Practice*Planners*®

Arthur E. Jongsma, Jr., Series Editor

The Complete Anxiety Treatment and Homework Planner

Arthur E. Jongsma, Jr.

Editor

WILEY

John Wiley & Sons, Inc.

The Complete Anxiety Treatment and Homework Planner

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Complete Planners

The Complete Depression Treatment and Homework Planner
The Complete Anxiety Treatment and Homework Planner

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This book is printed on acid-free paper. ♾

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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.

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PRACTICE*PLANNERS*® SERIES PREFACE

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

The Practice*Planner* series is growing rapidly. It now includes not only the original *The Complete Adult Psychotherapy Treatment Planner,* Third Edition, *The Child Psychotherapy Treatment Planner,* Third Edition, and *The Adolescent Psychotherapy Treatment Planner*, Third Edition, but also Treatment Planners targeted to specialty areas of practice, including: addictions, juvenile justice/residential care, couples therapy, employee assistance, behavioral medicine, therapy with older adults, pastoral counseling, family therapy, group therapy, neuropsychology, therapy with gays and lesbians, special education, school counseling, 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 Thera*Scribe*®, the latest version of the popular treatment planning, clinical record-keeping software. Thera*Scribe* allows the user to import the data from any of the Treatment Planner, Progress Notes Planner, or Homework Planner books into the software's expandable database. Then the point-and-click method can create a detailed, neatly organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

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

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 Practice*Planners* 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 to download a full-size customizable version to

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*™ "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

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 or 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	INTERVENTIONS
1. Tell the story of the anxiety complete with attempts to resolve it and the suggestions others have given.	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.
2. Complete anxiety homework exercises that identify cognitive distortions that generate anxious feelings.	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.
3. Implement appropriate relaxation and diversion activities to decrease level of anxiety.	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.
4. Increase daily social and vocational involvement.	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.
5. Acknowledge the irrational nature of the fears.	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.	1. Help the client develop reality-based, positive cognitive messages that will increase his/her self-confidence in coping with irrational fears.
7. Implement a thought-stopping technique to interrupt anxiety-producing thoughts.	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).

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SHORT-TERM OBJECTIVES

1. Openly share anxious thoughts and feelings with therapist. (1, 2, 3)
2. Verbally identify specific past and present family conflicts. (4)
3. Report a decrease in frequency of experiencing anxiety. (5, 6)
4. Verbalize an increased understanding of anxious feelings and their causes. (7, 8, 9)

THERAPEUTIC INTERVENTIONS

1. Actively build the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express anxious feelings.
2. Use a therapeutic game (Talking, Feeling, Doing, available from Creative Therapeutics, or the Ungame available from the Talicor Company) to expand the client's awareness of feelings, self, and others.
3. Conduct play-therapy sessions in which the client's anxieties, fears, and worries are explored, expressed, and resolved.
4. Ask the client to develop a list of key past and present conflicts within the family and with peers. Process this list with the therapist.
5. Ask the client to complete and process the exercise "Finding and Losing Your Anxiety" in the *Brief Child Therapy Homework Planner* (Jongsma, Peterson, and McInnis).
6. Utilize child-centered play-therapy approaches (e.g., provide unconditional positive regard, reflect feelings in nonjudgmental manner, display trust in child's capacity to work through issues) to increase the client's ability to cope with anxious feelings.
7. Assess the client's anxiety by using the Squiggle Wiggle game (Winnicott), in which therapist or parent makes a squiggly line and then the client is asked to make a

picture out of the squiggle and tell a story about that picture to help reveal to the therapist and parent what is going on internally with the client.

8. Assign the client the task of drawing two or three situations that generally bring on anxious feelings.
9. Conduct psychoanalytical play-therapy sessions (e.g., explore and gain understanding of etiology of unconscious conflicts, fixations, or arrests; interpret resistance or core anxieties) to help the client work through to resolutions the issues that are the source of his/her anxiety.

5. Implement positive self-talk to reduce or eliminate the anxiety. (10, 11)

10. Explore distorted cognitive messages that mediate the anxiety response.
11. Help the client develop reality-based, positive cognitive messages that will increase self-confidence in coping with fears and anxieties.

6. Develop and implement appropriate relaxation and cognitive diversion activities to decrease the level of anxiety. (12, 13)

12. Train the client to use progressive relaxation or guided imagery techniques to induce calm and decrease the intensity and frequency of feelings of anxiety.
13. Assist the client in working toward resolution (e.g., using problem solving, assertiveness, acceptance, cognitive restructuring) of key past and present conflicts.

7. Identify areas of conflict that precepts anxiety. (14, 15, 16)

14. Use puppets, felt, or sand tray to enact situations that provoke anxiety in the client. Involve the client in creating such scenarios, and model positive cognitive responses to the situations that bring on anxiety.
15. Play the therapeutic game My Home and Places (Flood) with the client to help identify and talk about divorce, peers, alcohol abuse, or other situations that make the client anxious.
16. Instruct the client to sing a song or play a musical instrument that reflects his/her anxious feelings; then discuss a time when the client felt that anxiety.

8. State a connection between anxiety and underlying, previously unexpressed wishes or thoughts. (17, 18)

17. Use an interpretive interview method in which the therapist interviews the client to help express motivation and feelings. Then

assist the client in making a connection between fears or anxieties and unexpressed or unacceptable wishes or "bad" thoughts.

18. Assign the client to complete exercises from *My Own Thoughts and Feelings on Stopping the Hurt: A Child's Workbook about Exploring Hurt and Abuse* (Deaton). Process each exercise with therapist to increase the client's understanding of and ability to cope with and handle anxious feelings.

9. Identify and utilize specific coping strategies for anxiety reduction. (19, 20, 21)

19. Use a narrative approach (see *Narrative Means to Therapeutic* Ends by White) in which the client writes out the story of his/her anxiety or fear and then acts out the story with the therapist to externalize the issues. Then work with the client to reach a resolution or develop an effective way to cope with the anxiety or fear. See "An Anxious Story" from *Brief Child Therapy Homework Planner* (Jongsma, Peterson, and McInnis).

20. Conduct sessions with a focus on anxiety-producing situations in which techniques of storytelling, drawing pictures, and viewing photographs are used to assist the client in talking about and reducing the level of anxiety or fear.

21. Use a mutual storytelling technique (see *Therapeutic Communication with Children: The Mutual Storytelling Technique* by Gardner) in which the client tells a story about a central character who becomes anxious. The therapist then interprets the story for its underlying meaning and retells the client's story while weaving in healthier adaptations to fear or anxiety and resolution of conflicts.

10. Increase participation in daily social and academic activities. (22)

22. Assist the client in identifying behavioral anxiety-coping strategies (e.g., increased social involvement, participation in school-related activities); contract for implementations.

11. Increase physical exercise as a means of reducing anxious feelings. (23)

23. Assist the client in implementing schedule of physical activity that reduces anxiety.

12. Participate in a camp that focuses on confidence building. (24)

24. Encourage the parents to seek an experiential camp or weekend experience

for the client that will focus on the issues of fears, taking risks, and building confidence. Process the experience with the client and his/her parents.

13. Set aside time for over thinking about anxieties. (25)

25. Advocate and encourage over thinking (e.g., help the client explore and prepare for every conceivable thing that could possibly happen to him/her in facing a new or anxiety-producing situation). Monitor weekly results as needed.

14. Parents verbalize an understanding of the client's anxieties and fears. (26, 27, 28)

26. Educate the client's parents to increase their awareness and understanding of which fears and anxieties are normal for various stages of child development.

27. Assign the client's parents to read books related to child development and parenting (e.g., *Between Parent and Child* by Ginott or *How to Talk So Kids Will Listen and Listen So Kids Will Talk* by Faber and Mazlish).

28. Refer the client's parents to a parenting class or support group.

15. Parents verbalize constructive ways to respond to the client's anxiety. (29)

29. Work with the parents in family sessions to develop their skills in effectively responding to the client's fears and anxieties with calm confidence rather than fearful reactivity (e.g., parents remind the client of a time he/she effectively handled a fearful situation or express confidence in the client's ability to face the fearful situation).

16. Participate in family therapy sessions that identify and resolve conflicts between family members. (30, 31)

30. Conduct family session in which the system is probed to determine the level of fear or anxiety that is present or to bring to the surface underlying conflicts.

31. Work in family sessions to resolve conflicts and to increase the family's level of healthy functioning.

17. Parents reduce their attempts to control the child. (32, 33)

32. Use a structural approach in the family session, adjusting roles to encourage the parents to work less on controlling children and more on allowing children to be children.

33. Conduct a family session to develop and implement strategic directions designed to increase the physical freedom of the children and to adjust the parental control of the system.

18. Express confidence and hope that anxiety can be overcome. (34, 35, 36)

34. Use a metaphor, fairy tale, or parable to get the client's attention, to evoke possibilities or abilities, to intersperse suggestions, and to implant hope of a good outcome. (See *101 Play Therapy Techniques* by Maruasti.)
35. Assist the client in implementing internal structures for self-regulation and the ability to tolerate his/her anxiety by evoking the memory of the therapist as a soothing, encouraging, internal object to help when he/she confronts an anxiety-producing situation/issue. (See *The Therapist on the Inside* by Grigoryen.)
36. Prescribe a Prediction Task (de Shazer) for anxiety management. (The client predicts the night before whether the anxiety will bother him/her the next day. Therapist directs the client to be a good detective and bring back key elements that contributed to it being a "good day" so therapist then can reinforce or construct a solution to increasing the frequency of "good days.")

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	309.21	Separation Anxiety Disorder
	_____	_____
	_____	_____
Axis II:	V71.09	No Diagnosis on Axis II
	_____	_____
	_____	_____

SCHOOL-BASED CHILD/ADOLESCENT*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Fears failure in any situation that is challenging (e.g., academic tasks, athletic skills, social encounters).
2. Has excessive concerns about or awareness of somatic symptoms.
3. Lacks confidence in social abilities or acceptance, leading to social withdrawal.
4. Lacks confidence in test-taking ability, leading to debilitating anxiety that significantly reduces academic performance.

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LONG-TERM GOALS

1. Reduce the overall level of worry and fear.
2. Learn techniques to reframe and redirect anxiety-producing stressors.
3. Reduce somatic symptoms.
4. Reduce the impact of anxiety on restful sleep.
5. Develop confidence in social skills.
6. Develop resilience in facing stressful situations and participate in various activities.
7. Improve test-taking performance.

*Most of the content of this chapter (with slight revisions) originates from S. E. Knapp and A. E. Jongsma, Jr., *The School Counseling and School Social Work Treatment Planner* (New York: John Wiley & Sons, 2002).

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SHORT-TERM OBJECTIVES

1. Identify areas of elevated anxiety. (1, 2, 3)

2. Prioritize and reduce the number of generalized worries. (4)

3. Verbalize how personal stressors interfere with daily functioning. (5, 6)

4. Focus on one anxiety-producing situation and develop problem-solving and decision-making skills for that situation. (6, 7, 8, 9)

THERAPEUTIC INTERVENTIONS

1. Develop a positive, trusting relationship with the student through supportive, empathic discussions of current worries and concerns and their underlying causes.
2. Assess the student's current level and areas of anxiety by administering an objective inventory (e.g., The Revised Children's Manifest Anxiety by Reynolds and Richmond).
3. Use a therapeutic game (e.g., *The Talking, Feeling, Doing Game* available from Creative Therapeutics or *The Ungame* available from the Talicor company) to expand the student's awareness of his/her own feelings and the triggers for these feelings.
4. Brainstorm with the student an extensive list of personal worries and ask him/her to prioritize them from greatest to least troubling, eliminating duplications and consolidating overlapping items.
5. Explore how the student's anxiety reaction interferes with his/her daily functioning.
6. Ask the student to draw a picture entitled *What Stress or Fear Looks Like to Me*; interpret the drawing during a counseling session and suggest coping skills.

6. Ask the student to draw a picture entitled *What Stress or Fear Looks Like to Me*; interpret the drawing during a counseling session and suggest coping skills.
7. Discuss areas of personal anxiety with the student and begin the reframing process by suggesting alternative methods of

	interpreting and coping with each situation that creates stress (e.g., listing several positive options for dealing with the situation, recording the situation in a personal journal, deciding to delay any corrective action until after a discussion with a trusted adult).
	8. Ask the student to draw a picture entitled *What Serenity and Calm Look Like to Me*; interpret the drawing during a counseling session and suggest actions to achieve serenity.
	9. Ask the student to identify one source of anxiety to work on during the week; then brainstorm possible remedies to the troubling situation, choose an option most likely to reduce his/her level of concern, and report the outcome of implementation during the next counseling session.
5. Verbalize an understanding that mistakes are a natural part of learning and can strengthen and enrich life. (10, 11, 12)	10. Assign the student to list at least 10 mistakes he/she has made and then identify how these mistakes have contributed to personal wisdom (or assign the "Mistake or Learning Opportunity" activity from *The School Counseling and School Social Work Homework Planner* by Knapp).
	11. Relate to the student stories of how numerous successful people have overcome significant personal problems and challenges and become successful and famous (e.g., Bill Gates, Thomas Edison, Theodore Roosevelt, Wilma Rudolph).
	12. Ask the student to record in a journal some mistakes made by people he/she admires along with observations of how they have corrected or managed these mistakes.
6. Reframe situations that have triggered feelings of fear concerning self, parents, family, school, friends. (10, 13, 14)	10. Assign the student to list at least ten mistakes he/she has made and then identify how these mistakes have contributed to personal wisdom (or assign the "Mistake or Learning Opportunity" activity from *The School Counseling and School Social Work Homework Planner* by Knapp).
	13. Council the parents to help the student reframe situations that trigger feelings of fear by discussing events rationally and logically with their child.

14. Use rational emotive techniques (e.g., "Reframing Your Worries" activity from *The School Counseling and School Social Work Homework Planner* by Knapp) to help the student identify situations which have contributed to fearful feelings and reevaluate these events in a more realistic and positive manner. (See *A New Guide to Rational Living* by Ellis.)

7. Identify how stress is demonstrated in physical symptoms. (15, 16, 17)

15. Ask the student to note in a journal several incidents of elevated stress and related physical symptoms (e.g., rapid heartbeat, headache, stomach distress, sweaty palms).

16. Help the student heighten awareness of anxious moments by wearing a biofeedback stress patch (available from the Biodot Company) and record times of stress and accompanying physical reactions in a journal.

17. Ask the student to identify areas on an image of the human body where personal stress is most commonly reflected (or assign the "Physical Receptors of Stress" activity from *The School Counseling and School Social Work Homework Planner* by Knapp).

8. Implement relaxation techniques during periods of stress. (18, 19, 20, 21)

18. Teach the student how to relax different areas of the body by first tightening and then relaxing muscles, paying particular attention to areas where stress is typically manifested (e.g., jaw, neck, shoulders, stomach).

19. Ask the student to hold a stress ball and practice squeezing and relaxing his/her arm and fist while breathing in and out at an even pace.

20. Have the student record in a journal several occasions during the week when he/she feels calm and his/her muscles are relaxed and breathing is even.

21. Assign the student to practice deep, even breathing and muscle relaxation during daily stressful situations.

9. Participate in aerobic exercise on a regular basis to reduce tension. (22)

22. Encourage the student to participate in an aerobic exercise for one-half hour, three to four times per week.

10. Implement a routine nightly sleep pattern. (18, 23, 24, 25)

18. Teach the student how to relax different areas of the body by first tightening and

then relaxing muscles, paying particular attention to areas where stress is typically manifested (e.g., jaw, neck, shoulders, stomach).

23. Help the student develop a bedtime routine that reduces anxiety and encourages sleep (e.g., taking a bath or shower, playing soft music, reading a story, repeating a positive self-talk phrase, or counting backward until sleep occurs).
24. Counsel the parents to provide the student with an environment conducive to peaceful nighttime sleep and to support and/or enforce a bedtime routine.
25. Assist the student in dealing with distressful dreams and periods of wakefulness during the night by encouraging listening to quiet music, reading, repeating positive self-talk, or recording the dream in a dream journal and discussing later with counselor.

11. Increase appropriate social interaction with others to at least three encounters per day. (26, 27, 28, 29)

26. Refer the student to or conduct a social skills therapeutic group.
27. Encourage the student's teacher(s) to involve the student in cooperative learning groups.
28. Ask the teacher(s) to recognize the student for successful participation in class.
29. Support the student in joining an extracurricular group sponsored by school, church, or community.

12. Implement conflict-management skills in daily social interaction. (30, 31, 32)

30. Teach the student techniques of conflict management (e.g., sharing, taking turns, listening, talking the problem over, apologizing, getting help).
31. Teach the student to use "I" messages and reflective listening (see *Teaching Children Self-Discipline at Home and at School* by Gordon or "A Bug and a Wish" technique, [e.g., It bugs me when you . . . I wish you would . . .]).
32. Use *Peacemaking Skills for Little Kids Student Activity Book* (Peace Educational Foundation) to develop social assertiveness and conflict management skills.

13. List the benefits of sharing feelings with others. (33)

33. Brainstorm with the student the personal and social benefits of sharing one's

thoughts and feelings with others (e.g., increases understanding and empathy, reduces stress, builds trust, strengthens friendships).

14. Risk expressing feelings with parents, teachers, and peers three times per week. (34, 35)

34. Use puppets or role playing to help the student prepare for appropriate sharing of his/her feelings with others.
35. Assign the student to share his/her feelings with parents, teachers, or peers three times per week; review and process the experience.

15. Implement coping strategies to reduce symptoms of daydreaming and other symptoms of stress. (36, 37)

36. Use brainstorming to develop a list of stress reducers and ask the student to select several approaches that could reduce personal stress (e.g., playing with a pet, wearing comfortable clothing, or reminding self that stress is an attitude) (or assign the "101 Ways to Cope with Stress" activity from *The School Counseling and School Social Work Homework Planner* by Knapp).
37. Help the student develop techniques to refocus and halt excessive, inappropriate daydreaming (e.g., snapping rubber band on wrist, rotating feet, reestablishing eye contact, or changing expression).

16. Verbalize confidence in own test-taking ability and reduced fear of testing event. (38, 39)

38. Assist the student in identifying and recording several self-talk statements which can be used during test-taking to ward off worry (e.g., I am prepared for this test, I can handle this subject, I practiced for this at home, or I've done well on tests like this before).
39. Assist the student in recording in a personal journal the steps necessary to prepare for an upcoming academic test or classroom presentation. Prioritize the steps and assign a time for their completion.

17. Demonstrate success in test-taking performance. (40, 41)

40. Encourage the student's use of muscle relaxation, positive self-talk, and deep breathing techniques during test-taking to reduce stress.
41. Process with the student methods used to prepare for a test (e.g., set a study schedule, outline the material, read, write, verbalize, study smaller sections, flash cards for key ideas or pneumonia devices); assess their effectiveness and revise the

preparation routine to prepare for the next test.

18. Verbalize optimism toward the present and future. (42, 43)

42. Use cartooning (see "Cartooning as a Counseling Approach to a Socially Isolated Child" by Sonntag in *The School Counselor* [1985, vol. 32, pp. 307–312]) by having the student begin a cartoon story which is completed with the counselor in progressive cartoon frames and eventually concludes with a potential solution.
43. Ask the student to record in a personal journal successful methods he/she has utilized in dealing with anxiety; encourage the use of these methods in the future.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.21	Separation Anxiety Disorder
	_____	_____
	_____	_____
Axis II:	799.9	Diagnosis Deferred
	V71.09	No Diagnosis on Axis II
	_____	_____
	_____	_____

ADOLESCENT*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Exhibits excessive anxiety or worry due to parent's threat of abandonment, overuse of guilt, denial of autonomy and status, friction between parents, or interference with physical activity.
2. Excessively worries about social acceptance, inhibiting initiative.
3. Uses alcohol and/or illicit drugs to reduce anxiety.
4. Lacks confidence in ability to cope with the demands of any new situation.

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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. Stabilize the anxiety level while increasing the ability to function on a daily basis.
3. Resolve the key issue that is the source of the anxiety or fear.
4. 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 Adolescent Psychotherapy Treatment Planner* (New York: John Wiley & Sons, 2002).

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SHORT-TERM OBJECTIVES

1. Verbally identify specific fears, worries, and anxieties. (1, 2, 3, 4)
2. Implement positive self-talk to reduce or eliminate the anxiety. (5, 6)
3. Complete homework assignments designed to reduce anxiety. (7, 8, 9)

THERAPEUTIC INTERVENTIONS

1. Actively build the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express specific anxieties.
2. Use a therapeutic game (the Talking, Feeling, Doing Game by Gardner, available from Creative Therapeutics, or the Ungame by Zakich, available from the Talicor company) to expand the client's awareness of feelings, self, and others.
3. Have the client read the chapter "Understanding Anxiety" from *The Feeling Good Handbook* (Burns) and select five key ideas to discuss.
4. Play the *My Home and Places* game (Flood) with the client to reduce resistance and to facilitate talking and identification of what makes him/her anxious.
5. Explore distorted cognitive messages that mediate the client's anxiety response.
6. Help the client develop reality-based cognitive messages that will increase self-confidence in coping with fears and anxieties.
7. Ask the client to complete several anxiety reduction assignments in *The Anxiety and Phobia Workbook* (Bourne); process each assignment.
8. Assign the client to complete the anxiety section exercises in *Ten Days to Self-Esteem!* (Burns); process the completed exercises.

	9. Explore the nature of the client's responses to experiencing anxiety symptoms as to whether they are beneficial or dysfunctional (or assign the exercise "Finding and Losing Your Anxiety" from the *Brief Adolescent Therapy Homework Planner* by Jongsma, Peterson, and McInnis).
4. Identify areas of conflict that precipitate anxiety. (10, 11)	10. Ask the client to develop a list of key past and present conflicts within the family and with peers that trigger worry; process this list with the therapist.
	11. Assist the client in working toward resolution (e.g., using problem-solving, assertiveness, acceptance, cognitive restructuring) of key past and present conflicts.
5. Increase participation in daily social and academic activities. (12, 13)	12. Teach the client behavioral anxiety-coping strategies that create distraction from the anxiety preoccupation (e.g., increased social involvement, participation in school-related activities) and contract for implementations.
	13. Encourage the parents to seek an experiential camp or weekend experience for the client that will focus on the issues of fears, taking risks, and building confidence; process the experience with the client and his/her parents.
6. State a connection between anxiety and underlying, previously unexpressed wishes or thoughts. (14)	14. Use an interpretive interview method in which the therapist interviews the client to help him/her express motivation and feelings. Then assist the client in making a connection between fears or anxieties and unexpressed or unacceptable wishes or "bad" thoughts.
7. Implement appropriate relaxation activities to decrease the level of anxiety. (15)	15. Teach deep muscle relaxation, deep breathing, and positive imagery as anxiety coping skills.
8. Identify new coping strategies for anxiety management. (3, 7, 8, 16)	3. Have the client read the chapter "Understanding Anxiety" from *The Feeling Good Handbook* (Burns) and select five key ideas to discuss.
	7. Ask the client to complete several anxiety reduction assignments in *The Anxiety and Phobia Workbook* (Bourne); process each assignment.

	8. Assign the client to complete the anxiety section exercises in *Ten Days to Self-Esteem!* (Burns); process the completed exercises.
	16. Play the Stress and Anxiety Game (Berg) with the client to help expand his/her skills at handling situations that cause anxiety and/or stress.
9. Set aside time for overthinking about anxieties. (17)	17. Advocate and encourage overthinking about anxiety trigger situations (i.e., help the client explore and prepare for every conceivable thing that could possibly happen when facing a new or anxiety-producing situation); monitor weekly results and redirect as needed.
10. Parents verbalize an understanding of the client's anxieties and fears. (18, 19, 20)	18. Teach the client's parents which fears and anxieties are developmentally normal for various stages of adolescent behavior.
	19. Assign the client's parents to read books related to child development and parenting (e.g., *Between Parent and Teenager* by Ginott or *How to Talk So Kids Will Listen and Listen So Kids Will Talk* by Faber and Mazlish).
	20. Refer the client's parents to a parenting class or support group.
11. Parents verbalize constructive ways to respond to the client's anxiety. (21)	21. Assist the parents in developing their skills in effectively responding to the client's fears and anxieties with calm confidence (e.g., parents remind the client of a time he/she effectively handled a fearful situation, or parents express confidence in the client's ability to face his/her fear) rather than fearful reactivity.
12. Participate in family therapy sessions that identify and resolve conflicts between family members. (22, 23)	22. Conduct a family session in which the system is probed to determine the level of fear or anxiety that is present or to bring to the surface underlying conflicts.
	23. Conduct family sessions to resolve conflicts and to increase the family's level of healthy functioning.
13. Parents reduce their attempts to control the client. (24, 25)	24. Use a structural approach in the family session in which roles are adjusted to encourage the parents to work less at controlling the children and allow the kids to be kids.

14. Identify specific parameters of anxiety occurrence and implement an adaptive solution to reduce anxiety. (26)

15. Identify instances from the past when anxiety has been absent or successfully overcome. (27)

16. Use an Ericksonian tale to cope with anxiety. (28)

17. Complete a medication evaluation. (29)

18. Take medication as prescribed and report as to effectiveness and side effects. (30)

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25. Conduct family sessions in which strategic directions that are designed to increase the physical freedom of the children and to adjust the parental control of the system are developed and given to the family.

26. Use a brief therapy approach of "mapping patterns" (O'Hanlon and Beadle) by asking questions of how, where, when, or with whom anxiety occurs in order to locate several points to intervene; develop from these points a solution and get the client to buy into implementing.

27. Assist the client in tapping his/her own internal or external skills and resources to handle the anxiety by utilizing a brief solution-focused technique such as "Finding Times without the Problem," "Finding What Worked," "Finding Competence," and have the client implement the solution (see *A Guide to Possibility Land* by O'Hanlon and Beadle).

28. Create and tell a teaching tale in the Ericksonian model around an aspect of anxiety. Tape record the story for the client to take and play during the week when he/she feels anxious; repeat as needed.

29. Refer the client to a psychiatrist for a medication consultation; confer with the psychiatrist before and upon the completion of the evaluation.

30. Monitor the client for psychotropic medication prescription compliance, side effects, and effectiveness.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	_____	_____
	_____	_____
Axis II:	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
	_____	_____
	_____	_____

ADULT*

BEHAVIORAL DEFINITIONS

A. See Master List

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LONG-TERM GOALS

1. Reduce overall level, frequency, and intensity of the anxiety so that daily functioning is not impaired.
2. Stabilize anxiety level while increasing ability to function on a daily basis.
3. Resolve the core conflict that is the source of anxiety.
4. Enhance ability to handle effectively the full variety of life's anxieties.
5. Reduced fear, leading to the ability to independently and freely leave home and comfortably be in a public environment.
6. Remove panic symptoms and the fear they will recur without an ability to cope with and control them.

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*Most of the content of this chapter (with slight revisions) originates from A. E. Jongsma, Jr. and L. M. Peterson, *The Complete Adult Psychotherapy Treatment Planner* (New York: John Wiley & Sons, 2003).

SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Tell the story of the anxiety complete with attempts to resolve it and the suggestions others have given. (1, 2)	1. Build a level of trust with the client and create a supportive environment that will facilitate a description of his/her fears. 2. 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.
2. Identify the major life conflicts from the past and present that form the basis for present anxiety. (3, 4, 5)	3. Ask the client to develop and process a list of key past and present life conflicts that continue to cause worry. 4. Assist the client in becoming aware of key unresolved life conflicts and in starting to work toward their resolution. 5. Reinforce the client's insights into the role of his/her past emotional pain and present anxiety.
3. Complete anxiety homework exercises that identify cognitive distortions that generate anxious feelings. (6)	6. Assign the client to complete the anxiety section exercises in *Ten Days to Self-Esteem!* (Burns) that reveal cognitive distortions; process the completed assignments.
4. Complete a psychiatric evaluation for medications. (7)	7. Refer the client to a physician for a psychotropic medication consultation.
5. Take medications as prescribed and report and side effects to appropriate professionals. (8)	8. Monitor the client's psychotropic medication compliance, side effects, and effectiveness; confer with the physician regularly.
6. Implement appropriate relaxation and diversion activities to decrease level of anxiety. (9, 10, 11)	9. Train the client in a guided imagery technique to be used for anxiety relief. 10. Utilize biofeedback techniques to facilitate the client's relaxation skills. 11. 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.
7. Increase daily social and vocational involvement. (12)	12. Assist the client in developing behavioral coping and distraction strategies (e.g., increased social involvement, obtaining employment, or physical exercise) for his/her anxiety.

8. Acknowledge the irrational nature of the fears. (13, 14, 15)

9. Report a decreased daily level of anxiety due to the use of positive self-talk. (16)

10. Implement a thought-stopping technique to interrupt anxiety-producing thoughts. (17)

11. List the advantages and disadvantages of the anxiety. (18)

12. Verbalize alternative positive views of reality that are incompatible with anxiety-producing views. (19, 20)

13. Identify an anxiety coping mechanism that has been successful in the past and increase its use. (21)

13. Assist the client in developing an awareness of the irrational nature of his/her fears.

14. 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.)

15. Explore the irrational cognitive messages that mediate the client's anxiety response and retrain him/her in adaptive cognitions.

16. Help the client develop reality-based, positive cognitive messages that will increase his/her self-confidence in coping with irrational fears.

17. 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.

18. Ask the client to complete the "Cost Benefit Analysis" exercise (see *Ten Days to Self-Esteem!* by Burns) in which he/she lists the advantages and disadvantages of the negative thought, fear, or anxiety; process the completed assignment.

19. Read and process with the client a fable from *Friedman's Fables* (Friedman) that pertains to anxiety.

20. Reframe the client's fear or anxiety by offering another way of looking at it, various alternatives, or by enlarging the perspective.

21. Use a brief solution-focused therapy approach in which the client is probed to find a time or situation in his/her life when he/she handled the specific anxiety or an anxiety in general. Clearly focus the approach he/she used and then encourage the client to increase the use of this; monitor and modify the solution as required.

