

Section I

TREATMENT PLANNING

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ANXIETY

MASTER BEHAVIORAL DEFINITION LIST

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

CHILD^{*}

BEHAVIORAL DEFINITIONS

A. See Master List

B. Unique Definitions

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

LONG-TERM GOALS

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

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

**SHORT-TERM
OBJECTIVES**

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

**THERAPEUTIC
INTERVENTIONS**

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

- picture out of the squiggle and tell a story about that picture to help reveal to the therapist and parent what is going on internally with the client.
5. Implement positive self-talk to reduce or eliminate the anxiety. (10, 11)
 6. Develop and implement appropriate relaxation and cognitive diversion activities to decrease the level of anxiety. (12, 13)
 7. Identify areas of conflict that precepts anxiety. (14, 15, 16)
 8. State a connection between anxiety and underlying, previously unexpressed wishes or thoughts. (17, 18)
 8. Assign the client the task of drawing two or three situations that generally bring on anxious feelings.
 9. Conduct psychoanalytical play-therapy sessions (e.g., explore and gain understanding of etiology of unconscious conflicts, fixations, or arrests; interpret resistance or core anxieties) to help the client work through to resolutions the issues that are the source of his/her anxiety.
 10. Explore distorted cognitive messages that mediate the anxiety response.
 11. Help the client develop reality-based, positive cognitive messages that will increase self-confidence in coping with fears and anxieties.
 12. Train the client to use progressive relaxation or guided imagery techniques to induce calm and decrease the intensity and frequency of feelings of anxiety.
 13. Assist the client in working toward resolution (e.g., using problem solving, assertiveness, acceptance, cognitive restructuring) of key past and present conflicts.
 14. Use puppets, felt, or sand tray to enact situations that provoke anxiety in the client. Involve the client in creating such scenarios, and model positive cognitive responses to the situations that bring on anxiety.
 15. Play the therapeutic game My Home and Places (Flood) with the client to help identify and talk about divorce, peers, alcohol abuse, or other situations that make the client anxious.
 16. Instruct the client to sing a song or play a musical instrument that reflects his/her anxious feelings; then discuss a time when the client felt that anxiety.
 17. Use an interpretive interview method in which the therapist interviews the client to help express motivation and feelings. Then

- assist the client in making a connection between fears or anxieties and unexpressed or unacceptable wishes or “bad” thoughts.
9. Identify and utilize specific coping strategies for anxiety reduction. (19, 20, 21)
 10. Increase participation in daily social and academic activities. (22)
 11. Increase physical exercise as a means of reducing anxious feelings. (23)
 12. Participate in a camp that focuses on confidence building. (24)
 18. Assign the client to complete exercises from *My Own Thoughts and Feelings on Stopping the Hurt: A Child's Workbook about Exploring Hurt and Abuse* (Deaton). Process each exercise with therapist to increase the client's understanding of and ability to cope with and handle anxious feelings.
 19. Use a narrative approach (see *Narrative Means to Therapeutic Ends* by White) in which the client writes out the story of his/her anxiety or fear and then acts out the story with the therapist to externalize the issues. Then work with the client to reach a resolution or develop an effective way to cope with the anxiety or fear. See “An Anxious Story” from *Brief Child Therapy Homework Planner* (Jongsma, Peterson, and McInnis).
 20. Conduct sessions with a focus on anxiety-producing situations in which techniques of storytelling, drawing pictures, and viewing photographs are used to assist the client in talking about and reducing the level of anxiety or fear.
 21. Use a mutual storytelling technique (see *Therapeutic Communication with Children: The Mutual Storytelling Technique* by Gardner) in which the client tells a story about a central character who becomes anxious. The therapist then interprets the story for its underlying meaning and retells the client's story while weaving in healthier adaptations to fear or anxiety and resolution of conflicts.
 22. Assist the client in identifying behavioral anxiety-coping strategies (e.g., increased social involvement, participation in school-related activities); contract for implementations.
 23. Assist the client in implementing schedule of physical activity that reduces anxiety.
 24. Encourage the parents to seek an experiential camp or weekend experience

13. Set aside time for over thinking about anxieties. (25)
 14. Parents verbalize an understanding of the client's anxieties and fears. (26, 27, 28)
 15. Parents verbalize constructive ways to respond to the client's anxiety. (29)
 16. Participate in family therapy sessions that identify and resolve conflicts between family members. (30, 31)
 17. Parents reduce their attempts to control the child. (32, 33)
- for the client that will focus on the issues of fears, taking risks, and building confidence. Process the experience with the client and his/her parents.
25. Advocate and encourage over thinking (e.g., help the client explore and prepare for every conceivable thing that could possibly happen to him/her in facing a new or anxiety-producing situation). Monitor weekly results as needed.
 26. Educate the client's parents to increase their awareness and understanding of which fears and anxieties are normal for various stages of child development.
 27. Assign the client's parents to read books related to child development and parenting (e.g., *Between Parent and Child* by Ginott or *How to Talk So Kids Will Listen and Listen So Kids Will Talk* by Faber and Mazlish).
 28. Refer the client's parents to a parenting class or support group.
 29. Work with the parents in family sessions to develop their skills in effectively responding to the client's fears and anxieties with calm confidence rather than fearful reactivity (e.g., parents remind the client of a time he/she effectively handled a fearful situation or express confidence in the client's ability to face the fearful situation).
 30. Conduct family session in which the system is probed to determine the level of fear or anxiety that is present or to bring to the surface underlying conflicts.
 31. Work in family sessions to resolve conflicts and to increase the family's level of healthy functioning.
 32. Use a structural approach in the family session, adjusting roles to encourage the parents to work less on controlling children and more on allowing children to be children.
 33. Conduct a family session to develop and implement strategic directions designed to increase the physical freedom of the children and to adjust the parental control of the system.

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

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DIAGNOSTIC SUGGESTIONS:

Axis I: 300.02 Generalized Anxiety Disorder
 300.00 Anxiety Disorder NOS
 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type
 309.21 Separation Anxiety Disorder

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Axis II: V71.09 No Diagnosis on Axis II

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