PracticePlanners®

Arthur E. Jongsma, Jr., Series Editor

SECOND EDITION

The Family Therapy TREATMENT PLANNER

This timesaving resource features:

- Treatment plan components for 40 behaviorally based family problems
- Over 1,000 prewritten treatment goals, objectives, and interventions—plus space to record your own treatment plan options
- A step-by-step guide to writing treatment plans that meet the requirements of most accrediting bodies, insurance companies, and third-party payors
- Includes new **Evidence-Based Practice Interventions** as required by many public funding sources and private insurers

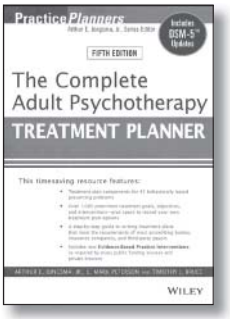
FRANK M. DATTILIO AND ARTHUR E. JONGSMA, JR.
SEAN D. DAVIS, *CONTRIBUTING EDITOR*

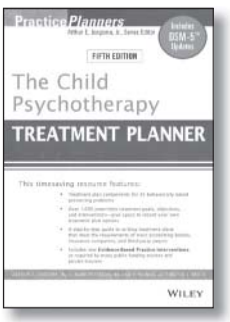
WILEY

PracticePlanners®

Arthur E. Jongsma, Jr., Series Editor

Helping therapists help their clients . . .

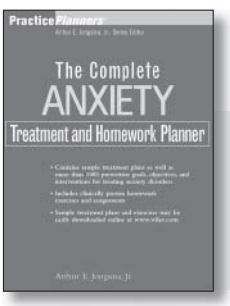




Treatment Planners cover all the necessary elements for developing formal treatment plans, including detailed problem definitions, long-term goals, short-term objectives, therapeutic interventions, and DSM™ diagnoses.

- ❑ **The Complete Adult Psychotherapy Treatment Planner,** Fifth Edition* ..... 978-1-118-06786-4 / $60.00
- ❑ **The Child Psychotherapy Treatment Planner,** Fifth Edition* ..... 978-1-118-06785-7 / $60.00
- ❑ **The Adolescent Psychotherapy Treatment Planner,** Fifth Edition* ..... 978-1-118-06784-0 / $60.00
- ❑ **The Addiction Treatment Planner,** Fifth Edition* ..... 978-1-118-41475-0 / $60.00
- ❑ **The Couples Psychotherapy Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06312-4 / $60.00
- ❑ **The Group Therapy Treatment Planner,** Second Edition ..... 978-0-471-66791-9 / $60.00
- ❑ **The Family Therapy Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06307-0 / $60.00
- ❑ **The Older Adult Psychotherapy Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06311-7 / $60.00
- ❑ **The Employee Assistance (EAP) Treatment Planner** ..... 978-0-471-24709-8 / $60.00
- ❑ **The Gay and Lesbian Psychotherapy Treatment Planner** ..... 978-0-471-35080-4 / $60.00
- ❑ **The Crisis Counseling and Traumatic Events Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06315-5 / $60.00
- ❑ **The Social Work and Human Services Treatment Planner** ..... 978-0-471-37741-2 / $60.00
- ❑ **The Continuum of Care Treatment Planner** ..... 978-0-471-19568-9 / $60.00
- ❑ **The Behavioral Medicine Treatment Planner** ..... 978-0-471-31923-8 / $60.00
- ❑ **The Mental Retardation and Developmental Disability Treatment Planner** ..... 978-0-471-38253-9 / $60.00
- ❑ **The Special Education Treatment Planner** ..... 978-0-471-38872-2 / $60.00
- ❑ **The Severe and Persistent Mental Illness Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06309-6 / $60.00
- ❑ **The Personality Disorders Treatment Planner** ..... 978-0-471-39403-7 / $60.00
- ❑ **The Rehabilitation Psychology Treatment Planner** ..... 978-0-471-35178-8 / $60.00
- ❑ **The Pastoral Counseling Treatment Planner** ..... 978-0-471-25416-4 / $60.00
- ❑ **The Juvenile Justice and Residential Care Treatment Planner** ..... 978-0-471-43320-0 / $60.00
- ❑ **The School Counseling and School Social Work Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06309-4 / $60.00
- ❑ **The Psychopharmacology Treatment Planner** ..... 978-0-471-43322-4 / $60.00
- ❑ **The Probation and Parole Treatment Planner** ..... 978-0-471-20244-8 / $60.00
- ❑ **The Suicide and Homicide Risk Assessment & Prevention Treatment Planner** ..... 978-0-471-46631-4 / $60.00
- ❑ **The Speech-Language Pathology Treatment Planner** ..... 978-0-471-27504-6 / $60.00
- ❑ **The College Student Counseling Treatment Planner** ..... 978-0-471-46708-3 / $60.00
- ❑ **The Parenting Skills Treatment Planner** ..... 978-0-471-48183-6 / $60.00
- ❑ **The Early Childhood Education Intervention Treatment Planner** ..... 978-0-471-65962-4 / $60.00
- ❑ **The Co-Occurring Disorders Treatment Planner** ..... 978-0-471-73081-1 / $60.00
- ❑ **The Sexual Abuse Victim and Sexual Offender Treatment Planner** ..... 978-0-471-21979-8 / $60.00
- ❑ **The Complete Women's Psychotherapy Treatment Planner** ..... 978-0-470-03983-0 / $60.00
- ❑ **The Veterans and Active Duty Military Psychotherapy Treatment Planner,** with DSM-5 Updates, Second Edition ..... 978-1-119-06308-7 / $60.00

