

Case Conceptualization and Treatment Plan

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Case conceptualization

Client's Name: Robert. P

Evaluation Date: 3/20/20

Evaluator: Wilfrid Clerveau

Identifying Demographic Information of Family

Robert. P is a 49-year-old Italian male, residing in Congers, NY. He was working as a Clerk and also volunteers at Fire Department in New-City for 10 years. Robert has been married to Jacqueline for twenty years and is the father of two daughters. Sandra, who is a 23-year-old college student and Joanne who is a 17-year-old high school student who plays music. Robert is currently losing his job. He started to drink alcohol at age 35. His wife works full time for Well Fargo bank.

Presenting Concern

Robert was referred to counseling by his family. Robert's family is concerned that he has been struggling with alcohol use since he was 45 years old and the loss of his job. Robert agrees that his depression has a lot to do with his toxic relationship. He is depressed as manifested by sadness, irritability, low-self-esteem, low energy, and no appetite. He sees the source of the problem as a lack of communication between his daughters and his wife. He feels like he is losing control of the family, and end abusing his wife physically. Robert also feels as though life

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has lost most of its purposes. He feels stuck at this point in his life and want to divorce his wife, stating something has to change. Robert also believes that he is a burden to his family and feels they do not belong in his home caring for him. Robert feels that if he can change his current lifestyle, his daughters will feel less concerned with him and will stay to their Universities.

Prior to losing his job, Robert was a hardworking family man. He explained spending much of his time either at work or with friends at the local bar. Robert appears to have no past history of mental illness, and has now begun feeling stalled since the loss of his job. Robert struggles daily with feelings stagnant in his life and also feels guilts for abusing his wife verbally and physically.

Robert is lacking the motivation to do daily living tasks and experiences feelings of sadness.

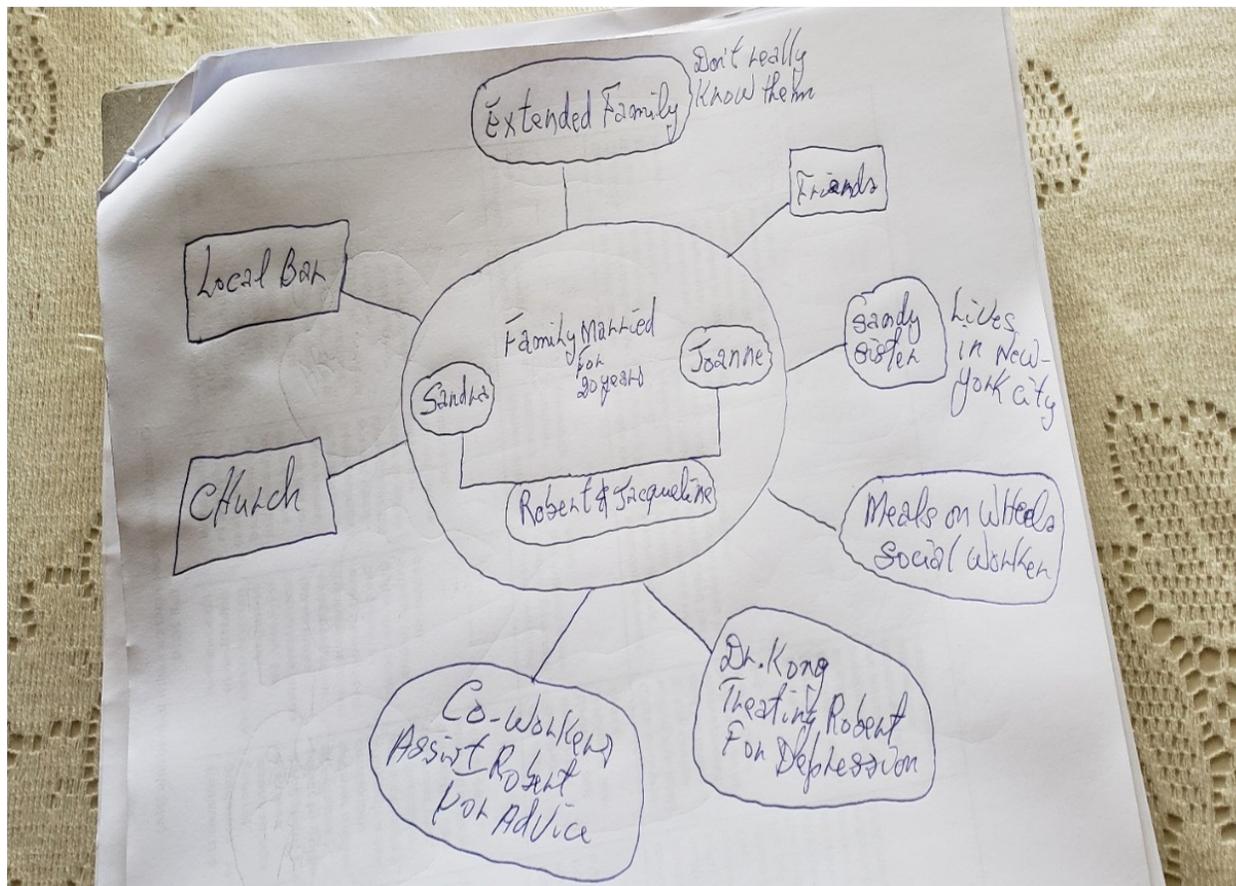
Robert reports having no enjoyment from life other than seeing his friends at the local bar.

