Pillars of Wellness

TREATMENT PLANS

- Treatment plans are to be created and signed by the client within seven (7) days. This means during the initial intake a treatment plan must be created and signed by the client. Treatment plans need to be updated every 60 days when the primary diagnosis is a substance use disorder and every 90 days for other mental health diagnoses.
- Explain to the client this is an initial treatment plan and changes, additions, or deletions can be made going forward in collaboration with their ongoing therapist.
- The treatment plan does not need to include the whole list but should have goals, objectives, and interventions relevant to the client's presenting problem and diagnosis.
- If the client is experiencing anxiety, the treatment plan should include this goal:
    - Reduce symptoms of anxiety as evidenced by a decrease of 25% in {{their}} GAD-7 score. Initial score is XX.
- If the client is experiencing depression, the treatment plan should include this goal:
    - Reduce symptoms of depressive symptoms as evidenced by a decrease of 25% in {{their}} PHQ-9 score. Initial score is XX.
- If the client is experiencing symptoms related to treatment, the treatment plan should include this goal:
    - Reduce symptoms of related to a traumatic experience as evidenced by a decrease of 25% in their PCL-5 score. Initial score is 59.
- Initial scores can be located in the client's portal intake paper under general documents, or in the initial progress note.

You will find the following treatment plan presenting problems on the following pages:

It may be best hit 'ctrl F,' or the find bar to quickly get to the presenting problem.

Add to the end of treatment plan:

The client acknowledged they have not attended individual therapy this calendar year.

The client indicated they have been seen for individual this calendar year. They reported being seen approximately XX times. The client is unsure how many sessions they attended this year.

Anger Management

Behavioral Definitions

History of explosive, aggressive outbursts out of proportion with any precipitating stressors, leading to assaultive acts or destruction of property.

Overreactive hostility to insignificant irritants.

Swift and harsh judgmental statements made to or about others.

Body language suggesting anger, including tense muscles (e.g., clenched fist or jaw), glaring looks, or refusal to make eye contact.

Use of passive- aggressive patterns (e.g., social withdrawal, lack of complete or timely compliance in following directions or rules, complaining about authority figures behind their backs, uncooperative in meeting expected behavioral norms) due to anger.

Consistent pattern of challenging or disrespectful attitudes toward authority figures.

Use of abusive language meant to intimidate others.

Goals/Measure Outcomes

Decrease overall intensity and frequency of angry feelings, and increase ability to recognize and appropriately express angry feelings as they occur.

Develop an awareness of current angry behaviors, clarifying origins of and alternatives to aggressive anger.

Come to an awareness and acceptance of angry feelings while developing better control and more serenity.

Become capable of handling angry feelings in constructive ways that enhance daily functioning.

Demonstrate respect for others and their feelings.

Objectives

- Identify situations, thoughts, feelings that trigger anger, angry verbal and/or behavioral actions and the targets of those actions.
- Cooperate with a medical evaluation to assess possible organic contributors to poor anger control.
- Cooperate with a physician evaluation for possible treatment with psychotropic medications to assist in anger control and take medications consistently, if prescribed.
- Keep a daily journal of per- sons, situations, and other triggers of anger; record thoughts, feelings, and actions taken.
- Verbalize increased awareness of anger expression patterns, their possible origins, and their consequences.
- Agree to learn alternative ways to think about and manage anger.
- Learn and implement calming strategies as part of managing reactions to frustration.
- Identify, challenge, and replace anger-inducing self-talk with self-talk that facilitates a less angry reaction.
- Learn and implement thought- stopping to manage intrusive unwanted thoughts that trigger anger.

- Verbalize feelings of anger in a controlled, assertive way
- Learn and implement problem-solving and/or conflict resolution skills to manage interpersonal problems.
- Practice using new anger management skills in session with the therapist and during homework exercise
- Decrease the number, intensity, and duration of angry outburst while increasing the use of new skills for managing
- Identify social supports that will help facilitate the implementation of anger management skills
- Implement relapse prevention strategies for managing possible future trauma related symptoms

Interventions

- Thoroughly assess the various stimuli (e.g., situations, people, thoughts) that have triggered the client's anger and the thoughts, feelings, and actions that have characterized their anger responses.
- Refer the client to a physician for a complete physical exam to rule out organic contributors (e.g., brain damage, tumor, elevated testosterone levels) to poor anger control.
- Assess the client for the need for psychotropic medication to assist in control of anger; refer him/their to a physician for an evaluation and prescription of medication, if needed.
- Monitor the client for prescription compliance, effectiveness, and side effects; provide feedback to the prescribing physician.
- Ask the client to keep a daily journal in which their documents persons, situations, and other triggers of anger, irritation, or disappointment (or assign "Anger Journal" in *Adult Psychotherapy Homework Planner*, 2nd ed. by Jongsma); routinely process the journal toward helping the client understand their contributions to generating their anger.
- Assist the client in generating a list of anger triggers; process the list toward helping the client understand the causes and extent of their anger.
- Assist the client in coming to the realization that their is angry by reviewing triggers and frequency of angry outbursts.
- Assist the client in identifying ways that key life figures (e.g., father, mother, teachers) have expressed angry feelings and how these experiences have positively or negatively influenced the way their handles anger.
- Ask the client to list ways anger has negatively impacted their daily life (e.g., injuring others or self, legal conflicts, loss of respect from self and others, destruction of property); process this list.
- Expand the client's awareness of the negative effects that anger has on their psychical health (e.g., increased susceptibility to disease, injuries, headaches).
- Assist the client in reconceptualizing anger as involving different components (cognitive, physiological, affective, and behavioral) that go through predictable phases (e.g., demanding expectations not being met leading to increased arousal and anger leading to acting out) that can be managed
- Assist the client in identifying the positive consequences of man- aging anger (e.g., respect from others and self, cooperation from others, improved physical health); ask the client to agree to learning new ways to conceptualize and manage anger.
- Teach the client calming techniques (e.g., muscle relaxation, paced breathing, calming imagery) as part of a tailored strategy for responding appropriately to angry feelings when they occur.
- Assign the client to implement calming techniques in their daily life when facing anger trig- ger situations; process the results, reinforcing success and redirecting for failure.
- Explore the client's self-talk that mediates their angry feelings and actions (e.g., demanding expectations reflected in should, must, or have to statements); identify and challenge biases,

assisting him/their in generating appraisals and self-talk that corrects for the biases and facilitates a more flexible and temperate response to frustration.

- Assign the client a homework exercise in which their identifies angry self-talk and generates alternatives that help moderate angry reactions; review; reinforce success, providing corrective feed-back toward improvement.
- Assign the client to implement a "thought-stopping" technique on a daily basis between sessions review implementation; reinforce success, providing corrective feed- back toward improvement
- Use instruction, modeling and/or role-playing to teach the client assertive communication
- Conduct conjoint sessions to help the client implement assertion, problem-solving, and/or conflict resolution skills in the presence of their significant others.
- Conduct conjoining session to help the client implement assertion problem-solving

Anxiety

Behavioral Definitions

Excessive and/or unrealistic worry that is difficult to control occurring more days than not for at least 6 months about a number of events or activities.

