Title Page

Elizabeth’s Treatment Plan

Part I: Intake

Elizabeth is an 18-years old girl who is diagnosed with extreme depression. Biopsychosocial assessment is conducted for designing and effective treatment plan. Level 01 cross-cutting measures are used for identifying the mental and emotional issues faced by Elizabeth. Systems of severity, medical conditions, and level of functioning are also considered for the plan. Availability of support systems and cooperative treatments are also considered for this purpose.

Questions that are needed to be addressed include;

* What strategies can be adopted for assisting Elizabeth to overcome her anxiety and stress?
* What are appropriate methods for improving her self-esteem?
* How can Elizabeth improve her relationship with others and overcome isolation?
* What makes her feel depressed or anxious?
* What are routine moods and behaviors?
* How the does client respond to the situation of stress?

Part II: Biopsychosocial assessment

1. Biopsychosocial assessment

The Biopsychosocial (BPS) framework is used for determining the biological, psychological and sociocultural factors that affect human development and normal functioning of clients. In the current scenario, the BSP framework aims at identifying the problems faced by Elizabeth. The biological assessment includes details about the medical problems faced by the client, dependence on alcohol and use of the substance in family history. The psychological assessment is used for determining the problematic encounters with self and others. It will include information about suicidal thoughts, client’s behavior with others. The social assessment will inquire about the nature of relationship between client and family members. This will explain the level of social support available to the client. The biological assessment depicts that Elizabeth is not undergoing any physical problem. There is no mental illness reported in her family history, but her father is an alcoholic.

1. DSM and ICD diagnosis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family members  | Names  | Age  | Occupation  | Status/ relationship |
| Mom | Janet Hunt | 45 | School teacher | Bad |
| Dad | Mark Knight | 48 | Lawyer  | Bad  |
| Brother  | John Knight | 14 | Student  | Good  |

|  |  |  |  |
| --- | --- | --- | --- |
| Symptoms  | Yes/ No  | Symptoms  | Yes/ No |
| Alcohol/ drug abuse | Yes  | Hopelessness  | Yes  |
| Anger  | Yes  | The impulse of hurting self or others | Yes  |
| Anxiety/ stress | Yes  | Medical, physical issues | No  |
| Compulsive behaviors  | No  | Memory difficulties  | No  |
| Confusion  | No  | Sleep difficulties  | Yes  |
| Depression/ sadness | Yes  | Suicidal thoughts | Yes  |
| Worries/ fears  | Yes  | Troubled thinking  | Yes  |

|  |  |
| --- | --- |
| **Options**  | **Scores**  |
| Not at all  | 0 |
| Slight Rare, less than a day or two | 1 |
| Mild Several days | 2 |
| Moderate More than half the days | 3 |
| Severe Nearly every day | 4 |

|  |  |
| --- | --- |
| During the past TWO (2) WEEKS, how much (or how often) have you beenbothered by the following problems? | Highest Domain Score |
| Little interest or pleasure in doing things? | 3 |
| Feeling down, depressed, or hopeless? | 3 |
| Feeling more irritated, grouchy or angry? | 2 |
| Sleeping less than usual but still has energy? | 2 |
| Starting lots more project than usual?  | 0 |
| Sleeping less than usual, but still, have a lot of energy? | 2 |
| Starting lots more projects than usual or doing more risky things than usual? | 2 |
| Feeling nervous, anxious, frightened, worried, or on edge? | 3 |
| Feeling panic or being frightened? | 2 |
| Avoiding situations that make you anxious? | 1 |
| Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)? | 0 |
| Feeling that your illnesses are not being taken seriously enough? | 0 |
| Thoughts of actually hurting yourself? | 2 |
| Hearing things other people couldn’t hear, such as voices even when no one was around? | 0 |
| Feeling that someone could hear your thoughts, or that you could hear what another person was thinking? | 0 |
| Problems with sleep that affected your sleep quality overall? | 3 |
| Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)? | 0 |
| Unpleasant thoughts, urges, or images that repeatedly enter your mind? | 3 |
| Feeling driven to perform certain behaviors or mental acts over and over again? | 3 |
| Feeling detached or distant from yourself, your body, your physical surroundings, or your memories? | 1 |
| Not knowing who you really are or what you want out of life? | 1 |
| Not feeling close to other people or enjoying your relationships with them? | 4 |
| Drinking at least four drinks of any kind of alcohol in a single day? | 2 |
| Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco? | 3 |
| Using any of the medicines ON YOUR OWN?  | 0 |

1. Initial treatment Goals plan

The goals of the initial treatment plan are;

* Promotion of positive thinking and efficient brain functioning.
* Promotion of prosperity that leads to a happy life.
* Elimination of negative attitudes.
* To focus on human strengths permitting flourishing.
* Positive subjective experiences such as positive moods, happiness, and love.
* They are adopting strategies for overcoming anxiety and feelings of hopelessness.
* Building positive relationship of the client with her parents and family.
* Promoting social interaction with friends and others (Clipson & Steer, 1998).

