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EVALUATION OF A TREATMENT PROGRAM FOR AN ADULT OUTPATIENT
CLIENT AT A COMMUNITY MENTAL HEALTH CENTER

By
Kristi A. Baese

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree
Of
The Graduate School
At
Rowan University

Approved by _____
Professor

Date Approved 8/12/02

ABSTRACT

Kristi A. Baese

EVALUATION OF A TREATMENT PROGRAM FOR AN ADULT OUTPATIENT CLIENT AT A COMMUNITY MENTAL HEALTH CENTER

2001/02

Dr. Janet Cahill

Master of Arts in Applied Psychology

The purpose of this case study was to review the literature and determine what treatment modality would best work for the client chosen with the diagnosis of Dependent Personality Disorder. While reviewing the literature, Cognitive-Behavioral Therapy (CBT) appeared to be the treatment that worked the best. This 39 year-old Caucasian female presented with a number of complaints, including difficulties in forming non-abusive relationships, low self-esteem and possible depression, possible panic attacks and difficulty relating to and parenting her 12 year-old daughter. A treatment plan was developed and the client attended weekly sessions with the therapist. CBT was used to work on each goal. The "Ways of Coping Questionnaire" was administered two times. This enabled the client to see the processes she used in coping with stressful situations. Her scores on the items the second time she answered them decreased, which indicated that the client didn't perceive the second situation as being as stressful as before. After completing the "Client Satisfaction Survey", it appeared that the client was completely satisfied with the agency and treatment she received. The client and therapist felt that she successfully completed all of her goals and decided to end treatment.

MINI-ABSTRACT

Kristi A. Baese

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2001/02

Dr. Janet Cahill

Master of Arts in Applied Psychology

This thesis studied a 39 year-old Caucasian female presenting with Dependent Personality Disorder. Research indicated that Cognitive-Behavioral Therapy would be the best treatment modality to use with this disorder. The client attended weekly sessions. A treatment plan was developed and the client successfully met all of her goals.

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I would like to first thank the Lord for giving me strength, my family for their love and support and Dr. Janet Cahill and Dr. Valerie Lamastro for their instruction and guidance.

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Chapter 1

Psychosocial Assessment

Presenting Problem

Nadine is a 39 year-old white female who is seeking counseling. Nadine attended counseling at this agency for a couple of years, prior to moving to South Carolina. She recently moved back to New Jersey from South Carolina and wanted to resume counseling to deal with some new events that have occurred in her life. She reported at that time feeling depressed, however, she felt that she was no longer dealing with depression. Some of the reasons Nadine was seeking counseling was to deal with the fact that her husband (Jack), left her in September, after two years of marriage.

Nadine also wanted to work on communication between herself and her 12 year-old daughter, Vicki. Nadine was finding it hard to talk with her about things, because she reported her daughter “shuts down” when she tries to talk with her. Another issue that Nadine recently mentioned was that she feels very lonely when no one is home with her. She reports that when her daughter was away with her dad, and her boyfriend is not over visiting, she feels almost like she is going to have a panic attack, and even comes close to having one. She reports getting short of breath and feeling uncomfortable at times. She felt as though she can’t stand being in her apartment alone. She reported not having felt this way before, or at any other time, and that she has never had this feeling in the past. Nadine also reported in a session that she couldn’t be without someone. She feels incomplete if she doesn’t have a significant other in her life.

History of Complaint

Nadine reported feeling sad over the past couple of months. She said it wasn't all of the time, just when she thought about not having a stable relationship. She reported when Vicki didn't communicate with her, she felt down. She reported Vicki shutting down sometimes when she didn't get her way. Nadine said this started about a year ago. She didn't report having trouble eating or sleeping, just occasional feelings of sadness.

Household Composition

Nadine is currently just living with her twelve-year-old daughter, Vicki, in an apartment in the county.

Family of Origin

Nadine and her brother were adopted when she was a toddler. She had not had any contact with her biological parents, but recently reported having a conversation for the first time with her mother about them. Nadine reported that she was not interested in finding them or their whereabouts now.

Growing up, Nadine had an alcoholic mother, who would physically and verbally abuse her when she was drinking, which Nadine reports was a lot of the time. Her mother would hit her and denigrate her. She would tell Nadine she wasn't capable of becoming anything. When Nadine wanted to pursue college, her mother told her she wouldn't be able to handle it, and she shouldn't even try. Nadine reported that her mother was harder on her; however, she acted cold towards everyone in the family when she would drink.

Nadine said her dad held a very important position at his job, but she admired him when she was younger. All of her family lives in South Carolina. Her parents are now divorced.

Nadine reports that growing up, her family always went on vacation,

and her dad, although had a white-collar job, was a blue-collar man. He would take time and work around the house and keep busy fixing and building things. She reports her mother was usually drinking. When in high school, she and her brother would take alcohol from their parents' collection, and have parties. She reports because her parents would entertain a lot, drinking seemed like the "normal" thing to do, and that her mother never dealt with it as an actual problem. She reports in her house, it was "every man for himself" when it came to her mother's drinking problem, and abuse toward everyone else. She was verbally abusive towards her father and brother. Nadine believes this is why her father was so busy and disengaged when he was home, so he didn't have to deal with her mother's drinking problem.

Her current relationship with her family of origin is poor. She stated that the main reason she moved back from South Carolina was because she wasn't happy around her family down there. She even reported her relationship with her dad had changed. He is very involved with his new relationship now, and he tends to complain a lot. Nadine seems to think this is due to him getting older.

Relationship History

Nadine married her first husband at the age of 19. She was married to him for 6 years. She stated she only married him to get out of her house. Yet, she said he was very much like her mother. He was a drug and alcohol user, and very physically and verbally abusive towards her. This husband then left her; she was vague about the reasons he left. A year after their divorce, he was killed in a car accident.

Nadine then met and married Vicki's father whom she was married to for 3 ½ years. She reports no abuse in this relationship, he just wanted to separate. Nadine could not give a clear definition to why this relationship

didn't work out. However, there may be a pattern of Nadine having difficulties in providing emotional support and attention to her partners. Nadine does not seem to express emotions or feelings, which may have been lacking in her relationship with Vicki's father. Nadine said they never talked much, and one day he just said he wanted to get a divorce.

Then she met and married Jack. She reports he was very caring, yet very argumentative. Only verbal abuse occurred in this relationship. She reports that Jack is bipolar, and his moods would go from mania to seriously depressed. Partially as a result of these mood swings, she was planning on divorcing him. Since he has left, she seemed less motivated about the divorce, stating that he was, "getting worse now that they were no longer together."

Based upon these relationships, Nadine has shown a pattern of becoming involved with relationships that are abusive and unstable.

Current Family

Nadine was currently dating Matt, who is technically still married to Brittany, who Nadine's husband left her for. The two couples were friendly before Nadine and Jack moved to South Carolina. When they moved back to the area this summer, Nadine's husband, Jack, left her in September for Brittany. Nadine is currently dating Matt.