However, his guilt of abusing his wife is impacting his enjoyment from spending time with her family. Robert has begun self-isolating because he feels as though no one is interested in hearing about his life anymore.

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Background Information

Ecomap



Robert. P is a 49-year-old Italian male, residing in Congers, NY. He was working as a Clerk and also volunteers at Fire Department in New-City for 10 years. Robert has been married to Jacqueline for twenty years and is the father of two daughters. Sandra, who is a 23-year-old college student and Joanne who is a 17-year-old high school student who plays music. Robert is currently losing his job. He started to drink alcohol at age 35. His wife works full time for Well Fargo bank. Joanne was extremely close to her mother and her mother was very protective of her. Joanne plays music at her school and loves to help others. Sandra was close to her father and

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her father called her Queen of the family. Sandra is at Medical School, 4 years of nursing. She plays basketball at her school and loves to hang out with friends. The alcohol addiction of her father impacted them greatly. Sandra withdrew from her father but remained close with her sister who lives 30 minutes away in college. Sandra became depressed as manifested by sadness, low self-esteem, and lack self-determination in her study. She does not want to play basketball anymore; she is even thinking to quite her nursing program. Things got worse when her father has fallen to alcohol. She barely speaks to her mother and is rude to the father every time they go out for dinner. Robert feels like he is stuck in the middle and does not know what to do to bring life in his family again. He feels like things are almost at a point where he will have to choose divorce. Because of her daughters' depressive symptoms and abusing his wife every day, he feels like he is about to lose his mind if he does reach out for therapy. Currently, Robert receives much support from his daughters and sees them at least once a week, Joanne every day. Robert appreciates seeing them. In the past, Robert's family relationship was supportive and loving; he spent much of his time raising his daughters and spending quality time with the family, such as attending shows, markets, various town events, and church. Robert and I will discuss his family of origin in upcoming sessions and learn about the impact his family may or may not have on his current problems.

History of trauma and abuse

A traumatic event poses a threat to Robert family's life. The family has a history of being abused emotionally, mentally, and physically. Robert losing his job, and abusing his wife was very traumatic for the family but it was the most traumatic for both daughters. Life was turned upside down because Robert is the bread winner of the family.