Motor tension (e.g., restlessness, tiredness, shakiness, muscle tension).

Autonomic hyperactivity (e.g., palpitations, shortness of breath, dry mouth, trouble swallowing, nausea, diarrhea).

Hypervigilance (e.g., feeling constantly on edge, experiencing concentration difficulties, having trouble falling or staying asleep, exhibiting a general state of irritability).

Goals/Measurable Outcomes

Reduce symptoms of anxiety as evidenced by a decrease of 25% in their GAD-7 score. Initial score is 7.

Reduce overall frequency, intensity, and duration of the anxiety so that daily functioning is not impaired.

Learn and implement coping skills that result in a reduction of anxiety and worry, and improved daily functioning.

Objectives

- Describe situations, thoughts, feelings, and actions associated with anxieties and worries, their impact on functioning, and attempts to resolve them
- Verbalize an understanding of the cognitive, physiological, and behavioral components of anxiety and its treatment.
- Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.
- Learn and implement a strategy to limit the association between various environmental settings and worry, delaying the worry until a designated "worry time."
- Verbalize an understanding of the role that cognitive biases play in excessive irrational worry and persistent anxiety symptoms.
- Identify, challenge, and replace biased, fearful self-talk with positive, realistic, and empowering self-talk.

Interventions

- Focus on developing a level of trust with the client; provide support and empathy to encourage the client to feel safe in expressing their GAD symptoms.
- Ask the client to describe their past experiences of anxiety and their impact on functioning; assess the focus, excessiveness, and uncontrollability of the worry and the type, frequency, intensity, and duration of their anxiety symptoms
- Discuss how generalized anxiety typically involves excessive worry about unrealistic threats, various bodily expressions of tension, overarousal, and hypervigilance, and avoidance of what is threatening that interact to maintain the problem
- Discuss how treatment targets worry, anxiety symptoms, and avoidance to help the client manage worry effectively, reduce overarousal, and eliminate unnecessary avoidance.

- Assign the client to read psychoeducational sections of books or treatment manuals on worry and generalized anxiety
- Teach the client calming/ relaxation skills (e.g., applied relaxation, progressive muscle relaxation, cue controlled relaxation; mindful breathing; biofeedback) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to their daily life
- Assign the client homework each session in which their practices relaxation exercises daily, gradually applying them progressively from non-anxiety- provoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.
- Teach the client how to recognize, stop, and postpone worry to the agreed-upon worry time using skills such as thought stopping, relaxation, and redirecting attention; encourage use in daily life; review and reinforce success while providing corrective feedback toward improvement.
- Assist the client in analyzing their worries by examining potential biases such as the probability of the negative expectation occurring, the real consequences of it occurring, their ability to control the outcome, the worst possible outcome, and their ability to accept it
- Explore the client's schema and self-talk that mediate their fear response; assist him/their in challenging the biases; replacing the distorted messages with reality-based alternatives and positive, realistic self-talk that will increase their self- confidence in coping with irrational fears
- Assign the client a homework exercise in which their identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments; review and reinforce success, providing corrective feedback toward improvement.
- Explain the rationale for using a worry time as well as how it is to be used; agree upon a worry time with the client and implement.

Chemical Dependence

Behavioral Definitions

Consistently uses alcohol or other mood-altering drugs until high, intoxicated, or passed out.

Unable to stop or cut down use of mood-altering drug once started, de- spite the verbalized desire to do so and the negative consequences continued use brings.

Produces blood study results that reflect a pattern of heavy substance use (e.g., elevated liver enzymes).

Denies that chemical dependence is a problem despite direct feedback from spouse, relatives, friends, and employers that the use of the substance is negatively affecting him/their and others.

Describes amnestic blackouts that occur when abusing alcohol.

Continues drug and/or alcohol use despite experiencing persistent or recurring physical, legal, vocational, social, or relationship problems that are directly caused by the use of the substance.

Exhibits increased tolerance for the drug as evidenced by the need to use more to become intoxicated or to attain the desired effect.

Exhibits physical symptoms (i.e., shaking, seizures, nausea, headaches, sweating, anxiety, insomnia, depression) when withdrawing from the sub- stance.

Suspends important social, recreational, or occupational activities because they interfere with using the mood-altering drug.

Makes a large time investment in activities to obtain the substance, to use it, or to recover from its effects.

Consumes mood-altering substances in greater amounts and for longer periods than intended.

Continues abuse of a mood-altering chemical after being told by a physician that it is causing health problems.

Goals/Measurable Outcomes

- Accept the fact of chemical dependence and begin to actively participate in a recovery program.
- Establish a sustained recovery, free from the use of all mood-altering sub- stances.
- Establish and maintain total abstinence while increasing knowledge of the disease and the process of recovery.
- Acquire the necessary skills to maintain long-term sobriety from all mood- altering substances.
- Improve quality of personal life by maintaining an ongoing abstinence from all mood-altering chemicals.
- Withdraw from mood-altering substance, stabilize physically and emo- tionally, and then establish

a supportive recovery plan.

Objectives

- Describe the type, amount, frequency, and history of sub- stance abuse.
- Complete psychological tests designed to assess the nature and severity of social anxiety and avoidance.
- Participate in a medical examination to evaluate the effects of chemical dependence.
- Cooperate with an evaluation by a physician for psychotropic medication.
- Identify the negative consequences of drug and/or alcohol abuse.
- Decrease the level of denial around using as evidenced by fewer statements about minimizing amount of use and its negative impact on life.
- Verbalize "I statements" that reflect a knowledge and acceptance of chemical dependence.
- Verbalize increased knowledge of alcoholism and the process of recovery.
- Verbalize a commitment to abstain from the use of mood- altering drugs.
- Verbalize an understanding of factors that can contribute to development of chemical dependence and pose risks for relapse.
- Identify the ways being sober could positively impact life.
- Identify and make changes in social relationship that will support recovery
- Identify projects and other social and recreational activities that sobriety will not afford and that will support sobriety.
- Verbalize how living situation contributes to chemical dependence and acts as a hindrance to recovery
- Make arrangements to terminate current living situation and move to a place more conducive to recovery
- Identify positive impact that sobriety will have on intimate and family relationships
- Agree to make amends to significant others who have been hurt by the life dominated by substance abuse
- Learn and implement coping strategies to manage urges to lapse back into chemical use.
- Identify, challenge, and replace destructive self-talk with positive, strength building self-talk
- Undergo gradual repeated exposure to triggers of urges to lapse back into chemical substance use
- Implement personal skills to manage common day to day challenges and to build confidence in managing them without the use of substances

