



TREATMENT GUIDE

OF SELECTED

DSM IV & V
DIAGNOSES

SECOND EDITION

FARIDEH FAZLIAN PH.D



This book offers targeted treatment plans with immediate treatment concerns, short and long-term intervention methods and strategies, taking into consideration the patient age range. The sections focus on children, adolescents, and adults.

**Treatment Guide of Selected DSM IV & V
Diagnoses - Second Edition**

By Farideh Fazlian, PhD

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Second Edition

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Mood Disorder Due to General Medical Condition

Immediate Treatment Plan/Goals

I. Immediate Concern Treatment Issues

- ◇ Suicide Risk
- ◇ Major medical condition
- ◇ Depressed mood in depressed type
- ◇ Slowed thinking in depressed type
- ◇ Distractibility in manic type
- ◇ Possible danger to others in manic type
- ◇ Irritability elevated or expansive mood in manic type.
- ◇ Danger to self
- ◇ Feeling of helplessness
- ◇ Medication abuse
- ◇ Anxiety

II. Treatment Plan/Goals

- ◇ To assess the severity of immediate concern issues/crisis and make appropriate intervention to maintain the client's safety.
- ◇ To assess other concern issues and proceed with appropriate intervention to contain presented condition and other immediate concern issues.

III. Intervention Methods

- ◇ Directive/ Problem Solving/Supportive Approaches

IV. Strategies

*** Obtain signed informed consent from the parents or legal guardian if the patient is a minor (clarify the limits of confidentiality in advance and include a clear financial/fee contract.)

1. Be alert if the condition of the patient indicates a medical emergency and take appropriate action to secure the safety of the patient (calling emergency, use of hospital/ambulance, emergency call to the patient's physician).
2. Proceed with the hospitalization process as soon as possible and be alert to suicidality and danger to self.
3. Assess suicide risk and danger to self and make appropriate intervention.
4. Assess potential danger to others and make appropriate intervention. If necessary, proceed with the mandated report.

5. Cooperate with the physician and medical staff by maintaining stability of the patient's emotional condition in response to his/her medical condition.
6. Refer to M.D. for medication intervention if it is necessary for very depressed mood, severe anxiety, and irritability.
7. Provide direct and supportive intervention to reduce depressed mood and the feeling of helplessness by being empathetic and supportive.
8. Attend to other immediate concern issues and crises and contain the adverse effects on the client.
9. Mobilize support systems for providing support and help to the client.
10. Help the client to use breathing and relaxation techniques to reduce anxiety and irritability caused by a G.M.C.
11. Be alert for the patient's medication abuse and make appropriate intervention.

Patients with complicated medical conditions or patients requiring complicated surgery sometimes experience a pattern of mood-related disturbance presenting symptoms with anxiety, agitated or irritable mood, and depression. Patients experiencing acute mood-related signs and symptoms are seen for the first time in outpatient medical or mental health crisis clinics or psychiatric emergency rooms. It is not unusual for some of these patients, along with their major medical complication or expectation of major surgery, to have severe mood disturbances such as anxiety or agitated mood or to develop a secondary medical complication such as elevated BP. The triggers of secondary medical complications are often the acute experience of elevated mood disturbance and increased stress. Nonetheless, in such cases, the patient might be seen in a medical emergency room for acute physical symptoms related to secondary medical complications. In severe cases, the treatment team includes both medical and mental health professionals. In either situation, due to the presentation of acute psychological conditions, the immediate evaluation of the patient on the potential danger to self should be given priority while handling the acute secondary medical complications. If a patient presents to be a danger to themselves or others, risk management and immediate intervention is critical to ensure the safety of the patient and others. If the patient is suicidal, placement on 72-hours observation, intervention, and termination of the observation period is similar to the intervention was discussed in depressive disorders.

Often, as part of intervention in this initial stage of treatment, the patient is evaluated for medication intervention for preventing severe mood disturbance and for secondary acute medical complication. In most cases, observation, and intervention in the emergency room for the reduction of acute secondary medical conditions and dealing with acute mood disturbances should be considered. After this initial emergency intervention, some patients usually might require only follow-up outpatient evaluation and intervention after a few hours of observation. However, if

a danger to self or the triggered severe secondary acute medical condition requires 24-72 hours observation for safety and stabilization, a mental health or medical clinician should put the patient under observation. Under observation, the mental health clinician intervention focus will be on the patient's safety and stabilization of acute mental health symptoms, while medical team should address the secondary acute medical complications and medication management.

