

Practice evaluation I  
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### **Client Background**

Maya Pena is a 23-year-old single Hispanic female who currently resides in Houston, Texas. She was raised in the southernmost region of Texas known as “The Valley” to the locals. She is the youngest of three children. Her parents have been married for 32 years and continue to

live in the Valley. They recently moved from McAllen to Brownsville after residing in Maya's childhood home for over 25 years. Maya's older sister is married with one daughter. Her middle sister is 8 years older than her married, living in Houston as well. Maya attended a college in Houston and received a degree in history and philosophy. After graduating she moved back into her parent's home and worked for a chamber of commerce nearby. Approximately 6 months ago, Maya returned to Houston where she works at a temporary agency as a receptionist while she looks for a more permanent job opportunity. Maya enjoys reading, dancing, going to bookstores, and writing.

According to Maya's most recent therapist from her junior high school period, Maya began having problems around the age of 10. When Maya was confronted with stressful situations she would begin counting under her breath, washing her hands several times every hour, and checking behind her every time she stood up. Also, Maya's parents reported that she began collecting a variety of random items in her bedroom that she kept under her bed. These items included stuffed animals, old candy wrappers, and rocks.

Her need to wash her hands frequently created problems for her in school. She was constantly leaving class to wash her hands, it would take her 5-10 minutes and she began missing large portions of taught material. The teacher informed the school counselor of her concerns. Maya was referred to the counselor and reported that she had a feeling sometimes that she had to count. The counselor noticed that Maya had to check behind herself every time she stood up. When pushed to explain these behaviors, Maya would vaguely respond that they kept "bad things" from happening. The counselor used behavior modification techniques to reduce symptoms and was successful. Although, when stressful situations arose the symptoms would intensify. Since Maya was a little girl repeatedly washing her hands, counting to 25 and repeating till the urgency lifts, and looking behind herself after she stands up, has been a sense of relief.

### **Client Problems-Epidemiology and Etiology**

During the initial interview, the client's appearance was exceptionally neat and she was matching from head to toe. The client also appeared to be slightly below average weight. The client stated that there have been some things bothering her lately and thought it would help to talk to someone. Since the Client graduated from college, she faced high levels of anxiety and

stress due to job dissatisfaction and inadequate income. The client graduated with a degree in history and philosophy. She wishes to be working within a setting that accommodates her interest and offers a generous salary.

The client's Aunt Juanita expressed concern about Maya's symptoms. She stated that Maya was employed at the hospital during her last year in college. While she was studying and working full-time her urgency and duration to wash her hands became extremely excessive. The statement was confirmed within the initial session the client explained that her thoughts and feelings of germs were out of control when she worked at the hospital. She reported washing her hands until they were raw. She reported, "I couldn't handle all the germs in that place, I wanted to wash my hands all the time". Maya stated that she felt as though there are germs everywhere and it's difficult for her to get anything done due to all her thoughts and feelings concerning her urgent need to get rid of the germs. In moments where the client could not wash her hands, she would have the urge to count up to 25 and repeat until she had relief. The client is stating that her issue is preventing her from attending to her daily tasks and being present and involved at work.

The other compulsive symptoms that were noted by the former therapist and client, was the need to check her surroundings every time she stood up and her habit of collecting objects. The client stated that she has been depressed in the past about her life. She expresses a sense of financial responsibility toward her parents and would feel better if she could help them out. She stated that lately, she is more anxious than depressed. She stated that she is always in a state of a constant worry. The client worries about how others would perceive her compulsive habits and think she is weird. She states that it has been difficult for her to have a social life since all her time is taken up with all of these activities. The aunt presented concern about Maya's collecting and states that her apartment is cluttered with the objects she collected. The aunt has tried to get Maya to let her help clean but Maya becomes anxious and uncomfortable with the request. The client's symptoms seem to be anxiety and stress-induced compulsions.

### **Client Interventions**

In reference to the symptoms experienced by the client, she seems to be suffering from obsessive-compulsive disorder with a co-occurring case of generalized anxiety disorder. Obsessive-compulsive disorder is the presence of obsessions such as recurrent and persistent

thoughts, urges, or impulses caused by marked anxiety or distress. This happens when the individual attempts to ignore or suppress such thoughts or urges by replacing them with an action such as handwashing or looking behind herself when she stands up in Maya's case. These actions are behaviors that are aimed at preventing or reducing anxiety and distress.

