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1. Based on what the clinician has learned during the intake, what are some of the symptoms a clinician should look for, or ask about when working with this client during the initial sessions? Explain each symptom.

Ans. The client’s symptoms for stress, panic, distress and prolongation of the symptoms. The outburst of the anger, lack of energy, the inability to concentrate, lack of ability to perform relates to the symptoms of depression in which the person loses work interest, loses sleep and appetite and has a strong lack of functioning in the daily life (Vansant & Hulens, 2006). There is irritability, anger, self loathing, reckless behaviors and suicidal thoughts are the depression symptoms (Canady, 2016). The clinicians should check for the wreckless thoughts and negative thinking patterns that can lead to depression. Usually the symptoms occur in the situation of personal loss, grief, death of a loved one or facing a major life crisis. If the symptoms persist for more than two months, it is a visible sign of depression (Yörük, 2013).

1. What other historical information might a counselor want to ask about?

Ans. The counselor can ask about the personal habits, lifestyle, the family history of depression, previous episodes of insomnia, lack of ability to sleep and lack of interest in life activities are the indicators of the development of the depression (Greenspan, 2001). It is also reflected in life history, in the events and triggers and the events of the life that can relate to the development of depression.

1. What might a clinician want to know about Meredith’s alcohol use and why? Having this knowledge what might tell the client about the Meredith’s motivation for treatment?

Ans. The clinician might be able to ask the questions about the alcohol consumption, as to how it is seen, the nature of the alcohol consumed and the amount of consumption that leads to the alcohol addiction. This kind of knowledge will help in the diagnosis of the amount of contribution that is involved in the development of the symptoms of the depression (Happich, Schneider, Wilhelm, Zimmermann, & Schacht, 2012). This will allow in the process through which a person is able to cater the daily life consumption of alcohol without being alcoholic.

1. What might a clinician want to know about her eating, sleeping, and stress, and why?

Ans. The eating, sleeping and stress has profound impact on health of a person. Researches show that people who lack eight hours of sleep show a lack of the judgment and skills required to make decisions (Nakhnikian, 1979). Moreover, researches have also shown that the sleep directly affects the hormones, thus effecting the health balance and the ability to work. Health plays crucial role in the development of the depression (Henry, 2014). Lack of health creates the lack of energy and the ability to work and takes interest in life activities is diminished. The eating patterns also show a lot of important details of life. Eating and sleeping directly affects the person’s ability of use of intuition, skills, judgment and ability to develop routine (Jain, 2017). Stress management and stressors play important role in the development of different mental disorders. Thus, a clinician might want to know a lot more about the development of stress, eating and sleeping through the life of a person’s history (Johnson, 1981).

1. What biomedical, emotional, behavioral, and cognitive conditions would the clinician want to explore when working with this client? Explain why.

Ans. The biomedical condition that required attention by the client is the use of drugs, previous diagnosis of mental disorders, physical ailments and other relevant disorders related to the symptoms. The emotional factors such as the crying, inability to focus, sadness, too much desire of the alcohol consumption, lack of emotional balance, lack of control of emotions are indictors in which a clinician might be interested (Green, 1978). The cognitive elements indicate the suicidal thoughts and pattern of ideas that are distorted and maladjusted show that the person is suffering from mental condition and how it effects the client’s life.

1. If Meredith reported that her friends have said that she is “crazy, talking too fast, hyperactive, and unable to pay attention,” what possible diagnoses would you relate to these symptoms? Could Meredith be suffering from a substance-induced disorder? Explain.

Ans. These symptoms do not explain the occurrence of the Meredith’s mental condition if she is able to adjust through the process of life. If the client is still able to adjust in life and the symptoms are not very severe in nature, this shows that the disorder is not very severe in nature. The symptoms do not qualify Meredith for substance abuse disorder. Thus it is also important to realize and indicate the nature and severity of the client’s conditions. The symptoms do qualify on the ADHD and intermissive explosive disorders (Grey, 2016).

1. How would the clinician determine if Meredith was experiencing a co-occurring disorder or a single diagnosis?

Ans. A clinician will diagnose symptoms of Meredith and thus see if it falls in the category of being diagnosed with the disorder. The symptoms of the client indicate that the client is going towards depression. The differential diagnosis will allow the symptoms of the client to be explored. Moreover, the client will be able to know further about his adjustment, his personality and the possible medical causations. Thus the symptoms for other mental disorders such as drug addiction, substance abuse disorder, panic attack, agoraphobia, phobias or other relevant mental disorders will be used.

1. Meredith explains in a future appointment that she is in love with Andy, but is scared that her parents will not like this person. She states that she feels stressed out about someone finding out how much she loves this person. It is noticeable that Meredith is not using pronouns. What other issues might a counselor want to explore? How does this interact with the diagnosis, or does it?

Ans. It effects the diagnosis because the feelings of affection might cause the issues of stress, expectations and feelings that can go unfulfilled and further cause the stress, anxiety, faulty thinking patterns and distorted functioning. The probability of feelings and affection cause health issues, lack of clear functioning, lack of judgment, increased stress and changes in mood, with hormonal functioning and eating/sleep disturbances. It can add significant symptoms in the diagnostic criteria.

1. What are the treatment strategies that you might employ with Meredith? Why?

Ans. I will incorporate the strategies of the stress management, co-counseling, rational emotive behavior therapy and mindfulness based stress reduction therapy. The therapies are very effective in the reduction of symptoms of depression. The Mindfulness based stress reduction therapy reduces the restlessness, pain, reduction in distorted thought patterns. The co-counseling is proven to reduce the depression symptoms. Moreover, the rational emotive behavior therapy also helps in reduction of the decreased suicidal patterns, improved daily functioning, better mood, increased functioning and better coping skills (Forsell, 2006).

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