One must note that a patient with a mood disturbance complication due to a medical condition, in severe cases, needs both medication intervention and directive/supportive/problem-solving mental health intervention for mental health condition at this stage of the treatment. To prevent mood disturbance relapsing during the immediate treatment, it is important to prioritize providing brief education to the patients about their alarming signs and symptoms. Intervention at this critical stage should be in compliance with effective evidence-based treatment intervention. At this stage of treatment, it is critical to work with the patient to identify the causes of triggered acute anxiety, agitated/irritable mood, and distress. Although providing supportive intervention is necessary, it is crucial to maintain directive intervention to help the patient deal effectively with anxiety-provoking thoughts and self-induced anxiety, stress, and other mood complications. It is important for a clinician to be alert that substance or medication abuse is not triggering the acute mood complication. In this case, immediate intervention requires dealing with substance or medication abuse as part of the immediate treatment.

One should note that mood disturbance complications due to medical conditions are patients' emotional response to their severe medical complication, medication effects, or both. This is critical both to medical and mental health clinicians and the treatment teams involved in intervention to proceed with an effective treatment plan. Sometimes a patient's treatment non-compliance tendency and their attitude in dealing with major medical complications contribute to a cycle of increased medical symptoms and mood disturbance problems. In this case, the patient's non-adherence with medical treatment would be addressed in this initial stage, while helping the patient become aware of this cycle. Often, directive problem-solving and supportive intervention in dealing with non-adherence to medical treatment at this stage of intervention, along with an effective medication regimen and brief psycho-educational intervention to keep the patient in treatment and prevent from a relapse. It is important to continue the intervention on non-adherence to the next stage of the treatment.

If the patient is held on 24–72-hour observation, prior to release, the attending clinician must establish adequate rapport with the patient if continuation of mental health treatment is considered necessary. It is critical for a clinician to be alert to the presented signs and symptoms of mood disturbance relapse and triggers for the duration of immediate intervention. A successful outcome at this stage of treatment includes reducing acute signs and symptoms related to depressed feelings, anxiety,

irritated or agitated mood, acute stress level, and reduction of the intensity and frequency of the secondary acute medical complication(s). As well, successful preparation of the patient for transition to the short-term treatment intervention stage should be given priority prior to the initiation of the short-term intervention period.

Short-Term Treatment Plan

I. Treatment Issues

- ◇ High risk of danger to self
- ◇ Depression
- ◇ Noncompliance with medical treatment
- ◇ Extensive concerns about basic nutrition and poor appetite
- ◇ Extensive anxiety about the medical condition/problem
- ◇ Sleep disturbance
- ◇ Agitation/irritability
- ◇ Elevated/expansive mood in case of a manic state
- ◇ Limited awareness of the limits of the progress of the medical condition in the case of a manic state
- ◇ Psychomotor retardation in the depressed type
- ◇ Feeling of helplessness in the depressed type

II. Treatment Plan/Goals

- ◇ To deal with noncompliance behavior towards medical intervention and treatment.
- ◇ To reduce/eliminate psychological symptomatic behaviors caused by medical condition.
- ◇ To improve coping skills in dealing with medical/psychological condition.

III. Intervention Methods

- ◇ Supportive/Cognitive-Behavioral/psycho-educational Approaches

IV. Strategies

1. Establish working and therapeutic alliance with client (Be empathetic about client's feelings and needs).
2. To deal with non-compliance with medical treatment, cooperate with medical team and educate client about his/her medical condition/emotional condition and process of the progress.
3. Cooperate with the medical team and nutritionist to educate client about his/her physical/emotional condition that affects his/her appetite and nutrition. Train client to use self-monitoring technique to normalize eating pattern.