Nadine admitted that she is very grateful to Matt, because he has contact with Brittany, which enables Nadine the opportunity to find out things about Jack. Brittany and Matt have three children together, and Matt is still in contact with her because of this. Nadine has only had contact with Jack a couple of times. One time his parents contacted her stating that Jack wanted them to call her to let her know he could get them a free divorce.

Nadine remains very angry and resentful towards Jack. Part of her motivation to maintain her relationship with Matt may be to maintain a source

of information regarding Jack. She has yet to resolve her feelings about this relationship.

Nadine displays somewhat immature and adolescent behaviors regarding her relationships. Nadine reports that she doesn't love Jack anymore, and wouldn't want to get back together with him, but she just couldn't stand not knowing where he is or what is going on in his life. Some behaviors she reports of that appear to be immature are a time when she sent him a card in the mail, and signed it from a woman that he used to date in the past. She also signed Jack up for a subscription to "Playboy" magazine and had it sent to his house. This is the reason she keeps close ties with Matt. She said if Matt wasn't in her life, and she didn't know what was going on with Brittany and Jack, it would "drive her nuts"; just not knowing would "make her crazy."

Nadine gravitates toward relationships that are destructive to her. She has been in 3 prior relationships and was the victim of domestic violence in two of these.

Mother/Daughter Relationship

Vicki's father is Nadine's second husband, Sean. Nadine reports that she and Sean have a good relationship now, but did have some problems when they first divorced, concerning Vicki. Nadine reports no abuse took place during this marriage, as it had in her other two. She reported him getting angry after the divorce when discussing issues concerning their daughter. When deciding on the amount of money he was going pay for child support and custody, they had disagreements, however, now she said they get along better. A concern for Nadine was that Vicki tended to prefer spending time at her dad's house rather than at her mom's. Vicki is able to have fun and go places when visiting her dad, because she only visits him every other

weekend. When she is home with her mom, she usually had to go to work with her on Saturday's or they drive to see Matt. Vicki doesn't have much time for herself when she is with mom, and this may be causing resentment. Nadine reported an incident when she told Vicki she was going to be spending the weekend with her and not her dad's, and said Vicki started crying and ran into her room. Later, when Nadine talked to Vicki about this, she just started crying. Nadine reported how she approached Vicki when questioning her about her actions. She said, "Man Vicki, god forbid you have to spend time with me, I feel like you hate spending time here with me." She said Vicki didn't answer her, or have anything to say. Nadine clearly has difficulties in dealing with Vicki in an effective manner and does not have good insight into her behavior.

Overall, the pattern of relationships between Nadine and Vicki was more of a peer-to-peer one than that of a mother-daughter. Since Nadine was unable to get her own emotional needs met in childhood, she was struggling to provide the appropriate level of support for her own daughter. One example of this inappropriate parent/child boundary was Nadine's belief that Vicki was somewhat jealous of her boyfriend, Matt. Nadine allowed him to stay the night and says to Vicki, "Well, he drives all this way, you have to expect me to give him more attention while he is here." She also mentioned a time when Vicki made a comment referring to "her (Nadine's) tits" to Matt, when trying to be funny.

Nadine seems to display some histrionic traits in some of her behaviors. For example, Nadine has come to sessions dressed in very low cut blouses. She is overweight and has earrings lined up on both sides of her ears. Her chart from her prior treatment noted that she used to work in a fantasy bar. It may be that Vicki was ashamed of her mother, and some of her

behaviors.

Vicki's father, in his new relationship, spends some family time doing things when Vicki comes to visit. Nadine doesn't appear to engage in activities that require spending "quality time". She doesn't initiate these activities with Vicki when she is with her.

Nadine does not have an effective parenting role with Vicki. She appears to have difficulty meeting Vicki's emotional needs.

Drugs and Alcohol

Nadine attended a school to become a beautician when she was 18. During this period, she began to drink a little more, and she would "party" and get drunk on weekends. When she married her first husband, she reports being a social drinker. This was true with all of her relationships. She reports just drinking at social events.

Nadine reported that she no longer had a problem with alcohol, claiming she no longer continued when she moved to South Carolina. Nadine reported drinking some at her brothers' birthday party in April, and one other time on Thanksgiving. She said she didn't want to turn into what her mother was, especially in her relationship with Vicki. Nadine didn't want alcohol to control her life, as it did her mother's. Nadine also reported no use of drugs in her life right now. She did try marijuana in high school, but that was just with her friends.

Medical and Psychiatric History

Nadine doesn't report any major medical problems. Her only psychiatric history is counseling she received before moving to South Carolina at Healthcare Commons. She has had no psychiatric hospitalizations, and reports no suicide thoughts or attempts. Her adoptive mother is an alcoholic, as mentioned before. She reports even today, she

avoids answering the phone when her mother calls, because she knows she will more than likely be drunk. Nadine has no record of any psychiatric, medical or drug and alcohol problems in her biological family, because she was adopted.

Education and Job History

Nadine completed high school and received average grades. She appears to be of average intelligence

Nadine went to cosmetology school and received her license to practice as a beautician. She worked in a couple of salons in the past. Since she has moved back to this state, she worked as a waitress in a restaurant, which only operated from 10 am until 2:30 pm, Monday through Friday. She also worked in a salon on Saturdays, and is waiting for a full-time position to open at this salon.

She recently sent a summons for her husband, Jack, to help pay for part of her rent, because they were together when they moved in to the apartment, and agreed to split the rent. However, Nadine reports she doesn't care if she gets the money; she just wanted to do this to have some contact with Jack.

Nadine was not always able to pay all of her bills and would borrow money from her father for this. She did not seem concerned that she was still financially dependent on her father at the age of 39.

She would be capable of going back to school if she desired. She did mention this idea a couple of times, but didn't feel she wanted to pursue that until Vicki was older.

Other Agency Involvement

Nadine is also currently seeing a counselor at Women's Services. She was linked with them when she had put a restraining order on Jack, before he

left her because of the verbal abuse. However, this wasn't carried out, and she dropped it. She continued at Women's Services for help in educating herself on how to detect abusive men, and how not to get into another abusive relationship.

Social Supports

Nadine has few social supports. Her mother, father, and brother all live in South Carolina, and they are not supports to for her. She reports the primary reason she moved back to New Jersey was to get away from her family of origin. She said she just wasn't happy around her family down there. She even reports her relationship with her dad had changed. He is very involved with his new relationship now, and he tends to complain a lot. Nadine seems to think this is due to him getting older. She has some co-workers whom she is friendly with. She spends some time with her boyfriend, Matt, on weekends, and occasionally during the week. She finds her relationship with Matt supportive, because of her not wanting to be alone.

Situational Stressors

A major source of stress for Nadine was her separation from Jack. Her relationship with Matt is also a source of stress. He is not always reliable. She sometimes has problems at work if she is emotionally upset. Her relationship with her daughter is an ongoing source of stress.

