

**PracticePlanners<sup>®</sup>**

Arthur E. Jongsma, Jr., Series Editor

# The Complete Anxiety Treatment and Homework Planner

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*Arthur E. Jongsma, Jr.*

*Editor*



WILEY

John Wiley & Sons, Inc.



The Complete Anxiety  
Treatment and  
Homework Planner

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Arthur E. Jongsma, Jr., Series Editor

# The Complete Anxiety Treatment and Homework Planner

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*Arthur E. Jongsma, Jr.*

*Editor*



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To my Dad, Arthur E. Jongsma, Sr., whose 95 year journey through life has been predominantly dedicated to serving his Lord to the best of his ability. He loves the Lord and the Lord loves him.

A.E.J.



# CONTENTS

PracticePlanner® Series Preface	xv
Introduction	1
<b>SECTION I—Treatment Planning</b>	<b>9</b>
Child	13
Arthur E. Jongsma, Jr., L. Mark Peterson, and William P. McInnis	
School-Based Child/Adolescent	19
Sarah Edison Knapp and Arthur E. Jongsma, Jr.	
Adolescent	27
Arthur E. Jongsma, Jr., L. Mark Peterson, and William P. McInnis	
Adult	33
Arthur E. Jongsma, Jr. and L. Mark Peterson	
Acute Inpatient Adult	39
Chris E. Stout and Arthur E. Jongsma, Jr.	
Addicted Adult/Adolescent	45
Robert R. Perkinson and Arthur E. Jongsma, Jr.	
Older Adult (Elderly)	51
Deborah W. Frazer and Arthur E. Jongsma, Jr.	
Employee	59
James M. Oher, Daniel J. Conti, and Arthur E. Jongsma, Jr.	
Medically Ill	63
Douglas E. DeGood, Angela L. Crawford, and Arthur E. Jongsma, Jr.	
Trauma Victim	69
Tammi D. Kolski, Michael Avriette, and Arthur E. Jongsma, Jr.	
Developmentally Disabled	75
Kellye H. Slaggert and Arthur E. Jongsma, Jr.	
Severely Mentally Ill	83
David J. Berghuis and Arthur E. Jongsma, Jr.	

Neurologically Impaired	91
Michele J. Rusin and Arthur E. Jongsma, Jr.	
Conjoint Treatment of Anxiety	99
K. Daniel O’Leary, Richard E. Heyman, and Arthur E. Jongsma, Jr.	
Group Treatment of Anxiety	107
Kim Paleg and Arthur E. Jongsma, Jr.	
Group Treatment of Panic/Agoraphobia	113
Kim Paleg and Arthur E. Jongsma, Jr.	
Psychotropic Treatment of Anxiety	121
David C. Purselle, Charles B. Nemeroff, and Arthur E. Jongsma, Jr.	
<b>Section II—Homework Planning and instructions for downloading fully-customizable assignments online</b>	<b>127</b>
<b>Child</b>	<b>129</b>
Arthur E. Jongsma, Jr., L. Mark Peterson, and William P. McInnis	
Exercise IIA.A An Anxious Story	131
Exercise IIA.B Dixie Overcomes Her Fears	135
Exercise IIA.C Maurice Faces His Fear	141
Exercise IIA.D Show Your Strengths	147
<b>Adolescent</b>	<b>151</b>
Arthur E. Jongsma, Jr., L. Mark Peterson, and William P. McInnis	
Exercise IIB.A Finding and Losing Your Anxiety	153
Exercise IIB.B Panic Attack Rating Form	157
Exercise IIB.C Tools for Anxiety	161
Exercise IIB.D What Makes Me Anxious	165
<b>School</b>	<b>169</b>
Sarah Edison Knapp	
Exercise IIC.A 101 Ways to Cope with Stress	171
Exercise IIC.B Physical Receptors of Stress	175
Exercise IIC.C Reframing Your Worries	179
<b>Adult</b>	<b>183</b>
Arthur E. Jongsma, Jr.	
Exercise IID.A Analyze the Probability of a Feared Event	185
Exercise IID.B Four Ways to Reduce Fear	191
Exercise IID.C Past Successful Anxiety Coping	195