14. Use paradoxical intervention technique to reduce the anxiety response. (22)

15. Describe the history and nature of the panic symptoms. (23, 24)

16. Identify any secondary gain that accrues due to modification of life related to panic. (25)

17. Verbalize an understanding that panic symptoms do not precipitate a serious mental illness, loss of control over self, or heart attack. (26)

18. Use deep muscle relaxation and deep breathing skills to terminate panic symptoms and return to a feeling of peace. (27, 28, 29)

19. Practice positive self-talk that reassures self of the ability to endure anxiety symptoms without serious consequences. (30, 31)

20. Commit self to not allowing panic symptoms to take control of life and lead to a consistent avoidance of any escape from normal responsibilities and activities. (32)

22. Develop a paradoxical intervention (see *Ordeal Therapy* by Haley) in which the client is encouraged to have the problem (e.g., anxiety) and then schedule that anxiety to occur at specific intervals each day in a specific way and for a defined length of time. It is best to have it happen at a time of day/night when the client would clearly want to do something else.

23. Explore the client's symptoms, severity, and history of panic attacks.

24. Explore the nature of any stimulus, thoughts, or situations that precipitate the client's panic.

25. Probe for the presence of secondary gain that reinforces the client's panic symptoms through escape or avoidance mechanisms.

26. Consistently reassure the client of no connection between panic symptoms and heart attack, loss of control over behavior, or serious mental illness ("going crazy").

27. Train the client in progressive relaxation methods and deep breathing.

28. Train the client in the use of coping strategies (e.g., diversion, deep breathing, positive self-talk, muscle relaxation) to alleviate symptoms.

29. Encourage and monitor the client's use of deep muscle relaxation and deep breathing skills to manage panic symptoms; reinforce success and redirect for failure.

30. Use modeling and behavioral rehearsal to train the client in positive self-talk that reassures himself/herself of the ability to work through and endure anxiety symptoms without serious consequences.

31. Urge the client to keep focus on external stimuli and behavioral responsibilities rather than being preoccupied with internal focus on physiological changes.

32. Support the client in follow through with work, family, and social activities rather than escaping or avoiding them to focus on panic.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.22	Agoraphobia without History of Panic Disorder
	300.29	Specific Phobia

ACUTE INPATIENT*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Specific fear has generalized to cover a wide area and significantly interferes with daily life and functioning.
2. Demonstrates inadequate improvement in symptoms and functioning in current treatment setting.
3. Severity of symptoms places self at risk of harm.
4. Unable to function consistently at work due to manifestations of anxiety.

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LONG-TERM GOALS

1. Significantly reduce the overall frequency and intensity of the anxiety response so that the patient may return to a less restrictive environment.
2. Stabilize anxiety level while increasing the ability to function more adaptively.
3. Recognize and articulate the key issue that is the source of anxiety or fear.
4. Confidently and calmly interact with the world without experiencing excessive fear, worry, or anxiety.
5. Demonstrate improved level of independent functioning, better interpersonal relationships, and more adaptive stress management.
6. Resume daily functioning in workplace.

*Most of the content of this chapter (with slight revisions) originates from C. E. Stout and A. E. Jongsma, Jr., *The Continuum of Care Treatment Planner* (New York: John Wiley & Sons, 1998).

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SHORT-TERM OBJECTIVES

1. Verbalize issues that trigger anxiety. (1)
2. Participate in psychological testing to assess current emotional and cognitive functioning and to aid in differential diagnosis. (2)
3. Complete assessment instruments that measure degree of stress and dysfunctional beliefs. (3)
4. Cooperate with neuropsychological evaluation to rule out or identify neuropsychological problems. (4)
5. Identify and replace cognitive distortions or belief system that lead to anxious feelings. (5, 6)
6. Develop ability to change negative self-messages to positive, self-affirming messages. (7, 8, 9, 10)

THERAPEUTIC INTERVENTIONS

1. Conduct individual therapy sessions to explore triggers to and manifestations of anxiety.
2. Perform psychological evaluation and report results to the patient and treatment team.
3. Administer, score, and process the results of scales to measure the patient's stress level and dysfunctional attitudes.
4. Perform neuropsychological evaluation and report results to the patient and the treatment team.
5. Explore the patient's cognitive distortions that lead to anxiety (e.g., maximization, minimalization, all-or-none thinking).
6. Assist the patient in implementing realistic, positive cognitions to replace distortions that trigger and maintain anxiety.
7. Teach the patient various cognitive techniques to deal with anxiety (e.g., thought stoppage, thought substitution).
8. Assist the patient in developing a list of self-affirming messages that he/she will repeat to himself/herself at least three times per day (e.g., I am a capable and lovable person; I have resources to cope with almost any situation; my faith is a source of comfort).
9. Reinforce the patient's positive, reality-based cognitive messages that enhance self-confidence and increase adaptive action.

10. Assign the exercise of the patient talking positively about himself/herself into a mirror once per day.

7. Implement assertive problem-solving skills. (11, 12, 13, 14)

11. Distinguish differences between being unassertive (i.e., not standing up for one's wishes and rights), assertive (i.e., appropriately asserting your wishes or rights without infringing on the rights of others), and aggressive (i.e., asserting your wishes or rights without regard to the rights of others).
12. Use modeling, role playing, and behavior rehearsal to teach the patient assertiveness skills; provide feedback, reinforcing success and redirecting for failure.
13. Refer the patient to an assertiveness training class/group.
14. Encourage the patient to practice new assertiveness behaviors in his/her daily interactions; review and process the results.

8. Use relaxation and deep breathing techniques when feeling anxious. (15, 16)

15. Teach the patient relaxation techniques (e.g., progressive muscle relaxation, deep breathing, visualizations) and encourage implementation of these skills at times of anxiety.
16. Review and process the patient's implementation of relaxation techniques in his/her daily life; reinforce success and redirect for failures.

9. Identify life situations that are stressful and develop a plan that uses problem-solving skills to deal with them. (17, 18, 19)

17. Teach the patient problem-resolution skills (e.g., defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, evaluating outcome, and readjusting plan as necessary).
18. Use modeling and role playing with the patient to apply with problem-solving approach to his/her current circumstances; encourage implementation of action plan, reinforcing success and redirecting for failure.
19. Assist the patient in clearly identifying stressors and applying stress-management techniques (e.g., early identification of anxiety-stimulating situations; selection of

	coping technique such as deep breathing, relaxation, assertiveness, or problem-solving; use of technique); role play various scenarios for stress management.
10. Discuss issues relate to anxiety with family members and/or significant other(s) in structured family/couple sessions to gain familial support and direction. (20)	20. Conduct structured family/couple sessions to encourage significant other(s) to increase their support of the patient.
11. Engage in group discussion to gain insights, share feelings, and develop new stress-coping methods. (21)	21. Facilitate group therapy focusing on anxiety management; encourage the patient's consistent attendance and participation, and use as a venue to test his/her new skills.
12. Use art media to express and identify emotions and stressors. (22)	22. Conduct or refer the patient to an art therapy group and facilitate his/her processing of emotions and circumstances that lead to anxiety.
13. Comply with evaluation for anxiolytic medication. (23, 24)	23. Have a psychiatrist evaluate the severity of the patient's anxiety and determine whether pharmacological intervention (with anxiolytic) is needed.
	24. Have a psychiatrist prescribe psychotropic medications in an attempt to stabilize the patient's behavior and mood.
14. Take medication as ordered. Verbalize understanding of the purpose, safety factors, and possible side effects of medication at age-appropriate level. (25, 26, 27)	25. Evaluate the need for any adjustments in the patient's type or dosage of medication.
	26. Provide medication as ordered and monitor the patient for therapeutic effects and side effects.
	27. Educate the patient and significant other(s)/family about safety factors and side effects of medication.
15. Process anxiety associated with the prospect of post-discharge return to home and community; cooperate with transition. (28, 29)	28. Assist the patient in processing his/her anxiety associated with post-discharge return to home and community.
	29. Secure appropriate signed information releases to share the patient's information and dispositional planning with relevant personnel.
16. Define post-discharge needs and goals. (30, 31, 32, 33)	30. Assess the patient's ability to apply skills to his/her daily life at home and in the community that he/she has learned during treatment.
	31. Provide one-on-one time to aid the patient and work with significant other(s) in identifying and planning for post-discharge needs.

32. Conduct individual and family/couple sessions to establish outpatient treatment goals.
33. Review and encourage the patient's use of behavioral and cognitive techniques that he/she learned from stress-management.

17. Identify current medication(s), dosage(s), desired effects, side effects, and safety factors, and the importance of compliance after discharge. (31, 34)

31. Provide one-on-one time to aid the patient and work with significant other(s) in identifying and planning for post-discharge needs.
34. Teach the patient and/or significant other(s) about appropriate medication use, safety factors, and refilling protocol.

18. Explore post-discharge leisure options in the community. (35, 36)

35. Assist the patient in identifying and listing recreational and social activities in the community that would be pleasurable, stimulating, and provide distraction from preoccupation with fears.
36. Help the patient develop a social support system utilizing community resources (e.g., YMCA, YWCA, service organizations, church groups, hobby groups, education classes, fitness groups).

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	314.01	Attention-Deficit/Hyperactivity Disorder, Combined Type
	_____	_____
	_____	_____
Axis II:	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
	_____	_____
	_____	_____

ADDICTED ADULT/ADOLESCENT*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Tends to blame self for the slightest imperfection or mistake.
2. Fears saying or doing something foolish in a social situation due to lack of confidence in social skills.
3. Abuses substances in an attempt to control anxiety symptoms.

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LONG-TERM GOALS

1. Maintain a program of recovery free from addiction and excessive anxiety.
2. End addictive behavior as a means of escaping anxiety and practice constructive coping behaviors.
3. Decrease anxious thoughts and increase positive self-enhancing self-talk.
4. Reduce overall stress levels, reducing excessive worry and muscle tension.
5. Learn the relationship between anxiety and addiction.
6. Develop the social skills necessary to reduce excessive anxiety in social situations and terminate reliance on addiction as a coping mechanism.

*Most of the content of this chapter (with slight revisions) originates from R. R. Perkinson and A. E. Jongsma, Jr., *The Addictions Treatment Planner*, 2nd Edition (New York: John Wiley & Sons, 2001).

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SHORT-TERM OBJECTIVES

1. Keep a daily journal of anxiety, including the situation that caused anxious feelings, the negative thoughts that fueled anxiety, and a ranking of each anxiety-producing situation on a scale from 1 to 100. (1)
2. Acknowledge the powerlessness and unmanageability caused by excessive anxiety and addiction. (2, 3, 4)
3. Identify the irrational thoughts that form the basis for anxiety. (5, 6)
4. Use logic and reasoning to replace irrational thoughts with reasonable thoughts. (7, 8)

THERAPEUTIC INTERVENTIONS

1. Assign the client to keep a daily record of anxiety including each situation that caused anxious feelings the negative thoughts precipitating anxiety, and a ranking of the severity of the anxiety from 1 to 100.
2. Help the client to see how anxiety and powerlessness over addiction has made his/her life unmanageable.
3. Teach the client about the relationship between anxiety and addiction (i.e., how the substance was used to treat the anxious symptoms and why more substance use became necessary).
4. Teach the client about the 12-step program concept of *insanity* and help him/her to see how anxiety and addictive behavior are *insane*.
5. Help the client to identify his/her specific worries; assist him/her in understanding the irrational nature of his/her thoughts that underlie those worries.
6. Process the client's anxiety journal material to help him/her to identify the distorted thoughts that fueled the anxiety.
7. Facilitate the client's use of logic and reasoning to challenge his/her irrational thoughts associated with the worries and to replace those thoughts with reasonable ones.
8. Help the client develop reality-based cognitive messages that will increase his/her self-confidence in coping with fears and anxieties.

5. List 10 positive self-enhancing statements that will be read several times a day, particularly when feeling anxious. (9, 10, 11)

6. Comply with a physician's evaluation to determine if psychopharmacological intervention is warranted and take any medications as directed. (12, 13, 14)

7. List several ways that a higher power can assist in a program of recovery from anxiety and addiction. (15)

8. Report on the success of turning worries and anxieties over to the higher power. (16, 17)

9. Identify the fears that were learned in the family-of-origin and relate these fears to current anxiety levels. (18, 19, 20)

9. Assist the client in developing a list of 10 positive statements to read to himself/herself several times a day, particularly when feeling anxious.

10. Assign the client to read *What to Say When You Talk to Yourself* (Helmstetter); process the key ideas learned.

11. Reinforce the client's use of more realistic, positive messages to himself/herself in interpreting life events.

12. Have a physician determine if psychopharmacological intervention is warranted, order medication, titrate medication, and monitor the client for side effects.

13. Staff administer the client's medication as directed by the prescribing physician.

14. Monitor the client's use of medication for side effects and effectiveness.

15. Teach the client the benefits of turning his/her will and life over to the care of a higher power of his/her own understanding.

16. Using a 12-step program's step-three exercise, show the client how to turn over problems, worries, and anxieties to a higher power and to trust that the higher power is going to help him/her resolve the situation.

17. Review the client's implementation of turning anxieties over to a higher power; reinforce success and redirect failure.

18. Probe the client's family-of-origin experiences for fear-producing situations, and help him/her relate these past events to current anxious thoughts, feelings, and behaviors.

19. Encourage and support the client in verbally expressing and clarifying his/her feelings that are associated with past rejection experiences, harsh criticism, abandonment, or trauma.

20. Assign the client to read the books *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum and Mason);

process key concepts learned from the reading.

10. Develop a leisure program that will increase the frequency of engaging in pleasurable activities and will affirm self. (21)

21. Help the client develop a plan of engaging in pleasurable leisure activities (i.e., clubs, hobbies, church, sporting activities, social activities, games) that will increase enjoyment of life and affirm himself/herself.

11. Practice relaxation techniques twice a day for 10 to 20 minutes. (22)

22. Teach the client progressive relaxation, deep breathing, and guided imagery to enhance his/her ability to relax; assign him/her to relax twice a day for 10 to 20 minutes.

12. Exercise at least three times a week at a training heart rate for at least 20 minutes. (23)

23. Encourage the client to increase his/her exercise by 10 percent a week, until he/she is exercising three times a week, at a training heart rate for at least 20 minutes; check with his/her physician for any contraindications.

13. Increase assertive behaviors to deal more effectively and directly with stress, conflict, and responsibilities. (24, 25, 26)

24. Teach the client assertiveness skills to help him/her communicate thoughts, feelings, and needs more openly and directly.

25. Use role playing, modeling, and behavior rehearsal to help the client apply assertiveness to his/her daily life situations.

26. Teach social skills to the client (see *Intimate Connections* by Burns and *Shyness* by Zimbardo).

14. Write a specific plan to follow when anxious and craving substance use. (27)

27. Assist the client in developing a constructive plan of action (e.g., relaxation exercises, physical exercise, calling a sponsor, going to a meeting, calling the counselor, talking to someone who supports sobriety) when feeling anxious and craving substance use.

15. Write an autobiography detailing those behaviors in the past that are related to current anxiety or guilt and the use of addiction as a means of escape. (18, 19, 28)

18. Probe the client's family-of-origin experiences for fear-producing situations, and help him/her relate these past events to current anxious thoughts, feelings, and behaviors.

19. Encourage and support the client in verbally expressing and clarifying his/her feelings that are associated with past rejection experiences, harsh criticism, abandonment, or trauma.

28. Using a 12-step program's step-four exercise, have the client write an autobiography detailing the exact nature of his/her wrongs and/or the wrongs of others; teach him/her the need to forgive himself/herself and others.

16. Develop a program of recovery that includes regularly helping others at recovery group meetings. (29)

29. Help the client to develop a structured program of recovery that includes regularly helping others at 12-step program recovery groups.

17. Family members state what each can do in continuing care to become involved in a 12-step program of recovery. (30, 31, 32, 33)

30. Assist each family member in developing a list of three things he/she can do to assist the client in recovery; hold a family session to facilitate communication of the actions on the list.

31. Provide the family members with information about anxiety disorders and the tools that are used to assist the client in recovery.

32. Discuss with the family the connection between anxiety and addiction.

33. In a family session, discuss with the family members what each one must do in aftercare to maximize the client's recovery and to become involved themselves in a 12-step recovery program.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	291.89	Alcohol-Induced Anxiety Disorder
	292.89	Other (or Unknown) Substance-Induced Anxiety Disorder
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.23	Social Phobia
	300.3	Obsessive-Compulsive Disorder
	308.3	Acute Stress Disorder

	309.24	Adjustment Disorder with Anxiety
	309.28	Adjustment Disorder with Mixed Anxiety and Depressed Mood
	_____	_____
	_____	_____
Axis II:	301.50	Histrionic Personality Disorder
	301.82	Avoidant Personality Disorder
	301.4	Obsessive-Compulsive Personality Disorder
	_____	_____
	_____	_____

OLDER ADULT (ELDERLY)*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Excessively fears and worries about life, health, and death circumstances.
2. Fears doing or saying something embarrassing in a social situation, especially due to actual or feared memory or hearing impairment.
3. Has developed a dependence on substances to control anxiety symptoms.
4. Fears losing capacity to control the environment or maintain independence.

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LONG-TERM GOALS

1. Significantly reduce the overall frequency and intensity of the anxiety symptoms resulting in improved daily functioning.
2. Decrease worry and fearful thoughts and increase optimistic, problem-solving thoughts.
3. End substance use as a means of escaping anxiety and increase constructive coping behaviors.
4. Decrease fear of social embarrassment and learn adaptive social skills.
5. Learn stress management skills to prevent anxiety response.
6. Learn problem-solving skills to resolve anxiety-producing problems.
7. Manage environmental stressors in a way to reduce psychological pressure.

*Most of the content of this chapter (with slight revisions) originates from D. W. Frazer and A. E. Jongsma, Jr., *The Older Adult Psychotherapy Treatment Planner* (New York: John Wiley & Sons, 1999). Copyright© 1999 by D. W. Frazer and A. E. Jongsma, Jr. Reprinted with permission.

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SHORT-TERM OBJECTIVES

1. Identify the specific anxiety symptoms that are personally most disturbing or most contribute to impaired functioning. (1, 2)
2. Verbalize an understanding of the general physical and cognitive manifestations of and causes for anxiety. (3, 4, 5)
3. Keep a daily journal of anxiety symptoms for one week to establish frequency, intensity, time of day, and duration of symptoms. (6)
4. Compile a list of all prescribed and OTC medications, dosage, and time of day they are taken. (7)
5. Compile a list of all medical conditions, approximate date of diagnosis, and the treating physician(s). (8)

THERAPEUTIC INTERVENTIONS

1. Assign the patient to verbalize or list all specific anxiety symptoms in detail and to rank order the symptoms on the basis of how disturbing they are.
2. Help the patient to identify whether and/or how each symptom interferes with daily functioning and/or relationships.
3. Teach the patient the anxiety symptom clusters: autonomic, motor, cognitive, and hypervigilant.
4. Assist the patient in identifying how his/her personal anxiety symptoms fall into clusters of autonomic, motor, cognitive, and hypervigilant.
5. Discuss with the patient the possible etiologies of these symptoms: illnesses (e.g., endocrine, cardiovascular, respiratory, metabolic, and neurological conditions), prescribed and over-the-counter (OTC) medications, and maladaptive responses to stressors.
6. Assign the patient to gather specific data on anxiety symptoms for one week through daily recordings of symptom occurrence, time of day, intensity (rated 1 to 10), and duration of symptoms.
7. Assign the patient to produce a list of all prescribed and OTC medications, dosage and time of day they are taken; if he/she is unable to complete this task, ask that all medication containers be brought to next session.
8. Assign the patient to produce a list of all medical conditions, approximate date of diagnosis, and the treating physician(s).

6. Give consent for physician(s) and/or designated family members to be contacted if necessary. (9, 10)

7. Accept referral to a physician to review possible relationships between anxiety symptoms, illnesses, and medications. (11, 12, 13)

8. Comply with physician-ordered changes in medications, dosages, or administration schedules to alleviate anxiety symptoms. (14, 15)

9. Keep a daily journal to document the frequency and intensity of anxiety symptoms; and specific situations, events, people, thoughts, moods, and behaviors that precede or follow the anxiety symptoms. (16, 17)

9. Discuss with the patient the necessity for working with the primary care physician to determine if there may be a biological etiology to the anxiety symptoms; obtain written consent from the patient to speak with his/her physician.

10. Discuss with the patient the need or desire to involve designated family members in treatment; if he/she is unable to produce accurate medical information, or reports that anxiety symptoms are negatively impacting family relationships, obtain permission to contact family member(s).

11. Collect, organize, and analyze data on anxiety symptoms, medical conditions, and medications; if medical etiology seems possible, refer the patient to his/her primary care physician for medical evaluation.

12. Suggest to the patient's primary care physician that, if no medical etiology is uncovered (i.e., if anxiety appears to be primarily psychogenic in origin), the first-line treatment approach will be psychotherapeutic rather than pharmacological.

13. Keep the primary care physician informed of patient's progress in reducing anxiety symptoms, and the desirability of avoiding anxiolytics if possible.

14. Obtain from the physician the ordered changes in medication, dosages, or administration schedules to reinforce patient's compliance with the changes.

15. Review the physician-ordered changes with the patient (and if involved, family member), making sure that new medications, dosages, and administration schedules are written down in checklist form to facilitate compliance.

16. Develop a simple chart for the patient to record the frequency and intensity (rated 1 to 10) of anxiety symptoms, and to record the precipitating and consequent situations, events, people, thoughts, moods, and behaviors that are associated with anxiety symptoms.

17. Assign the patient to complete anxiety symptom chart on a daily basis; support and reinforce his/her compliance.

10. Identify and clarify the patterns to anxiety precipitants and consequences. (18, 19)

18. Review the patient's anxiety chart, helping him/her recognize patterns associated with anxiety symptoms: sort out precipitants from consequences; identify the most intense or frequent precipitants; and identify the consequences that help to perpetuate maladaptive patterns.

19. Help the patient understand the negative functional consequences of anxiety (e.g., physical toll on body; negative mood) and current destructive and self-defeating anxiety-reduction methods (e.g., social withdrawal, substance dependence, disturbed family or other relationships).

11. List the apparent positive consequences of anxiety symptoms. (20, 21)

20. Assist the patient in identifying his/her current dysfunctional methods of reducing anxiety (e.g., constantly telephoning family, physician, or agencies; making excessive doctors' appointments or going to an emergency room; constant verbalization of worries; alcohol abuse; social withdrawal) and the apparent positive consequences (e.g., feeling better) from current methods of reducing anxiety.

21. Help the patient understand that some anxiety-reduction methods can have apparent immediate positive consequences (e.g., attention, anxiety reduction), but are maladaptive in the long run (e.g., the physician won't accept calls; alcohol dependence; friends avoid the patient because of constant worrying; loss of friends due to social withdrawal).

12. Verbalize how the apparent positive consequences eventually lead to negative consequences; make a commitment to learn more constructive ways to achieve positive goals. (21, 22, 23, 24)

21. Help the patient understand that some anxiety-reduction methods can have apparent immediate positive consequences (e.g., attention, anxiety reduction), but are maladaptive in the long run (e.g., the physician won't accept calls; alcohol dependence; friends avoid the patient because of constant worrying; loss of friends due to social withdrawal).

22. Convey optimism to the patient that improved methods of anxiety control will

improve daily functioning, relationships, and general quality of life.

23. Brainstorm with the patient to identify multiple alternative ways of preventing and reducing anxiety without the long-term negative consequences (e.g., realistic self-talk, relaxation skills, assertiveness, exercise, diet).
24. Help the patient select a few methods of preventing and reducing anxiety from among his/her brainstorm-generated alternatives.

13. Identify specific thoughts that precipitate anxiety symptoms. (25, 26)

25. Review the patient's chart of anxiety symptoms and their precipitants and consequences to assist him/her in identifying and clarifying thoughts that precipitate anxiety response.
26. Discuss with the patient the extent to which the thoughts reflect a realistic situational appraisal versus an overly negative or catastrophic situational appraisal; facilitate separation of the rational core concern from the exaggerated, irrational thoughts that generate an excessive and debilitating emotional response.

14. Verbalize a plan to reasonably address rational concerns that generate some anxiety, changing things that can be changed and under the patient's own control, while accepting things that cannot be changed. (27)

27. Assign the patient the task of developing a plan to address the rational core concerns (e.g., health management, safety/security issues, welfare of family members or friends) by changing things that are under his/her control and accepting things that cannot be changed.

15. Replace anxiety-producing thoughts with constructive thoughts. (28, 29)

28. Challenge thoughts that transform rational concerns into overwhelming and/or unresolvable conflicts; help the patient to identify alternative constructive thoughts.
29. Teach the patient to identify and challenge anxiety-producing, negative self-talk; assign homework to practice identification of such thoughts, and replacement with constructive thoughts.

16. Identify specific stimulus situations, events, or people that precipitate anxiety symptoms. (30)

30. Review the patient's chart of anxiety symptoms and their precipitants and consequences to help him/her identify specific stimulus situations (e.g., public gatherings where it's hard to hear), events (e.g., doctor's appointments), or people

	(e.g., upstairs neighbor; daughter-in-law) that precipitate anxiety symptoms.
17. Avoid situations that produce anxiety and in which avoidance does not have long-term negative consequences. (31)	31. Help the patient determine which situations, events, and people can be constructively avoided (e.g., menacing neighbor; unsafe areas/times of day).
18. Use assertiveness to deal constructively with situations that need to be confronted to reduce anxiety. (32)	32. Help the patient determine which situations, events, and people can be assertively changed to alleviate anxiety (e.g., discussing conflict openly with daughter-in-law; asking friends to a quiet dinner at home rather than going to noisy restaurant where hearing impairment interferes with conversation).
19. Use adaptive techniques to minimize anxiety. (33)	33. Suggest that the patient use adaptive techniques or assistive devices to minimize anxiety (e.g., amplifier for one-to-one conversations; cane or walking stick to reduce fear of falling; reviewing names and faces in photographs before attending social event to reduce fear of being embarrassed by memory impairment).
20. Practice and implement relaxation techniques to reduce anxiety. (34)	34. Teach the patient relaxation techniques, beginning with deep breathing, and proceeding to progressive muscle relaxation and guided imagery; provide him/her with a personalized audiotape and suggest purchase of relaxation videotape if he/she owns a VCR.
21. Identify daily routine activities that have been effective at reducing anxiety in the past. (35)	35. Assist the patient in identifying routine activities that have been effective personal stress management techniques (e.g., prayer, walking, baking, telephoning a friend), and encourage daily scheduling of these activities.
22. Make lifestyle changes in diet, exercise, and pleasurable habits that will reduce anxiety symptoms. (36)	36. Review healthy lifestyle issues with the patient (e.g., diet, exercise, caffeine and nicotine consumption, pleasurable activities) and assist him/her in developing a plan to eliminate anxiety-producers (e.g., caffeine) and improve general wellness.
23. Learn and practice thought and behavioral control methods to minimize and control anxiety symptoms once they have begun. (37, 38)	37. Teach the patient that a fight-or-flight response is difficult to deactivate once it has begun; that some anxiety symptoms will occur in spite of attempts at relaxation, but that the response can be minimized by use of cognitive and behavioral control.

38. Help the patient develop a plan of action for specific anxiety situations using behavioral control (e.g., leave the situation if the anxiety becomes overwhelming) and cognitive control (e.g., reassure self that anxiety-producing situation will be over in minutes and that he/she is capable of tolerating anxiety for that period).

24. Eliminate reliance on substances on which a dependence has developed and that have been abused to control anxiety symptoms. (39)

39. Evaluate and treat the patient for substance dependence/misuse.

25. Adjust living situation to reduce environmentally induced stress. (40, 41)

40. Help the patient to determine if current living situation is appropriate to his/her capacity, or if a change (e.g., move from large home to senior apartment) is warranted to reduce stress given current or anticipated capacity.

41. Assist the patient with psychological components of making a change in his/her living situation (e.g., thinking about alternatives, choosing, planning, anticipating and grieving losses, adapting).

26. Evaluate realistically the need for additional support in performing activities of daily living and develop plan to obtain such support to reduce worries about personal inadequacies. (42, 43, 44)

42. Help the patient to determine if additional help is needed to accomplish the activities of daily living (ADLs, such as eating, bathing, dressing, grooming, toileting, and mobility) or the instrumental activities of daily living (IADLs, such as shopping, transportation, meal preparation, financial matters).

43. Refer the patient to aging services to obtain additional supports (e.g., the Area Agency on Aging, faith-based aging services, private geriatric care management, or other community services) as available.

44. Discuss the patient's willingness to involve informal support network (e.g., family members, neighbors, religious counselors) in providing additional care and services; develop a plan to ask for help.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.22	Agoraphobia without History of Panic Disorder
	300.23	Social Phobia
	308.3	Acute Stress Disorder
	293.89	Anxiety Disorder Due to (Axis III Disorder)
	300.00	Anxiety Disorder NOS
	_____	_____
	_____	_____

EMPLOYEE*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Experiences excessive daily dread or worry that has no factual or logical basis and that interferes with job performance.
2. Has difficulty staying at workstation due to a sense of impending, overwhelming anxiety.
3. Loses productivity due to time spent on internal focus-related anxiety symptoms and triggers.

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LONG-TERM GOALS

1. Reduce overall level, frequency, and intensity of anxiety so that career development is not impaired.
2. Stabilize anxiety level while increasing general functioning, particularly job performance.
3. Terminate or manage panic symptoms such that confidence is restored and work is not interrupted.
4. Resolve the core conflict that is the source of the anxiety.

*Most of the content of this chapter (with slight revisions) originates from J. M. Oher, D. J. Conti, and A. E. Jongsma, Jr., *The Employee Assistance Treatment Planner* (New York: John Wiley & Sons, 1998).

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SHORT-TERM OBJECTIVES

1. Describe symptoms, their origination, and their precipitants. (1)
2. Verbalize an understanding of the role of distorted perceptions, cognitions, and beliefs in causing anxiety symptoms. (2)
3. Identify the distorted perceptions, cognitions, and beliefs that precipitate and maintain anxiety. (3, 4)
4. List positive, healthy, realistic cognitive self-talk messages that will be used to replace distorted cognitions. (5, 6)
5. Implement appropriate relaxation and diversion activities, including the focus on work itself, to decrease level of anxiety. (7, 8, 9, 10)

THERAPEUTIC INTERVENTIONS

1. Explore the employee's anxiety symptoms as to nature and stimulus events that may precipitate them.
2. Explore the role that perceptions and beliefs play in energizing and maintaining anxious physiological overarousal.
3. Explore the employee's distorted cognitive perceptions and beliefs that precipitate, exacerbate, and maintain anxiety response.
4. Assist the employee in developing an awareness of the irrational nature of his/her fears.
5. Help the employee develop reality-based cognitive messages that will increase self-confidence in coping with irrational fears.
6. Help the employee develop positive, healthy self-talk as a means to reducing the anxiety.
7. Assist the employee in developing coping strategies (e.g., increased social involvement, regular and relaxing work breaks, physical exercise) for his/her anxiety.
8. Explain and train the employee in relaxation, focused breathing, meditation, or mindfulness; provide homework assignment of regular practice.
9. Provide training exercise to the employee to demonstrate the calming influence of maintaining a present, work-oriented focus.
10. Train the employee in guided imagery for anxiety relief.

