Robert Johnson

Homework due 7-7-20

Prof. Yoon

SWK 731

Cognitive Conceptualization Diagram

***Relevant Adulthood Data***

Terry reports being homeless living from place to place for several years. Terry reports that he had lived on the streets, slept on park benches, slept on rooftops and in hallways. Terry states that he have never married, no children. and no friends. . Terry reports not having any friends or associates, and do not believe in God or the church. Terry reports losing contact with his siblings, reports having two brothers and one sister, all younger siblings. Client also said that one of his uncles told him that his father had mental health issues, but he could not remember the diagnosis. Terry reports his diagnosis of mental health issues are depression, bipolar, anxiety, and PTSD. Terry reports being a Vietnam vet, and stated that his mental health issues and substance abuse, stem from serving in the military. Terry stated that instead of the war making a man of him, they turned him into a junkie and alcoholic. Terry states that tobacco and alcohol makes him feel better, the medications prescribed for his mental health issues, make him feel uneasy, dizzy and he just don't like the way the medication make him feel.

***Core Belief(s)***

I'll never get better. I have no control over my addictions and emotions.

***Conditional Assumptions/Attitudes/Rules***

People don't care about the Vietnam Vets, the homeless or the mentally ill. I don't trust this government, just look at me I'm living on the street addicted and sick. People only deal with me

when I have money. No one really cares for you. Counselors and therapist only care about getting paid.  There is no God.

***Coping Strategies***

I use alcohol and tobacco to make me feel better. I don't need people pretending to be my friend, I can read them like a book .I stay away from pretenders, I would rather be alone .Who really cares anyway?  I do not follow any recommendations from therapist concerning medications; they need to write the prescriptions. I don't believe in prayer, church or that God Stuff. I'm hoping that you can help me, I need help.

***SITUATION#1***

I'm here at KATC detox once again. Mainly because I'm homeless.

**Automatic Thoughts(s)**

This program doesn't work. I get a roof over my head and something to eat, and medications I don't need.

**Meaning of A.T.**

I'm an addict and don't really what recovery.

**Emotion(s)**

Depressed; sadness, disgusted and hopeless

**Behavior(s)**

I'll be disruptive and defiant.

***SITUATION#2***

Need treatment for my substance use

**Automatic Thoughts(s)**

I want to stop using, but not today.

**Meaning of A.T.**

These programs really don't work.

**Emotion(s)**

Depressed, Anxiety and Powerless

Behavior

Self-destructive

***SITUATION#3***

My doctor said I need to stop smoking cigarettes, but I tried to stop many times, it's no use.

**Automatic Thoughts(s)**

I quit so many times, I lost count. I need cigarettes to cope with my feelings.

**Meaning of A.T.**

I cannot stop **smoking**.

**Emotion(s)**

Depressed and Disillusioned

**Behavior**

Resistant and Reluctant

**(Beck Institute for Cognitive Therapy and Research)**

# Cognitive Conceptualization Diagram

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TREATMENT PLAN

Problem Analysis

A. Typical Problem Situations

SITUATION 1

cannot remember anything after drinking

AUTOMATIC THOUGHT

Why cannot I remember all the bad things people say that I do, when I drink.

People are lying.

I am a nice person.

EMOTION

Confused

BEHAVIOR

Resentful

PHYSIOLOGICAL REACTION

Sweating

SITUATION 2

need to stop smoking

AUTOMATIC THOUGHT

I will never stop smoking.

I have tried so many times.

EMOTION

stress

BEHAVIOR

Impulsive reaction to smoke

PHYSIOLOGICAL REACTION

B- Dysfunctional Behaviors

-Smoking within the facility, it is forbidden.

-Refuse to respond to smoking cessation groups.

-Does not participate in substance use groups

-Refuse to take medications as prescribed

C-Cognitive Distortions

-Assumes that he has no power over his SUD

-Failed attempts to control his automatic thoughts and impulses.

-Repetitive thoughts and behaviors are excessive.

D-Therapeutic Strategies

-Establish rapport with Terry towards building therapeutic alliance.

-Introduce CBT as a successful therapy for SUD

-Express the importance of Terry's collaboration and active participation

-Express the importance of Terry setting goals and working together to achieve them.

- Having a clear understanding that CBT is goal oriented and problem focused.

-Refer Terry for a complete medical and mental health evaluation.