*Updated to DSM-5™



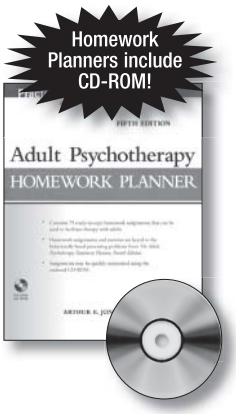
The **Complete Treatment and Homework Planners** series of books combines our bestselling *Treatment Planners* and *Homework Planners* into one easy-to-use, all-in-one resource for mental health professionals treating clients suffering from the most commonly diagnosed disorders.

- ❑ **The Complete Depression Treatment and Homework Planner** ..... 978-0-471-64515-3 / $60.00
- ❑ **The Complete Anxiety Treatment and Homework Planner** ..... 978-0-471-64548-1 / $60.00

Over 1,000,000 Practice *Planners*® sold

WILEY

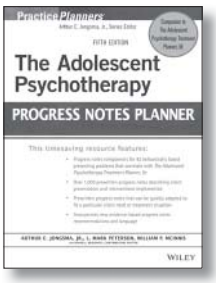
PracticePlanners®



Homework Planners feature dozens of behaviorally based, ready-to-use assignments that are designed for use between sessions, as well as a CD-ROM (Microsoft Word) containing all of the assignments—allowing you to customize them to suit your unique client needs.

- ❑ **Couples Therapy Homework Planner,** Second Edition ..... 978-0-470-52266-0 / $60.00
- ❑ **Child Psychotherapy Homework Planner,** Fifth Edition* ..... 978-1-118-07674-3 / $60.00
- ❑ **Child Therapy Activity and Homework Planner** ..... 978-0-471-25684-7 / $60.00
- ❑ **Adolescent Psychotherapy Homework Planner,** Fifth Edition* ..... 978-1-118-07673-6 / $60.00
- ❑ **Addiction Treatment Homework Planner,** Fifth Edition* ..... 978-1-118-56059-4 / $60.00
- ❑ **Family Therapy Homework Planner,** Second Edition ..... 978-0-470-50439-0 / $60.00
- ❑ **Grief Counseling Homework Planner** ..... 978-0-471-43318-7 / $60.00
- ❑ **Group Therapy Homework Planner** ..... 978-0-471-41822-1 / $60.00
- ❑ **School Counseling and School Social Work Homework Planner, Second Edition** ..... 978-1-118-41038-7 / $60.00
- ❑ **Adolescent Psychotherapy Homework Planner II** ..... 978-0-471-27493-3 / $60.00
- ❑ **Adult Psychotherapy Homework Planner,** Fifth Edition* ..... 978-1-118-07672-9 / $60.00
- ❑ **Parenting Skills Homework Planner** ..... 978-0-471-48182-9 / $60.00
- ❑ **Veterans and Active Duty Military Psychotherapy Homework Planner** ... 978-0-470-89052-3 / $60.00

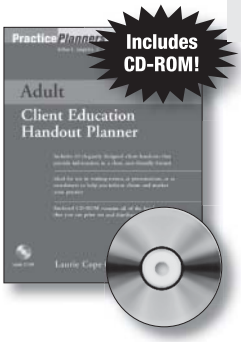
*Updated to DSM-5™



Progress Notes Planners contain complete prewritten progress notes for each presenting problem in the companion Treatment Planners.

- ❑ **The Adult Psychotherapy Progress Notes Planner*** ..... 978-1-118-06675-1 / $60.00
- ❑ **The Adolescent Psychotherapy Progress Notes Planner*** ..... 978-1-118-06676-8 / $60.00
- ❑ **The Severe and Persistent Mental Illness Progress Notes Planner** ..... 978-0-470-18014-3 / $60.00
- ❑ **The Child Psychotherapy Progress Notes Planner*** ..... 978-1-118-06677-5 / $60.00
- ❑ **The Addiction Progress Notes Planner*** ..... 978-1-118-54296-5 / $60.00
- ❑ **The Couples Psychotherapy Progress Notes Planner** ..... 978-0-470-93691-7 / $60.00
- ❑ **The Family Therapy Progress Notes Planner** ..... 978-0-470-44884-7 / $60.00
- ❑ **The Veterans and Active Duty Military Psychotherapy Progress Notes Planner** ..... 978-0-470-44097-1 / $60.00

*Updated to DSM-5™



Client Education Handout Planners contain elegantly designed handouts that can be printed out from the enclosed CD-ROM and provide information on a wide range of psychological and emotional disorders and life skills issues. Use as patient literature, handouts at presentations, and aids for promoting your mental health practice.