6. Identify major life conflicts, with particular emphasis on conflicts connected to the workplace or career situations. (11, 12)	11. Ask employee to develop and process a list of key past and present vocationally oriented conflicts. 12. Assist the employee in becoming aware of key unresolved vocational conflicts and in starting to work toward their resolution.
7. Verbalize insight into past conflicts and present anxiety. (12, 13)	12. Assist the employee in becoming aware of key unresolved vocational conflicts and in starting to work toward their resolution. 13. Reinforce the employee's insights in past emotional issues related to work issues and present anxiety.
8. Complete physician evaluation for medications. (14)	14. Refer the employee to a physician for a medication consultation.
9. Take medications as prescribed and report any side effects to prescribing physician. (15)	15. Monitor the employee's medication compliance and effectiveness; confer with prescribing physician.
10. Increase daily social and vocational involvement as demonstrated by the ability to remain at workstation and engage in productive work. (7, 9, 13, 16)	7. Assist the employee in developing coping strategies (e.g., increased social involvement, regular and relaxing work breaks, physical exercise) for his/her anxiety. 9. Provide training exercise to the employee to demonstrate the calming influence of maintaining a present, work-oriented focus. 13. Reinforce the employee's insights in past emotional issues related to work issues and present anxiety. 16. Encourage and reinforce the employee's increased social involvement as a means of distraction from too much internal self-focus.
11. Agree to follow up session to report on progress of anxiety control. (17)	17. Develop a follow-up plan and schedule and follow up visit with the employee.
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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
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	_____	_____
Axis II:	301.82	Avoidant Personality Disorder
	_____	_____
	_____	_____

MEDICALLY ILL*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Fear about medical condition or prognosis that causes significant distress and/or interferes with daily functioning.
2. Excessive and persistent fear associated with the occurrence or anticipation of specific medical procedures or treatments.
3. Anxiety, fear, or worry that exacerbates physical symptoms of medical disorder (e.g., pain, breathing difficulties, cardiac symptoms).

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LONG-TERM GOALS

1. Increase accurate knowledge about medical condition resulting in decreased irrational, anxiety-producing beliefs about symptoms, prognosis, and treatment.
2. Enhance ability to effectively manage fears and worry about medical condition.
3. Develop effective coping strategies to reduce anxiety during feared medical procedures.
4. Reduce overall level, frequency, and intensity of anxiety so that daily functioning is not impaired.
5. Stabilize anxiety level while increasing ability to function on a daily basis.
6. Resolve the core conflict that is the source of anxiety.

*Most of the content of this chapter (with slight revisions) originates from D. E. Degood, A. L. Crawford, and A. E. Jongsma, Jr., *The Behavioral Medicine Treatment Planner* (New York: John Wiley & Sons, 1999).

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SHORT-TERM OBJECTIVES

1. Describe history of anxiety, including associated symptoms, precipitating factors (if applicable), and strategies used to resolve it. (1, 2, 3)
2. Verbalize thoughts and feelings about deterioration of health and fears of death. (4, 5)
3. Identify major life conflicts from the past and present. (6, 7)
4. Verbalize insight into how past traumatic experiences are causing anxiety in present unrelated circumstances. (8)
5. Develop and implement relaxation and diversion strategies to reduce anxiety. (9, 10, 11)
6. Complete assigned homework focused on stress reduction techniques. (12)

THERAPEUTIC INTERVENTIONS

1. Develop rapport and trust with the patient to create a supportive environment that will facilitate a description of his/her fears.
2. Obtain a history of the patient's anxiety, including any precipitating factors and ways he/she has attempted to resolve it.
3. Assess the cognitive, behavioral, and somatic symptoms associated with the patient's anxiety episodes.
4. Explore anxiety and fear associated with the patient's medical condition and its treatment.
5. Explore and process the patient's fears about deterioration of health, death, and dying.
6. Ask the patient to develop a list of significant past and present life conflicts.
7. Assist the patient in becoming aware of unresolved life conflicts and in starting to work toward their resolution.
8. Help the patient develop insight into the link between past emotional issues and current anxiety.
9. Teach the patient to use guided imagery to reduce anxiety.
10. Train the patient in progressive muscle relaxation and diaphragmatic breathing to reduce physiological reactivity.
11. Use biofeedback training to facilitate the patient learning relaxation skills.
12. Assign or allow the patient to choose a chapter in *The Relaxation and Stress*

	Reduction Workbook (Davis, Eschelman, and McKay) and then work with him/her to implement the chosen technique.
7. Create a hierarchy of anxiety-provoking medical procedures and cooperate with systematic desensitization procedures to reduce anxiety. (13, 14)	13. Assist the patient in developing a hierarchy of feared situations related to his/her medical treatment. 14. Use systematic desensitization to decrease the patient's anxiety during aversive medical procedures and other feared situations.
8. Identify how worries are irrational. (15)	15. Assist the patient in analyzing his/her fears by examining the probability of the negative event occurring, the ability to control the event, the worst possible outcome, and the ability to accept the event (see *Anxiety Disorders and Phobias* by Beck and Emery).
9. Increase understanding of beliefs and messages that produce worry and anxiety. (16, 17)	16. Explore the patient's distorted cognitive messages that mediate his/her anxiety. 17. Use cognitive restructuring to help the patient develop reality-based, positive cognitions that enhance his/her self-confidence in coping with fears.
10. Decrease level of anxiety by developing positive, calming self-talk. (17, 18)	17. Use cognitive restructuring to help the patient develop reality-based, positive cognitions that enhance his/her self-confidence in coping with fears. 18. Reinforce the patient's implementation of positive coping thoughts to reduce anxiety and promote self-efficacy in feared situations.
11. Verbalize an understanding of the role that anxiety symptoms play in exacerbating medical problems. (19)	19. Educate the patient about the role of anxiety in exacerbating physical symptoms associated with medical disorder (e.g., pain, breathing difficulties, cardiac symptoms).
12. Use thought-stopping technique to interrupt anxiety-producing thoughts. (20)	20. Teach the patient to implement thought-stopping techniques to decrease obsessive ruminations (e.g., visualizing a stop sign each time the thought occurs, and then imagining a pleasant scene).
13. Identify alternative positive views that are incompatible with anxiety-producing views. (21)	21. Reframe the patient's fear by offering alternative ways of viewing the feared situation or enlarging the perspective.
14. Verbalize reasonable, factually-based information regarding medical	22. Assist the patient in acquiring information about his/her medical disorder from books

condition, treatment, and prognosis. (22, 23)

and medical personnel in order to enhance his/her sense of control and to challenge irrational beliefs or fears.

23. Help the patient identify and challenge irrational beliefs about his/her health status, medical treatment, and prognosis that exacerbate anxiety.

15. Verbalize enhanced self-efficacy and a sense of control in managing medical condition. (22, 24, 25)

22. Assist the patient in acquiring information about his/her medical disorder from books and medical personnel in order to enhance his/her sense of control and to challenge irrational beliefs or fears.

24. Encourage the patient to take an active role in medical treatment decision making.

25. Reinforce the patient's assertiveness in seeking information, expressing needs, and sharing feelings and concerns with medical professionals.

16. Attend a support group for medical disorder and process the impact of attending. (26)

26. Assign the patient to attend a support group related to his/her medical disorder.

17. Implement strategies to enhance a sense of control in coping with daily stressors. (27, 28, 29)

27. Teach the patient problem-resolution skills (e.g., defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, evaluating outcome, and readjusting plan as necessary).

28. Use modeling and role playing with the patient to apply with problem-solving approach to his/her current circumstances; encourage implementation of action plan, reinforcing success and redirecting for failure.

29. Assist the patient in applying coping skills (e.g., time management, communication skills, and problem solving) to manage stressful situations.

18. Maintain a regular exercise regimen as recommended by physician. (30)

30. Encourage the patient to implement a medically appropriate exercise regimen.

19. Identify an anxiety coping mechanism that has been successful in the past and increase its use. (31)

31. Using a brief, solution-focused therapy approach, identify and clarify a time or situation in which the patient managed anxiety adaptively, encourage him/her to increase the use of this strategy, modifying the solution as required.

20. See physician for physical examination to assess need for medications and to rule out physical causes of anxiety. (32)
21. Take medications as prescribed and report side effects to appropriate professionals. (33)

32. Refer the patient to a physician for a medication consultation and to rule out medical causes of anxiety.
33. Monitor the patient's medication compliance, side effects, and effectiveness; confer with prescribing physician regularly.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	309.24	Adjustment Disorder with Anxiety
	300.29	Specific Phobia
	300.02	Generalized Anxiety Disorder
	293.89	Anxiety Disorder Due to (Axis III Disorder)
	300.00	Anxiety Disorder NOS
	307.89	Pain Disorder Associated with Both Psychological Factors and (Axis III Disorder)
	316	Psychological Factors Affecting (Axis III Disorder)
	_____	_____
	_____	_____

TRAUMA VICTIM*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Has developed generalized anxiety symptoms since the traumatic experience.
2. Reports that the trauma has triggered a loss of confidence in the ability to cope with new situations.

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LONG-TERM GOALS

1. Develop strategies to induce calm when experiencing anxiety, fear, restlessness, and so on.
2. Complete normal social, occupational, and/or academic functions.
3. Regain self-confidence, emotional control, and a sense of serenity.

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*Most of the content of this chapter (with slight revisions) originates from T. D. Kolski, M. Avriette, and A. E. Jongsma, Jr., *The Crisis Counseling and Traumatic Events Treatment Planner* (New York: John Wiley & Sons, 2001).

SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Cooperate with a comprehensive psychosocial assessment by providing accurate information regarding anxiety, stressors, social support, and history. (1, 2, 3)	1. Establish rapport with the client by providing reassurance and warmth. 2. Conduct a comprehensive psychosocial assessment of the client. 3. Have client draw an eco-map (a graphic description of relationships with family, friends, coworkers, church leaders) to assist in identifying sources of conflict which may be contributing to anxiety as well as sources of support.
2. Identify social stressors that are contributing to anxiety. (4)	4. Ask the client to create a list of 10 situations or events they worry about daily for a week. Review with the client situations/events they can change versus those that are out of his/her control.
3. Verbalize an understanding of how negative childhood experiences have contributed to creating and maintaining anxiety. (5, 6)	5. Assist client in identifying childhood experiences (e.g., overly protective or critical parenting) that may have contributed to the onset and maintenance of current anxiety. 6. Assign the client the homework of reading *The Anxiety and Phobia Workbook* (Bourne).
4. Cooperate with the treatment of any medical conditions that may be contributing to anxiety. (7)	7. Refer the client to a physician to identify and treat any medical conditions that may be contributing to anxiety (e.g., hypoglycemia, drug intoxication/withdrawal, parathyroid disease).
5. Cooperate with psychiatric evaluation and take psychotropic medications as prescribed. (8)	8. Refer the client to a physician for a psychotropic medication evaluation for the treatment of anxiety and sleeplessness; monitor compliance with the physician's orders.
6. Verbalize an increased understanding of anxiety disorders and their treatment. (6, 9)	6. Assign the client the homework of reading *The Anxiety and Phobia Workbook* (Bourne). 9. Educate the client regarding the genesis (e.g., childhood learned insecurity, trauma induced, depression associated, lack of coping skills) and treatment (e.g., cognitive coping strategies, behavioral coping strategies, normalization and increased tolerance, medication) of anxiety disorders.

7. Verbalize the symptoms of anxiety that are experienced physically, emotionally, and behaviorally. (10, 11)

8. Identify those times when a feeling of loss of control over situations/events in his/her life occurs. (12)

9. Identify already existing successful anxiety management strategies and increase their use. (13, 14)

10. Comply with a nutritional plan that excludes any substances that may exacerbate anxiety. (15, 16)

11. Identify any substance abuse and maintain sobriety during treatment. (17, 18, 19)

12. Use community resources that can assist with resolving social stressors that are contributing to anxiety. (20)

10. Assist the client in identifying his/her symptoms of anxiety and under what circumstances the symptoms are experienced; note if symptoms were present before or only after the trauma.

11. Ask the client to keep a journal of his/her daily activity and anxiety reactions experienced when engaged in these activities; review this journal with him/her to determine the nature of his/her panic/anxiety attacks.

12. Assist the client in determining areas of his/her life over which he/she can exercise control versus those that are out of his/her control; relate this loss of control to the traumatic experience.

13. Ask the client to keep a journal of times when the anxiety is successfully managed between sessions to identify coping strategies; positively reinforce the use of these already-existing strategies.

14. Using a solution-focused approach, ask the client to think about the moments in the last week when he/she did not experience anxiety; inquire as to what he/she was doing during these times, and assign homework of increasing these behaviors.

15. Refer the client to a nutritionist; request that he/she bring the nutritionist's recommendations to the session and monitor compliance with his/her plan.

16. Educate the client on the importance of avoiding stimulants (e.g., caffeine, nicotine, and various over-the-counter medications).

17. Assess the client for any drug and/or alcohol abuse; if present, refrain from treating the anxiety until abstinence has been achieved.

18. Refer the client to a substance abuse program for drug testing on a random basis.

19. Refer the client to a substance abuse treatment program and/or a 12-step group to help establish and maintain sobriety.

20. Refer the client to community resources (e.g., an attorney, financial advisor) who can assist him/her in resolving external social stressors that are contributing to anxiety.

13. Practice relaxation techniques. (21, 22, 23)

21. Teach the client relaxation techniques; deep-breathing exercises; progressive muscle relaxation, cue-controlled relaxation, and differential relaxation.
22. Teach the client guided imagery techniques where he/she visualizes a peaceful scene to decrease anxiety.
23. Teach the client meditation techniques and assign homework of practicing meditation for 15 minutes per day.

14. Demonstrate increased assertiveness in relationships by asking for desired outcomes directly, refusing unwanted requests, and expressing anger openly and appropriately. (24, 25)

24. Provide assertiveness training to the client, teaching him/her to express feelings directly, say no, and so forth.
25. Assign the client the homework of reading *When I Say No, I Feel Guilty* (Smith).

15. Increase level of physical exercise. (26, 27)

26. Assist the client in designing an exercise schedule and monitor his/her compliance with the routine.
27. Recommend that the client read and implement programs from *Exercising Your Way to Better Mental Health* (Leith).

16. Replace distorted, anxiety-provoking automatic thoughts with more realistic, calming ones. (28, 29, 30, 31)

28. Teach the client to use the Subjective Units of Distress (SUDs) to rank anxiety on a scale of 1 to 10.
29. Teach the client how to use a record of automatic thoughts to identify and track distorted cognitions.
30. Challenge and replace the client's cognitive distortions related to the anxiety.
31. Assign the client the homework of reading and completing assignments in *Ten Days to Self-Esteem!* (Burns).

17. Implement five activities that promote feelings of self-worth. (32)

32. Assist the client in listing five activities (e.g., challenging cognitive distortions, engaging in physical activity, and socializing with friends and family) that promote feelings of self-worth; assign implementation of these activities.

18. Attend a community support group for people with anxiety disorders. (33)

33. Refer the client to a community support group for people with anxiety disorders (e.g., Phobics Anonymous).

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	308.3	Acute Stress Disorder
	309.24	Adjustment Disorder with Anxiety
	_____	_____
	_____	_____
Axis II:	301.82	Avoidant Personality Disorder
	301.83	Borderline Personality Disorder
	301.50	Histrionic Personality Disorder
	_____	_____
	_____	_____

DEVELOPMENTALLY DISABLED*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Lacks confidence in social skills leading to high anxiety and withdrawal in social situations.
2. Has lost daily living skills (e.g., onset of urinary incontinence) that had been previously learned and implemented.
3. Shows an increased frequency in atypical behaviors (e.g., regression with attention-seeking, hysterical symptoms, negativism, robotic responsiveness, or elective mutism).

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LONG-TERM GOALS

1. Reduce or eliminate anxiety symptoms.
2. Develop skills and strategies to cope positively with stressors.
3. Implement behavioral and cognitive coping techniques to reduce anxiety.

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*Most of the content of this chapter (with slight revisions) originates from K. H. Slaggert and A. E. Jongsma, Jr., *The Mental Retardation and Developmental Disability Treatment Planner* (New York: John Wiley & Sons, 2000).

SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Participate in a psychological assessment of anxiety symptoms. (1, 2, 3, 4)	1. Arrange for psychological assessment of client's anxiety symptoms, including developmental history, family history, and previous psychiatric involvement. 2. Operationally define and collect data on the client's behaviors indicative of anxiety. 3. Assess the severity of client's anxiety (e.g., consider using a rating scale such as Diagnostic Assessment for the Severely Handicapped, Second Edition [DASH-II; Matson] or Reiss Screen for Maladaptive Behavior, Second Edition [Reiss]). 4. Train the family members and caregivers to monitor the client's signs and symptoms of anxiety to provide accurate information to the psychiatrist or psychologist.
2. Cooperate with medical examination to rule out medical etiologies for anxiety symptoms. (5)	5. Arrange for client to obtain a complete physical to rule out any biomedical causes for his/her anxiety symptomatology (e.g., medications, endocrine disorders, pulmonary disease).
3. Cooperate with a psychiatric examination to assess the need for psychotropic medications and take any medications prescribed. (6, 7)	6. Arrange for a psychiatric evaluation of the client to determine whether psychotropic medications may be helpful. 7. Monitor the client for compliance, effectiveness, and side effects associated with prescribed antianxiety medications.
4. Attend individual psychotherapy sessions focused on anxiety reduction. (8)	8. Arrange for the client to receive individual therapy using a therapeutic model best suited for him/her (e.g., cognitive-behavioral, behavioral, or psychoeducational) to facilitate changes in anxious feeling and thinking.
5. Attend group therapy sessions focused on teaching anxiety reduction techniques. (9)	9. Arrange for the client to participate in group therapy to learn skills compatible with his/her anxiety symptomatology (e.g., relaxation, visualization, and deep breathing).
6. Client or caregiver keeps records of anxiety symptoms, precipitating events, and resolution methods. (10)	10. Request that the client keep a daily mood record to better understand his/her anxiety patterns, precipitating events, and coping behaviors used.

7. Verbalize realistic beliefs that challenge anxiety-inducing thoughts. (11, 12)

8. Increase the frequency of relaxing, calm behaviors that compete with anxiety behaviors. (13, 14, 15)

9. Implement alternative activities that reduce agitation and anxiety at early stages of onset. (16, 17)

10. Meet with a mentor regarding how to minimize problems between self and the environment. (18)

11. Request that the client read (or read to him/her) relevant portions of *S.O.S.: Help for Emotions: Managing Anxiety, Anger, and Depression* (Clark) to help him/her eliminate irrational beliefs that contribute to anxiety.

12. Instruct client in cognitive restructuring techniques (e.g., replacing irrational, automatic thoughts with realistic self-talk that mediates calm confidence) to change his/her thoughts that perpetuate specific fears; model these for the client; provide him/her with role-play opportunities to facilitate mastery of the new skill.

13. Request that the client generate a list of activities he/she enjoys and finds relaxing (e.g., listening to soothing music, taking baths, or going for walks); request him/her to specify times during the day to schedule calming activities.

14. Teach the client anxiety-reducing skills for managing anxiety symptoms (e.g., deep breathing, progressive muscle relaxation, or positive imagery); model these for the client and provide him/her with practice opportunities to facilitate master of new skill.

15. Prepare an audiotape of progressive muscle relaxation prompts or calm, soothing music for the client to use at early stages of anxiety.

16. Teach the client to recognize early signs of negative emotions and then to initiate alternative activities that will reduce expressed agitation (e.g., client's preferred activities, deep breathing, progressive muscle relaxation, or positive imagery).

17. Provide training and in-service sessions to family members and caregivers to promote their identification of early signs of the client's agitation; direct family members to assist him/her in utilizing distraction or coping techniques at low levels of agitation (e.g., deep breathing, relaxation, or positive self-talk).

18. Coordinate a mentor relationship with a volunteer or a peer who can assist in resolving conflict between the client and

his/her environment to promote more effective management of problems.

11. Attend a support group for individuals with developmental disabilities. (19)
19. Refer the client to a support group for people with developmental disabilities.
12. Participate in social skills training to alleviate social anxiety. (20)
20. Arrange for the client to participate in social skills training to reduce anxiety experienced in social situations.
13. Implement environmental stress management techniques. (21)
21. Teach the client relevant environmental stress-reduction techniques to alleviate stressors (e.g., time management, exercise, or improved nutrition).
14. Cooperate with recommendations from a speech therapist as to ways to improve communication. (22)
22. Refer the client to a speech therapist for suggestions or hardware to increase his/her communication ability.
15. Family members and caregivers report increased understanding of the client's communication and problematic behaviors. (23, 24)
23. Use modeling and role playing to teach family members and caregivers to listen for the client's direct and indirect communications; reinforce the client for cooperating with reasonable, routine requests.
24. Assist family members and caregivers in identifying what the client may be communicating through his/her problematic behavior (e.g., fear, helplessness, or frustration); refer the family members and caregivers to the *Parent Survival Manual* (Schopler) for examples of effective responses to the client's behavior problems.
16. Use an activity board to keep self informed of the day's scheduled events in order to reduce confusion and ambiguity that could trigger anxiety. (25)
25. Recommend that family members and caregivers use an activity board to display the client's schedule (written or pictorially) for the day, week, or month to minimize his/her anxiety related to uncertainty about what is upcoming.
17. Identify reinforcers for nonanxious behaviors. (26, 27, 28)
26. Use behavioral analysis for identifying reinforcers for the client's anxious behaviors.
27. Explore for several reinforcers that can be used to reward behaviors that are incompatible with the client's anxiety; ask him/her to contribute to the list.
28. Assess ecological factors contributing to the maintenance of the client's anxiety behaviors.
18. Increase the frequency of calm and relaxed verbal, social, and motor behaviors. (29, 30, 31)
29. Refer to a behavioral specialist to design and implement a behavioral plan that reinforces desired behaviors coupled with

behavioral techniques (e.g., reinforcing low reactivity levels, reinforcing incompatible behaviors, extinction, response cost, and over-correction) to decrease or eliminate anxious behaviors.

30. Train all caregivers on client's behavioral treatment program to ensure effective implementation and strengthening of desirable nonanxious behaviors. (Consider using *The Skills Training for Children with Behavioral Disorders: A Parent and Therapist Workbook* by Bloomquist as a guide.)
31. Obtain approval from the client's guardian and agency oversight committee for restrictive or aversive programming.

19. Family members and caregivers decrease the client's stress through the implementation of a quieter, more routine environment. (28, 32, 33, 34)

28. Assess ecological factors contributing to the maintenance of the client's anxiety behaviors.
32. Modify the client's environment to remove physical and psychological conditions not conducive to low stress (e.g., noisy conditions, hunger, bright sunlight, and physical discomfort).
33. Recommend that family members and caregivers read *Helping People with Autism Manage Their Behavior* (Dalrymple) to learn how to create a structured, ordered environment that accommodates the client's needs and minimizes anxiety.
34. Recommend that family and caregivers read the *Anxiety and Stress Self-Help Book* (Lark) or *The Anxiety and Phobia Workbook* (Bourne) to examine environmental changes that could reduce client's anxiety and stress levels (e.g., dietary changes, physical exercise, and breathing exercises).

20. Demonstrate independence and initiative by making all possible choices in daily events, as evidenced by choosing clothing, food, leisure interests, and peer group. (35, 36)

35. Present situations on a daily basis such that client is required to make a choice between two to three options and reinforce independent choices.
36. Encourage family members to allow the client to make all possible choices and to demonstrate maximum independence in daily events.

21. Family members and caregivers express greater understanding of the client's

37. Obtain the client's consent to enlist support from clinicians, residential staff, family

emotional and developmental disorder. (37, 38, 39)

members, and vocational and educational staff.

38. Provide specific information to the client, family, and caregivers about his/her specific anxiety disorder (e.g., from *The Anxiety and Phobia Workbook* by Bourne or from the National Institute of Mental Health website).

39. Recommend that caregivers read *The Psychiatric Tower of Babble* (Gabriel) to learn about the mental health needs of persons with developmental disabilities.

22. Family members and caregivers assist and support the client in his/her attempts to make positive behavioral changes to manage anxiety symptoms. (40, 41)

40. Arrange for family members and caregivers to spend time with the client doing only what he/she expresses an interest in (e.g., planning a meal, playing a game, watching a video) to promote unconditional, nondemanding interactions while the family members and caregivers provide verbal attention to the client's activities.

41. Encourage family members and caregivers to increase the frequency of positive interactions with the client while modeling desirable behaviors, positive demeanor, and helpful attitudes; model these behaviors to family members and caregivers in formal and informal situations.

23. Increase participation in extracurricular activities and outings. (42, 43)

42. Refer the client to a recreational therapist to determine possible leisure, social, and community activities available to him/her.

43. Encourage the client's participation in Special Olympics or other athletic events.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	309.21	Separation Anxiety Disorder
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.22	Agoraphobia without History of Panic Disorder
	300.23	Social Phobia
	308.3	Acute Stress Disorder
	293.89	Anxiety Disorder due to (Axis III Disorder)
	299.80	Pervasive Developmental Disorder NOS
	299.00	Autistic Disorder
	299.80	Asperger's Disorder
	_____	_____
	_____	_____
Axis II:	317	Mild Mental Retardation
	318.0	Moderate Mental Retardation
	318.1	Severe Mental Retardation
	318.2	Profound Mental Retardation
	_____	_____
	_____	_____

SEVERELY MENTALLY ILL*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Exhibits apprehension in response to severe and persistent mental illness symptoms (e.g., frightening hallucinations, or manic/racing thoughts).
2. Reports recurrent or persistent fear due to persecutory delusions or other bizarre beliefs.
3. Reports concentration difficulties, such as losing a train of thought or forgetfulness, related to anxious preoccupation.

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LONG-TERM GOALS

1. Decrease internal stimuli which contribute to feelings of anxiety.
2. Resolve anxiety related to severe and persistent mental illness symptoms.
3. Decrease the level of worry, anxiety, panic, obsessions, or compulsions.
4. Manage normal life stressors with minimal levels of anxiety.
5. Learn coping techniques to decrease the effects of anxiety.
6. Increase concentration and ability to function on a daily basis.
7. Resolve core conflicts that are the source of the anxiety.

*Most of the content of this chapter (with slight revisions) originates from D. J. Berghuis and A. E. Jongsma, Jr., *The Severe and Persistent Mental Illness Treatment Planner* (New York: John Wiley & Sons, 2000).

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SHORT-TERM OBJECTIVES

1. Describe the history of anxiety symptoms. (1, 2, 3, 4)
2. Differentiate between symptoms related to anxiety versus those related to severe and persistent mental illness. (5, 6)
3. Verbalize an understanding of the cognitive etiology of anxiety symptoms. (5, 7, 8)

THERAPEUTIC INTERVENTIONS

1. Provide support and empathy in order to encourage the client to feel safe in expressing his/her anxiety symptoms.
2. Request the client to describe his/her history of anxiety symptoms or panic attacks.
3. Utilize a graphic display (e.g., time line) to help the client identify the pattern of anxiety symptoms that he/she has experienced (e.g., when they started, how they have varied in intensity or type over time).
4. Coordinate psychological testing to assess the extent and severity of anxiety symptoms.
5. Provide a description of anxiety symptoms and their causes (e.g., *The Anxiety and Phobia Workbook* by Bourne) to help the client identify with a specific diagnostic classification.
6. Help the client differentiate symptoms that are a direct effect of his/her severe and persistent mental illness, as opposed to a separate diagnosis of an anxiety disorder.
5. Provide a description of anxiety symptoms and their causes (e.g., *The Anxiety and Phobia Workbook* by Bourne) to help the client identify with a specific diagnostic classification.
7. Provide the client with specific information regarding the cognitive precursors of anxiety (e.g., *Anxiety Disorders and Phobias* by Beck).

8. Help the client to apply the cognitive etiology information to his/her specific symptoms and experience of anxiety.

4. Identify secondary gain that may be reinforcing anxiety symptoms. (9)

9. Assist the client in identifying a secondary gain that is achieved by the presence of the anxiety symptoms (e.g., lowered expectations from others).

5. Identify key life conflicts that raise anxiety. (10, 11, 12)

10. Explore the client's life for circumstances that may reduce anxiety.

11. Assist the client in differentiating between actual life situations and those that appear real, but are due to hallucinations or delusions.

12. Acknowledge that both real and delusional experiences can cause anxiety, providing support to the client.

6. Take steps to reduce external sources of stress. (13)

13. Participate with the client in developing plans for resolving identifiable external stressors (e.g., housing, financial, medical treatment); facilitate resolution of issues that the client is unable to resolve on his/her own.

7. Implement cognitive and behavioral coping techniques to reduce anxiety. (14, 15, 16, 17, 18)

14. Assist the client in identifying specific techniques that have had a reducing effect on his/her anxiety symptoms in the past; direct the client to implement these previously successful measures more consistently.

15. Assess the client's ability to tolerate the use of cognitive techniques (e.g., understand the difference between self-talk or imagery and auditory or visual hallucinations).

16. Train the client in guided imagery techniques (e.g., identifying several characteristics of a quiet, serene place, or "surfing a panic attack").

17. Teach the client deep muscle relaxation and deep breathing to reduce anxiety symptoms; use biofeedback techniques to facilitate relaxation skills.

18. Direct the client to choose an applicable chapter from *The Relaxation and Stress Reduction Workbook* (Davis, Eshelman, and McKay), then support him/her in implementing the chosen techniques.

8. Obtain a complete physical evaluation to rule out medical etiologies for anxiety symptoms. (19, 20)

9. Identify any foods, alcohol, or street drugs that could be triggering anxiety. (21, 22)

10. Cooperate with a medication evaluation. (23)

11. Report a decrease in anxiety symptoms through regular use of psychotropic medications. (24, 25, 26)

12. Attend individual and/or group therapy sessions that are focused on anxiety reduction. (27)

13. Implement a quieter, more routine environment. (28, 29, 30)

14. Divert attention away from anxiety and toward other activities. (31, 32, 33)

19. Refer the client to a physician for a complete physical examination to evaluate for any organic basis for the anxiety.