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Substance Use and Abuse

There is a history of substance use. Robert started to drink alcohol age of 35. He started to drink after birth of his second daughter because the financial problem was too much for him. He did not know how to deal with the bills. After losing his job as Clerk, he drinks excessively where it impaired his control. His grandparent also used to drink but does not drink anymore.

Precipitating Events

Robert has become depressed, anxious since he is losing his job. He is worried that he is not going to pay his bills on time. He is also worried that he is not able to take of his family, paying her daughters scholarship. He chooses to divorce his wife but worries about his daughters. He is anxious by the fact that his wife will choose another man over him. They planned a meeting for that issues and it is bringing up all types of emotions. He is heartbroken for the family.

Related Historical Background

Robert has serious medical history in both side of the family, both of his parents are diabetic. Although Robert is currently in great health. Robert attended a few meetings for alcohol addiction he had.

Client/Family Protective and Risk Factors

Robert has many strengths and protective factors that will be useful in therapy moving forward. Much of his social support stemmed from his family.

Some of the protective factors the Robert have include: family support, good physical, mental, and spiritual health, and parental resilience. Some of the risk factors include: conflict, negative attitudes, low self-esteem, and low energy.

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Belief Systems

They believe that gaining a good education is important and obtaining a college degree set you up for a more secure future. They believe in giving back to the community by volunteering their time and skills. They support one another no matter the circumstance.

Resources and spiritual factors, Robert and his wife were raised under Christianity and also raised their daughters to be Christian. Robert disclosed that he is not very spiritual and does not necessarily believe in the Christianity faith anymore. He reported attending church because it was important to his wife and important that his daughters learn Christian values. Robert's past faith practices may have played a role in protective him from past struggles and since he is no longer following his religion, he may be more susceptible to symptoms of depression. They believe that gaining a good education is important and obtaining a college degree set for both daughters are important. They believe in giving back to the community by volunteering their time and skills.

Role models

The Robert has very positive role models. Robert's family/parents/ sisters, church, co-workers, and friends are positive influences for him. Robert looks up to his pastor who is also his advisor.

Organizational Patterns

There is no leadership in the family since Robert has fallen in drinking alcohol and abusing his wife. There is no freedom of speech in the family. In spite of some of the issues, they still care about Robert health, and bring social support in all level such taking him out, calling him, and taking him to doctor appointment.

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Social Support System

Robert has strong social support from both daughters and his wife. Robert has a network of his church that he can turn to in times of needs. Both sisters are there for him to build him up and carries him to the right track.

Economic Resources

Robert recently loses his job. He is stressed over money and is unable to support his family financially. Sandra, the oldest daughter, is away in college in her way to become a nurse. Although Joanne is still in high school, she dreams to become a Psychiatrist. Robert's wife works as a banker, stressed over money too.

Reactivation of Past Events

Both Robert and his wife came from a functional family. The family get along and support one another. The constant conflict between Robert and his family which leads him to believe that it relates to the high-level alcohol intakes, impact family emotionally and financially. With the help of the therapist, he comes to understand how his family got to the constant conflict.

Spirituality

Spiritual factors, Robert and his wife were raised under Christianity and also raised their daughters to be Christian. Robert disclosed that he is very spiritual and believe in the Christianity faith. He reported attending church because it was important to his wife and important that his daughters learn Christian values. Robert's past faith practices may have played a role in