Addiction	199
James R. Finley and Brenda S. Lenz	
Exercise IIE.A    Coping with Stress	201
Exercise IIE.B    Learning to Self-Soothe	207
Exercise IIE.C    My Anxiety Profile	211
Employee	215
Lise B. Mayers and Diana L. Rabatin	
Exercise IIF.A    Panic Attack Record	217
Exercise IIF.B    Ten Rules for Coping with Panic	221
Exercise IIF.C    The Process of Rational Thinking	223
Group Anxiety	227
Louis J. Bevilacqua	
Exercise IIG.A    Beating Self-Defeating Beliefs	229
Exercise IIG.B    What Happens When I Feel Anxious?	233
Group Panic/Agoraphobia	237
Louis J. Bevilacqua	
Exercise IIH.A    Breaking My Panic Cycle	239
Exercise IIH.B    What Else Can I Say or Do?	243
Exercise IIH.C    When Is This Going to Happen?	247
Appendix: Bibliotherapy Suggestions	251



## PRACTICEPLANNERS® SERIES PREFACE

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

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

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

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

Client Education Handout Planners, a new branch in the series, provides brochures and handouts to help educate and inform adult, child, adolescent, couples, and family clients on a myriad of mental health issues, as well as life skills techniques. The list of presenting problems for which information is provided mirrors the list of presenting problems in the Treatment Planner of the title similar to that of the Handout Planner. Thus, the problems for which educational material is provided in the *Child and*

*Adolescent Client Education Handout Planner* reflect the presenting problems listed in *The Child* and *The Adolescent Psychotherapy Treatment Planner* books. Handouts are included on CD-ROMs for easy printing and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues.

In addition, the series also includes TheraScribe®, the latest version of the popular treatment planning, clinical record-keeping software. TheraScribe allows the user to import the data from any of the Treatment Planner, Progress Notes Planner, or Homework Planner books into the software's expandable database. Then the point-and-click method can create a detailed, neatly organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

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

ARTHUR E. JONGSMA, JR.  
Grand Rapids, Michigan

# INTRODUCTION

Since the early 1960s, formalized treatment planning has gradually become a vital aspect of the health care delivery system, whether it is treatment related to physical health, mental health, child welfare, or substance abuse. What started in the medical sector in the 1960s spread into the mental health sector in the 1970s as clinics, psychiatric hospitals, agencies, and other institutions, began to seek accreditation from bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to qualify for third-party reimbursements. With the advent of managed care in the 1980s, treatment planning took on even more importance. Managed care systems *insisted* that clinicians move rapidly from assessment of the problem to the formulation and implementation of a treatment plan. The goal of most managed care companies is to expedite the treatment process by prompting the client and treatment provider to focus on identifying and changing behavioral problems as quickly as possible. Treatment plans must be specific as to the presenting problems, behaviorally defined symptoms, treatment goals, and objectives and interventions. Treatment plans must be individualized to meet the client's needs and goals, and the observable objectives must allow for setting milestones that can be used to chart the client's progress. Pressure from third-party payors, accrediting agencies, and other outside parties has therefore increased the need for clinicians to produce effective, high-quality treatment plans in a short time. Because many mental health providers have little experience in treatment plan development, our purpose in writing this book is to clarify, simplify, and accelerate the treatment planning process.

## PLANNER FOCUS

Currently, there are 28 Treatment Planners and 14 Homework Planners in the Wiley PracticePlanners series. As the Series Editor, I have been privileged to work with many creative and well-trained mental health professionals from around the country. Although these books have been written for implementation with a wide variety of treatment populations (e.g., adult, adolescent, child, older adult, addicted) or treatment settings (e.g., school, employment), some presenting problems are common to many of our books. This book is a compilation of treatment planning and homework assignments focused on the presenting problem of anxiety.