Interventions

- Gather a complete drug/alcohol history from the client, including the amount and pattern of their use, signs and symptoms of use, and negative life consequences (e.g., social, legal, familial, vocational).
- Administer to the client an objective test of drug and/or alcohol abuse (e.g., the Alcohol Severity Index, the Michigan Alcohol Screening Test [MAST]); process the results with the client.
- Refer the client for a thorough physical examination to determine any physical/medical consequences of chemical dependence.
- Arrange for an evaluation for a prescription of psychotropic medications (e.g., serotonergic medications).
- Monitor the client for prescription compliance, side effects, and overall effectiveness of the medication; consult with the prescribing physician at regular intervals.
- Refer the client for a thorough physical examination to determine any physical/medical consequences of chemical dependence.
- Ask the client to make a list of the ways substance abuse has negatively impacted their life; process the medical, relational, legal, vocational, and social consequences

- Assign the client to ask two or three people who are close to him/their to write a letter to the therapist in which they each identify how they saw the client's chemical dependence negatively impacting their life
- Assign the client to complete a First Step paper and then to process it with group, sponsor, or therapist to receive feedback
- Model and reinforce statements that reflect the client's acceptance of their chemical dependence and its destructive consequences for self and others.
- Require the client to learn more about chemical dependency and the recovery process (e.g., through assignment of didactic lectures, reading, films); ask the client to identify and process key points.
- Assign the client to meet with an AA/NA member who has been working the 12-step program for several years and find out specifically how the program has helped him/their to stay sober; afterward, process the meeting.
- Develop an abstinence contract with the client regarding the termination of the use of their drug of choice; process client's feelings related to the commitment.
- Recommend that the client attend AA or NA meetings and report on the impact of the meetings; process messages the client is receiving
- Assess the client's intellectual, personality, and cognitive vulnerabilities, family history and life stress that contributed to chemical dependence
- Facilitate the client's understanding of their genetic, personality, social, and family factors, including childhood experiences, that led to the development of chemical dependency and serve as risk factors for relapse.
- Ask the client to make a list of how being sober could positively impact their life; process the list
- Assist the client in planning social and recreational activities that are free from association with sub- stance abuse; revisit routinely and facilitate toward development of a new social support system.
- Explore the client's schema and self-talk that weaken their resolve to remain abstinent; challenge the biases; assist him/their in generating realistic self-talk that correct for the biases and build resilience.
- Rehearse situations in which the client identifies their negative self-talk and generates empowering alternatives
- Identify and rehearse with the client the management of future situations or circumstances in which lapses could occur.
- Instruct the client to routinely use strategies learned in therapy (e.g., cognitive restructuring, social skills, exposure) while building social interactions and relationships

Childhood Traumas

Behavioral Definitions

Reports of childhood physical, sexual, and/or emotional abuse.

Description of parents as physically or emotionally neglectful as they were chemically dependent, too busy, absent, etc.

Description of childhood as chaotic as parent(s) was substance abuser (or mentally ill, antisocial, etc.), leading to frequent moves, multiple abusive spousal partners, frequent substitute caretakers, financial pressures, and/or many stepsiblings.

Reports of emotionally repressive parents who were rigid, perfectionist, threatening, demeaning, hypercritical, and/or overly religious.

Irrational fears, suppressed rage, low self-esteem, identity conflicts, depression, or anxious insecurity related to painful early life experiences.

Dissociation phenomenon (multiple personality, psychogenic fugue or amnesia, trance state, and/or depersonalization) as a maladaptive coping mechanism resulting from childhood emotional pain.

Goals/Measurable Outcomes

- Develop an awareness of how childhood issues have affected and continue to affect one's family life.
- Resolve past childhood/family issues, leading to less anger and depression, greater self-esteem, security, and confidence.
- Release the emotions associated with past childhood/family issues, resulting in less resentment and more serenity.
- Let go of blame and begin to forgive others for pain caused in child- hood.

Objectives

- Describe what it was like to grow up in the home environment.
- Describe each family member and identify the role each played within the family.
- Identify patterns of abuse, neglect, or abandonment within the family of origin, both cur- rent and historical, nuclear and extended.
- Identify feelings associated with major traumatic incidents in childhood and with parental child-rearing patterns.
- Identify how own parenting has been influenced by childhood experiences.
- Acknowledge any dissociative phenomena that have resulted from childhood trauma.

- State the role substance abuse has in dealing with emotional pain of childhood.
- Ask the client to complete an exercise that identifies the positives and negatives of being a victim and the positives and negatives of being a survivor; compare and process the lists.
- Encourage and reinforce the client's statements that reflect movement away from viewing self as a victim and toward personal empowerment as a survivor.
- Teach the client the share-check method of building trust in relationships (sharing a little information and checking as to the recipient's sensitivity in reacting to that information).
- Teach the client the advantages of treating people as trustworthy given a reasonable amount of time to assess their character.

Interventions

- Actively build the level of trust with the client in individual sessions through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase their ability to identify and express feelings.
- Develop the client's family genogram and/or symptom line and help identify patterns of dysfunction within the family.
- Develop the client's family genogram and/or symptom line and help identify patterns of dysfunction within the family.
- Assist the client in clarifying their role within the family and their feelings connected to that role.
- Assign the client to ask parents about their family backgrounds and develop insight regarding patterns of behavior and causes for parents' dysfunction.
- Explore the client's painful child- hood experiences.
- Support and encourage the client when their begins to express feelings of rage, sadness, fear, and rejection relating to family abuse or neglect.
- Assign the client to record feelings in a journal that describes memo- ries, behavior, and emotions tied to their traumatic childhood experiences.
- Ask the client to read books on the emotional effects of neglect and abuse in childhood (e.g., *It Will Never Happen To Me* by Black; *Outgrowing the Pain* by Gil; *Healing the Child Within* by Whitfield; *Why I'm Afraid to Tell You Who I Am* by Powell); process insights attained.
- Ask the client to compare their parenting behavior to that of par- ent figures of their childhood; encourage the client to be aware of how easily we repeat patterns that we grew up with.
- Assist the client in understanding the role of dissociation in protect- ing himself /herself from the pain of childhood abusive betrayals

Depression

Behavioral Definitions

Depressed mood and/or a loss of appetite

Diminished interest or pleasure in activities or poor concentration and indecisiveness

Sleeplessness, hypersomnia, or a lack of energy

Sudden social withdrawal

Poor concentration and indecisiveness

Suicidal thoughts or gestures or

Feelings of hopelessness, worthlessness, inappropriate guilt, or low self-esteem

Unresolved grief issues

Mood related hallucinations or delusions

History of chronic or recurrent depression that has been treated with antidepressant medication, hospitalization, outpatient treatment, or electroconvulsive therapy.

