

General Manual & Instructions for Automated Bot PLAN B

Links:

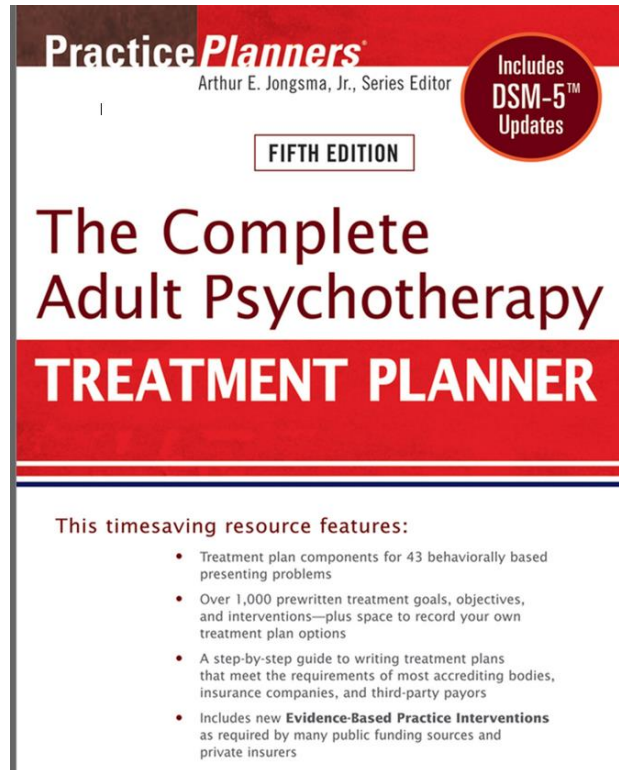
[Wiley The Complete Adult Psychotherapy Planner](#) (data source, where you will be getting the data from for extraction and organization)

[Spreadsheet for Wiley Psychotherapy Planner](#) (extracted data should go here)

Instructions

The bot should do the following step-by-step:

1. Open up the **Wiley The Complete Adult Psychotherapy Planner** document.



2. Go to the **Contents** section (around page 27) and use all the contents from items **Anger Control Problems to Vocational Stress** as the data/information source.

All the items starting from Anger Control Problems all the way up to Vocational Stress are called **“Problem Types”** and this term will be used to refer to them in this guide.

CONTENTS	
<i>PracticePlanners®</i> Series Preface	xi
Acknowledgments	xiii
Introduction	1
Sample Treatment Plan	10
Anger Control Problems ▼	14
Antisocial Behavior	27
Anxiety ▼	38
Attention Deficit Disorder (ADD)—Adult ▼	50
Bipolar Disorder—Depression ▼	62
Bipolar Disorder—Mania ▼	75
Borderline Personality Disorder ▼	87
Childhood Trauma	97
Chronic Pain ▼	105
Cognitive Deficits ▼	116
Dependency	129
Dissociation	138
Eating Disorders and Obesity ▼	147
Educational Deficits	161
Family Conflict ▼	169
Female Sexual Dysfunction ▼	180
Financial Stress	192
Grief/Loss Unresolved	200
Impulse Control Disorder	209
Intimate Relationship Conflicts ▼	220
Legal Conflicts	231
Low Self-Esteem	238
Male Sexual Dysfunction ▼	246
Medical Issues ▼	257
Obsessive-Compulsive Disorder (OCD) ▼	268
Panic/Agoraphobia ▼	278
Paranoid Ideation	289
Parenting ▼	296
Phase of Life Problems	309
Phobia	▼318
Posttraumatic Stress Disorder (PTSD)	▼328
Psychoticism	▼342
Sexual Abuse Victim	354
Sexual Identity Confusion	364
Sleep Disturbance	▼372
Social Anxiety	▼382
Somatization	▼393
Spiritual Confusion	406
Substance Use	▼413
Suicidal Ideation	427
Type A Behavior	▼437
Unipolar Depression	▼447
Vocational Stress	▼460
Appendix A Bibliotherapy Suggestions	472
Appendix B References to Empirical Support and Clinical Resources for Evidence-Based Chapters	504
Appendix C Recovery Model Objectives and Interventions	570
Appendix D Alphabetical Index of Sources for Assessment Instruments and Clinical Interview Forms Cited in Interventions	577