20. Assist the client in following up on the recommendations from a physical evaluation, including medications, lab work, or specialty assessments.

21. Review the client's use of psychoactive chemicals (e.g., nicotine, caffeine, alcohol abuse, or street drugs) and their relationship to anxiety symptoms.

22. Recommend the client's termination of consumption of substances that could trigger anxiety; refer for substance abuse evaluation or treatment if indicated.

23. Refer the client to a physician for an evaluation as to the need for psychotropic medications.

24. Educate the client about the use and expected benefits of the medication.

25. Monitor the client's medication compliance and effectiveness; reinforce consistent use of the medication.

26. Review the effects of the medication with the client and the medical staff to identify possible side effects of confounding influence of polypharmacy.

27. Refer the client to a therapist for individual or group therapy regarding anxiety symptoms.

28. Help the client to modify his/her environment to be more soothing (e.g., soft lighting, low music, comfortable temperature).

29. Encourage the client to develop a routine daily pattern, including waking and resting at the same times, establishing regular meal times, and routinely performing daily chores.

30. Teach the client how a calm environment and predictable, regular routine help to decrease anxiety.

31. Assist the client in identifying a list of alternative diversionary activities to utilize when experiencing anxiety (e.g., taking a walk, watching TV or a video, doing a

household chore, calling a friend or family member).

32. Assist the client in identifying appropriate and available community-based social, vocational, or recreational programs or activities in which he/she could become involved.
33. Use systematic desensitization techniques to help the client to gradually decrease anxiety that leads to avoidance and to increase his/her involvement in the community.

15. Significant others encourage the client in implementing stress-reduction techniques. (34, 35)

34. Enlist the help of the client's support system in implementing specific stress-reduction techniques.
35. With the proper release of information, provide feedback to the client's support system about his/her symptoms and how to help him/her manage them.

16. Implement cognitive and behavioral techniques to decrease the intensity, duration, and frequency of panic attacks. (36, 37, 38)

36. Help the client to understand that although the panic attack is terrifying, it is by nature short-term, predictable, and relatively harmless when completed.
37. Assist the client in identifying realistic, positive responses to frightening thoughts that he/she has experienced during panic attacks; direct him/her to write these on a set of 3-by-4-inch cards and to refer to them when experiencing a panic attack.
38. Use role playing, modeling, and behavior rehearsal to encourage the client to use breathing and muscle relaxation techniques to help work through a panic attack and to induce relaxation.

17. Identify and replace dysfunctional beliefs that maintain anxiety. (15, 39, 40, 41)

15. Assess the client's ability to tolerate the use of cognitive techniques (e.g., understand the difference between self-talk or imagery and auditory or visual hallucinations).
39. Assist the client in identifying the beliefs that support his/her anxiety; help him/her question these beliefs and to identify healthier, more realistic beliefs.
40. Help the client to identify and label psychotic or delusional beliefs, and to develop coping skills for such.

41. Analyze the fear with the client by examining the probability of the negative expectation that is occurring, what will be the real impact if it does occur, his/her ability to control it, as well as his/her ability to accept it. (See *Anxiety Disorders and Phobias* by Beck.)

18. Contact supportive people when anxiety symptoms are severe. (34, 35, 42)

34. Enlist the help of the client's support system in implementing specific stress-reduction techniques.

35. With the proper release of information, provide feedback to the client's support system about his/her symptoms and how to help him/her manage them.

42. Encourage the client to identify support people with whom he/she has had positive experiences; encourage him/her to use these people for reality testing and support.

19. Attend a self-help group for support. (43)

43. Refer the client to a self-help support group for anxiety disorders or chronic mental illness symptoms.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	295.90	Schizophrenia, Undifferentiated Type
	295.30	Schizophrenia, Paranoid Type
	295.70	Schizoaffective Disorder
	296.xx	Bipolar I Disorder
	296.89	Bipolar II Disorder
	298.9	Psychotic Disorder NOS
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.22	Agoraphobia without History of Panic Disorder
	300.29	Specific Phobia
	300.23	Social Phobia
	300.3	Obsessive-Compulsive Disorder
	309.81	Posttraumatic Stress Disorder

	300.02	Generalized Anxiety Disorder
	293.89	Anxiety Disorder Due to (Axis III Disorder)
	_____	_____
	_____	_____
Axis II:	301.4	Obsessive-Compulsive Personality Disorder
	_____	_____
	_____	_____

NEUROLOGICALLY IMPAIRED*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Persistently worries about the implications of the neurological impairment on life in the future.
2. Verbalizes irrational or uninformed beliefs about the medical condition that foster anxiety.
3. Is preoccupied with medically-based limitations, leading to fear of taking any initiatives for activity.

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LONG-TERM GOALS

1. Reduce the frequency and intensity of anxiety symptoms so that daily functioning is not impaired and acceptable comfort level is achieved.
2. Stabilize the anxiety level while increasing the ability to function on a daily basis.
3. Resolve underlying issues that may be creating or contributing to the anxiety.
4. Enhance ability to effectively handle the full variety of uncertain situations in life.
5. Patient and/or responsible party is able to identify signs of possible recurrence of anxiety, and is aware of behavioral, cognitive, and/or medical actions to take to reduce symptoms.

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SHORT-TERM OBJECTIVES

1. Identify type, frequency, severity, and circumstances surrounding the occurrence of anxiety symptoms. (1, 2, 3)
2. Cooperate with psychological testing to assess the cause and severity of anxiety symptoms. (4, 6)
3. Cooperate with a neuropsychological assessment. (5, 6)
4. Identify cognitive distortions that generate anxious feelings. (7, 8, 9)

THERAPEUTIC INTERVENTIONS

1. Arrange for or conduct a psychodiagnostic evaluation of the patient to determine if an anxiety disorder is present, and to make treatment recommendations.
2. If the patient is a poor historian, obtain permission from him/her or legally responsible party to interview person(s) familiar with his/her history.
3. Review medical records and/or consult with the patient's physician to identify medical conditions and medications that might be affecting his/her symptoms.
4. Arrange for or conduct psychological testing of the patient to identify the severity of his/her anxiety, and to rule out depression or other disorders as primary or coexisting conditions.
6. Give feedback to the patient (and family), treatment team, and other designated persons regarding assessment results and recommendations.
5. Arrange for or conduct neuropsychological testing to identify cognitive problems affecting the patient's thought processes or behavior.
6. Give feedback to the patient (and family), treatment team, and other designated persons regarding assessment results and recommendations.
7. Providing assistance if necessary, have the patient complete anxiety section exercises in *Ten Days to Self-Esteem!* (Burns).

8. Have the patient record in a journal thoughts associated with anxiety symptoms.
9. Assist the patient in identifying catastrophizing, "what-if" statements, fortune-telling, and other distorted thoughts that precipitate or maintain experience of anxiety.

5. Report on the success of substituting positive, realistic thoughts for the distortions that precipitate and maintain anxiety. (10)

10. Help the patient develop reality-based, positive cognitive messages that will increase self-confidence in coping with irrational fears.

6. Implement thought-stopping techniques to interrupt anxiety-producing thoughts. (11)

11. Teach the patient to implement a thought-stopping technique (e.g., thinking of a stop sign and then a pleasant scene, or snapping a rubber band on the wrist) that cognitively interferes with distorted cognitive obsessions; monitor and encourage the patient's use of technique in daily life between sessions.

7. List the advantages and disadvantages of the anxiety. (12)

12. Have the patient complete (or assist him/her in completing) the "Cost-Benefit Analysis" exercise (see *Ten Days to Self-Esteem!* by Burns) in which he/she lists the advantages and disadvantages of the negative thought, fear, or anxiety.

8. Utilize paradoxical intervention to reduce anxiety response. (13, 14)

13. Develop a paradoxical intervention (see *Ordeal Therapy* by Haley) in which the patient is encouraged to have the problem (e.g., anxiety) and then schedule that anxiety to occur at specific intervals each day in a specific way and for a defined length of time. Include in the schedule times of the day/night when the patient would clearly want to be doing something else.
14. Assign the patient to "worry on purpose" at specific times about specific topics that may or may not normally precipitate anxious thoughts.

9. Identify problems that appear unmanageable and that threaten sense of survival or self-esteem. (15, 16)

15. Assist the patient in identifying problems that seem outside of his/her ability to solve or manage and then either develop a plan to enlist the help of others to solve the problem or turn it over to a higher power.
16. Identify the patient's need for resources and facilitate a referral to appropriate professionals in the facility or community

(e.g., social worker, social service agencies, Social Security disability office).

10. Replace vague impressions about medical condition with accurate understanding of medical condition, treatment options, prognosis, and lifestyle implications. (17, 18, 19)

17. Assess the patient's need for education regarding medical condition, symptoms, and actions that he/she can currently take to improve condition; coordinate with other treatment professionals in providing educational information.
18. Provide the patient and family with educational materials regarding his/her medical condition and its treatment and/or refer to reliable Internet resources.
19. Inform the patient and family of support groups or advocacy organizations dealing with the patient's particular medical condition.

11. Complete a physical evaluation for medications. (20)

20. Assess the need for medications to reduce symptoms of anxiety and then refer to and consult with his/her treating physician regarding how medication will be prescribed, monitored, and managed.

12. Take medications as prescribed and report on effectiveness and side effects to appropriate professionals. (21)

21. Monitor the patient's use of and results from the prescribed medications; address issues affecting compliance and side effects, including habituation and dependence, if applicable.

13. Identify existing effective skills and preferences for relaxation. (22)

22. Inquire into things that the patient has done in the past to relax that have been successful, and encourage their continued or renewed implementation.

14. Apply physical relaxation techniques to lower physiologic arousal levels. (23, 24)

23. Instruct the patient in deep breathing and progressive muscle relaxation techniques.
24. Perform or arrange for biofeedback to develop relaxation skills.

15. Use imagery, memories, and/or music to lower physiologic arousal. (25, 26)

25. Instruct the patient in guided imagery for anxiety relief.
26. Encourage the patient to identify and use music that promotes relaxation.

16. Trigger relaxation response with cue. (27, 28, 29)

27. Assign the patient to practice relaxation technique one to three times per day.
28. Have the patient select a verbal (e.g., "calm," "relax"), visual (e.g., beach scene), or other cue; instruct him/her to bring this specific cue to mind at the point of deepest relaxation.

29. Instruct the patient to bring the relaxation cue to mind during the session and have him/her notice how the cue is effective in facilitating a sense of relaxation.

17. Develop or use hobbies or other activities to decrease level of anxiety. (30, 31, 32, 33)

30. Inquire into hobbies and other activities the patient has used in the past to create pleasure or enjoyment, and reinforce their continued or renewed implementation.
31. Encourage the patient to resume recreational activities that are with his/her medical or cognitive capabilities.
32. Facilitate a referral to a recreational therapist to assist the patient in resuming previous recreational activities, with adaptations, if necessary, or developing new activities suited to his/her current skills.
33. Assist the patient in working through grief or other emotions that interfere with him/her accepting adapted or new activities tailored to his/her neurologically impaired condition.

18. Increase the level of physical exercise sanctioned by medical personnel. (34, 35)

34. Identify exercises (e.g., water exercises, stationary bicycle, mall walking, arm chair exercises) appropriate to the patient's physical and cognitive abilities, and support participation.
35. Assign the patient to read and implement programs from *Exercising Your Way to Better Mental Health* (Leith).

19. Report tolerance for experiences that cannot be controlled. (36, 37)

36. Inquire into the patient's worldview, life philosophy, or religious beliefs concerning what in life can and cannot be controlled.
37. Identify religious rituals and other practices from which the patient might draw strength, and support his/her participation in them.

20. Report increased confidence in ability to spontaneously handle situations effectively. (38, 39)

38. Use a brief solution-focused therapy approach in which the patient is probed to find a time or situation in his/her life when he/she successfully handled the specific anxiety or an anxiety in general. Clearly focus the approach he/she used and then encourage the patient to increase the use of this approach; monitor and modify the solution as required.
39. Inquire into times in which the patient was impressed by his/her ability to handle

unplanned for, difficult situations, and reinforce this resourcefulness.

21. Verbalize an understanding of how the use of alcohol, marijuana, and other substances are ineffective as long-term solutions to anxiety and can interfere with effective problem solving. (40)
22. Accept referral for substance abuse treatment. (41)
23. Report understanding of own anxiety and ways to manage it using relaxation techniques, cognitive techniques, daily activities, and medications. (42)

40. Educate the patient (and family) about the negative impact of alcohol and other mood-altering substances on attempting to resolve anxiety disorders.
41. Assess the patient's substance abuse patterns and, if necessary, coordinate referral for therapy addressing substance abuse or dependence.
42. Refer patient to written information about anxiety and its management (e.g., *Thoughts and Feelings: Taking Control of Your Moods and Your Life* by McKay, Davis, and Fanning, *The Anxiety & Phobia Workbook* by Bourne, *An End to Panic* by Zuercher-White, and *The Relaxation and Stress Reduction Workbook* by Davis, Eshelman, and McKay).

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.01	Panic Disorder without Agoraphobia
	300.21	Panic Disorder with Agoraphobia
	300.29	Specific Phobia
	300.23	Social Phobia
	308.3	Acute Stress Disorder
	293.89	Anxiety Disorder Due to (Axis III Disorder)
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	309.28	Adjustment Disorder with Mixed Anxiety and Depressed Mood
	316	Psychological Factor (Specify) Affecting (Axis III Disorder)
	_____	_____
	_____	_____

Axis II:	301.4	Obsessive-Compulsive Personality Disorder
	301.9	Personality Disorder NOS
	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
	_____	_____
	_____	_____

CONJOINT TREATMENT OF ANXIETY*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Repeatedly experiences perceived threat and worry that impede normal fulfillment of important roles.
2. One or both partners experience disruptions severe enough to meet a diagnosis of an anxiety disorder (excessive and unwarranted worry, motor tension, autonomic hyperactivity, hypervigilance).
3. Engage in arguments over the anxiety problem, or over the adaptations that it has forced both partners to make.
4. Report social isolation, caused by the anxiety problem, that is distressing to one or both partners.
5. Repetitively discusses worry at length that does not reduce the anxiety, or are irritating to the other partner.
6. Conflict within the relationship elevates the level of anxiety in one or both partners.

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LONG-TERM GOALS

1. Learn to recognize anxiety problems and to overcome them using cognitive and behavioral coping techniques.
2. Support each other in overcoming the anxiety problem.

3. Participate together in exposure and response-prevention sessions to reduce the anxious partner's distress.
4. Replace anxiety-producing cognitions with healthy, realistic self-talk.
5. Actively schedule and participate in anxiety- and stress-reducing activities, both individually and together.
6. Learn to communicate with each other about positive coping, and to limit discussions about worries.

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SHORT-TERM OBJECTIVES

1. Verbally identify the triggers for and symptoms of the current anxiety problem. (1, 2)
2. Verbally track the ways in which the anxiety problem has changed across time. (3)
3. List the ways that the anxiety problem has impacted each partner individually. (4, 5)
4. List the ways that the anxiety has impacted on the relationship. (6, 7)

THERAPEUTIC INTERVENTIONS

1. Have the partner with anxiety problem describe the anxiety and avoidance symptoms that he/she is experiencing.
2. Ask the partner without the anxiety problem to provide his/her perspective on the other partner's anxiety and avoidance symptoms. (This input may bring to light other anxiety or avoidance symptoms that have not previously been mentioned.)
3. Have the partner with the anxiety problem describe the developmental course of the anxiety problem.
4. Have the partner with the anxiety problem describe the effect that his/her problems has had on himself/herself.
5. Ask the partner without the anxiety problem to describe the effect the other partner's problem has had on him/her individually.
6. Ask the partner with the anxiety problem to describe the effect that his/her problem has had on the couple's relationship.
7. Ask the partner without the anxiety problem to describe the effect the other partner's problem has had on the couple's relationship.

5. Articulate current attempts at coping with the anxiety problem. (8)

8. Have both partners describe how they currently are attempting to cope with the anxiety problem.

6. Describe how support for the partner with the anxiety has changed across time. (9)

9. Ask the partner without the anxiety problem to describe how his/her supportiveness about the problem has changed across time.

7. Describe the ways in which the anxiety problem produces a relationship conflict. (10)

10. Guide the couple in discussing the ways in which the anxiety problem may precipitate relationship conflicts.

8. Describe how the anxiety problem has changed the ways in which required roles are fulfilled. (11, 12)

11. Have both partners describe how the anxiety problem has affected their current role arrangement.

12. Guide the couple in discussing how the current role arrangement came about (e.g., did they discuss their current responsibility allocations overtly, or did the current arrangement evolve implicitly?).

9. Verbalize an understanding of anxiety as an adaptive physiological response to fight or flee from a perceived threat, but one that has advantages and disadvantages. (13, 14)

13. Educate the partners that anxiety motivates the body's general response to fight or flee perceived threats, and that the form these responses take can either help or hurt the self and the relationship.

14. Educate the partners that while anxiety can serve as a useful protective function, overuse of this defense mechanism can exhaust both an individual and a relationship.

10. Verbalize an understanding of the principal that anxiety can be broken by testing the accuracy of feelings of threat. (15, 16)

15. Educate the partners that to break an anxiety habit, one must face feared situations to test whether the feared consequences are real or overestimated; teach them that due to generalization, appropriate anxiety resulting from a specific, high-threat situation in the past often gets reapplied to new, low-threat situations.

16. Explain to the couple that to truly break an anxiety habit, successful exposure to feared situations must prevent the partner with the anxiety problem from using maladaptive coping responses (e.g., escape). Exposure also must be long enough and regular enough for the anxiety to subside (i.e., the behavioral principle of habituation).

11. Practice exposing self to the avoided stimulus situation in gradual steps of

17. Encourage the partner with the anxiety problem to face a specific

time and intensity, while monitoring actual versus imagined feelings of threat. (17)

12. Verbalize recognition of the three channels of anxiety—physiological, cognitive, and behavioral. (18)

13. Read instructional material about panic disorder. (19)

14. Read instructional material about generalized anxiety disorder. (20)

15. Partner without anxiety problem contract to serve as coach for the other partner, assisting in anticipation of anxiety-producing situations and prompting the use of coping strategies. (21, 22)

16. Recognize and rate the gradations of the anxiety experienced. (23, 24, 25)

17. Contract to use severity of anxiety ratings as a short-hand, low-key way to

anxiety-producing situation in gradually increasing steps of time and intensity without using escape; during exposure ask him/her to monitor actual versus imagined feelings of threat while the other partner gently encourages him/her.

18. Educate the partners that anxiety operates through three channels—behavioral, cognitive, and affective/physiological; provide examples of each and then ask for examples from their experience.

19. Assign both partners to read *Mastering Your Anxiety and Panic—Patient's Workbook* by Barlow and Craske; process the material read.

20. Assign both partners to read *Mastering Your Anxiety and Worry—Patient's Workbook* by Barlow and Craske; process the material read.

21. Determine whether the partner with the anxiety problem would feel comfortable with the other partner serving as coach. (If both clients are anxious, ask if each can serve as coach for the other.)

22. With the partner without the anxiety problem serving as coach, have the couple anticipate potential problems and brainstorm ways to avoid them; have both partners contract to use the relationship as a source of help and strength in conquering the problem.

23. Educate the partners that anxiety is not an on/off phenomenon, but rather one of gradations; provide examples and solicit examples from each partner.

24. Teach the couple to use the Subjective Units of Discomfort (SUDS) scale, in which the partner with the anxiety problem rates perceived anxiety on a 0–100 scale.

25. Have the partner with the anxiety problem describe for the other partner what his/her current SUDS score is, what elements of the situation are affecting the SUDS, and what internal cues he/she is using to determine the SUDS.

26. Have the partners contract to discreetly use SUDS scores to signal to each other the

communicate with other partner about anxiety in public. (26)

18. Verbalize the difference, at increasing levels of anxiety, in anxiety cues in the psychological, cognitive, and behavioral channels. (27, 28, 29, 30)

19. Practice using diaphragmatic, deep breathing to reduce anxiety. (31, 32)

20. Identify and rank in order feared situations that occur in the natural environment. (33, 34)

level of anxiety being experienced in various situations.

27. Ask the partner with the anxiety problem to verbalize to the other partner the behavioral, cognitive, and affective cues of experiencing low levels of anxiety (0–30 on a 0–100 scale).

28. Ask the partner with the anxiety problem to verbalize to the other partner the behavioral, cognitive, and affective cues that signal anxiety is increasing into the moderate level (31–50 on a 0–100 scale).

29. Ask the partner with the anxiety problem to verbalize to the other partner the behavioral, cognitive, and affective cues that signal anxiety is increasing into the high moderate zone (51–70 on a 0–100 scale).

30. Ask the partner with the anxiety problem to verbalize to the other partner the behavioral, cognitive, and affective cues that signal anxiety is increasing into the extreme zone (71–100 on a 0–100 scale).

31. Teach both partners diaphragmatic breathing, including the skills of (a) differentiating diaphragmatic breathing from chest breathing, (b) taking deep breaths, (c) inhaling slowly and deeply for 5 seconds while thinking the word “calm,” and (d) exhaling for 10 seconds; the partner without the anxiety problem should learn diaphragmatic breathing both to learn tension management for own benefit and to be a supportive coach to the other partner.

32. Assign both partners to individually practice diaphragmatic breathing for three 10-minute sessions each day; assign them to record the time and date, their SUDS score prior to the practice session, and their score following the session.

33. Assign anxiety-tracking homework that uses a written journal to identify the situations that trigger anxiety as well as the thoughts and behaviors that occur during anxiety-eliciting situations.

34. Assist the partner with the anxiety problem in identifying feared situations, generating estimated SUDS score for each situation, and generating a hierarchical list of feared situations.

21. Practice exposing self to feared situations in session and at home while avoiding the use of maladaptive coping responses. (35, 36)

35. Conduct in session imagined exposure of the partner with the anxiety problem to a feared situation, beginning at the lower end of the hierarchy; model for the other partner how to ask for SUDS ratings every several minutes and how to be encouraging during the exposure.

36. Assign the couple to conduct *in vivo* exposures at home, to record the SUDS scores, and to note any problems encountered; encourage the use of deep breathing and relaxation techniques to reduce anxiety.

22. Practice challenging anxiety-eliciting cognitions that overestimate threat. (37, 38, 39)

37. Define *probability overestimation* (the belief that relatively rare, feared events happen more frequently than they actually do) for the couple.

38. Model dialogue that challenges probability overestimation, having the partner with the anxiety problem estimate the probability of a feared event happening (e.g., son getting hurt in a car accident); focus on the evidence to support such estimations (e.g., "So, if the probability of Fred being in an accident were 50 percent, one out of every two trips would involve an accident. Does it happen that frequently?").

39. Have the partner without the anxiety problem calmly discuss probability overestimation with the other partner in a manner similar to that previously modeled by the therapist.

23. Practice challenging anxiety-eliciting cognitions that catastrophize. (40, 41, 42)

40. Define *catastrophizing* (magnifying insignificant consequences out of proportion) for the couple.

41. Model self-talk or partner dialogue that challenges catastrophizing by the partner with the anxiety problem; ask him/her to imagine the worst-case scenario, and discuss how the couple would cope with such an event.

42. Ask the partner without the anxiety problem to discuss catastrophizing with the other partner in a calm manner similar to that modeled by the therapist.

24. Engage in positive discussions about the future. (43)

43. Have the couple engage in confident discussions about the future, both in session and at home, focusing on planning and coping for future events.

25. Report on the success of limiting discussions about anxiety to set times of limited duration. (44)

44. Assign the couple to schedule set times for brief "worry meetings" to discuss anxieties; airing of anxieties should be limited to these meetings.

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DIAGNOSTIC SUGGESTIONS:

Axis I:

293.89	Anxiety Disorder Due to (Axis III Disorder)
300.00	Anxiety Disorder NOS
300.02	Generalized Anxiety Disorder
300.21	Panic Disorder with Agoraphobia
300.01	Panic Disorder without Agoraphobia
309.24	Adjustment Disorder with Anxiety
309.28	Adjustment Disorder with Mixed Anxiety and Depressed Mood
V61.1	Partner Relational Problem
_____	_____
_____	_____

GROUP TREATMENT OF ANXIETY*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Demonstrates a prevalence of negative, anxiety-provoking self-talk.
2. Exhibits a high degree of sensitivity to other people and their feelings.
3. Tends to please others over own needs and desires.
4. Tends to engage in perfectionism.

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LONG-TERM GOALS

1. Reduce overall level, frequency, and intensity of the anxiety so that daily functioning is not impaired.
2. Stabilize anxiety level while increasing ability to function on a daily basis.
3. Replace anxiety-provoking cognitions with reality-based, self-affirming cognitions.
4. Increase feelings of self-esteem while reducing feelings of inadequacy and insecurity regarding acceptance from others.

*Most of the content of this chapter (with slight revisions) originates from K. Paleg and A. E. Jongsma, Jr., *The Group Therapy Treatment Planner* (New York: John Wiley & Sons, 1999).

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SHORT-TERM OBJECTIVES

1. Each member describe own anxiety symptoms that led to participating in anxiety group. (1)
2. Describe the history of feelings of anxiety and the impact on daily living. (2)
3. Verbalize an understanding of the long-term, predisposing causes of anxiety and relate them to own experience. (3, 4)
4. Identify own level of cumulative stress and its relationship to anxiety. (5, 6)
5. Identify the emotional, cognitive, and behavioral elements that maintain own anxiety. (7, 8)

THERAPEUTIC INTERVENTIONS

1. Ask each member to describe his/her symptoms of anxiety and the incident that precipitated joining the anxiety group.
2. Have the members describe their personal histories of anxiety, including the negative impact on their social and vocational functioning.
3. Teach the group members the long-term, predisposing causes of anxiety (e.g., genetic predisposition; growing up in family where parents fostered overcautiousness, perfectionism, emotional insecurity, and dependence; or where parents suppressed assertiveness).
4. Have the group members share the long-term, predisposing causes of anxiety that pertain to their own experiences.
5. Facilitate a group discussion of the way stress accumulates when it is not dealt with and how it can lead to psychophysiological illnesses; encourage the members to identify their own cumulative levels of stress.
6. Assign the group members to fill out a Social Readjustment Scale (Holmes and Rahe) to identify recent stressors that could be contributing to their anxiety.
7. Teach the group members the emotional, cognitive, and behavioral elements that maintain anxiety (e.g., anxious self-talk, mistaken beliefs, withheld feelings, lack of assertiveness, muscle tension).
8. Encourage the members to identify the elements that maintain their own anxiety.

6. Practice abdominal breathing and progressive muscle relaxation to reduce anxiety. (9)
7. Implement visualization of a peaceful scene to reduce stress. (10)
8. Report on the degree of success in reducing anxiety when using abdominal breathing, progressive muscle relaxation, and visualization techniques. (11)
9. Exercise aerobically at least four times per week for at least 20 to 30 minutes. (12, 13, 14)
10. Identify own negative, anxiety-provoking self-talk. (15)
11. Verbalize the major types of cognitive distortions. (16)

9. Teach the group members abdominal breathing and progressive muscle relaxation techniques.
10. Lead the group members through detailed visualization of a safe, peaceful place, and encourage the daily use of this imagery following progressive muscle relaxation.
11. Assign the members to practice abdominal breathing, progressive muscle relaxation, and safe place visualization daily and report back to the group on their experience; reinforce success and redirect for failure.
12. Describe to the group members the physiological and psychological impact of exercise (e.g., rapid metabolism of excess adrenaline and thyroxin in the bloodstream; enhanced oxygenation of blood and brain, leading to improved concentration; production of endorphins; reduced insomnia; increased feelings of well-being; reduced depression).
13. Help the group members formulate exercise programs building toward a goal of 20 to 30 minutes at least four days per week; recommend reading *Exercising Your Way to Better Mental Health* (Leith).
14. Review the members' experiences with their exercise programs, rewarding successes and supportively confronting resistance.
15. Clarify the distinction between thoughts and feelings; help the group members identify their negative, anxiety-provoking thoughts that maintain their anxiety.
16. Teach the group members the major types of cognitive distortions: *overestimating* ("It was so awful this time, next time it could kill me"); *catastrophizing* ("If I don't follow through, I'll never be able to face my friends again"); *overgeneralizing* ("I always make bad judgments about potential employees"); *filtering* (responding to a single criticism in spite of a basically positive review) ("I can't believe I messed up so badly"); *emotional reasoning* ("I feel overwhelmed, therefore I must not be competent to do the job"); *should*

	statements ("I should be able to do this without making a single mistake"); encourage the members to share their distortions that trigger their own anxiety. Recommend *Ten Days to Self-Esteem!* (Burns).
12. Develop and implement reality-based, self-affirming cognitions to counter cognitive distortions and anxiety-provoking self-talk. (17, 18, 19)	17. Help the members, using the Socratic method of questioning, to develop reality-based, self-affirming cognitions to challenge and replace distorted, anxiety-provoking cognitions.
	18. Assign the group members to practice *in vivo* challenging and replacing their distorted, negative, anxiety-provoking cognitions with realistic, self-affirming cognitions.
	19. Review the members' experiences with cognitive restructuring, reinforcing success and redirecting strategies that fail.
13. Identify the mistaken beliefs that fuel anxiety-provoking cognitions. (20)	20. Explore with the group members the underlying mistaken beliefs that fuel anxiety-provoking cognitions (e.g., "People won't like me if they see who I really am"; "I don't deserve to be happy and successful"; "It's terrible to fail"; "I should (never) be _____").
14. Report success in using positive affirmations to replace distorted, negative beliefs. (21, 22)	21. Challenge the members' distorted, negative beliefs regarding self by using the Socratic method of questioning and help them develop self-affirmations to counter the mistaken beliefs.
	22. Assign the group members to use their self-affirmations during the week to challenge mistaken beliefs; process the results, reinforcing success and redirecting for failure.
15. Report increased ability to identify and describe suppressed feelings. (23, 24, 25)	23. Help the group members identify the symptoms of suppressed feelings that each experiences (e.g., free-floating anxiety, depression, psychosomatic symptoms such as headaches or ulcers, or muscle tension).
	24. Give the group members a handout listing a large number of feelings for use as personal reference in learning to label and talk about their feelings.
	25. Teach the group members steps to "tune in" to their bodies to identify their feelings

	(e.g., relax; pay attention to where in the body there are physical sensations; wait and listen to whatever arises; use the feelings list to clarify).
16. Demonstrate assertive communication, including the expression of emotional needs and personal desires and the ability to say no. (26, 27)	26. Clarify the distinction between passive, aggressive, and assertive behavior; role play situations where members make assertive requests of their dyad partners.
	27. Encourage and reinforce honest, assertive expression of feelings in group and then with significant others.
17. Express feelings, including anger, openly, honestly, and assertively in group and then with significant others. (28, 29)	28. Explore with the group members their fears about expressing anger, including fears of losing control or of alienating significant people.
	29. Help the members write out their angry feelings before communicating them to another person; reinforce respectful assertive expression of feelings in a controlled manner.
18. Demonstrate problem-solving skills. (30)	30. Teach the group members the five steps to assertive problem-solving (e.g., identifying problem, brainstorming all possible options, evaluating the pros and cons of each option, implementing a course of action, and evaluating the results); role play the application of problem-solving skills to everyday life conflicts.
19. Increase implementation of daily self-nurturing behaviors. (31, 32)	31. Help the members develop a list of self-nurturing behaviors (e.g., soak in a bath, read a book, listen to music), and assign daily completion of at least one item from the list.
	32. Have the members report to the group their success in self-nurturing.
20. Increase daily social involvement. (33)	33. Assign the group members to participate in one social activity per day and report to the group on their experiences.
21. Decrease the consumption of caffeine and refined sugar and focus on good nutrition. (34)	34. Explore with the group members their use of caffeine and refined sugar and the influence of these chemicals on anxiety and depression via hypoglycemia; discuss the importance of decreasing the use of both, as well as focusing on good nutrition and vitamin/mineral balance to increase stress resistance.