- ❑ **Adult Client Education Handout Planner** ..... 978-0-471-20232-5 / $60.00
- ❑ **Child and Adolescent Client Education Handout Planner** ..... 978-0-471-20233-2 / $60.00
- ❑ **Couples and Family Client Education Handout Planner** ..... 978-0-471-20234-9 / $60.00

Name _____

Affiliation _____

Address _____

City/State/Zip _____

Phone/Fax _____

E-mail _____

❑ Check enclosed ❑ Visa ❑ MasterCard ❑ American Express

Card # _____

Expiration Date _____

Signature _____

**Add $5 shipping for first book, $3 for each additional book. Please add your local sales tax to all orders. Prices subject to change without notice.*

To order by phone in the US:
Call toll free 1-877-762-2974

Online: www.practiceplanners.wiley.com

Mail this order form to:
Wiley, Attn: Customer Care
10475 Crosspoint Blvd.
Indianapolis, IN 46256

WILEY

The Family Therapy Treatment Planner, with DSM-5 Updates, Second Edition

Practice*Planners*® Series

Treatment Planners

The Complete Adult Psychotherapy Treatment Planner, Fifth Edition
The Child Psychotherapy Treatment Planner, Fifth Edition
The Adolescent Psychotherapy Treatment Planner, Fifth Edition
The Addiction Treatment Planner, Fifth Edition
The Continuum of Care Treatment Planner
The Couples Psychotherapy Treatment Planner, with DSM-5 Updates, Second Edition
The Employee Assistance Treatment Planner
The Pastoral Counseling Treatment Planner
The Older Adult Psychotherapy Treatment Planner, with DSM-5 Updates, Second Edition
The Behavioral Medicine Treatment Planner
The Group Therapy Treatment Planner
The Gay and Lesbian Psychotherapy Treatment Planner
The Family Therapy Treatment Planner, with DSM-5 Updates, Second Edition
The Severe and Persistent Mental Illness Treatment Planner, with DSM-5 Updates, Second Edition
The Mental Retardation and Developmental Disability Treatment Planner
The Social Work and Human Services Treatment Planner
The Crisis Counseling and Traumatic Events Treatment Planner, with DSM-5 Updates, Second Edition
The Personality Disorders Treatment Planner
The Rehabilitation Psychology Treatment Planner
The Special Education Treatment Planner
The Juvenile Justice and Residential Care Treatment Planner
The School Counseling and School Social Work Treatment Planner, with DSM-5 Updates, Second Edition
The Sexual Abuse Victim and Sexual Offender Treatment Planner
The Probation and Parole Treatment Planner
The Psychopharmacology Treatment Planner
The Speech-Language Pathology Treatment Planner
The Suicide and Homicide Treatment Planner
The College Student Counseling Treatment Planner
The Parenting Skills Treatment Planner
The Early Childhood Intervention Treatment Planner
The Co-occurring Disorders Treatment Planner
The Complete Women's Psychotherapy Treatment Planner
The Veterans and Active Duty Military Psychotherapy Treatment Planner, with DSM-5 Updates

Progress Notes Planners

The Child Psychotherapy Progress Notes Planner, Fifth Edition
The Adolescent Psychotherapy Progress Notes Planner, Fifth Edition
The Adult Psychotherapy Progress Notes Planner, Fifth Edition
The Addiction Progress Notes Planner, Fifth Edition
The Severe and Persistent Mental Illness Progress Notes Planner, Second Edition
The Couples Psychotherapy Progress Notes Planner, Second Edition
The Family Therapy Progress Notes Planner, Second Edition
The Veterans and Active Duty Military Psychotherapy Progress Notes Planner

Homework Planners

Couples Therapy Homework Planner, Second Edition
Family Therapy Homework Planner, Second Edition
Grief Counseling Homework Planner
Group Therapy Homework Planner
Divorce Counseling Homework Planner
School Counseling and School Social Work Homework Planner, Second Edition
Child Therapy Activity and Homework Planner
Addiction Treatment Homework Planner, Fifth Edition
Adolescent Psychotherapy Homework Planner, Fifth Edition
Adult Psychotherapy Homework Planner, Fifth Edition
Child Psychotherapy Homework Planner, Fifth Edition
Parenting Skills Homework Planner
Veterans and Active Duty Military Psychotherapy Homework Planner

Client Education Handout Planners

Adult Client Education Handout Planner
Child and Adolescent Client Education Handout Planner
Couples and Family Client Education Handout Planner

Complete Planners

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

Practice*Planners*®

The Family Therapy Treatment Planner, with DSM-5 Updates, Second Edition

Frank M. Dattilio

Arthur E. Jongsma, Jr.

Sean D. Davis, Contributing Editor

WILEY

This book is printed on acid-free paper. ∞

Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

Library of Congress Cataloging-in-Publication Data:

Dattilio, Frank M.
The family therapy treatment planner, with DSM-5 updates / by Frank M. Dattilio Arthur E. Jongsma, Jr. ; Sean D. Davis, contributing editor.—2nd ed.
p. cm.
Includes bibliographical references.
ISBN 978-1-119-06307-0 (pbk.)
ISBN 978-1-119-06405-3 (eMobi)
ISBN 978-1-119-06406-0 (ePDF)
ISBN 978-1-119-06407-7 (ePub)

1. Family psychotherapy—Planning. 2. Mental illness—Treatment—Planning. I. Jongsma, Arthur E., 1943- II. Title.

RC488.5.D35 2010
616.89'156–dc22

2009031716

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

To my wife Maryann, three children, and seven grandchildren, who taught me most of what I need to know about happy families.

