why they might experience specific symptoms during substance intoxication and/or withdrawal; this insight was reinforced.
E. The client was reinforced for reporting significant changes in symptoms to the medical staff.
F. The client struggled to understand the types of symptoms they might experience because of substance intoxication and/or withdrawal; this was repeated in a more basic manner.

18. Monitor/Chart Status via Blood Test (18)

A. Ongoing blood tests were provided to monitor the client's status, and these findings were reported in the clinical chart.
B. The client's blood work indicated that the client is progressing through the stages of intoxication and withdrawal.
C. The client has been cooperative in allowing blood samples to be obtained.
D. The client has refused to provide blood samples to assess their status and was urged to allow this.
E. The results of the blood test were noted to be inconclusive.

19. Monitor Vital Signs (19)

A. The client's vital signs were monitored and documented on their chart.
B. The client was cooperative and allowed staff to monitor vital signs.
C. The client was uncooperative when staff attempted to take vital signs.
D. The client's vital signs indicate continuing problems related to substance intoxication or withdrawal; this was shared with the client.
E. The client's vital signs are stabilizing; this was shared with the client.

20. Evaluate Status (20)

A. The client's ongoing cognitive, behavioral, and emotional statuses were evaluated as detoxification progressed.
B. The client's cognitive, behavioral, and emotional functions have been assessed to be gradually improved as the client has progressed through detoxification.
C. The client continues to have erratic functioning because of the detoxification process; this was shared with the client.
D. The client's chart reflects the pattern of progress through detoxification to baseline level of functioning; this was shared with the client.

21. Probe Feelings Regarding Treatment (21)

A. The client was helped to identify, clarify, and express feelings associated with substance intoxication, addictive behavior, and admission for treatment.
B. Active listening was provided as the client openly expressed angry feelings regarding admission for treatment.
C. The client was reinforced for positive feelings related to admission for treatment.
D. The client denied any significant emotional reaction to substance intoxication and admission for treatment; the client was provided with tentative examples of these types of reactions.

22. Teach About Withdrawal/Dependence Connection (22)

A. The client was taught that the pattern of substance withdrawal symptoms means that they are dependent on the substance.
B. The client was reinforced for understanding and acceptance that substance withdrawal symptoms indicate substance dependence.
C. The client was assisted in making plans for treatment and recovery.
D. The client rejected the idea that they are substance dependent and has not made plans for treatment and recovery; the client was urged to reconsider this need.

23. Share Chemical Dependence Results (23)

A. The results of the client's chemical dependence assessment were shared with the client.
B. The client was provided with feedback that they are chemically dependent.
C. The client accepted the idea that they are chemically dependent, and treatment options for addiction/dependence were discussed.
D. The client was reinforced for the choice to seek treatment for addiction/dependence.
E. The client rejected the notion that they are chemically dependent and has refused all treatment options; the client was urged to reconsider this issue.

24. Assess Potential for Harm to Self/Others (24)

A. The client was monitored on an ongoing basis for suicide potential and potential for harming others.
B. The client was asked to describe the frequency and intensity of suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.
C. The client was encouraged to be forthright regarding the current strength of suicidal/homicidal feelings and the ability to control the urges.
D. The client expressed suicidal thoughts, and proper precautions were taken to protect them from self-harm.
E. The client was assigned "No Self-Harm Contract" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
F. The client denied any current thoughts about hurting self or others, and this was accepted at face value.

25. Reduce Stress in Milieu (25)

A. Efforts were made to reduce environmental stimulation to a level that will not exacerbate the client's symptoms.
B. Environmental stress was decreased by speaking calmly to the client, keeping noise levels low, maintaining a predictable structure and routine, and engaging the client in simple tasks that distract from their internal focus.
C. The client reported a decrease in the experience of stress and stimulation in the milieu, which has been noted to be helpful for controlling substance intoxication/withdrawal symptoms.
D. The client continues to experience stress and stimulation in the milieu; environmental modifications were maintained.
E. The client continues to experience substance intoxication/withdrawal, despite a decreased pattern of stress and stimulation in the milieu.

26. Review Rules/Consequences (26)

A. The client was presented with a list of rules that must be kept by those participating in the treatment program.
B. The client was presented with the consequences for failing to follow the rules.
C. The client was encouraged to follow the treatment program rules.
D. The client was reinforced for following the rules of the program.
E. The client has failed to follow the rules and has been redirected to do so.

27. Discuss Withdrawal Symptoms/Addiction Connection With Family (27)

A. Family members were educated about the connection between the client's withdrawal symptoms and addiction behavior.
B. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client's family members were reinforced as they displayed an understanding about the relationship between the client's withdrawal symptoms and addictive behaviors.
D. The client's family rejected the connection between the client's withdrawal symptoms and addictive behavior; they were urged to reconsider this concept.

28. Assign Family Support Letters (28)

A. Family members were assigned to write letters of support to the client.
B. Family members have written letters of support to the client, and the client has read them; key points were processed.
C. The client reports appreciation that family members have written letters of support and confirms that these have helped them to commit to recovery; this progress was reinforced.
D. The client's family members have not written letters of support to the client and they were redirected to do so.

29. Assess Satisfaction (29)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE USE DISORDERS

CLIENT PRESENTATION

1. **Consistent Use of Alcohol (1)***
   A. The client described a history of alcohol use 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 alcohol use began in adolescence and continued into adulthood.
   D. The client has committed to a plan of abstinence from alcohol and participation in a recovery program.
   E. The client has maintained total abstinence, which is confirmed by the family.
2. **Consistent Drug Use (1)**
   A. The client described a history of mood-altering drug use on a frequent basis.
   B. Family members confirmed a pattern of chronic drug use by the client.
   C. The client acknowledged that drug use began in adolescence and continued into adulthood.
   D. The client has committed 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 the family.
3. **Inability to Reduce Drug Use (2)**
   A. The client acknowledged frequently attempting to terminate or reduce the use of the mood-altering drug but found that once use has begun, they have been unable to follow through.
   B. The client acknowledged that despite the negative consequences and a desire to reduce or terminate mood-altering drug use, they have been unable to do so.
   C. As the client has participated in a total recovery program, they have been able to maintain abstinence from mood-altering drug use.
4. **Negative Blood Effects (3)**
   A. The client's blood work results reflected a pattern of heavy substance abuse (e.g., liver enzymes are elevated, electrolytes are imbalanced).
   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, blood work has shown improved status and has come back to within normal limits.

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

5. Physical Indicators (3)

A. The client's physical evaluation results reflect a pattern of heavy substance abuse (e.g., elevated blood pressure, stomach pain, malnutrition).

B. As the client has participated in the recovery program and has been able to maintain abstinence from mood-altering drugs, their physical status has shown improvement.

C. The client's physical status and lab results have returned to normal.

6. Denial (4)

A. The client presented with denial regarding the negative consequences of substance abuse, in spite of direct feedback about its negative effect.