22. Make appropriate decision regarding the need for medication to reduce anxiety. (35)

23. Verbalize a commitment to a relapse-prevention program. (36)

35. Help the group members evaluate their need for medication in handling their anxiety, and make appropriate referrals to a physician.

36. Elicit commitment from group members to a relapse-prevention program consisting of daily relaxation, physical exercise, good nutrition, and cognitive restructuring.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.02	Generalized Anxiety Disorder
	300.00	Anxiety Disorder NOS
	309.24	Adjustment Disorder with Anxiety
	_____	_____
	_____	_____

GROUP TREATMENT OF PANIC/AGORAPHOBIA*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Exhibits signs of mild depression in the face of a decreasing range of possible activities.
2. Demonstrates a prevalence of negative, anxiety-producing self-talk.
3. Reports a sensitivity to environmental stimuli (e.g., temperature, light, sounds, smells).
4. Exhibits high degree of emotional reactivity.
5. Tends to engage in perfectionism and actions to please others.

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LONG-TERM GOALS

1. Reduce incidence of panic attacks.
2. Reduce fear so that he/she can independently and freely leave home and comfortably be in public environments.
3. Reduce panic symptoms and the fear that they will recur without the ability to cope with and control them.
4. Replace anxiety-provoking cognitions with reality-based, self-affirming cognitions.
5. Increase feelings of self-esteem while reducing feelings of inadequacy, insecurity, and shame.

*Most of the content of this chapter (with slight revisions) originates from K. Paleg and A. E. Jongsma, Jr., *The Group Therapy Treatment Planner* (New York: John Wiley & Sons, 1999). Copyright© 1999 by K. Paleg and A. E. Jongsma, Jr. Reprinted with permission.

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SHORT-TERM OBJECTIVES

1. Describe the history of panic attacks. (1)
2. Verbalize an understanding of how depression often stems from shrinking from daily opportunities for activity. (2)
3. Identify within self the characteristic personality traits of the agoraphobic person. (3)
4. Verbalize an understanding of the long-term, predisposing factors that lead to agoraphobia and relate them to own experience (4, 5)
5. Identify own level of cumulative stress and its relationship to a vulnerability to panic attacks. (6, 7)

THERAPEUTIC INTERVENTIONS

1. Elicit from the group members their history of panic attacks, including circumstantial triggers, severity, symptoms pattern, chronicity, and attempts at coping or resolution.
2. Explore with the group members the hopelessness and helplessness they experience as a result of their avoidance.
3. Assist the group members in identifying within themselves the characteristic personality traits of the agoraphobic person (e.g., sensitivity to environmental stimuli, sensitivity to other people's feelings and needs, a "people pleaser," creative and intelligent, rich and vivid imagination, high emotional reactivity, prevalence of negative thinking, tendency to avoid by procrastination, shame, and secrecy about the problem).
4. Teach the group members the predisposing causes of agoraphobia that occur in childhood, which can include parents who communicate an overly cautious view of the world, are overly critical, set excessively high standards, or are emotionally abusive, as well as traumatic experiences that lead to tremendous insecurity; stress to them that agoraphobic responses are learned and therefore can be unlearned, regardless of predisposition.
5. Have the group members share those predisposing factors that pertain to their own experiences.
6. Facilitate a group discussion of the way stress accumulates when it is not dealt with and how it can lead to psychophysiological

	illnesses, including panic attacks; encourage them to identify their cumulative levels of stress.
	7. Assign the group members to fill out a stress chart (Holmes and Rahe) to identify recent stressors that could be contributing to their agoraphobia.
6. Identify those elements that maintain own agoraphobia. (8)	8. Describe the factors that contribute to the maintenance of agoraphobia (e.g., phobic avoidance; self-talk that fosters anxiety; inability to assertively express feelings, needs, and wants; inadequate self-nurturing skills, a high-stress lifestyle; and a lack of meaning or purpose in life); encourage the group members to identify those factors with which they identify.
7. Practice abdominal breathing, progressive relaxation, and peaceful visualization to reduce stress level. (9, 10, 11, 12)	9. Teach deep-breathing techniques, instructing the group members to inhale slowly and deeply, pause, and exhale slowly and completely.
	10. Lead the group members through progressive relaxation protocol, where each muscle group is first tightened and then relaxed; stress the need for daily practice.
	11. Guide the group members through a visualization of a peaceful scene, eliciting as many details of the scene as possible; encourage them to practice visualization daily after relaxation protocol.
	12. Review the group members' success using progressive relaxation and visualization during the week to reduce anxiety at early stages of panic.
8. Exercise aerobically at least four times per week for at least 20 to 30 minutes. (13, 14)	13. Describe to the group members the anxiety-reduce effects of aerobic exercise, and elicit a commitment from each member to incorporate exercise into their daily routine at least four times a week for at least 20 to 30 minutes; recommend reading *Exercising Your Way to Better Mental Health* (Leith).
	14. Have the group members report back to the group on their progress in meeting their exercise commitment.
9. Verbalize an accurate understanding of the nature of panic attacks. (15, 16)	15. Teach the concept of the panic cycle, where the negative thoughts that immediately follow the beginning of body symptoms of panic lead to intensified body symptoms,

which in turn lead to more negative, catastrophic thoughts and result finally in a full-blown panic attack; elicit the group members' experiences that conform to the panic cycle.

16. Present accurate information to the group (e.g., that panic attacks are simply the fight-or-flight response occurring out of context; that they are not dangerous and will not result in heart attack, fainting, dizziness, or going crazy) that counters the myths regarding the nature of panic attacks.

10. Report success at accepting, observing, and floating with the feelings of panic when they occur rather than fighting them. (17, 18, 19)

17. Introduce the group to the concept of accepting and observing rather than fighting the panic attack; discuss floating with the "wave" of panic, and explain that the physiological concomitants of the fight-or-flight response are time-limited and will end of their own accord.

18. Provide the group members with a list of coping statements (e.g., "I can be anxious and still deal with this situation"; "This is just anxiety, it won't kill me"; "I've survived this before and I'll survive it now") to encourage acceptance and a willingness to float with the panic rather than fighting it.

19. Assign the group members to practice observing the pattern of their panic attacks and to try floating with the panic rather than fighting it; review their successes and redirect for failures.

11. Temporarily withdraw from a situation when marked anxiety is reached and return to it when anxiety is reduced. (20, 21, 22)

20. Help the group members develop a personal anxiety scale from 0 (calm and relaxed) to 10 (terror, major panic attack), using 4 (marked anxiety) as the point between tolerable anxiety and out-of-control panic; have them identify specific personal physiological signs that indicate a potential panic attack.

21. Explain to the group members the concept of being sensitized to a situation by staying in it while experiencing increased anxiety; describe how a phobia to that situation could be developed or, if already in existence, reinforced.

22. Teach the group members the strategy of withdrawing temporarily from situations

	where anxiety level of 4 is reached, and then returning after the anxiety is reduced; ask them to use the withdrawal strategy during the week, and then have them report back to the group on their success.
12. Report success in using diversion techniques to reduce panic. (23)	23. Assign the group members to practice diversion strategies (e.g., talking to someone; engaging in physical activity; doing something that requires intense concentration; practicing thought-stopping techniques) to help abort a panic attack before anxiety reaches levels higher than 4; review their use of diversion strategies, reinforcing for successes and redirecting failures.
13. Keep a journal of panic attack symptoms, environmental circumstances, severity rating, and coping strategies used. (24, 25)	24. Have the group members keep a log of their panic attacks during the week, noting when and where the attack occurred, what triggers might have precipitated the attack, the maximum intensity of the attack based on their personal anxiety scale, and the coping strategies they used to abort or limit the attack.
	25. Have the group members share the insights gained from the log.
14. Make appropriate decision regarding the need for medication to reduce panic symptoms. (26)	26. Help the group members evaluate their need for medication in handling severe attacks, and make appropriate referrals to a physician.
15. Complete successful desensitization protocol using imagery. (27, 28, 29)	27. Help the group members construct an appropriate desensitization hierarchy for a phobic situation, from the least to the most anxiety-provoking stimuli; encourage them to include reality-based details of each step of the hierarchy.
	28. Lead the group members through the steps of systematic desensitization, repeating the scene until it no longer has the ability to raise anxiety levels above level 1 on the personal anxiety scale before progressing to the next scene in the hierarchy.
	29. Assign group members to continue working on desensitization protocol every day for 20 minutes; review their success in working on desensitization hierarchies.
16. Complete successful *in vivo* desensitization. (30, 31, 32)	30. Facilitate group discussion of possible resistance to the discomfort and hard work

of *in vivo* desensitization, emphasizing the difference between avoidance and temporary retreat; teach the group members that sometimes anxiety gets worse before it gets better.

31. Assign the group members to begin *in vivo* desensitization with their safe person; stress the exposure-retreat-recover-return cycle that is a part of systematic desensitization *in vivo.*
32. Review the group members' success with *in vivo* desensitization; help them develop a reward system for reinforcing small steps toward recovery.

17. Identify and implement reality-based, self-affirming cognitions to challenge and replace the negative, anxiety-provoking cognitions. (33, 34, 35, 36)

33. Clarify the distinction between thoughts and feelings; help the group members identify the distorted, negative thoughts that trigger fear and anxiety.
34. Help the group members develop (using the Socratic method of questioning), reality-based, self-affirming cognitions to challenge and replace anxiety-provoking cognitions.
35. Assign the group members to practice *in vivo* challenging and replacing their negative, anxiety-provoking cognitions with realistic, self-affirming thoughts.
36. Review the members' experience with cognitive restructuring, reinforcing success and redirecting for failure.

18. Identify the mistaken beliefs that fuel the anxiety-provoking cognitions, and counter with positive affirmations. (37, 38, 39)

37. Explore with the group members the underlying mistaken beliefs that fuel anxiety-provoking cognitions (e.g., "People won't like me if they see who I really am"; "I don't deserve to be happy and successful"; "It's terrible to fail"; "I should (never) be _____").
38. Challenge the group members' beliefs using the Socratic method of questioning, and help them develop affirmations to counter the mistaken beliefs.
39. Assign the group members to use their positive, reality-based affirmations during the week to challenge mistaken beliefs, and report on their success.

19. Decrease the consumption of caffeine and refined sugar and focus on good nutrition. (40)

26. Verbalize a commitment to relapse-prevention program. (41)

40. Explore with the group members their use of caffeine and refined sugar and the influence of these chemicals on anxiety and depression via hypoglycemia; discuss the importance of decreasing the use of both, as well as focusing on good nutrition and vitamin/mineral balance to increase stress resistance.

41. Elicit a commitment from the group members to a relapse-prevention program consisting of daily relaxation, physical exercise, good nutrition, and cognitive restructuring; include twice-weekly sessions of imagery and *in vivo* desensitization around specific fears.

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DIAGNOSTIC SUGGESTIONS:

Axis I:	300.21	Panic Disorder with Agoraphobia
	300.22	Agoraphobia without History of Panic Disorder
	300.01	Panic Disorder without Agoraphobia
	300.29	Specific Phobia
	_____	_____
	_____	_____
Axis II:	301.6	Dependent Personality Disorder
	_____	_____
	_____	_____

PSYCHOTROPIC TREATMENT OF ANXIETY*

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

1. Has difficulty concentrating.
2. Reports trouble falling or staying asleep.
3. Feels irritable often.
4. Willing to cooperate with a medication regimen prescribed by a physician to alleviate anxious symptomatology.

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LONG-TERM GOALS

1. Reduce overall frequency and intensity of the anxiety so that daily functioning is not impaired.
2. Take the appropriate medication and dose to control symptoms of anxiety.
3. Stabilize anxiety level while increasing ability to function on a daily basis.
4. Effectively cope with the full variety of life's anxieties.

*Most of the content of this chapter (with slight revisions) originates from D. C. Purselle, C. B. Nemeroff, and A. E. Jongsma, Jr., *The Psychopharmacology Treatment Planner* (New York: John Wiley & Sons, 2003).

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SHORT-TERM OBJECTIVES

1. Describe the signs and symptoms of anxiety that are experienced and note their impact on daily life. (1, 2)
2. Describe other symptoms or disorders that may also be present. (3, 4, 5)
3. Complete psychological testing and other questionnaires for measuring level of anxiety. (6)
4. Outline a complete and accurate medical and psychiatric history, including treatment received and its effectiveness. (7, 8, 9)

THERAPEUTIC INTERVENTIONS

1. Explore how anxiety is experienced by the patient and how it affects his/her daily life (e.g., frequent worrying, social withdrawal, tension, insomnia).
2. Determine the acuity and severity of the anxiety symptoms (e.g., extreme restlessness, suicidal thoughts) and the urgency with which they need to be controlled.
3. Assess the patient for comorbid disorders (e.g., depression or panic).
4. Gather detailed personal and family history information regarding substance abuse and its potential contribution to anxiety; refer the patient for in-depth substance abuse treatment, if indicated.
5. Emphasize the negative and dangerous impact of substance abuse on anxiety.
6. Administer an objective anxiety assessment instrument to the patient (e.g., Beck Anxiety Inventory, Hamilton Anxiety Rating Scale); evaluate the results and give feedback to him/her.
7. Explore the patient's history of previous treatment for anxiety and the success of, as well as his/her tolerance for, that treatment.
8. Assess the patient for the presence of other medical problems and what medications are used to treat them.
9. Explore the patient's use of any medication or other substance that could produce or worsen anxiety (i.e., caffeine, ephedrine, pseudoephedrine, amphetamines, bronchodilators, anticholinergics, corticosteroids).

5. Cooperate with a physical examination and laboratory tests. (10, 11)

6. Pursue treatment for concurrent medical problems that may contribute to anxiety symptoms. (12, 13)

7. Express an understanding of the possible causes for anxiety and the relationships between anxiety, depression, and substance abuse. (5, 14, 15)

8. Express an understanding of treatment options, expected results from medication and potential side effects. (16, 17)

9. Take prescribed medications responsibly at times ordered by the physician. (18, 19, 20, 21, 22)

10. Perform a complete physical and neurological examination on the patient and send his/her blood and/or urine for analysis to rule out an organic cause for anxiety.

11. Provide feedback to the patient regarding the results and implications of the physical examination and laboratory test results.

12. Treat or refer the patient for treatment for any medical problem that may be causing or contributing to anxiety symptoms (e.g., cardiovascular disease, pulmonary disease, endocrine disorders, pheochromocytoma, carcinoid syndrome).

13. Monitor the patient's progress in recovery from concomitant disorders and the impact of the recovery on his/her anxiety.

5. Emphasize the negative and dangerous impact of substance abuse on anxiety.

14. Educate the patient on the possible causes (e.g., interpersonal conflicts, life stressors, genetic propensity, medical illness, medications) and signs of anxiety.

15. Ask the patient to identify what he/she believes may be contributing factors to his/her anxiety.

16. Discuss appropriate treatment options with the patient including medications and psychotherapy.

17. Educate the patient on psychotropic medication treatment including expected results, potential side effects, dependence liability, potential of benzodiazepines, and dosing strategies.

18. Prescribe an antidepressant (e.g., a selective serotonin reuptake inhibitor [SSRI]) with documented anti-anxiety properties (e.g., paroxetine [Paxil]); strongly consider this strategy in patients with comorbid depression.

19. Prescribe a benzodiazepine (e.g., diazepam [Valium], clonazepam [Klonopin], oxazepam [Serax]) if the patient needs urgent symptom relief or has been treated with benzodiazepines previously and has no history of substance abuse.

20. Determine if the patient has somatic anxiety symptoms (e.g., muscle tension, dry mouth, nausea, and vomiting); consider the use of benzodiazepines in patients with these symptoms.
21. Consider using buspirone (BuSpar) in patients that require less urgent symptom relief or in patients who have a history of substance abuse.
22. Determine if the patient has emotional symptoms of anxiety (e.g., interpersonal sensitivity, anger, or hostility); if any of these are present consider prescribing an antidepressant.

10. Report as to the effectiveness of medications and any side effects that develop. (23, 24, 25)

23. Titrate the dose of benzodiazepines or buspirone (BuSpar) every two to three days until anxiety symptoms are controlled or the maximum dose for the medication is reached.
24. Titrate the antidepressant medication to the minimum effective dose for treating the patient's anxiety.
25. Monitor the patient frequently for the development of side effects, response to medication, adherence to treatment or withdrawal symptoms (if he/she takes benzodiazepines).

11. Participate in psychotherapy sessions as planned with therapist. (26, 27)

26. Assess the patient for potential benefit from psychotherapy and refer him/her to a psychotherapist, if necessary.
27. Monitor the patient's investment in and response to psychotherapy; assess his/her ability to verbalize a basis for progress in anxiety recovery (e.g., reduction in worry, resolved conflicts, improved relationships, sobriety).

12. Attend follow-up appointments as scheduled by the physician. (28, 29, 30)

28. Reassess the patient who is taking a benzodiazepine or buspirone (BuSpar) in two weeks; determine whether the medication is adequate, needs a dose increase or another agent needs to be tried.
29. Reassess the patient who is taking an antidepressant in four weeks; determine whether the medication is adequate, needs a dose increase or another agent needs to be tried.

30. Evaluate the patient at six weeks for his/her response to medication; determine if he/she has had a full response or partial response to the treatment regimen.

13. Report evidence of the degree of improvement in anxiety symptoms as well as any comorbid disorders. (31, 32)

31. Repeat administration of objective rating instruments to the patient for assessment of his/her anxiety severity; evaluate the results and give him/her feedback.

32. Discuss other treatment options with the patient if he/she shows only a partial treatment response.

14. Adhere to augmentation in medication regimen. (33, 34, 35)

33. Increase medication dose if the patient has had a partial response; titrate his/her dose every two weeks until the maximum dose is reached.

34. Determine if the patient needs additional medication to augment current therapy; consider adding a medication from another class to the current treatment (e.g., antidepressants, benzodiazepines, buspirone [BuSpar], or hydroxyzine [Vistaril]).

35. Maximize augmentation medication as tolerated by the patient.

15. Cooperate with changes in type of antianxiety medication prescribed. (36, 37, 38, 39, 40)

36. Consider changing the patient's medication to another agent if he/she has minimal or no response to the initial medication and the augmentation process; alternatives include an SSRI, tricyclic antidepressant (TCA) (e.g., imipramine [Tofranil], amitriptyline [Elavil], venlafaxine [Effexor], nefazodone [Serzone], hydroxyzine [Vistaril], mirtazapine [Remeron], or monoamine oxidase inhibitors [MAOIs]).

37. Complete medical evaluation on the patient including an electrocardiogram, if necessary, before starting him/her on a TCA; gradually titrate dose of TCA as necessary to maximum effectiveness.

38. Educate the patient on dietary restrictions and ask him/her to try the restrictions before starting a MAOI.

39. Prescribe MAOI and titrate dose as necessary, monitoring for effectiveness and side effects as well as the patient's compliance with the dietary restrictions.

40. Titrate the dose of the alternative Anxiolytic medication every to or three days until minimum dose is reached for symptom control or until maximum dose for the medication is reached.

16. Retain a remission of anxiety symptoms with a minimum amount of medications. (41, 42)

41. Maintain the patient on current medication for four to six months if he/she has shown a fully successful response; if he/she has had previous episodes of anxiety, consider continuing treatment indefinitely.

42. Taper benzodiazepines slowly to avoid the patient experiencing withdrawal symptoms (e.g., rebound anxiety, tremor, nausea, elevated pulse or blood pressure).

17. Read books on coping with anxiety and implement newly learned techniques. (43)

43. Recommend that the patient read books on coping with anxiety (e.g., *Ten Days to Self-Esteem!* by Burns and *Relaxation and Stress Reduction Workbook* by Davis, Eshelman, and McKay); process his/her implementation of coping techniques, reinforcing success and redirecting for failure.

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DIAGNOSTIC SUGGESTIONS:

Axis I:

300.02	Generalized Anxiety Disorder
293.89	Anxiety Disorder Due to (Axis III Disorder)
300.23	Social Phobia
300.01	Panic Disorder without Agoraphobia
300.21	Panic Disorder with Agoraphobia
300.29	Specific Phobia
309.81	Posttraumatic Stress Disorder
300.3	Obsessive-Compulsive Disorder
308.3	Acute Stress Disorder
291.8	Alcohol-Induced Mood Disorder
292.89	Substance-Induced Anxiety Disorder
309.24	Adjustment Disorder with Anxiety
_____	_____
_____	_____

Section II

HOMEWORK PLANNING

WEB DOWNLOAD INSTRUCTIONS
To access fully-customizable copies of the homework assignments in this book as well as sample treatment plans and other materials, go to
www.wiley.com/go/completeplanners

For assistance, please contact Wiley Technical Support at:
Phone: (201) 748-6753
Fax: (201) 748-6450
Online: www.wiley.com/techsupport

Section IIA

CHILD HOMEWORK

AN ANXIOUS STORY*

GOALS OF THE EXERCISE

1. Externalize the source of the anxiety by putting a fact to the anxiety.
2. Reduce the level of anxiety through increasing ability to verbalize thoughts and feelings connected to the anxiety.
3. Increase sense of possibility and hope of dealing with the anxiety.
4. Develop unique outcomes that can be implemented to cope with or resolve the anxiety.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This assignment is based on White and Epston's approach of "Narrative Means to Therapeutic Ends." For centuries, stories have been a way for children, especially, to deal with difficult issues. It would be best to have the client do this assignment in the therapy session. Creating pictures to go along with the story is to be encouraged. If the client is younger than 8 years old, you should assist the child in writing the story by breaking it down and feeding the questions to him/her one by one in a style similar to Gardner's mutual storytelling technique. Allow the client to go where he/she needs to. Once the story is completed, have the client read the story to you. Act it out as much as the client directs you to. Then encourage the client to share the story with parents as a homework assignment.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Brief Child Therapy Homework Planner* (New York: John Wiley & Sons, 1999).

AN ANXIOUS STORY

Write a short or long story about what makes you feel anxious or nervous. Begin by giving that "thing" that makes you anxious a name and then describe what it looks like and what it does. Next, tell all the things it does to get at you. (Be specific and use your imagination.) End the story with the way you beat, defeat, or outsmart that thing. You could begin with "Once upon a time," or "Just the other day," or "Every time I start to. . . ." To give you an example of how a story might begin, read the following:

> Once upon a time there was a young girl who lived with her parents, two brothers, one dog, and one cat in a big house in a quiet neighborhood. The girl was named Nicole. She was seven years old and loved school and playing outside with her friends. However, for the last three months, every time she began playing with her friends outside this ghostlike shadow named Mr. Creep would bother her and scare her by telling her she was going to get bit by a poisoned bug or kidnapped by a stranger. Nothing she tried could keep her from becoming frightened and running inside her house where she felt safe and where Mr. Creep left her alone. It was bad at home but worse at friends' houses. Since she stayed home all the time, her friends started to make fun of her and say she was weird. So Nicole tried. . . .

1. Write your story in the following space:

2. Now that you have completed the story, see if you can come up with another ending in which you beat, defeat, conquer, outsmart, or trick that "thing" again.

Once you have finished the story, share it with your therapist and both of you act it out in your next meeting.

DIXIE OVERCOMES HER FEARS*

GOALS OF THE EXERCISE

1. Elevate self-esteem.
2. Identify specific tasks or activities that can be performed to increase self-esteem.
3. Recognize personal insecurities that prevent or inhibit trying new tasks or engaging in age-appropriate activities.
4. Decrease frequency of statements that reflect fear of failure, rejection, or criticism.
5. Understand the benefits of having someone believe in you to give you self-confidence.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This homework assignment involves the reading of the story "Dixie Overcomes Her Fears," which is about a young duck who learns to overcome her fears and insecurities about flying. The parents or caretakers are encouraged to read the story to the child between therapy sessions. After reading the story, the parents or caretakers should review several questions with the child. In responding to the questions, it is hoped that the child will identify his/her own insecurities. Discuss the insecurities with the child to help him/her develop coping strategies (i.e., positive self-talk, cognitive restructuring, relaxation techniques) to overcome his/her insecurities. By developing new coping strategies, it is further hoped that the child will be willing to try new tasks or engage in age-appropriate activities. This story is designed for children approximately 5 to 11 years of age. You may consider using the story with younger children who are more verbal and mature in their development or with older children who are less verbal and mature.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Brief Child Therapy Homework Planner* (New York: John Wiley & Sons, 1999).

INTRODUCTION
READER'S INSTRUCTIONS

The story, "Dixie Overcomes Her Fears," is about a young duck who learns to master her fears of flying. Dixie lacks self-confidence and self-esteem, but with courage and the help of an unlikely friend, she overcomes her fears and learns to fly.

1. Storytelling can be a useful way to join with the child to begin to address his/her insecurities or low self-esteem. Before reading the story "Dixie Overcomes Her Fears" to the child, try to create a relaxed atmosphere. Spend a few minutes talking gently with the child. Feel free to sit on the floor with the child or have the child stretch out on a couch. Familiarize yourself with the story by reading it in advance. This will help you to be more animated or spontaneous in your expressions as you read the story.

2. The purpose of reading the story "Dixie Overcomes Her Fears" is to help the child identify his/her own insecurities or doubts that may prevent him/her from trying new tasks or performing age-appropriate activities. It is hoped that by creating a supportive environment, the child will feel comfortable enough to talk about his/her insecurities. After reading the story, ask the child some questions about his/her own insecurities or fears.

   Following is a list of questions that you may find helpful in allowing the child to identify and discuss his/her insecurities or fears. These questions are offered as a guide. Feel free to ask other questions that you may feel are more appropriate for the particular child. Do not feel that you have to ask all the questions. Furthermore, it is very important that you be sensitive to how the child responds to the story or questions. Do not force or pressure the child into responding to any questions that he/she may not be ready to answer. Record any noteworthy remarks that the child may make in the following spaces. This will also help the child to share his/her fears or insecurities with the therapist in the next therapy session. The therapist, with your help, can assist the child in finding ways to reduce his/her fears or insecurities so that he/she can begin to take some healthy risks.

   1. What have you been afraid to try in the past?

      _____

      _____

      _____

      _____

2. What were you afraid would happen if you tried?

3. Think of some times when you first felt afraid to try something new, but after trying it anyway, you ended up succeeding or doing well at it. Tell about some of these times.

4. How did you feel after you succeeded?

5. In the story, Dixie sees herself as being smaller and weaker than the other ducks. What do you see as your weaknesses?

6. Dixie felt sad when the other ducks made fun of her. Can you think of some times when other kids made fun of you? How did you feel when they made fun of you? Please share your thoughts and feelings about these experiences.

7. What is a task or activity that you would like to try at the present but, perhaps, have been afraid to try?

8. What can you do to overcome your fears or worries?

9. Who can help you through encouragement and believing in you like Noel did for Dixie?

Dixie Overcomes Her Fears

The Indian River is a gently flowing river that runs through Northern Michigan, connecting two beautiful lakes, Burt Lake and Mullett Lake. In the winter, the river moves quietly under the frozen cover of ice and snow. Sometimes, it seems that the winters last forever in Northern Michigan, but spring eventually arrives. Spring is an exciting time of the year because it brings forth new life. The Canadian geese and wild ducks return from their winter vacation lands and settle in to the Indian River area to make their summer homes.

It is here in this quiet river community that the family of a friendly duck, Claire, settled each year. Claire always looked forward to coming back to the Indian River each spring, but this year she was more excited than ever. For this year, she would become a mother. Claire laid eight beautiful eggs. She watched over her eggs with careful love, and when all the eggs were hatched, her neighbors swam over to congratulate her for having eight beautiful ducklings. It was a proud moment for Claire. Claire took good care of her ducklings and made sure that they got the proper amount of food. Her ducklings were a lively bunch—full of energy. All of them, with the exception of the youngest and smallest duckling, had an adventuresome spirit, and Claire had to keep a watchful eye over them. But Dixie, the youngest and smallest of her eight ducklings, stayed very close to Claire. She did not venture very far because she was afraid of being harmed by one of the duck's natural enemies, the fox, raccoon, or hawk. Dixie learned to rely on her mother to catch many of her meals.

All of the ducklings continued to grow, and soon it was time for their first flying lesson. Claire taught her children that it was very important that they learn how to fly because they would have to return south for the winter. One by one, Dixie's brothers and sisters took their turns at learning how to fly. They struggled a bit at first, but with their mother's encouragement and advice, the ducklings were all flying and soaring in the air by the end of the day. All of the ducklings, that is, except for Dixie. Dixie told her mother that she was not ready to fly because she was not as big or strong as the others. Claire could see the fear in Dixie's eyes and tried to reassure her. Dixie refused to try that day, but she did agree to go with her mother the following day for a private flying lesson.

