Comprehensive Clinical Written Exam: Joe's Experience of Panic

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GCN799B: Comprehensive Counselor Education Exam

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April 13, 2023

The outcome goal in the therapeutic process assists in determining a therapeutic practice to support the client. Cognitive Behavioral Therapy, provides evidence based methods in fixating a clients attention towards modifying thoughts and behaviors. The client's participation is crucial for the modality listed above to achieve its therapeutic goal. CBT focuses on achieving a specific outcome through collaboration between the client and the therapist, until the client is able to independently tackle the challenge if and when another situation presents itself. The phrase "here and now," is the focal point in CBT, as it is time-limited and includes psycho-educational periods to empower the client towards positive decision making, and clinical reasoning. Cognitive behavioral therapy inclines towards the, "idea that how we think (cognition), how we feel (emotion) and how we act (behavior) all interact together. Specifically, our thoughts determine our feelings and our behavior" (Mcleod, 2023).

Joe's cyclical negative thought process and self-established limitations to his day-to-day activities has caused him to "avoid more things over time." His family has become frustrated by his limitations as "the family also made some adjustments for his anxiety." Joe has reached a point where he is now questioning, "where will it end?" While then expressing his therapeutic goals. The intense fear, uncertainty and anxiety that Joe is experiencing in conceivable panic inducing environments, along with his desire to seek help allows for Cognitive behavioral therapy to best support him along the process of counseling. He expressed willingness and participation throughout the assessment process with the therapist. While listing his own therapeutic goals and desired outcomes such as, "gaining confidence, using the highway again and going for a date to the movie theaters." The goals listed are behavior patterns that are influenced by his negative thoughts. In this case, providing evidence based methods to modify Joe's thoughts and behaviors are the therapists next steps in the therapeutic process. The

implementation of psycho-educational techniques has the potential to foster Joe's independence in developing new thought patterns and readjusting potential unwanted behaviors.

According to the, "*Diagnostic and Statistical Manual of Mental Disorders"* Agoraphobia, as coded in the DSM-5, 300.22 (F40. 00) and Panic Disorder, coded 300.01 (F41.0) are closely associated to the description and experiences that Joe is encountering on a day-to-day (5th ed.; DSM–5; American Psychiatric Association, 2013). Joe's diagnosis is that of Agoraphobia with Panic Disorder. In the article titled, "Diagnosis and Treatment of Agoraphobia with Panic Disorder," it is said that, "Cognitive-behavioral therapy is the best studied non-pharmacological approach and can be applied to many patients, depending on its availability" (Perugi, G., Frare, F., & Toni, C., 2007). Although antidepressants may be beneficial in the treatment process for Joe's experienced panic attacks and agoraphobia the incorporation of CBT, including talk-therapy and psycho-educational techniques would be the initial psycho-therapeutic process. If the outcome of Joe's goals are not met, the probability of pairing antidepressants with CBT would increase to highly likely.

The prescribed frequency treatment for the diagnosis Agoraphobia with Panic Disorder, will be a total of 12 weeks of therapy for Joe, each session consisting of an hour long. Joe's presenting problem is his growing need to limit the number of high-traffic and public places that are visited. However, as time goes on the list keeps growing and is limiting not only himself but also his family from completing their daily tasks. This limitation is due to the panic attacks that have been experienced on the supermarket line and the embarrassment of abruptly leaving his groceries behind. A couple of weeks later, he experienced a panic attack on the highway. Joe feared losing control of the car and crashing, which caused him to take the next exit. Since the

events of Joe's panic attacks he has developed an intense fear and anxiety towards experiencing another one, as he feels better only after completely removing himself from these busy areas, hence the list of limitations created.