Various authors have approached the treatment of anxiety in specific client populations or treatment settings. Some of the material has been modified slightly to make the style, length, and form uniform throughout the book. The authors of the individual chapters are cited in a footnote at the beginning of each chapter. I thank them for their contributions to this book.

The 25 homework assignments are grouped into eight categories based on their treatment population focus. If an assignment appears applicable to your client, you may visit the Wiley website [www.wiley.com/go/completeplanners](http://www.wiley.com/go/completeplanners) to download a full-size customizable version to

## 2 THE COMPLETE ANXIETY TREATMENT AND HOMEWORK PLANNER

your hard drive for current and future print out and distribution. You may download one assignment at a time as it is needed or you may choose to download all 25 assignments in one visit to the site.

In the Treatment Planning section of *The Complete Anxiety Treatment and Homework Planner* you will find a menu of statements to be included in outpatient and inpatient treatment plans for a variety of client populations struggling with anxiety. There is no single bias to the Objectives and Interventions suggested, but rather you will find items reflecting an eclectic approach of family therapy, individual therapy, pharmacotherapy, insight orientation, cognitive and behavioral techniques, and others. The clinician may select those items from the menu that best fit his or her therapeutic approach and the client's individual strengths and needs.

Each chapter of the Treatment Planning section contains a menu of items from which you may select “Behavioral Definition” statements that describe your client’s symptom pattern, “Long-Term Goal” statements that describe the desired outcome of treatment, “Short-Term Objectives” statements describing observable steps toward the treatment goal, and “Therapeutic Intervention” statements describing suggested ways for you to help your client achieve the Objectives (as always, Intervention numbers are placed in parentheses after each Objective as a way to suggest which Intervention may be most appropriate for the specific Objective). Finally, *DSM-IV-TR*<sup>TM</sup> “Diagnostic Suggestions” associated with the presenting problem are placed at the end of each chapter.

### DEVELOPING A TREATMENT PLAN

The process of developing a treatment plan involves a logical series of steps that build on each other much like constructing a house. The foundation of any effective treatment plan is the data gathered in a thorough biopsychosocial assessment. As the client presents himself or herself for treatment, the clinician must sensitively listen to and understand what the client struggles with in terms of family-of-origin issues, current stressors, emotional status, social network, physical health, coping skills, interpersonal conflicts, self-esteem, and so on. Assessment data may be gathered from a social history, physical exam, clinical interview, psychological testing, or contact with a client’s significant others. The integration of the data by the clinician or the multidisciplinary treatment team members is critical for understanding the client, as is an awareness of the basis of the client’s struggle. We have identified 6 specific steps for developing an effective treatment plan based on the assessment data.

#### Step One: Client Population Selection

*The Complete Anxiety Treatment and Homework Planner* assumes that the client is presenting with anxiety as the primary or secondary problem. Choose the chapter that best reflects your client's population characteristics.

#### Step Two: Problem Definition

Each individual client presents with unique nuances as to how a problem behaviorally reveals itself in his or her life. Therefore, the anxiety problem requires a specific definition about how it is evidenced in the particular client. The symptom pattern should be associated with diagnostic criteria and codes such as those found in the *Diagnostic and Statistical Manual* or the *International Classification of Diseases*. The *Complete Planner*, following the pattern established

by *DSM-IV-TR*, offers behaviorally specific definition statements to choose from or to serve as a model for your own personally crafted statements. A master list of behavioral definition statements describing anxiety can be found at the beginning of the Treatment Planning section. Symptom statements can be drawn from this list and applied to any of the various treatment populations covered in the 17 treatment planning chapters. Additionally, each treatment planning chapter contains a few very specific behavioral definition statements that are uniquely applicable to the client population focused on in that chapter.

### **Step Three: Goal Development**

The next step in treatment plan development is to set broad goals for the resolution of the target problem. These statements need not be crafted in measurable terms but can be global, long-term goals that indicate a desired positive outcome to the treatment procedures. Although the *Complete Planner* suggests several possible goal statements for each problem, one statement is all that is required in a treatment plan.