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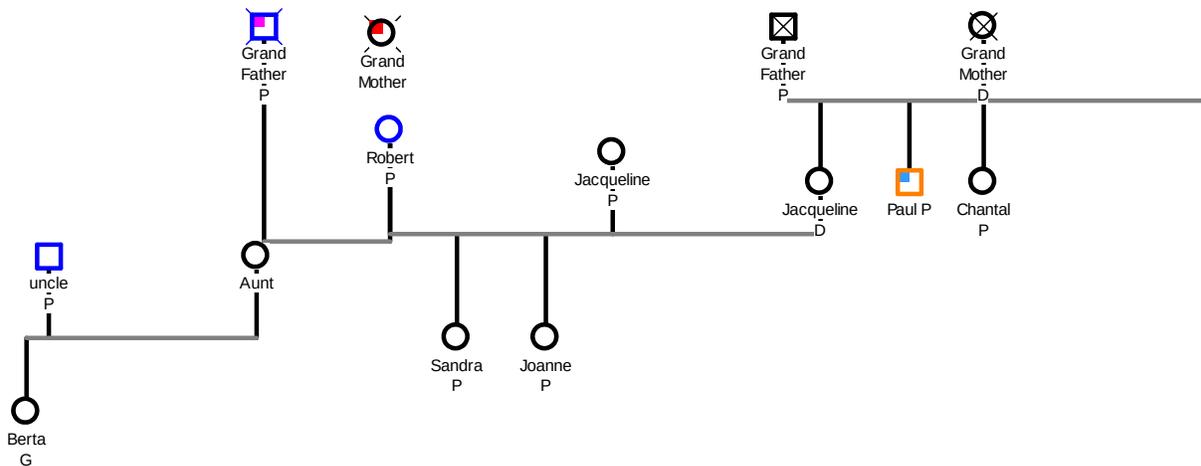
protective him from past struggles. They believe in Trinity (Father, Son, Holy spirit). Their spirituality is what they turn to in times of needs.

Family Structure

Genogram

The genogram assessment tool was utilized with Mr. Robert to help me gather more information about his family especially when it comes to his family structures.

The Robert Family



Family life cycle stage

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The Robert's family life cycle started with both sisters, and getting married. They gave birth to two beautiful daughters, Sandra and Joanne. It was six of them living in the house. Robert's sisters got married and then it was the four of them leaving in the house as a family. Currently, their immediate family comprises the four of them including Sandra who is away in college.

Boundaries

The communication and interaction between Robert and his family were good but there was not much boundaries as Mrs. Robert would express her emotions about what she is feeling to her husband. There should be boundaries on certain things, there is some disrespect coming from Robert, and when he has beaten up his wife.

Triangles/coalitions

Joanne steps in as the peacemaker when her parents get into arguments. She creates distance between the two and try to speak to them. When they both calm down, she goes to her room finish her homework. Getting into heated arguments, impacted both daughters emotionally, mentally, and physically.

Hierarchy Between Parents and Children

Robert feels like he is losing control as the bread winner of his family. The husband is the head of the family/ household whether he is working or not. He is the leader. He is provider. He is the one who making the decision. In absence of the husband, wife is in charge when it comes to take care the house or make the decision. Even Robert loses his job, falls in alcohol; both daughters obey and follow his command. They always submit to his father because they say according to

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the Bible who obey father, obey God. The husband is the representation of God in the house. Obeying his father is the blessing.

Attachment Patterns for Families with a Child

Secure Attachment shows distress when separated from mother avoidant of stranger, unless accompanied by mother happy to see mother after separation. Both Sandra and Joanne had a secure attachment to their parents as their caregiver. Parents gave consistent love and support to both daughters. Both daughters showed distress when parents are separated from them and happy to see parents after separation. Other family members provide good care to both daughters in the absence of their parents, they preferred to be with their parents, because parents' loves are unconditional. As they are older, Sandra fits more in the avoidant attachment style. She shows no distress when separated from parents attach to stranger where she resides in college. Getting older, she shows that she can take care of herself. She is able to focus her attention on her career becoming nurse.

Interactional Patterns

Joanne remains close with her parents. Her parents fight all the time. Joanne feels like a shame of her family condition. Her friends from school always questioned her about parents living condition. She does not know what to say, she feels helpless.

