

## Lack of Progress Worksheet

This Worksheet guides you, the therapist, through four steps to help you think systematically about one of your lack of progress (LOP) clients. A LOP case is a client who is not making progress, getting worse, or at risk of prematurely terminating treatment. The Worksheet will help you identify steps you can take to address the LOP.

**Step 1.** Identify a client and describe the client's LOP.

**Step 2.** Develop hypotheses about what is contributing to the patient's LOP and identify steps you have already taken to address the problem.

**Step 3.** Think more about the hypotheses, and identify potential action items to address the LOP.

**Step 4.** Make an action plan to address the LOP.

### Step 1

1. Date \_\_\_\_\_

2. Initials of the patient you are focusing on in this worksheet \_\_\_\_\_

3. This patient's progress in therapy is best described as (check all that apply):

\_\_\_ Little or no change    \_\_\_ Worse    \_\_\_ Risk of premature termination

4. Check off all the things in the following list that lead you to view this case as a LOP case:

\_\_\_ Progress monitoring data showing no change or worsening

\_\_\_ A **plot** of progress monitoring data showing no change or worsening

\_\_\_ A suicide attempt, hospitalization, or other crisis

\_\_\_ Your observations of patient/client behavior (e.g., frequent cancellations)

\_\_\_ Your feelings about the case (e.g., discouraged)

\_\_\_ Patient statements (e.g., "I'm not getting better," "I'm getting worse.")

\_\_\_ Statements from patient's family members ("She's not improving.")

\_\_\_ Statements from other providers

\_\_\_ Other: \_\_\_\_\_

5. Approximately how many months have you been concerned about this patient's LOP? \_\_\_\_\_

## Step 2

INITIAL THOUGHTS. Note here your intuitive or top-of-mind sense about anything that might be contributing to your client's LOP. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HYPOTHESES. Respond to the following questions about factors that may contribute to your client's LOP.

**1. My interpersonal relationship with the patient is weak or problematic in some way.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**2. Little is known in the field about how to treat my client's problems or disorder, or large numbers of patients with this problem fail to respond to the existing treatments.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**3. Treatment goals are missing, vague, unrealistic, or the patient and I do not fully agree on them.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**4. The treatment dose is not adequate to meet the client's needs (e.g., sessions are too infrequent), or the patient needs adjunctive treatment (e.g., pharmacotherapy) or a different treatment.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**5. The client and/or therapist is not fully engaged in or compliant with the treatment plan.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**6. My behaviors and/or those of the patient are interfering with the treatment (e.g., patient routine comes late to the session and I do not address that issue).**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**7. The client is not learning anything in the session or from the homework.**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**8. Substance use is interfering with treatment and/or progress.**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**9. Diagnosis is missing or unclear or might be wrong.**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**10. Case formulation is missing, unclear, incomplete, or unhelpful.**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**11. Client is ambivalent about changing, perhaps due to low confidence about being able to do it.**

Might this factor contribute to your patient's LOP? \_\_\_ Yes \_\_\_ No  
Have you already worked on this issue? \_\_\_ Yes \_\_\_ No  
If yes, what did you do? \_\_\_\_\_  
Was it helpful? \_\_\_ Yes \_\_\_ No \_\_\_ A little \_\_\_ Unsure

**12. Client's social support, including support for the therapy, is low.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**13. Client is experiencing high social strain (i.e., criticism, over-involvement, or other negative social interactions).**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**14. I am not expert in all of the skills needed to provide high quality treatment to this patient.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**15. Therapy sessions are unproductive.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

**16. Cultural factors are interfering with treatment.**

Might this factor contribute to your patient's LOP? ☐ Yes ☐ No

Have you already worked on this issue? ☐ Yes ☐ No

If yes, what did you do? \_\_\_\_\_

Was it helpful? ☐ Yes ☐ No ☐ A little ☐ Unsure

### Step 3

For each hypothesis in Step 2 that you indicated might contribute to your patient's LOP, read the material below related to that hypothesis. You'll find some questions to help you think more about the issue, and some action items you might want to consider taking. Think about the questions, and check off any ideas you want to consider further and any actions you want to consider taking. In Step 4 you'll review these notes and finalize an action plan.

#### 1. Interpersonal Relationship

What do you notice that suggests there may be a problem in your relationship with this patient?

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Does the case formulation yield any ideas about what might be causing problems in the relationship?