—Frank M. Dattilio

To Jennifer Byrne, who, as my thoroughly organized, faithful assistant and perseverant transcriptionist, helped me launch this series of Treatment Planners many years ago. Blessings to you, Jen.

—Arthur E. Jongsma, Jr.

To my wife Elizabeth and children Andrew, Hannah, Rachel, and William—you've taught me more about happiness than anything I've learned in my profession.

—Sean D. Davis

CONTENTS

Indicates that selected Objective/Intervention is consistent with those found in evidence-based treatments.

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.

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*, and *Adolescent Psychotherapy Treatment Planner*, all now in their fifth editions, but also *Treatment Planners* targeted to specialty areas of practice, including:

- Addictions
- Co-occurring disorders
- Behavioral medicine
- College students
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Gays and lesbians
- Group therapy
- Juvenile justice and residential care
- Mental retardation and developmental disability
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- Rehabilitation psychology
- School counseling and school social work
- Severe and persistent mental illness
- Sexual abuse victims and offenders

- Social work and human services
- Special education
- Speech-language pathology
- Suicide and homicide risk assessment
- Veterans and active military duty
- Women's issues

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

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

The series also includes adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook*, containing 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

ACKNOWLEDGMENTS

Many thanks go to my fine assistant and expert typist, Carol A. Jaskolka, who spent countless hours in the revision of this second edition. I would also like to extend my gratitude to the outstanding staff at John Wiley & Sons for their guidance and support with this project.

Frank M. Dattilio, Ph.D.

There are times when you just know that the working chemistry is right. Such has been the case working with Sean Davis. Sean took the lead in revising these chapters as part of a team with Frank Datillio, the internationally respected expert in family therapy who wrote the original edition with me 10 years ago. I appreciated Sean's knowledge of the family therapy field and his focus on bringing evidence-based treatment interventions into the content of these chapters. Along with being a knowledgeable marriage and family therapist, he is a kind and thoughtful man. I am proud to be a collaborator with you, Sean.

Although Frank Datillio was not the lead on this revision, he was definitely involved in reviewing suggested revisions and offering insights for the EBT interventions to be included. And, of course, we were building on his very fine original work. Thank you, Frank, for bringing your expertise to bear on this work and for your oversight of this new edition.

Finally, I want to recognize the ongoing expertise brought to the table by my manuscript manager, Sue Rhoda. She is a gift to me and I thank her again for being there for me and my coauthors and for submitting another clean manuscript. Only the Wiley production staff and I know just how good you are at your job!

Arthur E. Jongsma, Jr., Ph.D.

First and foremost, I wish to thank Frank Dattilio for inviting me to collaborate with him on this second edition of the popular *Family Therapy Treatment Planner*. Frank, it has been an honor to work alongside you on this project. I am grateful for your kindness, friendship, and generosity.

I also wish to thank Art Jongsma, Sue Rhoda, and the staff at John Wiley & Sons for their support during this project. I thank Alliant International University graduate students Nicole Crandall and Jayson Gawthorpe for their invaluable help with editing the manuscript; this project might still be going on without your involvement.

Lastly, I thank my wife Elizabeth and children Andrew, Hannah, Rachel, and William for their patience with me as I have worked on this project. I am humbled by your patience and am excited to be back as a fully present husband and father!

Sean D. Davis, Ph.D.

INTRODUCTION

ABOUT PRACTICE*PLANNERS*® TREATMENT PLANNERS

Pressure from third-party payors, accrediting agencies, and other outside parties has increased the need for clinicians to quickly produce effective, high-quality treatment plans. *Treatment Planners* provide all the elements necessary to quickly and easily develop formal treatment plans that satisfy the needs of most third-party payors and state and federal review agencies.

Each *Treatment Planner*:

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized treatment plans.
- Includes over 1,000 clear statements describing the behavioral manifestations of each relational problem, and includes long-term goals, short-term objectives, and clinically tested treatment options.
- Has an easy-to-use reference format that helps locate treatment plan components by behavioral problem or *DSM-5* diagnosis.

As with the rest of the books in the Practice*Planners*® series, our aim is to clarify, simplify, and accelerate the treatment planning process, so you spend less time on paperwork, and more time with your clients.

ABOUT THE *FAMILY THERAPY TREATMENT PLANNER*

This second edition of the popular *Family Therapy Treatment Planner* comes as a result of the positive response that we received over the past decade with the success of the first planner. The first edition, which ran for almost 10 years, was a bestseller. As a revision, we have included two additional chapters, totaling 40 in all, along with the refortification of evidenced-based treatment interventions throughout the existing text. The existing chapters now reflect the updated research that has become available over the past decade.