B. The client's denial is beginning to break down as they are acknowledging that substance abuse has created problems in their life.

C. The client now openly admits to the severe negative consequences in which substance abuse has resulted.

7. 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 their first blackout occurred at a young age and that they have experienced many of them over the years of alcohol abuse.

C. The client acknowledged only one or two incidents of amnesiac blackouts.

D. The client has not had any recent experience of blackouts, as they have been able to maintain sobriety.

8. Persistent Alcohol and/or 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 denied that many problems in their 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 their 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 their life, as they are able to establish sobriety.

9. Increased Tolerance (7)

A. The client described a pattern of increasing tolerance for the mood-altering substance, as they needed to use more of it to obtain the desired effect.

B. The client described the steady increase in the amount and frequency of the substance abuse, as tolerance for it has increased.

10. Physical Withdrawal Symptoms (8)

A. The client acknowledged experiencing physical withdrawal symptoms (e.g., shaking, seizures, nausea, headaches, sweating, insomnia) as they withdrew from the substance abuse.

B. The client's physical symptoms of withdrawal have eased as they have stabilized and maintained abstinence from the mood-altering substance.

C. There is no further evidence of physical withdrawal symptoms.

11. Addiction-Related Arrests (9)

A. The client indicated that they have been arrested for addiction-related offenses (e.g., driving under the influence, minor in possession, uttering and publishing, assault, possession and/or delivery of a controlled substance, shoplifting, breaking and entering).

B. The client has recognized the connection between addiction problems and legal concerns.

C. The client reported incarceration related to the pattern of illegal behavior when intoxicated or substance abusing.

D. As the client has decreased use of mood-altering substances, they report a decrease in legal problems.

12. Suspension of Activities (10)

A. The client has suspended involvement in important social, recreational, and occupational activities because they interfered with their substance-abuse lifestyle.

B. The client is beginning to recognize that all other aspects of their life became secondary to the primary objective of obtaining and using the mood-altering substance.

C. The client is resuming responsibilities in the areas of social, recreational, and occupational activities as they become established in a recovery lifestyle.

13. Excessive Time Investment (11)

A. The client described an excessive investment of time and effort that they expended in order to obtain, use, or recover from using the mood-altering substance.

B. As the client has stabilized in a recovery program, they have discovered large amounts of time to give to constructive activity.

14. Loss of Control (12)

A. The client has frequently consumed greater amounts of the substance and used it for a longer period of time than intended.

B. In spite of making promises to self 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 thinking that they would use only 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 they have not had any recent situations in which they lost control of substance use.

15. Health Problems (13)

A. The client acknowledged having been warned about the negative consequences of substance abuse by a physician.
B. The client was suffering from poor health because of 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 they have maintained a life free from mood-altering substances.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support, and a level of trust was developed.
C. The client was urged to feel safe in expressing substance use symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

3. Assess Chemical Dependence (3)

A. The client was asked to describe use of alcohol and/or drugs as a means of escape from negative emotions.
B. The client was supported in acknowledging that they have abused alcohol and/or drugs as a means of coping.
C. The client was quite defensive about giving information regarding substance abuse history and minimized any such behavior; this was reflected to the client, who was urged to be more open.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

4. Administer Assessment for Substance Use (4)

A. The client was administered psychological instruments designed to objectively assess substance use.
B. The Substance Use Disorders Diagnostic Schedule–IV (SUDDS-IV) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–4 (SASSI-4) was administered to the client.
D. The Addiction Severity Index (ASI) was administered to the client.
E. The Michigan Alcohol Screening Test (MAST) was administered to the client.
F. The client has completed the assessment of substance intoxication/withdrawal, and minimal concerns were identified; these results were reported to the client.
G. The client has completed the assessment of substance intoxication/withdrawal, and significant concerns were identified; these results were reported to the client.

5. Refer for Medical Examination (5)

A. The client was referred for a thorough medical examination to determine any negative medical effects related to substance use.
B. The client has followed through with obtaining a medical examination and was told that their substance use has produced negative medical consequences.
C. The client has obtained a medical examination and has been told that there are no significant medical effects of their substance use.
D. The client has been prescribed medications.
E. Specific treatment orders have been written by the physician.
F. The client has not followed through with obtaining a medical examination and was again directed to do so.

6. Assess Level of Insight (6)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.
D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

10. Assess Need for Medication (10)

A. The client was assessed for the need of psychotropic medication for any mental/emotional comorbidities.
B. The subject was assessed for disulfiram or naltrexone treatment.
C. The client has complied with the referral for psychotropic medication, and progress was reviewed.
D. The client has not complied with the referral for psychotropic medication and was redirected to do so.

11. Monitor Medication Reaction (11)

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

12. Conduct Motivational Interviewing (12)

A. Motivational interviewing techniques were used to help assess the client's motivation for change.
B. The client was assisted in identifying their stage of change regarding substance abuse concerns.
C. The client was assigned "Assessing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. It was reflected to the client that they are currently building motivation for change.
E. The client was assisted in strengthening commitment to change.
F. The client was noted to be actively participating in treatment.

13. List Negative Consequences (13)

A. The client was asked to make a list of the ways in which addiction has negatively affected their life and to process this list.
B. The client was assigned "Substance Abuse Negative Impact vs. Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned "Consequences of Continuing Addictive Lifestyle" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. It was reflected to the client that they have minimized the negative impact of addictive behavior on their life.
E. The client has completed the list of negative impacts of addictive behaviors on their life and acknowledged the negative consequences they have experienced; this insight was processed.
F. The client has not completed the list of negative impacts upon their life and was redirected to do so.

14. Assign First-Step Paper (14)

A. The client was assigned to complete Narcotics Anonymous first-step paper and to share it with the group and the therapist.
B. The client was assigned the Step 1 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client completed a first-step paper and in it acknowledged that addictive behavior has dominated their life; this insight was reinforced.
D. The client has failed to complete the first-step paper and was redirected to do so.

15. Teach About a Higher Power (15)

A. The client was presented with information on how faith in a higher power can aid in recovery from substance abuse and addictive behaviors.
B. The client was assigned the Step 2 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
C. The client was assigned the Step 3 exercise from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. The client was assisted in processing and clarifying their own ideas and feelings about their higher power.

E. The client was encouraged to describe beliefs about their higher power.
F. The client rejected the concept of a higher power and was urged to remain open to this concept.

16. Encourage Plan for Change (16)

A. The client was supported whenever they reflected a self-efficacy for change.
B. The client was assisted in moving from a desire to change to a plan for substance use termination.
C. The client was encouraged to make a commitment to terminate substance use.

17. List Reasons to Stay Abstinent (17)

A. The client was assisted in developing a list of reasons why they should stay abstinent from substance use.
B. The client was assigned the exercise "Alternatives to Addictive Behavior" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client identified several reasons for remaining abstinent from substance use; this list was processed.
D. The client struggled to identify reasons why they should remain abstinent, and this was processed within the session.