☐ Yes ☐ No

If Yes, write those ideas here:

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Do you have ideas about how to improve the relationship? ☐ Yes ☐ No

If Yes, write your ideas here:

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Potential ACTION ITEMS (check off any you want to consider):

- ☐ Make an audio or video-recording of the session and review to it to see if you can identify the details of problems with the relationship and get ideas for improving it.
- ☐ Use a paper-and-pencil tool to assess the patient's view of the relationship. Go to:  
<https://www.med.upenn.edu/cpr/documents/HAQ2QUES.pdf>.
- ☐ Discuss the relationship with the patient to learn more about it and brainstorm ideas for improving it.
- ☐ Consult with a colleague, including by asking the colleague (with the patient's permission) to watch/listen to a recording of the session.
- ☐ Consult with others who are providing treatment to this patient to see if they can help with this issue.

#### 2. State of the Field

Many patients have problems for which our field has not developed effective treatment (e.g., most personality disorders, many somatic symptom disorders, neurodevelopmental disorders). In addition, the treatments our field has developed, even for common problems like depression, are ineffective for significant proportions of patients.

Are empirically-supported interventions available for this patient's difficulties?

☐ Yes ☐ No ☐ I don't know

If Yes, are you currently using these interventions? ☐ Yes ☐ No

If No, are there similar problems for which empirically-based formulations and interventions--or any formulations and interventions at all--are available that could be adapted for this case?

☐ Yes ☐ No

Potential ACTION ITEMS (check off any you want to consider):

☐ Conduct a literature search to identify studies or case reports describing effective treatment of this patient's problem.

☐ Discuss the lack of information available about effective treatment for the patient's problems with the patient in a clear and frank way, and consider revising the treatment goals to be less ambitious.

☐ Discuss with the patient his/her treatment with you to identify when patient did better/worse in order to how the treatment could be modified to be more helpful.

☐ Work with the patient to develop a timeline of the patient's symptoms from the onset of symptoms to the present day, in order to identify when the patient did better/worse in order to identify factors that could be modified to improve the patient's condition (see p. 66, the illness history timeline in Frank (2005)).

☐ Consult with a colleague or expert who has treated similar problems.

☐ Refer the patient to another clinician who has more experience treating this patient's problems.

☐ Without identifying your patient, post on a professional listserve to ask if colleagues have any knowledge about or experience treating this patient's problem effectively.

### **3. Treatment Goals**

Have you and the patient set treatment goals? ☐ Yes ☐ No ☐

Do you and the patient agree completely on the treatment goals? ☐ Yes ☐ No ☐ I don't know

If No, where are the areas of disagreement?

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Are you using a written or online tool to monitor progress toward the goals? \_\_\_ Yes \_\_\_ No

Does the patient have goals to: \_\_\_ Change, improve? \_\_\_ Get support/have someone to talk to?

Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Discuss treatment goals with the patient in order to:

\_\_\_ Set goals.

\_\_\_ Update/clarify goals to make them clearer/more realistic or to increase the degree to which goals are shared.

\_\_\_ Ask the patient to do a homework assignment of writing a list of goals for therapy; then review the list in the session.

\_\_\_ Locate measures and/or mobile applications that can be used to monitor progress toward the patient's goals (e.g., see (Antony, Orsillo, & Roemer, 2001; Beidas et al., 2014; Nezu, Ronan, Meadows, & McClure, 2000)).

\_\_\_ If the patient wants support, not change, work with the patient to shift treatment from a change-oriented approach to one focused on palliative care. If the patient wants palliative care, evaluate whether you, the therapist, are willing to provide palliative care or would prefer to refer the patient to another provider. If you prefer not to provide palliative care, find the patient a therapist who has good skills at doing this, and work carefully and supportively but firmly to implement the referral.

\_\_\_ Sometimes a patient simply cannot or will not set treatment goals. If this is the case, let the patient know that you will allocate a few sessions to addressing this problem, but if after those few sessions, if s/he cannot set goals, you will want to refer him/her to a therapist who is comfortable working without goals. Then set a deadline by which you will make this referral and bring the treatment to a close if no goals can be set. Then hold to the deadline.

#### **4. Treatment Plan**

The term "treatment plan" describes the modalities, frequencies, providers, and contents of all elements of the treatment. For example, "weekly outpatient cognitive-behavior therapy that I provide, pharmacotherapy conducted by Joe Smith, M.D., a psychiatrist, and weekly dialectical behavior therapy (DBT) skills group conducted by Susan Jones, Psy.D."

Put the current treatment plan down on paper here:

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Who designed or determined the treatment plan?

