

# **TREATMENT PLAN FOR ADOLESCENT ANXIETY**

*The Adolescent Psychotherapy Treatment Planner (2000), Arthur E. Jongsma Jr., et al., Wiley Pub.*

## **DIAGNOSTIC SUGGESTIONS:**

<b>Axis I:</b>	309.24	Adjustment Disorder With Anxiety
	300.02	Generalized Anxiety Disorder
	314.01	Attention Deficit / Hyperactivity Disorder, Combined Type
	309.21	Separation Anxiety Disorder

## **BEHAVIORAL DEFINITIONS**

1. Excessive anxiety, worry, or fear that markedly exceeds the level for the client's stage of development.
2. High level of motor tension such as restlessness, tiredness, shakiness, or muscle tension.
3. Autonomic hyperactivity such as rapid heartbeat, shortness of breath, dizziness, dry mouth, nausea, or diarrhea.
4. Hypervigilance such as feeling constantly on edge, difficulty concentrating, trouble falling or staying asleep, and a general state of irritability.
5. Specific fear that has become generalized to cover a wide area and has reached the point where it significantly interferes with the client's and the family's daily life.
6. Excessive anxiety or worry due to a parent's threat of abandonment, over use of guilt, denial of autonomy and status, friction between parents, or interference with physical activity.

## **LONG TERM GOALS**

1. Reduce the overall frequency and intensity of the anxiety response so that daily functioning is not impaired.
2. Stabilize the anxiety level while increasing the ability to function on a daily basis
3. Resolve the key issue that is the source of the anxiety or fear.
4. Reach the point where the client can interact with the world without excessive fear, worry, or anxiety.

## **SHORT TERM OBJECTIVES**

1. Develop a working relationship with the therapist in which the client openly shares thoughts and feelings.
2. Verbally identify fears, worries, and anxieties.
3. Implement positive self-talk to reduce or eliminate the anxiety.
4. Increase the coping behaviors of peer socialization, physical activity, and self-reassurance.
5. Increase participation in daily social and academic activities.
6. Develop and implement appropriate relaxation and diversion activities to decrease the level of anxiety.
7. Identify areas of conflict in the client's life.
8. The parent's verbalize an understanding of the client's anxieties and fears.
9. The parents develop specific ways to empathically help the client with the anxiety and fear.

## **THERAPEUTIC INTERVENTIONS**

1. Refer the client's parents to a parenting class or support group.
2. Assist the client in developing anxiety coping strategies (e. g., increased social involvement, contact with peers, physical exercise).
3. Advocate and encourage over thinking. Monitor weekly results and redirect as needed.
4. Educate the client's parents to increase their awareness and understanding of what fears and anxieties are developmentally normal for children or teens at each age.

5. Assign the client's parents to read books related to client development and parenting such as *Between Parent and Child/Teen-Ager* (Ginott) or *How To Talk So Kids Will Listen and Listen So Kids Will Talk* (Faber and Mazlish).
6. Conduct sessions with a focus on anxiety producing situations in which techniques of storytelling, drawing pictures, viewing photographs, and doing homework are used to reduce the level of anxiety or fear in the client.
7. Work with the parents in family sessions to develop their skills in effectively handling the client's fears and anxieties with calm confidence rather than fearful reactivity.
8. Conduct family sessions 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.
9. Work in family sessions to resolve conflicts and to increase the family's level of healthy functioning.
10. Use a structural approach in the family session in which roles are adjusted to encourage the parents to work less and allow kids to be kids.
11. Conduct family sessions in which strategic directions that are designed to increase the physical freedom of the children and to adjust the parental control of the system are developed and given to the family.
12. Use a narrative approach (Michael 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.
13. Encourage the parents to seek an experiential camp or weekend experience for the client that will focus on the issues of fears, taking risks, and building trust. Process the experience with the client and his/her parents.
14. Utilize an interpretive play 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.
15. Conduct play therapy sessions in which the client's anxieties, fears, and worries are explored and resolved.
16. Help the client develop healthy self-talk as a means of handling the anxiety.
17. Assist the client to become aware of key conflicts and start to work toward resolution.
18. 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.
19. Explore cognitive messages that mediate the anxiety response and retrain the client in adaptive cognitions.
20. Help the client develop reality-based cognitive messages that will increase self-confidence in coping with fears and anxieties.
21. Use a therapeutic game (*Talking, Feeling, Doing or The Ungame*) to expand the client's awareness of him/herself and others.
22. Actively build the level of trust with the client in individual sessions through consistent eye contact, active listening, unconditional positive regard, and warm acceptance to help increase his/her ability to identify and express feelings.