### **Step Four: Objective Construction**

In contrast to long-term goals, objectives must be stated in behaviorally measurable language. It must be clear when the client has achieved the established objectives; therefore, vague, subjective objectives are not acceptable. Review agencies (e.g., JCAHO), HMOs, and managed care organizations insist that psychological treatment outcomes be measurable. The objectives presented in this *Complete Planner* are designed to meet this demand for accountability. Numerous alternatives are presented to allow construction of a variety of treatment plan possibilities for the same presenting problem. The clinician must exercise professional judgment as to which objectives are most appropriate for a given client.

Each objective should be developed as a step toward attaining the broad treatment goal. In essence, objectives can be thought of as a series of steps that, when completed, will result in the achievement of the long-term goal. There should be at least two objectives for the anxiety problem, but the clinician may construct as many as are necessary for goal achievement. Target attainment dates may be listed for each objective. New objectives should be added to the plan as the individual's treatment progresses. When all the necessary objectives have been achieved, the client should have resolved the target problem successfully.

### **Step Five: Intervention Creation**

*Interventions* are the actions of the clinician designed to help the client complete the objectives. There should be at least one intervention for every objective. If the client does not accomplish the objective after the initial intervention, new interventions should be added to the plan.

Interventions should be selected on the basis of the client's needs and the treatment provider's full therapeutic repertoire. This *Complete Planner* contains interventions from a broad range of therapeutic approaches, including cognitive, dynamic, behavioral, pharmacologic, family-oriented, and solution-focused brief therapy. Other interventions may be written by the provider to reflect his or her own training and experience. The addition of new definitions, goals, objectives, and interventions to those found in the *Complete Planner* is encouraged because doing so adds to the database for future reference and use.

Some suggested interventions listed in the *Complete Planner* refer to specific books that can be assigned to the client for adjunctive bibliotherapy. Appendix A contains a full bibliographic

#### 4 THE COMPLETE ANXIETY TREATMENT AND HOMEWORK PLANNER

reference list of these materials. The books are arranged under each population for which they are appropriate as assigned reading for clients. When a book is used as part of an intervention plan, it should be reviewed with the client after it is read, enhancing the application of the content of the book to the specific client's circumstances. For further information about self-help books, mental health professionals may wish to consult the *Authoritative Guide to Self-Help Resources in Mental Health* (2003) by Norcross, Santrock, Campbell, Smith, Sommer, and Zuckerman (The Guilford Press, New York).

Assigning an intervention to a specific provider is most relevant if the client is being treated by a team in an inpatient, residential, or intensive outpatient setting. Within these settings, personnel other than the primary clinician may be responsible for implementing a specific intervention. Review agencies require that the responsible provider's name be stipulated for every intervention.

### Step Six: Diagnosis Determination

The determination of an appropriate diagnosis is based on an evaluation of the client's complete clinical presentation. The clinician must compare the behavioral, cognitive, emotional, and interpersonal symptoms that the client presents to the criteria for diagnosis of a mental illness condition as described in *DSM-IV-TR*. The issue of differential diagnosis is admittedly a difficult one that has rather low inter-rater reliability. Psychologists have also been trained to think more in terms of maladaptive behavior than in disease labels. In spite of these factors, diagnosis is a reality that exists in the world of mental health care and it is a necessity for third-party reimbursement. (Managed care agencies are more interested in behavioral indices that are exhibited by the client than in the actual diagnosis.) It is the clinician's thorough knowledge of *DSM-IV-TR* criteria and a complete understanding of the client assessment data that contribute to the most reliable, valid diagnosis. An accurate assessment of behavioral indicators will also contribute to more effective treatment planning.