18. Develop Abstinence Contract (18)

A. The client was assigned to write an abstinence contract for their drug of choice as a means of terminating emotional and cognitive involvement with that drug.
B. The client has followed through with writing the abstinence contract for their drug of choice, and the contents of it were processed.
C. The client's feelings about writing an abstinence contract were processed.
D. The client reported feeling some sense of relief at breaking emotional ties with their drug of choice; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned abstinence contract for their drug of choice and was redirected to do so.

19. Develop a Reduction Plan (19)

A. The client was assisted in developing a plan for reducing substance use based on a harm reduction approach.
B. The client's feelings about commitment to reduce substance use were processed.
C. The client was reinforced for developing a plan for reduced substance use and being open about feelings.
D. The client struggled to develop a plan for reduced substance use, and obstacles were addressed.

20. Recommend NA/AA (20)

A. The client was assigned to attend a meeting of Alcoholics Anonymous/Narcotics Anonymous (AA/NA).
B. The client has followed through on attending a meeting of AA/NA and was encouraged about the role that AA/NA can play in maintaining sobriety.

C. The client attended an AA/NA meeting and was not encouraged about the role of self-help groups in maintaining sobriety; the experience was processed.
D. The client has not followed through on attending an AA/NA meeting and was redirected to do so.

21. Reinforce Making Amends (21)

A. The negative effects that the client's substance abuse has had on family, friends, and work relationships were identified.
B. The client was assigned "How I Have Hurt Others" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. A plan for making amends to those who have been negatively affected by the client's substance abuse was developed.
D. The client's implementation of the plan to make amends to those who have been hurt by substance abuse was reviewed.
E. The client reported feeling good about the fact that they have begun to make amends to others who have been hurt by their substance abuse; this progress was reinforced.
F. The client has not followed through on making amends to others who have been negatively affected by the pattern of substance abuse and was reminded to do so.

22. Obtain Commitment Regarding Making Amends (22)

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 in making a verbal commitment to make initial amends now and to make further amends as they work 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.

23. Assign Didactics Regarding Effects of Chemical Dependence (23)

A. The client was assigned to attend a chemical dependence didactic series to increase knowledge of the patterns and effects of chemical dependence.
B. The client was asked to identify in writing several key points obtained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. It was reflected to the client that they have become more open in acknowledging and accepting chemical dependence.

24. Assign Readings on Addiction Recovery (24)

A. The client was assigned to read evidence-based material regarding addiction recovery, such as *Managing Your Substance Use Disorder* (Daley & Douaihy) or *Overcoming Your Alcohol or Drug Problem* (Daley & Marlatt).
B. The client was asked to process with the therapist five key points that were gained from the reading of substance abuse literature.
C. The client has read the assigned substance abuse literature and processed it within the session.

D. The client has not read the assigned substance abuse literature and was redirected to do so.

25. Assess Vulnerabilities (25)

A. The client's intellectual, cognitive, and personality vulnerabilities were assessed.
B. Family history and life stressors were assessed.
C. The client participated in a review of vulnerabilities for substance relapse.

26. Develop an Understanding of Substance Abuse Contributors (26)

A. Using a biopsychosocial history, the client was assisted in understanding the familial, emotional, and social factors that have contributed to the development of substance abuse.
B. Active listening was provided as the client verbalized an increased understanding of the familial, emotional, and social factors that have contributed to the development of substance abuse problems.
C. The client reported a decrease in substance abuse problems because of greater understanding of the factors that have contributed to it; this progress was reinforced.
D. The client denied or was unable to identify the familial, emotional, and social factors that have contributed to the development of substance abuse and was provided with tentative examples of this dynamic.

27. Administer Happiness Scale (27)

A. The client was administered the Happiness Scale.
B. The client was approached with empathy and genuine caring.
C. The results of the client's assessed level of happiness were reviewed.

28. Define Goals and Strategies (28)

A. The client was assisted in defining specific goals for achieving increased happiness.
B. The client was focused on the strategies to use to gain greater happiness.
C. The client was focused on the development of happiness in non-substance-using areas of their life as a way to decrease the use of substances to gain happiness.
D. The client was assigned the exercise "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

29. Teach Communication Skills (29)

A. Behavioral techniques were used to teach communication skills.
B. Communication skills such as offering positive feedback, active listening, making positive requests for behavioral change, and giving negative feedback in an honest, respectful manner were taught to the client.
C. The client was assigned "Communication Skills" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. Behavioral techniques were used to teach the healthy communication skills.
E. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach communication skills.

30. Teach Problem-Solving Skills (30)

A. Behavioral techniques such as education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the client problem-solving skills.
B. Specific problem-solving skills were taught to the client, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, implementing a plan, evaluating the results, and reevaluating the plan.
C. The client was assigned the exercise "Plan Before Acting" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was asked to use the problem-solving skills in specific situations.
E. The client was reinforced for positive use of problem-solving skills.
F. The client was redirected for failures to effectively use problem-solving skills.

31. Teach Assertive Communication (31)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client displayed increased assertiveness and was provided with positive feedback in this area.
E. The client has not increased their level of assertiveness and was provided with additional feedback in this area.

32. Assign Information on Assertiveness (32)

A. The client was assigned to read about assertiveness skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti & Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client has read the assigned information on social and communication skills, and key points were reviewed.
E. The client has not read the information on social and communication skills and was redirected to do so.

33. Assign Problem-Solving Exercise (33)

A. The client was assigned a homework exercise in which they solve a current problem to achieve happiness.
B. The client was assigned the exercise "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was provided with feedback about use of the problem-solving assignment.

34. Evaluate Living Situation (34)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence.

B. The client was assigned the exercise "Assessing My Environment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was supported as they agreed that their current living situation does encourage continuing substance abuse.
D. The client could not see any reason why their current living situation would have a negative effect on chemical dependence recovery; the client was provided with tentative examples in this area.

35. Encourage a Change in Living Situation (35)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster chemical dependence recovery.
B. The client was assigned the exercise "Assessing My Environment" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was reinforced as they found a new living situation that is free from the negative influences that the current living situation brings to chemical dependence recovery.
D. The client is very resistive to moving from their current living situation; the client was assisted in processing this resistance.

36. Develop Employment Skills (36)

A. The client was referred to a supported employment program to assist in developing independent job skills.
B. The client was assisted in skill-building regarding employment needs.
C. The client was assigned "A Vocational Action Plan" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was coached regarding preparation for employment, searching for a job, and maintaining employment.
E. The client was assisted in role-playing and rehearsing specific techniques necessary for obtaining and maintaining employment.
F. The client was provided with positive feedback regarding increased understanding of issues related to obtaining and maintaining employment.
G. The client continues to have a poor understanding of basic concepts related to obtaining and maintaining employment and was provided with additional feedback in this area.

37. Identify Nondrinking Social Opportunities (37)

A. The client was directed to list the opportunities for nondrinking social opportunities.
B. The client was assigned the exercise "Alternatives to Addictive Behavior" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in applying social and communication skills to overcome obstacles to social involvement.

