

Benchmark - Treatment Plan and Progress Monitoring: Eliza

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Clinical Assessment, Diagnosis, and Treatment

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Eliza is going through a major life transition. Not only is she transitioning into adulthood but is trying to adjust to her new academic life and having less support from family and friends. When dealing with stress, Eliza has turned to learned behaviors that she has seen in her family. She mentioned that both of her brothers and mother use alcohol as a stress reliever. Now, Eliza frequently drinks alcohol in excesses to relieve stress. This composition will examine the treatment plan and diagnosis process for Eliza. It will also highlight what treatment theory was most beneficial for her symptoms and different assessments used during the treatment process.

Part 1: Treatment Plan Development

The final diagnosis for Eliza is Severe Alcohol Use Disorder (AUD). AUD is the inability to control alcohol consumption despite social, occupational, or health consequences (American Psychiatric Association, 2013). Eliza has two dilemmas she is currently facing. First, she is unable to effectively cope with life stressors because she has learned unhealthy coping styles. So, she has turned to frequent alcohol consumption as a coping mechanism. Second, Eliza is having negative thoughts and cognitive distortions about herself and the future. Eliza seems to have set high expectations for herself because members of her family are successful engineers. Now that Eliza's grades have dropped, she has tried to attempt suicide.

One essential goal for Eliza is to learn and demonstrate healthy ways to cope with stress and anxiety. Currently, the two methods that Eliza has coped with stress is with alcohol and playing video games. So, it is important that Eliza avoid her unhealthy way of coping by attending Alcoholics Anonymous (AA) or other support groups in order to assist with sobriety. She must also learn healthy strategies of coping and different skills to manage anxiety symptoms. Cognitive Behavioral Therapy (CBT) and Cognitive Behavioral Family Therapy

(CBFT) will help Eliza and her family unlearn negative behavior patterns and unhealthy ways of coping. It will also help promote their communication and problem solving skills in order to improve their family dynamic.

Part 2: Problem Identification and Diagnostic Decision Making

The Level 01 Cross-Cutting Measure (CCM-1) helps to assess for 13 psychiatric domains. These include depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use (American Psychiatric Association, 2022). The client must answer how often they have been bothered by the symptoms within the last 2 weeks. This assessment would help determine if Eliza had additional mental health concerns that needed to be addressed that she has not expressed. Additional mental health concerns means the treatment plan will need to be altered or changed to her specific concerns in order to improve treatment outcomes. The test can also be administered periodically to see if Eliza's symptoms changed (Clarke & Kuhl, 2014). For example, in our initial session Eliza did not express suicidal ideation or intent but did admit to self-harm. I could have administered the CCM-1 to see if there were signs of suicidal ideation early on. That way I could have altered the treatment plan accordingly to her ideation.

Diagnosis

I've concluded the final diagnosis for Eliza is Severe AUD. It is characterized as being a "problematic pattern of alcohol use leading to clinically significant impairment of distress" (American Psychiatric Association [APA], 2013, pg. 490). Eliza would be considered a "severe" case because she meets six of the criteria based on her symptoms. The first criteria Eliza met was consuming larger amounts of alcohol than intended. In our initial session Eliza was surprised

when she tallied the number of times she drinks per week. Which leads us to the second criteria which is spending an excess amount of time in activities obtaining alcohol, consuming alcohol, or recovering from its effects. Eliza stated that she goes to multiple parties most weekends, drinks wine every weeknight, and has difficulty waking up the next day after a party. The third criteria is tolerance to alcohol. Eliza mentioned multiple times in the initial session that she does not experience hangovers anymore. The fourth criteria is the continued consumption of alcohol even though the individual has experienced recurrent social or interpersonal problems caused by alcohol. There have been legal inquiries towards Eliza because of her alcohol use in her dorms and she still continues to sneak alcohol in her dorm. The fifth criteria is continued consumption of alcohol even though the individual has experienced recurrent physical or psychological problems exacerbated by alcohol. Eliza has expressed that she cannot sleep without drinking one or two glasses of wine. The last criteria is the individual having a strong craving to consume alcohol (American Psychiatric Association, 2013). When Eliza's grade dropped again, she had a strong urge to consume alcohol and so she went to the bar instead of going to counseling.

Part 3: Theoretical Approach

Based on the client's diagnosis and symptoms, the theoretical approach that would benefit Eliza is CBT. Eliza has been showing signs of having negative thought patterns and cognitive distortions. Cognitive distortions are exaggerated and irrational thoughts or beliefs that have the ability to preserve certain mental health disorders (Metcalf, 2011). For example, Eliza stated that she avoids socializing with her engineering classmates because she is embarrassed about going to tutorials. She may have an irrational belief her classmates think negatively of her because she is needing tutoring even though there is no evidence to support this belief. Eliza also stated in her initial session that she was under pressure because she comes from a family of successful

engineers. She may have an irrational belief that she must maintain perfect grades in order to live up to her family's expectations. So, when her grades dropped once again, it triggered more cognitive distortions and negative self-talk which led her to a way of coping which is alcohol.