Summary

Nadine is a client who has come in with many issues she wants to work on. She has a long-standing pattern of becoming involved in unstable and abusive relationships. She has an inappropriate and ineffective relationship with her daughter. She appears to have a low self-esteem and has difficulties in functioning on her own. She remains overly dependent upon

her father and boyfriends. She also has a history of abuse in children that has not been resolved.

Nadine also brought significant strengths to the therapeutic process. She was motivated to participate in treatment and attended regularly. Additionally, she was invested in working on her issues. She was willing to bring her daughter in, and would like to alternate and have some joint sessions with her. She was able to financially support herself and her daughter.

Nadine seems to be a very workable client, and I feel she will be accepting to suggestions about changing some of her behaviors. She has been in counseling before, and understands how it has helped her cope in the past.

Chapter 2

Review of Prior Assessments

After looking through the “History” section of Nadine’s chart at the agency, there were no evaluations done when she received counseling in the past. She reported not having any prior evaluations also.

Chapter 3

Differential Diagnoses

Axis I: Adjustment Disorder with Mixed Emotional features

There was no clear evidence of serious depression. During the intake, she reported doing things with her boyfriend and daughter occasionally; it is usually financial reasons that keep her from not doing things as opposed to the lack of motivation or desire to do them. She reports sleeping and eating regularly. She also didn't report feeling hopeless, not being able to have a good time, any suicidal ideations, or an excessive amount of fatigue or feeling tired a lot. Adjustment Disorder appeared to be a more accurate diagnosis due to the recent separation from her husband. She is reporting feeling stressed about her relationship, and sometimes feeling tension and panicky.

Axis II: Dependent Personality Disorder

- Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others. This is one of the questions asked during the intake, and Nadine indicated that she has this problem. She didn't specify any particular areas, just that it is a problem for her to make decisions.
- Needs others to assume responsibility for most major areas of her life. When in South Carolina, Nadine's father built a house for her to live in. A couple of months ago, she borrowed \$600 from him to help with bills she couldn't pay. She also has mentioned "My dad said he will send me money if I need it, so I'm not worried about my finances too much." Nadine doesn't realize that at her age, (39); she is lacking the maturity and responsibility she should have. Most people would feel ashamed and guilty having to borrow money from

their parents at that age. Yet, Nadine doesn't see anything wrong with it.

- Has difficulty initiating projects or doing things on her own. Nadine doesn't even ever initiate any fun things to do with her daughter, for example taking her to the mall. Yet, Nadine will drive to the shore to see Matt, so this shows it isn't because she lacks the motivation or energy. When they do go out, it is usually when Matt takes the three of them to dinner. Nadine, when she is home with Vicki, won't initiate going places or doing things with her.
- Goes to excessive lengths to obtain nurturance and support from others. This behavior was evident in her past abusive relationships. She would let her husbands abuse her, and wouldn't leave them, because she wanted that nurturance. She needed some type of support and knew if she left them, she wouldn't have it. This was definitely true for her first relationship, because she didn't have her daughter yet.
- Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for herself. This occurs when her daughter stays with her dad, and her boyfriend doesn't visit. Nadine reports she feels panicky when she is home alone. She reports not knowing what to do, and getting very bored and uncomfortable when she is spending time alone over the weekend.
- Urgently seeks another relationship as a source of care and support when a close relationship ends. This occurred when John left Nadine, she immediately began a relationship with Matt. She felt the need to have a relationship after John left her because of her fear of being alone. She has mentioned that she doesn't feel whole or complete without a significant other in her life.
- Is unrealistically preoccupied with fears of being left to take care of herself. Nadine mentioned that she fears Vicki will want to live with her dad eventually. When discussing how Vicki seems to prefer spending time at his

house, she feels Vicki will eventually want to live there permanently. Nadine has mentioned this fear a couple of times. She also mentioned not punishing Vicki when she does have an attitude towards her. Nadine may think this would push Vicki away, and therefore give her more reason to move with her dad. Nadine didn't report giving any consequence to Vicki for her actions.

A number of behaviors merited ruling out Histrionic Personality Disorder.

The criterion I chose from this disorder are (DSM-IV, 1994):

- Is uncomfortable in situations that she is not the center of attention. Nadine reports that she enjoys going to Karaoke bars to sing. She reports having a drink or two, but mainly going to sing in front of everyone and perform for fun.
- Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior. This behavior was displayed when she came to a counseling session with extremely low cut blouses. She also mentioned that she had "dropped off" a job application prior to the session. I felt what she was wearing was inappropriate, considering she took the application to a doctor's office for a position as a receptionist.
- Consistently uses physical appearance to draw attention to self. Nadine has long fingernails and has an excessive amount of gold hoop earrings lining both sides of her ears. She appears to want to draw much attention to herself.
- Shows self-dramatization, theatrically, and exaggerated expression of emotions. Each week it seems Nadine has a whole story to tell me. Each event in her life seems to be exaggerated in her eyes. When talking about the situation with her husband, (Jack), his new girlfriend, and Matt, or when she is talking about things that happen at work. Nadine's life appears to be a soap opera in her eyes.

Axis III: Healthy

Axis IV: Problems with primary support group, victim of child neglect
and moderate financial problems.

Axis V: 65

Chapter 4

Literature Review

Dependent Personality Disorder

“The dependent person’s willingness to seek treatment relatively quickly after symptom onset reflects the fact that, in general, dependent personas are comfortable in relationships wherein they are under the care and protection of a powerful caretaker (e.g., a physician or psychologist)” (Bornstein, 1993, p.404). Nadine had been in therapy before moving to South Carolina, and wanted to resume when she returned to New Jersey. Bornstein (1993) also noted that the individual’s willingness to seek treatment should be seen as a strength.

Overholser (1996) says that at the core of the dependent personality lies an excessive reliance on others for support, nurturance, and guidance. He found that more general approaches to interpersonal therapy and social skills training may be needed to help many dependent clients learn new ways of generating and maintaining close interpersonal relationships. Nadine was discussing how she felt it was hard for her to make friends. She reported how easy it is for her brother. He can go out and start a conversation with anyone. She felt that was too difficult, especially around people she didn’t know. This may be due to her low self-esteem.

Nadine also reports the fear that her daughter will want to live with her father. Millon (1981,p.107) in his book on personality disorders noted that dependents might feel paralyzed when alone and need repeated assurance that they will not be abandoned. Working with Nadine to not feel this way when her daughter visits her dad for the weekend will help Nadine in case her daughter did decide to permanently move in with him. Paris (1998) noted that

without learning new skills, anxiety tends to feed on itself. The art of psychotherapy with anxious patients lies in finding ways to encourage exposure to new situations.

Bornstein(1994), in his section on Dependent Personality, says, “The emphasis in dependency research has shifted from a more-or-less exclusive focus on dependency-related behaviors (e.g., help-seeking), to the study of dependency-related emotions and cognitions. Recent studies in this area have suggested that the disparate behaviors of dependent individuals can be understood more completely (and predicted more accurately) if the dependent individual’s cognitive style is assessed directly.”