Goals/Measurable Outcomes

- Reduce symptoms of depression as evidenced by a decrease of 25% in their PHQ-9 score. Initial score is 5.
- Recognize, accept, and cope with feelings of depression
- Alleviate depressed mood and return to previous level of effective functioning
- Appropriately grieve the loss in order to return to normal mood levels and to normal levels of functioning
- Develop healthy cognitive patterns and beliefs about self and the world that alleviate and help prevent the relapse of depression symptoms
- Develop healthy relationships that help prevent a relapse of depression symptoms

Objectives

- Decrease overall intensity and frequency of negative feelings, and increase the ability to recognize and discuss negative/depressed feelings as they occur.
- Describe how past and current experiences with depression and how it impacted the ability to function and ways that it was resolved
- Identify the various triggers of the depressed moods
- Refer to determine the need for psychotropic medication

- Verbalize history of suicide attempts and urges
- State no longer having thoughts of self-harm
- Provide a list of important people in your life, past and present, and the types of relationships

Interventions

- Encourage the client to share their feelings in order to clarify them
- Assess and monitor the client's suicide potential
- Assist the client in developing awareness of {{their}} thoughts that reflect depressive thoughts or feelings
- Assign the client to keep a journal in which {{their}} documents the triggers to {{their}} depression
- Reinforce the client's positive reality-based cognitive messages
- Assist the client in developing coping strategies for feelings of depression to reinforce success
- Teach the client conflict resolution skills to help alleviate depression
- Develop a physical routine of exercise
- Assign the client to write one positive affirmation statement daily regarding {{himself/herself}} and the future
- Teach the client more about depression and to accept some levels of sadness as normal
- Encourage the client to share feelings of anger regarding pain inflicted on {{him/their}} in childhood that contributed to current depressed state

Family Conflict

Behavioral Definitions

Constant or frequent conflict with parents and/or siblings.

A family that is not a stable source of positive influence or support, since family members have little or no contact with each other.

Ongoing conflict with parents, which is characterized by parents fostering dependence leading to feelings that the parents are overly involved.

Maintains a residence with parents and has been unable to live independently for more than a brief period.

Long period of noncommunication with parents, and description of self as the "black sheep."

Remarriage of two parties, both of whom bring children into the marriage from previous relationships.

Goals/Measurable Outcomes

- Resolve fear of rejection, low self-esteem, and/or oppositional defiance by resolving conflicts developed in the family or origin and understanding their connection to current life.
- Begin the process of emancipating from parents in a healthy way by making arrangements for independent living.
- Decrease the level of present conflict with parents while beginning to let go of or resolving past conflicts with them.
- Achieve a reasonable level of family connectedness and harmony where members support, help, and are concerned for each other.
- Become a reconstituted/blended family unit that is functional and whose members are bonded to each other.

Objectives

- Describe the conflicts and the causes of conflicts between self and parents.
- Attend and participate in family therapy sessions where the focus is on controlled, reciprocal, respectful communication of thoughts and feelings.
- Identify own as well as others' role in the family conflicts.
- Family members demonstrate increased openness by sharing thoughts and feelings about family dynamics, roles, and expectations.

- Identify the role that chemical dependence behavior plays in triggering family conflict.
- Verbally describe an under- standing of the role played by family relationship stress in triggering substance abuse or relapse.
- Increase the number of positive family interactions by planning activities.
- Parents report how both are involved in the home and parenting process.
- Identify ways in which the parental team can be strengthened.
- Parents report a decrease in the frequency of conflictual interactions with the child and between children.
- Report an increase in resolving conflicts with parent by talking calmly and assertively rather than aggressively and defensively.
- Parents increase structure within the family.
- Each family member represents pictorially and then describes their role in the family.
- Family members report a desire for and vision of a new sense of connectedness.
- Identify factors that reinforce dependence on the family and discover how to overcome them.
- Increase the level of independent functioning—that is, finding and keeping a job, saving money, socializing with friends, finding own housing, and so on.

Interventions

- Give verbal permission for the client to have and express own feelings, thoughts, and perspectives in order to foster a sense of autonomy from family.
- Explore the nature of the client's family conflicts and their perceived causes.
- Conduct family therapy sessions with the client and their parents to facilitate healthy communication, conflict resolution, and emancipation process.
- Educate family members that resistance to change in styles of relating to one another is usually high and that change takes concerted effort by all members.
- Confront the client when their is not taking responsibility for their role in the family conflict and reinforce the client for owning responsibility for their contribution to the conflict.
  Ask the client to read material on resolving family conflict; encourage and monitor the selection of concepts to begin using in conflict resolution.
- Conduct a family session in which a process genogram is formed that is complete with members, patterns of interaction, rules, and secrets.
- Facilitate each family member in expressing their concerns and expectations regarding becoming a more functional family unit.
- Assess for the presence of chemical dependence in the client or family members; emphasize the need for chemical dependence treatment, if indicated, and arrange for such a focus
- Help the client to see the triggers for chemical dependence relapse in the family conflicts.
- Ask the client to read material on the family aspects of chemical dependence (e.g., *It Will Never Happen to Me* by Black; *On the Family* by Bradshaw); process key family issues from the reading that are triggers for him/their.
- Refer the family for an experiential weekend at a center for family education to build skills and confidence in working together. (Consider a physical confidence class with low or high ropes courses, etc.).
- Ask the parents to read material on positive parenting methods (e.g., *Raising Self-Reliant Children* by Glenn and Nelsen; *Between Parent and Child* by Ginott; *Between Parent and Teenager* by Ginott); process key concepts gathered from their reading.
- Assist the client in developing a list of positive family activities that promote harmony (e.g., bowling, fishing, playing table games, doing work projects). Schedule such activities into the family calendar.
- Elicit from the parents the role each takes in the parental team and their perspective on parenting.