The core principles of CBT are that psychological problems can occur because of negative thinking patterns, learned patterns of negative behaviors, and unhealthy ways of coping. One major goal of CBT is to help Eliza learn healthy ways of coping in order to cope with the stressors in her everyday life. For example, instead of using drinking as a coping mechanism, Eliza can engage in healthy coping techniques like meditation, deep breathing, journaling, exercising, or listening to music. Another goal of CBT is to change negative thinking patterns and help Eliza recognize their own distortions (Metcalfe, 2011). A common intervention used to help clients identify their own distortions is Validity Testing. I would gently confront the validity of Eliza's thoughts and beliefs in order to show they are irrational. Eliza will have a chance to defend her viewpoint based on facts. For example, Eliza says "My classmates probably think I'm stupid because I'm going to tutoring." I would ask, "How do you know that's true?" Eliza states, "I just know." I would respond, "What has been said or done by your classmates that tells you this is true?"

Addressing Mental Health, Medical, Legal, and Substance Use Issues

Eliza has voiced that she does not want to inform her parents about her suicide attempt. According to the American Counseling Association (2014), counselors must maintain the privacy of their clients and keep the information their clients share with them confidential. However, as a counselor I would have an ethical duty to protect Eliza from serious and foreseeable harm (American Counseling Association, 2014, Section B.2.a). I would have already informed Eliza about the limitations of confidentiality in the informed consent process at the

beginning of counseling. So, I would gently remind her about my limitations with privacy and assure her that informing her parents is only going to ensure her safety.

Depending on where a counselor chooses to practice, there are different policies on mandated reporting. In Arizona, licensed psychologists and behavioral health professionals are obligated to report if a client shows signs they are an imminent danger to themselves or others (NCSL Staff Research, 2010). When conducting a re-assessment, I would have to determine if Eliza is still a danger to herself. If she is, I would have to report it to her parents, the authorities, or even arrange for hospitalization.

Another beneficial option for Eliza would be to participate in a rehabilitation program. Rehabilitation centers have inpatient and outpatient accommodations to help with recovery. One major benefit of the rehabilitation center is assisting with alcohol detoxification. Withdrawal symptoms from alcohol detoxification can range from mild to life threatening (Brice, 2022). I would refer Eliza to a rehabilitation center where doctors and nurses would monitor her detoxification process. I'd also inform Eliza that rehabilitation centers also provide 12-step programs and support groups as well.

Part 4: Progress Monitoring

The Level 02 Cross-Cutting Measure (CCM-2) most appropriate for Eliza's symptoms is the Level 2-Depression-Adult measure. This assessment helps to measure depression in individuals 18 years and older. The questionnaire consists of 8 questions with answers ranging from "never" to "always." Clients then answer how often their depressive feelings have occurred within the last week (American Psychiatric Association, 2022). The client's score indicates the severity of depression. Eliza has already made a suicide attempt, so it is important to measure the

severity of her depression in future sessions to determine if she is improving. If Eliza is not improving, then changes need to be made to the treatment plan.

Additional Assessment

It has been established that Eliza has been having problems with negative thoughts and cognitive distortions. So, the additional assessment that will be essential to Eliza's treatment process is the Beck Hopelessness Scale (BHS). The BHS is a 20 items assessment that measures an individual's negative attitude about the future. The assessment consists of true or false pessimistic and optimistic statements. The tester can either agree with the pessimistic statement or deny an optimistic one. The test takes approximately 5 to 10 minutes to complete and can be self-administered (Pearson, 2022). An individual's score on the BHS is linked to measures of depression, suicidal ideation, and intent. For example, if Eliza were to express that she no longer has suicidal ideation or intent, this assessment would be able to alert me if she has any unspoken intentions.

Prioritizing Needs

When working with Eliza, I feel it would be vital to work collaboratively and foster a therapeutic alliance. She already feels like major aspects of her life are not what they used to be, or even out of her control. So, it is important that she gains that sense of control back by being a part of the treatment process. Eliza and I would work together to identify what goals and objectives she would want to achieve first. When she knows she is not being forced into one direction and has a say in her therapeutic journey, she will most likely be open to participating and have the motivation for change.

Conclusion

Going through major life changes can be difficult. It can also be difficult to deal with life stressors when we don't have the proper tools to effectively cope with stress. This treatment plan was implemented to help Eliza with her mental health goals. As her counselor it's my duty and privilege to check her progress, keep her motivated, and guide her on her therapeutic journey.

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