As stated in the previous preface, the field of family therapy has continued to grow exponentially since its introduction in the 1950s. Virtually

all graduate programs in the field of mental health offer some curriculum in family therapy (Piercy, Sprenkle, and Wetchler, 1996), and all 50 states now have licensing laws for marital and family therapists.

With this explosive growth has come the increasing acceptance of family therapy interventions in the mental health service delivery system. In fact, recent research supports family therapy as one of the most effective forms of psychotherapeutic treatment for a wide variety of problems (Shadish and Baldwin, 2002). In addition, recent research has begun to demonstrate that marriage and family therapy treatments have a positive effect on physical health and health care usage (Caldwell, Woolley, and Caldwell, 2007). Hence, it is no surprise that insurance companies and managed care programs have increased their awareness and acceptance of family therapy as a mode of treatment for a number of mental health problems and have included it as a reimbursable intervention. Since millions of patients receive their mental health care through a managed care arrangement, it is essential that clinicians have access to structured treatment plan materials that efficiently meet their needs.

This book also goes hand-in-hand with the *Couples Psychotherapy Treatment Planner* since very often family conflicts emanate from problems in the spouses' relationship. In such cases, the therapist should refer to the *Couples Psychotherapy Treatment Planner* (O'Leary, Heyman, and Jongsma, 1998) for more specific suggestions regarding treating the couple's relationship. With this concept in mind, the reader should also expect that there will, at times, be some overlap between the *Family Therapy* and *Couples Psychotherapy Treatment Planners*. We acknowledge our indebtedness to Dan O'Leary and Rick Heyman for their thorough work on the *Couples Psychotherapy Treatment Planner*.

INCORPORATING EVIDENCE-BASED TREATMENT INTO THE TREATMENT PLANNER

Evidence-based or empirically supported treatment (that is, treatment that has shown efficacy in research trials) is rapidly becoming of critical importance to the mental health community as the demand for quality and accountability increase. Indeed, identified empirically supported treatments (e.g., those of the APA Division 12 [Society of Clinical Psychology], the Substance Abuse and Mental Health Services Administration's [SAMHSA] National Registry of Evidence-based Programs and Practices [NREPP]) are being referenced by a number of local, state, and federal funding agencies, some of which are beginning to restrict reimbursement to these treatments, as are some managed care and insurance companies.

In this second edition of *The Family Therapy Treatment Planner*, we have made an effort to empirically inform some chapters by highlighting Short-Term Objectives (STOs) and Therapeutic Interventions (TIs) that are consistent with

psychological treatments or therapeutic programs that have demonstrated some level of efficacy through empirical study. Watch for this icon  as an indication that an Objective/Intervention is consistent with those found in evidence-based treatments (EBT).

References to the empirical work supporting these interventions have been included in the reference section as Appendix B. For information related to the identification of evidence-based practices (EBPs), including the benefits and limitations of the effort, we suggest the APA Presidential Task Force on Evidence-Based Practice (2006); Bruce and Sanderson (2005); Chambless et al. (1996, 1998); Chambless and Ollendick (2001); Castonguay and Beutler (2006); Drake, Merrens, and Lynde (2005); Hofmann and Tompson (2002); Nathan and Gorman (2007); and Stout and Hayes (2005). Sprenkle, Davis, and Lebow (2009) provide a review of this literature as it pertains to marriage and family therapy.

In this *Planner*, we have included STOs and TIs consistent with identified EBTs for family problems and mental disorders commonly seen by practitioners in public agency and private practice settings. It is important to note that the empirical support for the EBT material found in each chapter has *not* necessarily been established for treating that problem within a family context, but rather is particular to the problem identified in the chapter title. For example, the STOs and TIs consistent with cognitive therapy for anxiety that can be found in the chapter entitled "Anxiety" are based on this treatment approach, which has been well established as an empirically supported individual treatment for anxiety, yet can be easily modified for treatment in a family setting. Furthermore, it is important to remember that an EBT such as cognitive-behavioral family therapy (Dattilio, 2010) can be applied to a wide variety of problems. Therefore, although many chapters present common problems faced by families (e.g., geographic relocation) for which no studies have specifically focused on, an EBT, such as behaviorally based parenting techniques or problem-solving skills, can be utilized to help the family through that particular challenge.

Beyond references to the empirical studies supporting these interventions, we have provided references to therapist- and client-oriented books and treatment manuals that describe the use of identified EBTs or treatments consistent with their objectives and interventions. Of course, recognizing that there are STOs and TIs that practicing clinicians have found useful but that have not yet received empirical scrutiny, we have included those that reflect common best practice among experienced clinicians. The goal is to provide a range of treatment plan options, some studied empirically, others reflecting common clinical practice, so the user can construct what they believe to be the best plan for a particular client. Most of the STOs and TIs associated with the EBTs are described at a level of detail that permits flexibility and adaptability in their specific application. As with all *Planners* in this series, each chapter includes the option to add STOs and TIs at the therapist's discretion.

