Practice*Planners*®

Arthur E. Jongsma, Jr., Series Editor

SIXTH EDITION

Companion to *The Addiction Treatment Planner, Sixth Edition*

The Addiction

PROGRESS NOTES PLANNER

This timesaving resource features:

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

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

WILEY

The Addiction Progress Notes Planner Sixth Edition

Wiley Practice*Planners*® Series

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

The Addiction Progress Notes Planner

Sixth Edition

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WILEY

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

Arthur E. Jongsma, Jr.

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

Katy Pastoor

CONTENTS

PRACTICE*PLANNERS*® SERIES PREFACE

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

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

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

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

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

The series also includes:

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

A companion Treatment Planning software product is also available:

- ***TheraScribe***®, the #1 selling treatment planning and clinical recordkeeping software system for mental health professionals. *TheraScribe*® allows the user to import the data from any of the *Treatment Planner*, *Progress Notes Planner*, or *Homework Planner* books into the software's expandable database to simply point and click to create a detailed, organized, individualized, and customizable treatment plan along with optional integrated progress notes and homework assignments. TheraScribe is available by calling 616-776-1745. Also, see TheraScribe.com for more information.

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

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

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

PROGRESS NOTES INTRODUCTION

ABOUT PRACTICE*PLANNERS*® PROGRESS NOTES

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

Each *Progress Notes Planner*:

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

HOW TO USE THIS *PROGRESS NOTES PLANNER*

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

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

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

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

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

A FINAL NOTE ABOUT PROGRESS NOTES AND HIPAA

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

Does the information contained in this book, when entered into a client's record as a progress note, qualify as a "psychotherapy note" and therefore merit confidential protection under HIPAA regulations? If the progress note that is created by selecting sentences from the database contained in this book is kept in a location separate from the client's PHI data, then the note could qualify as psychotherapy note data that are more protected than general PHI. However, because the sentences contained in this book convey generic information regarding the client's progress, the clinician may decide to keep the notes mixed in with the client's PHI and not consider it psychotherapy note data. In short, how you treat the information (separated from or integrated with PHI) can determine if this progress note planner data is psychotherapy note information. If you modify or edit these generic sentences to reflect more personal information about the client or if you add sentences that contain confidential information, the argument for keeping these notes separate from PHI and treating them as psychotherapy notes becomes stronger. For some therapists, our sentences alone reflect enough personal information to qualify as psychotherapy notes, and they will keep these notes separate from the client's PHI and require specific authorization from the client to share them with a clearly identified recipient for a clearly identified purpose.