The following day arrived, and although Dixie was still nervous, she knew that she had to follow through with her promise to try to learn how to fly. Dixie tried four times and fell head over tail each time. On the fifth attempt, she found herself soaring in the sky. She flew about 70 yards before she turned around and shouted to her mother, "Look, Mom, I'm flying!" But as she turned her head, she crashed into a huge branch and dropped straight to the ground. She landed on her right wing and screamed out in pain. Claire immediately flew over to Dixie's side and called for one of her other ducklings to go and get the doctor.

The doctor came as soon as he could. He was a serious sort of fellow by the name of Dr. Quack. Dr. Quack carefully looked over Dixie with concern. He paused for a bit and then said, "Well, I think she'll be OK. She has a badly bruised right wing, and she will need some time to rest. But I think she'll be flying before long." Dr. Quack instructed Dixie to rest her wing for the next week, and then he would check her over again.

When the doctor returned a week later, he found that everything was all right. He told Dixie that she could begin to learn how to fly again. Dixie's strength had returned, but unfortunately, her confidence had not. She anxiously said to her mother, "I'm afraid I will only get hurt again, and besides, I'm still not as big as the others." Claire told Dixie that she would need to learn how to fly soon because she would need to build up her strength before she could make the long trip south for the winter. Dixie refused to learn how to fly despite her mother's urgings.

The neighboring ducks on the Indian River noticed that she was not flying and began to make fun of her. One duck, by the name of Thomas, seemed to take particular pleasure in teasing Dixie. He laughed and said, "Nah nah nah nah nah!! Dixie is a chicken. She's nothing but a land lubber."

Dixie's feelings were hurt by the teasing and she ran off and hid from the other ducks. She found a lonely riverbank and climbed up on a bumpy rock and began to cry. She sobbed, "I'll never learn how to fly. I'm just too afraid." Suddenly, the rock began to move under her webbed feet. She was surprised to see that she was actually standing on a turtle. The turtle looked up at the tearful Dixie and said, "Hi, my name is Noel, and I couldn't help but overhear you crying."

Dixie apologized. "I'm sorry that I sat on you."

Noel said, "No problem, it's not the first time that it's happened, but I think that before you learn how to fly, you're going to have to start to believe in yourself."

Dixie now became annoyed with the turtle and shot back, "What do you know about flying; you're just a turtle."

Noel replied, "Well, that's true, I am just a turtle, but I do know that if you don't take any chances, you'll never accomplish what you set out to do. I could hide in my shell and never come out. That way, I'd be safe from any attack from a raccoon or fox, who would love to turn me into turtle soup, but I have to venture out if I want to catch any food. I also enjoy swimming in the Indian River and meeting different friends." She went on to add, "So, you see, I have to take chances just to survive and make friends. You have to take the chance that you might hurt yourself before you learn how to fly."

Dixie was now listening closely to Noel and sadly stated, "But if I even try to learn how to fly, other ducks will just laugh at me if I don't do it right. I can't take any more of their teasing."

Noel said, "I know a field where hardly any ducks ever go. I can take you there, and I'll watch you as you practice. I promise that I won't make fun of you."

Dixie agreed to meet Noel the next morning before any of her brothers and sisters awoke from their sleep. Dixie tried several times, but still she was not successful. When Dixie began to feel discouraged, Noel quickly challenged her, "Now, now remember what I told you. You've got to believe in yourself."

Dixie closed her eyes and pictured herself, in her mind, flying in the air. Without realizing it, she began to flap her wings and then run along the ground. She was lifted up by a gust of wind, and before she knew it, she was 30 feet up in the air. Noel cried out, "You can do it, Dixie, just keep flapping your wings." Dixie began flapping her wings and she shouted, "I can't believe it, I'm really flying! I've got to go show my mother. Noel, can you go tell the other ducks that I've learned to fly?"

Noel left the field and ran as fast as her thick, little legs could carry her. She found Thomas and joyfully shared, "You'll never guess what's happened!" Thomas sarcastically replied, "Oh, do tell, you creature of quick feet. Inquiring minds want to know!"

Noel exclaimed “You may not believe this, but Dixie has learned how to fly.” Thomas looked at Noel in disbelief and said, “Not Dixie, she’s too much of a chicken. I won’t believe it until I see it with my own eyes.”

Just then, Dixie flew overhead, and her brothers and sisters looked up to discover that Dixie was flying. They happily flew up to join and congratulate her. Dixie spent the rest of the day flying above the Indian River with her brothers and sisters.

Dixie spent the rest of the summer playing air games with her brothers and sisters and visiting with her special friend, Noel. She grew stronger with each day. The cooler weather came and the fall colors appeared. It was not time for Dixie to make her first trip south. She felt a little nervous about making the long trip, but she realized that she would have her family flying alongside of her. Before leaving, she went to say good-bye to Noel for the winter. She found her friend busily making her home in the soft mud on the banks of the Indian River. She hugged Noel and said good-bye. Noel gave Dixie the best hug a turtle could give with her short, thick legs. She wished her well, and said, “I certainly hope I see you next summer.” Dixie said, “Oh, I’m sure I’ll make it back. The Indian River is the best place to spend the summer, especially with friends like you.”

And do you know what? Dixie made it to her winter home in the south. She also made it back to the Indian River the following summer. There she spent her summer days catching food, laughing, and playing with her brothers and sisters and her good friend, Noel.

MAURICE FACES HIS FEAR*

GOALS OF THE EXERCISE

1. Verbalize fears and identify the stimulus situation that produces anxiety.
2. Reduce the intensity of the fear of the situation that previously provoked immediate anxiety.
3. Learn to use effective coping strategies to manage or control anxiety.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

This homework assignment involves the reading of a story about a young monkey, Maurice, who initially is afraid to leave the safety of his home because of his fear of snakes. The parents or caretakers are encouraged to read the story to the client between therapy sessions. Following the story are several process questions that can be asked of the client either at appropriate points in the story or after the entire story has been read. The specific questions are offered as guides to help the client verbalize his/her fears and identify the situation that evokes his/her anxiety. The reader of the story is encouraged to ask other questions that may be appropriate for each particular client. The client should not be pressured into answering any questions that he/she does not feel comfortable in answering. Encourage the parents or caretakers to record the client's responses to the questions in the spaces provided. The responses to the questions will help you and the client to develop coping strategies (i.e., deep breathing, muscle relaxation techniques, positive self-talk, cognitive restructuring, and systematic desensitization) to manage his/her anxiety. It is hoped that the client will experience greater motivation to face his/her fears after reading the story and identifying coping strategies to help manage his/her anxiety. The story is written for children approximately 6 to 11 years of age.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Brief Child Therapy Homework Planner* (New York: John Wiley & Sons, 1999).

INTRODUCTION
READER'S INSTRUCTIONS

Storytelling can be an effective way to join with the fearful child who experiences strong feelings of anxiety. Before reading "Maurice Faces His Fear" to the child, try to create a relaxed atmosphere. Spend a few minutes talking gently to the child. Feel free to sit on the floor with the child or have the child stretch out on a couch. Familiarize yourself with the story by reading it in advance. This will help you to be more animated or spontaneous in your expressions as you read the story.

The purpose of reading "Maurice Faces His Fear" is to help the child verbalize his/her own fears and identify the specific objects or situations that produce his/her anxiety. It is hoped that by creating a supportive environment, the child will feel comfortable in opening up and talking about his/her fears. After reading the story, you are encouraged to ask the child several questions about his/her fears. With some children it may be beneficial to ask them some of the questions as you red through the story. If the child begins to spontaneously talk about his/her fears, then encourage this.

Following is a list of questions that you may find helpful in allowing the child to identify and discuss his/her fears. These questions are offered as a guide. Please feel free to ask other questions that you feel are more appropriate for each individual child. Do not feel that you have to ask all the questions. Furthermore, it is very important that you be sensitive to how the child responds to the story or questions. Do not force or pressure the child into responding to any questions that he/she may not be willing to answer. Record any noteworthy remarks that the child may make in the spaces provided. This will help the child share his/her fears with the therapist in the next therapy session. The therapist, with your help, can assist the child in finding ways to manage his/her anxiety.

1. What are your fear(s)?

2. How long have you had this fear?

3. How did you first develop your fear(s)? What events or situations happened that caused you to have the fear(s)?

4. In the beginning of the story, Maurice becomes very anxious and nervous when he tries to leave Rasheeka's Tree. His heart begins to pound, thoughts race through his head, and his breathing becomes short and quick. How do you act when you get scared?

5. Maurice realizes how unhappy he is after being teased by two pesky monkeys, Richard and Johnny. He is so afraid to leave Rasheeka's Tree that he does not explore the rest of the rain forest. What do you avoid doing because of your fears?

6. What things have occurred to make you afraid?

7. In the story, Maurice receives help from his grandfather, Rasheeka, and a friendly snake, Roger, to overcome his fears. Who can help you to overcome your fear(s)?

8. Maurice, with Rasheeka's encouragement, agrees to face his fear and gradually draw closer and closer to Roger. What have you learned to help decrease your fears?

9. In the end, Maurice overcomes his fear and feels free to explore the rain forest. What things would you like to do in the future once you are free of you fears?

Maurice Faces His Fear

Deep in the heart of the Amazon rain forest lies a very tall tree that towers above all the other trees. Its roots are deeply planted in the earth, and its trunk is strong and wide, supporting the many branches that rise like pillars into the sky. The tree is called Rasheeka's Tree because it was inhabited by Rasheeka, the grandfather of a large family of howler monkeys. Rasheeka was widely respected and he taught his entire family how to hunt and gather food. He taught his grandchildren of the goodness of the rain forest, but at the same time, he warned them of some of the dangers, like the snakes.

One of Rasheeka's grandchildren was a little monkey named Maurice who loved to climb and scamper among the tree's many branches. He listened closely to his grandfather's stories but became very frightened when he heard his grandfather's warnings about the snakes in the rain forest. Maurice became even more afraid when one day he saw a 25-foot-long snake pass under his tree. After that, he told himself that he would never leave Rasheeka's Tree because he did not want to be captured by a hungry snake. Maurice's mother, Rhianna, and father, Manley, were sure that Maurice would overcome his fear as he grew up. They became concerned, however, after Maurice grew up and still refused to leave the safety of the tree. Every time they encouraged Maurice to go out with his cousins and gather food for the relatives, Maurice would shake his head and shout, "No." Rhianna pleaded with her son and promised him that she would give him extra bananas if he ventured away from home. Manley scolded his son and insisted that he gather food along with his cousins.

Although Maurice tried to go with his cousins several times, as soon as his feet touched the ground, he began to panic. He became dizzy and lightheaded; hot flashes shot through his body. Maurice's heart pounded, his breathing became quick, and his hands and feet trembled like palm branches swaying in a tropical storm. Feeling overwhelmed by his own fear and nervousness, Maurice would quickly scurry back up the trunk of Rasheeka's Tree.

Rhianna and Manley went to Rasheeka and asked him to talk to Maurice. Rasheeka gently approached the frightened young monkey, and said, "It's a terrible thing to live in fear. I know that I have warned you about the snakes and you have even seen a large snake, but the chances of you being attacked by a snake are very small, especially if you travel in a group with other monkeys. You will find, Maurice, that you will be happier if you face your fears." Maurice listened to his grandfather and even tried to leave the tree a couple more times. Each time, however, he began to feel nervous and afraid and would scurry up the tree again. Rasheeka sadly nodded his head and said to Rhianna and Manley, "He will not listen to my advice. Maurice will have to find out for himself that he will become a very lonely monkey if he does not overcome his fears."

Time passed and Maurice stopped trying to leave the tree. Each day his cousins would leave without saying a word to Maurice. They searched for delicious berries, fruits, and nuts in other parts of the rain forest. Maurice told himself that he was happy just to stay in his tree.

One day, Maurice was sitting all alone in the tree, keeping a watchful eye out for insects to eat as a midmorning snack. He was minding his own monkey business when all of a sudden—*splat!* Maurice felt a mooshy, gooshy glob running down his face. He wiped the glob off his face and noticed that it was a rotten, squashed banana. "Oh yuck!" cried Maurice, and then he heard laughter

coming from the ground below. He looked down and saw two mischievous monkeys. Richard and Johnny, who lived in a neighboring tree. The two monkeys were rolling on the ground in laughter. They had fired a rotten, squashed banana at Maurice using a hollowed out bamboo pole. They called their weapon a "banana bazooka." Richard and Johnny had a reputation of being very playful monkeys, but Maurice thought they were just plain pesky. Richard and Johnny began firing more rotten, squashed bananas at Maurice. Maurice ducked each time and avoided getting hit. He hollered at the two pests, "Hey, knock it off, or else you'll get it!" Johnny fired back, "Or else what?" "Yeah," said Richard, "what are you going to do? Are you going to come down out of that tree and get us?" Johnny cried out, "If you come down out of that tree, you better watch out for snakes!"

Maurice dropped his head in shame. He knew Richard and Johnny were right, and he knew that he would never leave the tree because he was too afraid. Maurice began to cry and said to himself, "I'm nothing but a misfit monkey. I'll never leave this tree; I'll just live my whole life being afraid. Oh, what a miserable life I'll lead!"

Maurice's cries were overheard by his grandfather, Rasheeka. Rasheeka came to Maurice's side and tried to comfort him. He put his arm around Maurice and said, "Everything will be all right. You just need to face your fears, and in time, you won't be afraid any longer." Maurice continued to cry, "There's no way I'm going to go anywhere near a snake." Rasheeka replied, "I have an idea. I know a friendly snake named Roger. He doesn't bit, and he won't hurt you. I want you to meet Roger, and then maybe you won't be so afraid of snakes." Maurice persisted, "I told you, I'm not going anywhere near a snake." Rasheeka continued, "Well, how about if I bring him to the base of the tree tomorrow and introduce him to you. You can just say hello. After that, you can draw closer and closer to him. That way you will gradually overcome your fear." Maurice whined a little bit, but said, "Okay, I'll try it."

The next day, Rasheeka brought Roger to the base of the tree. Maurice was standing on a big branch, 40 feet up in the air, when he looked down and saw the snake. His head started to spin, he became dizzy, and his heart began to pound. Maurice was breathing very rapidly. Rasheeka looked up into the tree and could see that Maurice was very nervous. He shouted up to Maurice, "Relax. Slow down. You're huffing and puffing like a scared puffer fish trying to get away from a piranha. Take some deep breaths, relax your muscles, and think of some positive thoughts." Maurice did what his grandfather told him to do, and to Maurice's surprise, he started to feel less afraid. After Maurice calmed down, he said, "I think I'm all right." Rasheeka said, "Good. Tomorrow, we'll try it again, except you'll come down out of the tree, and Roger will stand 30 feet away." Maurice began to whine again and said, "Promise me Roger won't come any closer than 30 feet." Roger joined in at this point and said, "I promise I won't come any closer than 30 feet. You'll find that I'm a friendly snake."

Rasheeka and Roger showed up the next day. Maurice agreed to come down to the base of the tree, while Roger lay 30 feet away. Maurice began to experience the feeling of panic again, but Rasheeka quickly jumped in and told him to practice the skills he learned yesterday. Maurice followed his advice and again found that he could manage his anxiety. Maurice practiced Rasheeka's relaxation techniques with Roger for the next three weeks. Slowly, but surely, Maurice drew closer and closer to Roger. He went from standing 30 feet away from Roger to 25, to 20, to 15, to 10, to 5, and then to 2 feet away. Finally, after three weeks, Maurice was ready to take the next big step. He agreed to pick up and hold Roger.

The next day arrived. Maurice was nervous, but he was confident that he could deal with it. He climbed down the tree and met Rasheeka and Roger. He chuckled and said, "I'm nervous, but I'm ready to do this." He picked up Roger and felt Roger's cool, scaly skin on his fur. He laughed because it tickled. Maurice held Roger for 15 minutes, and then he let Roger down because Roger wanted to go back to his family. Maurice thanked Rasheeka and Roger for being such good helpers and special friends. Maurice said, "Without your help I would have never come out of the tree, and now I feel ready to explore the rain forest." Rasheeka and Roger cheered for Maurice.

Maurice left Rasheeka's Tree every day after that and journeyed out into the rain forest with his family and friends. His confidence grew with each passing day, and he no longer lived his life in fear. Maurice still felt a little nervousness from time to time, but he realized that he was normal. He knew how to manage his fear when it came on. He kept a watchful eye out for any dangerous snakes, such as the boa constrictor, but he was no longer terrified by them, especially after discovering that a howler monkey's howl can be very loud. He learned that his loud, screeching howl could drive away any boa constrictor when he came across one.

Maurice's journeys took him farther and farther away from Rasheeka's Tree each month. One day, Maurice came across a hidden garden of papaya and guava trees. Maurice and the others gathered up a large number of papayas and guavas to bring back home. On the way home, Maurice stopped at Roger's home and shared some of the fruits with him. After arriving home, they shared their delicious treasures with the other monkeys. Maurice even shared a papaya and guava with Richard and Johnny. The two mischievous monkeys agreed not to bother Maurice and his cousins anymore if Maurice agreed to show them the location of the hidden garden. Maurice agreed to show them the garden, but first he made them hand over the banana bazooka.

Later that day, Rasheeka, Maurice's grandfather, approached Maurice and said, "I'm very happy for you, my grandson. You have faced your fears and overcome them. You have shared the treasures of the rain forest with your family, and in doing so, you have discovered the treasure that lies within your heart. The treasure of giving." Maurice smiled and felt good that he was able to help his family.

SHOW YOUR STRENGTHS*

GOALS OF THE EXERCISE

1. Increase frequency of social contacts with same-aged peers of acquaintances.
2. Utilize strengths and interest to help take steps toward building peer friendships.
3. Reduce social isolation and excessive shrinking away from others.
4. Increase positive self-statements in social interactions.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

The purpose of this exercise is to help the socially anxious or shy client begin to establish peer friendships by utilizing his/her strengths and interests. First, meet with the client (and parents) to identify specific strengths and interests. Then, instruct the client to share his/her strengths or interests with three different peers before the next therapy session. Emphasize how the client will likely feel less anxious and insecure about his/her peers when he/she utilizes his/her strengths or interests. Next, the client is required to respond to several process questions after each one of his/her social contacts. The client's responses to these questions will allow you to reinforce his/her efforts and/or offer suggestions to improve his/her social skills. Teach the client basic social skills (i.e., greeting others, maintaining good eye contact, and smiling). Use role playing and behavioral rehearsal to help the client develop conversational skills. Encourage the client to make positive statements about himself/herself or the other person.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Brief Child Therapy Homework Planner* (New York: John Wiley & Sons, 1999).

SHOW YOUR STRENGTHS

The purpose of this exercise is to help you feel less anxious and more comfortable around your peers at school or in the neighborhood. It will also give you the opportunity to have fun and be yourself around your peers, which is important when it comes to making friends! You are asked to share your strengths or interests with three different people before your next therapy session. Sharing your strengths and interests will help you forget about your worries or nervousness when you interact with others. Remember to maintain good eye contact when you are talking to your peers. Be positive! Compliment your peers, and say something good about yourself. Don't forget to smile, laugh, and have fun.

1. Meet with your therapist (and parents) to identify a list of your strengths and interests. This part of the exercise should take place in the therapy session. Identify at least five strengths, talents, or interests. (*Note:* Your strengths, talents, and interests may not necessarily be the same.)

   Strengths and Interests

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____
   7. _____
   8. _____
   9. _____
   10. _____

2. Share your strengths or interests with three different peers in the next week or before your next therapy session. Remember to use the skills that you have learned in your therapy sessions to feel more comfortable around your peers.

The following short story is an example of how one girl, named Tracey, used her interest to make a new friend.

> Tracey was excited. She had saved up her allowance money to buy a new Beanie Baby®—a dog named Bernie. She was playing with Bernie when she remembered that another girl, Amber, who lived down the street, also had a collection of Beanie Babies. Tracey had been working hard on being less shy and making new friends, so she decided to walk down the street and show off Bernie to Amber. Tracey was nervous but she thought that this would be a good way to make a new friend. She walked down the street and knocked on the door. Amber opened the door and said, "Hi." Tracey smiled and said, "Hi, Amber. I just got a new Beanie Baby, and I was wondering if you would like to come down to my house and play with our Beanie Babies." Amber replied. "Oh, cool! Bernie is so cute. Let me go upstairs and get my Beanie Babies, and I'll come down to your house in a few minutes." Tracey felt even happier now that she could share her Beanie Babies with a new friend.

3. Please respond to the following items or questions after each occasion when you shared your strengths or interests. Fill out a separate form for each social contact. (*Note:* Your therapist will give you three copies of this form.) Remember to bring the forms back to your next therapy session.

    1. Identify name(s) of peer(s) with whom you shared your strengths or interests.

    _____

    _____

    _____

    2. What strength or interest did you share with your peer(s)?

    _____

    _____

    _____

    3. How did you feel about yourself when sharing your strength or interest?

    _____

    _____

    _____

    4. How did your peer(s) respond to you when you shared your strength or interest?

    _____

    _____

    _____

    5. What opportunities will you have to share this strength or interest in the future?

    _____

    _____

    _____

Section IIB

ADOLESCENT HOMEWORK

FINDING AND LOSING YOUR ANXIETY*

GOALS OF THE EXERCISE

1. Identify what precipitates the feelings of anxiety.
2. Increase the ability to verbalize thoughts and feelings about what brings on anxiety.
3. Explore options for coping with or resolving the feelings of anxiety.
4. Develop two specific ways to cope with anxious feelings.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Anxiety can certainly be seen in adolescents, but getting at just what might be the specific cause is often elusive. Anxieties often disappear and change with time. It is important for adolescents to develop the ability to talk about their anxieties with someone they trust and someone who will take what they have to say seriously. It is essential to listen, accept, and encourage. Acceptance and encouragement of sharing of feelings can either help specifically identify what the source of the anxiety is or help reduce the anxiety through desensitization and extinction.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., L. M. Peterson, and W. P. McInnis, *The Brief Adolescent Therapy Homework Planner* (New York: John Wiley & Sons, 1999).

FINDING AND LOSING YOUR ANXIETY

There are many things that can make you feel anxious or nervous. To feel better, it is important to identify exactly what makes you feel anxious. Find in the following word search these items that can make us feel anxious or nervous:

Monsters	Storms	Death	Mistakes	Fighting
Bugs	Dark	Yelling	Divorce	
Snakes	Strangers	Noises	Arguing	

G D A R K J S A E M
N S G P U G H C O S
I T H N U I R N T N
L R T B I O S O X A
L A A Q V T R T K K
E N E I E M H L T E
Y G D R S J U G X S
O E S E K A T S I M
A R G U I N G M F F
B S S E S I O N S S

1. Name three things that make you feel anxious or nervous.
   1. _____
   2. _____
   3. _____
2. Which one of the three things makes you feel the most anxious?

   _____

   _____

3. When you experience this anxious feeling, which of the following things happen to you? (Circle at least one.)

Hands sweat	Feel physically sick
Get angry	Try to think or do something else quick
Become fearful	Start talking to anyone who is nearby
Call for help	Become short of breath
Run to a safe place	Freeze and do nothing
Heart beats faster	Try not to let others know by acting okay

Other reactions to feeling anxious are: _____

4. What have you tried that helps you get over feeling nervous?

_____
_____
_____
_____
_____

5. What has worked the best?

_____
_____
_____
_____
_____

6. Now ask two people who you trust the following questions:

A. Do you ever feel anxious?
1. Yes No
2. Yes No

B. What makes you anxious?
1. _____
2. _____

C. How do you handle the anxiety you feel?
1. _____
_____
2. _____
_____

7. Either from the input you received from others or from an idea you have, create another possible way to handle your anxious feelings.

PANIC ATTACK RATING FORM*

GOALS OF THE EXERCISE

1. Reduce the frequency and intensity of panic attacks to a significant degree.
2. Develop effective coping strategies to manage panic attacks.
3. Develop insight into the factors contributing to the onset of panic attacks.
4. Provide feedback to the therapist regarding the effectiveness of coping strategies managing panic attacks.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

In this homework assignment, the client is asked to complete a rating form and respond to several questions after he/she experiences a panic attack. We recommend that you first consider referring the client for a medication evaluation and train him/her in the use of various coping strategies before asking the client to complete the rating form. Teach such coping strategies as progressive relaxation, positive self-talk, cognitive restructuring, and diversion. On the form, the client is asked to rate the intensity of his/her anxiety, identify the precipitating events or factors contributing to the onset of the panic attack, and identify how other family members or significant others respond to his/her panic attacks. The client's response to this last question may help the therapist understand how other family members or significant others may reinforce or maintain the client's symptoms. The client is also asked how well he/she feels the coping strategies are helping to manage the panic attacks.

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PANIC ATTACK RATING FORM

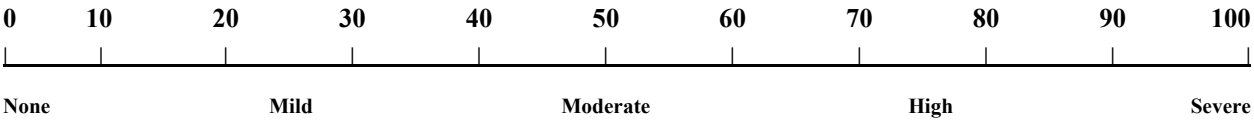
Panic attacks can seem frightening when a person is in the midst of one. The intense anxiety combined with other symptoms such as shortness of breath, pounding heart, dizziness, sweating, nausea, trembling, and shaking can cause the person to feel like he/she is not in control. It may help to know that you are not alone. Many people suffer from panic attacks, and the good news is that panic attacks can be treated successfully. So, do not despair and give up hope! There are strategies that you can use to manage your anxiety.

In this homework assignment, you are asked to complete a rating form or questionnaire each time you experience a panic attack. However, before you are given the Panic Attack Rating Form, your therapist will talk with you about how you can manage your anxiety. Your therapist will provide training on different coping strategies, such as relaxation, deep breathing, positive self-talk, diversion, behavior substitution, and challenging your irrational thoughts. Research has proven these strategies to be helpful in decreasing anxiety.

In the event that you do experience a panic attack during the course of therapy, please complete the following Panic Attack Rating Form. On this form, you are asked to rate the level of your anxiety using the scale at the top of the page. You are also asked to respond to several questions. Your responses to the questions will help your therapist understand the situations or factors which contribute to the occurrence of your panic attacks. Identifying the factors contributing to the panic attacks will help you and your therapist develop strategies to overcome these problems or deal with the stress. You are also asked to reflect on how other members of your family, friends, or peers react to your panic attacks. Finally, your therapist would like to know how successful you felt in managing your panic attack. On the form, identify the strategies you used to manage your anxiety.

PANIC ATTACK RATING FORM

Anxiety Scale



- Please rate the overall level of your anxiety during the panic attack: _____
- What was the highest point of your panic attack? _____
- Approximately, how long did your panic attack last? _____
- What problems or stressful events were you experiencing shortly before your panic attack?

_____
_____
_____
_____
_____

- What anxious or negative thoughts were you experiencing shortly *before* the panic attack?

_____
_____
_____
_____
_____

- How did your family members, friends, or peers react *during and after* your panic attack?

_____
_____
_____
_____
_____

- What strategies did you use to deal with your anxiety?

_____
_____
_____
_____
_____

- How helpful were the strategies in managing your anxiety?

- What would you do differently, in the future, if you have another panic attack?

TOOLS FOR ANXIETY*

GOALS OF THE EXERCISE

1. Identify specific people, places, and things that cause anxiety.
2. Normalize anxiety, but not the strong degree of response.
3. Develop and implement a specific tool to reduce anxiety.
4. Increase sense of empowerment through your consistent, effective use of the tool.

SPECIFIC PHOBIA SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

It is important to help the client develop these anxiety-reduction tools as fully and completely as possible so he/she is able to use them effectively in anxiety-producing situations. Encourage the client to use the tool, as the more he/she uses it, the more effective the tool will be. In processing the client's use rating of the tool after using it, be sure to help the client see all the ways his/her anxiety has been reduced in terms of frequency, intensity, and duration.

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TOOLS FOR ANXIETY

Having tools ready for use in situations that make us anxious can be very effective. By completing this homework, you can develop two of these tools for your use.

A. List four of the things or situations that cause you to become nervous/anxious.

1. _____ 3. _____
2. _____ 4. _____

Now circle two of the situations you listed that make you feel the most anxious/ nervous.

B. Choose a pleasant, comfortable, peaceful situation, place, activity, daydream, or memory and then describe it using as many descriptive words as possible to capture it. This is called *Guided Imagery*.

_____

_____

_____

_____

After completing this description, either commit this scenario to memory or using a slow, soft, soothing voice, record it on audiotape.

C. Design Positive Self-Talk

Self-Talk is engaging in thoughts that will encourage you in making it through the anxious times you experience.

Examples: "I know I can handle this." "I've done it before." "This will pass and I'll be okay."

List five positive self-talk lines that you could use when feeling anxious.

1. _____
2. _____
3. _____
4. _____
5. _____

Copy these statements on a 3 x 5 note card that you can carry with you.

What are the two situations from section A that cause the greatest anxiety.

1. _____
2. _____

Next choose which of the two tools (Guided Imagery or Self-Talk) you will commit to implement in the next week each time you experience these identified anxieties. Before you use the tool, you need to slow yourself down by taking three long, deep breaths then use the tool you've developed and record your experience in the following space.

1. Date: _____ Situation: _____
   Results: _____
   _____
   _____
   _____
   _____

   After using Self-Talk/Guided Imagery, my anxiety was: (Circle the one that applies.)

   A. The Same B. A Little Less C. Much Less

2. Date: _____ Situation: _____
   Results: _____
   _____
   _____
   _____
   _____

   After using Self-Talk/Guided Imagery, my anxiety was: (Circle the one that applies.)

   A. The Same B. A Little Less C. Much Less

3. Date: _____ Situation: _____
   Results: _____
   _____
   _____
   _____
   _____

   After using Self-Talk/Guided Imagery, my anxiety was: (Circle the one that applies.)

   A. The Same B. A Little Less C. Much Less

4. Date: _____ Situation: _____
   Results: _____
   _____
   _____
   _____
   _____

   After using Self-Talk/Guided Imagery, my anxiety was: (Circle the one that applies.)

   A. The Same B. A Little Less C. Much Less

After using the tool you created for a week and recording the results, bring this sheet to your next session and process the experience and its effectiveness with your therapist.