In hopes to best treat the client, the practitioner will provide a two-pronged approach. Incorporating both behavioral modification and cognitive therapy techniques that will address the underlying anxiety that is resulting in unwanted behaviors. The client's first goal of reducing the compulsive urge to handwash will be to target the underlying anxiety regarding germs. This will be addressed through a cognitive behavior therapy technique known as exposure therapy. This form of CBT is called exposure and response prevention. This intervention method exposes the client to their obsession and asks the client to not perform the compulsion. This process is repeated during sessions over a period of time and the effect of future exposure is replaced by a new response or utilization of a relaxation technique.

The client's second goal of reducing anxiety and manage stress will be to target the areas of worry and responsibility producing anxiety and stress. This will be addressed through interpersonal therapy. This form of therapy will provide the client with one on one therapeutic sessions that will target the areas of concern within the career and family unit that are producing the symptoms of stress and anxiety. Within this form of therapy, the practitioner provides insight and counsel along with a series of techniques to assist the client on a micro, mezzo, and macro level.

The client's third goal of managing their OCD related hoarding will be to target the maladaptive beliefs attachment the client has for their belongings. This will be addressed through motivational interviewing. This technique provides clients with psychoeducation and encourages the client to recognize the benefits of making changes. By doing so the client is more likely to engage in changing the behavior.

### **Intervention Hypothesis**

- The hypothesis is that receiving 20 sessions (4.6 months) of CBT's Exposure Therapy will reduce the client's urge to handwash excessively by 50% and improve the client's daily functioning ability.

- The hypothesis is that receiving 12 months of interpersonal therapy will reduce the client's overall stress and anxiety by 80% and improve the client's overall social functioning.
- The hypothesis is that receiving 5 months of motivational interviewing will reduce the client's urge to collect new items and dispose of at least 20 things.

### **Client Goals & Objectives**

#### **Client Problem Areas & Target Problems**

The three target problems identified during the initial session was discussed with the client. The first problem and target area will target reducing the compulsive urge to handwash by practicing exposure therapy with the client. As a result of exposing the client to the fear of germs and extending the time spent not washing their hands the client will learn different methods of managing their anxiety and learning ways to cope. This process of repeated exposure will result in desensitization of the fear of germs and reduce the urge to wash hands excessively.

The second problem and target area will reduce anxiety and manage stress concerning the client's career and family by attending interpersonal therapy. As a result of attending this form of therapy, the client will learn healthy ways to view their social environment. They will talk about what's provoking their anxieties and inducing stress and create plans to implement in their lives to cope and manage their symptoms. It will also produce a healthy outlet for the client to share their experiences and think critically about their career endeavors.

The third problem and target area of managing their OCD related hoarding will be to target the maladaptive beliefs attachment the client has for their belongings. This will be addressed through motivational interviewing. This technique will work towards providing psychoeducation to the client concerning hoarding. It will also provide encouragement and skills concerning minimizing clutter and healthy attachments.

<b>PROBLEM AREAS AND TARGET PROBLEMS</b>	<b>CLIENT GOALS</b>	<b>CLIENT OBJECTIVES</b>	<b>INTERVENTIONS</b>
Increase in time spent handwashing due to fear of germs.	Reduce clients urge to handwash excessively by 50% and improve clients daily functioning.	The client will receive cognitive behavioral therapy's for of exposure therapy for 20 sessions (4.6 months) to desensitize clients reaction to germs and decrease response of handwashing, replace response with coping technique.	Cognitive behavioral therapy's exposure therapy
Increase in anxiety and stress concerning career and family situation	Reduce clients overall stress and anxiety by 80% and improve clients over all social functioning.	The client will receive 50 min sessions over 12 months of interpersonal therapy to address areas provoking stress and anxiety and learn coping skills and ways to manage anxiety, as well as job searching strategies.	Interpersonal therapy
Obsessive compulsive symptom of Hoarding	Reduce clients urge to collect new items and dispose of at least 20 things.	The client will receive 5 months of 30 minute weekly sessions of motivational interviewing to learn about hoarding, applying meaning to objects and healthy coping skills for urges, practice letting go.	Motivational Interviewing

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