- Read and process in a family therapy session the fable "Raising Cain" or "Cinderella" (see *Friedman's Fables* by Friedman).
- Assist the parents in identifying areas that need strengthening in their "parental team," then work with them to strengthen these areas.
- Refer the parents to a parenting group to help expand their under- standing of children and to build discipline skills.
- Direct the parents to attend a tough-love group for support and feedback on their situation.
- Train the parents in the Barkley Method (see *Defiant Children* by Barkley) of understanding and managing defiant and oppositional behavior.
- Ask the parents to read material on positive parenting methods (e.g., *Raising Self-Reliant Children* by Glenn and Nelsen; *Between Parent and Child* by Ginott; *Between Parent and Teenager* by Ginott); process key concepts gathered from their reading.
- Assign the parents to read material on reducing sibling conflict (e.g., *Siblings Without Rivalry* by Faber and Mazlish); process key concepts and encourage implementation of interventions with their children.
- Train the parents in a structured approach to discipline for young children (e.g., *1-2-3 Magic* by Phelan; *Parenting with Love and Logic* by Cline and Fay); monitor and readjust their implementation as necessary.
- Use role-playing, role reversal, modeling, and behavioral rehearsal to help the client develop assertive ways to resolve conflict with parents.
- Assist parents in developing rituals (e.g., dinner times, bedtime readings, weekly family activity times) that will provide structure and promote bonding.
- Assist the parents in increasing structure within the family by setting times for eating meals together, limiting number of visitors, setting a lights-out time, establishing a phone call cutoff time, curfew time, "family meeting" time, and so on.
- Conduct a family session in which all members bring self-produced drawings of themselves in relationship to the family; ask each to describe what they've brought and then have the picture placed in an album.
- Ask the family to make a collage of pictures cut out from magazines depicting "family" through their eyes and/or ask them to design a coat of arms that will signify the blended unit.
- In a family session, assign the family the task of planning and going on an outing or activity; in the following session, process the experience with the family, giving positive reinforcement where ap- propriate.
- Conduct a session with all new family members in which a genogram is constructed, gathering the history of both families and that visually shows how the new family connection will be.
- Assign the parents to read the book *Changing Families* (Fassler, Lash, and Ives) at home with the family and report their impressions in family therapy sessions.
- For each factor that promotes the client's dependence on parents, develop a constructive plan to reduce that dependence.
- Ask the client to make a list of ways their is dependent on parents.
- Confront the client's emotional dependence and avoidance of economic responsibility that promotes continuing pattern of living with parents.
- Probe the client's fears surrounding emancipation.
- Assist the client in developing a plan for healthy and responsible emancipation from parents that is, if possible, complete with their blessing.

Grief

Behavioral Definitions

Thoughts dominated by loss coupled with poor concentration, tearful spells, and confusion about the future.

Serial losses in life (i.e., deaths, divorces, jobs) that led to depression and discouragement.

Strong emotional response exhibited when losses are discussed.

Lack of appetite, weight loss, and/or insomnia as well as other depression signs that occurred since the loss.

Feelings of guilt that not enough was done for the lost significant other, or an unreasonable belief of having contributed to the death of the signifi- cant other.

Avoidance of talking on anything more than a superficial level about the loss.

Loss of a positive support network due to a geographic move.

Goals/Measurable Outcomes

- Begin a healthy grieving process around the loss.
- Develop an awareness of how the avoidance of grieving has affected life and begin the healing process.
- Complete the process of letting go of the lost significant other.
- Resolve the loss and begin renewing old relationships and initiating new contacts with others

Objectives

- Tell in detail the story of the current loss that is triggering symptoms.
- Read books on the topic of grief to better understand the loss experience and to increase a sense of hope.
- Identify what stages of grief have been experienced in the continuum of the grieving process.
- Watch videos on the theme of grief and loss to compare own experience with that of the characters in the films.
- Begin verbalizing feelings associated with the loss.
- Attend a grief /loss support group.
- Identify how avoiding dealing with loss has negatively impacted life.
- Identify how the use of sub- stances has aided the avoidance of feelings associated with the loss.
- Acknowledge dependency on lost loved one and begin to refocus life on independent actions to meet emotional needs.
- Verbalize and resolve feelings of anger or guilt focused on self or deceased loved one that block the grieving process.
- Identify causes for feelings of regret associated with actions toward or relationship with the deceased.
- Decrease statements and feelings of being responsible for the loss.
- Express thoughts and feelings about the deceased that went unexpressed while the deceased was alive.

- Identify the positive characteristics of the deceased loved one, the positive aspects of the relationship with the deceased loved one, and how these things may be remembered.
- Attend and participate in a family therapy session focused on each member sharing their experience with grief.
- Report decreased time spent each day focusing on the loss.
- Develop and enact act(s) of penitence.
- Implement acts of spiritual faith as a source of comfort and hope.

Interventions

- Actively build the level of trust with the client in individual sessions through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase their ability to identify and express thoughts and feelings.
- Using empathy and compassion, support and encourage the client to tell in detail the story of their recent loss.
- Ask the client to elaborate in an autobiography the circumstances, feelings, and effects of the loss or losses in their life.
- Ask the client to read books on grief and loss (e.g., *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* by Zonnebelt-Smeenge and De Vries; *How Can It Be All Right When Everything Is All Wrong* by Smedes; *How to Survive the Loss of a Love* by Colgrove, Bloom- field, and McWilliams; *When Bad Things Happen to Good People* by Kushner); process the content.
- Ask the parents of a deceased child to read a book on coping with the loss (e.g., *The Bereaved Parent* by Schiff); process the key themes gleaned from the reading.
- Ask the client to talk to several people about losses in their lives and how they felt and coped. Process the findings.
- Educate the client on the stages of the grieving process and answer any questions their may have.
- Assist the client in identifying the stages of grief that their has experienced and which stage their is presently working through.
- Ask the client to watch the films *Terms of Endearment, Dad, Ordinary People,* or a similar film that focuses on loss and grieving, then discuss how the characters cope with loss and express their grief.
- Assign the client to keep a daily grief journal to be shared in therapy sessions.
- Ask the client to bring pictures or mementos connected with their loss to a session and talk about them.
- Assist the client in identifying and expressing feelings connected with their loss.
- Ask the client to attend a grief/loss support group and report to the therapist how their felt about attending.
- Ask the client to list ways that avoidance of grieving has negatively impacted their life.
- Assess the role that substance abuse has played as an escape for the client from the pain or guilt of loss.
- Arrange for chemical dependence treatment so that grief issues can be faced while the client is clean and sober.
- Assist the client in identifying how their depended upon the significant other, expressing and resolving the accompanying feelings of abandonment and of being left alone.
- Explore the feelings of anger or guilt that surround the loss, helping the client understand the sources for such feelings.
- Encourage the client to forgive self and/or deceased to resolve their feelings of guilt or anger. Recommend books like *Forgive and Forget* (Smedes).
- Support and assist the client in identifying and expressing angry feelings connected to their loss.
- Assign the client to make a list of all the regrets their has concerning the loss; process the list content.
- Use a Rational Emotive Therapy (RET) approach to confront the client's statements of responsibility for the loss and compare them to factual reality-based statements.

