

The Child Psychotherapy

PROGRESS NOTES PLANNER

This timesaving resource features:

- Progress note components for all 36 presenting problems included in *The Complete Child Psychotherapy Treatment Planner, Sixth Edition*
- Over 9,000 prewritten, concise, progress note statements describing the client's Presentation and the session's implemented Interventions
- Ties progress notes directly to the treatment plan as created from the companion *The Child Psychotherapy Treatment Planner, Sixth Edition*
- Progress notes can be quickly and easily individualized to fit a particular client and session developments or to document measurable progress
- Incorporates progress note language consistent with Evidence-Based Treatment as recommended in *The Child Psychotherapy Treatment Planner, Sixth Edition*

**ARTHUR E. JONGSMA Jr., KATHERINE PASTOOR, DAVID J. BERGHUIS,
TIMOTHY J. BRUCE**

**The Child Psychotherapy
Progress Notes Planner
Sixth Edition**

Wiley PracticePlanners® Series

Treatment Planners

The Complete Adult Psychotherapy Treatment Planner, Sixth Edition
The Child Psychotherapy Treatment Planner, Sixth Edition
The Adolescent Psychotherapy Treatment Planner, Sixth Edition
The Addiction Treatment Planner, Sixth Edition
The Continuum of Care Treatment Planner
The Couples Psychotherapy Treatment Planner, with DSM-5 Updates, Second Edition
The Employee Assistance Treatment Planner
The Pastoral Counseling Treatment Planner
The Older Adult Psychotherapy Treatment Planner, with DSM-5 Updates, Second Edition
The Behavioral Medicine Treatment Planner
The Group Therapy Treatment Planner, with DSM-5 Updates, Third Edition
The Gay and Lesbian Psychotherapy Treatment Planner
The Family Therapy Treatment Planner, with DSM-5 Updates, Second Edition
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The Rehabilitation Psychology Treatment Planner
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The Early Childhood Education Intervention Treatment Planner
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Progress Notes Planners

The Child Psychotherapy Progress Notes Planner, Sixth Edition
The Adolescent Psychotherapy Progress Notes Planner, Sixth Edition
The Adult Psychotherapy Progress Notes Planner, Sixth Edition
The Addiction Progress Notes Planner, Sixth Edition
The Severe and Persistent Mental Illness Progress Notes Planner, Second Edition
The Couples Psychotherapy Progress Notes Planner, Second Edition
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Complete Planners

The Complete Depression Treatment and Homework Planner
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Wiley PracticePlanners®

**The Child Psychotherapy
Progress Notes Planner**

Sixth Edition

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David J. Berghuis

Timothy J. Bruce

WILEY

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*To Bob and Ruth Knoll,
who have been good friends longer than we all care to remember.*

—Arthur E. Jongsma, Jr.

*To my good friend, Ronn Koehler.
Thanks for your friendship and support through the years.*

—David J. Berghuis

*To my daughter, Gloria.
May you grow up courageous and kind.*

—Katherine Pastoor

*To our new granddaughter, Nora.
Welcome to your loving family.*

—Timothy J. Bruce

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PRACTICEPLANNERS® 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 PracticePlanners® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

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

- Addictions
- Behavioral medicine
- College students
- Co-occurring disorders
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- LGBTQIA+ community
- Group therapy
- Juvenile justice and residential care
- Intellectual and developmental disabilities or Neurodiverse community
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- Rehabilitation psychology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Social work and human services
- Special education
- Speech-language pathology

- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

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

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

The series also includes adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, which 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 PRACTICEPLANNERS® 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 client 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 client's treatment plan—session notes should elaborate on the problems, symptoms, and interventions contained in the plan.

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

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

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

It is expected that the clinician may modify the prewritten statements contained in this book to fit the exact circumstances of the client's presentation and treatment. To maintain complete client records, in addition to progress note statements that may be selected

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and individualized from this book, the date, time, and length of a session; those present within the session; the provider; provider's credentials; and a signature must be entered in the client's record.

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 they wish 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 the progress note planner data are psychotherapy note information. If you modify or edit these generic sentences to reflect more personal information about the client or you add sentences that contain confidential information, the argument for keeping these notes separate from PHI and treating them as psychotherapy notes becomes stronger. For some therapists, our sentences alone reflect enough personal information to qualify as psychotherapy notes and they will keep these notes separate from the client's PHI and require specific authorization from the client to share them with a clearly identified recipient for a clearly identified purpose.