☐ Me, the therapist    ☐ the patient    ☐ the patient's family    ☐ other treatment providers

How much confidence (0% to 100%) do you have in the treatment plan? \_\_\_\_\_

What is the treatment plan that you would view as ideal for this patient? To answer this question, a useful thought experiment is: **If this patient were a member of my family that I loved dearly, what would I view as the ideal super-high-quality gold standard treatment plan for him/her?** (Ignore for now whether the plan can actually be implemented.) The elements of this gold standard treatment plan are:

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To what degree (0% to 100%) is this ideal treatment plan being implemented? \_\_\_\_\_

What is the treatment plan you would recommend for this patient at this time (this might not be the ideal plan):

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To what degree (0% to 100%) is your recommended plan being implemented? \_\_\_\_\_

Do you and the patient agree on what treatment plan is best? Yes ☐ No ☐ Partly ☐

If there are multiple providers, are they working well together? Yes ☐ No ☐ Partly ☐

Do they communicate adequately with one another? Yes ☐ No ☐

Do they agree on a conceptualization and treatment plan? Yes ☐ No ☐ I don't know ☐

Do they all have the needed skills? Yes ☐ No ☐ Partly ☐ I don't know ☐

Is it clear who leads the treatment team? Yes ☐ No ☐

Potential ACTION ITEMS (check off any you want to consider):

☐ Discuss with the patient any discrepancies between the current treatment plan and the gold standard treatment plan or your recommended plan to identify and work to address impediments to implementing one of these.

☐ If you and the patient are not in full agreement about the treatment plan, initiate a discussion of this issue with the patient to work to arrive at a plan that both you and the patient are fully committed to.

☐ If you find that you are participating in a treatment plan in which you do not have confidence, work with the patient to change the plan to one in which you have confidence. If this cannot be done, refer



the patient to another clinician. Remember: “Seeking substandard care is the client’s choice. Providing substandard care is the clinician’s choice.” (Grosso, 2002).

\_\_\_ It can make sense to proceed with a non-optimal treatment plan (e.g., the patient has bipolar disorder and wants psychotherapy without pharmacotherapy even though combined treatment is the treatment of choice) if the therapist believes there is some chance the treatment can help, it is not too risky, and certain safeguards are in place (Gruber & Persons, 2012). If you are conducting a non-optimal treatment, consider putting these safeguards in place:

- \_\_\_ Obtain the patient’s full informed consent to a non-optimal treatment plan and a clear understanding that the treatment is non-optimal,
- \_\_\_ Collect progress monitoring data to evaluate if the non-optimal treatment is helpful,
- \_\_\_ Identify what steps will be taken (shift to optimal treatment, or referral to another provider) if the non-optimal treatment proves to be unhelpful.

\_\_\_ If there are multiple providers:

- \_\_\_ Call a meeting of all the providers to work to coordinate care.
- \_\_\_ Identify a leader of the treatment team.
- \_\_\_ Let the patient know that not all the providers on his/her team are working well together, and work to help the patient solve this problem.

## 5. Engagement/Compliance

Identify which of the following potential indicators of low **client** engagement you are observing (if any):

Attendance is irregular, homework compliance is low, no agenda for the therapy session, unfocused use of time in the therapy session, client appears to be “going through the motions,” other: \_\_\_\_\_

Identify which of the following potential indicators of low **therapist** engagement/commitment you are observing (if any):

Cancelling sessions, not working as hard for this patient as for others, going through the motions, not committed to this patient; other: \_\_\_\_\_

Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Assess client or therapist attendance, homework compliance, etc., systematically, perhaps using a written log, to learn more about it.

\_\_\_ Assess client engagement, e. g., by saying: “I’d like to rate your engagement in this treatment. We know your engagement is not zero, or you would not be here, but it also does not seem to be 100%. If I ask you to rate your engagement in/commitment to this treatment right now, what number, off the top of your head, would you give, any number between 0 and 100?”

\_\_\_ Talk with the patient about the factors contributing to the engagement/compliance problem and to make a plan to increase the patient's engagement/compliance.

\_\_\_ If the problem is therapist engagement, think carefully about whether you want to work to increase this or would prefer to refer this patient to another provider.

\_\_\_ Get consultation to identify factors leading to poor client or therapist engagement and ideas for increasing it.

\_\_\_ Work with the patient to set a date by which if the engagement or compliance problem is not solved, it does not make sense to continue to work together, and you will refer the patient to another therapist who might be a better fit for this patient. Then hold to the plan.

