

VOCATIONAL STRESS

BEHAVIORAL DEFINITIONS

1. Feelings of anxiety and depression secondary to interpersonal conflict in the work setting.
2. Feelings of inadequacy, fear, and failure secondary to severe business losses.
3. Fear of failure secondary to success or promotion that increases perceived expectations for greater success.
4. Rebellion against and/or conflicts with authority figures in the employment situation.
5. Feelings of anxiety and depression secondary to being fired or laid off, resulting in unemployment.
6. Anxiety related to perceived or actual job jeopardy.
7. Feelings of depression and anxiety related to complaints of job dissatisfaction or the stress of employment responsibilities.

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LONG-TERM GOALS

1. Improve satisfaction and comfort surrounding coworker relationships.
2. Increase sense of confidence and competence in dealing with work responsibilities.
3. Be cooperative with and accepting of supervision of direction in the work setting.

4. Increase sense of self-esteem and elevation of mood in spite of unemployment.
5. Increase job security as a result of more positive evaluation of performance by a supervisor.
6. Pursue employment consistency with a reasonably hopeful and positive attitude.
7. Increase job satisfaction and performance due to implementation of assertiveness and stress management strategies.

SHORT-TERM OBJECTIVES

THERAPEUTIC INTERVENTIONS

1. Describe the nature and history of the vocational stress. (1, 2)

2. Complete psychological tests designed to assess the nature and severity of social anxiety and avoidance. (3)

3. Disclose any history of substance use that may contribute to and complicate the treatment of vocational stress. (4)

1. Establish rapport with the client toward building a therapeutic alliance.

2. Assess the client's history of vocational stress including perceived sources, client distress and disability, adaptive and maladaptive coping actions, and goals of treatment.

3. Administer a measure assessing the client's stressors and/or appraisals of stress and/or general sources of stress (e.g., *The Derogatis Stress Profile; The Daily Hassles and Uplifts Scale*).

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*).

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)
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).

5. Cooperate with an evaluation by a physician for psychotropic medication. (9)
6. Take prescribed psychotropic medication on a consistent basis. (10)
- ▽ 7. Participate in Stress Inoculation Training to alleviate stress and achieve personal goals. (11, 12, 13, 14, 15)
9. Arrange for a medication evaluation by a psychiatrist to assess the potential usefulness of a medication intervention.
10. Monitor the client for prescription compliance, side effects, and overall effectiveness of the medication; consult with the prescribing physician at regular intervals.
11. Use a Stress Inoculation Training approach beginning with a functional assessment of the stress problem including the contribution of the work environment, the client, and their interaction (see *Stress Inoculation Training* by Meichenbaum). ▽
12. Assist the client in conceptualizing stress including the role of cognitive appraisals, personal and interpersonal skills, and skills deficits, tying the conceptualization into the rationale for treatment. ▽
13. Use cognitive-behavioral techniques (e.g., instruction, modeling, practice, rehearsal, graduated application, and generalization) to train tailored personal and interpersonal skills (e.g., calming/relaxation, cognitive, coping, social/communication, problem-solving,

etc.) to facilitate adaptation and management of stress. ▽

14. Assign the client exercises in which he/she applies newly learned skills in increasingly challenging stressful situations; review; reinforce successes; problem-solve obstacles toward effective use. ▽
 15. Do relapse prevention training using common considerations such as differentiating a lapse from relapse, identifying and rehearsing the management of high-risk situations; and continued, everyday application of skills learned in therapy. ▽
 16. Assign the client to write a plan for constructive action (e.g., polite compliance with directedness, initiate a smiling greeting, compliment others' work, avoid critical judgments) that contains various alternatives to coworker or supervisor conflict. ▽
 17. Use role-playing, behavioral rehearsal, and role rehearsal to increase the client's probability of positive encounters and to reduce anxiety with others in employment situation or job search (recommend *Working Anger: Preventing and Resolving Conflict on the Job* by Potter-Effron). ▽
 18. Train the client in assertiveness skills or refer to assertiveness training class that teaches effective communication of needs and feelings without aggression or defensiveness. ▽
- ▽ 8. Identify and implement behavioral changes that could be made in workplace interactions to help resolve conflicts with coworkers or supervisors. (16, 17)
 - ▽ 9. Implement assertiveness skills. (18)