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

CLIENT PRESENTATION

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

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

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

5. Passive Submission (5)

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

6. Clings to Destructive Relationships (6)

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

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

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

8. Feels Worthless (8)

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

9. Experiences of Abandonment and Abuse (9)

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

10. Panic When Relationships End (10)

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

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

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

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

12. Parental Role (12)

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

13. Feels Less Worthy (13)

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

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

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

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

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

2. Focus on Strengthening Therapeutic Relationship (2)

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

3. Explore Feelings of Powerlessness (3)

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

4. Teach Connection Between Childhood and Addiction (4)

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

5. Administer Assessment for ACA Traits (5)

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

6. Explore Dysfunctional Family Rules (6)

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

7. Educate About ACA Rules (5)

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

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

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

9. Identify ACA Traits (9)

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

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

10. Assess Level of Insight (10)

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

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

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

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

15. Probe Abandonment/Rejection Fears (15)

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

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

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

17. Identify Parental Role of Caretaker (17)

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

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

18. Explore Feelings of Worthlessness and Shame (18)

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

19. Teach Low Self-Esteem Precursors (19)

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

20. List Positive Traits (20)

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

21. Emphasize Self-Worth (21)

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

22. Explore Family Response to Sharing Feelings (22)

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

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

23. Identify Trustworthiness Traits (23)

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

24. Teach Honest Communication Skills (24)

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

25. Assign a Journal of Honest Communication (25)

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

26. Teach Problem-Solving Skills (26)

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

27. Explore Family Response to Sharing Feelings (27)

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

28. Educate About Healthy Relationships (28)

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

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

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

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

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

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

31. Teach Recovery Group Involvement (31)

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

32. Develop an Aftercare Plan (32)

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

33. List Reasons for Recovery Group Attendance (33)

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

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

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

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

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

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

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

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

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

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

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

38. Teach About a Higher Power (38)

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

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

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

40. Identify Issues for a Higher Power (40)

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

41. Teach Assertiveness Skills (41)

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

42. Teach Assertiveness Formula (42)

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

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

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

44. Reinforce Honest Sharing (44)

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

45. Refer for Psychopharmacological Intervention (45)

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

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

46. Administer Medications (46)

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

47. Monitor Medication Effectiveness and Side Effects (47)

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

48. Develop 5-Year Plan (48)

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

49. Assess Satisfaction (49)

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

ANGER

CLIENT PRESENTATION

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

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

5. Explosive, Destructive Outbursts (5)

A. The client described a history of loss of temper in which they have destroyed property during fits of rage.
B. The client described a history of loss of temper that dates back to childhood, involving verbal outbursts as well as property destruction.
C. As therapy has progressed, the client has reported increased control over their temper and a significant reduction in incidents of poor anger management.
D. The client has had no recent incidents of explosive outbursts that have resulted in destruction of property or intimidating verbal assaults.

6. Explosive, Assaultive Outbursts (5)

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

7. Overreactive Irritability (6)

A. The client described a history of reacting too angrily to rather insignificant irritants in daily life.
B. The client indicated that they recognize that they become too angry in the face of rather minor frustrations and irritants.
C. Minor irritants have resulted in explosive, angry outbursts that have led to destruction of property and/or striking out physically at others.
D. The client has made significant progress at increasing frustration tolerance and reducing explosive over-reactivity to minor irritants.

8. Physical/Emotional Abuse (7)

A. The client reported physical encounters that have injured others or have threatened serious injury to others.
B. The client showed little or no remorse for causing pain to others.
C. The client projected blame onto others for aggressive encounters.
D. The client has a violent history and continues to interact with others in a very intimidating, aggressive style.
E. The client has shown progress in controlling aggressive patterns and seems to be trying to interact with more assertiveness rather than aggression.

9. Verbal Abuse Toward Significant Other (7)

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

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

10. Harsh Judgment Statements (8)

A. The client exhibited frequent incidents of being harshly critical of others.
B. The client's family members reported that the client reacts very quickly with angry, critical, and demeaning language toward them.
C. The client reported that they have been more successful at controlling critical and intimidating statements made to or about others.
D. The client reported that there have been no recent incidents of harsh, critical, and intimidating statements made to or about others.

11. Angry/Tense Body Language (9)

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

12. Passive-Aggressive Behavior (10)

A. The client described a history of passive-aggressive behavior in which they would not comply with directions, would complain about authority figures behind their backs, and would not meet expected behavioral norms.
B. The client's family confirmed a pattern of the client's passive-aggressive behavior in which the client would make promises of doing something but not follow through.
C. The client acknowledged that they tend to express anger indirectly through social withdrawal or uncooperative behavior, rather than using assertiveness to express feelings directly.
D. The client has reported an increase in assertively expressing thoughts and feelings and terminating passive-aggressive behavior patterns.

13. Violent Rages (11)

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

14. Overreaction to Disapproval (12)

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

15. Verbal Abuse as Intimidation (13)

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

16. Blaming Others (14)

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

17. Aggression to Achieve Power and Control (15)

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

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

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

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

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

2. Focus on Strengthening Therapeutic Relationship (2)

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

3. Assess Anger Dynamics (3)

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

4. Administer Anger Expression Assessment Instruments (4)

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

5. Refer for Medical/Physical Examination (5)

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

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

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

9. Assess Severity of Impairment (9)

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

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

10. Identify Positive Consequences of Anger Management (10)

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

11. List Negative Anger Impact (11)

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

12. Use Motivational Interviewing (12)

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

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

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

14. Teach About High-Risk Situations (14)

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

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

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

16. Refer for Psychopharmacological Intervention (16)

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

17. Monitor Medication Effectiveness and Side Effects (17)

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

18. Assign an Anger Journal (18)

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

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

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

A. The client was assisted in listing as many of the causes for and targets of their anger that they are aware of.
B. The client was assigned "Is This Anger Due to Feeling Threatened?" or "Is My Anger Due to Unmet Expectations?" in the *Addiction Treatment Homework Planner* (Lenz, Finley, & Jongsma).
C. The client's list of targets of and causes for anger was processed in order to increase awareness of anger management issues.
D. The client has indicated a greater sensitivity to angry feelings and the causes for them as a result of the focus on these issues.
E. The client has not been able to develop a comprehensive list of causes for and targets of anger and was provided with tentative examples in this area.