Criteria for Inclusion of Evidence-Based Therapies

The EBTs from which STOs and TIs were taken have different levels of empirical evidence supporting them. For example, some have been well established as efficacious for the problems that they target (e.g., exposure-based therapies for anxiety disorders). Others have less support, but nonetheless have demonstrated efficacy. We have included EBPs the empirical support for which has either been well established or demonstrated at more than a preliminary level as defined by those authors who have undertaken the task of identifying them, such as the APA Division 12 (Society of Clinical Psychology), Drake and colleagues (2003, 2005), Chambless and colleagues (1996, 1998), and Nathan and Gorman (2007).

At minimum, efficacy needed to be demonstrated through a clinical trial or large clinical replication series with features reflecting good experimental design (e.g., random assignment, blind assignments, reliable and valid measurement, clear inclusion and exclusion criteria, state-of-the-art diagnostic methods, and adequate sample size or replications). Well-established EBTs typically have more than one of these types of studies demonstrating their efficacy, as well as other desirable features such as demonstration of efficacy by independent research groups and specification of client characteristics for which the treatment was effective.

Lastly, all interventions, empirically supported or not, must be adapted to the particular client in light of his/her personal circumstances, cultural identity, strengths, and vulnerabilities. The STOs and TIs included in this *Planner* are written in a manner to suggest and allow this adaptability.

Summary of Required and Preferred EBT Inclusion Criteria

Required

- Demonstration of efficacy through at least one randomized controlled trial with good experimental design, or
- Demonstration of efficacy through a large, well-designed clinical replication series.

Preferred

- Efficacy has been shown by more than one study.
- Efficacy has been demonstrated by independent research groups.
- Client characteristics for which the treatment was effective were specified.
- A clear description of the treatment was available.

HOW TO USE THIS *TREATMENT PLANNER*

Use this *Treatment Planner* to write treatment plans according to the following progression of six steps:

1. **Problem Selection.** Although the client may discuss a variety of issues during the assessment, the clinician must determine the most significant problems on which to focus the treatment process. Usually a primary problem will surface, and secondary problems may also be evident. Some other problems may have to be set aside as not urgent enough to require treatment at this time. An effective treatment plan can only deal with a few selected problems or treatment will lose its direction. Choose the problem within this *Planner* which most accurately represents your client's presenting issues.
2. **Problem Definition.** Each client presents with unique nuances as to how a problem behaviorally reveals itself in his or her life. Therefore, each problem that is selected for treatment focus requires a specific definition about how it is evidenced in the particular client. The symptom pattern should be associated with diagnostic criteria and codes such as those found in the *DSM-5* or the *International Classification of Diseases*. This *Planner* offers such behaviorally specific definition statements to choose from or to serve as a model for your own personally crafted statements.
3. **Goal Development.** The next step in developing your treatment plan is to set broad goals for the resolution of the target problem. These statements need not be crafted in measurable terms but can be global, long-term goals that indicate a desired positive outcome to the treatment procedures. This *Planner* provides several possible goal statements for each problem, but one statement is all that is required in a treatment plan.
4. **Objective Construction.** In contrast to long-term goals, objectives must be stated in behaviorally measurable language so that it is clear to review agencies, health maintenance organizations, and managed care organizations when the client has achieved the established objectives. The objectives presented in this *Planner* are designed to meet this demand for accountability. Numerous alternatives are presented to allow construction of a variety of treatment plan possibilities for the same presenting problem.
5. **Intervention Creation.** Interventions are the actions of the clinician designed to help the client complete the objectives. There should be at least one intervention for every objective. If the client does not accomplish the objective after the initial intervention, new interventions should be added to the plan. Interventions should be selected on the basis of the client's needs and the treatment provider's full therapeutic repertoire. This *Planner* contains interventions from a broad range of therapeutic approaches, and we encourage the provider to write other interventions reflecting his or her own training and experience.

Some suggested interventions listed in the *Planner* refer to specific books that can be assigned to the client for adjunctive bibliotherapy. Appendix A contains a full bibliographic reference list of these materials. For further information about self-help books, mental health professionals may wish to consult *The Authoritative Guide to Self-Help Resources in Mental Health, Revised Edition* (2003) by Norcross et al. (available from Guilford Press, New York).

6. **Diagnosis Determination.** The determination of an appropriate diagnosis is based on an evaluation of the client's complete clinical presentation. The clinician must compare the behavioral, cognitive, emotional, and interpersonal symptoms that the client presents with the criteria for diagnosis of a mental illness condition as described in *DSM-5*. Despite arguments made against diagnosing clients in this manner, diagnosis is a reality that exists in the world of mental health care, and it is a necessity for third-party reimbursement. It is the clinician's thorough knowledge of *DSM-5* criteria and a complete understanding of the client assessment data that contribute to the most reliable, valid diagnosis.

Congratulations! After completing these six steps, you should have a comprehensive and individualized treatment plan ready for immediate implementation and presentation to the client. A sample treatment plan for anger management is provided at the end of this introduction.

A FINAL NOTE ON TAILORING THE TREATMENT PLAN TO THE CLIENT

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

REFERENCES

APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist, 61,* 271–285.