ACADEMIC UNDERACHIEVEMENT

CLIENT PRESENTATION

1. History of Underperformance (1)*

- A. The client's teachers and parents report a history of overall performance that is below the client's chronological age, given the client's measured intelligence or performance on standardized achievement tests.
- B. The client verbally admitted that their current academic performance is below their chronological age.
- C. The client has started to assume more responsibility for increasing academic performance to an age-appropriate level.
- D. The client has taken active steps (e.g., studying at routine times, seeking outside tutor, consulting with teacher before or after class) to improve academic performance.
- E. The client's academic performance has improved to a level expected for their chronological age.

2. Academic Underachievement (2)

- A. The client's teachers and parents reported a history of academic performance that is below the expected level, given the gifted client's measured intelligence or performance on standardized achievement tests.
- B. The client verbally admitted that current academic performance is below the expected level of functioning.
- C. The client has started to assume more responsibility for completing school and homework assignments.
- D. The client has taken active steps (e.g., studying at routine times, seeking outside tutor, consulting with teacher before or after class) to improve academic performance.
- E. The client's academic performance has improved to the expected gifted level.

3. Incomplete Homework Assignments (3)

- A. The client has consistently failed to complete classroom or homework assignments in a timely manner.
- B. The client has refused to comply with parents' and teachers' requests to complete classroom or homework assignments.
- C. The client expressed a renewed desire to complete classroom and homework assignments on a regular basis.
- D. The client has recently completed classroom and homework assignments on a consistent basis.
- E. The client's regular completion of classroom and homework assignments has resulted in higher grades.

*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in the *Child Psychotherapy Treatment Planner*, Sixth Edition, by Jongsma, Peterson, McInnis, & Bruce (Wiley, 2023).

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4. Disorganization (4)

- A. The parents and teachers described a history of the client being disorganized in the classroom.
- B. The client has often lost or misplaced books, school papers, or other important things necessary for tasks or activities at school.
- C. The client has started to take steps (e.g., using a planner or agenda to record school/homework assignments, consulting with teachers before or after school, scheduling routine study times) to become more organized at school.
- D. The client's increased organizational abilities have contributed to improved academic performance.

5. Poor Study Skills (4)

- A. Parents and teachers reported that the client has historically displayed poor study skills.
- B. The client acknowledged that lowered academic performance is primarily due to the lack of studying.
- C. The client has recently spent little time studying.
- D. The client reported a recent increase in study time.
- E. The client's increased study time has been a significant contributing factor to improved academic performance.

6. Procrastination (5)

- A. The client has repeatedly procrastinated or postponed doing classroom or homework assignments in favor of engaging in social, leisure, or recreational activities.
- B. The client has continued to procrastinate doing classroom or homework assignments.
- C. The client has agreed to postpone social, leisure, or recreational activities until completing homework assignments.
- D. The client has demonstrated greater self-discipline by completing homework assignments before engaging in social, leisure, or recreational activities.
- E. The client has achieved and maintained a healthy balance between accomplishing academic goals and meeting social and emotional needs.

7. Lack of Motivation (6)

- A. The client verbalized little motivation to improve academic performance.
- B. The client has often complained of being bored with or disinterested in schoolwork.
- C. The client verbally acknowledged that their academic performance will not improve unless the client shows more interest and puts forth greater effort.
- D. The client has shown more interest in schoolwork and put forth greater effort.
- E. The client's renewed interest and motivation have contributed to improved academic performance.

8. Depression (7)

- A. The client's feelings of depression, as manifested by apathy, listlessness, and lack of motivation, have contributed to and resulted from lowered academic performance.
- B. The client appeared visibly depressed when discussing lowered academic performance.

- C. The client expressed feelings of happiness about improved academic performance.
- D. The client's academic performance has improved since their depression has lifted.

9. Low Self-Esteem (7)

- A. The client's low self-esteem, feelings of insecurity, and lack of confidence have contributed to and resulted from lowered academic performance.
- B. The client displayed a lack of confidence and expressed strong self-doubts about being able to improve academic performance.
- C. The client verbally acknowledged a tendency to give up easily and withdraw in the classroom when feeling insecure and unsure.
- D. The client verbalized positive self-descriptive statements about academic performance.
- E. The client has consistently expressed confidence in their ability to achieve academic goals.

10. Disruptive/Attention-Seeking Behavior (8)

- A. The client has frequently disrupted the classroom with negative attention-seeking behavior instead of focusing on schoolwork.
- B. The parents have received reports from teachers that the client has continued to disrupt the classroom with negative attention-seeking behavior.
- C. The client acknowledged tending to engage in disruptive behavior when they begin to feel insecure or become frustrated with schoolwork.
- D. The client has started to show greater self-control in the classroom and inhibit the impulse to act out in order to draw attention to self.
- E. The client has demonstrated a significant decrease in disruptive and negative attention-seeking behavior.