38. Direct Conjoint Sessions (38)

A. Conjoint sessions were held to address and resolve issues with the partner.
B. The conjoint sessions have helped to increase the number of pleasant interactions with the partner and reduce conflicts.

39. Assign Sobriety Contract (39)

A. The client and partner were assigned to write a sobriety contract regarding abstinence from the substance and that discussions will be on present-day concerns.
B. The couple was reminded to decline discussions about past hurts.
C. The couple was urged to identify the role of AA meetings in the sobriety contract.
D. The couple was urged to set time aside for daily sharing of thoughts and feelings.

40. Teach Problem-Solving Skills (40)

A. Education, modeling, role-playing, and corrective feedback and positive reinforcement were used to teach the couple problem-solving and conflict-resolution skills.
B. The couple was taught to define the problem constructively and specifically, brainstorm solution ideas, evaluate the solution options, compromise, choose options, implement a plan, and evaluate the results.
C. The client was assigned "Applying Problem-Solving to Interpersonal Problems" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The couple was reinforced for the use of the problem-solving and conflict-resolution skills.
E. The couple has not used problem-solving skills and was redirected to do so.

41. List Pleasurable Activities (41)

A. The couple was asked to develop a list of pleasurable activities.
B. The client was assigned the exercise "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The couple was assigned to engage in selected activities on a daily basis.
D. The couple's use of pleasurable activities was reviewed.
E. The couple has not developed a regular practice of engaging in pleasurable activities and was redirected to do so.

42. Address Relationship Conflicts (42)

A. In light of the recovery contract, the client's sobriety experience and the couple's interactions since the last session were reviewed.
B. The couple was assisted in addressing any relationship conflicts.
C. The couple was assisted in improving their communication skills.
D. The couple was taught about the use of "I" messages, reflective listening, eye contact, and respectful responding.
E. Role-play techniques were used to help the couple learn better communication skills.

43. Assign Trust Discussion (43)

A. The rationale was provided for a daily "trust discussion" in which the intent to remain abstinent that day is expressed, and the couple was discouraged from further discussion of substance use the rest of the day.
B. The couple routinely processed the effects of the daily "trust discussion" toward rebuilding trust in the relationship.

C. The couple was reinforced for their use of the daily "trust discussion" intervention.
D. The couple have not used the daily "trust discussion" intervention and was redirected to do so.

44. Explore Self-Talk and Beliefs (44)

A. The client's high-risk self-talk and beliefs that weaken the resolve to remain abstinent were explored.
B. The biases that the client entertains regarding self-talk and beliefs were challenged.
C. The client was assisted in generating more realistic self-talk to correct for biases and build resilience.
D. The client was provided with positive feedback for replacement of self-talk and biases.
E. The client struggled to identify self-talk and biases that weaken the resolve to remain abstinent and was provided with tentative examples in this area.

45. Rehearse Replacement of Negative Self-Talk (45)

A. The client was assisted in identifying situations in which negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to negative self-talk.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

46. Address High-Risk Self-Talk (46)

A. The client was assigned homework exercises for identifying high-risk self-talk and the biases in self-talk, generating alternatives, and testing alternatives through behavioral experiments.
B. The client was assigned the exercise "Replacing Fears With Positive Messages" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assisted in reviewing and reinforcing successful examples of replacement of high-risk self-talk.
D. The client was provided with corrective feedback toward improving high-risk self-talk situations.

47. Implement a Contingency Management System (47)

A. A prize-based contingency management system for drug-free living was implemented.
B. The client was provided with specific rewards for drug-negative urine samples.
C. The client's contingency rewards were gradually increased with continued abstinence.

48. Differentiate Between Lapse and Relapse (48)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.

C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

49. Uncover Risk Factors for Relapse (49)

A. A 12-step recovery program relapse prevention exercise was used to help the client uncover risk factors for relapse.
B. The client was assigned "Relapse Triggers" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was assigned the exercises from *The Alcoholism and Drug Abuse Client Workbook* (Perkinson).
D. Through the use of exercises, the client has gained a significant amount of insight into triggers for relapse.
E. The client struggled to identify triggers for relapse and was provided with remedial assistance in this area.

50. Use Stimulus Control Techniques (50)

A. The client was assisted in using stimulus control techniques such as avoidance of specific environmental situations to reduce exposure to high risk.
B. The client was assisted in using stimulus control as a way to manage future situations for high-risk relapse.
C. The client was assigned "Identifying Relapse Triggers and Cues" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client was reinforced for use of stimulus control.
E. The client was unable to enact stimulus control, and obstacles were addressed

51. Teach Cognitive-Behavior Skills (51)

A. The client was taught cognitive-behavior skills for managing urges and other high-risk situations.
B. Instruction, modeling, imaginal rehearsal, role-play, and cognitive restructuring were used to teach the client cognitive-behavioral skills for managing urges and other high-risk situations.
C. The client was taught about relaxation, problem-solving, social and communication skills, recognition of management of rationalization, denial, and apparently irrelevant decisions.
D. The client was assigned "Deep Muscle Relaxation" in the *Adolescent Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
E. The client identified understanding the cognitive behavior skills for managing urges and other high-risk situations and was provided with positive reinforcement.
F. The client was unable to understand the cognitive behavioral skills and was provided with remedial feedback.

52. Encourage Routine Use of Strategies (52)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring exposure).
B. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. The client was urged to find ways to build new strategies into their life as much as possible.
D. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
E. The client was redirected about ways to incorporate new strategies into their routine and life.

53. Develop Written Recovery Plan (53)

A. The client was assisted in developing a written recovery plan detailing the treatment necessary to maintain abstinence.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assisted in listing several components of a personal recovery plan that will support sobriety (e.g., self-help groups, sponsors, family activities, counseling).
D. The client described active pursuit of the elements of the recovery plan and was reinforced for this follow-through.
E. The client has not followed through on the recovery plan and was redirected to do so.

54. Recommend Relapse Prevention Workbooks (54)

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 & Miller), *The Staying Sober Workbook* (Gorski), *Overcoming Your Alcohol or Drug Problem* (Daley & Marlatt), and *Managing Your Substance Use Disorder* (Daley & Douaihy).
C. The client has obtained the recommended reading material on relapse prevention that would help develop strategies for constructively dealing with trigger situations and stated that they found the material helpful.
D. The client has used the recommended reading material to identify potential relapse triggers and to help 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.

55. Teach About "Turning It Over" (55)

A. The client was taught about the concept of turning problems over to a higher power every day.
B. The client was asked to reflect upon opportunities to turn problems over to a higher power and how this would be beneficial.
C. The client was reinforced for their use of a higher power.
D. The client has not turned problems over to a higher power and was provided with examples of how others have used this option.

