Individual Planning: A Treatment Plan Overview for Individuals with Social Discomfort or Social Phobias.

Individual Planning: A Treatment Plan Overview for Individuals Suffering with Social Discomfort or Social Anxiety or Phobia.

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms and learning different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***Check the Adult Treatment for a full listing of Goals and Strategies App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:

Introduction
Social Phobias

Symptoms

Causes and Risk Factors

Complications of Not Treating Social Anxiety

Treatment and Therapies

Steps to Develop a Treatment Plan that includes Behavioral Descriptors, Long Term Goals, Short Term Goals, Interventions/Strategies and DSM V CODE Paired with ICD_9 and 10-CM Codes for ODD

Spend at least 1 hour developing different treatment plans.

Introduction:

Social anxiety disorder is a common type of anxiety disorder. A person with social anxiety disorder feels symptoms of anxiety or fear in certain or all social situations, such as meeting new people, dating, being on a job interview, answering a question in class, or having to talk to a cashier in a store. Doing everyday things in front of people—such as eating or drinking in front of others or using a public restroom—also causes anxiety or fear. The person is afraid that he or she will be humiliated, judged, and rejected.

The fear that people with social anxiety disorder have in social situations is so strong that they feel it is beyond their ability to control. As a result, it gets in the way of going to work, attending school, or doing everyday things. People with social anxiety disorder may worry about these and other things for weeks before they happen. Sometimes, they end up staying away from places or events where they think they might have to do something that will embarrass them.

Some people with the disorder do not have anxiety in social situations but have performance anxiety instead. They feel physical symptoms of anxiety in situations such as giving a speech, playing a sports game, or dancing or playing a musical instrument on stage.

Social anxiety disorder usually starts during youth in people who are extremely shy. Social anxiety disorder is not uncommon; research suggests that about 7 percent of Americans are affected. Without treatment, social anxiety disorder can last for many years or a lifetime and prevent a person from reaching his or her full potential.

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Social Phobias:
An excessive fear of embarrassment in social situations that is very intrusive and can have debilitating effects on personal and professional relationships. This can also called social phobia. Phobias are persistent, irrational fears of certain objects or social situations. Those with social phobias are able to recognize that their fear may be excessive or unreasonable, but are unable to overcome it. The symptoms of social phobia include blushing, sweating, trembling, rapid heartbeat, muscle tension, nausea or other stomach discomfort, lightheadedness, and other symptoms of anxiety.

Social phobia can be extremely disabling to a person's social relationships and work and family relationships. People suffering from this disorder tend to lead alienated and diminished lives. The emotional cost of the disease is great. People with social phobia have trouble reaching their educational and professional goals or even maintaining employment. They tend depend on others financially and may try to relieve anxiety with alcohol and drugs. In extreme cases, a person may begin to avoid all social situations and refuse to get out of the house.

Effective treatments for social phobias include medications, and psychotherapy using cognitive-behavioral therapy, or a combination of medication and psychotherapy. Medications for social phobias include antidepressants called selective serotonin reuptake inhibitors (SSRIs) and monoamine oxidase inhibitors (MAOIs), as well as drugs known as high-potency benzodiazepines. People with a specific form of social phobia, called performance phobia, can be helped with drugs called beta-blockers. Cognitive-behavioral therapy teaches patients to react differently to the situations and bodily sensations that trigger anxiety symptoms. For example, a type of cognitive-behavioral treatment known as exposure therapy involves helping patients become more comfortable with situations that frighten them by gradually increasing exposure to the situation.

Symptoms:

Feelings of shyness or discomfort in certain situations aren't necessarily signs of social anxiety disorder. Comfort levels in social situations vary, depending on personality traits and life personal experiences. Some people are naturally reserved while others are more outgoing.

In contrast to everyday nervousness, social anxiety disorder includes fear, anxiety and avoidance that interfere with daily routine, work, school or other activities. Social anxiety disorder typically begins in the early to mid-teens, though it can sometimes start in younger children or in adults.