11. Low Frustration Tolerance (8)

- A. The client has developed a low frustration tolerance as manifested by a persistent pattern of giving up easily when encountering difficult or challenging academic tasks.
- B. The client's low frustration tolerance has resulted in patterns of acting out, disruptions, and negative attention-seeking behaviors.
- C. The client's frustration tolerance with schoolwork has remained very low.
- D. The client has started to show improved frustration tolerance and has not given up as easily or as often on classroom or homework assignments.
- E. The client has demonstrated good frustration tolerance and consistently completed classroom/homework assignments without giving up.

12. Test-Taking Anxiety (9)

- A. The client described a history of becoming highly anxious before or during tests.
- B. The client's heightened anxiety during tests has interfered with academic performance.
- C. The client shared that test-taking anxiety is related to fear of failure and of meeting with disapproval or criticism by significant others.
- D. The client has begun to take steps (e.g., deep breathing, positive self-statements, challenging irrational thoughts) to reduce anxiety and feel more relaxed while taking tests.
- E. The client reported a significant decrease in the level of anxiety while taking tests.

13. Excessive Parental Pressure (10)

- A. The client has viewed parents as placing excessive or unrealistic pressure on the client to achieve academic success.
- B. The parents acknowledged that they have placed excessive or unrealistic pressure on the client to achieve academic success.
- C. The parents denied placing excessive or unrealistic pressure on the client to achieve; instead, they attributed the client's lowered academic performance to lack of motivation and effort.
- D. The client reported that parents have decreased the amount of pressure they placed on the client to achieve academic success.
- E. The parents have established realistic expectations of the client's level of capabilities.

14. Family History of Academic Problems (11)

- A. The client and parents described a family history of academic problems and failures.
- B. The client's parents have demonstrated little interest or involvement in the client's schoolwork or activities.
- C. The client expressed a desire for parents to show greater interest and involvement in schoolwork or activities.
- D. The parents verbalized a willingness to show greater interest in and to become more involved in the client's schoolwork or activities.
- E. The parents have sustained an active interest and involvement in the client's schoolwork and have implemented several effective interventions to help the client achieve academic goals.

15. Environmental Stress (12)

- A. The client's academic performance has markedly declined since experiencing stressors within personal and/or family life.
- B. The client's academic performance has decreased since the family moved and the client changed schools.
- C. The client has not been able to invest sufficient time or energy in schoolwork because of having to deal with environmental stressors.
- D. The client has begun to manage stress more effectively so that they have more time and energy to devote to schoolwork.
- E. The client's academic performance has improved since resolving or finding effective ways to cope with environmental stressors.

INTERVENTIONS IMPLEMENTED

1. 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.

*The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in the *Child Psychotherapy Treatment Planner*, Sixth Edition, by Jongsma, Peterson, McInnis, & Bruce (Wiley, 2023).

- C. The client was urged to feel safe in expressing academic issues.
 - 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 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. Coordinate Psychoeducational Testing (3)**
- A. The client received a psychoeducational evaluation to rule out the presence of a learning disability that could be contributing to academic underachievement.
 - B. The client was cooperative during the psychoeducational testing and appeared motivated to do their best.
 - C. The client was uncooperative during the psychoeducational testing and did not appear to put forth good effort.
 - D. The client's resistance during the psychoeducational testing appeared to be due to feelings of insecurity and opposition to possibly receiving special education services.
 - E. The client, family, and school officials were provided with feedback regarding the psychoeducational evaluation.
- 4. Coordinate Psychological Testing for Attention-Deficit/Hyperactivity Disorder (ADHD)/ Emotional Factors (4)**
- A. The client received a psychological evaluation to help determine whether they have ADHD, which may be contributing to low academic performance.
 - B. The client received psychological testing to help determine whether emotional factors are contributing to low academic performance.
 - C. The client was uncooperative and resistant during the evaluation process.
 - D. The client approached the psychological testing in an honest, straightforward manner and was cooperative with the examiner.
 - E. The client, family, and school officials were provided with feedback regarding the psychological evaluation.
- 5. Obtain Psychosocial History (5)**
- A. A psychosocial assessment was completed to gather pertinent information about the client's past academic performance, developmental milestones, and family history of educational achievements and failures.

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- B. The client and parents were cooperative in providing information about the client's early developmental history, school performance, and family background.
- C. A review of the client's background revealed a history of developmental delays and low academic performance.
- D. The psychosocial assessment revealed a family history of academic underachievement and failures.
- E. The psychosocial assessment revealed a history of strong expectations being placed on family members to achieve academic success.

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 syntonious versus dystonious 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, and educational 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.

10. Assess for Pathogenic Care (10)

- A. The home, school, and community of the client were assessed for pathogenic care and concerns.
- B. The client's various environments were assessed for the persistent disregard of the child's needs, repeated changes in caregivers, limited opportunities for stable attachment, harsh discipline, or other grossly inept care.
- C. Pathogenic care was identified and the treatment plan included strategies for managing or correcting these concerns and protecting the child.
- D. No pathogenic care was identified and this was reflected to the client and caregivers.