The treatment plan will focus on establishing appropriate treatment settings for the client. The interventions are adopted that are capable of maximizing a patient’s level of functioning. The therapies adopted for treating the client include; cognitive behavior therapy, interpersonal therapy, social therapy, and family support. The cognitive behavior therapy will emphasize on transforming the behavior by changing the pattern of thoughts. The interpersonal therapy will rely on discussions between the therapist and the client that will encourage him to cope with the problems. The interventions used for the treatment include; cognitive behavior therapy and interpersonal psychotherapy (Markowitz & Weissman, 2004). The plan will also focus on building strong support for the client by establishing a friendly relationship between Elizabeth and her parents. Social therapy will be adopted for promoting social interaction of the client with friends and other students at school (Kupfer, Frank, & Phillips, 2012).

Part III: Treatment planning

1. Level-02 cross-cutting measure

|  |  |
| --- | --- |
| Items  | Scale  |
| Never  | 1 |
| Rarely  | 2 |
| Sometimes  | 3 |
| Often  | 4 |
| Always  | 5 |

|  |  |
| --- | --- |
| In the last seven days | Clinical scale item use  |
| 1. I felt useless. | 3 |
| 2. I felt I had nothing to do. | 4 |
| 3. I had a feeling of sadness. | 3 |
| 4. I had a feeling of helplessness. | 3 |
| 5. I had a feeling of hopelessness. | 3 |
| 6. I had a feeling of depression. | 3 |
| 7. I had a feeling of unhappiness.  | 3 |

1. Additional assessment

Additional assessment outside APA will focus on identifying the moods of Elizabeth because it emphasizes on the concept of self-improvement. It allows her to flourish like normal beings irrespective of the extreme conditions of depression or anxiety. Curing mental illness allows people to flourish like normal humans. The moods of the client will be examined. Moods are pervasive responses to the events or circumstances. A good mood involves several benefits for the people as it makes people agreeable, helpful, allowing them to take efficient decisions. Positive emotions are pleasant responses to the events promoting connections with others. It intrigues subjective state including happiness, joy, and euphoria. Negative emotions are unpleasant responses to the events such as sadness, fear, and guilt (Krugten, Kaddouri, Gooden, Anton J. L. M. van Balkom, Peeters, & Roijen, 2017).

1. Conveying assessment to family

The therapist will call parents once a week to discuss the problems and progress of Elizabeth. They will be provided guidance for supporting her in her depression. Phone calls will also be used for updating the parents about the client's condition. Instructions will be provided in the form of videos and discussions.

1. Prioritizing needs

|  |  |  |  |
| --- | --- | --- | --- |
| **Measures** | **Needs**  | **Strategies**  | **Outcomes**  |
| Cognitive behavior therapy | To change the thinking patterns of the client.  | The therapist will discuss specific problems with the client each week.Therapist defines the strategies for dealing with the problem.The client will do homework and progress will be assessed.  | In 3-4 weeks the client will develop the ability to identifying problems. |
| Interpersonal therapy  | To overcome interpersonal deficits and disputes.  | The clinical interview will be performed to identify the problems.The client will explain emotional issues and feelings. The therapist will allow the client to build skills for dealing with problems. | The client develops skills in coping with problems. |
| Social therapy  | To improve interaction with other students and people of the same age group. | Encouraging client to participate in group discussions.Planning outdoor activities.  | Within 30 days client will be able to interact with others.  |
| Family support | To build a positive client-family relationship. | The family will be guided on the client's condition and will ask to give continuous support.The therapist will guide how parents must engage Elizabeth in discussions.They will be encouraged to engage clinet in outdoor activities and watch shows together. | The client will start to develop a feeling of care and spend time with family.The client will recognize family support. |

Part IV: Referral

The client will be referred to as the Psychological Clinic. The clinic provides counseling and therapy services to the clients undergoing psychological or mental issues. The client will be asked to visit the clinic and choose the right therapy. After implementation of the treatment plan, the client will be asked to follow up the sessions. The therapist will keep in touch with the patient through phone calls, emails, and SMS. Regular meetings will be conducted twice a month after the execution of the treatment plan.

References

Benjamin, C. L., Puleo, C. M., Settipani, C. A., Brodman, D. M., Edmunds, J. M., Cummings, C. M., et al. (2011). History of Cognitive-Behavioral Therapy (CBT) in Youth. *Child Adolesc Psychiatr Clin N Am, 20* (2), 179–189.

Clipson, b. C., & Steer, J. M. (1998). *Casebook for Abnormal Psychology 1st Edition.* Cengage Learning.

Kupfer, D. J., Frank, E., & Phillips, M. L. (2012). Major depressive disorder: new clinical, neurobiological, and treatment perspectives. *Lancet*, 1045–1055.

Krugten, F. C., Kaddouri, M., Goorden, M., Anton J. L. M. van Balkom, C. L., Peeters, F. P., & Roijen, L. H. (2017). Indicators of patients with major depressive disorder in need of highly specialized care: A systematic review. *PLOS One* .

Markowitz, J. C., & Weissman, M. M. (2004). Interpersonal psychotherapy: principles and applications. *World Psychiatry* *, 3* (3), 136–139.