Emotional and behavioral symptoms

Signs and symptoms of social anxiety disorder can include persistent:

Fear of situations in which you may be judged
Worrying about embarrassing or humiliating yourself

Intense fear of interacting or talking with strangers

Fear that others will notice that you look anxious

Fear of physical symptoms that may cause you embarrassment, such as blushing, sweating, trembling or having a shaky voice

Avoiding doing things or speaking to people out of fear of embarrassment

Avoiding situations where you might be the center of attention

Having anxiety in anticipation of a feared activity or event

Enduring a social situation with intense fear or anxiety

Spending time after a social situation analyzing your performance and identifying flaws in your interactions

Expecting the worst possible consequences from a negative experience during a social situation

Common physical symptoms when having to perform in front of or be around others, people with social anxiety disorder tend to:

- Blush, sweat, tremble, feel a rapid heart rate, or feel their “mind going blank, blushing, trouble catching your breath, muscle tension
- Feel nauseous or sick to their stomach, or upset stomach or nausea or dizziness or lightheadedness
- Show a rigid body posture, make little eye contact, or speak with an overly soft voice
- Find it scary and difficult to be with other people, especially those they don’ already know, and have a hard time talking to them even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed and awkward, feeling that mind has gone blank
- Be very afraid that other people will judge them
- Stay away from places where there are other people

Avoiding of common social situations, and everyday experiences that may be hard to endure when experiencing social anxiety disorder include, for example:
Interacting with unfamiliar people or strangers

Attending parties or social gatherings

Going to work or school

Starting conversations

Making eye contact

Dating

Entering a room in which people are already seated

Returning items to a store

Eating in front of others

Using a public restroom

Other Symptoms to Check for:
1. Social anxiety in most social situations
2. Shyness in most social situations
3. Timidity in most social situations
4. Extreme sensitivity to the criticism or disapproval from others
5. No close friends or confidants other than relatives
6. Avoids situations that require interpersonal contact
7. Unwilling to be involved in social situations
8. Fear of saying or doing something foolish in front of others
9. Fear out of becoming emotional in front of others
10. Use of substances to obtain relief the anxiety in social situations
11. Involvement in solitary activities during most waking hours
12. Rapid heart rate, sweating, dry mouth-muscle tension and shakiness during social situations
13. Describes himself or herself as a loner type
14. Concern that he or she will offend someone
15. Intense fear of interacting or talking with strangers
16. Avoiding situations where you might be the center of attention
17. Having anxiety in anticipation of a feared activity or event
18. Constantly identifying flaws in his or her interactions
19. Expecting the worst possible consequences from a negative experience
20. Fear that others will notice that you look anxious

Causes and Risk Factors:

Like many other mental health conditions, social anxiety disorder likely arises from a complex interaction of biological and environmental factors. Possible causes include:

Inherited traits. Anxiety disorders tend to run in families. However, it isn't entirely clear how much of this may be due to genetics and how much is due to learned behavior.

Brain structure. A structure in the brain called the amygdala (uh-MIG-duh-luh) may play a role in controlling the fear response. People who have an overactive amygdala may have a heightened fear response, causing increased anxiety in social situations.

Environment. Social anxiety disorder may be a learned behavior - some people may develop the condition after an unpleasant or embarrassing social situation. Also, there may be an association between social anxiety disorder and parents who either model anxious behavior in social situations or are more controlling or overprotective of their children.
Several factors can increase the risk of developing social anxiety disorder, including:

Family history. You're more likely to develop social anxiety disorder if your biological parents or siblings have the condition.

Negative experiences. Children who experience teasing, bullying, rejection, ridicule or humiliation may be more prone to social anxiety disorder. In addition, other negative events in life, such as family conflict, trauma or abuse, may be associated with social anxiety disorder.

Temperament. Children who are shy, timid, withdrawn or restrained when facing new situations or people may be at greater risk.

New social or work demands. Social anxiety disorder symptoms typically start in the teenage years, but meeting new people, giving a speech in public or making an important work presentation may trigger symptoms for the first time.

Having an appearance or condition that draws attention. For example, facial disfigurement, stuttering or tremors due to Parkinson’s disease can increase feelings of self-consciousness and may trigger social anxiety disorder in some people.

Complications of Not Treating Social Anxiety:

In most cases people with anxiety do not receive the treatment that can help them relieve their social anxiety symptoms. According to studies, only one third of people with anxiety disorders receive proper treatment. The impact of anxiety going untreated can be very self damaging:

Physical Illnesses: In a study those with untreated anxiety were found to have a level of reduced functioning in physical health, higher or equal to patients with chronic illnesses, such as congestive heart failure or diabetes.

Other symptoms causes by social anxiety includes fatigue or body aches and pains. These symptoms frequently cause people to lose time from work, visit the doctor more often or seek medical treatment at the emergency room hospital.

Relationships: Untreated anxiety have a major impact in marital or family relationships. Social isolation caused by social anxiety makes the person feel misunderstood or become
irritable, isolating herself or himself from positive activities with other family members or friends, making it very difficult to maintain relationships.