11. Refer for Hearing/Vision/Medical Examination (11)

- A. The client was referred for a hearing and vision examination to rule out possible problems that may be interfering with school performance.
- B. The client was referred for a medical evaluation to rule out possible health problems that may be interfering with school performance.
- C. The hearing examination results revealed the presence of problems that are interfering with the client's academic performance.
- D. The vision examination revealed the presence of problems that are interfering with the client's school performance.
- E. The medical examination revealed the presence of health problems that are interfering with the client's school performance.
- F. The client has not been evaluated for hearing, vision, or medical concerns and the parents were redirected to coordinate this evaluation.

12. Attend Individualized Educational Planning Committee Meeting (12)

- A. The client's Individualized Educational Planning Committee (IEPC) meeting was held with the parents, teachers, and school officials to determine the client's eligibility for special education services, to design educational interventions, and to establish educational goals.
- B. The recommendation was made to the IEPC that the client receive special education services to address learning problems.
- C. At the IEPC meeting, it was determined that the client is not in need of special education services because they do not meet the criteria for a learning disability.
- D. The IEPC meeting was helpful in identifying specific educational goals.
- E. The IEPC meeting was helpful in designing several educational interventions for the client.

13. Arrange for Appropriate Classroom (13)

- A. Based on the IEPC goals and recommendations, arrangements were made for the client to be moved to an appropriate classroom setting to maximize learning.
- B. The client has been moved to a more appropriate classroom setting, and the benefits of this were reviewed.
- C. Despite specific recommendations, the client has not been moved to a more appropriate classroom setting, and further advocacy was provided in this area.

14. Consult About Teaching Intervention Strategies (14)

- A. A consultation was held with the client, parents, and school officials about designing effective teaching programs for intervention strategies that build on the client's strengths and compensate for weaknesses.
- B. The client, parents, and teachers were assisted in identifying several learning or personality strengths that the client can use to improve academic performance.
- C. The consultation meeting with the client, parents, and school officials identified the client's weaknesses and intervention strategies that they can use to overcome problems.

15. Assign Helpful Books (15)

- A. The client's parents were instructed to read books to help the client overcome learning weaknesses or patterns of underachievement.
- B. The client's parents were assigned *The Motivation Breakthrough: 6 Secrets to Turning on the Tuned-Out Child* (Lavoie), *Solve Your Child's School-Related Problems* (Martin & Greenwood-Waltman), or *How to Help Your Child with Homework* (Schumm).
- C. The client's parents read the assigned material and key factors were reviewed.
- D. The client's parents have not read the assigned material and were redirected to do so.

16. Arrange School Conference (16)

- A. Arrangements were made for a school conference for the underachieving gifted client to identify factors contributing to underachievement, design appropriate education curriculum, identify relevant school assignments and establish reasonable educational goals.
- B. A school conference for the client was held, yielding reasonable educational goals.
- C. A school conference was not held for the client, and barriers to this were managed.

17. Refer to Private Learning Center (17)

- A. The client was referred to a private learning center for extra tutoring in the areas of academic weakness and for assistance in improving study and test-taking skills.
- B. The client reported that the extra tutoring and support provided by the private learning center have helped improve performance in the areas of academic weakness; the benefits of this improvement were reviewed.
- C. The client reported that performance in the areas of academic weakness has not improved since attending the private learning center but was encouraged to continue.
- D. The client reported that study and test-taking skills have improved since attending the private learning center, and the benefits of this improvement were reviewed.
- E. The client's study skills and test performances have not improved since attending the private learning center, and a discussion was held about whether to continue the use of the private learning center.

18. Establish Regular Homework Routine (18)

- A. The parents and client were encouraged to create a regular homework routine.
- B. The parents and client were assisted in identifying factors of a regular homework routine, such as a set time to study in the same place or working with the same adults.
- C. The parents and client have engaged in a regular homework routine; the benefits were highlighted, and barriers were managed.
- D. The parents and client have not engaged in a regular homework routine, and they were redirected to do so.

19. Teach Study Skills (19)

- A. The client was assisted in identifying a list of good locations to study.
- B. The client was instructed to remove noise sources and eliminate as many distractions as possible when studying.
- C. The client was instructed to outline or underline important details when studying or reviewing for tests.
- D. The client was encouraged to use a tape recorder to help with studying for tests and reviewing important facts.
- E. The client was instructed to take breaks in studying when they become distracted and have trouble staying focused.