### HOW TO USE THIS PLANNER

Our experience has taught us that learning the skills of effective treatment plan writing can be a tedious and difficult process for many clinicians. It is more stressful to try to develop this expertise when under the pressure of increased client load and the short time frames placed on clinicians today by managed care systems. The documentation demands can be overwhelming when we must move quickly from assessment to treatment plan to progress notes. In the process, we must be very specific about how and when objectives can be achieved, and how progress is exhibited in each client. *The Complete Anxiety Treatment and Homework Planner* was developed to aid clinicians in writing a treatment plan in a rapid manner that is clear, specific, and highly individualized according to the following progression:

1. Choose the chapter that best reflects your client's population characteristics (Step One). Locate the corresponding page number for that population in the *Complete Planner's* contents.
2. Select two, three, or more of the listed behavioral definitions from the master list and/or the unique statements applicable to the population to which your client belongs (Step Two) and record them in the appropriate section on your treatment plan form. Add your own defining statement if you determine that your client's behavioral manifestation of the identified problem is not listed.

3. Select one or more long-term goals (Step Three) and again write these selections, exactly as written in the *Planner* or in some appropriately modified form, in the corresponding area of your own form.
4. Review the listed objectives for anxiety and select the ones that you judge to be clinically indicated for your client (Step Four). It is recommended that you select at least three objectives. Add a target date or the number of sessions allocated for the attainment of each objective, if necessary.
5. Choose relevant interventions (Step Five). The *Planner* offers suggested interventions related to each objective in the parentheses following the objective statement. But do not limit yourself to those interventions. The list may offer options that are more tailored to your theoretical approach or preferred way of working with clients. Also, just as with definitions, goals, and objectives, there is space allowed for you to enter your own interventions into the *Complete Planner*. This allows you to refer to these entries when you create a plan around this problem in the future. You will have to assign responsibility to a specific person for implementation of each intervention if the treatment is being carried out by a multidisciplinary team.
6. Several *DSM-IV-TR* diagnoses are listed at the end of each chapter that are commonly associated with a client who has anxiety. These diagnoses are meant to be suggestions for clinical consideration. Select a diagnosis from those listed or assign a more appropriate choice from the *DSM-IV-TR* (Step Six).

Congratulations! You should now have a complete, individualized treatment plan that is ready for immediate implementation and presentation to the client. It should resemble the format of the sample plan presented on page 6.

You may now proceed to the Homework Planning section that forms the last half of this book. Select from the homework assignments those that are most appropriate for assisting your client reach the treatment objectives. Each of the exercises may be customized after it is downloaded into your computer and before it is printed.

## A FINAL NOTE

One important aspect of effective treatment planning is that each plan should be tailored to the individual client's problems and needs. Treatment plans should not be mass-produced, even if clients have similar problems. The individual's strengths and weaknesses, unique stressors, social network, family circumstances, and symptom patterns *must* be considered in developing a treatment strategy. Drawing on the authors' years of clinical experience, they have put together a variety of treatment choices. These statements can be combined in thousands of permutations to develop detailed treatment plans. Relying on their own good judgment, clinicians can easily select the statements that are appropriate for the individuals they are treating. In addition, we encourage clinicians to add their own definitions, goals, objectives, and interventions to the existing samples. It is our hope that *The Complete Anxiety Treatment and Homework Planner* will promote effective, creative treatment planning—a process that will ultimately benefit the client, clinician, and mental health community.

## SAMPLE TREATMENT PLAN

### PROBLEM: ADULT ANXIETY

**Definitions:** Excessive and persistent daily worry about several life circumstances that has no factual or logical basis.

Motor tension such as restlessness, tiredness, shakiness, or muscle tension.

Autonomic hyperactivity such as palpitations, shortness of breath, dry mouth, trouble swallowing, nausea, or diarrhea.

Hypervigilance such as feeling constantly on edge, experiencing concentration difficulties, having trouble falling or staying asleep, and exhibiting a general state of irritability.

**Goals:** Alleviate depressed mood and return to previous level of effective functioning.

Develop healthy cognitive patterns and beliefs about self and the world that lead to alleviation of anxiety symptoms.