- Conduct an empty-chair exercise with the client where their focuses on expressing to the lost loved one imagined in the chair what their never said while that loved one was alive.
- Assign the client to visit the grave of the lost loved one to "talk to" the deceased and ventilate their feelings.
- Ask the client to write a letter to the lost person describing their fond memories, painful and regretful memories, and how their currently feels. Process the letter in session.
- Assign the client to write to the deceased loved one with a special focus on their feelings associated with the last meaningful contact with that person.
- Ask the client to list the most positive aspects of and memories about their relationship with the lost loved one.
- Assist the client in developing rituals (e.g., placing memoriam in newspaper on anniversary of death, volunteering time to a favorite cause of the deceased person) that will celebrate the memorable aspects of the loved one and their life.
- Conduct a family and/or group session with the client participating, where each member talks about their experience related to the loss.
- Develop a grieving ritual with an identified feeling state (e.g., dress in dark colors, preferably black, to indicate deep sorrow) which the client may focus on near the anniversary of the loss. Process what their received from the ritual.
- Suggest that the client set aside a specific time-limited period each day to focus on mourning their loss. After each day's time is up the client will resume regular activities and put off grieving thoughts until the next scheduled time. For example, mourning times could include putting on dark clothing and/or sad music; clothing would be changed when the allotted time is up.
- Research with the client the activi- ties, interests, commitments, loves, and passions of the lost loved one, then select a community- service-connected activity as an act of penitence for the feelings of having failed the departed one in some way. (Period of time should not be less than one month, with intensity and duration increasing with the depth of the perceived offense.)
- Encourage the client to rely upon their spiritual faith promises, activities (e.g., prayer, meditation, worship, music), and fellowship as sources of support.

Intimate Relationship Conflicts

BEHAVIORAL DEFINITIONS

Frequent or continual arguing with the partner.

Lack of communication with the partner.

A pattern of angry projection of responsibility for the conflicts onto the partner.

Marital separation.

Pending divorce.

Involvement in multiple intimate relationships at the same time.

Physical and/or verbal abuse in a relationship.

A pattern of superficial or no communication, infrequent or no sexual contact, excessive involvement in activities (work or recreation) that allows for avoidance of closeness to the partner.

A pattern of repeated broken, conflictual relationships due to personal deficiencies in problem-solving, maintaining a trust relationship, or choosing abusive or dysfunctional partners.

Goals/Measurable Outcomes

- Accept the termination of the relationship.
- Develop the necessary skills for effective, open communication, mutually satisfying sexual intimacy, and enjoyable time for companionship within the relationship.
- Increase awareness of own role in the relationship conflicts.
- Learn to identify escalating behaviors that lead to abuse.
- Make a commitment to one intimate relationship at a time.
- Rebuild positive self-image after acceptance of the rejection associated with the broken relationship.

Objectives

- Attend and actively participate in conjoint sessions with the partner.
- Complete psychological testing designed to assess and track marital satisfaction.
- Identify the positive aspects of the relationship.
- Identify problems in the relationship including one's own role in the problems.
- Make a commitment to change specific behaviors that have been identified by self or the partner.
- Increase the frequency of the direct expression of honest, respectful, and positive feelings and thoughts within the relationship.
- Identify any patterns of destructive and/or abusive behavior in the relationship.
- Implement a "time out" signal that either partner may give to stop interaction that may esca- late into abuse.
- ▽Learn and implement problem- solving and conflict resolution skills.

Interventions

- Facilitate conjoint sessions that focus on increasing the clients' communication and problem-

solving skills

- Administer a measure of marital satisfaction to assess areas of satisfaction and dissatisfaction and/or to track treatment progress (e.g., The Dyadic Adjustment Scale by Spainer or Marital Satisfaction Inventory—Revised by Synder).
- Assess the couple's positive behaviors that facilitate relationship building.
- Assess current, ongoing problem behaviors in the relationship, including possible abuse/ neglect, substance use, and those involving communication, conflict-resolution, problem-solving difficulties (if domestic violence is present, plan for safety and avoid early use of conjoint sessions
- Assign the couple a between sessions task recording in journals the positive and negative things about the significant other; ask the couple not to show their journal material to each other until the next session, when the material will be processed.
- Process the list of positive and problematic features of each partner and the relationship; ask couple to agree to work on changes their needs to make to improve the relationship, generating a list of targeted changes
- Assist the couple in identifying conflicts that can be addressed using communication, conflict- resolution, and/or problem-solving skills
- Use behavioral techniques (education, modeling, role-playing, corrective feedback, and positive reinforcement) to teach communication skills including assertive communication, offering positive
  feedback, active listening, making positive requests of others for behavior change, and giving negative feedback in an honest and respectful manner.
- Assign the couple a homework exercise to use and record newly learned communication skills; process results in session, providing corrective feedback toward improvement.
- Assist the couple in identifying conflicts that can be addressed using communication, conflict- resolution, and/or problem-solving skills

Mania or Hypomania

Behavioral Definitions

Shows a decreased need for sleep

Reports a lack of appetite

Lacks follow-through in projects

Behavior lacks discipline and goal directedness

Shows increased motor activity and or agitation

Demonstrates pressure speech or loquaciousness

Easily distracted or displays a poor attention span

Exhibits bizarre grooming patterns or dress patterns

Verbalizes or reports racing thoughts, racing ideas, grandiose ideas, or persecutory beliefs

Impulsive or pleasure-oriented behavior without regard to the possible painful consequences

When goal oriented if blocked or confronted the mood can turn to impatience or irritable anger

Goals/Measurable Outcomes

- Reduce agitation, impulsivity, and pressured speech while achieving sensitivity to the consequences of behavior and having more realistic expectations
- Reduce psychic energy and return to normal activity levels, good judgement, stable mood, and goal-directed behavior
- Talk about underlying feelings of low self-esteem or guilt and fears of rejection, dependency, and abandonment
- Achieve controlled behavior, moderated mood, and more deliberative speech and thought process through therapy and medication

Objectives

- Verbalize grief, fear, and anger regarding real or imagined losses in life
- Describe mood state, energy level, amount of control over thoughts and sleeping patterns
- Understand the differences between real and imagined losses, rejections, and abandonments
- Acknowledge the low self-esteem and fear of rejections that they display
- Find a level of stability that allows for symptom stability for participation in therapy
- Identify sources of stress that increase the risk of relapse
- Verbalize the need to take psychotropic medication in order to handle symptoms
- Implement sleep hygiene patterns
- Become more focused on control over impulses and thoughts to limit distractions and agitation

Interventions

- Asses the level of elation: hypomanic, manic, or psychotic
- Explore and understand the client's fear of abandonment if applicable
- Understand and inquire about losses in the patient's life
- Help the client come to terms with the losses and place them in perspective

- Encourage the client to talk about low self-esteem and abandonment
- Monitor the client's compliance with medication
- Educate client on the importance of medication compliance explain the risks of relapse
- Use behavioral techniques to teach communication skills by providing positive feedback, active listening, positive requests of others change, and giving negative feedback in an honest and respectful manner
- Remind client of the negative consequences from giving into impulsive behaviors
- Help client by role-playing scenarios to help control impulses
- Set goals and limits on agitation use role-play to help behavioral control

Post-traumatic Stress Disorder (PTSD)

Behavioral Definition

Exposure to actual or threatened death or serious injury that resulted in an intense emotional response of fear, helplessness, or horror

Hypervigilance and/or exaggerated startled responses

Irritability and/or lack of concentration and/or a sense of detachment to people

Inability to experience full range of emotions, including love

Sleep disturbances can be accompanied by disturbing dreams in association to traumatic event