20. Utilize Peer Tutor (20)

- A. The recommendation was given to parents and teachers that the client be assigned a peer tutor to improve study skills and address areas of academic weakness.
- B. The client verbalized a desire and willingness to work with the recommended peer tutor to improve study skills and academic performance.
- C. The client expressed opposition to the idea of working with a peer tutor to improve study skills and academic performance but was encouraged to use this resource.
- D. The client reported that peer tutoring has helped to improve study skills and academic performance, and the benefits of this resource were highlighted.
- E. The client reported that peer tutoring has not helped to improve study skills and academic performance but was encouraged to continue.
- F. The client has not taken advantage of working with and learning from the peer tutor and was redirected to use this resource.

21. Maintain Communication Between Home and School (21)

- A. The parents and teachers were encouraged to maintain regular communication via phone calls or written notes regarding the client's academic progress.
- B. The client's teachers were asked to send home daily or weekly progress notes informing the parents about the client's academic progress to help the client remain organized and keep up with school assignments.
- C. The client was informed of their responsibility to bring home daily or weekly progress notes from school, allowing for regular communication between parents and teachers.
- D. The parents were supported as they identified the consequences for the client's failure to bring home a daily or weekly progress note from school.

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- E. It was noted that the increased communication between teachers and parents via phone calls or regular progress notes has been a significant contributing factor to the client's improved academic performance.
- F. The parents have not maintained regular contact with the child's teachers and were redirected to do so.

22. Assign Self-Monitoring Checklists (22)

- A. The client was encouraged to utilize self-monitoring checklists to increase completion of school assignments and improve academic performance.
- B. The client was directed to read portions of *How to Do Homework Without Throwing Up* (Romain).
- C. The client reported that the use of the assigned self-monitoring checklists has helped them to become more organized and to complete school assignments on time.
- D. The client's teachers were consulted about the use of self-monitoring checklists in the classroom to help with completing school and homework assignments on a regular, consistent basis.
- E. Parents and teachers were instructed to use a reward system in conjunction with the self-monitoring checklists to increase the client's completion of school and homework assignments and improve academic performance.
- F. The client has failed to consistently use self-monitoring checklists and as a result has continued to have trouble completing school and homework assignments; the client was encouraged to use the checklists.

23. Use Assignment Planner or Calendar (23)

- A. The client was strongly encouraged to use a planner or calendar to record school and homework assignments and plan ahead for long-term assignments.
- B. It was noted that the client's regular use of a planning calendar has helped with completing classroom and homework assignments on a consistent basis.
- C. The client reported that the use of a planning calendar has helped with planning ahead for long-term assignments, and the client was encouraged to continue.
- D. The client has failed to use a planning calendar consistently and has continued to struggle to complete school/homework assignments; the client was redirected to use this technique.
- E. It was noted that the client's ADHD symptoms have contributed to failure to use a planner or calendar on a regular basis.

24. Monitor Assignment Completion (24)

- A. The client's completion of school and homework assignments was monitored.
- B. The "Establish a Homework Routine" program from the *Child Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce) was used to help the client complete school and homework assignments on a consistent basis.
- C. The parents and teachers were encouraged to use daily or weekly school reports from the "Establish a Homework Routine" program to help them communicate regularly about how well the client is doing at completing school and homework assignments.

- D. Regular communication between the parents and teachers was noted to have helped the client to complete school and homework assignments on a consistent basis.
- E. The client, parents, and teachers were encouraged to use the reward system outlined in the “Establish a Homework Routine” program to help the client complete school and homework assignments on a regular basis.
- F. The reward system has helped motivate the client to complete school and homework assignments.

25. Develop Study and Recreation Schedule (25)

- A. The client and parents were assisted in developing a routine schedule to help the client achieve a healthy balance between completing homework assignments and engaging in independent play or spending quality time with family and peers.
- B. The client has followed the agreed-on schedule and has been able to successfully complete homework assignments and engage in independent play or spend quality time with family and peers.
- C. The client has failed to consistently complete homework assignments because they have not followed the agreed-on schedule.

26. Encourage Positive Reinforcement (26)

- A. The parents and teachers were encouraged to provide frequent positive reinforcement to maintain the client’s interest and motivation in completing school/homework assignments.
- B. The parents and teachers were challenged to look for opportunities to praise the client for being responsible or successful at school, instead of focusing on times when the client failed to behave responsibly or achieve success.
- C. Today’s session explored the contributing factors or underlying dynamics that prevent the parents from offering praise and positive reinforcement on a consistent basis.

27. Identify Rewards to Maintain Motivation (27)

- A. The client and parents were helped to develop a list of possible rewards or positive reinforcers that would increase the client’s interest and motivation to complete school assignments.
- B. The client signed a written contract specifying the positive reinforcers that are contingent on completion of school assignments.
- C. The rewards and positive reinforcers have helped to maintain the client’s interest and motivation in completing school assignments.
- D. The client and parents have not used rewards to maintain motivation and were redirected in this area.