WHAT MAKES ME ANXIOUS*

GOALS OF THE EXERCISE

1. Identify what issues are associated with anxiety feelings.
2. Identify what has been effective in reducing the anxiety.
3. Consistently use what has been effective in reducing anxiety in the past.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Perhaps the most effective way to process this exercise is to use a football coach's approach. First, you need to specifically identify what you are going to attack and then develop a plan of how you will attack it. After this is done, the therapist (coach) can emphasize the need for discipline and focus. Then encourage and empower the client in consistently implementing the plan. Redirection and guidance may be given when reviewing the results of the past week.

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WHAT MAKES ME ANXIOUS

To begin to decrease your anxiety, you must identify as clearly and specifically as possible the causes for your anxious feelings. This exercise can help you identify those causes.

1. Circle each item that causes you to feel anxious. To the left of each item you circle, please rank that item from 1 to 10 with 10 being very anxious, 5 being quite anxious, and 1 being not anxious at all.

___ Grades	___ Death	___ Complexion/zits
___ Looks/appearance	___ Being liked	___ Being gay
___ Accidents	___ Criticism	___ Mistakes
___ Drugs	___ Diseases	___ War/disasters
___ Being hurt	___ Parents	___ Failing
___ Money	___ Looking stupid	___ Evil
___ Being alone	___ The future	___ Test

2. How does your level of anxiety about these things compare to the anxiety of your friends, family, or others regarding the same things?

Less anxious	More anxious
A little more anxious	Much more anxious

Why do you think you are anxious about these situations?

_____

_____

_____

_____

_____

3. How do you respond to the anxiety you feel? Check all that apply.

___ Feel sick to my stomach	___ Freeze up	___ Heart races
___ Hyperventilate	___ Run away	___ Feel hot all over
___ Laugh/cry	___ Panic	___ Get angry
___ Bite my nails	___ Get a headache	___ Shake

4. List all of the ways—good and bad—you have tried to handle or cope with the two items that make you most anxious:

5. From the first list, write down the issue you rates as making you the most anxious:

6. What coping strategy has help you the most in dealing with that anxiety?

7. Rate how effective your good coping strategy was:

Very Effective	Quite Effective	Effective	Somewhat Effective	Not Effective

8. For the next week, make a commitment to use the strategy noted in #6 each time you experience the specific identified anxiety and record the effectiveness of each time you use it to reduce your anxiety.

1.

Very Effective	Quite Effective	Effective	Somewhat Effective	Not Effective

2.

Very Effective	Quite Effective	Effective	Somewhat Effective	Not Effective

3.

Very Effective	Quite Effective	Effective	Somewhat Effective	Not Effective

4.

Very Effective	Quite Effective	Effective	Somewhat Effective	Not Effective

9. Take this homework sheet to your next session and process the results of your week of using the strategy with your therapist to receive his/her feedback and help in modifying the strategy if needed to make it more effective. Also explore using this method to reduce anxiety related to another issue.

Section IIC

SCHOOL-BASED HOMEWORK

101 WAYS TO COPE WITH STRESS*

GOALS OF THE EXERCISE

1. Recognize the availability of many strategies to cope with anxiety.
2. Verbalize confidence in the ability to reduce personal anxiety.
3. Implement coping strategies to reduce symptoms of stress.
4. Recognize personal behavior that contributes to stress.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE STUDENT(S)

This activity can be used to help students evaluate stress and anxiety from several different perspectives. Often, an elevated level of anxiety is coupled with the perception that no viable solution for stress reduction exists. This list offers the student numerous options for reducing anxiety.

Read the entire list with the student. Ask him/her to circle any strategies he/she has tried and found useful. Stop to discuss or explain any strategies that are unclear to the student or perceived as unworkable.

Ask the student if any of the coping strategies suggest behavior that is counterproductive to stress busting (e.g., number 37 on the list might suggest that taking life too seriously contributes to anxiety; number 4 might suggest that substance abuse is counterproductive). Instruct the student to highlight all strategies that point to a personal behavior contributing to his/her stress level.

Discuss with the student how different coping strategies from the list might alter his/her level of stress or anxiety. Ask him/her to pick two or three that might work to reduce the level of stress and choose one to implement between counseling sessions. Explore with the student the specifics of how and when to use the strategy and brainstorm its potential results. Review the outcome at the next session and elicit and agreement to either continue with the strategy or choose another from the list.

INSTRUCTIONS FOR THE STUDENT

Read over the "101 Ways to Cope with Stress" list and circle all the strategies that you already use to cope with stress. Ask for an explanation of any of the ideas that are unclear or that you think may not work to reduce your level of stress. Determine which strategies are most helpful to you and choose one or two to use more frequently as stress reducers during the following week. Discuss with your counselor or group members why you have chosen these particular actions to reduce your level of stress.

During the next counseling session, report to your counselor or group how the interventions you picked affected your level of stress during the week. Choose two additional strategies that you want to add to your stress reduction program. Continue to try different strategies during the weeks ahead and review the effects of each action during your next counseling session.

After several weeks of trying different methods of reducing your personal level of stress and anxiety, create your own top 10 list of effective stress reducers. Write this list at the end of this assignment and review and modify it occasionally throughout the year.

101 WAYS TO COPE WITH STRESS

A General List of Coping Activities

1. Get up earlier
2. Prepare ahead
3. Avoid tight clothes
4. Avoid chemical aids
5. Set appointments
6. Write it down
7. Practice preventive maintenance
8. Make duplicate keys
9. Say “no” more often
10. Set priorities
11. Avoid negative people
12. Use time wisely
13. Simplify meals
14. Copy important papers
15. Anticipate needs
16. Make repairs
17. Get help with jobs you dislike
18. Break down large tasks
19. Look at problems as challenges
20. Look at challenges differently
21. Unclutter your life
22. Smile
23. Prepare for rain
24. Tickle a baby
25. Pet a dog or cat
26. Don’t know all the answers
27. Look for the silver lining
28. Say something nice
29. Teach a kid to fly a kite
30. Walk in the rain
31. Schedule playtime
32. Take a bubble bath
33. Be aware of your decisions
34. Believe in yourself
35. Stop talking negatively
36. Visualize winning
37. Develop a sense of humor
38. Stop thinking tomorrow will be better
39. Have goals
40. Dance a jig
41. Say hello to a stranger
42. Ask a friend for a hug
43. Look at the stars
44. Breathe slowly
45. Whistle a tune
46. Read a poem
47. Listen to a symphony
48. Watch a ballet
49. Read a story
50. Do something new
51. Stop a bad habit
52. Buy a flower
53. Smell a flower
54. Find support
55. Find a “vent partner”
56. Do it today
57. Be optimistic
58. Put safety first
59. Do things in moderation
60. Note your appearance
61. Strive for excellence, not perfection
62. Stretch your limits
63. Enjoy art
64. Hum a jingle
65. Maintain your weight
66. Plant a tree
67. Feed the birds
68. Practice grace

69. Stretch
70. Have a plan B
71. Doodle
72. Learn a joke
73. Know your feelings
74. Meet your needs
75. Know your limits
76. Say, "Have a good day," in pig Latin
77. Throw a paper airplane
78. Exercise
79. Learn a new song
80. Go to work earlier
81. Clean a closet
82. Play with a child
83. Go on a picnic
84. Drive a different route to work
85. Leave work early
86. Put air freshener in your car
87. Watch a movie and eat popcorn
88. Write a faraway friend
89. Scream at a ball game
90. Eat a meal by candlelight
91. Recognize the importance of unconditional love
92. Remember that stress is an attitude
93. Keep a journal
94. Share a monster smile
95. Remember your options
96. Build a support network
97. Quit trying to fix others
98. Get enough sleep
99. Talk less and listen more
100. Praise others
101. Relax, take each day at a time . . . you have the rest of your life to live

B. Personal List of 10 Most Effective Stress Reducers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PHYSICAL RECEPTORS OF STRESS*

GOALS OF THE EXERCISE

1. Identify how stress is demonstrated in physical symptoms.
2. Recognize the positive and the negative aspects of stress.
3. Differentiate between long- and short-term stress.
4. Implement techniques to counter the negative aspects of chronic stress.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE STUDENT

The "Physical Receptors of Stress" activity helps the student pinpoint the areas of his/her body that harbor anxiety and stress. Review with the student the short- and long-term results of stress, which are listed on the "Physical Receptors of Stress" activity sheet. Point out that the short-term results of stress can be helpful and positive as they heighten the ability of the body and mind to address a threat or problem. However, the long-term effects of chronic stress are harmful physically, mentally, socially, and emotionally.

Instruct the student to identify physical areas where personal stress is evident and mark them with a colored pencil or marker on a human figure that he/she draws or pastes on the activity sheet. Discuss how stress manifests itself in these physical receptors. Instruct the student to be alert to stress in his/her body between counseling sessions and to identify and mark on the human figure new and recurring physical receptors as they are recognized, using a pencil or marker of a different color. Review the identified physical receptors with the student during the next counseling session. This activity is appropriate for students in grades 5 through 12.

*Most of the content of this assignment (with slight revisions) originates from S. E. Knapp, *The School Counseling and School Social Work Homework Planner* (New York: John Wiley & Sons, 2002).

INSTRUCTIONS FOR THE STUDENT

Stress is created by your body's natural reaction to a perceived threat or problem and the resulting fight-or-flight response intended originally for self-protection. Your stress reactors were designed to deal with a problem within a short period of time and then return to a more normal, relaxed state. Chronic or constant stress keeps the body's alert systems active over long periods of time. This causes both physical and mental damage as a result of the toxic chemicals (adrenaline and cortisol) that remain in the system rather than being released from the body as nature had intended. Constant stress can lead to fatigue, anger, depression, diminished cognitive ability, suppression of the immune system, and many other physical problems. Symptoms of chronic stress can often be harbored in particular parts of the body and are indicated by tightness, stiffness, weakness, and/or pain (e.g., a tight jaw; a headache; shoulder, neck, or lower back pain; a stomachache; chest pain).

Keep track of where stress affects your body most often. Use a pencil or colored marker to pinpoint the areas where you feel stress during the following week. Each time you feel stress in your body, record the location on the picture of a human figure. This process will help you identify how your body reacts to challenging situations.

Some antidotes for the physical symptoms of stress include listening to music or relaxation tapes, aerobic exercise, sequential muscle relaxation, rhythmical breathing, humor, and talking with a friend. Talk with your counselor about how these antidotes can help you deal with challenges without becoming overly stressed or developing physical symptoms. Choose one of the antidotes and practice it between counseling sessions. Report the results of your stress fighting program during your next counseling session.

PHYSICAL RECEPTORS OF STRESS

Long- and Short-Term Physical Effects of Stress

Paste or draw an outline of a human figure similar to yourself in the center box. Record the most common areas where you feel stress in your body during the following week.

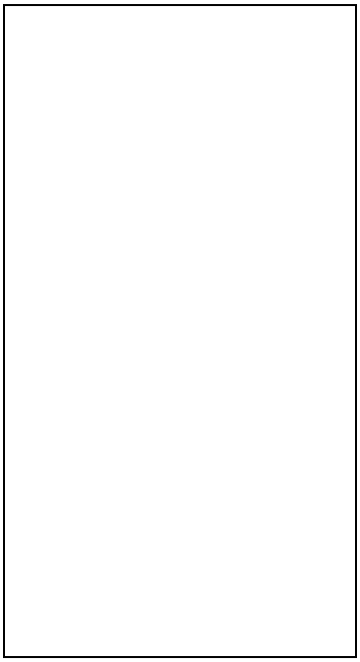
Short-term stress makes us more mentally and physically alert and able to deal with the problem.

Long-term or chronic stress threatens our physical and mental health.

Short-term results: The body prepares to deal with the problem.

Long-term results: The body is unable to release harmful chemicals designed to cope with short-term stress.

- **Brain:** Improved thinking and reduced sense of pain.
- **Eyes:** Improved vision. **Lungs:** Increased oxygen intake.
- **Heart:** Increased heart rate and blood pressure.
- **Adrenal glands:** Adrenaline released into body.
- **Intestines:** Digestion stops to allow for increased energy in muscles.
- **Hair:** Body hair stands up.



- **Brain:** Released cortisol becomes harmful to brain cells. Fatigue, anger, and depression result.
- **Immune system:** Weakened resistance to disease.
- **Intestines:** Reduction of blood flow increases chance of ulcers.
- **Circulation:** Higher blood pressure and heart rate. Damaged blood vessels.

REFRAMING YOUR WORRIES*

GOALS OF THE EXERCISE

1. Verbalize an understanding of the reframing process.
2. Reframe situations that have triggered feelings of fear or anxiety.
3. Create encouraging and supportive self-talk to address stressful situations.
4. Identify the positive aspects of a challenging problem or situation.

SUGGESTIONS FOR PROCESSING THIS EXERCISE

This activity is based on the rational emotive techniques outlined in *A New Guide to Rational Living* by Ellis. Students who experience high anxiety and low self-esteem and who lack problem-solving skills tend to "awfulize" and "catastrophize" their problems, interpersonal relationships, and lives in general. Their self-talk becomes very negative and discouraging, and soon they see themselves as incapable of dealing with any challenging situation. Feelings of helplessness and hopelessness overwhelm these students and interfere with any attempt to seek help or effectively work out the problem along.

The reframing process (e.g., reassessing a difficult situation from a different perspective that focuses on a more positive or solution-oriented approach) can help students gain a sense of self-control and personal power. Begin by brainstorming with the student a list of problems that he/she faces. Ask him/her to record these problems in the Situation column of the activity sheet. Next, have the student describe and record the worst case scenario for each problem. Finally, ask the student to determine and record a positive, yet realistic approach to the problem.

*Most of the content of this assignment (with slight revisions) originates from S. E. Knapp, *The School Counseling and School Social Work Homework Planner* (New York: John Wiley & Sons, 2002).

INSTRUCTIONS FOR THE STUDENT

Use the reframing chart that follows to record one or more of your worries from an awfulizing/catastrophizing and a realistic/positive perspective. This will help you recognize that your point of view greatly influences whether you view a problem as manageable or beyond your control.

After you have analyzed one or more initial problems, begin to apply this approach to several additional situations throughout the week and use the activity sheet to record the process of moving from a helpless to an empowered state of mind. Discuss each recorded scenario with your counselor during subsequent counseling sessions. The following is an example of using this approach to problem solving.

Example

Situation	Awfulizing/Catastrophizing	Realistic/Positive
I lost my boyfriend.	*There is nothing I can do. I cry all the time. I can't focus on my studies. I'll never find another true love. I have to get him back. He thinks I'm a loser. All my friends will drop me. He's my whole life. I have no reason to live.*	*I'm lonely, but I'm also young and fun. I have other friends. It'll be hard, but I can get through this. There are plenty of other boys. I wasn't ready to get serious anyway. Perhaps he wasn't the right one for me.*

REFRAMING YOUR WORRIES

Record several of your prominent worries, a worst case scenario, and an optimistic solution-oriented approach for each. Try to think of as many positive ways to consider the problem as possible.

	Situation	Awfulizing/Catastrophizing	Realistic/Positive
1.			
2.			
3.			
4.			

5.

Section IID

ADULT HOMEWORK

ANALYZE THE PROBABILITY OF A FEARED EVENT*

GOALS OF THE EXERCISE

1. Develop an awareness of the irrational nature of the fear and anxiety.
2. Examine the probability of the negative expectation occurring and its consequences.
3. Identify distorted self-talk that mediates the anxiety response.
4. Recognize that the feared outcome will not terminate the ability to function.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Support the client as he/she takes the risk of looking boldly and fairly at the basis for his/her anxiety. Help the client to acknowledge the irrational basis for his/her anxiety and reinforce rational outcomes of feared situations that will not devastate his/her life. Pay special attention to the distorted cognitions that feed the fear and suggest realistic positive self-talk to counteract this strong mediation effect.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., the *Adult Psychotherapy Homework Planner* (New York: John Wiley & Sons, 2003).

ANALYZE THE PROBABILITY OF A FEARED EVENT

Many of our fears grow in their intensity without us ever stopping to analyze their exact nature, their causes, their probabilities of occurrence, the amount of control we might have over the situation, and the very real outcomes that are possible if our fears were realized. This exercise will help you thoroughly review your fears. As you rationally analyze the nature and cause of your fear and its real outcome, the fear will dissipate and your ability to cope will increase. Take this step-by-step approach in looking at three of your greatest fears and then bring this analysis to your counselor for a thorough processing and reinforcement of coping skills.

1. My First Fear

   A. What is the fear or anxiety about?

   B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually come to pass?

   C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

2. My Second Fear

A. What is the fear or anxiety all about?

B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually come to pass?

C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

3. My Third Fear

A. What is the fear or anxiety about?

B. What is the possibility on a scale of 1 (very unlikely) to 10 (inevitable) that the feared outcome will actually come to pass?

C. What self-talk messages do you give yourself that make the fear grow?

D. What are the very real consequences if the feared outcome did occur?

E. What can you do to control the outcome of the situation that you fear?

F. What is the worst possible real outcome if your fear was realized?

G. How would your life be affected if your feared outcome actually happened? How would you cope or continue to function?

FOUR WAYS TO REDUCE FEAR*

GOALS OF THE EXERCISE

1. Identify and develop specific strategies to resolve the fear.
2. Implement a specific strategy on a consistent basis to minimize the impact of the fear.
3. Increase confidence and effectiveness in coping with the fear.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

The focus in processing this exercise should be placed on assisting the client in completely developing each of the resolution strategies and in helping him/her to fully implement that strategy. Offer encouragement, feedback, and direction as needed as you follow up on the strategy. If the first strategy chosen does not seem to be effective despite the client's best efforts, another option should be chosen and implemented.

FOUR WAYS TO REDUCE FEAR

This exercise will help you develop four different ways to minimize your fear. After developing the four ways, you then choose the one that you feel would be best for you and try it for the following week when encountering your fear.

1. Develop fully each of the following methods for resolving your fear:

   A. **Exaggeration:** Start with identifying your fear; then imagine it as big, scary, ugly, and so on. Use as many negative descriptive words as possible in describing the fear in the worst possible way and with the most dire consequences.

   _____

   _____

   _____

   _____

   _____

   _____

   Application: By imagining the worst that can happen in the worst possible way, the things I face don't seem so big or terrible.

   B. **Thought restructuring:** Record the three or four most common thoughts you have that lead to increased feelings of fear. After completing that, ask your therapist to help you restructure your fear-producing thoughts into thoughts that are more realistic and positive.

   Thought 1 _____

   _____

   Restructured _____

   _____

   Thought 2 _____

   _____

   Restructured _____

   _____

Thought 3 _____

_____

Restructured _____

_____

Thought 4 _____

_____

Restructured _____

_____

Application: How we think about something affects our feelings. By changing our thoughts and perceptions, we change our feelings.

C. **Therapist in your pocket:** Ask your therapist to provide you with four or five statements that will offer reassurance when you are encountering your phobia. Record them below and then either commit them to memory or write them on a card to keep in your pocket at all times.

1. _____
2. _____
3. _____
4. _____

Application: Reassuring and encouraging statements from people we respect and trust can help us cope with difficult or scary situations.

D. **Relaxing distraction:** Create a favorite relaxing daydream to use to distract yourself when facing or thinking about the situation you fear. Then choose a relaxing activity to use as a distraction at other times (Example: Sunbathing on the beach).

Daydream: _____

_____

_____

_____

Activity: (Example: Quietly singing, relaxation breathing)

_____

Application: When distracted, we forget our worries, fears, and troubles.

2. Choosing an approach to my fear:

A. Identify which of the four approaches (i.e., A, B, C, or D) that you feel would be most effective in helping you resolve your fear.

_____

_____

_____

B. Explain briefly the choice you made and why you feel it would be effective.

_____

_____

_____

_____

C. Use an X to indicate below how sure you feel about the approach working for you.

Very Sure	Sure	Somewhat	A Little	Not at All

On a scale of 1 to 10 rate your determination to overcome your fear.

1		5		10
I'll live with it.				I *must* conquer it.

3. Make a commitment to use the approach you chose whenever you encounter the fear over the next week and then evaluate how effective it was in dealing with the fear after each time.

1. _____
2. _____
3. _____
4. _____

PAST SUCCESSFUL ANXIETY COPING*

GOALS OF THE EXERCISE

1. Identify successful coping strategies used in the past.
2. View yourself as a capable, resourceful person who has been successful at overcoming fear.
3. Apply successful coping strategies from the past to current anxieties.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This solution-focused assignment attempts to get the client to recognize his/her resourcefulness in the past in dealing with anxiety. Help the client clarify and refine the coping skill that he/she used as this will be the most difficult part of the assignment. Clients are often not aware of what coping mechanism they relied on to deal with their fear. After the successful coping skills have been identified and refined, help the client to apply these successful skills from the past to his/her current anxieties. Monitor and modify the solution as required.

*Most of the content of this assignment (with slight revisions) originates from A. E. Jongsma, Jr., the *Adult Psychotherapy Homework Planner* (New York: John Wiley & Sons, 2003).

PAST SUCCESSFUL ANXIETY COPING

This assignment leads you to focus on resources and successes that you have demonstrated throughout your past. We tend to forget about our ability to cope when our anxieties and fears seem so real and debilitating. However, all of us have had fears that we have overcome or that we have functioned with in spite of their presence from childhood right into adulthood. We may have feared attending kindergarten, but we learned ways to cope with that fear and eventually the fear was eradicated. We may have feared talking to a friend of the opposite sex, but eventually learned to speak to them in spite of our anxiety. We may have feared going on a job interview, but pressed forward and presented ourselves in the best manner possible. In other words, we do learn to cope and to function and to overcome anxiety. We cannot allow our anxieties to cripple us or cause us to avoid circumstances but we must face them head-on. We may have coped by just taking a deep breath or by getting encouragement from our friends or by rehearsing what we were going to do or say so often that it became almost automatic. Whatever coping skill we used, we have been successful in the past and now we must rediscover those coping skills and apply them to the current anxieties.

A. Identify three fears or anxieties that you experienced in the past.

Fear #1:

Fear #2:

Fear #3:

B. Identify what you did to cope with, or continue to function in spite of, the anxiety.

Fear #1:

Fear #2:

Fear #3:

C. How do you know your coping mechanism identified above was successful?

Fear #1:

Fear #2:

Fear #3:

D. What other coping skills have you relied on in the past to help you overcome fears?

E. How can you use each of the coping skills identified in B to help you with your current fears?

Section IIE

ADDICTION HOMEWORK

COPING WITH STRESS*

GOALS OF THE EXERCISE

1. Identify sources and common reactions to stress, and learn to use a gauge for measuring future changes in reactions to stress.
2. Identify ways to reduce stress by avoiding stressful situations and patterns of behavior.
3. Identify effective stress management methods that are already working.
4. Incorporate stress management as part of a lifestyle change and identify areas in which to begin modifying stress responses.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity examines the client's existing stressors and habitual responses, with the aim of increasing his/her insight and assisting him/her in reducing stress and improving coping skills. It includes an imagination exercise aimed at motivating the client to work for improvement and bolstering his/her confidence in doing so. Follow-up might include homework assignments to practice new stress management methods identified through this or other exercises; seeking feedback from family, friends, and others on perceived changes in the client's degree of tension; and reporting back to the therapist and/or group on outcomes.

*Most of the content of this assignment (with slight revisions) originates from J. Finley and B. Lenz, *The Addiction Treatment Homework Planner* (New York: John Wiley & Sons, 2003).

COPING WITH STRESS

At least one-third of relapses in recovery from addictions are triggered by stressful situations, because many of us have used addictive behaviors as our main tools for handling stress. We have two choices: (1) find a way to guarantee we will never again experience stress, or (2) find different ways to handle it. The purpose of this exercise is to guide you in learning about your own stress management style, your sources of stress, and how you can manage stress differently and more effectively.

1. Please describe a situation in which you used alcohol, another drug, or another addictive behavior to cope with stress.

2. What connection do you see between stress and addictive patterns in your life?

3. What kinds of situations cause you the most stress? Please list three situations that commonly trigger great stress for you.

4. How can you tell when you are experiencing stress in your life? Please list your reactions to stress, both physical and emotional.

5. What are your usual ways of handling stress?

6. Please talk with some people who know you well and whom you feel have good judgment, people you trust to give you straight answers. Ask them to describe what they have seen as your usual reactions to stress in a phrase or short sentence. Write their answers here.

7. Many times, we walk straight into stressful situations we could have bypassed, or we fail to use effective ways to cope that we know we could use. List causes of stress that you can control in the first column, and things you can do to avoid or cope with them in the second column.

8. Other times, a situation may be unavoidable, but we increase the stress that we experience because of the ways we think about that situation (e.g., predicting terrible outcomes to ourselves and worrying about things we can't change). List causes of stress you cannot control in the first column, and positive ways to think about them in the second column.

9. Describe a stressful situation that you handled well and how you did it.

10. You can reduce your level of stress by not overdoing things in any area of your life. Doing this can reduce the stress you experience and help you do better at handling what stress remains. Please list at least one thing that you can do today to create more balance in each area listed here.

    a. Relationships with family or friends:

    b. Leisure time/activities:

c. Work/school:

d. Community involvement:

e. Spiritual activities:

f. Diet:

g. Exercise:

h. Emotions:

11. What are three healthy coping methods you can use anytime, anywhere, when confronted with stressful situations in your recovery?

12. Imagination exercise: Picture yourself in the future, handling a stressful situation by using different and more effective methods than you would have used when you were drinking or using. What improvements do you see in the results and your quality of life over the way things are now?

What are you already doing differently, and what can you start doing now, to change your present situation to the one you imagined?

While you picture yourself living this way, pay attention to how this image of yourself makes you feel. Talk about this with other members of the treatment group or in your next treatment session.

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

LEARNING TO SELF-SOOTHE*

GOALS OF THE EXERCISE

1. Gain tools for positive self-management and self-control.
2. Learn to self-monitor and replace impulsive, reactive coping styles with positive coping strategies.
3. Strengthen awareness that reactiveness can be managed without returning to addictive behaviors.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity is useful for clients who could benefit from learning a tool that will help them identify when they are escalating and provide them with a skill to help them calm down. Repetition is the key to mastery of this skill, and this exercise can be used as a check-in and review at the initiation and/or conclusion of every individual or group therapy session.

*Most of the content of this assignment (with slight revisions) originates from J. Finley and B. Lenz, *The Addiction Treatment Homework Planner* (New York: John Wiley & Sons, 2003).

LEARNING TO SELF-SOOTHE

For people who are coping with anxiety issues, learning a technique to calm themselves can improve learning, relationships, and self-esteem and help them avoid negative outcomes in many situations. It can also replace self-destructive coping mechanisms such as using addictive behavior patterns to control the symptoms associated with anxiety. There are many ways to calm down. You may already have some that work—if so, keep using them! This exercise is designed to help you identify where you experience difficulties and provide more tactics that you can practice and use in your day-to-day activities.

1. Briefly describe activities you have the most difficulty completing, and what gets in the way.

2. Briefly describe any tactics you have found useful in coping with your symptoms of anxiety or stress (continue to use these as you learn additional methods).

3. Are there times during the day that are particularly difficult for you to concentrate, complete activities, get necessary tasks done, stay calm (e.g., upon waking, after meals, around bedtime)? If so, when are they? List them.

4. Below is a list of calming-down strategies. Choose one from the list and practice it for five minutes at least three times each day for one week. Keep a record of how calm you feel before and after. Use the following rating scale: 1, very calm; 2, calm; 3, mildly calm; 4, no change; 5, less calm than before you started. Practice it at different times of the day, and note whether it works better some times than others.

   a. Deep breathing

   b. Quiet time and place

   c. Using an external cue for focus (e.g., wrap yourself in a blanket, hold a stuffed animal or recovery/spiritual token, gaze at a candle flame, play soft music)

   d. Develop a calming mantra to repeat over and over again to yourself

   e. Imagine a peaceful scene full of relaxing details

   f. Take a walk

   g. Meditate

   h. Change your focus to something humorous

   Remember that repetition is the key—the more you practice any of these, the better they will work. Sometimes other people can help us calm down, but we need to have skills in doing this for ourselves in case our supports are not immediately available to us.

5. Record in the following space what worked, when, and what things were helpful. For those items that were not useful, briefly describe what you believe hindered their success.

   _____

   _____

   _____

6. Ask someone you trust what is something they do to calm themselves. Practice it yourself and write the results here.

   _____

   _____

   _____

7. Write the specific steps you will incorporate into a self-soothing ritual. Which tactics will you use first, second, third, . . . and so on?

   _____

   _____

   _____

8. What body cues will indicate to you that you are calm and can stop the self-soothing ritual for the time being?

9. What cues will tell you that you are getting agitated and need to initiate a ritual again?

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

MY ANXIETY PROFILE*

GOALS OF THE EXERCISE

1. Understand the relationship between anxiety and addictive behaviors.
2. Increase insight and awareness related to feelings and processes associated with anxiety.
3. Strengthen belief in the capacity to self-manage anxiety without returning to addictive behaviors.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This activity is designed for clients who experience anxiety but feel helpless to change it or alter it in any way. This exercise asks the client to first identify how he/she experiences anxiety—physically, behaviorally, cognitively, and emotionally. Second, it asks the client to develop a hierarchy of the least to the most anxiety-producing experiences. Finally, it asks the client to develop a plan for how he/she will cope with feelings of anxiety. It is useful for some clients to externalize the problem by giving it a personality or naming it and then learn to view themselves as an active competitor in overcoming the problem. This externalizing can allow clients to feel empowered and maybe, for the first time, feel that they themselves are not the problem but rather the solution. Follow up can consist of teaching basic relaxation and imagery techniques to deal with all levels of anxiety. The client and the therapist can become a team in addressing the issue of anxiety.

*Most of the content of this assignment (with slight revisions) originates from J. Finley and B. Lenz, *The Addiction Treatment Homework Planner* (New York: John Wiley & Sons, 2003).

MY ANXIETY PROFILE

Anxiety is one of those feelings that everyone experiences to some degree. It is often associated with fears and phobias, nervousness, and panic attacks. Some people are very aware of their anxiety, and others do not become aware of it until it becomes overwhelming. Some people experience anxiety over specific things and situations, whereas others report more general feelings of anxiety. We experience anxiety when we enter new situations, worry about the outcomes of events, do things for the first time (e.g., going on a date, talking in front of a group, taking a test, getting married, moving). For some, anxiety is short-lived and does not interfere in their lives other than some mild discomfort. For others, anxiety can cause panicky feelings, prevent them from engaging in activities they enjoy, or interfere with their daily living. Anxiety is also associated with addictive behavior in two ways: (1) we often feel anxiety when practicing new nonaddictive behavior, or (2) we temporarily reduce anxiety by engaging in addictive behavior.