20. Convey Model of Anger (20)

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

21. Process Anger Triggers (21)

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

22. Discuss Rationale for Treatment (22)

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

23. Assign Reading Material (23)

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

24. Teach Calming Techniques (24)

A. The client was taught deep-muscle relaxation, rhythmic breathing, and positive imagery as ways to reduce muscle tension when feelings of anger are experienced.
B. The client has implemented the relaxation techniques and reported decreased reactivity when experiencing anger; the benefits of these techniques were underscored.
C. The client has not implemented the relaxation techniques and continues to feel quite stressed in the face of anger; the client was encouraged to use the techniques.

25. Explore Self-Talk (25)

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

26. Assign Self-Talk Homework (26)

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

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

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

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

28. Assign Thought-Stopping Technique (28)

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

29. Teach Assertive Communication (29)

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

30. Teach Problem-Solving Skills (30)

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

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

31. Teach Conflict Resolution Skills (31)

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

32. Conduct Conjoint Session for Skill Generalizations (32)

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

33. Construct Strategy for Managing Anger (33)

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

34. Select Challenging Situations for Managing Anger (34)

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

35. Consolidate Anger Management Skills (35)

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

36. Monitor/Decrease Outbursts (36)

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

37. Differentiate Between Lapse and Relapse (37)

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

38. Discuss Management of Lapse Risk Situations (38)

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

39. Encourage Routine Use of Strategies (39)

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

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

40. Develop a "Coping Card" (40)

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

41. Schedule "Maintenance" Sessions (41)

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

42. Encourage Disclosure (42)

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

43. Use the ACT Approach (43)

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

44. Teach Mindfulness Meditation (44)

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

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

45. Assign ACT Homework (45)

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

46. Assign Reading on Mindfulness and ACT (46)

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

47. Identify Anger Expression Models (47)

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

48. Teach Anger Effects (48)

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

49. Develop Forgiveness (49)

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

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

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

51. Focus on Exercise Program (51)

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

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

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

53. Develop 5-Year Plan (53)

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

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

54. Assess Satisfaction (54)

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

ANTISOCIAL BEHAVIOR

CLIENT PRESENTATION

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

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

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

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

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

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

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

10. Recklessness/Thrill Seeking (10)

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

11. Impulsivity (11)

A. The client's pattern of impulsive behavior and substance use is demonstrated in frequent geographical moves, traveling with few or no goals, and quitting one job after another.
B. The client's impulsivity has resulted in a life of instability and negative consequences for self and others.
C. The client has acknowledged that their life of impulsive reactivity and substance abuse has had many negative consequences and that they are now committed to making an effort to control these impulses.
D. The client has shown progress in controlling impulsive reactivity and substance misuse and now considers the possible consequences of actions before reacting.

INTERVENTIONS IMPLEMENTED*

1. Build Trust and Establish Rapport (1)

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

2. Focus on Strengthening Therapeutic Relationship (2)

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

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

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

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

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

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

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

5. Administer Antisocial Behavior Rating Scales (5)

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

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

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

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

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

10. Assess Severity of Impairment (10)

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

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

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

12. Review Rule Breaking and Natural Consequences (12)

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

13. Teach About Empathy (13)

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

14. Teach About Criminal Thinking (14)

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

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

15. Teach About the Effects of Dishonesty (15)

A. The client was asked to list the positive effects for others when they are honest and reliable.
B. The client was taught that pain and disappointment result when honesty and reliability are not given the highest priority in one's life.
C. The client was asked to identify situations in which they could be more honest and reliable.
D. The client identified ways in which they are being more honest and reliable, and these were processed.
E. The client was confronted for continuing to be dishonest and unreliable.