28. Teach Test-Taking Strategies (28)

- A. The client was asked to review 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 instructions twice before responding to questions on a test.
- D. The client recognized the need to recheck work to correct any careless mistakes or improve an answer; the client was praised for this helpful technique.

29. Teach Guided Imagery or Relaxation Techniques (29)

- A. The client was trained in the use of guided imagery and deep-muscle relaxation techniques to help reduce the level of anxiety before or during the taking of tests.
- B. The client reported a positive response to the use of guided imagery and deep-muscle relaxation techniques to help decrease anxiety before and during the taking of tests.
- C. The client appeared uncomfortable during the therapy session when being instructed on the use of guided imagery and deep-muscle relaxation techniques.
- D. The client was encouraged to continue to practice the use of guided imagery and deep-muscle relaxation techniques, even though the client reports little or no improvement in the reduction of level of anxiety or frustration since the previous therapy session.

30. Teach Stress-Coping Strategies (30)

- A. The client was taught guided imagery and relaxation techniques to help decrease the level of anxiety and frustration when encountering difficult or challenging school assignments.
- B. The client was encouraged to utilize positive self-talk as a means of decreasing anxiety and managing frustration when encountering difficult or challenging school assignments.
- C. The client was taught cognitive restructuring techniques to decrease anxiety and frustrations associated with schoolwork.
- D. The client reported that the use of the assigned positive coping mechanisms (e.g., relaxation techniques, positive self-talk, cognitive restructuring) has helped to decrease the level of anxiety and frustration when encountering difficult or challenging school assignments.
- E. The client reported experiencing little or no reduction in the level of anxiety or frustration through the use of the assigned relaxation techniques, positive self-talk, or cognitive restructuring.

31. Explore Family Stress (31)

- A. A family therapy session was held to explore the dynamics that may be contributing to the client's lowered academic performance.
- B. The family members were asked to list the stressors that have had a negative impact on the family.
- C. The family members were asked to identify the things that they would like to change within the family.
- D. The parents were supported as they acknowledged how their marital problems are creating stress for the client and agreed to seek marital counseling.
- E. The parents refused to follow through with the recommendation for marital counseling.

32. Assign Reading Materials (32)

- A. The client was assigned to read books that teach effective ways to deal with anxiety, frustration, or difficulty with schoolwork.
- B. The client was assigned *My Name Is Brain Brian* (Betancourt), *The Junkyard Wonders* (Polacco), or *The Flunking of Joshua T. Bates* (Shreve).
- C. The client read the assigned material and key points were processed.
- D. The client has not read the assigned material and was encouraged to try again.

33. Encourage Parental Involvement (33)

- A. The parents were strongly encouraged to demonstrate regular interest in and involvement with the client's school activities and homework.
- B. The parents were encouraged to attend the client's school conferences.
- C. The parents were encouraged to read aloud or alongside the client on a regular basis to improve reading skills.
- D. The parents were encouraged to use flashcards on a regular basis to improve the client's math skills.
- E. The parents were encouraged to work with the client each school night to improve spelling abilities.
- F. Despite encouragement, the parents have not become more involved in the client's schoolwork and were reminded about the necessity of this involvement.

34. Explore/Confront Unrealistic Parental Expectations (34)

- A. A family therapy session was held to explore whether the parents have developed unrealistic expectations or are placing excessive pressure on the client to perform.
- B. The client and parents were supported as they discussed and identified more realistic expectations about the client's academic performance.
- C. The parents were confronted and challenged about placing excessive pressure on the client to achieve academic success.
- D. Today's family therapy session explored the reasons why the parents have placed excessive pressure on the client to achieve academic success.
- E. The client was seen individually to allow them to express thoughts and feelings about excessive pressure placed on them by parents.
- F. A family therapy session was held to provide the client with an opportunity to express anger, frustration, and hurt about parents placing excessive pressure on them.

35. Encourage Parents to Set Firm Limits for Homework Refusal (35)

- A. The parents were strongly encouraged to set firm, consistent limits and use natural, logical consequences for the client's refusal to do homework.
- B. Positive feedback was provided as the parents identified a list of consequences to use for the client's refusal to do homework.
- C. The parents reported that the client has responded positively to their limits or consequences and has begun to complete homework assignments on a regular, consistent basis; the benefits of setting limits and consequences were reviewed.
- D. The client has refused to comply with parents' request to complete homework assignments, even though the parents have begun to set firm limits; the parents were encouraged to continue.
- E. The parents were instructed to follow through with firm, consistent limits and not become locked into unhealthy power struggles or arguments with the client over homework each night.
- F. The client was asked to repeat the rules surrounding homework to demonstrate an understanding of parents' expectations of the client.