The DSM-IV Casebook (1994) included a case involving a man, age 34, who was diagnosed with having Dependent Personality Disorder. His situation involved his dependence toward his mother. He allowed her to make all of his decisions for him, even concerning his girlfriend. The man decided to seek treatment, where the therapist used behavioral therapy. This turned out to be successful with this client, as he moved out of his mothers’ house and married his girlfriend. Through learning new behaviors, he was able to act on them and make decisions for himself.

The literature examining the efficacy of psychotropics with dependent personality disorder is mixed. For example, (Sullivan and Verhulst, 1993) study found, “Though there are some signs of polarization in psychiatry today (e.g., societies, journals, and meetings devoted exclusively psychological or biological conceptualizations of mental illness), our survey indicates that both academic and clinical psychiatrists are invested in integrated clinical treatment. Among responders, psychotherapy was considered a necessary part of care of these patients with personality disorders, while medication use varied according to the characteristics of each case.” (p. 422). Busch (2001)

in his writing on cognitive-behavioral therapy noted, “Research studies have revealed these facts about drug treatment for depression and anxiety:

- Cognitive-behavioral therapy (CBT) and well-chosen drugs, when each is used alone, are about equally effective during the period of active treatment.
- Adding drug treatment to CBT is not likely to get better results than using CBT alone.
- Treatment failure is more likely when drugs are used typically because of side effects.
- Relapse after the end of treatment is more likely when only drugs have been used. This is believed to be because drugs, unlike CBT do not encourage the development of valuable coping and emotional management skills.”

Based upon these findings, it appeared that CBT was more appropriate for this client than psychopharmacology.

Hardy & Shapiro (1998) compared psychodynamic-interpersonal (PI) therapy to cognitive-behavioral (CB) therapy. They found that PI therapies may require clients to have a degree of psychological awareness or orientation to make best use of therapy, whereas CB therapies do not require such prior socialization. This may be because CB therapies have as a part of their treatment an educational component; therapists teach clients the cognitive models that form the rationale of therapy.

A study conducted by McGinn (2000) looked at cognitive-behavioral therapy (CBT) in treating depression. She noted that, “CBT is oriented towards empowering the patient. Within this specific, brief psychotherapeutic treatment modality, the emphasis is on providing patients with skills to offset their depression. One primary goal of CBT is to facilitate the use of treatment techniques outside therapy sessions to create a ‘positive emotional spiral’ wherein patients can implement specific strategies to offset their depressive

mood (e.g., cognitive restructuring is used to offset negative thought patterns and the consequent depression affect, scheduling pleasant activities is used to offset decreased reinforcement secondary to social withdrawal).” Although Nadine was not diagnosed with depression, she did report a few mild depressive symptoms of social withdrawal where this treatment would be helpful. This study, (McGinn, 2000) concludes that CBT is an effective treatment in clinical research settings.

Sperry (1999,p.120) suggests group therapy for this disorder. “Group treatment can be particularly effective with dependent personality disordered individuals.” Right now, with Nadine reporting her inability to make new friends I don’t feel group therapy would be effective treatment at this time.

Nadine also presents some mild signs of anxiety. Basco, Glickman, et. al. (2000) conducted a study that looked at cognitive-behavioral therapy (CBT) for anxiety disorders. They noted that, “CBT for anxiety disorders integrates the cognitive model with the principles of learning theory to help explain the chain of events that creates or maintains the anxiety response. This integrated model is basic to the design of events that maintain the anxiety. CBT interventions for obsessive-compulsive disorder and posttraumatic-stress disorder aim at breaking this cycle by providing patients with skills that allows them to respond at each point in the cycle in a more adaptive manner. Although these interventions have gone by different names depending on the study protocol, (e.g., stress inoculation training, cognitive processing therapy, multimodality trauma treatment), the methods across studies are similar and include strategies for achieving a more accurate cognitive appraisal of self and of fearful stimuli; methods for reducing fear and anxiety such as relaxation training; skills for developing more adaptive behavioral responses to stress other than avoidance; and graded exposure to

break the negative reinforcement paradigm. Altering any component of the cycle appears to have a positive impact on the other components; therefore clinicians can begin treatment at any point in the cycle with positive results.” (p. 70). This study indicates that clinicians without specialized training in CBT can use cognitive and behavioral methods to help patients achieve symptom relief when working with them.

It is also important to note the effectiveness of different forms of cognitive-behavioral therapy. Tracey, Sherry & Albright (1999) studied the interpersonal process of cognitive-behavioral therapy. “Interpersonal theorists view all behavior as communicating how one person wants the other interactant in any interaction to behave. The extent to which the behavior of the second interactant corresponds to the behavior desired by the first interactant is the definition of complementarity. For any relationship to continue, interpersonal theorists hypothesize that there must be at least a modicum of these complementary interactions present, in which each participant exhibits the behaviors desired by the other. Relationship negotiation is a continuing, covert process of how the interactants are to behave with each other, and this is an important part of all relationships. Interpersonal theorists see the negotiation of complementarity as a key aspect in the therapeutic process and a detriment of outcome. The purpose of this study was to examine the pattern of complementarity over the course of cognitive-behavioral therapy and determine its relation to outcome.” (p. 89). After conducting the study, Tracey, Sherry and Albright (1999) found, “the results support the importance of incorporating interpersonal models of therapy into brief cognitive-behavioral interventions.” This is important today because of managed care cutting back on treatment. “Recognizing the limits of our current treatment methods can help us avoid the expense of

inappropriate assignments of clients to treatment modalities that are likely to be ineffective.”(Chambliss, 2000,p.143)

An article by Overholser & Fine (1994) studied cognitive-behavioral treatment of interpersonal dependency. They described a four-stage model in treating the excessive interpersonal dependency. The article concluded that, “The treatment of excessive interpersonal dependency is a difficult and slow process.” (Overholser & Fine, 1994) However, they did find that cognitive-behavioral therapy was highly effective in treating individuals high in dependency. “As therapy progresses and clients become more autonomous, therapists become less directive, ask their clients to assume more responsibility for controlling their lives and problems, and provide clients with the skills necessary to control their problematic behaviors” (Overholser & Fine, 1994).

In their book, Synopsis of Psychiatry, Kaplan & Sadock (1998) noted in the section on dependent personality that, “The treatment of dependent personality disorder can often be successful. Insight oriented therapies enable patients to understand the antecedents of their behavior, and with the support of a therapist, patients can become more independent, assertive, and self-reliant. Behavioral therapy, assertiveness training, family therapy, and group therapy have all been used with successful outcomes in many cases.”

