Diagnostic Case Study: Lucy Johnson

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Bio-Psycho-Social assessment

The client in question is Lucy Johnson, a 15-year-old 10th grader residing in Virginia's rural area. She lives with her mother, her elder sister Terry and younger sister Sally. Lucy's father resides in Florida is barely seen in Virginia. Her mother works at the hosiery. She also has a 19-year-old boyfriend, Joe.

Her leisure and fun activities include reading, cycling in the woods, swimming, and camping. Lucy is a happy, outgoing person who exhibits affection for her family and friends. She is a brilliant student and performs exceptionally in Math, science, and literature. Lately, she has manifested a change in character and ardent truancy and deteriorating performance in school.

Lucy has been going through challenges at home, which have subjected her to depression. She cannot enjoy her fun activities and appears to be in a foul mood for the better part of the day. The interview unearthed that Lucy bared the burden of worrying about her elder sister's welfare, her mother promiscuity, and financial instability, as well as her younger sister's somewhat wayward trends. Besides, she has started smoking pot with her boyfriend, Joe. The amalgamation of these elements has subjected her to a drastic change in behavior, which has had detrimental effects on her mental health.

Diagnosis

An in-depth analysis of the information given on Lucy Johnson's home visit and interview reveals that she is suffering from a Major Depressive Episode (MDE). This mental disorder is often symptomized by a complete loss of interest in pleasure activities and a depressed mood for a better part of the day over two weeks or more. Besides, the individual may manifest other symptoms, which may manifest extreme mental disorder cases resulting in full-blown Major Depressive Disorder Heather et al., 2016).

Lucy Johnson has been observed to be truant and withdrawn while in school. In her interview, she reveals that she has not been herself for quite some time. Her persistent bad mood and complete disinterest in pleasure activities such as reading, cycling in the woods, and swimming are evidence of her Major Depressive Episode condition. She has also shunned away from hanging out with friends, as expressed by her lack of interest in taking the school bus to school alongside other kids. When describing her current mood, Lucy states that she slept and cried a lot. Her excessive sleep exhibits hypersomnia, a sleep disturbance associated with MDE. Her decision to stick to her relationship with Joe despite the apparent harm it was causing her suggests an impairment in decision making. These symptoms are inclusive of the observations made by Lucy's teacher Ms. James.

Discussion of comorbidity and similar mental disorders ruled out.

Lucy's condition bears considerable semblance to Major Depressive Disorder (MDD). Her situation may, however, not be stated as MDD since she has not manifested all the symptoms prescribed in the DMS-5 criteria. She is yet to show any signs of agitation, weight loss, and suicidal thoughts, suggesting that her depressive disorder is still in the mild stages (Heather et al., 2016).

Other conditions alongside their V-codes that are yet to be ruled out include parent-child relational problems (V61.20), sibling relational problem (V61.8), a child affected by parental relationship distress (V61.29), disruption of the family by separation or divorce (V61.03), and inadequate housing (V60.1) (*PsychDB*, 2020).

List questions you still have or information needed to rule in or rule out these diagnoses

Answers to the following questions will be insightful in establishing an alternative diagnosis of Lucy's condition. Besides, the information obtained will help formulate a treatment plan that will see Lucy gain a better life quality.

Is there a tense relationship between Lucy and her mother?

How does Lucy relate with her elder sister Terry and younger sister Sally?

Is Lucy affected by the absence of her father?

Is Lucy affected by psychology by having to live in a trailer?

Assessment tools

To gain insight into the mental disorder Lucy Johnson has been going through, naturalistic observations and clinical interviews have been considerably helpful. These diagnostic tools will still be reliable when assessing the progress made in the client's treatment.

Naturalistic observation is an indispensable tool as it entails observation of the subject in her natural environment conducting her mundane activities (Muse et al., 2017). Within the school setting, it shall be possible to observe Lucy's punctuality in arriving at school, interaction with her peers, and overall class performance. This technique enshrines strengths, such as the observer's ability to observe and record crucial aspects of the client's condition in her normative state. Also, by observation, the observer can determine his conclusions as the assessment is done in real-time. However, naturalistic observation is subject to weaknesses, such as the possibility of reactivity from the client once they realize they are being observed. Reactivity is likely to make the client wear a façade that compromises the essence of watching her (Muir et al., 2019). The fact that the subject's reactions vary in situation sparks vital questions on this tool's cross-sectional validity. Also, this tool's inter-reliability is subject to the observer's success in observing and recording the client's conduct in the same way (Quintus et al., 2020).

On the other hand, clinical interviews can help assess the subject's behavior, attitude towards treatment, and the progress made towards reaching the treatment goals. This tool exhibits strengths such as standardization, concise, and clear focus in diagnosis and precise identification of psychiatric conditions (Shankman et al., 2018). However, the technique manifests shortages in its reliability, particularly when the interviewer assumes an unstructured approach. Besides, clinical interviews are subject to bias when the interviewer makes wrong decisions on the client's information. When structured interviews are used, different therapists' standardization is likely to water down the assessment tool's validity since results are likely to be divergent (Allen & Becker, 2019).

Clinical interventions

Clinical judgment of Lucy Johnson's case yields the presumption that her depression disorder is in its mild or moderate phase. According to Abuse & Administration (2016), a prescription of psychotherapy and psychoeducation could suffice in remedying and managing the condition.

Psychoeducation is an invaluable intervention in Lucy's case as it shall address the core issues causing the condition. This intervention shall educate both Lucy and her family on depression signs and symptoms and the illness's clinical course. Psychoeducation shall also come in handy in elaborating on the treatment plan and goals for Lucy's family. In addition to elucidating how their interaction affects the depressed (Brady et al., 2017)

Psychotherapy can be conducted by initiating individual or group cognitive-behavioral therapy. Besides, interpersonal therapy could be used. Group cognitive-behavioral therapy for her family will be effective as this would help address the issues each member of the family was going through. Also, by treating everyone in the family, there is a likelihood for positive support

in adhering to the treatment plan and incessant drive towards reaching the treatment goals (Richard, 2019).

As a treating therapist, risky behaviors such as smoking pot by Lucy and Joe will be crucial to consider as this behavior is likely to impact the treatment negatively. Also, Lucy's mother's cooperation alongside her siblings will be vital as their conduct affects the diagnosis of Lucy's condition.

Treatment plan

Establishing specific, measurable, attainable, relevant, and time-bound goals are indispensable in treating the client. The plan considers the environmental triggers impacting Lucy's conditions and how these triggers can be mitigated over time.

The Goal	Projected time
1. The therapist should get in touch with Lucy's' mother and her aunty.	This should take place on the day of the interview or the day after
2. The family shall be taken through a session of psychoeducation.	This shall be conducted within two weeks.
3. Lucy and her family shall go through sessions of Cognitive Behavioral therapy.	This shall take place over two months.
4. Lucy shall also be taken through a session where she will learn emotional regulation and coping skills.	This shall take place in 1 month, with sessions distributed weekly.

Questions would you want to raise with your clinical supervisor about this client.

Is it appropriate for Lucy to move in with her aunt?

Is terminating her relationship with Joe prudent before or after her therapy?

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