36. Assess Parents' Overprotectiveness (36)

- A. A family therapy session was conducted to explore whether the parents' overprotectiveness or infantilization of the client contributes to the client's academic underachievement.
- B. The parents were helped to see how their pattern of overprotectiveness or infantilization contributes to the client's academic underachievement.
- C. The client and parents were helped to recognize the secondary gain that is achieved through the parents' pattern of overindulging or infantilizing the client.
- D. The parents were instructed to expect some resistance (e.g., crying, complaining, exhibiting temper outbursts) when they begin to terminate their pattern of overprotectiveness or infantilization.
- E. The parents were encouraged to remain firm and follow through with consistent limits when the client tests them about doing homework.
- F. The parents were helped to develop realistic expectations of the client's learning potential.
- G. The client and parents were assisted in developing realistic academic goals that were in line with the client's learning potential.

37. Consult School Officials to Improve On-Task Behavior (37)

- A. The therapist consulted with school officials about ways to improve the client's on-task behavior.
- B. The recommendation was made that the client sit toward the front of the class or near positive peer role models to help them stay focused and on task.
- C. The teachers were encouraged to call on the client often during the class to maintain the client's interest and attention.
- D. The teachers were instructed to provide frequent feedback to the client to maintain interest and motivation to complete school assignments.
- E. The recommendation was given to teachers to break the client's larger assignments into a series of smaller tasks.

38. Assign Reading Material on Organization and Study Skills (38)

- A. The client was assigned to read material designed to improve organizational and study skills.
- B. The client was instructed to read *13 Steps to Better Grades* (Silverman) to improve organizational and study skills.
- C. The client's reading of *13 Steps to Better Grades* was processed in today's therapy session.
- D. After reading *13 Steps to Better Grades*, the client was able to identify several positive study skills that will help them remain organized in the classroom.
- E. The client has not read the information on improving organizational and study skills and was redirected to do so.

39. Reinforce Successful School Experiences (39)

- A. The parents and teachers were encouraged to reinforce the client's successful school experiences.
- B. The client was given the homework assignment of making one positive statement about school each day.

- C. All positive statements by the client about school were noted and reinforced.
- D. The client was helped to realize how their negativistic attitude about school interferes with the ability to establish peer friendships.

40. Record Positive Statements About School (40)

- A. The client was assigned the task of making one positive statement daily about school and either recording the statement in a journal or writing it on a sticky note to place in the kitchen or bedroom.
- B. The client was assigned the exercise “Positive Self-Statements” from the *Child Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce).
- C. The client complied with the homework assignment to record at least one positive statement daily about school experiences.
- D. After reviewing the positive statements about school recorded in the journal, the client was encouraged to engage in similar positive behaviors that would help make school a more rewarding and satisfying experience.
- E. The client did not cooperate with the homework assignment to record at least one positive statement daily about school experiences.

41. Confront Self-Disparaging Remarks (41)

- A. The client was confronted about the self-defeating pattern of making derogatory comments about self and giving up easily when encountering difficulty with schoolwork.
- B. The client was instructed to use positive self-talk when encountering difficult or challenging tasks at school instead of making disparaging remarks about self and giving up easily.
- C. The client was directed to verbalize at least one positive self-statement around others at school.
- D. The client has not made positive self-descriptive statements around others at school and was redirected to use this positive self-talk on a regular basis.

42. Teach Self-Control Strategies (42)

- A. The client was taught deep-breathing and relaxation techniques to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustration with schoolwork.
- B. The client was encouraged to use positive self-talk when encountering frustration with schoolwork instead of acting out or engaging in negative attention-seeking behaviors.
- C. The client was taught mediational self-control strategies (e.g., “stop, listen, think, and act”) to inhibit the impulse to act out or engage in negative attention-seeking behaviors when encountering frustration with schoolwork.

43. Review Past Periods of Academic Success (43)

- A. The client was assisted in exploring periods of time when they completed schoolwork regularly and achieved academic success.
- B. The client was encouraged to use strategies or organizational skills similar to those used in the past to achieve academic success.

- C. The client shared the realization that involvement in extracurricular or positive peer group activities increased motivation to achieve academic success.
- D. The session revealed that the client was more disciplined with study habits when the client received strong family support and associated with positive peer groups.
- E. The client was helped to recognize that they achieved greater academic success in the past when they scheduled routine times to complete homework.

44. Review Past Successful Coping Strategies (44)

- A. The client was assisted in exploring other coping strategies previously used to solve other problems.
- B. The client was encouraged to use coping strategies similar to those used successfully in the past to overcome current problems associated with learning.
- C. The session revealed that the client overcame past learning problems when they sought extra assistance from teachers, parents, or peers.
- D. The client recognized that they were more successful in completing school assignments in the past when they used a planning calendar to record homework assignments and long-term projects; the client was encouraged to return to these techniques.