Theories Application

The solution-focused approach enables family members to focus on the solutions that have been or might be helpful in creating new realities for the family (Hook,2014). The solution-focused

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approach would include helping Mr. Robert to look back at his pasts, recognize patterns of behavior, uncover possible resentments and issues that are being held onto in the present. I would encourage Mr. Robert to be more self-aware of himself and look within himself in a new and more evolve way. An ecological perspective on substance abuse offers that individuals are the part of larger systems and they function interpedently. Robert is the head of the family and his alcoholism has impacted the family unit. In the Robert family would benefit from SFT.

Asking his wife to discuss how Robert's alcoholism has impacted her and two daughters. What would life be like if Robert stops drinking? When Robert achieves sobriety and addresses the anxiety that he is experienced, he will be maintain a duty without impaired judgement, provide for his family, think clearly, restore his self-worth, and avoid additional violence. Solution focused family therapy emphasizes the family's strengths and sources of resiliency to promote positive change. It will offer them an opportunity to regain a sense of hope that their relationship can survive by identifying protective and risk factor. Increasing positive expectancies and positive emotions such as optimism, self-esteem, and self-determination. Solution-focused counseling emphasizes finding out what people are doing that is working and then helping them apply this knowledge to eliminate problems in the shortest amount of time possible (Corey,2016). The goal would be that Mr. Robert experiences a combination of consciousness-raising and corrective emotional experiences that would encourage him to make changes in his life that will help him reach a state of fulfillment and self-actualization.

Object Relations Family Therapy seeks to enable family members to relate to each other in a genuine manner that fosters individual growth as well as satisfying connections within the family (Hook,2014). Using object relations family therapy helps Mr. Robert in therapy uncover early mental images that may contribute to any present difficulties in relationships with his family and

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adjust them in ways that may improve interpersonal functioning. The goal of treatment is to enable the individual to acknowledge them fully and accept them (Brabender,2019). The treatment of object relations family therapy is intended to enable family members to reduce their anxiety so that they can reclaim portions of themselves that they have projected onto other members of the family.

Structural Family Therapy sought to bring effective organization to the family so that its members could find better solutions to their families. Structural family therapy looks for the explanation of problems in relational networks, rather than individual psychodynamics (Colapinto, 2019). The focus of treatment is on changing the family structure, improve communications and interactions among Robert family members and to highlight appropriate boundaries to create a healthier family structure. To reduce conflict and stress for the entire family, and learn new ways of coping. Structural family therapy also seeks to change the family's view of reality regarding its members and context and thus create opportunities for new behaviors and family structures (Hook, 2014). Structural family therapy is a therapeutic approach that recognizes that families possess many strengths and it attempts to move families beyond dysfunctional patterns of interaction.

Another CBT model that is applicable to Robert's current struggles is the social cognitive theory. In social cognitive theory, an individual develops thought processes, affective reactions, and behaviors through the modeling of others (Bandura, 1989). The model also considers many biopsychosocial and sociocultural factors that affect behavior and the development of a person's self-concept, including significant life events (Bandura, 1989). Banduras' social cognitive theory can be applied to Robert as the vehicle for which he learned some of his values, beliefs, and core belief, Robert may have learned through the modeling and reinforcement of his family members

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to value traditional gender roles, independence, hard work, and the importance of family relationships.

Assessment Tools

Robert is exhibiting symptoms of Post-traumatic stress disorder that has resulted in substance use disorder and moderate depression.

The Beck Depression Inventory II indicated that Robert's score of 14 indicates that he is experiencing mild mood disturbances and moderate depression. The purpose of the Beck Depression Inventory II is to provide a pragmatic clinical assessment system.

The Structured Interview for PTSD and

The PTSD symptom Scale Interview. The PTSD assesses irritability, anxiety symptoms, and anger attacks.

The Alcohol use Disorder Identification Test-C.

The CAGE Questionnaire indicated that individual has a severe case of AUD. The purpose of the CAGE Questionnaire is to briefly assess the presence of depressive disorder diagnoses.