Bruce, T. J., & Sanderson, W. C. (2005). Evidence-based psychosocial practices: Past, present, and future. In: C. Stout & R. Hayes (Eds.), *The Handbook of Evidence-Based Practice in Behavioral Healthcare: Applications and New Directions*. Hoboken, NJ: John Wiley & Sons.

Caldwell, B. E., Woolley, S. R., & Caldwell, C. J. (2007). Preliminary estimates of cost-effectiveness for marital therapy. *Journal of Marital and Family Therapy, 33*(3), 392–405.

Chambless, D. L., Baker, M. J., Baucom, D., Beutler, L. E., Calhoun, K. S., Crits-Christoph, P…Woody, S. R. (1998). Update on empirically validated therapies: II. *The Clinical Psychologist*, *51*(1), 3–16.

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685–716.

Chambless, D. L., Sanderson, W. C., Shoham, V., Johnson, S. B., Pope, K. S., Crits-Christoph, P., … McCurry, S. (1996). An update on empirically validated therapies. *The Clinical Psychologist*, *49*(2), 5–18.

Castonguay, L. G., & Beutler, L. E. (2006). *Principles of Therapeutic Change that Work.* New York: Oxford University Press.

Dattilio, F. M. (2010). *Cognitive-Behavioral Therapy with Couples and Families: A Comprehensive Guide for Clinicians.* New York: Guilford Press.

Drake, R. E., & Goldman, H. (2003). *Evidence-based Practices in Mental Health Care.* Washington, D.C.: American Psychiatric Association.

Drake, R. E., Merrens, M. R., & Lynde, D. W. (2005). *Evidence-Based Mental Health Practice: A Textbook*. New York: W.W. Norton & Company.

Hofmann, S. G., & Tompson, M. G. (2002). *Treating Chronic and Severe Mental Disorders: A Handbook of Empirically Supported Interventions.* New York: Guilford Press.

Nathan, P. E., & Gorman, J. M. (Eds.). (2007). *A Guide to Treatments That Work (Vol. III)*. New York: Oxford University Press.

O'Leary, K. D., R. E. Heyman, and A. E. Jongsma (1998). *The Couples Psychotherapy Treatment Planner.* New York: John Wiley & Sons.

Piercy, F. P., D. H. Sprenkle, J. L. Wetchler, and Associates. (1996). *The Family Therapy Sourcebook* (2nd ed.). New York: Guilford Press.

Shadish, W. R., & Baldwin, S. A. (2002). Meta-analysis of MFT interventions. In D. H. Sprenkle (Ed.), *Effectiveness research in marriage and family therapy* (pp. 339–370). Alexandria, VA: American Association of Marriage and Family Therapy.

Sprenkle, D. H., Davis, S. D., & Lebow, J. (2009). *Common Factors in Couple and Family Therapy: The Overlooked Foundation of Effective Practice.* New York: Guilford Press.

Stout, C., & Hayes, R. (1995). *The Handbook of Evidence-Based Practice in Behavioral Healthcare: Applications and New Directions.* New York: John Wiley & Sons.

SAMPLE TREATMENT PLAN

PRIMARY PROBLEM: ANGER MANAGEMENT

Definitions: Expressions of anger that include threats, breaking objects, violating others' individual space, and refusal to speak to certain family members.

Expressions of anger that are perceived by others as demeaning, threatening, or disrespectful.

Disagreement among family members about the threat created by the angry member.

Goals: Terminate expressions of anger that are demeaning, threatening, disrespectful, or violent.

Get in touch with feelings of emotional pain and express them verbally in appropriate ways rather than through angry outbursts.

OBJECTIVES	INTERVENTIONS
1. Each family member identifies the destructive effects that his/her uncontrolled anger has had on all family members, including self.	1. Have each family member describe how his/her respective uncontrolled expression of anger is counterproductive to himself/herself and to other family members; assist them in identifying the negative effects of uncontrolled anger (e.g., fear, withdrawal, guilt, revenge, etc.) on others.
2. Identify any secondary gain that has been derived through expressing anger in an intimidating style.	1. Assist family members in identifying what secondary gain (acquiescence to demands, fear-based service, etc.) is derived from uncontrolled anger.
3. Family members sign a contract stipulating that they will attempt to manage their anger with the support and guidance of family therapy.	1. Urge family members to sign a contract agreeing to accept responsibility for containing their own anger and managing it effectively.

4. Implement assertiveness as a replacement for angry aggression to declare independence.	1. Clearly define examples of nonassertive, assertive, and aggressive expressions of anger and then have each family member give personal examples of each to demonstrate their understanding of the concept (see *Your Perfect Right* by Alberti and Emmons). 2. Use role-playing and modeling to teach assertiveness as an alternative to angry aggressiveness used to declare independence.
5. Identify the various cues for anger as it escalates.	1. Teach family members how to identify the cognitive, affective, behavioral, and physiological cues of anger and how to differentiate low, moderate, and high ranges; recommend the book *Angry All the Time* by Potter-Efron.
6. Verbalize an understanding of the steps in using time-out as an anger control technique.	1. Teach family members the five steps in using time-out to control anger: (1) *self-monitoring* for escalating feelings of anger and hurt; (2) *signaling* to another family member that verbal exchange is not a good idea; (3) *acknowledgment* of the need for the other family members to back off; (4) *separation* to cool down and use cognitive self-talk to regain composure; and (5) *returning* to calm verbal exchange.
7. Report on the use of time-out at home to control anger.	1. Assign family members to implement the time-out technique at home; review results, reinforcing success and redirecting for failures.