### OBJECTIVES

1. Tell the story of the anxiety complete with attempts to resolve it and the suggestions others have given.
2. Complete anxiety homework exercises that identify cognitive distortions that generate anxious feelings.
3. Implement appropriate relaxation and diversion activities to decrease level of anxiety.
4. Increase daily social and vocational involvement.
5. Acknowledge the irrational nature of the fears.

### INTERVENTIONS

1. Probe with questions (see *Anxiety Disorders and Phobias* by Beck and Emery) that require the client to produce evidence of the anxiety and logical reasons for it being present.
1. Assign the client to complete the anxiety section exercises in *Ten Days to Self-Esteem!* (Burns) that reveal cognitive distortions; process the completed assignments.
1. Train the client in a guided imagery technique to be used for anxiety relief.
2. Assign or allow the client to choose a chapter in *The Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay); encourage implementation of the chosen stress reduction technique.
1. Assist the client in developing behavioral coping and distraction strategies (e.g., increased social involvement, obtaining employment, or physical exercise) for his/her anxiety.
1. Analyze the client's fear by examining the probability of the negative expectation

- occurring, the real consequences of it occurring, his/her ability to control the outcome, the worst possible outcome, and his/her ability to accept it. (See *Anxiety Disorders and Phobias* by Beck and Emery).
2. Explore the irrational cognitive messages that mediate the client's anxiety response and retrain him/her in adaptive cognitions.
6. Report a decreased daily level of anxiety due to the use of positive self-talk.
  7. Implement a thought-stopping technique to interrupt anxiety-producing thoughts.
1. Help the client develop reality-based, positive cognitive messages that will increase his/her self-confidence in coping with irrational fears.
  1. Teach the client to implement a thought-stopping technique that cognitively interferes with obsessions by thinking of a stop sign and then a pleasant scene; monitor and encourage the client's use of the technique in daily life between sessions.

**Diagnosis:** 300.02 **Generalized Anxiety Disorder**



Section I

**TREATMENT PLANNING**



# **ANXIETY**

## **MASTER BEHAVIORAL DEFINITION LIST**

1. Excessively and persistently worries on a daily basis about several life circumstances that have no factual or logical basis.
2. Exhibits motor tension such as restlessness, tiredness, shakiness, or muscle tension.
3. Reports autonomic hyperactivity such as palpitations, shortness of breath, dry mouth, trouble swallowing, nausea, or diarrhea.
4. Reports hypervigilance such as feeling constantly on edge, experiencing concentration difficulties, having trouble falling or staying asleep, and exhibiting a general state of irritability.
5. Repeatedly experiences unexpected, sudden, debilitating panic symptoms (shallow breathing, sweating, heart racing or pounding, dizziness, depersonalization or derealization, trembling, chest tightness, fear of dying or losing control, nausea), resulting in persisting concern about having additional attacks.
6. Fears being in an environment that may trigger intense anxiety symptoms (panic) and, therefore, avoids traveling in an enclosed environment.
7. Avoids situations where panic attacks have previously occurred or where they may occur.



# CHILD\*

## BEHAVIORAL DEFINITIONS

### A. See Master List

### B. Unique Definitions

1. Lacks confidence in ability to cope with the demands of any new situation.
2. Needs reassurance frequently as to significant other adults being present to provide support for a future event.

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## LONG-TERM GOALS

1. Reduce the overall frequency and intensity of the anxiety response so that daily functioning is not impaired.
2. Anxiety inhibits exploration of abilities in any new situation.
3. Is preoccupied with possible negative outcomes occurring in the future (e.g., sickness, accident, death, failure).
4. Stabilize the anxiety level while increasing the ability to function on a daily basis.
5. Resolve the key issue that is the source of the anxiety or fear.
6. Interact with the world without excessive fear, worry, or anxiety.

\*Most of the content of this chapter (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Child Psychotherapy Treatment Planner* (New York: John Wiley & Sons, 2002). Copyright© 2002 by A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis. Reprinted with permission.