Coexisting Conditions: Untreated social anxiety can lead to other mental disorders, such as depression or substance abuse. People with anxiety, especially when not treated, have a higher risk of suicide or self-harm behaviors.

Career: Untreated anxiety leads to a life of isolation. The use avoidance strategies for fear of an anxiety or panic attack, can cause the sufferer to stop going to work or their work performance may suffer or diminish.

In addition left untreated, social anxiety disorder can run your life. Anxieties can interfere with work, school, relationships or enjoyment of life. Social anxiety disorder can cause:

- Low self-esteem
- Trouble being assertive
- Negative self-talk
- Hypersensitivity to criticism
- Poor social skills
- Isolation and difficult social relationships
- Low academic and employment achievement
- Substance abuse, such as drinking too much alcohol
- Suicide or suicide attempts

Treatment and Therapies:
Treatments for social anxiety disorder is based on the severity of the emotional and physical symptoms and the level of daily functioning. The length of treatment also varies. Some people may respond well to initial treatment and others may require some form of support throughout their lives.

Both medication and therapy have been shown effective in treating Social Anxiety. Treatment of social anxiety disorder responds best to a combination of medication and therapy, while therapy alone is often sufficient for some sufferers of social anxiety.

Medications: Several types of medication are prescribed to treat SAD. Each has its advantages and disadvantages depending on each particular situation.

Benzodiazepines: Benzodiazepines are mild tranquilizers that prevent or reduce symptoms of anxiety. They have several effects on the brain that are generally sedative. Some examples are:

- Xanax
- Ativan
- Valium
- Klonopin

Known for being fast-acting and well-tolerated, benzodiazepines have the potential to be habit-forming and should not be prescribed for someone with a substance abuse disorder. This class of medications is not considered the first-line of treatment for social anxiety disorder.

Beta Blockers: Beta blockers are taken orally a few hours before a performance to reduce symptoms of anxiety such as a rapid heart rate, hand tremors and the "butterflies in the stomach" feelings. Beta blockers are considered a better alternative than benzodiazepines for performance situations because they do not have a negative impact on mental sharpness. Some beta blockers include:

- Inderal
- Tenormin

Monoamine Oxidase Inhibitors (MAOIs): Until recently, MAOIs were considered the most effective family of medications for SAD. However, this class of medications have potentially serious side effects. Because of the associated risks they are generally not considered for treatment of social anxiety disorder unless other medications have not worked, or other
reasons suggest using this class of medications. Some brand name MAOIs:

Nardil
Parnate
Marplan

Selective Serotonin Reuptake Inhibitors (SSRIs): SSRIs have become the preferred type of medication for treating Social Anxiety. SSRIs side effects are generally well-tolerated and the medication is generally easy to dispense and monitor. Some examples of brand name SSRIs include:

Celexa
Paxil
Prozac
Lexapro
Luvox
Zoloft

Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRIs): SNRIs is a group of antidepressants used in the treatment of anxiety, depression and related disorders. SNRIs act on both the serotonin and norepinephrine in the brain; norepinephrine has been linked to energy and alertness. Below are a list of SNRIs:

Effexor (Only Effexor has been approved for Treating Social Anxiety)
Serzone
Cymbalta
Pristiq

Other Medications for SAD: There are several other medications used that do not fall into the above classes. Some include:
Vistaril
BuSpar

Cognitive-Behavioral Therapy (CBT): CBT is a form of psychotherapy designed to modify your thoughts and behaviors in order to positively influence emotions. Three major cognitive-behavioral techniques have been shown to help treat SAD-exposure, cognitive restructuring and social skills training.

Exposure: Exposure can take place either through imagining the specific performance or social anxiety situation, or in-vivo. In therapy one begins with imagined exposure and eventually progress to in-vivo exposure. The underlying principle of exposure therapy is that through practice and experience, the patient will become more comfortable in situations that would otherwise avoid.

Cognitive Restructuring: Cognitive restructuring focuses on the cognitive symptoms of the social anxiety situation such as poor self-concept, fear of negative evaluation by others and negative attribution bias (attributing positive outcomes to chance and negative outcomes to shortcomings).

Cognitive restructuring involves a series of exercises designed to identify negative thoughts, evaluate how true they are, and construct alternative thoughts to challenge original thoughts. Cognitive restructuring is thought to be important for the treatment of social anxiety disorder because of the strong cognitive aspect of the disorder and the typical chronic lifetime course.

