

**LeVar Folk**

**SWK626 NB: Advanced Clinical Assessment & Diagnosis**

**Nyack College**

**Diagnostic Case Study**

## Diagnostic Case Study

### 1. Bio-Psycho-Social assessment- If applicable, provide as much information as possible

Janet M. is a 37-year-old, heterosexual, African- American female. Janet is a United States Citizen who was born in North Carolina to parents of African-American descent as well. Janet identifies as Christian and previously attended Baptist Church. Janet is the biological mother of two sons ages 11 and 8. Janet is employed part-time as a hostess for party events and also receives \$362 monthly in food stamps through Public Assistance. Educationally, Janet reports that she did not graduate high school but obtained her General Educational Diploma (GED). Janet can't identify if there is a history of mental health illness, but her eldest son is currently in a self-contained 12:1:1 classroom educational setting as he has a diagnosis of Emotional Disturbance as per his IEP. Regarding her childhood, Janet reports not knowing her biological father as he was never in her life and resided with biological mother, Ms. G.M. until age 10 and has one younger sister who is 32 y/o. Janet states that she has had major trauma in her life dating back to the age of 10 y/o as she and her sibling were removed from their biological mother's care due to alcohol addiction. Janet resided with a maternal aunt until leaving to come to reside in New York City. Janet also states she was in a physical, verbal, mental and sexual abusive relationship with the father of her two children for a period of 6 years. Janet is no longer in the relationship but feels it has impacted her life and stated as a coping mechanism she smokes marijuana 1-2 weekly and drinks alcohol and/or beer 3-4x weekly for the past 3 years.

Regarding Housing Family has resided in four homeless shelters over a period of 15 months as she was evicted for non-payment of rent due to loss of a job. This has added to her stress as family is unable to maintain stable Housing and stability for her children educationally. Three months prior a shelter Case Manager had to call NYPD at 7:50 am as Janet was observed to be intoxicated and wanted to harm herself. Prior to coming downstairs Janet told staff she felt depressed, wanted to hurt herself and to kill other people. Janet was observed drinking a can of beer when NYPD arrived was then transported to a local Hospital which resulted in her children being temporarily removed from her care.

Janet has one prior hospitalization in 2015 due to a domestic incident with her prior paramour. She was engaged in outpatient services which she has been non-complaint due to consistently moving. Janet is diagnosed with Major Depressive DIS, Alcohol Dependence and General Anxiety DIS and is prescribed Venlafaxine-75 mg, Naltrexone-50mg, and Remeron. Medically her family has Medicaid health insurance Ruth and children all regarding medical care there aren't any physical health issues and reports having annually physical check-ups conducted.

There are multiple risk factors which include alcohol usage, child neglect, unstable Housing and non-compliant mental health treatment. Janet attributed her problems due to lack of stable housing. She felt if she never had to enter the shelter system, she wouldn't have these current problems. Janet identifies with being a survivor of rape and needed services which she could implement on her own time. After the children were removed protective factors were implemented as Janet has been fully complaint with a MICA Program and her children have been returned to her care. The family has also been able to secure stable Housing and now reside in a two-bedroom apartment. Having her children back in her care and consistently attending outpatient services has been her coping mechanism as she has maintained sobriety and engaged in Parenting classes.

2. Diagnosis:
296.22 (F33.1) Major Depressive DIS (moderate) 300.02 (F41.1) Generalized Anxiety DIS (GAD) 303.90 (F10.20) Alcohol Use Disorder (Severe)
(1) Brief description of how client's symptoms meet identified criteria:  <b>296.22 (F33.1) Major Depressive DIS (moderate)</b> Janet is diagnosed with Major Depressive DIS and meets the criteria as she displays 5 or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: Depressed mood; Most of the day, nearly every day; may be subjective (e.g. feels sad, empty, hopeless) or observed by others; Insomnia or hypersomnia Nearly every day; Feeling worthless or excessive/inappropriate guilt Nearly every day; guilt may be delusional; not merely self-reproach or guilt about being sick; Thoughts of death/suicide Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without specific plan, or suicide attempt, or a specific plan for suicide.  <b>300.02 (F41.1) Generalized Anxiety DIS (GAD)</b> Janet is also diagnosed with General Anxiety DIS and meets the criteria as she displays the following symptoms: excessive anxiety and worry occurring more days than not for at least 6 months; about a number of events or activities (such as work or school performance); the individual finds it difficult to control the worry; and displays the following symptoms: irritability, difficult concentrating or mind go blank and sleep disturbance.  <b>303.90 (F10.20) Alcohol Use Disorder (Severe)</b> Janet is diagnosed with Alcohol Use Disorder (severe) as there is a presence of 6 or more symptoms occurring over a 12-month period which are: Alcohol used in larger amounts or over a longer period of time than intended; Persistent desire or unsuccessful attempts to cut down or control alcohol use; Craving to use alcohol; alcohol use leading to failure to fulfil major role obligations at work, school, or home; Giving up or missing important social, occupational, or recreational activities due to alcohol use; Significant time spent obtaining, using, and recovering from the effects of alcohol
<b>296.22 (F33.1) Major Depressive DIS (moderate) Justification:</b>  Janet has been in a depressed mood as and combats her feelings with alcohol. Client has periods of