The three treatment goals consist of assisting Joe in gaining and building the confidence to confront his fear in experiencing another panic attack. Gaining confidence to, as Joe mentions, "use the highway again and go for a date to the movie theaters." Joe's behavior is triggered by his negative thought patterns and feelings of fear and anxiety about potential factors. As indicated above regarding Cognitive Behavioral Therapy, in addressing Joe's thoughts, feelings and behaviors the hope is to bridge the gap between each, in light of Joe's understanding of how one impacts the other. The first step has been achieved as self-awareness is revealed in Joe's visit with the therapist, to seek an end to it all. Through talk therapy, Joe will process and write down how his thoughts are interconnected with his feelings and his feelings being interconnected with his behaviors. Another goal is achieving psycho-educational techniques in light of getting relief, calming the mind and body in stress inducing situations and his ability to practice them independently. Bearing in mind that avoidance is due to his anxiety and the more things are avoided the more anxiety will be maintained. Techniques such as being kind to himself, meditation and mindfulness to address anxiety during each psycho-therapeutic process will be conducted and assisted during sessions for independent practice. Lastly, reducing the list of limitations through confronting his fears is the final treatment goal. By doing so role-playing activities and creating new behaviors to overcome his worry in a process of also accepting himself and his current negative-response and behaviors. The role playing activities are arranged for training Joe to develop skills when having conversations with his family in reducing those limitations, when the opportunity presents itself.

The client will follow the steps in the order as listed below. The treatment plan will be implemented after the completion of a psycho-educational history form, for the gathering of baseline data. This will allow the therapist to assess the client and identify problems, collect enough information for the comparison of post-intervention data and the treatments effectiveness, while also building a therapeutic alliance with the client. Next, the therapist will partner with the client in creating treatment goals, objectives and implement treatment strategies and interventions. Lastly, discussion about the duration of time to complete the desired outcome goals is agreed upon. With reference to CBT, focus on preparing the client for independent application is maintained throughout the entire therapeutic alliance. As for Joe's self-awareness and understanding the interconnectedness of thoughts, feelings and behaviors, which will be addressed in the first few sessions of Joe's process; it's treatment strategy and interventions will include; cognitive challenging, cognitive refocusing, exploration of coping patterns, psycho-education, supportive reflection and symptom management. The next goal will be addressed as it arises in therapy sessions; concerning Joe receiving relief, calming the mind and body in stress inducing situations. The treatment strategies and interventions will include relaxation and deep breathing, exploration of emotions, and mindfulness training. Lastly, reducing the list of limitations on Joe and his family, through confronting his fears will include strategies and interventions such as; interactive feedback, exploration of emotions, psycho-education, mindfulness training, role-play and behavioral rehearsal, structure problem solving, and supportive reflection. As the treatment plan is the "backbone" of the therapist's time with the client, in allowing a guide for both the client and therapist. The implementation of treatment strategies and interventions upholds the effectiveness of the treatment plan.

Due to the gathering of baseline data, the setting of clear and specific goals, the

therapeutic alliance and Joe's diligence to meet his goals creates the best possible outcome to lead the client into the termination process after 12 weeks, that is only if the client has reached their desired goal. Throughout the therapeutic process the clients treatment plan will be reviewed and adjusted if needed, according to the clients progress, leading in to termination. As stated in the article titled, "How to Navigate the Termination of Therapy with a Client," "When a client achieves their goals, it may be appropriate to transition them to a new therapist or to terminate therapy altogether" (Oren et al., 2023). As termination has been agreed upon, reflection on the client's growth and his plan to sustain growth will be gathered on a mental health maintenance plan document. Along with gathering triggers and warning signs. Building a self care regime based on Joe's position in the healing process, while also including coping strategies, and his ability to detect when he should return to therapy. Lastly, to "ease the transition," in addressing, "what could have gone better or what went well," and "discuss any feelings of grief or anxiety about ending the treatment relationship," as indicated in the GoodTherapy article (Oren et al., 2023).

The treatment plan has been constructed with a mindset of collaborating with the client to experience growth and meet his specific goals, gathering baseline data for comparing the intervention data outcomes, while providing the resources necessary to empower the clients independence. Review and continuous documentation of client progress in the treatment plan will allow the therapist to maintain focus on the client's needs, here and now, whether or not the client meets their goals. As opposed to assuming the outcome of plans will be completely effective. With that being said, leaving room for adjustments or modifications is left for the character of the client and possible delays. Which is why the treatment plan will be effective as it is flexible and client-led. The treatment plan will be implemented after assessing the client,

identifying issues and incorporating discussed treatment goals. The selection of interventions are decided upon cognitive behavioral therapy and theories in support of the modality applied to the client's treatment plan.

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