Social Skills Training: Social skills training involves various exercises such as modeling, rehearsal and role-playing designed to teach appropriate behaviors and decrease anxiety in social situations. Not everyone requires social skills training as part of their treatment. These exercises are designed specifically for people who have actual deficits in social interaction above and beyond social anxiety. Below are some areas that might be targeted for social skills training:

Eye contact
Conversation
Assertiveness
Psychodynamic Therapy: In psychodynamic therapy the therapist elicits a person’s underlying emotions to work through them, and it is most useful for people who have a deeper unresolved reason for their anxiety. It may help address the potential influences of the patient's early life experiences, and also may be useful in some instances to explore potential resistance to change.

Alternative Treatments: Alternative treatments for social anxiety disorder include such things as dietary supplements, aromatherapy and hypnotherapy. Most alternative treatments have not been scientifically proven to work in the treatment of Social Anxiety Disorder. Some alternative treatments for social anxiety disorder:

- Dietary supplements
- Aromatherapy
- Hypnotherapy

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
present and past social networks,
present and past coping skills,
present and past physical health,
self-esteem,
interpersonal conflicts
financial issues
cultural issues

There are different sources of data that may be obtained from a:

clinical interview,
Gathering of social history,
physical exam,
psychological testing,
contact with client’s or patient’s significant others at home, school, or work

The integration of all this data is very critical for the clinician’s effect in treatment. It is important to understand the client’s or patient’s present awareness and the basis of the client’s struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set
some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.

It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

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Behavioral Definitions for Individuals with Social Phobias or Social Discomfort:

Social anxiety, shyness, or timidity that appears in most social situations.

Extreme sensitivity to the criticism or disapproval from others.

No close friends or confidants other than close relatives.

Avoids situations that require interpersonal contact.

Unwilling to be involved in social situations out of fear of saying or doing something foolish in front of others.

Unwilling to be involved in social situations out of becoming emotional in front of others.

Abuse of alcohol or chemicals to help relieve the anxiety in social situations.

Involvement in solitary activities during most waking hours.

Rapid heart rate, sweating, dry mouth, muscle tension, and shakiness during social situations.

Describes himself or herself as a loner type.
Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

Long Term Goals for Individuals with Social Phobias or Social Discomfort:

Learn to engage socially without excessive fear or anxiety.

Learn basic social skills that will enhance the quality of relationship life.

Learn the ability to form relationships that will increase his or her support system.

Agree to a acceptable balance between solitary time and interpersonal interaction with others.

Stop any use of alcohol or chemicals to relieve social anxiety and learn positive coping behaviors.

Step 3 and 4, Objective or Short Term Goal Construction and Strategies to Accomplish Goals:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient’s or client’s input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in non measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client’s or patient’s input. When all the necessary steps required to accomplish the short-term
goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal "Increase positive self-descriptive statements." Can be restated as; "By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem" Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.

Examples of a short term goals and its aligned strategies:

Short Term Goal Goal 1:
Identify and list and roots of fears connected to associating with others.

Therapeutic Interventions For Goal 1:
Build client therapeutic relationship to allow the expression of feelings and trust.

Identify and list the frequency, duration, intensity, and history of panic symptoms, fears, and
avoidance behavior.

Identify and bring awareness to the nature of any stimulus, situations, or thoughts, feelings, that precipitate or increase social fears and avoidance.

Short Term Goal Goal 2:

Teach and implement calming and coping strategies to manage social anxiety symptoms.

Therapeutic Interventions For Goal 2:

Teach relaxation techniques, such as diaphragmatic breathing and progressive muscle relaxation to manage social anxiety symptoms.

Teach that instead of trying to control your anxious feelings, to learn to ride the wave of anxiety until it gradually diminishes, that although the process takes time and effort, it is worth the reduction symptoms of social anxiety.

Teach that the attentional field is everything inside a person, such as thoughts, emotions, and physical responses, and everything outside the person, including sights and sounds, and that attentional focus skills allows one to attend to specific internal and external cues in the attentional field.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the clients present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.
Possible Diagnostic Suggestions for Adults Suffering Somatic Problems:

Somatic Symptom and Related Disorders

300.82 (F45.1) Somatic Symptom Disorder
Specify if: With predominant pain
Specify if: Persistent
Specify current severity: Mild, Moderate, Severe

300.7 (F45,21) Anxiety Disorder
Specify whether: Care seeking type, Care avoidant type

