Assessment and Initial Treatment Planning

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**Part one: Intake**

The intake report provides information on a female student aged 18, studying at City University. Eliza stays in the dormitory within the school premises. The information will be used to survey an initial treatment plan for her as she has been reported to have low self-esteem, anxiety, and stress. The intake report provides basic information as to the feelings she has reported and needs to be addressed by a professional. For this reason, Eliza has had sessions with the school counselor, who aims to refer her appropriately. This paper lays emphasis on the intake, biopsychosocial assessment, treatment planning, and methods of referral for the client. The intake report is essential for the psychosocial examiner to establish how the environment within which the patient resides in affects her psychological wellness. Environmental factors have been proven to influence a person's character significantly. The main aspects of the report for intake that may be used to explain the stress, anxiety, and low self-esteem in Eliza include her home environment, which is her parents and her school environment, which includes her fellow students.

The Level 01 Cross-Cutting Measure (CCM-1) is one of the measures for assessing patients that got developed for the purpose of administration during the initial stage of interviewing patients and to also establish a plan for treatment for the patient as well as to monitor the treatment progress for the patient (Bravo et al., 2018). Monitoring the progress of the treatment for the patient makes it possible to establish whether the treatment should be continued or collapsed. If the treatment does not improve the patient’s condition, it is essential that another treatment plan gets commenced immediately to ensure that the patient doesn’t waste time focusing on a treatment that is not beneficial to them. Cross-Cutting Measures focus on important symptoms across different diagnoses. Level 1 Cross-Cutting Measures entail surveys that are brief, which include 12 domains for patients that are adolescents and children, while those surveys for adult patients are 13 domains.

At the end of the biopsychosocial assessment, the questions that would need answers are as follows; first, whether the patient is on any kind or form of medication second, whether the patient's family carries a history of homicidal or suicidal ideologies. Third, the question as to whether the patient has problems that are medically related that could be having a negative impact on her life. Fourth, the question as to whether there exists a history, either family or person, of the abuse of alcohol and drugs. Fifth, whether the patient does drugs or drinks alcohol. These, among other significant questions, are essential in the assessment to establish the cause of the problem the patient may be having and help determine a proper treatment plan and method.

**Part two: Biopsychosocial Assessment**

My assessment of Eliza's case in relation to symptomology is such that low self-esteem is clearly manifested in the fact that she bends to pressure from her surroundings, making her do things just because others are doing them. She does not have the confidence to make independent decisions. In her defense to being asked if she drinks, she points out that she only drank because the others were. Which means that she wouldn’t drink if they were not. The fact that she has struggled to make friends can also be a reason for her low self-esteem. Eliza's anxiety is majorly caused by the requirements for studying that she is faced with that are not as easy as she had in High School in addition to other stressors like her friendship struggles. The Diagnostic and Statistical Manual (DSM) and International Classification of Diseases play the role of identifying and providing a classification of diseases after a diagnosis gets established (Cooper, R. (2018). In Eliza's case, therefore, the diagnosis is that the patient is doubtful of her worth and abilities, and she does not take a chance to explore her talents. The patient could be suffering from (BPD) Borderline Personality Disorder, a condition that involves the patient struggling with low self-esteem negatively impacting her life (Paris, 2018). She also suffers from anxiety of a social nature.

The goals for initial treatment include personal improvement, which will entail mending interpersonal relationships. In this case, the relationship between Eliza and her parents, her relationship with her schoolmates, and her attitude towards school. This will be a step in helping her regain self-confidence and reduce stress and anxiety. The plan will entail establishing where and when the sessions will be held as well as how frequent they will be, coming up with a crisis plan, determining the availability of the clinician and setting a schedule, payment fees, and billing get established and formulate the plan for treatment again when need be. We will also ensure that Eliza is given guidance and advice and helped when solving problems that are of a practical nature.