- ▼ 10. Learn and implement problem-solving skills. (19)
- ▼ 11. Verbalize healthy, realistic cognitive messages that promote harmony with others, self-acceptance, and self-confidence. (20, 21)
- ▼ 12. Identify and replace distorted cognitive messages associated with feelings of job stress. (22, 23, 24)
19. Conduct Problem-Solving Therapy (see *Problem-Solving Therapy* by D’Zurilla and Nezu) using techniques such as psychoeducation, modeling, and role-playing to teach the client problem-solving skills (i.e., defining a problem specifically, generating possible solutions, evaluating the pros and cons of each solution, selecting and implementing a plan of action, evaluating the efficacy of the plan, accepting or revising the plan); role-play application of the problem-solving skill to a real life issue (or assign “Applying Problem-Solving to Interpersonal Conflict” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼
20. Teach the client the connection between thoughts, feelings, and behavior; train the client in the development of more realistic, healthy cognitive messages that relieve anxiety and depression. ▼
21. Require the client to keep a daily record of self-defeating thoughts (e.g., thoughts of hopelessness, worthlessness, rejection, catastrophizing, negatively predicting the future); challenge each thought for accuracy, then replace each dysfunctional thought with one that is positive and self-enhancing (or assign “Journal and Replace Self-Defeating Thoughts” in the *Adult Psychotherapy Homework Planner* by Jongsma). ▼
22. Probe and clarify the client’s emotions surrounding his/her vocational stress. ▼

- ▽ 13. Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms. (25, 26, 27)
23. Assess the client's distorted cognitive messages and schema that foster his/her vocational stress; replace these messages with positive cognitions (or assign "Negative Thoughts Trigger Negative Feelings" in the *Adult Psychotherapy Homework Planner* by Jongsma).▽
24. Confront the client's pattern of catastrophizing situations leading to immobilizing anxiety; replace these messages with realistic thoughts.▽
25. Teach the client calming/relaxation skills (e.g., applied relaxation, progressive muscle relaxation, cue controlled relaxation, mindful breathing, biofeedback) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to his/her daily life (e.g., *New Directions in Progressive Muscle Relaxation* by Bernstein, Borkovec, and Hazlett-Stevens; *The Relaxation and Stress Reduction Workbook* by Davis, Robbins-Eshelman, and McKay).▽
26. Assign the client homework each session in which he/she practices relaxation exercises daily, gradually applying them progressively from non-anxiety-provoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.▽
27. Assign the client to read about progressive muscle relaxation and other calming strategies in

- relevant books or treatment manuals (e.g., *Mastery of Your Anxiety and Worry—Workbook* by Craske and Barlow; *The Daily Relaxer: Relax Your Body, Calm Your Mind, and Refresh Your Spirit* by McKay and Fanning).^{EF}▼
14. Identify own role in the conflict with coworkers or supervisor. (28, 29)
 15. Identify any personal problems that may be causing conflict in the employment setting. (30)
 16. Review family-of-origin history to determine roots for interpersonal conflict. (31)
 17. Identify patterns of similar conflict with people outside the work environment. (32)
 18. Replace projection of responsibility for the conflict with acceptance of responsibility for own role in conflict. (33, 34)
 19. Identify the effect that vocational stress has on feelings toward self and relationships with significant others. (35, 36)
 28. Clarify the nature of the client's conflicts in the work setting.
 29. Help the client identify his/her own role in the conflict, attempting to represent the other party's point of view.
 30. Explore the client's transfer of personal problems to the employment situation.
 31. Probe the client's family-of-origin history for causes of current interpersonal conflict patterns that are being reenacted in the work setting.
 32. Explore the client's patterns of interpersonal conflict that occur beyond the work setting but are repeated in the work setting.
 33. Confront the client's projection of responsibility for his/her behavior and feelings onto others; emphasize his/her need to examine his/her own role in the conflict.
 34. Reinforce the client's acceptance of responsibility for personal feelings and behavior as they contribute to the conflict in the work setting.
 35. Explore the effect of the client's vocational stress on his/her intra- and interpersonal dynamics with friends and family.

