

## ASSESSMENT AND TREATMENT PLAN

Dr. Childress Comments in Blue

Good work.

For the next paper, try to get greater clarity on structure of both the report and treatment plan sections.

Report:

- Identifying Information
- Presenting Problem
- History of Presenting Problem
- Family History
- Social History
- Work/Academic History
- Mental Status
- Diagnosis
- Summary
- Recommendations

Treatment Plan

- Short-Term Goals
- Interventions
- Long-Term Goals
- Interventions

For this client, I would see her long-term goals as:

1. Improved self-esteem and self-acceptance
  - a. Improved self-image and self-talk
  - b. Improved health-related behaviors
2. Reduced depressive symptoms
  - a. Reduced negative-critical self-talk
  - b. Improved self-nurturant behavior and interests
  - c. Increased pro-social behavior and involvement
3. Establishment of behaviors that would reasonably lead to formation of long-term intimate partner relationship
  - a. Improved self-image and self-acceptance
    - i. Weight loss if desired
  - b. Relatively frequent dating behavior
  - c. Involvement in pro-social activities and interests
4. Career development decisions
  - a. Establish self-relevant goals for career development
  - b. Enact career development behaviors consistent with goals

Assessment and Treatment Plan

<student name>

PSY / 544

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- Behaviors:
  - Withdrawing from social events with friends and family to avoid questions about her love life.
  - Pulling away from friends who are in relationships.
  - Declining opportunities for dates with new potential love interests.
- Examples of Recent Situation:
  - Client made an excuse to avoid a friend's engagement party
  - Client reported crying and feelings of depression after leaving a friend's baby shower recently.

2. The client reports feelings of stress due to her current financial situation and job.

- Thoughts:
  - "I am not where I should be financially"
  - "I have just had bad luck."
  - "No one understands how hard it has been for me"
  - "I feel like a failure"

- Behaviors:
  - Has changed careers 3 times within the last four years.
  - Has withdrawn from social activities

- Examples of Recent Situation:
  - Client borrowed money from her parents and reports feeling like a failure.

3. The client reports feeling helpless and depressed about being overweight. Client reports gaining 20 pounds over the last 6 months and having increased feelings of guilt and anxiety.

- Thoughts:
  - "I am disgusting and fat"
  - "This is why no one wants to marry me"
  - "I can't be intimate with anyone until I lose weight"

- Behaviors:
  - Avoidance of intimacy in past relationships due to concerns over body image.

- Pattern of crash dieting and excessive exercise followed by binge eating and sedentary lifestyle.
- Negative self-talk
- Examples of Recent Situation:
  - Client was uncomfortable touching or getting intimate in most recent past relationship due to anxiety about what her partner would think of her body.

### **History of problem:**

Ms. Doe reports feeling unhappy and stressed for a “long time.” She does not take pleasure in life and says she is just “getting through the day.” **According to Ms. Doe**, Over the past 10 years, Ms. Doe has dated multiple men and reports 3 relationships of 2 or more years. She has hoped for a husband and children since she was a child but feels that all “good men” are taken or would not be interested in her.

Ms. Doe has struggled financially over the last 7 years, and feels a victim of bad luck. She has changed careers more than 3 times within the last four years due to an attempt to find a more lucrative position. She currently works as a financial advisor though she has no previous experience in the industry. She has been in this position for approximately one year, working an average of 12 hours a day, and made less than \$30,000 with her current employer. When hired she was told that there is potential to make upwards of \$100,000 per year; she is hopeful that she will achieve that goal but currently struggles to survive and must count on her parents for supplemental income. She is resentful friends and family for their lack of support toward her career.

Ms. Doe expressed feelings of embarrassment, guilt, and depression about her current weight. She has recently gained 20 pounds and blames a lack of time and her ex-boyfriend for her weight gain. She has recently begun working and reports feeling better although she has not lost any weight.

### **Mental status:**

- Cognitions/Insight/Judgment:

The client is oriented to person, place, and time. She speaks clearly, and her thinking appears to be clear and goal-directed. She reports that she is unhappy and ruminates on her failed relationships, fears of being alone, financial stress and body image. She offered no insight to her negative thoughts. Client is very concerned over how she is perceived by others and attempts to hide her struggles from others.

- Affect/Mood:

The client's range of affect is somewhat limited and flat. The client appears to be down, depressed and anxious.

- Physiological functioning:

The client reports getting very little sleep due work demands and worry. She reports less than 5 hours of sleep per night.

Ms. Doe reports being 50 pounds overweight. She says she has struggled with her weight for the last 15 years but has gained 20 pounds in the last 6 months. She had a severe knee injury sustained in on a hike in Mexico 2 years ago. The injury has healed but the client cited it as a reason for her current weight.

She had been using birth control medication for the past 12 years but has stopped taking it for the last 6 months due to a lack of sexual activity and financial reasons.

She denied any illicit drug use and reports drinking 1-2 drinks at social events which she rarely attends.

- Suicidal and homicidal assessment:

Ms. Doe does not seem to be in crisis at this point. She client does not report ideation of self-harm or suicidal. She is not considered a substantial or immediate danger to self. The client denied any homicidal ideation or ruminations. There are no responsibilities to report at this time.

