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Treatment plan

Name: Eliza Albert

Age: 18 Start time: 2:00 pm End time: 3:15 pm

Identifying information

Eliza is a Caucasian female having a height of 5.8" and a weight of 125 pounds. She has taken admission in college with a major in Fine Arts. The family of the client is living in the same city.

Presenting problem

The client explained that she needs counseling because she started behaving awkwardly since the last month. She is diagnosed with extreme depression and anxiety. The client expressed her suicidal thoughts and attempts of hurting self.

Life stressors

Client explains that she feels depressed and lonely at times. She faces difficulty in interacting with others, so she prefers to stay alone. She expressed her feelings of hopelessness, fears, and anger.

Substance Use: [x]  Yes [ ]  No

Addiction

The client is addicted to alcohol and goes to pubs. She has been using alcohol excessively and accepts taking 3-4 drinks each day. Eliza also tells that she goes to the pub at nights that has been a serious concern for her parents.

Medical record/ hospitalization: No history of client's admission to hospital. Denied

Abuse/ trauma

The client didn’t identify any kind of trauma or abuse in her life that could have influenced her behavior.

Social relationships

Limited social life as a client only talks to 2 friends. Eliza prefers to stay at a distance from people who she knows little about. In the presence of more people, she gets uncomfortable. She also maintains distance from most of her class fellows.

Family information

Her relationship with her parents is not good. She doesn't share her concerns or worries with them. Although she is having a good relationship with her brother, but she doesn't share her feelings with him.

Suicidal

The client talked about suicide a few times that exhibits her tendency of self-harm.

Homicide: Denied

Treatment planning

* Cognitive therapy

Cognitive therapy is focused on helping clients on establishing a link between thoughts, behavior, and feelings. The therapist will stress on determining and altering the dysfunctional patterns. In the current scenario, the cognitive behavioral therapy is used for treating anxiety and depression experienced by Eliza. The therapy will aim at controlling substance abuse and negative feelings of the client. The therapy will determine the problems faced by Eliza in maintaining social relationships such as avoiding eye contact and talking to class fellows. In this process, the therapist will challenge the negative feelings of Eliza by making her witness her thoughts and emotions. This will allow her to identify her weaknesses and reasons behind awkward behavior. The therapist will try to change the thoughts of the client that causes isolation and anger (Kupfer, Frank, & Phillips, 2012).

In CBT the therapist will identify the reasons that result in the creation of negative core beliefs in Eliza. After determining the core beliefs, he would be able to modify these distortions. An appropriate way is by realizing why a client feels unworthy. The therapist will then search for evidence that explains the cause of awkward behavior. Specific techniques are then used by the therapist for dealing with the maladaptive behavior of the client.

* Interpersonal therapy

Counseling sessions will be held twice in a week that will allow Eliza to share her feelings and concerns with the therapist. In 45 minutes session, the therapist will encourage her to talk and explain her feelings. After expressing feelings, Eliza will be asked to find her problems. This will familiarize her with the problems that will later bring her to a point where she would find ways of resolving them. The goal of counseling is to make Eliza self-sufficient so she would be able to deal with complex situations and overcome stress. Counseling offers many benefits to the clients such as modifying risky behaviors and replacing negative feelings with positive ones (Markowitz & Weissman, 2004).

Emotional regulation and recognition techniques are employed. In the current case, counseling will be used for three months in which Eliza will share her thoughts with the therapist. In the process, the therapist will assist the client in building self-management skills. This will allow her to get rid of her inappropriate behaviors including ager, hopelessness, confusion, and fears. She would manage to overcome her reliance on alcohol by recognizing its harm.

* Social therapy

Social therapy will be used for empowering the client by promoting social behavior. In this process, she will be encouraged to interact with class fellows and friends. The goal will be to make Eliza social by removing her anti-social personality traits. Some common steps will include going out with friends, talking to more people and taking part in social activities.

* Family support

The intervention will guide the family in which they will be asked to provide extended support to Eliza. The parents will be instructed to improve their relationship with the client, and she will also be asked to spend time with them. The process will encourage her to share her feelings with her parents. The activities like spending time together on television, chatting, dinners, and outing are effective strategies for establishing a positive relationship of the client with her family (Krugten, Kaddouri, Goorden, Anton J. L. M. van Balkom, Peeters, & Roijen, 2017).

Duration

The therapy will require a minimum time of six months. The treatment expects that the behavior of Eliza will start improving after two weeks of her encounter with the therapies.

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.

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

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