Sperry (1999) concluded cognitive-behavioral therapy could be very successful with patients suffering with dependent personality disorder. He noted, “Interviewing these individuals and establishing rapport can be relatively easy and enjoyable. After experiencing some initial anxiety, these patients can quickly establish a bond of trust with the clinician. For this reason, patients with dependent personalities are among the easiest to engage in the therapeutic process.” His book also noted (p.118) “ The long-range

goal of psychotherapy with a dependent personality is to increase the individual's sense of independence and ability to function interdependently. At other times, the clinician may need to settle for a more modest goal. That is, helping the individual become a 'healthier' dependent personality. Treatment strategies typically include challenging the individual's convictions of dysfunctional beliefs about personal inadequacy, and leaning ways in which to increase assertiveness. A variety of intervention strategies are useful in achieving these goals." Sperry (1999, p.119) mentioned different techniques to use such as schema change. "In the schema change process, the clinician and patient work collaboratively to understand the developmental roots of the maladaptive schemas. The dependent patients are directed to begin to notice and remember counter schema data about themselves and their social experiences."

Sperry (1999, p.119) also discussed style/temperament change by using anxiety management training. "Assertive communication training and problem-solving training are useful in reducing dependent patients' harm avoidance and inhibition and thereby increase their capacity to function more energetically and independently. Cognitive awareness training and pinpointing and challenging automatic beliefs can be helpful in redirecting their cognitive style marked by naïve, uncritical appraisal."

Nadine is also an adult victim of child physical abuse. Rosenthal (1988) noted in his article on adult victims of child abuse and neglect that, "Psychotherapy with adult victims of child abuse is challenging. It often requires a long-term commitment from both client and therapist. However, the rewards of treatment are well worth the efforts."

Webb & Leehan (1996, p.121) suggest group treatment for adult survivors of abuse. Many techniques used in group therapy are correlated

with techniques needed to treat the dependent personality. Those mentioned in the book are using the group to build trust, using self-disclosure to build trust, using the group to build self-esteem and reframing beliefs about anger and other difficult feelings. Nadine, as mentioned before, is not ready for group therapy. However, it may be considered for continuum of treatment after individual treatment is finished.

Nadine is also an adult child of an alcoholic. Richards (1989) noted that education, support, and psychotherapy are effective in treating these clients. He reported 3 cases, where using these 3 components are helpful. The 3 cases were that of clients who suffer from codependence as a result of having parents who were alcoholics. "These particular cases were presented to illustrate the need for psychotherapy with adult children of alcoholics who suffer from severe impairment of this ability to regulate and control drives and affects" (Richards, 1989).

Implications for Best Practice

Based upon the literature reviewed, it appears that Cognitive Behavior Therapy is the treatment of choice for Dependent Personality Disorder. Specific techniques would include focusing on increased independence and autonomy, and altering maladaptive schemas. Educational techniques regarding these issues of adult children of alcoholics and adult survivors of child abuse should also be incorporated into the treatment process.

Nadine could also benefit from techniques designed to improve her parenting skills.

Chapter 5

Normative Practice

Nadine began therapy feeling overwhelmed with her current life situation. She had been in counseling before and knew that she would benefit by seeking treatment for her current problems.

Cognitive-behavior therapy (CBT) seemed to be the best approach for treatment. Busch (2001) found that CBT, in addition with many other conditions, is best in treating people who suffer with panic attacks, difficulty keeping relationships, job and career problems, feeling stressed out, who have inadequate coping skills and have trouble keeping feelings such as sadness, fear, guilt, shame, excitement, etc. within bounds. Nadine presented all of these behaviors, which is the reason CBT was appropriate.

The initial problem addressed Nadine's relationship with her daughter. A goal was established to improve the relationship with her daughter by increasing communication of feelings and needs. "In considering the role of perceptions in cognitive-behavioral interventions, one might direct attention to solidifying the link between parents perceptions and actual child behavior in the immediate context" (Dobson and Craig, 1996, p. 203). Nadine's objectives were to identify problems in the relationship with her daughter. then to openly discuss these with her daughter, and allow her to explain her needs and feelings in a calm and appropriate way.

During sessions Nadine would discuss some problems that her daughter, might be dealing with. Vicki then 12, and was entering adolescence. Nadine reported that things were different when she was 12. We discussed the things that young girls go through as they enter this stage of adolescence. Puberty, and physical changes occur, and may scare some girls.

Sometimes it is hard to talk about this to parents when it happens. Girls also tend to have more mood swings, and shut down if they don't want to talk. Nadine admitted that she would sometimes try to force Vicki to talk about what was wrong, even when she didn't want to. More effective parenting techniques, such as trying to give her time to chill out, and then talking about it with her at another time were discussed. Nadine was receptive to these ideas. She reported at the next session that her daughter came home from spending the weekend at her dad's house, and ignored Nadine when she walked into the apartment. Nadine asked her once what was wrong, and Vicki didn't answer her, so Nadine went and watched TV. The next morning, Vicki was getting ready for school and Nadine asked her why she didn't answer her, and Vicki said she was just tired, but Vicki seemed to be in a better mood that morning. Nadine saw that by not pushing the issue, she was not stressed out, and an argument was prevented.

The issue that when she visits her dad, she is given more privileges than when she is with Nadine was discussed. When she comes home to her mom's house, this is correlated with the normal routine of chores and going to school. This could be why she was in a bad mood when she came home. Nadine agreed, and felt that not pressuring her to talk about why she was in a bad mood that night may have prevented an argument. Nadine having insight into this information is helping her to deal with her daughter's mood swings that may be caused by adolescence. The need for Nadine to appropriately discipline her daughter if her attitude does become out of hand was also discussed. Nadine agreed, and felt that this time was just situational, but understands the need to discipline if Vicki's behavior becomes inappropriate.

Another issue Nadine had with her daughter was her grades in school. Vicki performance academically had decreased in a couple of subjects and

Nadine felt that it would be beneficial for her to attend after school tutoring two days week. Vicki was very unhappy about this, and wouldn't speak to her mom. Nadine later had a talk with Vicki and explained that this wasn't a form of punishment. She felt this would help Vicki where she was struggling in her subjects. Nadine explained to her that when her grades improved, she would no longer have to attend the tutoring. Nadine handled this situation well, and was praised for following the right steps in approaching Vicki. During the session, Nadine rehearsed how she would explain why she was sending Vicki to tutoring, and that she would only have to attend until her grades improved. I was discussed how it is important to explain the actions you take when disciplining your children, so that they understand that it isn't just because the parent 'said so', which can result in children becoming defiant. If they are given an explanation, they usually will feel more comfortable with the action taken. Nadine reported that Vicki was less resistant about going to the next tutoring session, and actually began enjoying going, because she knew some other kids there. Coincidentally, her grades improved, and she still wanted to continue attending the tutoring sessions.

The overall approach with Nadine's goal of improving her parenting then, consisted of support and providing her with education and insights. Nadine was very responsive to this approach.

She has reported that things have gone well with her daughter. She reports an occasional argument, but she feels that she is able to handle them better now. She has a better understanding of what Vicki may be going through. She doesn't take things personally when Vicki had a negative attitude, or ignores her. She now allows her time to cool off, and discuss the issue at another time.

