

PHASE OF LIFE PROBLEMS

BEHAVIORAL DEFINITIONS

1. Difficulty adjusting to the accountability and interdependence of a new marriage.
2. Anxiety and depression related to the demands of being a new parent.
3. Grief related to children emancipating from the family (“empty nest stress”).
4. Restlessness and feelings of lost identity and meaning due to retirement.
5. Feelings of isolation, sadness, and boredom related to quitting employment to be a full-time homemaker and parent.
6. Frustration and anxiety related to providing oversight and caretaking to an aging, ailing, and dependent parent.

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LONG-TERM GOALS

1. Resolve conflicted feelings and adapt to the new life circumstances.
2. Reorient life view to recognize the advantages of the current situation.
3. Find satisfaction in serving, nurturing, and supporting significant others who are dependent and needy.
4. Balance life activities between consideration of others and development of own interests.

SHORT-TERM OBJECTIVES

1. Describe the circumstances of life that are contributing to stress, anxiety, or lack of fulfillment. (1, 2, 3)
2. Disclose any history of substance use that may contribute to and complicate the treatment of phase of life problems. (4)
3. 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

1. Explore the client’s current life circumstances that are causing frustration, anxiety, depression, or lack of fulfillment.
2. Assign the client to write a list of those circumstances that are causing concern and how or why each is contributing to his/her dissatisfaction (or assign “What Needs to Be Changed in My Life?” from the *Adult Psychotherapy Homework Planner* by Jongsma).
3. Assist the client in listing those desirable things that are missing from his/her life that could increase his/her sense of fulfillment.
4. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this *Planner*).
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; demonstrates ambivalence regarding the

- “problem described” and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the “problem described,” is not concerned, and has no motivation to 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, 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).
 9. Assist the client in clarifying and prioritizing his/her values (consider assigning “Developing Noncompetitive Values” from the *Adult Psychotherapy Homework Planner* by Jongsma).
4. Identify values that guide life’s decisions and determine fulfillment. (9, 10)

5. Implement new activities that increase a sense of satisfaction. (11, 12)
6. Identify and implement changes that will reduce feelings of being overwhelmed by caretaking responsibilities. (13, 14)
7. Implement increased assertiveness to take control of conflicts. (15, 16, 17)
10. Assign the client to read books on values clarification (e.g., *Values Clarification* by Simon, Howe, and Kirschenbaum; *In Search of Values: 31 Strategies for Finding Out What Really Matters Most to You* by Simon); process the content and list values that he/she holds as important.
11. Develop a plan with the client to include activities that will increase his/her satisfaction, fulfill his/her values, and improve the quality of his/her life.
12. Review the client's attempts to modify his/her life to include self-satisfying activities; reinforce success and redirect for failure.
13. Brainstorm with the client possible sources of support or respite (e.g., parent support group, engaging spouse in more child care, respite care for elderly parent, sharing parent-care responsibilities with a sibling, utilizing home health-care resources, taking a parenting class) from the responsibilities that are overwhelming him/her.
14. Encourage the client to implement the changes that will reduce the burden of responsibility felt; monitor progress, reinforcing success and redirecting for failure.
15. Use role-playing, modeling, and behavior rehearsal to teach the client assertiveness skills that can be applied to reducing conflict or dissatisfaction.
16. Refer the client to an assertiveness training class.
17. Encourage the client to read books on assertiveness and boundary

setting (e.g., *The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships* by Paterson; *Asserting Yourself* by Bower and Bower; *When I Say No, I Feel Guilty* by Smith; *Your Perfect Right* by Alberti and Emmons); process the content and its application to the client's daily life.

8. Apply problem-solving skills to current circumstances. (18, 19)
9. Increase communication with significant others regarding current life stress factors. (20, 21)
10. Identify five advantages of current life situation. (22)
18. Teach the client problem-resolution skills (e.g., defining the problem clearly, brainstorming multiple solutions, listing the pros and cons of each solution, seeking input from others, selecting and implementing a plan of action, evaluating outcome, and readjusting plan as necessary).
19. Use modeling and role-playing with the client to apply the problem-solving approach to his/her current circumstances (or assign "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner* by Jongsma); encourage implementation of action plan, reinforcing success and redirecting for failure.
20. Teach the client communication skills (e.g., "I messages," active listening, eye contact) to apply to his/her current life stress factors.
21. Invite the client's partner and/or other family members for conjoint sessions to address the client's concerns; encourage open communication and group problem solving.
22. Assist the client in identifying at least five advantages to his/her