Intense distress when exposed to reminders of the traumatic event

Intrusive, distressing thoughts or images that recall the traumatic event

Event seems to be reoccurring in flashbacks or as illusions

Physiological reactivity when exposed to internal or external cues that symbolize the traumatic event

Avoidance of thoughts, feelings, or conversations about the traumatic event

Avoidance of activities, places or people associated with the event

Negative outlook on life and/or suicidal thoughts and/or sad or guilty affect and other signs of depression

Suicidal thoughts

Verbally and/or physically violent threats of behavior

Inability to maintain employment due to supervisor/coworker conflict of anxiety symptoms

A pattern of interpersonal conflict, especially in intimate relationships

Symptoms have been present for more than one month

Goals/Measurable Outcomes

- Reduce symptoms related to trauma as evidenced by a decrease of 25% in {{their}} PCL-5 score. Initial score is XX.
- Reduce the negative impact that the traumatic event has had on many aspects of life and return to the pre-trauma level of functioning
- Recall the traumatic event without becoming overwhelmed with negative thoughts, feelings, or urges
- Develop and implement effective coping skills to carry out normal responsibilities and participate constructively in relationships
- Terminate the destructive behaviors that serve to maintain escape and denial while implementing behaviors that promote healing, acceptance of the past events, and responsible living

Objectives

- Describe the history and nature of PTSD symptoms
- Describe the traumatic event in as much detail as possible

- Gain a verbal understanding of the depression and any suicidal ideation
- Implement calming and coping strategies
- Learn to implement thought stopping to manage intrusive unwanted thoughts
- Learn to implement anger control techniques
- Learn to implement relapse prevention strategies for trauma related symptoms
- Implement an exercise routine
- Verbalize hopeful and positive statements in regards to the future

Interventions

- Assess the client's frequency, intensity, duration, and history of PTSD symptoms
- Assess the client's depth of depression and suicide potential be sure to take necessary safety precautions
- Discuss how PTSD results from exposure to trauma, resulting in intrusive recollections, unwarranted fears, anxiety, and a vulnerability to other negative emotions such as shame, anger, and guilt
- Discuss how coping skills, cognitive reconstructing, and exposure help build confidence, desensitize, and overcome fears
- Refer to determine the need for psychotropic medication
- Teach the client thought-stopping in which {{their}} internally voices the word stop to deal with unwanted trauma
- Teach the client anger management techniques
- Develop a physical routine of exercise

Psychoticism

Behavioral Definitions

Disturbed affect (Inappropriate, flattened blunted, or none)

Lost sense of self (lack of identity, blatant confusion, and loss of ego boundaries)

Relationship withdrawal (feelings of alienation)

Bizarre dress or grooming

Extreme agitation including: impulsive acting out, unpredictability, anger, and a high degree of irritability

Psychomotor abnormalities can include: unusual manners or grimacing, decreased reactivity to environment, stupor, rigidity, excitement, posturing, or extreme negativism

Bizarre content of thought which can include: delusions of grandeur, persecution, reference, somatic sensations, or infidelity

Illogical form of thought/ speech (loose association of ideas in speech, incoherence, illogical thinking, vague, abstract, or repetitive speech)

Perception disturbance (Auditory, visual, or olfactory hallucinations)

Goals/Measurable Outcomes

- Control or eliminate active psychotic symptoms so that supervised functioning is positive
- Medication is taken consistently
- Increase in goal directed behaviors
- Focus thoughts on reality
- Normalize speech patterns which can be evidenced by coherent statements attentions to social cues and remaining on task.
- Eliminate acute, reactive, psychotic symptoms and return to normal functioning in affect, thinking, and relating

Objectives

- Describe the type and history of the psychotic symptoms
- Accept and understand that distressing symptoms are due to mental illness
- Take antipsychotic medications consistently with/ without supervision
- Accept the need for supervised living arrangements
- Describe recent perceived stressors that may have precipitated the acute psychotic break
- Report diminished or absence of hallucinations and/or delusions
- Respond appropriately to friendly encounters

Interventions

- Demonstrate acceptance to the client in a calm nurturing manner while maintaining good eye contact and using active listening
- Determine whether the client’s psychosis is of a brief reactive nature or long-term with prodromal and reactive elements
- Provide supportive therapy to alleviate the client’s fears and reduce the feelings of alienation

- Monitor the client while {{their}} is taking psychotropic medication prescription compliance, effectiveness, and side effects
- Probe causes for the client's reactive psychosis
- Explore the client's feelings surrounding the stressors that triggered {{their}} psychotic episodes
- Assist the client in restructuring {{their}} irrational beliefs by reviewing reality-based evidence and {{their}} misinterpretation
- Encourage the client to focus on the reality of the external world versus {{their}} distorted fantasy
- Differentiate for the client the source of stimuli between self-generated messages and the reality of the external world
- Reinforce the client's socially and emotionally appropriate responses to others
- Gently confront the client's illogical thoughts and speech to refocus disordered thinking
- Probe the client's underlying needs and feelings (e.g., inadequacy, rejection, anxiety, guilt) that trigger irrational thought
- Monitor the client's daily level of functioning (i.e., reality orientation, personal hygiene, social interactions, and affect appropriateness) and give feedback that either redirects or reinforces the client's progress.

Suicidal Ideation

Behavioral Definitions

Recent suicide attempt

Recurrent thoughts of or preoccupation with death

Recurrent or ongoing suicidal ideation without any plans

Ongoing suicidal ideation with a specific plan

History of suicide attempts that required professional or family/friend intervention on some level (e. g., inpatient, safe house, outpatient, supervision)

Positive family history of depression and/or a preoccupation with suicidal thoughts

A bleak, hopeless attitude regarding life coupled with recent life events that support this (e.g., divorce, death of a friend or family member, loss of job)

Social withdrawal, lethargy, and apathy coupled with expressions of wanting to die

Sudden change from being depressed to upbeat and at peace, while actions indicate the client is "putting their house in order" and there has been no genuine resolution of conflict issues

Engages in self-destructive or dangerous behavior (e.g., chronic drug or alcohol abuse; promiscuity, unprotected sex; reckless driving) that appears to invite death

Goals/Measurable Outcomes

- Alleviate the suicidal impulses/ideation and return to the highest level of previous daily functioning
- Stabilize the suicidal crisis
- Placement in an appropriate level of care to safely address the suicidal crisis
- Reestablish a sense of hope for self and the future
- Cease the perilous lifestyle and resolve the emotional conflicts that underlie the suicidal pattern