Another problem Nadine wanted to work on was improving her

negative attitude and cognitions. She felt that lately she had a bad attitude towards everything. When asked what her goal was, she said she wanted to have a more positive attitude when faced with bad situations. She had been feeling stressed at work and still worrying about the situation with her husband, she was tired of having such a negative attitude. This is where she reported some feelings of depression. Her objectives were to identify the triggers that caused her negative feelings. Coping skills to enable Nadine to reframe her negative attitude to a positive one were then discussed.

Nadine would come to sessions reporting that her boss was giving her a hard time. There were times that Nadine would have to take off to appear in court because of the situation that occurred one time when she and Matt were riding by his ex-wife's (Brittany) apartment, and were accused of stalking she and Jack, and they put a restraining order on Matt. Nadine's boss gave her a hard time about missing work. He also yelled at her in front of some other employees about an order she handed him that was written incorrectly. She was asked how he was with the other employees'. She stated he had his favorites, yet he was this way with other employees also. Processing this Nadine realized that this wasn't something she should take personally, because he was that way with other employees also. Eventually, Nadine quit her job as a waitress, because she didn't feel she should have to put up with this type of abuse from her boss. This step towards self-respect and confidence was reinforced during subsequent sessions. She was also working part-time in a salon, which made it possible for Nadine to leave this job. She could pick up some extra hours until she found another job. Nadine's mood was improving at this point, because her job was one of the things that caused stress in her life.

When Nadine first began treatment she was very involved with her

boyfriend's situation dealing with the custody of his children. Matt was trying to get his children who are living with Brittany and Jack. Nadine would appear in court to have some type of contact with Jack. Nadine also sent Jack a card and signed it using a name of an ex-girlfriend he had in the past. Another inappropriate action Nadine did was to sign Jack up for a subscription to "Playboy" magazine. These behaviors were discussed in session, where Nadine then realized that they were immature and inappropriate. She just wanted to have "a little fun". Nadine was doing these things because she was hurt and couldn't believe that Jack left her. After more discussion, Nadine realized she was spending too much time focusing on Matt's problems with Brittany. She began looking at her life, and what she needed to do to move on and achieve her goals. This is when Nadine began taking a more positive attitude, and saw things in her life turn around. "Setting clear, specific goals is a crucial part of treatment, since progress towards goals can be used as powerful evidence to challenge the person's underlying assumption that he or she is helpless" (Beck and Freeman, 1990. p.296)

"As a first step in decision making, the client is instructed to conduct a rough screening of the list of available solution alternatives and eliminate any that are clearly inferior because there are unacceptable risks associated with their implementation and/or they are not feasible due to a lack of ability or resources to implement them" (Dobson, 1988, p. 113). The initial goal was to find out what type of job she would like to apply for. The pros and cons of her past jobs were reviewed. She mentioned that she has liked working with people. These are aspects she like when working in salons and working as a waitress. She likes a supervisor who would treat everyone equally, which was one of the problems she had in her last job. Nadine's assignment was to look in the newspaper for jobs that she would be of interest to her. Nadine was

motivated in this area. She would successfully come back and reported that she returned job applications and even spoke with a couple of employers. Unfortunately, not all of the job opportunities worked out. At the last session, Nadine was unemployed. Her job at the salon was on hold due to her boss being out because of surgery. Nadine does have some hopeful opportunities she is going to pursue. Nadine isn't concerned about finances because her father is a strong support in this area. Nadine knows if she needs any money, her father willingly will give it to her.

Another positive change in Nadine's life was that her father bought a house in which he is made settlement on, and Nadine would be able to begin renovating. Nadine and Vicki are going to move in at the end of her lease with the apartment complex. Her father is going to stay there summers and live in South Carolina during the winter months. Nadine is looking forward to living in her own house, and fixing it up. She said Vicki was excited about this also, because she will be able to paint and arrange her own bedroom, and have more personal space. Nadine felt this would help improve her relationship with her daughter because it will allow them to engage in activities where they would be spending more time together. Vicki will have a bigger house with more space since she is getting older and will want her own privacy. Also, she is looking forward to having a yard and somewhere to ride her bike. She also has more friends who live in the neighborhood. Nadine felt Vicki enjoys staying with her dad because he has more space for her, and she was able to spend time with friends. Now she has this opportunity at her mom's house also. Nadine is going to face some stressful situations with the new house coming, but feels she is able to look at things differently and with a more positive attitude.

Her relationship with Matt is different now. During the initial phase of

therapy, Nadine was very focused on his life and what he was doing. Matt lives an hour away, which made it difficult for them to see each other. He also had never had his own place since they have been dating. He had lived with his parents and his brother through the course of our sessions. This was also a stressor for Nadine, because she never knew definitely when she was going to see him. There were times when he would make Nadine angry. We discussed what she truly wanted out of this relationship. Over some time she was able to relax more about the unpredictable behaviors Matt displayed. He also had a lot going on in his own life, because of the custody battle he was having concerning his children. Nadine, over some sessions, talked about and was able to accept his dedication to his children. She reported that as she has gotten older, she has become more organized and feels more comfortable when things are planned. It was hard for her to deal with a change of plans when Matt would have to cancel. She realized that she wasn't looking for any type of commitment from him right now, and his first priority should be his children. She felt their relationship was better and she enjoyed the time she spent with him. She found that the couple of times he changed plans, she was able to look at the situation differently, and not get upset like in the past.

One other problem that Nadine reported was feeling anxious and panicky when alone. This goal was accomplished in a short time. Nadine reported that when her daughter went to her dad's for the weekend, and Matt was busy, she would be alone in her apartment. She reported feeling somewhat anxious during this time. One reason was she had lost contact with some of her friends, because she just moved back to New Jersey from living in South Carolina for two years. "Self-reinforcement methods are sometimes used to motivate involvement in pleasant activities" (Dobson, 1988, p.156). Nadine then listed good qualities about herself, and some of her strengths.

Then we discussed things Nadine could do to occupy her time. She enjoyed renting movies and did mention she enjoyed taking walks. Also we discussed some friends she could call or visit when Vicki goes to her dad's house. After a couple of sessions, Nadine reported that she wasn't feeling this way and reported a couple of occasions where she spent time shopping or going to the movies with friends she hadn't seen for a while.

Chapter 6

Outcomes

The “Ways of Coping Questionnaire” was chosen as an outcome measure. It is used to measure the process of how a person deals with stressful situations and was therefore relevant to this case. The instrument provided a way to assess changes in her coping strategies.

The “Ways of Coping Questionnaire” is a 66-item test. Each item uses a likert scale that ranges from 0 (Does not apply) to 3 (Used a great deal). The instructions ask the person to think of a stressful situation that they dealt with within the past week. It is important to have a specific event in mind when answering each item. Nadine thought of an event that took place the week before our session. She went to court with Matt. This event was stressful because she saw her husband for the first time. She then answered the items on the questionnaire.

Then during the next session we reviewed her results. I took the three highest scores and talked with her about her responses. Her highest score was in Seeking Social Support. This category describes that the person seeks informational support, tangible support, and emotional support. Nadine’s diagnosis of Dependent Personality Disorder seems to coincide with this way of coping. Nadine admitted that she was glad to have Matt there when having to face Jack, because she wasn’t sure she could do it alone. She feels in a lot of situations she needs to get some type of approval before doing anything. She doesn’t feel she can face some situations alone, and needs to have support especially in stressful situations.