45. Identify Resource People Within School (45)

- A. The client was assisted in developing a list of resource people within the school to whom they can turn for support, assistance, or instruction when encountering difficulty or frustration with learning.
- B. After identifying a list of school resource people, the client was directed to seek support at least once from one of these individuals before the next therapy session.
- C. The client reported that the extra assistance they received from other individuals in the school helped with overcoming difficulty and learning new concepts or skills; the benefits of this technique were highlighted.

46. Encourage Reward System for Independent Reading (46)

- A. The parents were encouraged to use a reward system to reinforce the client for engaging in independent reading.
- B. The parents were encouraged to use the “Reading Adventure” program from the *Child Psychotherapy Homework Planner* (Jongsma, Peterson, McInnis, & Bruce) to increase the client’s motivation to read on a regular basis.
- C. The parents were instructed to use the reward system in the “Reading Adventure” program to reinforce the client for engaging in independent reading.
- D. The parents reported that the “Reading Adventure” program has increased the client’s interest and enjoyment with reading.
- E. The reward system helped the client reach the goal of reading for a specific period of time each day or week.
- F. The parents have not used the reward system to reinforce the client for engaging in independent reading and were directed to do so.

47. Use Individual Play Therapy (47)

- A. An individual play therapy session was conducted with the client to help with working through and resolving painful emotions, core conflicts, or stressors that have impeded academic performance.
- B. A psychoanalytic play therapy approach was used to explore the core conflicts that are impeding the client's academic performance.
- C. The client made productive use of the individual play therapy session to express painful emotions surrounding core conflicts or significant stressors.
- D. Client-centered play therapy approaches were used to help the client identify and express painful emotions surrounding the core conflicts or significant stressors that impede academic performance.

48. Use Mutual Storytelling Techniques (48)

- A. The mutual storytelling technique was used to model appropriate ways for the client to manage frustration related to learning problems.
- B. The mutual storytelling technique was used to show how achieving one's academic goals leads to improvements in feelings of self-worth.
- C. The mutual storytelling technique was used to show the client the benefits of completing homework before engaging in social or recreational activities.
- D. The client found the mutual storytelling technique to be an enjoyable way to learn how to manage frustrations related to learning problems.
- E. The client created a story through the use of puppets, dolls, or stuffed animals that was noted to be reflective of feelings of insecurity and frustration about their struggles to learn.

49. Use Art Therapy Techniques (49)

- A. The client was instructed to draw a variety of pictures that reflected how personal and family life would be different if the client completed homework on a regular basis.
- B. After completing the drawings, the client was helped to verbalize how academic under-achievements or failures have negatively affected self-esteem and family relationships.
- C. The completion of the client's drawings led to a discussion about what steps the client can take to improve academic performance.
- D. The client's artwork was noted to be reflective of their perception of the parents being overly critical or placing excessive pressure on the client to achieve academic success.

ADOPTION

CLIENT PRESENTATION

1. Infant Adoption (1)*

- A. The client was adopted into the present family during infancy.
- B. The adoptive parents eagerly desired the adoption to occur directly after the client's birth.
- C. The client was 1 to 2 years old when adopted into the family.

2. Adoption After Age 2 (2)

- A. The client was adopted into the present family after age 2.
- B. The client was adopted into the present family after having lived with the biological family for 2 years or more.

3. Adoption of Special-Needs Children (3)

- A. The parents have recently adopted a special-needs child/sibset.
- B. The parents expressed feeling overwhelmed by the demands of the children.
- C. The parents asked for support and resources to assist them in coping with the special needs of the adopted child/children.
- D. The parents have gradually adjusted to, and are becoming accepting of, the special-needs child/children.

4. Relates to Others in a Withdrawing/Rejecting Way (4)

- A. The parents indicated that from the beginning the client has shown withdrawing and rejecting behaviors toward them.
- B. It has been observed by caregivers and professionals that the client relates in a detached manner with everyone.
- C. Evaluations have noted that the client rarely makes any eye contact and physically keeps away from others.
- D. The client has started to relate more closely with others and is allowing others to get physically closer.

5. Hoarding or Gorging Food (5)

- A. The parents have discovered that the client has stashes of food in various hiding places in their bedroom.
- B. It has been observed that the client eats quickly to ensure that they can get more.
- C. The parents reported that the client often eats so much that they become physically sick.
- D. The client has been seen sneaking food at home and school to save for eating at a later time.

*The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in the *Child Psychotherapy Treatment Planner*, Sixth Edition, by Jongsma, Peterson, McInnis, & Bruce (Wiley, 2023).