3. Go to the **Problem Type** (first one will be Anger Control Problems).

INTRODUCTION 13	
6. Identify, challenge, and replace biased, fearful self-talk with positive, realistic, and empowering self-talk.	1. Explore the client's schema and self-talk that mediate his/her fear response; assist him/her in challenging the biases; replacing the distorted messages with reality-based alternatives and positive, realistic self-talk that will increase his/her self-confidence in coping with irrational fears (see <i>Cognitive Therapy of Anxiety Disorders</i> by Clark and Beck).
	2. Assign the client a homework exercise in which he/she identifies fearful self-talk, identifies biases in the self-talk, generates alternatives, and tests through behavioral experiments (or assign "Negative Thoughts Trigger Negative Feelings" in the <i>Adult Psychotherapy Homework Planner</i> by Jongman), review and reinforce success, providing corrective feedback toward improvement.
DIAGNOSIS	
300.02 (F41.1)*	Generalized Anxiety Disorder
*ICD-9-CM Code (ICD-10-CM Code)	
ANGER CONTROL PROBLEMS	
BEHAVIORAL DEFINITIONS	
1. Shows a pattern of episodic excessive anger in response to specific situations or situational themes.	
2. Shows a pattern of general excessive anger across many situations.	
3. Shows cognitive biases associated with anger (e.g., demanding expectations of others, overly generalized labeling of the targets of anger, anger in response to perceived "slights").	
4. Shows direct or indirect evidence of physiological arousal related to anger.	
5. Reports a history of explosive, aggressive outbursts out of proportion with any precipitating stressors, leading to verbal attacks, assaultive acts, or destruction of property.	
6. Displays overreactive verbal hostility to insignificant irritants.	
7. Engages in physical and/or emotional abuse against significant other.	
8. Makes swift and harsh judgmental statements to or about others.	
9. Displays body language suggesting anger, including tense muscles (e.g., clenched fist or jaw), glaring looks, or refusal to make eye contact.	
10. Shows passive-aggressive patterns (e.g., social withdrawal, lack of complete or timely compliance in following directions or rules, complaining about authority figures behind their backs, uncooperative in meeting expected behavioral norms) due to anger.	
11. Passively withholds feelings and then explodes in a rage.	
12. Demonstrates an angry overreaction to perceived disapproval, rejection, or criticism.	
13. Uses abusive language meant to intimidate others.	
14. Rationalizes and blames others for aggressive and abusive behavior.	
15. Uses aggression as a means of achieving power and control.	

4. **Copy and paste each section of the Problem Type and organize them accordingly in a spreadsheet** (use the linked spreadsheet for reference).
- **Behavioral Definitions is the 1st column** and all behavioral definitions for the Problem Type should be listed.

A	B
Behavioral Definitions	
1. Shows a pattern of episodic excessive anger in response to specific situations or situational themes.	1. sl th
2. Shows a pattern of general excessive anger across many situations.	2. th sl
3. Shows cognitive biases associated with anger (e.g., demanding expectations of others, overly generalized labeling of the targets of anger, anger in response to perceived "slights").	3. fe le
4. Shows direct or indirect evidence of physiological arousal related to anger.	4. di ar re cr
5. Reports a history of explosive, aggressive outbursts out of proportion with any precipitating stressors, leading to verbal attacks, assaultive acts, or destruction of property.	5. nu cr
6. Displays overreactive verbal hostility to insignificant irritants.	6. ai ai
7. Engages in physical and/or emotional abuse against significant other.	7. cr fu
8. Makes swift and harsh judgmental statements to or about others	8. fe
+ ANGER CONTROL PROBLEMS	

- **Long-Term Goals is the 2nd column** and all long-term goals for the Problem Type should be listed.

C
Long-Term Goals
1. Learn and implement anger management skills to reduce the level of anger and irritability that accompanies it.
2. Increase respectful communication through the use of assertiveness and conflict resolution skills.
3. Develop an awareness of angry thoughts, feelings, and actions, clarifying origins of, and learning alternatives to aggressive anger.
4. Decrease the frequency, intensity, and duration of angry thoughts, feelings, and actions and increase the ability to recognize and respectfully express frustration and resolve conflict.
5. Implement cognitive behavioral skills necessary to solve problems in a more constructive manner.

- **Short-Term Objectives is the 3rd column** and all short-term objectives for the Problem Type should be listed.

Short-Term Objectives
1. Work cooperatively with the therapist to identify situations, thoughts, and feelings associated with anger, angry verbal and/or behavioral actions, and the targets of those actions. (1, 2)
2. Complete psychological testing or objective questionnaires for assessing anger expression. (3)
3. Cooperate with a medical evaluation to assess possible medical conditions contributing to anger control problems. (4)
4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a DSM diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)

- **Therapeutic Interventions is the 5th column** and all therapeutic interventions for the Problem Type should be listed.

Therapeutic Interventions
1. Develop a level of trust with the client; provide support and empathy to encourage the client to feel safe in expressing his/her angry emotions as well as the impact anger expression has had
2. As the client describes his/her history and nature of anger issues in his/her own words, thoroughly assess the various stimuli (e.g., situations, people, thoughts) that have triggered the client's anger and the thoughts, feelings, and actions that have characterized his/her anger responses.
3. Administer to the client psychometric instruments designed to objectively assess anger expression (e.g., <i>Anger, Irritability, and Assault Questionnaire</i> ; <i>Buss-Durkee Hostility Inventory</i> ; <i>State-Trait Anger Expression Inventory</i>); give the client feedback regarding the results of the assessment; re-administer as indicated to assess treatment response.
4. Refer the client to a physician for a complete medical evaluation to rule out medical conditions or substances possibly causing or contributing to the anger control problems (e.g., brain damage, tumor, elevated testosterone levels, stimulant use).
5. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change).
6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
7. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.
8. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, or occupational functioning).