Objectives

- State the strength of the suicidal feelings, the frequency, of the thoughts, and the detail of the plans
- Identify life factors that preceded the suicidal ideation
- Decrease overall intensity and frequency of negative feelings, and increase the ability to recognize and discuss negative/depressed feelings as they occur.
- Take antipsychotic medications consistently
- Identify how previous attempts to solve interpersonal problems have failed, leading to feelings of abject loneliness and rejection
- Reestablish a consistent eating and sleeping pattern
- Verbally report no longer feeling the impulse to take own life and demonstrate an increased sense of hope for self
- Identify the positive aspects, relationships, and the achievements in {{their}} life
- Identify and replace negative thinking patterns that mediate feelings of helplessness and hopelessness
- Verbalize a feeling of support that results from some form of faith

Interventions

Assess the client's suicidal ideation, taking into account the extent of {{their}} ideation, the presence of a primary

Asses and monitor the client's suicidal potential on an ongoing basis

Make a contract with the client identifying that {{their}} will and won't do when experiencing suicidal thoughts or impulses

Elicit a promise from the client that {{their}} will contact a counselor should the urge become to strong and before any self-injurious behavior occurs

Encourage the client to be open and honest regarding suicidal urges, reassuring {{him/their}} regularly of caring concern

Explore the client's sources of emotional pain and hopelessness

Encourage the client to express feelings related to {{their}} suicidal ideation in order to clarify them and increase insight as to the causes for them

Assist the client in becoming aware of life factors that were significant precursors to the beginning of {{their}} suicidal ideation

Probe the client's feelings of despair related to {{their}} family relationships

Assess the client's need for antidepressant medication and arrange for a prescription, if necessary and monitor the client for effectiveness and compliance with prescribed psychotropic medication

Encourage the client to share feelings of grief related to broken close relationship

Review with the client previous problem-solving attempts and discuss new alternatives that are available

Encourage normal eating and sleeping patterns by the client and monitor {{their}} compliance

Assist the client in developing coping strategies for suicidal ideations (e.g., more physical exercise, less internal focus, increased social involvement, more expression of feelings)

Assist the client in finding positive, hopeful things in {{their}} life at the present time

Review with the client the success {{their}} has had the and the sources of love and concern that exist in {{their}} life; ask {{him/their}} to write a list of positive aspects of {{their}} life

Assist the client in developing an awareness of the cognitive messages that reinforce hopelessness and helplessness

Identify and confront catastrophizing tendencies in the client's cognitive processing, allowing for a more realistic perspective of hope in the face of pain

Train the client in revisiting core schemas using cognitive restructuring techniques

Require the client to keep a daily record of self-defeating thoughts; Challenge each thought for accuracy, then replace each dysfunctional thought with one that is positive and self-enhancing

Explore the client's spiritual beliefs system to help bring about a source of acceptance and peace

Develop a penitence ritual for the client with suicidal ideation connected with being a survivor and implement it with {{their}}

Sleep Disturbance

Behavioral Definitions

Complains of difficulty remaining asleep

Complains of difficulty falling asleep

Reports distress resulting from repeated awakening with detailed recall of extremely frightening dreams involving threats to self

Experiences abrupt awakening with a panicky scream followed by intense anxiety and autonomic arousal, no detailed dram recall, and confusion or disorientation

Others report repeated incidents of sleepwalking accompanied by amnesia for the episode

Reports sleeping adequately but not feeling refreshed or rested after waking

Exhibits daytime sleepiness or falling asleep too easily during the daytime

Insomnia or hypersomnia complaints due to the a reversal of the normal sleep-wake schedule

Goals/Measurable Outcomes

- Restore restful sleep pattern and increase sleep by 25%
- Restore restful sleep with reduction of sleepwalking incidents
- Terminate anxiety-producing dreams that cause awakening in terror and return to peaceful, restful sleep pattern
- Feel refreshed and energetic during wakeful hours

Objectives

- Gather information of history and details of sleep pattern
- Gather information of history of substance abuse or medication use
- Verbalize depressive or anxious feelings and share possible causes
- Take psychotropic medication as prescribed to assess the effect on sleep
- Learn and implement stimulus control strategies to establish a consistent sleep-wake rhythm
- Practice good sleep hygiene
- Learn and implement calming skills for use at bedtime
- Identify, challenge, and replace self-talk associated with sleep disturbance with positive, realistic, and reassuring self-talk
- Implement a thought-stopping technique to dismiss thoughts counterproductive to sleep
- Learn and implement relapse prevention practices
- Identify current stressors that may be interfering with sleep
- Discuss experiences that may be emotionally traumatic (may or may not be related to past experiences with sleeping), fear regarding control, and possible sexual abuse incidents that could be disturbing the sleep experience

Interventions

- Assess the exact nature of sleep pattern, including bedtime routine, activity level while awake, nutritional habits including stimulant use, napping practice, actual sleep time, rhythm of time for being awake versus sleeping, and so on

- Assign the client to keep a journal of sleep patterns, stressors, thoughts, feelings, and activities associated with going to bed, and other relevant client-specific factors possibly associated with sleep problems; process the material for details of the sleep-wake cycle
- Assess the role of depression or anxiety as the cause of the client's sleep disturbance
- Recommend the client have a sleep evaluation study to rule out physical or pharmacological causes for sleep disturbances in order to assess the need for psychotropic medication
- Monitor the client while {{their}} is taking psychotropic medication prescription compliance, effectiveness, and side effects
- Teach the client stimulus control techniques (e.g., lie down to sleep only when sleepy; do not use the bed for activities like reading, playing with tablet, or other non-sleeping activities; get out of bed if sleep does not arrive soon after retiring; lie back down when sleepy; set alarm to the same wake-up time every morning regardless of sleep time or quality ; do not nap during the day) assign consistent implementation
- Instruct the client to move activities associated activation from bedtime ritual to other times during the day (e.g., reading stimulating content, reviewing day's events, planning for next day, watching disturbing television)
- Monitor the client's sleep patterns and compliance with stimulus control instructions; problem solve obstacles and reinforce successful consistent implementation
- Teach the client relaxation skills and how to apply these skills to facilitate relaxation and sleep at bedtime (e.g., progressive muscle, guided imagery, slow diaphragmatic breathing)
- Assign the client to implement the thought-stopping technique on a daily basis and at night between sessions
- Instruct the client to routinely use strategies learned in therapy to prevent relapses into habits associated with sleep disturbances
- Develop a "coping card" or other reminder where relapse prevention practices are recorded for the client's later use
- Schedule periodic maintenance sessions to help the client maintain therapeutic gains
- Explore the client's life for causes of stress and/or anxiety that may be interfering with {{their}} sleep
- Explore any recent traumatic events that may be interfering with the client's sleep
- Probe the client's fears related to letting go of control
- Probe a fear of death that may contribute to the client's sleep disturbance
- Explore trauma of the client's childhood that surround the sleep experience
- Probe the client for the presence and nature of disturbing dreams and explore how they relate to relationships either in the present or in the past trauma that they have experienced
- Explore for possible sexual abuse that the client has not revealed