56. Assess Satisfaction (56)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUICIDAL IDEATION

CLIENT PRESENTATION

1. **Preoccupation With Death (1)***
   A. The client reported recurrent thoughts of their own death.
   B. The intensity and frequency of the recurrent thoughts of death have diminished.
   C. The client reported no longer having thoughts of their own death.
2. **Suicidal Ideation Without a 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 client's suicidal urges have diminished.
   C. The client stated that they have not experienced any recent suicidal ideation.
   D. The client stated that they have no interest in causing self-harm any longer.
3. **Suicidal Ideation With a Specific Plan (3)**
   A. The client reported experiencing ongoing suicidal ideation and has developed a specific plan for suicide.
   B. Although the client acknowledged having developed a suicide plan, they 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, they willingly submitted to a supervised psychiatric facility and more intense treatment.
   D. The client stated that suicidal urges have diminished and that they have no interest in implementing any specific suicide plan.
   E. The client reported no suicidal urges.
4. **Addictive Behavior Exacerbates Suicidal Ideation (4)**
   A. The client described a pattern of chemical dependence or other addictive behavior.
   B. The client's addictive behavior appears to be exacerbating depression, hopelessness, and suicidal ideation.
   C. As the client has decreased addictive behavior, depression, hopelessness, and suicidal ideation have begun to abate.
   D. The client reports no longer experiencing depression, hopelessness, and suicidal ideation, as they have decreased addictive behavior.
5. **Losses Due to Addictive Behavior (5)**
   A. The client identified that they have experienced significant losses because of addictive behavior (e.g., financial, familial, vocational).

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* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

B. The client stated that when focusing on losses resulting from addictive behavior, they experience suicidal ideation.
C. As the client has decreased addictive behavior, suicidal ideation has decreased.
D. The client reports no longer experiencing suicidal ideation related to addictive behavior and losses from addictive behavior.

6. Believes Death Would Benefit Others (6)

A. The client professed the belief that others would be better off if they were dead.
B. The client focused on outlining the problems that they have caused for others and the increased benefit that others would experience if they were dead.
C. The client reported a lessening of the belief that others would be better off if they were dead.
D. The client no longer believes that their death would benefit others.

7. Recent Suicide Attempt (7)

A. The client has made a suicide attempt within the past 24 hours with no intervention by others.
B. The client has made a suicide attempt within the past week with no intervention by others.
C. The client has made a suicide attempt within the past month with no intervention by others.
D. The client denied any interest in suicide currently and promised to engage in no self-harm behavior.

8. Suicide Attempt History (8)

A. The client reported a history of suicide attempts that have not been recent, but that did require the intervention of a professional and/or a family member or friend to guarantee safety.
B. The client minimized their history of suicide attempts and treated the experience lightly.
C. The client acknowledged the history of suicide attempts with appropriate affect and explained the depth of depression at the time of the suicide attempt occurrence.
D. The client indicated no current interest in or thoughts about suicidal behavior.

9. Family History of Depression (9)

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 self.

10. Bleak, Hopeless Attitude and Recent Losses (10)

A. The client has recently experienced losses (e.g., divorce, death of spouse, illness, loss of job).
B. The client displays a bleak, hopeless attitude regarding life.
C. The client's recent losses have exacerbated their bleak, hopeless attitude regarding life.

D. As treatment has progressed, the client has overcome the history of recent losses, and their outlook on life has improved.

11. Feelings of Agitation (11)

A. The client has shared feelings of agitation, such as a sense of urgency and needing to take action.
B. The client has reduced impulsive feelings of agitation.
C. The client reports no feelings of agitation.

12. Experience of Psychological Pain (12)

A. The client has been experiencing significant amounts of psychological pain.
B. The client has processed psychological pain and identified a decrease in feelings of hurt, anguish, and misery.
C. The client is no longer experiencing significant psychological pain.

13. High Degree of Stress (13)

A. The client verbalizes feeling a high degree of stress, such as feeling pressured or overwhelmed.
B. The client has responded to coping strategies to reduce stressful feelings.
C. The client has made changes in their life in order to decrease stressful environments.
D. The client reports a more normal degree of stress through appropriate coping strategies and eliminating stressful environments.

14. Verbalizes Self-Hate (14)

A. The client has verbalized statements of self-hatred.
B. The client has begun to demonstrate increased self-esteem and self-respect.
C. The client reports eliminating self-hate talk and replacing it with positive self-talk.

15. Social Withdrawal (15)

A. The client has withdrawn from their usual social network and become preoccupied with 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.

16. Lethargy/Apathy (15)

A. The client reported no longer having the energy for or the interest in activities that they 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.

17. Premature Demonstrations of Being at Peace (16)

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 they are "putting their 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 their life and has a more genuine feeling of serenity.

18. Self-Destructive or Dangerous Behavior (17)

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 self-destructive or dangerous behavior.
D. As treatment has progressed, the client has discontinued self-destructive or dangerous behavior.

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

A. Caring was conveyed to the client through support, warmth, and empathy.
B. The client was provided with nonjudgmental support and a level of trust was developed.
C. The client was urged to feel safe in expressing suicide ideation symptoms.
D. The client began to express feelings more freely as rapport and trust level have increased.
E. The client has continued to experience difficulty being open and direct about the expression of painful feelings; the client was encouraged to use the safe haven of therapy to express these difficult issues.

2. Focus on Strengthening Therapeutic Relationship (2)

A. The relationship with the client was strengthened using empirically supported factors.
B. The relationship with the client was strengthened through the implementation of a collaborative approach, agreement on goals, demonstration of empathy, verbalization of positive regard, and collection of client feedback.
C. The client reacted positively to the relationship-strengthening measures taken.
D. The client verbalized feeling supported and understood during therapy sessions.
E. Despite attempts to strengthen the therapeutic relationship, the client reports feeling distant and misunderstood.
F. The client has indicated that sessions are not helpful and will be terminating therapy.

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*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner*, Sixth Edition, by Perkinson, Jongsma, & Bruce (Wiley, 2022).

3. Assess the Dangerousness of the Suicidal Ideation (3)

A. The client was asked to describe the frequency and intensity of suicidal ideation, the details of any existing suicide plan, a history of any previous suicidal attempts, and a family history of depression or suicide.

B. The client was encouraged to be forthright regarding the current strength of suicidal feelings and the ability to control such suicidal urges.

C. The client's suicidal urges were assessed to be present but under control.

D. The client's suicidal urges were assessed to be quite serious, and they are at risk of following through on these suicidal urges.

E. As treatment has progressed, the client has identified a decrease in the pattern of suicidal ideation.

4. Obtain Collateral Information (4)

A. The client consented to reaching out to significant others for collateral information.

B. The client did not consent to reaching out to significant others for collateral information, and remedial steps were taken.

C. With consent, 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.

D. The follow-through of significant others in providing supervision of the client during this suicide crisis was monitored.

E. Significant others were contacted to make sure that the client was receiving adequate supervision.

5. Administer Psychological Instruments (5)

A. The client was administered psychological instruments designed to objectively assess suicidal behavior and/or related conditions.