4. To cooperate with the medical team, educate the client about the process of progress and possible limits of medical physical condition.
5. Lower anxiety, (a) cooperating with medical team in educating client about his/her medical condition and the process of progress and recovery. (b) training client to use breathing and relaxation exercises daily.
6. Train client to use self-monitoring, stimulus control technique, and relaxation exercise to deal with sleep problem.
7. Train client to use self-monitoring technique to reduce agitation and irritability.
8. Use Cognitive Re-structuring Technique to deal with negative thoughts and sense of helplessness to decrease depressed mood.
9. Work with client to develop appropriate activity schedule to improve his/her functioning level and mood stabilization.
10. Improve coping skills by training client to use relaxation exercise, assertiveness training, and communicating his/her needs and feelings.
11. Consider a referral for comprehensive psychological testing.

In the transition from immediate to short-term treatment stage, medical and medication intervention for both primary and secondary medical complications is expected to be maintained under the care of the medical team. In some cases, the patient might be on psychotropic medication for moderate mood disturbance complications under the care of the psychiatrist. It is critical to develop a comprehensive treatment plan , 1) to address the identified treatment issues, 2) to prevent relapse of acute psychological symptoms, and 3) to deal effectively with the pattern of a cycle that includes the stress caused by the primary medical condition, mood disturbance symptoms, and the patient's physical system responses to mood disturbance. The main goal of psychological treatment at this stage is relapse prevention, the reduction of psychological symptoms and identifying the disruptive cycle and its elements including stress, patient response to stress, and the patient's choice in maintaining the disruptive cycle. The focal treatment goals include relapse prevention and working with the patients on stabilizing their condition.

The focus in preventing symptom relapses (medical and mental) is maintaining medication compliance, keeping the patient in treatment, and addressing depressed/irritable/agitated/anxious moods. The application of combined supportive intervention with CBT, coping skills training and psycho-educational intervention are effective approaches of treatment at this stage. It is crucial to remember that some clinicians might have other preferred approaches in treating specific identified conditions or symptoms. At this stage of the intervention, application evidence-based treatment approaches should be considered for effective and positive treatment outcome.

For the duration of the short-term intervention in addressing non-compliance with medication and treatment as related to primary medical conditions or the patient's resistance; while using a follow through appropriate procedure, a clinician may initially start with supportive intervention to strengthen rapport with the patient. Then, the treatment process would be directed to psychoeducational and problem-solving intervention prior to the initiation of CBT treatment. In the application of CBT intervention and especially the cognitive restructuring techniques addressing non-compliance, the patient must be familiar with basic problem-solving skills and psychoeducational intervention. This would help a patient be aware of their resources, problems, limited flexibility, and cognition and judgment distortion in dealing with their problems and resistance about a surgery or needed necessary medical treatment. As well, these approaches would help with stabilization. Generally, a combined individual and group therapy is effective for positive treatment outcomes.

In applying the CBT intervention, cognitive restructuring is a highly effective approach when a patient presents signs and symptoms such as fear, anxiety, and depressed mood. Using relaxation training, including breathing exercises, coping skills training, enhancing self-control, and stimulus control will be effective in dealing with anxiety, and fear-provoking triggers situations. Generally, educating the patient about their fears, anxiety, irritability, and agitated mood is critical prior to the initiation of cognitive restructuring intervention. Also, the aim at this stage of treatment is to enhance a patient's awareness of their presenting conditions, resources, and needs for stabilization mentally and medically.

Training patients in group intervention on coping skills, especially self-monitoring techniques, is crucial in this stage of the treatment. It is very important to help the patient learn to use both learned treatment skills and resources for improving their sense of control needed to lower the frequency and intensity of mood disturbances, including irritability and agitation. It is critical to educate, train, and support a patient in practicing learned coping skills outside of treatment sessions. Practicing deep breathing exercises and recording negative thoughts and irrational responses with increased anxiety and fears should be given priority in assigned homework.

In addressing medication non-compliance at this stage of treatment, the patient's anxiety, and fear of relapses of the acute secondary medical complication should receive top priority. A patient would often benefit from live or online medication education classes or group sessions to increase awareness about identified psychological or secondary medical complications and the positive impact of medication in dealing with symptoms. Improved information and awareness about the medication's impact would also help the patient to deal effectively with fear of relapse. Educating patients about the treatment process in dealing with anxiety and depression helps the patient to identify one of the active symptoms to work on in treatment.