8. Implement the use of the "turtle" technique of retreat to control anger escalation.	1. Suggest the use of the "turtle" technique, in which family members imagine themselves individually retreating into their shells until they cool down.

DIAGNOSIS

ICD-9-CM	*ICD-10-CM*	*DSM-5* Disorder, Condition, or Problem
312.34	F63.81	Intermittent Explosive Disorder

ACTIVITY/FAMILY IMBALANCE

BEHAVIORAL DEFINITIONS

1. Tension develops in the family as a result of one of the family members' excessive time given to outside activities (parent's job or sport, a child's activity, etc.).
2. Family members question the issue of priorities because of the unusual amount of time that is dedicated to the outside activities.
3. Conflict and tension arise over the fact that certain duties and responsibilities are being shifted onto other family members unfairly due to the time absorbed by the external activity.
4. Jealousy and envy brew between family members unfairly due to the time absorbed by the external activity.
5. Family members compete over time with the often-absent family member, leading to disagreements (e.g., children arguing over time with parent).
6. A family member's excessive involvement with external activities is due to a mental illness (e.g., bipolar disorder).

__. _____
_____

__. _____
_____

__. _____
_____

LONG-TERM GOALS

1. Eliminate family tension by encouraging family members to acknowledge the excessive outside activity and willfully give more time to family matters.
2. Find an acceptable balance between the competing demands of external activities and family responsibilities.
3. Implement a fair and equal system for assignment of chores and responsibilities among family members.
4. Family members strive to spend an equal amount of time with each other.
5. Obtain treatment for mental illness in order to restore balance and proper priorities to the allocation of time.
6. Successfully resolve family tension by dealing with issues directly rather than avoiding them through outside pursuits.

__. _____
_____

__. _____
_____

__. _____
_____

SHORT-TERM OBJECTIVES

1. Define the external activity that is contributing to family disharmony. (1, 2, 3, 4)

THERAPEUTIC INTERVENTIONS

1. Allow each family member to have his/her say about who is frequently absent from the family and for what activity (e.g., dad and work, sibling and sports); discuss any differences in perception.
2. Facilitate the ventilation of feelings as experienced by each family member over a particular family member's absence(s).
3. Have each family member take ownership of his/her feelings and behaviors.

4. Help the family identify the problem and define the specifics (e.g., mom works too much and does not have enough time for us).

2. Trace the history of the activity/family imbalance problem and what contributed to its origin. (5, 6, 7)

5. Trace how the activity/family imbalance problem evolved (e.g., due to financial need, learned behaviors from family of origin)

6. Utilize assessment techniques to help define the problem and its historical roots (e.g., genograms, Family-of-Origin Scale [Hovestadt, Anderson, Piercy, Cochran, and Fine], or Family of Origin Inventory [Stuart]).

7. Solicit each family member's opinion on why the excessive energy is directed outside of the family.

3. Each family member lists his/her time allocation priorities in a rank-ordered fashion. (8, 9)

8. Have each family member express his/her priorities for how time is spent (family time, work, recreation, friends, Internet, etc.); request that they rank order them according to what each perceives as being most important.

9. Have family members compare their lists of priorities and discuss how and why they are different; explore how the priorities have come to be so different.

4. Agree on a list of activity priorities that all members can endorse. (10, 11, 12)

10. Develop a joint family list of priorities by attempting to facilitate agreement between members on what the ranking of priorities in the family should be.

11. Explore issues that may be interfering with the cohesive,

rank-ordered list of priorities (e.g., need for attention, avoidance of conflict, or fear of not having enough income).

12. Assist family members in finding a healthy way (e.g., using assertive rather than aggressive or passive-aggressive communication and using active listening techniques) to address issues that interfere with the rank-ordered list of priorities.

5. Each member identifies the expectations he/she believes the family holds for him/her. (13)

13. Explore the perceived expectations the family members hold for one another (e.g., dad's belief of what his wife and children expect of him, an oldest child's perception of his family's expectation of him); compare these to actual expectations.

6. Using "I" statements, express disagreement with each other over the activity/family imbalance issue in a respectful, constructive manner. (14)

14. Suggest some appropriate, more constructive means of expressing disagreement over the activity issue (e.g., using "I" statements rather than "you" statements, staying calm and respectful in tone); use role-playing and modeling to demonstrate this skill to the family.

7. Cooperate with completing an inventory to assess family relationships. (15, 16)

15. Use an assessment inventory to define the nature of relationships within the family (e.g., the Index of Family Relations [IFR] in the *Walmyr Assessment Scales Scoring Manual* by Hudson).

16. Discuss with the family the results of the assessment inventory and the implications for family relationships.

8. List the home-based duties, chores, and responsibilities that are assigned to each family member. (17, 18)

17. Open up a forum for the discussion of what home-based duties and responsibilities have been assigned to individual