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

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

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

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

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

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

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

19. Explore Reasons for Blaming (19)

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

20. Confront Projection (20)

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

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

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

22. Confront Disrespect (22)

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

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

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

24. Teach Recovery Group Involvement (24)

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

25. Confront Rule Breaking (25)

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

26. Address Legal Problems (26)

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

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

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

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

28. Practice Encouraging Others (28)

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

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

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

30. Identify Prosocial Replacement Behaviors (30)

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

31. Confront Denial of Responsibility (31)

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

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

32. Emphasize Keeping Commitments (32)

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

33. Establish Sponsor Relationship (33)

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

34. Develop an Aftercare Plan (34)

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

35. Teach the Family About Criminal Thinking (35)

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

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

36. Encourage Family Recovery (36)

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

37. Teach Conflict Resolution Techniques (37)

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

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

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

39. Develop 5-Year Plan (39)

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

40. Assess Satisfaction (40)

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

ANXIETY

CLIENT PRESENTATION

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

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

5. Autonomic Hyperactivity (5)

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

6. Hypervigilance (6)

A. The client related that they constantly feel on edge, that sleep is interrupted, and that concentration is difficult.
B. The client reported being irritable in interactions with others, as their patience is thin and they are worrying about everything.
C. The client's family members report that the client is difficult to get along with, as their irritability level is high.
D. The client's level of tension has decreased, sleep has improved, and irritability has diminished as new anxiety-coping skills have been implemented.

7. Excessive Worry Based on Cognitive Biases (7)

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

8. Substance Abuse Response (8)

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

9. Substance Abuse to Control Anxiety Symptoms (9)

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

INTERVENTIONS IMPLEMENTED

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

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

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

5. Refer for Assessment Regarding Etiology (5)

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

6. Assess Level of Insight (6)

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

7. Assess for Correlated Disorders (7)

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

8. Assess for Culturally Based Confounding Issues (8)

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

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

9. Assess Severity of Impairment (9)

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

10. Refer to a Physician (10)

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

11. Monitor Medications (11)

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

12. Use Motivational Interviewing (12)

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

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

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

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

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

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

14. Teach Anxiety/Addiction Relationship (14)

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

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

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

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

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

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

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

15. Discuss Anxiety Components (15)

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

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

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

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

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

16. Discuss Target of Treatment (16)

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

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

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

17. Assign Reading on Anxiety (17)

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

18. Teach Relaxation Skills (18)

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

19. Assign Relaxation Homework (19)

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

20. Implement Worry Time (20)

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

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

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

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

22. Discuss Estimation Errors (22)

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

23. Analyze Fears Logically (23)

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

24. Develop Insight Into Worry as Avoidance (24)

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

25. Identify Distorted Thoughts (25)

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

26. Assign Exercises on Self-Talk (26)

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

27. Construct Anxiety Stimulus Hierarchy (27)

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

28. Select Initial Exposures (28)

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

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

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

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

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

29. Conduct Worry Exposure (29)

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

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

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

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

30. Conduct Exposure in Vivo (30)

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

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

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

31. Assign Homework on Situational Exposures (31)

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

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

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

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

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

32. Teach Problem-Solving Strategies (32)

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

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

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

33. Assign Problem-Solving Exercise (33)

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

34. Engage in Behavioral Activation (34)

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

35. Develop Interpersonal Skills and Relationships (35)

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

36. Assign Homework on Social Skills (36)

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

37. Use Acceptance-Based Therapies (37)

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

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

38. Differentiate Between Lapse and Relapse (38)

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

39. Discuss Management of Lapse Risk Situations (39)

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

40. Encourage Continued Use of Strategies (40)

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

41. Develop a "Coping Card" (41)

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

42. Schedule a "Maintenance" Session (42)

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

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

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

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

44. Assign Books on Shame (44)

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

45. Develop Positive Self-Descriptive Statements (45)

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

46. Use Step 3 (46)

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

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

47. Develop Alternative Actions (47)

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

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

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

49. Assign Step 4 Exercise (49)

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

50. Develop Recovery Group Involvement (50)

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

51. Educate the Family About Anxiety Disorders (51)

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

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

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

53. Assess Satisfaction (53)

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADOLESCENT

CLIENT PRESENTATION

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

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

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

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

13. Interrupting (13)

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

14. Distractibility (14)

A. The client reported being easily distracted and their attention is drawn away from the task at hand.
B. The client gave evidence of distractibility within today's session.
C. The client's distractibility is diminishing and focused concentration is increasing.