As a treating clinician, my approach in application of CBT intervention procedures is initially to direct and encourage patients to learn to define the problem symptoms in their own words as related to the identified condition. Training the patient to deal with the identified single symptoms helps the patient learn the treatment process and how to work on the assigned treatment homework. My focus of intervention at this stage of treatment is to help the patient maintain the assigned homework on self-monitoring of symptoms, stimuli, and triggers, their emotional and physical responses, and to use coping skills including deep breathing relaxation exercises, and meditation.

It is important for the individual therapy for these patients, a clinician focuses on issues such as coping with anxiety and depression or dealing with fear about chronic medical conditions, future surgery, and secondary acute medical complications, as well as feelings of hopelessness and helplessness. The focus should specifically be on ruminations, and distorted, dysfunctional, and negative thinking related to both primary and secondary medical complications or surgery. The goal of individual therapy at this stage is symptom reduction as related to the frequency and intensity of psychological symptoms triggered by the patient's emotional response to the primary medical complication, as well as coping with secondary medical complications, compliance with treatment, and working toward stabilization of their condition.

Participation in group therapy, including support groups on medical complication, educational groups as related to specific chronic medication condition are highly effective in consolidating treatment and working toward a positive short-term treatment outcome. Groups on mood regulation, stress management, sleep disturbance, and coping skills training are especially effective. Improving a patient's connection with their support system is helpful, and this may be addressed in a group therapy setting. Another issue that should be addressed is restoring self-care, which could be addressed in a class or group setting. At this stage of the treatment, a patient requires basic direction from the clinician or group therapist to develop a plan and techniques for self-monitoring and stimulus control as part of their treatment goals. As these goals are less complicated, improvement in these goals is crucial for the patient to experience some level of improved sense of self-esteem, self-control, and functioning. Continued application of supportive/directive and educational approaches in group therapy is appropriate to help the patient maintain their awareness and efforts.

For the duration of this stage of treatment, the clinician and patient must review the treatment plan, progress, and factors that might relate to changes in treatment progress every four weeks. Duration of the short-term intervention might not exceed 12 weeks. It is important to educate the patient in treatment review sessions on continuity of some of the intervention procedures to the next stage of the treatment. Active participation of the patient in planning and periodical review of the intervention plan is necessary. Patient feedback during treatment plan review about

the intervention must be given consideration. Minor changes and tailoring of the treatment plan might be necessary for effective and positive treatment outcomes. Adequate stabilization, symptom reduction, and improved patient compliance with treatment during short-term treatment is critical prior to the transition to the long-term treatment plan.

Long-Term Treatment Plan

I. Treatment Issues

- ◇ Transient suicidal condition due to medical complication
- ◇ Low self-esteem/sense of worthlessness.
- ◇ Complication from treatment follow up.
- ◇ Impaired social/vocational functioning due to medical condition
- ◇ Anger/frustration caused by limitation of physical condition.
- ◇ Fear of further complication with medical conditions

II. Treatment Plan/Goals

- ◇ To prevent relapse of suicidality and emotional complication due to G.M.C.
- ◇ To maintain treatment for medical condition.
- ◇ To improve poor sense of control and low self-esteem.
- ◇ To improve self-esteem.
- ◇ To deal with fears about medical condition.
- ◇ To deal with emotional trauma caused by medical conditions.
- ◇ To help client to develop a more realistic concept and picture of his/her medical complication. Help client to be aware of and understand the concept and association he/she has developed about conditions of the medical complications.
- ◇ To deal with family/social/vocational problems caused by his/her medical complication and emotional response to this complication.

III. Intervention Methods

- ◇ Supportive/Directive/Supportive/Psycho-educational/Insight Oriented Approaches

IV. Strategies

1. Work with client, using Psycho-educational approach to help him/her to maintain reception of medical care and prevent medical condition relapse.