Her second highest score was in Positive Reappraisal. This way of coping describes efforts to create positive meaning by focusing on personal

growth. It also has a religious dimension. Nadine admitted that she thought Jack looked dirty, and not as nice as he used to. She reported that she was much better off without him. She said that he hasn't been able to keep a job and now he even acted like "white trash" when saw him in court. She felt because he didn't even speak to her, he was acting very immature, and acted this way because he couldn't face her.

Her third highest score fell under Confrontive Coping. This way is described as using aggressive efforts to alter the situation and suggest some degree of hostility and risk taking. This behavior was displayed in the way she reacted towards Brittany. Nadine reports that she had no intentions of getting back together with Jack, or that she is not jealous of he and Brittany. Yet, Nadine's behavior does display some resentment towards Brittany. Nadine felt that the results from this questionnaire did show the different ways she coped with this situation.

The questionnaire was given to Nadine about 2 months after the first one was administered. Her overall numbers were lower this time, which showed that she handled this situation better than the one before, and didn't perceive it to be a stressful. Nadine indicated that she has felt less stressed lately. She reports not letting things bother her as much as she had before.

On this test, her first highest score was in Seeking Social Support again. Nadine still reports needing approval from others sometimes when making decisions. This will be something Nadine will probably always need in any situation. However, as compared with the first test administered, her numbers were lower. This indicated that she didn't need as much support when coping with this situation. Nadine used a similar situation this time. She went to court again with Matt, and had to face her husband again there. She didn't feel as stressed, but did perceive it to be a somewhat stressful

situation where she would have to face Jack and Brittany.

Her second highest score was in Planful Problem Solving. This coping mechanism seems to use deliberate problem-focused efforts to change the situation, along with an analytic way of solving the problem. Nadine reports that she was better able to handle facing her husband and his new girlfriend because of how they both acted before. She didn't let Brittany's immature behaviors affect her. Nadine didn't react to Brittany this time when she gave her dirty looks, which showed that Nadine realized that the last time when she did react to her, she was being just as immature.

Nadine's third highest score was in the Distancing category. This is when a person has detached his or her self and has minimized the situation. Nadine reported that she didn't see this event as being as stressful as before. I do feel she is sincere when she says that she doesn't worry about her husband and his new relationship that much anymore. She spends less time in our session discussing that situation. She focuses more on her own life now and things she needs to work on.

Overall, the pre and post test scores on the Ways of Coping instrument support the conclusion that Nadine improved in her ability to appropriately cope with stress.

A Client Satisfaction Survey was also administered at the end of treatment. The questions concerning the agency primarily focused on how she was treated by the receptionists and billing department, she was very pleased with all of the people she dealt with in these departments. Statements that dealt with treatment, for example, asked if symptoms, treatment plan, privacy and confidentiality were all explained to her and respected. She chose "strongly agree" for all of these statements. She also would recommend this agency to a friend or family member. One statement asked if she felt her

quality of life had improved, which she chose “strongly agree” also. In the comment area of this statement she wrote, “Having someone to talk to helps immensely”. There is another question that asks what was the most beneficial part of her treatment. Her response was, “Knowing that I have a caring counselor who will help me.” She responded “Nothing” to the question that asked what she disliked about treatment. Results from this survey indicate that Nadine reports she was happy and satisfied with the treatment she received.

To my knowledge, I don’t think other therapists use this questionnaire in the agency. I felt it was helpful to give Nadine something tangible that she could look at to see the ways she copes with stressful situations. This enabled her to think about how she could change these ways of coping. It proved to be helpful because the second time she answered the items all of her numbers had decreased, which showed she did use different methods to cope, but not as strongly as before. She didn’t perceive the situation to be as stressful as before.

I don’t think therapist at the agency use questionnaires and other measures as often as they should. I think it is helpful because it gives the client something tangible to work with in treatment, which is one way to help promote change in therapy.

I also think using measures in treatment are helpful to the therapist. Once a diagnosis is made and goals are set, a measure can help the therapist evaluate treatment and see if there are any changes taking place as a result of treatment.

Chapter 7

Comparison of Best and Normative Practice

The literature shows that Cognitive-Behavioral Therapy (CBT) is the best practice used. Many therapists at the agency use this method where I completed my practicum. It seems to be effective because it can be very productive in a shorter amount of time. It allows the client to alter their way of thinking with the therapist in session. They may do this by changing their attitudes or thoughts about certain things; this is the cognitive part. They then try and apply this to their behaviors in their everyday life. Each session the client may report how applied these changes in their lives by how they behave and react to different situations.

In Nadine's case, she had some immature ways of thinking and acting, however, we were able to look at these behaviors, and Nadine was able to set some goals. Through CBT, we were able to work together and achieve most of her goals.

In this instance, the normative practice of the agency was consistent with the best practice recommendations of the literature.

Chapter 8

Summary

This 39-year-old white female presented with a number of complaints including difficulties in forming non-abusive relationships with men, low self-esteem and possible depression, possible panic attacks and difficulties relating to and effectively parenting her 12-year-old daughter. She was seeking treatment prior to her move to South Carolina, and wanted to resume counseling now that she had experienced some changes in her life. She felt that therapy had been effective and helpful in the past.

Nadine was able to clearly define her treatment goals within the second session. This was probably due to the fact that she had been in therapy before. The goals she set were attainable and time limited.

These issues were addressed using CBT along with educational and supportive techniques. Nadine made significant progress in many of her problem areas. Results on the both Ways of Coping Scale and a client satisfaction index also indicated improvement.

At the point where Nadine needed to decide whether she wanted to continue treatment with another therapist, (because my practicum was completed), she reported she wanted to end treatment for now. We both agreed that she had successfully completed her treatment goals. She understands that there are still going to be times in her life when she will become stressed, but she feels she had the proper coping skills in order to handle these situations.

Nadine was very cooperative and open-minded counselee. It was very easy develop rapport with her quickly, and she was very easy to engage in conversation. Her prognosis looks good. She showed that when given

suggestions and using her own ideas, she was able to promote positive change in her life. She will carry these coping skills with her, and be able to use them in the future. It is possible she may return to counseling some time in the future if a crisis should occur, however, she was successful in meeting all of her current goals and completing treatment.

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Appendix 1

Ways of Coping Questionnaire

Please provide the following information:

Name: _____ Date: _____
Month / Day / Year

Identification Number (optional): _____ Gender (Circle): **M** **F** Age: _____

Marital Status (check): ☐ Single ☐ Married ☐ Widowed ☐ Separate/Divorced

TO THE COUNSELOR

Fill out your Institutional Address below:

Name/ Institution:

Address

Instructions

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the *past week*.

