

Jeremy M. George
CNS 771 DG SU 2016
Assignment 2.2
05/19/2016

PART ONE: Case Conceptualization

Client name: Jane M.

Date of birth: 1988

Noteworthy/identifying client characteristics:

Jane is a divorced, single caucasian female with no children or history of pregnancy. Her parents were divorced when she was 14.

Presenting concern(s):

The client is experiencing suicidal ideation expressed by the phrase, "It would be easier if I were dead." She has lost significant weight (15 pounds) without dieting. She is also experiencing somatic symptoms of nausea, frequent diarrhea and headaches. Current medications being taken include an over the counter anti-diarrheal and PSAID pain relievers. She has a history of depressive episodes. She is exhibiting isolation from friends and family, and disruptions to her life at home and at work. Her symptoms are affecting her job performance. She is also experiencing sleep disruption. She sleeps for 4-5 hours a night. She also reports episodes of daily crying.

Client's stated goal(s) for counseling:

The client wishes to regain control of her thoughts, feelings and body. To that end her short term goals are as follows:

1. Refer to her primary physician to rule out medical etiology for symptoms
2. Develop a safety plan in the event her suicidal ideation escalates
3. Execute a self care plan
4. Develop a treatment plan

Client strengths/resources

The client seems to be aware of the reality that she needs help. She is well educated. Her thoughts are coherent and logical, and her affect is appropriate to the conversation, though it is evident that her mood is depressed. She has not apparent chemical or substance dependency issues. She appears well groomed despite her depressed mood, and is cooperative and willing to work. She has a support system in the church she has attended.

Client liabilities

The client is experiencing dangerous somatic symptoms and suicidal cognitions that threaten her treatment. The client has significant family history with depressive symptoms. She is

estranged from her mother and has little contact with her father. She is exhibiting withdrawal from significant relationships. She is also in danger of losing her job.

Diagnosis:

Provisionally speaking, It is my clinical opinion that the client is suffering from a single episode of Moderate Recurrent Major Depressive Disorder (F 296.32 (F33.1)). I classify the client as moderate because there is an absence of psychomotor agitation. The client does not exhibit tics, tremors or muscle spasms.

Integrative interpretation:

Jane M. is exhibiting symptoms consisted with moderate, recurrent major depressive disorder F 296.32 (F33.1). Her symptoms have been intense enough to give rise to suicidal ideation and to disrupt her life at home and at work. Her relationships are also suffering. Medical etiology of these symptoms needs to be ruled out. Referral to her primary care physician will be made. She has significant family history with depressive symptoms. She also exhibits a poor view of self which can be traced to her parents' divorce at age 14. This has likely been exacerbated by her own recent divorce.

PART TWO: Treatment Plan

Problem Statement:

Depression due to moderate, recurrent major depressive disorder exacerbated by circumstances, initially her parents' divorce, and most recently her own divorce from her ex-husband.

Goal Statement:

The client's treatment goals are as follows:

1. Client to see physician / nutritionist by our next session to move toward ruling out medical etiology to symptoms and to reassess diet and current medications.
2. Implement safety plan by our next session one week from today
3. Client to keep a log of daily nutrition intake and evacuation prior to our next session
4. Client to keep a daily journal of automatic thoughts, feelings and behaviors between sessions

Treatment Modality:

1. Client to attend divorce care support group facilitated by LPC
2. Client to receive Cognitive-Behavioral Therapy and related techniques
 - *Questioning* - to help client examine cognitive distortions
 - *Thought Recording* - to help client track and examine automatic thoughts
 - *Downward Arrow* - to identify core beliefs
 - *Role Playing* - to help client navigate potential conflict at work and with estranged parents / ex-husband

Clinical Impression or Diagnosis:

Provisionally speaking, It is my clinical opinion that the client is suffering from a single episode of Moderate Recurrent Major Depressive Disorder (F 296.32 (F33.1)). I classify the client as moderate because there is an absence of psychomotor agitation. The client does not exhibit tics, tremors or muscle spasms. All other criterion are met.

Name and Credentials

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