- current life circumstance that may have been overlooked or discounted (e.g., opportunity to make own decisions, opportunity for intimacy and sharing with a partner, a time for developing personal interests or meeting the needs of a significant other).
11. Implement changes in time and effort allocation to restore balance to life. (23)
 12. Increase activities that reinforce a positive self-identity. (24, 25)
 23. Assist the client in identifying areas of life that need modification in order to restore balance in his/her life (e.g., adequate exercise, proper nutrition and sleep, socialization and reaction activities, spiritual development, conjoint activities with partner as well as individual activities and interests, service to others as well as self-indulgence); develop a plan of implementation (or assign “What Needs to be Changed in My Life?” from the *Adult Psychotherapy Homework Planner* by Jongsma).
 24. Assist the client in clarifying his/her identity and meaning in life by listing his/her strengths, positive traits and talents, potential ways to contribute to society, and areas of interest and ability that have not yet been developed (or assign “What’s Good About Me and My Life?” from the *Adult Psychotherapy Homework Planner* by Jongsma).
 25. Develop an action plan with the client to increase activities that give meaning and expand his/her sense of identity at a time of transition in life phases (e.g., single to married, employed to homemaker, childless to parent, employed to retired); monitor implementation; suggest the client read material on transitioning in life (e.g., *Managing*

Transitions: Making the Most of Change or Transitions: Making Sense of Life's Changes by Bridges).

13. Increase social contacts to reduce sense of isolation. (26, 27)
14. Share emotional struggles related to current adjustment stress. (28, 29)
26. Explore opportunities for the client to overcome his/her sense of isolation (e.g., joining a community recreational or educational group, becoming active in church or synagogue activities, taking formal education classes, enrolling in an exercise group, joining a hobby support group); encourage implementation of these activities.
27. Use role-playing and modeling to teach the client social skills needed to reach out to build new relationships (e.g., starting conversations, introducing self, asking questions of others about themselves, smiling and being friendly, inviting new acquaintances to his/her home, initiating a social engagement or activity with a new acquaintance).
28. Explore the client's feelings, coping mechanisms, and support system as he/she tries to adjust to the current life stress factors; assess for depth of depression, anxiety, or grief and recommend treatment focused on these problems if warranted (see the Unipolar Depression, Anxiety, and Grief/Loss Unresolved chapters in this *Planner*).
29. Assess the client for suicide potential if feelings of depression, helplessness, and isolation are present; initiate suicide prevention precautions, if necessary (see the Suicidal Ideation chapter in this *Planner*).

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| <p>15. Significant others offer support to reduce the client's stress. (30)</p> | <p>30. Hold family therapy sessions in which significant others are given the opportunity to support the client and offer suggestions for reducing his/her stress; challenge the client to share his/her needs assertively and challenge significant others to take responsibility for support (e.g., partner to increasing parenting involvement, partner to support the client's need for affirmation and stimulation outside the home, family members to take more responsibility for elderly parent's care).</p> |
| <p>16. Read self-help book on the difficult transition life is presenting currently. (31)</p> | <p>31. Suggest reading material to the client on making the transition that is stressful (e.g., new marriage, new parent, becoming full-time homemaker, providing care to an aging parent, retirement, or adjusting to an "empty nest"); consult the Bibliotherapy Appendix for selected titles.</p> |
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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	V62.89	Phase of Life Problem
	313.82	Identity Problem
	V61.10	Partner Relational Problem
	V61.20	Parent-Child Relational Problem
	309.0	Adjustment Disorder With Depressed Mood

	309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood
	309.24	Adjustment Disorder With Anxiety
	_____	_____
	_____	_____
Axis II:	799.9	Diagnosis Deferred
	V71.09	No Diagnosis
	_____	_____
	_____	_____

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

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
V62.89	Z60.0	Phase of Life Problem
V61.10	Z63.0	Relationship Distress With Spouse or Intimate Partner
V61.20	Z62.820	Parent-Child Relational Problem
309.0	F43.21	Adjustment Disorder, With Depressed Mood
309.28	F43.23	Adjustment Disorder, With Mixed Anxiety and Depressed Mood
309.24	F43.22	Adjustment Disorder, With Anxiety

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.