300.11 Conversion Disorder (Functional Neurological Symptom Disorder)
Specify Symptom type:
(F44.4) With weakness or paralysis
(F44.4) With abnormal movement
(F44.4) With swallowing symptoms
(F44.4) With speech symptom
(F44.5) With attacks or seizures
(F44.6) With anesthesia or sensory loss
(F44.6) With special sensory symptom
(F44.7) With mixed symptoms
Specify if: Acute episode, Persistent
Specify if: With psychological stressor (specify stressor) or Without psychological stressor

316 (F54) Psychological Factors Affecting Other Medical Conditions
Specify current severity: Mild, Moderate, Severe, Extreme

300.19 (F68.10) Factitious Disorder (includes Factitious Disorder Imposed on Seif, Factitious Disorder Imposed on Another)

Specify Single episode, Recurrent episodes

300.89 (F45.8) Other Specified Somatic Symptom and Related Disorder

300.82 (F45.9) Unspecified Somatic Symptom and Related Disorder

296.99 (F34.8) Disruptive Mood Dysregulation Disorder

Major Depressive Disorder

Single episode

296.21 (F32.0) Mild

296.22 (F32.1) Moderate

296.23 (F32.2) Severe

296.24 (F32.3) With psychotic features

296.25 (F32.4) In partial remission

296.26 (F32.5) In full remission

296.20 (F32.9) Unspecified

Recurrent episode

296.31 (F33.0) Mild

296.32 (F33.1) Moderate

296.33 (F33.2) Severe

296.34 (F33.3) With psychotic features

296.35 (F33.41) In partial remission

296.36 (F33.42) In full remission

296.30 (F33.9) Unspecified
300.4 (F34.1) Persistent Depressive Disorder (Dysthymia)

Specify if: In partial remission, In full remission

Specify if: Early onset, Late onset

Specify if: With pure dysthymic syndrome; Willi persistent major depressive episode; With intermittent major depressive episodes, will current episode; With intermittent major depressive episodes, without current episode

Specify current severity: Mild, Moderate, Severe

625.4 (N94.3) Premenstrual Dysphoric Disorder

Substance/Medication-Induced Depressive Disorder

293.83 Depressive Disorder Due to Another Medical Condition

Specify if:

(F06.31) With depressive features

(F06.32) With major depressive-like episode

(F06.34) With mixed features

311 (F32.8) Other Specified Depressive Disorder

311 (F32.9) Unspecified Depressive Disorder

Obsessive-Compulsive and Related Disorders

The following specifier applies to Obsessive-Compulsive and Related Disorders where indicated:

specify if:

With good or fair insight, With poor insight, With absent insight/delusional beliefs

300.3 (F42) Obsessive-Compulsive Disorder

Specify if: Tic-related

300.7 (F45.22) Body Dysmorphic Disorder

Specify if: With muscle dysmorphia

312.39 (F63.2) Trichotillomania (Hair-Pulling Disorder)
Choose one presenting problem. This problem must be identified through the assessment process.

Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least one long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this sure term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.

Sample Treatment Plan:
Behavioral Descriptors of Problem:

Unwilling to be involved in social situations
Fear of saying or doing something foolish in front of others
Fear out of becoming emotional in front of others

Long Term Goals:
Social anxiety, shyness, or timidity that appears in most social situations.
Extreme sensitivity to the criticism or disapproval from others.
No close friends or confidants other than close relatives.
Avoids situations that require interpersonal contact.

Short Term Goal Goal 1:
Identify and list and roots of fears connected to associating with others.

Therapeutic Interventions For Goal 1:
Build client therapeutic relationship to allow the expression of feelings and trust.
Identify and list the frequency, duration, intensity, and history of panic symptoms, fears, and avoidance behavior.
Identify and bring awareness to the nature of any stimulus, situations, or thoughts, feelings, that precipitate or increase social fears and avoidance.
Short Term Goal Goal 2:

Teach and implement calming and coping strategies to manage social anxiety symptoms.

Therapeutic Interventions For Goal 2:

Teach relaxation techniques, such as diaphragmatic breathing and progressive muscle relaxation to manage social anxiety symptoms.

Teach that instead of trying to control your anxious feelings, to learn to ride the wave of anxiety until it gradually diminishes, that although the process takes time and effort, it is worth the reduction symptoms of social anxiety.

Teach that the attentional field is everything inside a person, such as thoughts, emotions, and physical responses, and everything outside the person, including sights and sounds, and that attentional focus skills allows one to attend to specific internal and external cues in the attentional field.

Diagnostic Suggestions:

300.7 (F45,21) Anxiety Disorder - Avoidant type