20. Develop and verbalize a plan for constructive action to reduce vocational stress. (37)
21. Verbalize an understanding of circumstances that led up to being terminated from employment. (38)
22. Cease self-disparaging comments that are based on perceived failure at workplace. (39, 40, 41, 42)
36. Facilitate a family therapy session in which feelings of family members can be aired and clarified regarding the client's vocational situation.
37. Assist the client in developing a plan to react positively to his/her vocational situation (or assign "My Vocational Action Plan" in the *Adult Psychotherapy Homework Planner* by Jongsma); process the proactive plan and assist in its implementation.
38. Explore the causes for the client's termination of employment that may have been beyond his/her control.
39. Probe childhood history for roots of feelings of inadequacy, fear of failure, or fear of success.
40. Assist the client in developing a list of realistic, positive statements about himself/herself (or assign "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner* by Jongsma); reinforce the client's realistic self-appraisal of successes and failures at workplace (recommend *The Self-Esteem Companion: Simple Exercises to Help You Challenge Your Inner Critic & Celebrate Your Personal Strengths* by McKay et al.).
41. Assign the client to separately list his/her positive traits, talents, and successful accomplishments, and then the people who care for, respect, and value him/her (or assign "What Are My Good Qualities?" in the *Adult Psychotherapy Homework Planner* by Jongsma); process

these lists as a basis for genuine gratitude and self-worth.

- 23. Outline plan for job search. (43, 44, 45)
- 24. Report on job search experiences and feelings surrounding these experiences. (46)
- 42. Teach the client that the ultimate worth of an individual is not measured in material or vocational success but in service to a higher power and others.
- 43. Help the client develop a written job plan that contains specific attainable objectives for job search (recommend *What Color Is Your Parachute?: A Practical Manual for Job-Hunters and Career-Changers* by Bolles).
- 44. Assign the client to choose jobs for follow up in the want ads and to ask friends and family about job opportunities (recommend *Fearless Job Hunting: Powerful Psychological Strategies for Getting the Job You Want* by Knaus et al.).
- 45. Assign the client to attend a job search class or resumé-writing seminar.
- 46. Monitor, encourage, and process the client's search for employment.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	309.0	Adjustment Disorder With Depressed Mood
	300.4	Dysthymic Disorder
	296.xx	Major Depressive Disorder
	V62.2	Occupational Problem
	309.24	Adjustment Disorder With Anxiety
	303.90	Alcohol Dependence
	304.20	Cocaine Dependence
	304.80	Polysubstance Dependence

Axis II:	301.0	Paranoid Personality Disorder
	301.81	Narcissistic Personality Disorder
	301.7	Antisocial Personality Disorder
	301.9	Personality Disorder NOS

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>
309.0	F43.21	Adjustment Disorder, With Depressed Mood
300.4	F34.1	Persistent Depressive Disorder
296.xx	F32.x	Major Depressive Disorder, Single Episode
296.xx	F33.x	Major Depressive Disorder, Recurrent Episode
V62.2	Z56.9	Other Problem Related to Employment
309.24	F43.22	Adjustment Disorder, With Anxiety
303.90	F10.20	Alcohol Use Disorder, Moderate or Severe
304.20	F14.20	Cocaine Use Disorder, Moderate or Severe
301.0	F60.0	Paranoid Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder
301.7	F60.2	Antisocial 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.

▽ indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.