## 6. Therapy-interfering Behaviors

Therapy-interfering behaviors are behaviors that impede or risk destroying the therapy. These may overlap quite a bit with the behaviors indicating lack of engagement in item 5.

Identify which of the following **patient** therapy-interfering behaviors you are observing (if any):

Coming late to sessions, verbally attacking the therapist, refusing to listen to or follow the therapist's recommendations, other: \_\_\_\_\_

Identify which of the following **family member** therapy-interfering behaviors you are observing (if any):

Bad-mouthing the therapist/therapy, making it difficult for the patient to attend sessions, other: \_\_\_\_\_

Identify which of the following **therapist** therapy-interfering behaviors you are observing (if any):

Failing to prepare for the session, coming to sessions late, other: \_\_\_\_\_

Identify which of the following **adjunct provider** therapy-interfering behaviors you are observing (if any):

Not returning your phone calls, other: \_\_\_\_\_

### Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Identify one or two particularly problematic therapy-interfering behaviors (by patient or therapist) and monitor them, using a check mark on a piece of paper, each time they occur in the session, to increase awareness of these behaviors in the session.

\_\_\_ Discuss one of the most important therapy-interfering behaviors with the patient to help the patient understand how the behavior is interfering.

\_\_\_ Ask the patient to agree to work with you to modify the behavior.

\_\_\_ Get the patient's permission to point out the TIB when it happens in the session.

\_\_\_ Work with the patient to develop a protocol/action plan the patient will use to pivot out of the TIB and replace it with a new, more productive behavior, and ask the patient to agree to use the protocol whenever the TIB arises in the session.

\_\_\_ For therapist TIBs, make a plan to get the TIB fixed, seeking consultation if needed, and using audio or video recordings if needed to track the behaviors.

\_\_\_ Work with the patient to set a date by which if the significant TIBs cannot be modified, it does not make sense to continue to work together, and you will refer the patient to another provider with whom the patient may work more successfully. Then implement the plan.

Remember that if, despite your efforts to address the problem, the patient is not reliably and responsibly following through with his/her duties and responsibilities (e.g., paying the bill, attending sessions, accepting and following your recommendations (Grosso, 2002), or is doing things that cause you to feel frightened (e.g., threatening you), that you are entitled to proceed in a measured way, so long as the patient is not currently in crisis, to bring the therapy to an end (Younggren, Fisher, Foote, & Hjelt, 2011).

## **7. Client Learning**

Sometimes the therapist has the experience of working hard in every session to try to teach the patient something new, and finding at the end of the session or in the following session that the patient did not learn anything. For example, the patient works hard to carry out a difficult exposure task, and then asks the therapist, “Why am I doing this? How is it helping me?” Or the patient seems to learn something in the session but cannot retain it for more than a day or two.

What are you observing in session or between sessions that suggests there may be a problem in the client’s learning? \_\_\_\_\_

Are you aware of anything that may make learning difficult for the patient (e.g., a learning disability, a high level of shame elicited by a particular topic or intervention, etc.)? \_\_\_\_\_

### **Potential ACTION ITEMS (check off any you want to consider):**

\_\_\_ Assess patient learning in detail by asking the patient at key points in each session what s/he is learning, and at the beginning of each session, what was learned in the previous session, to identify if there is a problem in this domain.

\_\_\_ Discuss the lack of learning with the patient to see what might account for it.

\_\_\_ Add interventions to increase patient learning and retention, such as written notes of key lessons taught in the session, an audio-recording of the session that the patient can listen to, a review of key session learning points at the end of each session.

- ☐ Increase the dose of treatment or level of care (more frequent sessions, day treatment, inpatient treatment, or adding some type of adjunct treatment (e.g., pharmacotherapy, couples therapy, skills training group).
- ☐ Include significant others in the session so they can support learning outside and between sessions.
- ☐ Refer the patient for neuropsychological or other specialized assessment.
- ☐ Use apps or written prompts to remind the patient to use skills and concepts from the session outside of session.
- ☐ Institute telephone check-ins or coaching calls to help the patient use outside the session what s/he is learning in the session.

## 8. Substance Use

If your patient is abusing alcohol or prescription drugs or using illicit substances, write down here what substances the patient is using.