B. The Suicidal Thinking and Behaviors Questionnaire was administered to the client.

C. The Beck Hopelessness Scale was administered to the client.

D. The Reasons for Living Scale was administered to the client.

E. The client has completed the psychological instruments designed to objectively assess suicidal behavior and/or related conditions, and minimal concerns were identified; these results were reported to the client.

F. The client has completed the psychological instruments designed to objectively assess suicidal behavior and/or related conditions, and significant concerns were identified; these results were reported to the client.

G. The client has refused to participate in the administration of psychological instruments designed to objectively assess suicidal behavior and/or related conditions, and the focus of treatment was turned toward this defensiveness.

6. Monitor Suicide Potential (6)

A. The client was monitored in an ongoing manner for suicide potential.

B. The client's suicide potential was reviewed through risk factors such as Ideation, Substance use, Purposelessness, Agitation, Trapped, Hopelessness, Withdrawal, Anger, Recklessness, and Mood changes (IS PATH WARM).

C. As risk factors showed more vulnerability to suicide, intensity of therapeutic involved increased.
D. Because risk factors of suicide were assessed to be becoming dangerous, inpatient care was initiated.
E. Risk factors have diminished in strength, so the intensity of protective efforts was reduced.

7. Conduct Psychometric Testing (7)

A. The client was administered psychological instruments designed to objectively assess the client's degree of depression and suicide risk.
B. The Suicidal Thinking and Behaviors Questionnaire was administered to the client.
C. The Beck Hopelessness Scale was administered to the client.
D. The Reasons for Living Scale was administered to the client.
E. The client has completed the psychological instruments designed to objectively assess the degree of depression and suicide risk, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the psychological instruments designed to objectively assess the degree of depression and suicide risk, and significant concerns were identified; these results were reported to the client.
G. The client has refused to participate in the administration of psychological instruments designed to objectively assess the degree of depression and suicide risk, and the focus of treatment was turned toward this defensiveness.

8. Assess Suicidal Ideation (8)

A. The client was administered psychological instruments designed to objectively assess the client's degree of depression and suicide risk.
B. The Beck Depression Inventory-II (BDI-II) was administered to the client.
C. The Beck Scale for Suicide Ideation was administered to the client.
D. The client has completed the psychological instruments designed to objectively assess suicidal ideation, and minimal concerns were identified; these results were reported to the client.
E. The client has completed the psychological instruments designed to objectively assess suicidal ideation, and significant concerns were identified; these results were reported to the client.
F. The client has refused to participate in the administration of psychological instruments designed to objectively assess suicidal ideation, and the focus of treatment was turned toward this defensiveness.

9. Assess Level of Insight (9)

A. The client's level of insight toward the presenting problems was assessed.
B. The client was assessed in regard to the syntonic versus dystonic nature of their insight about the presenting problems.
C. The client was noted to demonstrate good insight into the problematic nature of the behavior and symptoms.

D. The client was noted to be in agreement with others' concerns and is motivated to work on change.
E. The client was noted to be ambivalent regarding the problems described and is reluctant to address the issues as a concern.
F. The client was noted to be resistant regarding acknowledgment of the problem areas, is not concerned about them, and is not motivated to make changes.

10. Assess for Correlated Disorders (10)

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

11. Assess for Culturally Based Confounding Issues (11)

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

12. Assess Severity of Impairment (12)

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

13. Arrange Substance Abuse Evaluation (13)

A. The client's use of alcohol and other mood-altering substances was assessed.
B. The client was assessed to have a pattern of mild substance use.
C. The client was assessed to have a pattern of moderate substance use.
D. The client was assessed to have a pattern of severe substance use.

E. The client was referred for a substance use treatment.
F. The client was found to not have any substance use concerns.

14. Use Motivational Interviewing (14)

A. Motivational interviewing techniques were used to explore the client's willingness for change.
B. The client was assigned "Assessing Readiness and Motivation" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was able to identify desire, ability, personal reasons, and potential needs toward gaining a commitment to take steps.
D. The client was unable to identify their willingness to change, and obstacles were addressed.

15. Use CAMS Approach (15)

A. Collaborative Assessment and Management of Suicidality (CAMS) techniques were used to complete the Suicide Status Form III (SSF III).
B. Risk and protective factors were assessed in a collaborative manner toward developing a crisis response plan and an ongoing treatment plan.
C. The client's suicidality has reduced through ongoing sessions.
D. The client's suicidality has not reduced, and CAMS techniques were continued.

16. Develop Crisis Response Plan (16)

A. The client was assisted in identifying their personal warning signs or "suicide drivers."
B. The client was educated about personal warning signs (i.e., psychological pain, stress level, agitation, hopelessness, and self-hate) and their use as indicators to implement a crisis response plan.
C. The client's personal warning signs were recorded on a "crisis card" for later use.
D. The client was encouraged as they have used the "crisis card" to identify personal warning signs and implement the crisis response plan.
E. The client struggled to use the "crisis card" to identify personal warning signs, and obstacles were addressed.

17. Elicit Reasons for Living (17)

A. The client was asked to discuss and identify reasons for living.
B. The client's reasons for living were recorded on the "crisis card."
C. The client was assisted in identifying reasons to live through use of the Reasons for Living Scale or the SSSF III.
D. The client was assisted in creating a box of reasons for living.

18. Teach Coping Strategies (18)

A. The client was educated on self-soothing and coping strategies (e.g., cold water on the face, mindfulness of emotion felt, paced breathing, relaxation skills, activating behaviors toward support system) to be used in response to warning signs.
B. The client was assigned "Self-Soothing: Calm Down, Slow Down" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).

C. The client identified self-soothing and coping strategies that can help them ride out intense moments and achieve a calmer state and access supports.
D. The client's identified self-soothing and coping strategies were recorded on the crisis card.
E. The client identified appropriate self-soothing and coping strategies and was reinforced.
F. The client did not identify appropriate self-soothing and coping strategies and was given remedial feedback.

19. Identify Social Supports (19)

A. The client was assisted in identifying social supports who agree to be called or seen by the client during a crisis 24 hours a day.
B. The contact information of the client's social supports was recorded on the "crisis card."
C. The client was educated on the use of support to realign thoughts and actions with reasons for living.
D. The client has used social supports in times of need and was reinforced for positive steps.
E. The client struggled to use social supports and was reminded of this useful option.

20. Identify Professional Supports (20)

A. The client was assisted in identifying professional supports to contact if in crisis.
B. The contact information of the client's professional supports were recorded on the "crisis card."
C. The client has used professional supports in times of need and was reinforced for positive steps.
D. The client struggled to use professional supports and was reminded of these resources.

21. Implement Crisis Card (21)

A. The client was provided with a "crisis card" that records the crisis response plan including warning signs, reasons for living, coping strategies, and social and professional support contact information.
B. The client was educated about the use of the crisis card during times of crisis.
C. The client was assigned "Problem Solving and Safety Planning" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
D. The client was reinforced for use of the "crisis card" resources.
E. The client has not used the "crisis card" when appropriate and was reminded about this helpful resource.