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. **Read each statement carefully and indicate, by circling 0, 1, 2 or 3, to what extent you used it in the situation.**

Key: 0 = Does not apply or not used 1 = Used somewhat
 2 = Used quite a bit 3 = Used a great deal

Please try to respond to every question.

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

1. I just concentrated on what I had to do next – the next step. 0 1 2 3
2. I tried to analyze the problem in order to understand it better. 0 1 2 3
3. I turned to work or another activity to take my mind off things. 0 1 2 3
4. I felt that time would have made a difference –
the only thing was to wait. 0 1 2 3
5. I bargained or compromised to get something positive
from the situation. 0 1 2 3
6. I did something that I didn't think would work,
but at least I was doing something. 0 1 2 3
7. I tried to get the person responsible to change his or her mind. 0 1 2 3
8. I talked to someone to find out more about the situation. 0 1 2 3
9. I criticized or lectured myself. 0 1 2 3
10. I tried not to burn my bridges, but leave things open somewhat. 0 1 2 3
11. I hoped for a miracle. 0 1 2 3
12. I went along with fate; sometimes I just have bad luck. 0 1 2 3
13. I went on as if nothing had happened. 0 1 2 3
14. I tried to keep my feelings to myself. 0 1 2 3
15. I looked for the silver lining, so to speak;
I tried to look on the bright side of things. 0 1 2 3
16. I slept more than usual. 0 1 2 3
17. I expressed anger to the person(s) who caused the problem. 0 1 2 3
18. I accepted sympathy and understanding from someone. 0 1 2 3
19. I told myself things that helped me feel better. 0 1 2 3
20. I was inspired to do something creative about the problem. 0 1 2 3
21. I tried to forget the whole thing. 0 1 2 3
22. I got professional help. 0 1 2 3

Go on to next page

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

- | | | | | |
|--|---|---|---|---|
| 23. I changed or grew as a person. | 0 | 1 | 2 | 3 |
| 24. I waited to see what would happen before doing anything. | 0 | 1 | 2 | 3 |
| 25. I apologized or did something to make up. | 0 | 1 | 2 | 3 |
| 26. I made a plan of action and followed it. | 0 | 1 | 2 | 3 |
| 27. I accepted the next best thing to what I wanted..... | 0 | 1 | 2 | 3 |
| 28. I let my feelings out somehow..... | 0 | 1 | 2 | 3 |
| 29. I realized that I had brought the problem on myself..... | 0 | 1 | 2 | 3 |
| 30. I came out of the experience better than when I went in. | 0 | 1 | 2 | 3 |
| 31. I talked to someone who could do something concrete
about the problem. | 0 | 1 | 2 | 3 |
| 32. I tried to get away from it for a while by resting or taking a vacation. | 0 | 1 | 2 | 3 |
| 33. I tried to make myself feel better by eating, drinking,
smoking, using drugs, or medications, etc. | 0 | 1 | 2 | 3 |
| 34. I took a big chance or did something very risky
to solve the problem. | 0 | 1 | 2 | 3 |
| 35. I tried not to act too hastily or follow my first hunch. | 0 | 1 | 2 | 3 |
| 36. I found new faith. | 0 | 1 | 2 | 3 |
| 37. I maintained my pride and kept a stiff upper lip. | 0 | 1 | 2 | 3 |
| 38. I rediscovered what is important in life. | 0 | 1 | 2 | 3 |
| 39. I changed something so things would turn out all right. | 0 | 1 | 2 | 3 |
| 40. I generally avoided being with people..... | 0 | 1 | 2 | 3 |
| 41. I didn't let it get to me; I refused to think too much about it..... | 0 | 1 | 2 | 3 |
| 42. I asked advice from a relative or friend I respected. | 0 | 1 | 2 | 3 |
| 43. I kept others from knowing how bad things were..... | 0 | 1 | 2 | 3 |
| 44. I made light of the situation; I refused to get too serious about it..... | 0 | 1 | 2 | 3 |

Go on to next page

0 = Does not apply or not used 1 = Used somewhat 2 = Used quite a bit 3 = Used a great deal

45. I talked to someone about how I was feeling.....	0	1	2	3
46. I stood my ground and fought for what I wanted.....	0	1	2	3
47. I took it out on other people.	0	1	2	3
48. I drew on my past experiences; I was in a similar situation before. ...	0	1	2	3
49. I knew what had to be done, so I doubled my efforts to make things work.	0	1	2	3
50. I refused to believe that it had happened.....	0	1	2	3
51. I promised myself that things would be different next time.	0	1	2	3
52. I came up with a couple of different solutions to the problem.	0	1	2	3
53. I accepted the situation, since nothing could be done.	0	1	2	3
54. I tried to keep my feeling about the problem from interfering with other things.....	0	1	2	3
55. I wished that I could change what had happened or how I felt.	0	1	2	3
56. I changed something about myself.	0	1	2	3
57. I daydreamed or imagined a better time or place than the one I was in.....	0	1	2	3
58. I wished that the situation would go away or somehow be over with.	0	1	2	3
59. I had fantasies or wishes about how things might turn out.	0	1	2	3
60. I prayed.....	0	1	2	3
61. I prepared myself for the worst.	0	1	2	3
62. I went over in my mind what I would say or do.	0	1	2	3
63. I thought about how a person I admire would handle this situation and used that as a model.	0	1	2	3
64. I tried to see things from the other person's point of view.....	0	1	2	3
65. I reminded myself how much worse things could be.	0	1	2	3
66. I jogged or exercised.	0	1	2	3

Stop Here.

Appendix 2
Client Satisfaction Survey

CONSUMER SATISFACTION SURVEY

Date Survey Completed: _____ Name of Program: _____

Therapist's name (optional): _____

Instructions: How would you rate the following? Please circle your answer and enter comments as appropriate.

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree	Not Applicable
1.	I was able to obtain an appointment in a timely manner.	1	2	3	4	0
	Comments: _____					
2.	My therapist clearly discussed my symptoms with me	1	2	3	4	0
	Comments: _____					
3	My therapist discussed and clearly explained my treatment plan.	1	2	3	4	0
	Comments: _____					
4.	I was treated courteously by office staff	1	2	3	4	0
	Comments: _____					
5.	I am satisfied with the services provided by my doctor.	1	2	3	4	0
	Comments: _____					
6.	I believe that my privacy and confidentiality are respected.	1	2	3	4	0
	Comments: _____					

Please complete other side

		Strongly Agree	Mildly Agree	Mildly Disagree	Strongly Disagree	Not Applicable
7.	I feel that values me as a client	1	2	3	4	0

Comments: _____

8.	My quality of life has improved	1	2	3	4	0
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Comments: _____

9.	My billing and fee payments were managed to my satisfaction.	1	2	3	4	0
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Comments: _____

10.	The care provided has been beneficial	1	2	3	4	0
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Comments: _____

11.	I would recommend to a friend or family member	1	2	3	4	0
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Comments: _____

12. What was the most beneficial part of your treatment? _____

13. What did you dislike about your treatment? _____

14. What would you recommend to improve our services? _____

15. Please provide any further comments: _____