2. Help client to remain in therapy intervention to prevent from relapse of mental health symptoms and potential suicidality.
3. Maintain the safety of the therapeutic relationship by empathizing with the client about medical condition and help him/her to alter the sense of self control and control the symptoms.
4. Review with client about the improved status and progress in dealing with his/her medical condition.
5. Help client to change the inner sense and concept of his/her medical complication by examining and differentiating the real properties and elements of the medical complication from the inner concept about that condition.
6. Deal with the traumatic effect of the medical complication on his/her relationship with family/spouse, social and vocational functioning.

Prior to initiating the long-term treatment intervention, for continuity of the treatment, it is important to acknowledge the patient's accomplishments in short-term treatment. At this stage of treatment, maintaining efficient rapport with the patient and involving the patient in treatment plan development is important for a positive treatment outcome. It is important to consider that the improvement in the patient's primary medical complications will positively contribute to the patient's psychological condition. It is critical at this stage that the clinician, physician, and patient work on a plan of preventing from relapse of medical conditions within the limits of the intervention plan or preparing for planned surgery. Such a plan may include: the patient maintaining their scheduled medical appointments, seeking emergency medical care if experiencing changes in medical condition, being compliant with medication, following through with necessities of medical care for relapse prevention, and compliance with mental health intervention including maintaining appointments with the assigned clinician.

The major focal points of mental health intervention for the duration of long-term treatment are to help the patient remain in treatment, prevent relapse of the presented initial acute psychological symptoms and transient overt or covert suicidal ideation, maintain improved medical conditions, and help the patient understand mental health responses to chronic medical complications and stress, and how the patient to cope to both medical and mental health complications. Other focal points at this treatment stage are improving the patient's activity level and physical condition, helping the patient use personal resources and the learned coping skills effectively, and dealing effectively with low self-esteem, helplessness, and hopelessness. It is a goal at this stage of treatment to help the patient resume a fair and average daily, social, and vocational functioning level. The application of some of the therapeutic approaches discussed in earlier chapters is considered to be appropriate in addressing most of

these treatment issues. It is important that applied therapeutic interventions are evidence-based treatments.

It is critical to educate the patient on relapse prevention. This could be addressed both in individual and group therapy. It is not unusual for some patients with chronic medical complications to experience transient covert suicidal ideation for some time after a successful short-term intervention. In most cases, though, patients with mood disorders due to medical conditions may not require suicide risk screening if a patient does not present the sign and symptoms of the depressive disorder. In some cases, one must include a plan of suicide prevention and suicide risk screening if the patient has a history of depressive disorder and transient suicidal ideation.

In my experience working with this group of patients, a successful treatment outcome would be the absence of suicide ideation over 18 months of the duration of long-term treatment. Also, the absence of relapses of severe or moderate psychological symptoms of depression, anxiety, fear, and other mood disturbances for the duration of the long-term treatment is particularly important. Such combined progress is the indicator of a positive prognosis in treatment progress.

For the duration of long-term treatment, it is important for the mental health clinician to arrange consultation and collaboration with the patient's medical physician to help the patient to navigate this stage of the treatment. Often, the medical team provides a patient with a plan of adjunct medical treatments, including a plan of attending live or online support groups or classes on medical complications, as well as medication education. However, some patients have difficulty following through with class or group participation expectations. The role of a mental health clinician is to provide both supportive and educational intervention to help the patient be compliant with the medical treatment plan. This supportive, educational, and problem-solving intervention could be provided to the patient either in individual, group, or both interventions.

In addressing the sense of suffering and demoralization that is a significant challenge to most patients, clinicians might consider working on other issues, such as helplessness and isolation too. My approach in working with this patient population is to work with the patient in individual therapy, helping the patient define the meaning of these psychological concepts, then using insight-oriented, supportive, and problem-solving interventions to help the patient deal with these issues. It is critical to understand and deal with a sense of suffering or demoralization and to help the patient be able to reach out for support and help, as well as use personal resources to cope with inner suffering and feelings of demoralization. The treatment approach addressing demoralization that was discussed earlier is an appropriate intervention for this population. The other issues I include in this part of the intervention are to support the patient in their efforts in practicing the learned treatment skills in their assigned treatment homework.