feeling sad and hopeless with limited insight regarding positive change. Janet feels guilty for having her children removed from her care. Janet was hospitalized as she had suicidal ideations and exhibited behaviors which were a harm to herself and others

**300.02 (F41.1) Generalized Anxiety DIS (GAD) Justification:**

Janet reports concerns of sleeping and excessive worrying due to factors such as housing insecurity (resided in 4 shelters over a 15-month period) and children being removed from her care. She was in a volatile relationship in which she endured physical, emotional and sexual abuse and also worries about her abuser being released from jail and finding her.

**303.90 (F10.20) Alcohol Use Disorder (Severe) Justification:**

Janet has used large amounts of alcohol as she admits to drinking 3-4x per week consuming 24 oz cans of Four Locos beer and Amsterdam vodka. She has tried to refrain from alcohol usage multiple times but has been unsuccessful. Due to her drinking she has missed Mental Health appointments for herself and children. This also impacted school attendance as she has been unsuccessful at getting them prepared for school in a timely fashion. This has impacted their educational needs. Janet also admits to headache and “being hungover” due to her excessive alcohol consumption.

**V-codes & Z-codes**

**V60.0 (Z59.0): Homelessness**

**V61.8 (Z62.29): Upbringing Away from Parents**

**V15.49 (Z91.49): Other Personal History of Psychological Trauma**

**995.81 (T74.11XA): Spouse or Partner Violence, Physical, Confirmed**

**995.83 (T74.21XA): Spouse or Partner Violence, Sexual, Confirmed**

**995.82 (T76.31XA): Spouse or Partner Abuse, Psychological, Suspected**

**Z59.8: Other problems related to housing and economic circumstances; Foreclosure on loan;**

**Isolated dwelling; Problems with creditors**

**Z61.1: Removal from home in childhood**

**Z65.3: Child custody or support**

**proceedings; Litigation**

**Prosecution**

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

**I agree with the listed diagnosis for client Janet M but questions I would follow-up with are:**

- **Has there been in changes in mentally or physically since there has been no alcohol or marijuana usage in the past 2 months? (to address if is in remission)**
- **Since the children have returned to your care do you have existing feelings of guilt and if so, can you address them?**

5. Identify and discuss 2 relevant assessment tools that could have used for diagnosis and evaluate progress of the client. Discuss strengths and weaknesses of the assessment tools including validity and reliability.

The two relevant assessment tools which would be used are the Beck Depression Scale as Janet s diagnosed with Major Depressive DIS and the Beck Anxiety Inventory to measure General Anxiety DIS of Janet. The Beck Depression Inventory (BDI; Beck et. al, 1961) design includes twenty-one self-report items which were clinically derived from systematic observations and records of the characteristic attitudes and symptoms of depressed patients. The age range tested for the BDI consist of adolescence ages 13-17 and adulthood; 18 and older. The BDI consist of multiple-choice response formats with possible answer choices ranging in intensity (i.e. 0 = I do not feel sad, 1 = I feel sad, 2 = I am sad all the time and I can't snap out of it, 3 = I am so sad or unhappy that I can't stand it). A highly significant relationship between BDI scores and clinical ratings of depth of depression as well as the power to reflect clinical changes in depth of depression supported the inventory's validity. The BDI was able to discriminate effectively among groups of patients with varying degrees of depression. This instrument is a useful tool for researching depression as well as arriving at a psychiatric diagnosis on a quantitative basis. "Studies of the internal consistency and stability of the instrument indicate a high degree of reliability. Comparisons between the scores on the inventory and the clinical judgments by the diagnosticians indicate a high degree of validity" (Beck, A. T. 1961).

The second Instrument used would be the Beck Anxiety Inventory (BAI) which consists of 21 self-reported items (four-point scale) used to assess the intensity of physical and cognitive anxiety symptoms during the past week. Scores may range from 0 to 63: minimal anxiety levels (0-7), mild anxiety (8-15), moderate anxiety (16-25), and severe anxiety (26-63). Construct validity studies show good convergence of the BAI with other measures of anxiety including the Hamilton Anxiety Rating Scale ( $r = 0.51$ ), the STAI ( $r = 0.47-0.58$ ), and the anxiety scale of the Symptom Checklist-90 ( $r = 0.81$ ). Regarding Reliability internal consistency is high with Cronbach's alphas ranging from 0.90 to 0.94 and has been tested in large samples of psychiatric patients, college students, and community-dwelling adults.