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Or if you don't have information about the patient's substance use, indicate that here. \_\_\_\_\_

Write down indications that substance use is interfering with the patient's functioning or the progress of treatment:

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Is the patient motivated to address substance use in therapy? Yes ☐ No ☐

Potential ACTION ITEMS (check off any you want to consider):

- ☐ Assess the patient's substance use in detail.
- ☐ Use motivational interviewing strategies to help the patient increase willingness to treat the substance use
- ☐ Work with the patient to set a goal to reduce or stop substance use.
- ☐ Introduce interventions to monitor and help the patient reduce substance use.
- ☐ Let the patient know that s/he must get treatment for his/her substance use first/in addition in order to continue working with you.
- ☐ Get consultation from an expert in substance abuse to help you think about the best action to take in this case.

## 9. Diagnosis

List here the diagnoses you have given this patient: \_\_\_\_\_

\_\_\_\_\_

Do you have any observations or data that suggest this list of diagnoses may be incomplete or incorrect?

\_\_\_\_\_

Have you conducted a comprehensive diagnostic evaluation? Yes \_\_\_ No \_\_\_

Potential ACTION ITEMS (check off any you want to consider):

☐ Discuss the diagnosis with the patient.

☐ Ask the patient to complete the Diagnostic Screening Tool (<https://cbtscience.files.wordpress.com/2014/01/diagnostic-screening-tool-20141.pdf>) and review it in the session, or use another diagnostic assessment tool.

☐ Get consultation from colleagues to brainstorm diagnostic hypotheses for this patient.

☐ Ask the patient to get a consultation with an expert who can help with diagnosis.

☐ Do a literature search to identify some tools or an interview that you can use to carry out a diagnostic assessment.

## 10. Case Formulation

The case formulation describes the primary psychological or biological factors (e.g., maladaptive beliefs, problematic contingencies, skills deficits) that the therapist hypothesizes are causing and maintaining the patient's problems and disorders.

Do you have a formulation for this case? Yes \_\_\_ No \_\_\_ A vague one \_\_\_

Is the formulation written down? Yes \_\_\_ No \_\_\_

Have you shared the formulation with the patient? Yes \_\_\_ No \_\_\_

Potential ACTION ITEMS (check off any you want to consider):

☐ Write out a case formulation for the patient.

☐ Collect more information from the patient, including a comprehensive problem list and a full family and social history, to determine whether other factors not currently in the formulation that might be causing and maintaining the patient's problems.

\_\_\_ Ask the patient to complete a measure of dysfunctional beliefs or attitudes to determine whether maladaptive beliefs might be causing or maintaining the patient's problems (e.g., see (Antony et al., 2001; Nezu et al., 2000).

\_\_\_ Use a behavioral chain analysis or other methods to begin to collect information about antecedents and consequences in order to develop a functional analysis of a key problem behavior.

\_\_\_ Discuss the formulation with the patient to improve it and to arrive at a shared formulation.

\_\_\_ Read the evidence-based protocols for this patient's problems to identify what formulations those protocols rely on and whether one might fit this case.

\_\_\_ Get some consultation from colleagues or an expert to help you develop a formulation of the case and identify the intervention implications.

## **11. Client Ambivalence about Change**

What are you observing that suggests the client may be ambivalent about change? \_\_\_\_\_

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Remember, if client ambivalence to change is high, then working to reduce ambivalence and help the patient move toward readiness to take active steps to change is part of the therapist's job. Sometimes clients are reluctant to change because they will lose disability or other benefits if they change, their legal case will be jeopardized if they change, or they fear that other things in their environment (e.g., marriage, relationship with boss) will deteriorate if they change. Sometimes clients are reluctant to try to change because they do not have confidence they can succeed at the task.

What factors might be contributing to your patient's ambivalence about change?

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### Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Assess readiness to change, perhaps via an exercise examining pros and cons of changing.

\_\_\_ Assess patient confidence about taking the actions needed to change.

\_\_\_ Read about/get consultation/get training on using motivational interviewing to enhance readiness to change.

\_\_\_ Target readiness for change, perhaps using motivational interviewing and by pointing out when the patient's lack of change is causing problems, and let go of other treatment targets for now.

\_\_\_ Stop trying to push the patient to change and instead use motivational interviewing to elicit, listen for, and reinforce any change talk the patient emits.

\_\_\_ Work with the patient to shift from treatment goals to solve certain problems to goals of helping the patient decide whether s/he wants to take action to solve the problems.

## **12. Social Support**

Remember that just because a patient has a broad/large social network does not mean that she/he has a high level of support. The patient may not perceive the network as being available or supportive. The patient may have supportive others available but feel uncomfortable or unwilling to call on them.