15. Forgetfulness (15)

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

16. Hyperactivity (16)

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

17. Increased Vulnerability to Addiction Behaviors (17)

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

INTERVENTIONS IMPLEMENTED

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

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

5. Coordinate Psychological Testing (5)

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

6. Monitor and Rate ADHD Symptoms (6)

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

7. Assess Level of Insight (7)

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

8. Assess for Correlated Disorders (8)

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

9. Assess for Culturally Based Confounding Issues (9)

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

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

10. Assess Severity of Impairment (10)

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

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

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

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

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

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

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

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

14. Teach About a Higher Power (14)

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

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

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

16. Refer for Medication Evaluation (16)

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

17. Monitor Medication Compliance and Effectiveness (17)

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

18. Educate Family About ADHD (18)

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

19. Discuss Treatment Options (19)

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

20. Assign Parents to Read ADHD Information (20)

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

21. Assign Client to Read About ADHD (21)

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

22. Explain Benefit of Behavioral Interactions (22)

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

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

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

24. Teach About Functions of ADHD Behavior (24)

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

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

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

26. Refer to Parent Management Training Course (26)

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

27. Consult With Teachers (27)

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

28. Institute Behavioral Classroom Management Interventions (28)

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

29. Refer for Behavioral Peer Intervention (29)

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

30. Provide Psychoeducation About ADHD (30)

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

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

31. Teach Organization and Planning Skills (31)

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

32. Teach Distraction Delay Techniques (32)

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

33. Use Cognitive Restructuring Skills (33)

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

34. Teach Procrastination Reduction Skills (34)

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

35. Conduct Relapse Prevention (35)

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

36. Implement Organizational System (36)

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

37. Develop Routine Schedule (37)

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

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

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

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

39. Teach Test-Taking Strategies (39)

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

40. Teach Self-Control Strategies (40)

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

41. Focus on Delay of Gratification (41)

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

42. Build Communication Skills (42)

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

43. Use Social Skills Exercises (43)

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

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

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

45. Teach Problem-Solving Skills (45)

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

46. Assign Problem-Solving Exercises (46)

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

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

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

48. Use Alternative Behaviors for Negative Emotions (48)

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

49. Teach Relaxation Techniques (49)

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

50. Relax When Frustrated by Learning Problems (50)

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

51. Develop Physical Fitness Program (51)

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

52. Develop an Aftercare Program (52)

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

53. Assess Satisfaction (53)

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADULT

CLIENT PRESENTATION

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

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

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

13. Losing Items

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

14. Interrupting (14)

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

15. Distractibility (15)

A. The client reported being easily distracted and attention is drawn away from the task at hand.
B. The client gave evidence of distractibility within today's session.
C. The client's distractibility is diminishing and focused concentration is increasing.

16. Forgetfulness (16)

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

17. Increased Vulnerability to Addiction Behaviors (17)

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

INTERVENTIONS IMPLEMENTED

1. Build Trust and Establish Rapport (1)*

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

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

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

2. Focus on Strengthening Therapeutic Relationship (2)

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

3. Conduct Psychosocial Assessment (3)

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

4. Coordinate Psychological Testing (4)

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

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

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

6. Refer for Physician Assessment Regarding Etiology (6)

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

7. Process Medical and Psychological Evaluation (7)

A. Results and recommendations of the medical evaluation were processed with the client and all questions were answered.
B. The results and recommendations of the psychological evaluation were processed with the client and all questions were answered.
C. As a result of the physician's evaluation, the client was prescribed medication to assist in the control of ADHD symptomatology.
D. As a result of the psychological evaluation, the client was provided with several different techniques to assist in the control of ADHD symptomatology.

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

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

9. Arrange Substance Abuse Evaluation (9)

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

10. Assess Level of Insight (10)

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

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

11. Assess for Correlated Disorders (11)

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

12. Assess for Culturally Based Confounding Issues (12)

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

13. Assess Severity of Impairment (13)

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

14. Identify Difficult ADHD Behaviors (14)

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

15. Review Evaluation Results (15)

A. The results of the psychological testing and physician's evaluation were reviewed again with the client in order to assist in the choice of the most difficult, problematic behaviors to address in counseling.

B. The client was assisted in selecting those behaviors that are most difficult as focal points for treatment.

C. The client was supported as they agreed to concentrate efforts to change on these most difficult behavior areas.

16. Have Others Rank ADHD Symptoms (16)

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

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

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

17. Develop Negative Consequences of ADHD (17)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21. Teach About a Higher Power (21)

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

22. Refer for Psychotropic Medication (22)

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

23. Monitor Medication Compliance and Effectiveness (23)

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

24. Educate About ADHD (24)

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

25. Develop Rationale for Treatment (25)

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

26. Teach Self-Monitoring (26)

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

27. Assign Reading on ADHD (27)

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

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

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

29. Engage Significant Other (29)

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

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

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

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

31. Develop Organizational Skills (31)

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

32. Teach Problem-Solving Skills (32)

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

33. Practice Problem-Solving (33)

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

34. Identify Typical Attention Span (34)

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