22. Offer Telephone Availability (22)

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 contacts to the therapist.

D. The client has not attempted to contact the therapist when suicide urges have become stronger and was reminded about this helpful resource.

23. Remove Lethal Means (23)

A. Significant others were encouraged to remove firearms, medications, knives, and other potentially lethal means of suicide from the client's easy access.
B. Contact was made with significant others within the client's life to monitor the client's behavior and to remove potential means of suicide.
C. The client's emotional response to specific prevention measures was processed.
D. The client's significant others were reminded about the shared value of protecting the safety of their loved one.

24. Arrange for Hospitalization (24)

A. Because the client was judged to be uncontrollably harmful to self, 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.

25. Refer for Medication Evaluation (25)

A. An assessment was made about the client's need for medication in the treatment plan.
B. The client cooperated with a referral to a prescribing clinician who evaluated them for antidepressant medication and provided a prescription for this medication.
C. The client agreed to accept a prescription for medication.
D. The client refused to accept a prescription for medication.
E. The client has not followed through on the referral for medication and was redirected to do so.

26. Monitor Medication Adherence (26)

A. The client has been monitored for adherence with the prescribed 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 suicidal ideation.
C. The client has not been taking the medication consistently and was urged to do so.
D. The client reported taking the 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 clinician has been contacted regarding the client's medication compliance and the effect of the medication on the suicidal ideation.

27. Assess for Active Clinical Syndrome (27)

A. The client's suicidality was assessed for the functional relation to a clinical syndrome.
B. The client was assessed for unipolar or bipolar depression.
C. The client was assessed for borderline personality disorder.

D. As other syndromes were identified, a referral was made to an evidence-based intervention for the specific disorder.

28. Teach TIPP Skills (28)

A. The client was taught calming and self-soothing skills, such as TIPP skills—Temperature reduction by splashing face in cold water, Intense exercise, Paced breathing, and Paired muscle relaxation.
B. The client was educated about the use of the TIPP skills as part of an overall emotional regulation skill set.
C. The client has used TIPP skills to calm intense emotion, discharge tension, and/or calm overarousal.
D. The client has not used TIPP skills and was reminded of their usefulness.

29. Teach Mindfulness Meditation (29)

A. The client was taught mindfulness meditation techniques to develop a nonjudgmental, present-focused approach to daily living and as an emotional regulation skill.
B. The client was taught to focus on changing their relationship with the suicidal thoughts by acknowledging, defusing from them, and focusing on value-driven action.
C. The client has used mindfulness meditation to help change their relationship suicidal thoughts.
D. The client has struggled to apply mindfulness meditation and was provided with remedial assistance in this area.

30. Monitor Eating/Sleeping Patterns (30)

A. The client was encouraged to resume normal eating and sleeping patterns.
B. The client was taught sleep hygiene/stimulus control strategies to establish a consistent and effective sleep cycle.
C. The client was assigned "Sleep Pattern Record" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

31. Conduct Cognitive Behavioral Therapy (31)

A. The use of Cognitive Therapy for Suicidal Patients (CTSP) was used.
B. Information from *Brief Cognitive-Behavioral Therapy for Suicide Prevention* (Bryan & Rudd) was reviewed with the client.
C. The client was helped to learn the relationship among cognition, emotion, physiology, and behavior.
D. The client has responded well to cognitive behavioral therapy.
E. Cognitive-behavioral therapy techniques have not been helpful to the client.

32. Change Biased Cognitions (32)

A. The client was assisted in identifying, challenging, and changing biased cognitions.
B. The client was assisted in developing alternatives that correct for biases.
C. The client was assigned the homework exercise "Journal of Distorted, Negative Thoughts" from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).

D. The client was reinforced for identifying and challenging biased cognitions to develop a perspective more conducive to hope.
E. The client has struggled to challenge and change biased cognitions and was provided with remedial feedback in this area.

33. Assign Behavioral Experiments (33)

A. The client was asked to repeatedly test new cognitive appraisals through behavioral experiments.
B. The client's behavioral experiments were reviewed and discussed toward facilitating a sustained and effective change in beliefs and self-talk.
C. The client was reinforced for implementing sustained and effective change in beliefs and self-talk.
D. The client has struggled to implement sustained and effective change in beliefs and self-talk and was given remedial feedback.

34. Conduct Problem-Solving Therapy (34)

A. Psychoeducation, modeling, and role-playing were used to teach the client problem-solving skills.
B. Role-play application of the problem-solving skills was assigned to a real-life issue.
C. The client was assigned the homework exercise "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
D. The client has used problem-solving techniques to help reduce suicide ideation.

35. Encourage Problem-Solving Approach (35)

A. The client was encouraged to develop a positive problem orientation.
B. The client was urged to see problems and solving them as a common and natural part of life, a valued personal skill, and not something to be feared, despaired of, or avoided.
C. The client was reinforced for understanding and application of a positive problem orientation.
D. The client remains quite negative in their orientation to problems and was provided with remedial feedback in this area.

36. Engage in Behavioral Activation (36)

A. The client was engaged in "behavioral activation" by scheduling activities that increase their activity level and contact with sources of reward and support.
B. The client was directed to complete tasks from the "Identify and Schedule Pleasant Activities" assignment from the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
C. Rehearsal, role-playing, role reversal, and other techniques were used to engage the client in behavioral activation.
D. The client was reinforced for successes in scheduling activities that have a high likelihood of reward and support.
E. The client has not engaged in pleasurable activities and was redirected to do so.

37. Encourage Personally Valued Activities (37)

A. The client was encouraged to include personally valued activities and other elements in their behavioral activation efforts.
B. The client was taught assertiveness skills, exercise planning, and social involvement.
C. The client was taught about moving from a less internal to a more external focus.
D. The client was assigned "Becoming Assertive" in the *Adult Psychotherapy Homework Planner* (Jongsma & Bruce).
E. The client was reinforced for success in increasing skills that will increase the likelihood of deriving pleasure from behavioral activation.
F. The client reported experiencing greater pleasure from the behavioral activation options and was reinforced for this.
G. The client has not developed skills that will increase the likelihood of deriving pleasure from behavioral activation and was redirected to do so.

38. Differentiate Between Lapse and Relapse (38)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with a rather common, temporary setback that may involve experiencing a depressive thought or urge to withdraw and avoid.
C. A relapse was associated with a sustained return to a pattern of depressive thinking and feeling usually accompanied by interpersonal withdrawal and/or avoidance.
D. The client was provided with support and encouragement as they displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

39. Manage Relapse Situations (39)

A. The client was assisted in identifying future situations or circumstances in which relapse could occur and the early warning signs associated.
B. The client was assisted in rehearsing how they will manage these potential early warning signs and relapse situations.
C. The client was reinforced for rehearsal use of skills learned during therapy.
D. The client struggled to identify or rehearse skills learned in therapy, and remedial feedback was given.