- The 4th Column is a “connecting” column since each short-term objective is connected with a particular therapeutic intervention or set of therapeutic interventions (see example below).

Please ensure that every short-term objective is properly matched with their connecting therapeutic intervention/s.

Short-Term Objectives	(connected with)	Therapeutic Interventions
1. Work cooperatively with the therapist to identify situations, thoughts, and feelings associated with anger, angry verbal and/or behavioral actions, and the targets of those actions. (1, 2)	-->	<p>1. Develop a level of trust with the client; provide support and empathy to encourage the client to feel safe in expressing his/her angry emotions as well as the impact anger expression has had</p> <p>2. As the client describes his/her history and nature of anger issues in his/her own words, thoroughly assess the various stimuli (e.g., situations, people, thoughts) that have triggered the client's anger and the thoughts, feelings, and actions that have characterized his/her anger responses.</p>

Ex. Short-term objective #1 for Anger Control Problem has 2 connecting therapeutic interventions (#1 and #2).

4. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a DSM diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (5, 6, 7, 8)	-->	<p>5. Assess the client's level of insight (syntonic versus dystonic) toward the “presenting problems” (e.g., demonstrates good insight into the problematic nature of the “described behavior,” agrees with others’ concern, and is motivated to work on change;</p> <p>6. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).</p> <p>7. Assess for any issues of age, gender, or culture that could help explain the client's currently defined “problem behavior” and factors that could offer a better understanding of the client's behavior.</p> <p>8. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).</p>
---	-----	---

Ex. Short-term objective #4 for Anger Control Problem has 4 connecting therapeutic interventions (#5 - #8).

- **Diagnostic Suggestions (using DSM-5) will be the final column** and all DSM-5 diagnostic suggestions should be listed.

Diagnostic Suggestions (using DSM-5)
Alcohol Use Disorder, Moderate or Severe
Cocaine Use Disorder, Moderate or Severe
Adjustment Disorder, With Disturbance of
Conduct
Conduct Disorder
Intermittent Explosive Disorder

*Note: The Diagnostic Suggestions using DSM-5 is usually at the very last section of the Problem Type in the **Wiley The Complete Adult Psychotherapy Planner** document.*


Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	DSM-5 Disorder, Condition, or Problem
312.34	F63.81	Intermittent Explosive Disorder
296.xx	F31.xx	Bipolar I Disorder
296.89	F31.81	Bipolar II Disorder
312.8	F91.x	Conduct Disorder
310.1	F07.0	Personality Change Due to Another Medical Condition
309.81	F43.10	Posttraumatic Stress Disorder
V61.12	Z69.12	Encounter for Mental Health Services for Perpetrator of Spouse or Partner Violence, Physical
V62.83	Z69.82	Encounter for Mental Health Services for Perpetrator of Nonspousal Adult Abuse
301.83	F60.3	Borderline Personality Disorder
301.7	F60.2	Antisocial Personality Disorder
301.0	F60.0	Paranoid Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder
301.9	F60.9	Unspecified Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and DSM-5 Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.

5. Repeat the process for steps 2-4 until all Problem Types are completed.

CONTENTS

	PracticePlanners® Series Preface	xi
	Acknowledgments	xiii
	Introduction	1
	Sample Treatment Plan	10
	Anger Control Problems ▼	14
	Antisocial Behavior	27
	Anxiety ▼	38
	Attention Deficit Disorder (ADD)—Adult ▼	50
	Bipolar Disorder—Depression ▼	62
	Bipolar Disorder—Mania ▼	75
	Borderline Personality Disorder ▼	87
	Childhood Trauma	97
	Chronic Pain ▼	105
	Cognitive Deficits ▼	116
	Dependency	129
	Dissociation	138
	Eating Disorders and Obesity ▼	147
	Educational Deficits	161
	Family Conflict ▼	169
	Female Sexual Dysfunction ▼	180
	Financial Stress	192
	Grief/Loss Unresolved	200
	Impulse Control Disorder	209
	Intimate Relationship Conflicts ▼	220
	Legal Conflicts	231
	Low Self-Esteem	238
	Male Sexual Dysfunction ▼	246
	Medical Issues ▼	257
	Obsessive-Compulsive Disorder (OCD) ▼	268
	Panic/Agoraphobia ▼	278
	Paranoid Ideation	289
	Parenting ▼	296
	Phase of Life Problems	309
	Phobia	▼318
	Posttraumatic Stress Disorder (PTSD)	▼328
	Psychoticism	▼342
	Sexual Abuse Victim	354
	Sexual Identity Confusion	364
	Sleep Disturbance	▼372
	Social Anxiety	▼382
	Somatization	▼393
	Spiritual Confusion	406
	Substance Use	▼413
	Suicidal Ideation	427
	Type A Behavior	▼437
	Unipolar Depression	▼447
	Vocational Stress	▼460