DSM-5 Diagnosis

F10.20 Alcohol Use Disorder, severe, in early remission, in a controlled (residential) environment (principal diagnosis).

F40.10 Social Anxiety Disorder (provisional diagnosis)

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E10 Type 1 diabetes mellitus

Treatment Plan

Goal 1- Reduce the severity of anger problems and depression, address past trauma.

- **Objective 1:** Address his alcohol addiction which is the source of his depression symptoms
 - **Intervention 1:** Psychoeducation
 - **Intervention 2:** Utilize Cognitive Behavioral Therapy to confront his negative attitudes and feelings of guilt in regard to his daughters and his wife.
 - **Intervention 3:** Communication therapy

Objective 2: Family involvement in Family focused treatment

- **Intervention 1:** Assess the family on Robert's depression symptoms
 - **Intervention 2:** Use psychoeducation to educate the family on Robert's depression.
 - **Intervention 3:** Through psychoeducation encourages the family to apply coping skills.
- **Objective 3** Encourage Robert to be more active in his treatment.
 - **Intervention 1:** He will visit family members once a week.
 - **Intervention 2:** He will organize party once a month at home.
 - **Intervention 3:** He will go out with his family once week.

Goal 2: Family involvement

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Objective 1: Reducing arguing towards her wife

- **Intervention 1:** They will attend family therapy together to express their feelings once a week.
- **Intervention 2:** They will write their feelings to each other's once a week.
- **Intervention 3:** They will write down 2 things they want to change to make family happy once a week.

Objective 2: Good communication between Robert and his family

- **Intervention 1:** Encouraged to attend therapy sessions together
- **Intervention 2:** Encouraged them to write love letter to each other's.
- **Intervention 3:** Provided with a list thing they need to focus.
- **Objective 3:** Help Robert understand how his behavior affects both daughters.
 - **Intervention 1:** Encourage both daughters to participate in group therapy
 - **Intervention 2:** Utilize psychoeducation to educate both daughters about Robert's depression.
 - **Intervention 3:** Utilize psychoeducation to resolve conflict between Robert and his wife.

Goal 3: Promote Problem Solving by understanding family structure

Objective 1: Expose and understanding the root of Mr. Smith's helplessness

- **Intervention 1:** Narrative therapy
- **Intervention 2:** Rational emotive therapy

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- **Intervention 3:** During sessions, he will engage in CBT to help him deal his negative thoughts

- **Objective 2:** The family will attend therapy and psychoeducation would be provided for the family to understand Robert's diagnosis.
 - **Intervention 1:** Bowenian therapy
 - **Intervention 2:** He will lead a family discussion twice a week with his wife and daughter
 - **Intervention 3:** He will set new rules for his daughter in regard to showing respect to his wife

- **Objective 3:** Help Robert understand how his behavior affects both daughters.
 - **Intervention 1:** Encourage both daughters to participate in group therapy
 - **Intervention 2:** Utilize psychoeducation to educate both daughters about Robert's depression.
 - **Intervention 3:** Utilize psychoeducation to resolve conflict between Robert and his wife.

DSM Diagnosis: Robert has not been officially diagnosed but client exhibits depressive symptoms.

Theoretical formulation of the problem: Robert exhibits depressive features and has a host of additive factors notably the unresolved issues in the past. His depressive is also linked to the uncertainty of his present financial situation due the high level of alcohol intake of his losing job.

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Social worker will come from a strength's perspective with the Robert family, using cognitive behavioral therapy as a means.

Termination Criterion and Plan for Termination: The termination of the treatment plan is only possible if the client shows any significant improvement with his drinking and anger management problem. He has previously engaged in domestic violence against his wife and changing is detrimental for their relationship. His wife will also be helping to monitor his behavior while at home and provide assessments which will help us to determine whether he is progressing positively. However, after termination of his treatment plan, he will be required to visit the clinic and contact his therapist for period of one month to check on his progress.

Reference

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