#### Incorporate Mental Status into a narrative rather than bullet point format

Client presented dressed in clean professional attire. She appears overweight for her build. She was alert and oriented and participated actively in the interview. She smiled frequently, speaks in an expressive voice, and makes appropriate eye contact when speaking. The client appeared uneasy and self-conscious as exhibited by adjusting clothing, hair, and wringing hands excessively. Her mood and affect appeared constricted, and she appeared depressed and anxious. She reported that she is unhappy and ruminated on her failed relationships, fears of being alone, financial stress and body image. Her thinking appeared coherent and goal-directed. She appeared to have limited to no insight to her negative-pessimistic thought patterns. Client appears very concerned over how she is perceived by others and she appears to try and hide her struggles from others. No suicidal or homicidal ideations reported.

#### **Social history:**

The client reports that she is single and lives alone in a condominium she purchased 7 years ago. When she purchased the condo she chose the location to be close to her parents, however she now wishes she would have chosen a location closer to her friends, the beach and more of a social scene. She fell behind in payments and had to take out a second mortgage 4 years ago. She currently owes \$100,000 more toward the loan than her condo is currently worth. She has one cat.

Her family of origin is originally from a small town in West Virginia. Her parents currently reside 5 miles from her home. She has one brother who is 10 years older and lives in Michigan with his wife and three children. Her parents are married but reports the marriage being strained due to her father's past infidelity. Both her parents continue to work, her mother as a house cleaner and her father as a warehouse manager. She describes her mother as loving, good, southern woman. She describes their relationship as close. She

describes her father as distant and taking his wife for granted. She stated that her mother could never leave her father due to financial reasons but if she did he would not be able to survive without her. She reported there was not a history of mental illness in the family.

She lived in the same house her entire childhood. She was a dedicated student earning high marks throughout elementary and high school. She was a cheerleader and described herself as popular though she had only a few close friends. She reported being one of the few Caucasian, blonde-haired children in her school, the majority of the population being Hispanic. She described herself as shy and self-conscious.

She attended college and earned a B.S. in biology which she says “she has never used.” After college she began working for a mortgage company during the real estate boom. She has job hopped since being laid off from that position 7 years ago. She reports having a large social circle up until a few years ago because everyone “got married and stated having babies.”

### **Strengths:**

The client is motivated for change and hopeful for a healthier happier life. She has open communication and is excited about treatment. She appears to be intelligent and articulate.

### **Discussion:**

This client is currently suffering from signs of depression as exhibited by a depressed mood most of the day, lack pleasure in most activities, weight gain, insomnia, and persistent feelings of worthlessness (American Psychiatric Association, 2013). Symptoms have been present for more than 2 weeks. The intensity of the symptoms is distressing but manageable indicating a mild severity. The client reported that she has experienced these symptoms in the past demonstrating a reoccurring pattern. (Good workup and documentation of DSM diagnosis)

A Cognitive-Behavior interpretation of the client’s problem behavior suggests that Ms. Doe’s dysfunctional thoughts affect mood and behavior (Muñoz, R., Miranda J., 2000). Dysfunctional thoughts and thinking errors can be ~~debated~~ challenged and modified to improve mood and behavior (Muñoz, R., Miranda, J., 2000).

Provisional diagnosis:

296.31 (F33.0) Major Depressive Disorder, recurrent, with mild severity.

### **DSM-5 Diagnosis**

296.31 Major Depressive Disorder, recurrent, with mild severity (provisional)

V?? Phase of Life Problem

V?? Overweight

## Recommendations:

- Cognitive-Behavioral individual counseling in weekly, 1-hour sessions for 8 weeks. (12-24 weeks)
- Referral to psychiatrist for medication evaluation

**Treatment Plan**

## Short-term goals:

- Establish the therapeutic relationship.
- Assess and analyze the dynamics working within the client.
- Make a referral for psychiatric evaluation
- Establish therapeutic relationship and working alliance.
- Begin identification of dysfunctional cognitions that interfere with client's accomplishment of life goals
- Identify with client short-term goals related to weight reduction
- Referral for medication evaluation

## Beginning-Stage Intervention:

- Introduce the concept of how thoughts can affect mood and negative thought patterns can lead to depression. .
- Examine clients thought patterns and identify thoughts that are positive, negative, judgmental, destructive etc.
- Begin to explore alternative thinking toward situations.
- Follow up on psychiatric referral, if medication was prescribed support compliance.

## Progressive-Stage Intervention:

- Increase positive thoughts to improve mood.
- Challenge and debated negative thoughts as they present (ABCD Method can be used).
- Explore how behaviors affect mood and set goals for incorporating positive activities into Ms. William's life (example: regular exercise).
- Explore reconciliation between objective and subjective world (Muñoz, R., Miranda, J., 2000).
- Develop a social support system and explore how positive relationships can improve depressive symptoms and mood.

## Long Term Goals:

- Decrease symptoms of depression
- Identify, challenge and change negative thoughts to productive, positive thought processes (Cognitive Re-structuring).
- Increase and derive pleasure from positive activities and behavior.
- Decrease insomnia and develop a healthy lifestyle that incorporates exercise and health food choices.
- Develop a social support system. (does this include formation of an intimate romantic relationship?)

## Interventions:

- Utilize weekly homework to help client identify and categorize thoughts and moods.
- Develop and utilize coping skills
- Have client take an active role in the confronting her cognitive distortions.