This exercise is designed to help you learn about your anxiety so that you may develop strategies to cope with it and not return to addictive behaviors to lessen it.

Anxiety has three components that interact with one another: (1) physical sensations, such as heart pounding, sweating, and dizziness; (2) thoughts, such as expecting something terrible to happen; and (3) behavioral responses, such as leaving situations or avoiding places.

1. List all of the physical sensations that you experience when you feel anxiety. Sometimes our physical cues change as anxiety increases or decreases. You may want to think about the most recent time you felt anxious, or the time you felt the worst anxiety. What were your physical sensations?

2. Next, in what ways have you coped to reduce anxiety or avoid anxiety-producing situations?

3. Now, consider the things that you think about when you feel anxious. Imagine your anxiety as having a mind and will of its own. What would it say to you or want you to believe so that your anxiety level would rise? Often, our anxious thoughts will overestimate danger, underestimate help that is available to us or our ability to cope, and feed our existing insecurities or worries. Write those thoughts and beliefs in the following space.

_____

_____

_____

_____

4. When we feel anxious, fearful, or nervous, the emotional part of our brain overrides the thinking part of our brain. The result of this is often seen in our behavior. We engage in activities or actions that will quickly remove our discomfort. The problem is that we become accustomed to using this quick fix. Here's a solution you can use in your journal keeping: Following the example provided, list the physical symptoms that you experience in the left-hand column, list the thoughts that are associated with them in the center, and in the right-hand column list a thought to challenge the thought that supports the anxiety.

Physical Sensation	Anxious Thought	Positive Response
I feel warm.	I'm going to pass out.	I can sit, relax, and cool down.

5. Another way to get to know your anxiety is to create an intensity scale that outlines what causes very low levels of anxiety to extremely high levels of anxiety. Identify at least one situation or experience for each level and the physical sensations that are associated with each.

Level of Anxiety	Situation/Experience	Physical Sensations
Very low		
Low		
Moderate		
High		
Very high		

6. In looking back over the information that you've collected about your anxiety, what is a word or phrase that you would give to describe or name it?

   _____

   _____

   _____

   _____

   With your therapist or group, make a plan to work against _____ and describe it in the following space.

   _____

   _____

   _____

   _____

Be sure to bring this handout back to your next session with your therapist, and be prepared to talk about your thoughts and feelings about the exercise.

Section IIF

EMPLOYEE HOMEWORK

PANIC ATTACK RECORD*

GOALS OF THE EXERCISE

1. Reduce the frequency and intensity of the feelings of anxiety so career development is not compromised.
2. Stabilize anxiety level and/or panic symptoms so confidence is restored and work is not interrupted further.
3. Work toward resolving the core issues that are the source of the anxiety.

SUGGESTIONS FOR REVIEWING THESE EXERCISES WITH THE CLIENT/EMPLOYEE

Process the following questions with the client/employee after he/she has completed this exercise: Was it helpful to keep a written record of your panic attacks over the past two weeks? Did you find that the attacks decreased in intensity when you began to think about what led to them? Point out patterns of behavior that may contribute to increased anxiety or feelings of panic.

*Most of the content of this assignment (with slight revisions) originates from L. B. Mayers and D. L. Rabatin, *The Brief Employee Assistance Homework Planner* (New York: John Wiley & Sons, 2000). Copyright© 2000 by L. B. Mayers and D. L. Rabatin. Reprinted with permission. Credit was given for this work to E. J. Bourne, *The Anxiety and Phobia Workbook* (Oakland, CA: New Harbinger Publications, 1990). Copyright© 1990 by E. J. Bourne. Reprinted with permission.

PANIC ATTACK RECORD

It is important to learn what circumstances trigger a panic attack. After identifying these triggers, you may develop coping behaviors or thoughts to counteract these circumstances. To help you document the *antecedents* (what was happening just before the panic symptoms began), we have developed the following form. Fill out one form for each separate panic attack during a two-week period.

Date: _____ Time: _____ Duration (minutes): _____

Intensity of panic rate (rate your anxiety from 5 to 10, with 10 being the highest anxiety): _____

Antecedents

1. Stress level on the preceding day (rate on 1 to 10 scale): _____
2. Alone or with someone? _____
3. If with someone, was it family, friends, or a stranger? _____
4. Your mood for three hours preceding the panic attack:

   Anxious _____ Depressed _____ Excited _____ Angry _____ Sad _____

   Other (specify) _____
5. Were you facing a challenge or taking it easy? _____
6. Were you engaging in negative or fearful thoughts before you panicked, and if so, what thoughts? _____
7. Were you tired or rested? _____
8. Were you experiencing some kind of emotional upset or loss: Yes _____ No _____
9. Were you feeling hot, cold, or neither? _____
10. Were you feeling restless and impatient? Yes _____ No _____

11. Were you asleep before you panicked? Yes _____ No _____

12. Did you consume caffeine or sugar within 8 hours before you panicked, and if yes, how much? _____

13. Have you noticed any other circumstances which correlate with your panic reactions? Specify: _____

_____

Refer back to your panic attack records as often as you need to as you are learning what stressors and behavioral patterns may precipitate an attack.

TEN RULES FOR COPING WITH PANIC*

GOALS OF THE EXERCISE

1. Reduce the frequency and intensity of the feelings of anxiety so career development is not compromised.
2. Stabilize anxiety level and/or panic symptoms so confidence is restored and work is not interrupted further.
3. Work toward resolving the core issues that are the source of the anxiety.

SUGGESTIONS FOR REVIEWING THESE EXERCISES WITH THE CLIENT/EMPLOYEE

Process the following questions with the client/employee after he/she has completed this exercise: How often did you have to refer to the rules since the last session? Which ones were helpful? Which ones did not decrease your anxiety or feelings of panic? What suggestions does this exercise give you for managing your anxiety in the future?

*Most of the content of this assignment (with slight revisions) originates from L. B. Mayers and D. L. Rabatin, *The Brief Employee Assistance Homework Planner* (New York: John Wiley & Sons, 2000).

TEN RULES FOR COPING WITH PANIC

Anxiety or panic is characterized by frequent, excessive worry or intense fear that has no logical or factual basis. You may experience a variety of symptoms including restlessness, shakiness, palpitations, shortness of breath or choking, nausea, sleep disturbance, problems concentrating, and general irritability. These symptoms may interfere with your functioning at work and can lead to excessive absenteeism, tardiness, or failure to meet deadlines on assignments. Review the 10 rules below and make them part of your coping skills. Refer to the list when you begin to feel anxious or panicky.

1. Remember that feelings of anxiety and panic are nothing more than an exaggeration of normal bodily reactions to stress.
2. They are not harmful or dangerous, just unpleasant. Nothing worse will happen to you.
3. Stop adding to panic with frightening thoughts about what is happening and where it might lead. Stop "awfulizing."
4. Notice what is *really* happening in your body when you feel panicky, not what *might* happen.
5. Wait and give the fear time to pass without fighting it or running away. Just accept it.
6. Notice that once you stop adding to fear with frightening thoughts, it starts to fade away.
7. Remember that the whole point of practice is learning how to cope with fear—*without avoiding it.* This is an opportunity to make progress.
8. Think about the progress you have made despite all of the difficulties, and how pleased you will be when you succeed this time.
9. When you begin to feel better, look around and start to plan what to do next.
10. When you are ready to go on, start off in an easy, relaxed way—*without effort or hurrying.*

To maximize your benefits from doing this exercise, it would be helpful to write down some notes or thoughts about how thinking about the rules helped or did not help during a panic attack.

THE PROCESS OF RATIONAL THINKING*

GOALS OF THE EXERCISE

1. Reduce the frequency and intensity of the feelings of anxiety so career development is not compromised.
2. Stabilize anxiety level and/or panic symptoms so confidence is restored and work is not interrupted further.
3. Work toward resolving the core issues that are the source of the anxiety.

SUGGESTIONS FOR REVIEWING THESE EXERCISES WITH THE CLIENT/EMPLOYEE

Process the following questions with the client/employee after he/she has completed this exercise: What is important to you in terms of your performance at work? How have you tried to deal with you anxiety or feelings of panic in the past? What worked? What did not work?

*Most of the content of this assignment (with slight revisions) originates from L. B. Mayers and D. L. Rabatin, *The Brief Employee Assistance Homework Planner* (New York: John Wiley & Sons, 2000).

THE PROCESS OF RATIONAL THINKING

Anxiety responses are most often based on unreasonable irrational thoughts. Use the questions below to help you think rationally about the situation that makes you anxious.

1. What is the situation that makes you feel anxious?

2. What is the worst thing that can happen?

3. Has it happened before? If so, when? If not, why?

4. Who is the person(s) who will judge me? Myself? Someone else? Why?

5. Why is it important for me to please this person?

6. If this person judges me negatively, what will happen?

7. What part do I have control over?

8. What can I do to achieve a positive result?

9. What errors can I allow myself to make and still feel okay?

10. With whom can I discuss this so I can help myself prepare for the task or event?

11. What first step can I take *immediately* toward an acceptable outcome?

Section IIG

GROUP ANXIETY HOMEWORK

BEATING SELF-DEFEATING BELIEFS*

GOALS OF THE EXERCISE

1. Identify when self-defeating beliefs are interfering and fueling anxiety-provoking thinking.
2. Learn ways to challenge self-defeating beliefs, and replace them with positive self-affirmations.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Individuals dealing with anxiety are often faced with negative and self-defeating beliefs (e.g., "If people see who I really am, they won't be my friend/won't like me," or "I don't deserve to be happy," "I could never travel by plane, it's not safe"). These beliefs often lead to and fuel other anxiety-provoking cognitions (e.g., "Things will never get any better"). It would be helpful for group members to review and make a list of the common cognitive distortions in which they engage. Individuals also need to learn how these beliefs and thoughts prevent them from living satisfying and healthy lives. The following exercise is designed to help clients challenge such distorted thinking and beliefs by replacing them with positive self-affirming thoughts.

*Most of the content of this assignment (with slight revisions) originates from L. J. Bevilacqua, *The Group Therapy Homework Planner* (New York: John Wiley & Sons, 2002).

BEATING SELF-DEFEATING BELIEFS

This exercise is designed to help you challenge the negative types of thoughts and beliefs you have that fuel feelings of anxiety. After you have reviewed and made a list of the various types of negative and self-defeating beliefs you think about, complete the following exercise to learn how to challenge and beat them.

Over the next week or so, record times you catch yourself thinking about your negative and self-defeating beliefs. Use the following chart to describe the situation in which you were thinking this way. Record the belief and rate the level to which you agree and believe in that particular thought or belief. A rating of 0 represents that you do not believe in that belief at all, and a rating of 10 represents that you totally and completely agree with and believe in that belief.

Describe the Situation	**Record Your Self-Defeating Belief**	**Rating**

Use the following chart to practice replacing the negative self-defeating belief or cognition with a self-affirming statement. Once you have recorded this more positive and self-adaptive statement, rate your belief in it. A rating of 0 represents no belief in that statement, and a rating of 10 represents 100 percent agreement and belief in that statement.

Positive Self-Affirming Statement	**Rating**

The more you practice this exercise, you should notice greater and greater agreement in the positive self-affirming statements and less belief in the negative self-defeating beliefs. Share your experiences and struggles in doing this exercise with the other group members.

WHAT HAPPENS WHEN I FEEL ANXIOUS?*

GOALS OF THE EXERCISE

1. Externalize feelings of anxiety by recording the contributing factors to being anxious.
2. Identify negative/anxious self-talk.
3. Identify negative/anxious behavior.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

Anxiety can become a debilitating life experience. Individuals need to understand what happens with they are feeling anxious from a physiological, cognitive, and behavioral viewpoint. In group, review the physiological signs such as shortness of breath, increased heart and/or pulse rate, dizziness, nausea, shakiness, and so forth. Group members should be aware of such symptoms and when they are experiencing them. If they are aware, the following exercise will help them identify typical triggers to anxiety as well as their accompanying thoughts and behaviors.

*Most of the content of this assignment (with slight revisions) originates from L. J. Bevilacqua, *The Group Therapy Homework Planner* (New York: John Wiley & Sons, 2002).

WHAT HAPPENS WHEN I FEEL ANXIOUS?

This exercise will help you recognize the triggers when you feel anxious, as well as your typical thoughts and behaviors. Complete each chart and rate your level of anxiety (0 represents no anxiety, and 10 represents extreme and unbearable anxiety). Once you have completed this exercise, you will be on your way to creating a game plan of how to reduce and conquer your anxiety. Over the next week, use the following chart to record each time that you feel anxious.

Date/Time	Describe the Situation	Rate Anxiety (0 to 10)

When a person has a problem with anxiety, it is very common for him/her to think the worst (e.g., I'll never be able to overcome this). It is also common for him/her to react by withdrawing and isolating (e.g., staying home and not going out with friends) or by engaging in activities that are not healthy (e.g., drinking or smoking).

For each of the previous situations described, complete the following two questions:

What was going through your mind when you felt anxious?

What did you do when you felt anxious?

Section IIH

GROUP PANIC/AGORAPHOBIA HOMEWORK

BREAKING MY PANIC CYCLE*

GOALS OF THE EXERCISE

1. Reduce the incidence of panic attacks.
2. Take control over panic symptoms and learn ways to redirect and eliminate them.
3. Replace anxiety-provoking thoughts with more adaptive and self-affirming thoughts.
4. Replace avoidant and anxiety-reinforcing behaviors with assertive and anxiety-reducing behaviors.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise should follow the "What Else Can I Say or Do?" assignment, in which each group member learned adaptive responses to the surrounding circumstances to when he/she experiences panic. In the current exercise, each group member will be applying the information from that exercise. The member will then be able to change and break that cycle.

*Most of the content of this assignment (with slight revisions) originates from L. J. Bevilacqua, *The Group Therapy Homework Planner* (New York: John Wiley & Sons, 2002).

BREAKING MY PANIC CYCLE

The panic cycle essentially involves three steps that follow an emotional or physical trigger to anxiety/stress. When you experience stress or are faced with having to do something with which you are uncomfortable, anxiety results. This is when the panic cycle begins. Step 1 develops after the experience of a stressor. This step involves the physical sensations (e.g., shortness of breath, trembling) that you experience. Step 2 is the negative and catastrophic thoughts that go through your mind. Step 3 is the avoidance behavior you engage in to decrease the physical symptoms and negative thoughts or the panic attack that result. This exercise is designed to help you break that panic cycle.

1. List the emotional or physical trigger(s) that lead you feel stress/anxiety.

Over the next week, when these or other emotional/physical triggers occur, use the following chart to keep track of what you do (physically and cognitively) and what you can do differently to reduce the panic symptoms and their impact.

2. Physical sensations of anxiety (e.g., dizziness, trembling, shortness of breath)	What I can do (e.g., deep breathing, visualization, journal)

3. Negative thought (e.g., "I'm going to have a heart attack")

Alternative thought (e.g., "I've survived this before, I will survive it now")

4. Avoidance behavior (e.g., Sat on couch and smoked a cigarette)

Challenging behavior (e.g., review list of "What I can do")

5. Result (e.g., "I stayed home alone, and my friends went on without me")

Result (e.g., "I took charge and reduced my anxiety")

WHAT ELSE CAN I SAY OR DO?*

GOALS OF THE EXERCISE

1. Change negative/anxious self-talk to more self-adaptive and positive self-talk.
2. Change negative/anxious behavior to more self-adaptive and positive behavior.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH THE CLIENT

This exercise is to follow the exercise "When Is This Going to Happen?" Review that exercise with the group, and brainstorm a list of alternative thoughts and behaviors that each person can rely on when they feel anxious. Have group members complete the chart in this exercise, and use it throughout the week whenever they feel anxious. When they use it, instruct them to rate the effectiveness of each alternative thought and/or behavior they try.

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WHAT ELSE CAN I SAY OR DO?

During your session, you should use the first chart to identify a list of alternative thoughts, which you can try out the next time you feel anxious. After each one that you try, rate how effective you felt it to be on a scale of 0 (representing no anxiety) to 10 (representing uncontrollable and overwhelming anxiety). Repeat this same process as it applies to anxious behaviors.

List of alternative thoughts to say to myself:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Use the following chart to record the thoughts that go through your mind when feeling anxious and a rating of how anxious you feel. Also, record an alternative thought that is more adaptive and positive, and rate your level of anxiety again.

These were my negative/anxious thoughts.	**Rating (0 to 10)**	**This is what I will say to myself instead.**	**Rating (0 to 10)**

List of alternative behaviors that I can do when feeling anxious:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Use the following chart to record the behaviors in which you engage when feeling anxious and a rating of how anxious you feel. Also, record an alternative behavior, which is more adaptive and positive, and rate your level of anxiety again.

These are the negative/anxious behaviors I usually do (or did).	**Rating (0 to 10)**	**This is what I will do instead.**	**Rating (0 to 10)**

These charts can be used whenever you are feeling anxious and want to regain control of your life. In your next group meeting, discuss your experiences in trying the alternative thoughts and behaviors.

WHEN IS THIS GOING TO HAPPEN?*

GOALS OF THE EXERCISE

1. To learn what happens when panic strikes.
2. To develop more control over the fear of panic attacks.
3. To reduce the incidence of panic attacks.

SUGGESTIONS FOR PROCESSING THIS EXERCISE WITH CLIENT

Agoraphobia and panic attacks can be devastating. The fear of being panic-stricken is overwhelming. Individuals need to learn the triggers to panic and how to regain control of their lives. Explain to the group the relationship between thoughts, feelings, and behaviors and the role of avoidance as a maintenance factor. The following exercise will help group members become familiar with their pattern of avoidance based on their fears. Before giving this exercise, you may want to introduce or review diaphragmatic breathing.

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WHEN IS THIS GOING TO HAPPEN?

Wouldn't it be great to be able to predict and change the circumstances around when a panic attack is going to occur? You will be able to do this soon. One of the first steps, however, is being able to identify when it has happened in the past and what the circumstances were at that time. This exercise will help you to identify those circumstances.

Think of the last time when you had a panic attack or feared that you were going to have one.

1. Where were you?

   _____

2. Who was nearby?

   _____

3. Describe what was happening before you started feeling anxious.

   _____
   _____
   _____
   _____
   _____

4. Were you breathing up in your chest and throat or down in your belly?

   _____

5. How fast were you breathing? ___ A little fast ___ Somewhat fast ___ Very fast

6. List any other physical sensations you felt (e.g., sweating, dizziness, shakiness, nausea).

   _____
   _____
   _____
   _____
   _____
   _____

7. What were some of your thoughts (e.g., "I'm going to panic," "I can't _____," "I'm going to have a heart attack")?

8. What did you do (e.g., sat on the couch and turned on the television, had a cigarette)?

Appendix

BIBLIOTHERAPY SUGGESTIONS

Child

Block, D. (1993). *Positive Self-Talk for Children*. New York: Bantam Books.

Deaton, W. (1993). *My Own Thoughts and Feelings on Stopping the Hurt: A Child's Workbook about Exploring Hurt and Abuse.* Alameda, CA: Hunter House.

Elkind, D. (1981). *The Hurried Child: Growing Up Too Fast Too Soon*. New York: Addison-Wesley.

McCauley, C. S. and Schachter, R. (1988). *When Your Child Is Afraid*. New York: Simon & Schuster.

Moser, A. (1988). *Don't Pop Your Cork on Mondays!* Kansas City, MO: Landmark Editions.

School-Based Child/Adolescent

Brett, D. and Chess, S. (1998). *Annie Stories*. New York: Workman Publishing Company.

Cary, E. (1996). *Mommy, Don't Go: Children's Problem Solving Book.* Seattle, WA: Parenting Press.

Darcey, J. S., Fiore, L., and Ladd, G. (2000). *Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children*. San Francisco: Jossey-Bass.

Davis, M., Eshelman, E., and McKay, M. (1998). *The Relaxation and Stress Reduction Workbook, 4th ed.* Oakland, CA: New Harbinger Publications.

Fowler, S. L. (1994). *I'll See You When the Moon Is Full*. New York: Greenwillow.

Gordon, T. (1991). *Teaching Children Self-Discipline at Home and at School.* New York: Random House.

Hines, A. (1996). *Keys to Parenting Your Anxious Child*. Happauge, NY: Barrons Educational Series.

Schaefer, C. and Friedman, J. (1992). *Cat's Got Your Tongue?* New York: Magination.

Schmidt, F., Friedman, A., Brunt, E., and Solotoff, T. (1996). *Peacemaking Skills for Little Kids*. Miami, FL: Peace Education Foundation.

Talkington, B. and Kurtz, J. (1997). *Disney Pooh's Grand Adventure: The Search for Christopher Robin*. New York: Disney Press.

Viorst, J. and Chorao, K. (1988). *The Good-Bye Book*. Nesset, Vinterbro, Norway: Atheneum.

Adolescent

Benson, H. (1975). *The Relaxation Response*. New York: William Morrow.
Bourne, E. (1997). *The Anxiety and Phobia Workbook, 2nd ed*. Berkeley, CA: Fine Communications.
Burns, D. (1989). *The Feeling Good Handbook*. New York: William Morrow.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Elkind, D. (1981). *The Hurried Child: Growing Up Too Fast Too Soon*. New York: Addison-Wesley.
Elkind, D. (1984). *All Grown Up and No Place to Go: Teenagers in Crisis*. New York: Addison-Wesley.
Faber, A. and Mazlish, E. (1987). *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. New York: Avon Books.
Ginnot, H. (1965). *Between Parent and Child*. New York: Macmillan.
Ginnot, H. (1969). *Between Parent and Teenager*. New York: Macmillan.
McCauley, C. S. and Schachter, R. (1988). *When Your Child Is Afraid*. New York: Simon & Schuster.
Moser, A. (1988). *Don't Pop Your Cork on Mondays!* Kansas City, MO: Landmark Editions.

Adult

Benson, H. (1975). *The Relaxation Response*. New York: William Morrow.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Davis, M., Eshelman, E., and McKay, M. (1988). *The Relaxation and Stress Reduction Workbook*. Oakland, CA: New Harbinger Publications.
Hauck, P. (1975). *Overcoming Worry and Fear*. Philadelphia, PA: Westminster Press.
Jeffers, S. (1987). *Feel the Fear and Do It Anyway*. San Diego, CA: Harcourt Brace Jovanovich.
Marks, I. (1980). *Living with Fear: Understanding and Coping with Anxiety*. New York: McGraw-Hill.

Addicted Adult/Adolescent

Antony, M. and Swinson, R. (2000). *The Shyness and Social Anxiety Workbook: Proven Techniques for Overcoming Your Fears.* Oakland, CA: New Harbinger Publications.
Bradshaw, J. (1988). *Healing the Shame That Binds You.* Deer Field Beach, FL: Health Communications.
Burns, D. (1986). *Intimate Connections.* New York: New American Library.
Dayhoff, S. (2000). *Diagonally Parked in a Parallel Universe: Working Through Social Anxiety.* Placitas, NM: Effectiveness-Plus Communications.
Fossum, M. and Mason, M. (1989). *Facing Shame.* New York: W.W. Norton.

Goldman, C. and Babior, S. (1996). *Overcoming Panic, Anxiety, and Phobias: New Strategies to Free Yourself from Worry and Fear.* Duluth, MN: Whole Person Associates.
Helmstetter, S. (1997). *What to Say When You Talk to Yourself.* New York: Fine Communications.
Peurifoy, R. (1995). *Anxiety, Phobias, and Panic: A Step-by-Step Program for Regaining Control of Your Life.* New York: Warner Books.
Rapee, R. (1999). *Overcoming Shyness and Social Phobia: A Step-by-Step Guide.* Northvale, NJ: Jason Aronson.
Zimbardo, P. (1987). *Shyness: What It Is and What to Do about It.* New York: Addison-Wesley.

Older Adult (Elderly)

Benson, H. (1975). *The Relaxation Response*. New York: William Morrow.
Davis, M., Eshelman, E., and McKay, M. (1998). *The Relaxation and Stress Reduction Workbook, 4th ed*. Oakland, CA: New Harbinger Publications.
Fossum, L. (1990). *Overcoming Anxiety: A Primer for Better Life Management*. Menlo Park, CA: Crisp Publications.
Hauck, P. (1975). *Overcoming Worry and Fear*. Philadelphia, PA: Westminster Press.

Medically Ill

Benson, H. (1975). *The Relaxation Response*. New York: William Morrow.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Craske, M. and Barlow, D. (1994). *Mastering Your Anxiety and Worry—Patient's Workbook.* San Antonio, TX: The Psychological Corporation.
Davis, M., Eshelman, E., and McKay, M. (1988). *The Relaxation and Stress Reduction Workbook*. Oakland, CA: New Harbinger Publications.
Hauck, P. (1975). *Overcoming Worry and Fear*. Philadelphia, PA: Westminster Press.
Marks, I. (1980). *Living with Fear: Understanding and Coping with Anxiety*. New York: McGraw-Hill.

Trauma Victim

Beck, A. and Emery, G. (1985). *Anxiety Disorders and Phobias: A Cognitive Perspective*. New York: Basic Books.
Bourne, E. (1995). *The Anxiety and Phobia Workbook*. Oakland, CA: New Harbinger Publications.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Leith, L. (1998). *Exercising Your Way to Better Mental Health*. Morgantown, WV: Fitness Information Technology.
Smith, M. (1985). *When I Say No, I Feel Guilty*. New York: Bantam Books.

Developmentally Disabled

Bloomquist, M. L. (1996). *The Skills Training for Children with Behavioral Disorders: A Parent and Therapist Workbook.* New York: Guilford Press.
Bourne, E. J. (1997). *The Anxiety and Phobia Workbook, 2nd ed.* Oakland CA: New Harbinger Publications.
Clark, L. (1998). *SOS Help for Emotions: Managing Anxiety, Anger, and Depression.* Bowling Green, KY: Parents Press.
Dalrymple, N. J. (1998). *Helping People with Autism Manage Their Behavior.* Bloomington, IN: Institute for the Study of Developmental Disabilities.
Gabriel, S. (1996). *The Psychiatric Tower of Babble: Understanding People with Developmental Disabilities Who Have Mental Illness.* Quebec, Canada: Diversity Press.
Lark, S. (1996). *Anxiety and Stress Self-Help Book.* Berkeley CA: Celestial Arts.
Schopler, E. (1995). *Parent Survival Manual: A Guide to Crisis Resolution in Autism and Related Developmental Disorders.* New York: Plenum Press.

Severely Mentally Ill

Beck, A., Emery, G., and Greenberg, R. (1985). *Anxiety Disorders and Phobias: A Cognitive Perspective*. New York: Basic Books.
Bourne, E. (1997). *The Anxiety and Phobia Workbook, 2nd ed.* Oakland, CA: New Harbinger Publications.
Davis, M., Eshelman, E., and McKay, M. (1998). *The Relaxation and Stress Reduction Workbook, 4th ed.* Oakland, CA: New Harbinger Publications.
Flannery, R. (1992). *Posttraumatic Stress Disorder: The Victims Guide to Healing and Recovery.* New York: Crossroads Press.

Neurologically Impaired

Beck, A., Emery, G., and Greenberg, R. (1990). *Anxiety Disorders and Phobias: A Cognitive Perspective.* New York: Basic Books.
Bourne, E. (1997). *The Anxiety and Phobia Workbook, 2nd ed.* New York: Fine Communications.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Davis, M., Eshelman, E., and McKay, M. (1998). *The Relaxation and Stress Reduction Workbook, 4th ed.* Oakland, CA: New Harbinger Publications.
Friedman, E. (1990). *Friedman's Fables.* New York: Guilford Press.
Leith, L. (1998). *Exercising Your Way to Better Mental Health.* Morgantown, WV: Fitness Information Technology.
McKay M., Davis, P., and Fanning, P. (1998). *Thoughts and Feelings: Taking Control of Your Moods and Your Life, 2nd ed.* Oakland, CA: New Harbinger Publications.

Zuercher-White, E. (2000). *An End to Panic: Breakthrough Techniques for Overcoming Panic Disorder.* New York: Fine Communications.

Conjoint Treatment of Anxiety

Barlow, D. H. and Craske, M. (1994). *Mastering Your Anxiety and Panic—Patient's Workbook*. San Antonio, TX: The Psychological Corporation.
Craske, M. and Barlow, D. H. (1992). *Mastering Your Anxiety and Worry—Patient's Workbook*. San Antonio, TX: The Psychological Corporation.

Group Treatment of Anxiety

Barlow, D. H. and Craske, M. (1994). *Mastering Your Anxiety and Panic—Patient's Workbook*. San Antonio, TX: The Psychological Corporation.
Benson, H. (1975). *The Relaxation Response*. New York: William Morrow.
Bourne, E. (1998). *Healing Fear*. Oakland, CA: New Harbinger Publications.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Davis, M., Eshelman, E., and McKay, M. (1998). *The Relaxation and Stress Reduction Workbook, 4th ed.* Oakland, CA: New Harbinger Publications.
Leith, L. (1998). *Exercising Your Way to Better Mental Health.* Morgantown, WV: Fitness Information Technology.
Zuercher-White, E. (1998). *An End to Panic*. Oakland, CA: New Harbinger Publications.

Group Treatment of Panic/Agoraphobia

Bourne, E. (1997). *The Anxiety and Phobia Workbook, 2nd ed.* New York: Fine Communications.
Burns, D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Leith, L. (1998). *Exercising Your Way to Better Mental Health.* Morgantown, WV: Fitness Information Technology.
Swede, S. and Jaffe, S. (1987). *The Panic Attack Recovery Book*. New York: New American Library.

Psychotropic Treatment of Anxiety

Benson, H. and Klipper, M. Z. (1992). *The Relaxation Response*. New York: Wings Books.
Burns, D. D. (1993). *Ten Days to Self-Esteem!* New York: William Morrow.
Davis, M., McKay, M., and Eshelman, E. R. (2003). *The Relaxation and Stress Reduction Workbook*. New York: MJF Books.

Hauck, P. A. (1975). *Overcoming Worry and Fear*. Philadelphia, PA: Westminster Press.
Jeffers, S. J. (1987). *Feel the Fear and Do It Anyway*. San Diego, CA: Harcourt Brace Jovanovich.
Marks, I. M. (1978). *Living with Fear: Understanding and Coping with Anxiety*. New York: McGraw-Hill.
Sheehan, D. V. (1983). *The Anxiety Disease.* New York: Scribner.