6. Discuss 2 empirically sound clinical interventions for the client. Please use the description

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below. Please consider the following:

(1) In establishing your clinical work with your selected client, what models of therapy will you incorporate to gain a therapeutic alliance? Please consider their primary diagnosis and what is evidence based to support your approach.

(2) What special considerations, as the treating therapist, will you have to be mindful of in treating your client's diagnosis? (Risk factors, risky behaviors, challenging behaviors comorbid diagnosis).

Janet primary diagnosis is Major Depressive DIS which is followed by Generalized Anxiety DIS. As a coping mechanism Janet began to consume large amounts of alcohol and smoke marijuana. She has endured major trauma including removal from her home at age 10, and physical and sexual traumas by her paramour. Recently her children were removed from her care due to presenting suicidal ideations and was hospitalized. Cognitive-Behavioral Therapy (CBT) would be addressed as the intervention model. This form of therapy assists clients by using internal dialogue to address maladaptive thinking patterns. Beck highlighted three main dysfunctional schemas which dominate depressive peoples thinking which were: I am defective or inadequate; all my experiences result in defeat or failures and the future is hopeless. These three themes are also known as the "Negative Triad". To combat these thoughts a focus is also placed on problem-solving and changing behaviors which encourages clients to take an active role in their treatment by learning techniques to address their depressive symptoms. The duration of cognitive-behavioral therapy tends to ne short to moderate term with the focus of educating the patient to become their own therapist. The overall goal would be to produce productive thoughts and thinking patterns for Janet to build upon when she has depressive feelings again.

Special considerations would be implemented as Janet presents higher risk factors due to depressive rates being higher for females to males which presents higher suicide rates. Rates are also higher with people addressing multiple childhood traumas. Also, cultural considerations must be addressed as "the physical symptoms (e.g., aches and pains) in Hispanics, African Americans, and Asians are widely acknowledged but not always recognized which can adversely affect diagnosis" (Corcoran, J. & Walsh, J. p. 107). Safety planning would be implemented in treating client.

7. Developing a treatment plan. Please refer to your textbook.

(1) I hope goals and objectives are SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) for your client. Use the resource provided in class as a model to develop. From the case scenario, who would you include from the client's life in developing this Safety Plan?

(2) With regard to the development of a solid treatment plan and client's goals, how would you help develop short term and long-term goals for the client considering their limitations (cognitive, decision making, chronic condition)?

Janet is diagnosed with Major Depressive DIS, Alcohol Dependence and General Anxiety DIS. Janet's identified problems include addressing suicidal ideations and depressive moods followed by symptoms of anxiety. Her goals are to reduce anxiety and depression caused by childhood and

paramour traumas and refrain from alcohol and drug usage. Janet initially will meet for individual counseling with a focus on CBT. Due to the intervention being short in length, once completed Janet is currently engaged in a dual diagnosis program/ MICA Program which can address concerns of both alcohol and mental health concerns and limit her attending multiple programs which can cause scheduling conflict and become a barrier to obtaining goals. Janet is scheduled to attend 3 days per week and is to receive Relapse Prevention, Positive Parenting, Living Sober, Building Coping Skills as well as Individual Counseling and psychiatric services once per month. Client is prescribed Venlafaxine-75 mg, Naltrexone-50mg, and Remeron. Janet is also fully compliant with random substance abuse testing to address alcohol and marijuana usage.

8. What questions would you want to raise with your clinical supervisor about this client that can help you be the best clinical social worker for them.
- Address if the intervention implemented is meeting the needs of the client at this point?
  - Schedule a meeting with all service providers (including children) to ensure Janet isn't duplicating services and her needs are being met by all providers including school, ACS and other SW.
  - Review prior assessments and diagnosis to ensure client is properly assessed
  - What if anything should be added or removed from the service plan?

References:

- (1) American Psychiatric Association (2013) *Desk Reference to the Diagnostic Criteria from DSM-5*. Washington, DC: Author. ISBN-10: 0890425566
- (2) Beck, A.T., Epstein, N., Brown, G., & Steer, R.A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.
- (3) Beck, A. T. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571. doi: 10.1001/archpsyc.1961.01710120031004
- (4) Corcoran, J. & Walsh, J. (2016). *Clinical assessment and diagnosis in social Work practice*. 3rd. ed. NY: Oxford University Press. ISBN-13: 9780190211011
- (5) Kostick, Karen M. "From V Codes to Z Codes: Transitioning to ICD-10 (Updated)" *Journal of AHIMA* 82, no.11 (November 2011): 60-6