How much social support does the patient have? \_\_\_ Virtually none \_\_\_ A little

\_\_\_ A moderate amount \_\_\_ A lot \_\_\_ I don't know; it would be useful to assess

Who is the patient's main support? \_\_\_\_\_

Does that person support the therapy? Yes \_\_\_ No \_\_\_ Partly \_\_\_ I don't know \_\_\_

Are you, the therapist, the patient's main support? Yes \_\_\_ No \_\_\_

### Potential ACTION ITEMS:

\_\_\_ Assess the patient's level of perceived social support using a scale like the one found at:

[http://www.rand.org/health/surveys\\_tools/mos/mos\\_socialsupport\\_survey.html](http://www.rand.org/health/surveys_tools/mos/mos_socialsupport_survey.html)

\_\_\_ Discuss social support with the patient and if it is low, work to set a goal to increase social support.

\_\_\_ Work with the patient to discuss what can be done to enhance his/her social support. This might involve addressing factors that interfere with his/her ability to use existing support, working to deepen existing social relationships, reaching out to make new social connections, or something else.

\_\_\_ Invite the patient's main support to join a therapy session in order to assess that person's degree of support for the therapy and/or to work to strengthen it.

## **13. Social Strain**

How much social strain (e.g., individuals who are highly critical, negative, overly involved, etc.) does the patient have in his/her life?

\_\_\_ Virtually none \_\_\_ A little \_\_\_ A moderate amount \_\_\_ A lot \_\_\_ I don't know

### Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Discuss with the patient how social strain may be affecting his/her functioning or progress in therapy.

\_\_\_ Assess social strain via clinical interview or a self-report scale of social strain or perceived criticism.

\_\_\_ Consider whether there is a specific person who may be a particularly significant source of social strain for the patient, and discuss with the patient interventions that may help reduce the level of strain

in this relationship (e.g., learning and practicing assertiveness skills; inviting the person to join you for a session to address the difficulties in the relationship; making a referral to couple or family therapy).

#### **14. Therapist Skills**

All therapists have the experience of beginning to treat a patient and then finding out that the patient has problems for which the therapist's skills are inadequate.

Does this patient's diagnosis and/or presenting problems fall within the range of the patients you most commonly treat and have extensive training and skills to treat? Yes \_\_\_\_ No \_\_\_\_

Potential ACTION ITEMS (check off any you want to consider):

- ☐ Determine whether you want to learn the skills needed to treat this patient's presenting problems.
- ☐ Determine where you could learn the skills needed to treat this patient's problems (e.g., workshops, online training, consultation, readings) and take steps to get the learning you need.
- ☐ Provide the patient with full informed consent about your skills in the area of his/her problems, and collaborate with the patient on making a plan to address the issue.
- ☐ Consult with a colleague who has extensive experience and skills in treating patients with problems like that of the patient you are treating.
- ☐ Consider referring the patient to another provider who has stronger skills in treating the patient's problems.

#### **15. Unproductive Therapy Sessions**

How would you rate the productivity of your sessions with this patient on a scale of 0% (we get nothing accomplished) to 100% (every moment of the session is used productively)? \_\_\_\_\_

What are you observing that indicates there is a problem with session productivity?

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Potential ACTION ITEMS (check off any you want to consider):

- ☐ Discuss the lack of productiveness of the therapy sessions with the client.
- ☐ Monitor and work with the patient to change the behaviors that reduce the productivity of the session.
- ☐ Get consultation to develop an action plan to increase session productivity.
- ☐ Work with the patient to set a date by which if session productivity cannot be increased to a high level, it does not make sense to continue to work together, and you will refer the patient to another provider with whom the patient might be able to work more productively. Then implement the plan.



## 16. Cultural Factors

Does the patient have an ethnic or cultural background different from your own? Yes \_\_\_\_ No \_\_\_\_

Is the patient's ethnic or cultural background unfamiliar to you? Yes \_\_\_\_ No \_\_\_\_

Potential ACTION ITEMS (check off any you want to consider):

\_\_\_ Discuss the ethnic and cultural issues with the patient to get the patient's opinion as to whether they are interfering, how they might be interfering, and how they might be addressed.

\_\_\_ Get consultation from a professional who has expertise working with patients from this cultural or ethnic background.

\_\_\_ Refer this patient to a provider who has expertise and experience working with patients from this patient's cultural or ethnic background.

#### Step 4

Review all the notes you made in Step 3 above and complete the following:

ACTION ITEMS I plan to implement:

1.

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2.

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3.

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ACTION ITEMS I want to consider:

1.

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2.

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3.

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IDEAS about this patient's LOP that I want to note here so I can think about them more:

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