In individual therapy, if the patient's major mood disturbance is anxiety, the application of cognitive restructuring is important. Cognitive restructuring is to increase patient awareness of both internal triggers and chronic medical complications as stimuli and cues that contribute to the triggered anxiety. Patients require intervention in understanding connections between their thoughts & beliefs, especially those related to chronic medical complications that provoke strong emotional responses. Patients would benefit from understanding the association and connection between their thoughts and feelings about the strong emotional response and the pattern of a secondary acute medical complication. Working with this type of patient, focusing on anxiety-provoking details that the patient describes in sessions as related to their history, is critical for the clinician in tailoring treatment intervention strategies. Patients' tendencies of catastrophizing their chronic medical condition and the intensity of the mood disturbance are to be addressed using effective CBT techniques with problem-solving and supportive intervention. Both clinician and patient must work on the selected CBT techniques that would be effective for the treatment of the identified issues.

In individual therapy, patients need to vent their feelings as related to challenges with a true chronic medical complication or the patient's conceptualization of a less complicated medical condition, as well as the secondary medical conditions due to increased mood disturbance, psychological symptoms, and major difficulties and challenges due to practicing treatment-related work or homework. While I was working on this section of the book, the COVID-19 pandemic was in its initial 6 months. Strong emotional responses of most individuals, including fear, anxiety, and depressed feelings were a global psychological response experience. Such global psychological responses were in addition to the subjective fear of extinction that some people experienced. In patients with mood disorders due to medical conditions similar psychological responses should be given attention to individual therapy, particularly if the fear of extinction is identified. Often, patients with complicated and severe chronic medical conditions are challenged with feelings of fear of self-extinction. In individual therapy, using combined supportive and insight-oriented intervention for this fear of self-extinction must be effectively addressed for the duration of the long-term treatment. Generally, patients respond well to the application of insight-oriented approaches addressing the fears of extinction of "self," and the relationship patients are internally experiencing between having a severe medical complication and self-extinction.

Group therapy is a highly effective intervention at this stage of treatment. Some of the treatment issues from short-term group intervention might be continued to this treatment stage, however, additional group intervention should be included in the long-term treatment plan. Effective groups included in the plan are healthy eating, sleep hygiene, daily life activities practice, mood regulation skills, relaxation, and

self-monitoring skills training, stimulus control skills practices, physical activities, and improving social and vocational functioning.

In my work with this population, a patient's active participation in treatment plan development and treatment review is crucial for a positive treatment outcome. Although the patient is under the care of the medical team and the clinician addresses primary and secondary medical complications, it is important for the mental clinician to establish professional contact with the patient's medical doctor as appropriate for effective treatment of the psychological issues for the duration of the long-term intervention. I have found it is effective to keep active treatment intervention, including individual psychotherapy and group therapy based on the patient's treatment needs, from 12 to 18 months. A monthly treatment review is appropriate for the duration of the initial 6 months of long-term treatment. During the next 6 months of treatment, treatment review every 8 weeks is highly effective. As long-term intervention proceeds to the last 4 months of the treatment, the focus of the intervention will be on the gradual removal of therapeutic structure and helping the patient to practice the learned therapeutic skills without intense structure. This would help patients function independently from a clinician or the group therapist. Further, if a patient improves working independently, then the patient consolidates potentially learned skills and resources to use for the prevention of future psychological symptom relapse. It is crucial to include the patient's feedback for alteration of the treatment plan based on the patient's progress. Prior to the last month of the long-term treatment, the patient must initiate a plan of participation in adjunct treatment groups, meetings, or classes. In working with this population, it is my approach to develop a follow-up, infrequent visit plan with the patient as needed for the prevention of relapses of psychological complications.

Adjunct Treatment (Goals and Strategies)

1. Family/couple therapy to address how client's medical complication and his/her mental health condition affecting family functioning and relationships.
2. Support group participation with individuals who have similar medical complication.
3. Encourage client to join health club to improve his/her health lifestyle.
4. Refer to nutritional counseling to address healthy eating habits.
5. Refer to substance abuse support group if medication abuse is an issue.
6. Group therapy to maintain work on problem caused by on-going medical condition.
7. For fostering a healthy and positive lifestyle, encouraging client to join healthy social clubs, skill training classes, and participation in sports are critical.



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