**Part three: Treatment Planning**

The Level 02 Cross-Cutting Measure (CCM-2) provides an intensive assessment of the specific domains. The appropriate one for use in my future sessions, based on the information provided above is LEVEL 2, Anxiety, Adult (PROMIS, Emotional Distress, Anxiety, Short Form). This is because it addresses the specific issues, depression, and low self-esteem that the patient happens to be suffering from.

Apart from the assessments provided by APA, the additional assessment that would be appropriate for use by the future counselor would in assessing the best goals and plans for treatment would be Generalized Anxiety Disorder Questionnaire -4 (GADQ)-4 which is a self-report that is revised and therefore makes it possible for a patient to express their thoughts by answering specific questions making it easier for the clinician to establish their mental state (Hutchison et al., 2018). Therefore, it helps the clinician establish the appropriate diagnosis and treatment mode.

In conveying the findings of my assessment to the family and the client, I will ensure that I am sensitive to the feelings of the family and patient and consider their beliefs. As such, I will be careful of my choice of words and communicate the findings in a delicate way to ensure that I make the family and patient understand that there is a way of beating the problem by emulating the suggested treatment forms. All this I will be doing at a private place. I will give the patient and her family a chance to express their concerns and later respond to them in a way that they can understand. I will give the patient and her family the various choices to decide what they wish for after advising them accordingly. I will also make use of communication that is nonverbal, show empathy to assure the patient and family of my support and willingness to help them get past the problem.

I will prioritize the needs of the patient by stating the several options that are available for their treatment, advising them on the most suitable form of treatment then letting them express their opinion as to what they think is the best option for them. Engaging patients in decision making is a strategy that significantly helps reduce healthcare costs as, in some cases, they choose online engagements with doctors, which is cheaper. I will also prioritize their feelings in terms of constantly checking on them and reassuring them that you are there for them when they need you. Expressing compassion towards them and making them feel hopeful about their condition so that they can have the will to work towards their recovery. I will formulate the outcomes that we will have agreed upon by carrying out the treatments according to the stipulated plans of treatment. I will implement the strategies of treatment that will enable me to achieve the goals set for the well-being of the patient. I will make use of the appropriate measures to ensure the physical as the well emotional well-being of the patient.

**Part Four: Referrals**

The possible referrals I will make for the patient to help her manage the issues of depression and self-esteem would be to have regular appointments with her counselors scheduled to make sure that regular assessments get carried out to achieve improvements. I will also refer her to a support group where she may meet individuals with similar experiences and understand their journeys to recovery from the places they were to where they are. Meeting people who have gotten through similar situations and experiences can help the patient understand that just like they got through it, she can get through what she is going through too. Support groups are an efficient way of building optimism in a patient so that they don’t feel like their situation is hopeless.

I will address these referrals with my client by educating them on the impact they will have on her recovery. I will provide the various options for referral to the patient and explain them in detail so that the patient can understand what each referral entails in terms of their specific characteristics. I will then engage the patient in making a decision as to which referral will be most suitable and comfortable for her. This will make the whole process of treatment easy to manage as the patient will have expressed the willingness to work towards recovery by agreeing to see the various specialists.

Therefore I will ensure the [patient adheres to the referrals in the following ways. First, I will communicate with the specialists and consult with them before sending the patient referral, this I will do by exchanging files containing the patient’s medical details so that the specialist can understand the case as it is and what to expect from the patient after meeting her. Also, it helps the specialists prepare in advance the appropriate way to approach the matter. To make sure the patient does not fail to show up for appointments with the referral, I will send reminders for appointments to the patient occasionally so that she does not forget her appointments with the specialists. The reminders will also include follow up instructions and surveys to emphasize the importance of those appointments.

I will know who the right referrals will be by conducting intensive research on the various specialists in the field of practice, conduct thorough research on their specific qualifications and what their specialties are, and look into the patients they have worked with before to have a better understanding of their work quality. I will also establish their individual personalities in terms of how they relate with patients by conducting face to face meetings and ask specific questions related to the patient’s case. I will listen to their points of view and evaluate each to establish the most suitable option for my patient.

**References**

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