40. Encourage Routine Use of Strategies (40)

A. The client was instructed to routinely use the strategies learned in therapy (e.g., cognitive restructuring, exposure) while building social interactions and relationships.
B. The client was urged to find ways to build new strategies into their life as much as possible.
C. The client was reinforced as they reported ways in which they have incorporated coping strategies into their life and routine.
D. The client was redirected about ways to incorporate new strategies into their routine and life.

41. Send Postcard/Letter (41)

A. The client was sent a postcard or letter with a brief expression of caring and best wishes.
B. The client was not sent a postcard or letter.

42. Schedule "Booster" Sessions (42)

A. The client was scheduled for "booster" sessions over the phone or in office to help reinforce relapse preventative efforts.
B. Positive feedback was provided to the client for relapse preventative efforts.
C. The client has displayed an decrease in relapse preventative efforts and was provided with additional relapse prevention strategies.

43. Teach About Connection Between Negative Feelings and Addiction (43)

A. The client was urged to share feelings of shame, loss, and hopelessness.
B. The client was taught about how addictive behavior results in an exacerbation of feelings of shame, loss, and hopelessness.
C. Active listening was provided as the client verbalized an understanding of how shame, loss, hopelessness, and addictive behavior are connected.
D. The client has described the concomitant lessening of addictive behavior and feelings of shame, loss, and hopelessness.

44. Review Losses (44)

A. The client was encouraged to review the losses (e.g., marital, familial, social, legal, financial, health, occupational) that have resulted from addictive behavior and have led to suicidal hopelessness.
B. The client was assigned "Moving on After Loss" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. Active listening was provided as the client identified a variety of specific ways in which they have experienced losses.
D. The client identified that addictive behavior has resulted in the losses that they have experienced and has led to suicidal hopelessness; this insight was reinforced.
E. As the client has worked through their history of loss, suicidal ideation has been noted to decrease.
F. The client struggled to identify any connection between losses, addictive behavior, and suicidal hopelessness; they were provided with specific feedback in this area.

45. Provide Reasons for New Hope of Recovery (45)

A. The client was focused on reasons for new hope while in recovery (e.g., how being in treatment offers hope, working with treatment professionals who can act as an advocate, other addicts can encourage them, staff members are supportive).
B. The client was reinforced as they endorsed the reasons for new hope in recovery.
C. As the client has focused on new hope in recovery, suicidal ideation has been noted to decrease.
D. The client has struggled to endorse having new hope in recovery; additional feedback was provided.

46. Facilitate Conflict Resolution (46)

A. The client was assisted in identifying interpersonal conflicts with a significant other.
B. A conjoint meeting was coordinated between the client and a significant other to begin the process of conflict resolution.
C. The client has used the conjoint session to resolve conflicts.
D. The conjoint session appears to have exacerbated the conflict, and the client continues to display hopelessness.

47. Focus on Supporting Others (47)

A. The client was focused on the meaning behind a 12-step recovery program's maxim: "What we cannot do alone, we can do together."
B. The client was assisted in focusing on the ways in which other addicts need their support in recovery.
C. The client was reinforced as they endorsed the concept that others need their support in recovery.
D. As the client has focused on supporting others in recovery, suicidal ideation has been noted to be decreased.
E. The client has not gained an understanding of a 12-step recovery program's maxim: "What we cannot do alone, we can do together"; the client was provided with additional feedback.

48. Review Importance to Family/Friends (48)

A. The client's important role to family and friends was reviewed.
B. The client was assigned "Why Do I Matter and Who Cares?" from the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was confronted for minimization of how important they are to family and friends.
D. When the client tended to disconnect from family and friends, this was confronted.

49. Teach About "An Attitude of Gratitude" (49)

A. The client was taught about the 12-step recovery program's concept of "an attitude of gratitude."
B. The client was assigned "Gratitude" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client was assigned to write down five things for which they are grateful each day.
D. The client presented a list of five things for which they are grateful each day, and this list was processed.
E. The client has not completed the list of things for which they are grateful each day and was redirected to do so.

50. Develop Coping Strategies (50)

A. The client was assisted in developing specific coping strategies for suicidal ideation (e.g., more physical exercise, less internal focus, increased social involvement, more expression of feelings).

B. The client was assigned the exercise "Identify and Schedule Pleasant Activities" or "Restoring Socialization Comfort" from the *Adult Psychotherapy Treatment Planner* (Jongsma).
C. The client has identified a variety of coping strategies that they can use when suicidal ideation is increasing; these were processed.
D. The client has implemented coping strategies, and a decrease in suicidal ideation was noted.
E. The client has struggled to identify or implement any coping strategies for suicidal ideation and was provided with tentative examples.

51. Assign Encouragement of Others Who Are in Treatment (51)

A. The client was assigned to encourage someone else who is in treatment each day.
B. The client has kept a record of encouragement of others who are in treatment, and this were reviewed and processed within the session.
C. The client was reinforced for regularly encouraging others who are in treatment.
D. As the client has focused on encouraging others who are in treatment, suicidal ideation has been observed to decrease.

52. Teach About a Higher Power (52)

A. The client was presented with information about how faith in a higher power can aid in recovery and was encouraged to ask God for direction each day.
B. The client was assisted in processing and clarifying their own ideas and feelings regarding their higher power.
C. The client was encouraged to describe their beliefs about a higher power.
D. The client has regularly asked God for direction; this progress was reviewed.
E. The client rejected the concept of a higher power and was urged to remain open to this concept.

53. Encourage Prayer and Meditation (53)

A. The client was assigned to read Chapter 11 in AA's *The Twelve Steps and Twelve Traditions*.
B. The client was encouraged to pray and meditate at least once a day.
C. The client has read *The Twelve Steps and Twelve Traditions* about prayer and meditation; key points were processed.
D. The client reported regularly praying and meditating; this progress was celebrated.
E. The client has not read and implemented the prayer and meditation information from *The Twelve Steps and Twelve Traditions* and was redirected to do so.

54. Teach Family the Connection Between Suicidal Ideation and Addiction (54)

A. A family session was held for the client to discuss with family the connection between suicidal ideation and addiction.
B. Active listening was provided as family members expressed their positive support of the client and a more accurate understanding of suicidal ideation and addiction concerns.

C. Family members were neither understanding nor willing to provide support to the client, in spite of disclosures regarding suicidal ideation and addiction; they were encouraged to monitor the client's recovery.

55. Encourage Obtaining Family Support (55)

A. The client was asked to list three things that each family member can do to assist in recovery.
B. The client was assigned to share with each family member those specific activities that each family member can do to assist in recovery.
C. The client has listed and shared with family members specific activities that they can do to assist in recovery, and these were reviewed within the session.
D. The client has not identified and shared with family members their needs for recovery and was redirected to do so.

56. Assess Satisfaction (56)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

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