

Social Work Practice Evaluation Plan

SWK 628: Social Work Program and Practice Evaluation

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EVALUATING EFFECTIVENESS OF CBT AND IPT FOR A 21-YEAR OLD FEMALE WITH RELATIONSHIP AND A DEPRESSION PROBLEMS

DESCRIBING THE CLIENT PROBLEMS

Client Background

Ms. U is a 21-year old African-American single woman who was referred to New Horizon Counseling Center after being stabilized from a psychiatric unit at a local hospital. The narrative from the hospital indicated she was hospitalized for cannabis-induced-psychosis. She claims not remembering details of her hospitalization and no one's explanation seems satisfactory to her, including with the nurses and doctors who treated her. Ms. U stated she lives with her parents (father and a stepmother), and an older brother, but it was her ex boyfriend (now she considers the relationship was over), who called the ambulance for her at the time of the incident. She also stated that her family, including her brother, whom she had a good relationship, refused to elaborate the tragedy and she was puzzled by the sudden disappearance of her ex boyfriend since then.

Ms. U claims was raised in Jamaica, where cannabis smoking is a cultural practice, thus she admitted to smoking marijuana since she was 14. She said in the beginning of her habit, there seems to be no problems, not until she decided to quit couple of times. In trying to disengage with cannabis, Ms. U admitted of having real difficulty and becoming very depressed, thus she relapsed in both times. Ms. U admitted of losing two boyfriends due to her cannabis habit, including the last one whom she hopes to marry and begin a family. She claims her relationship with her parents, particularly with her stepmother, is deteriorating. Both parents started to strongly disprove her smoking habit and

very unhappy of her quitting school. She was enrolled at New York Fashion School for a degree in designs. Ms. U confesses that the turn of life's circumstances made her depressed.

Client Problems – Epidemiology and Etiology

Ms. U admitted that during the last 12 months, her relationships with her parents had deteriorated particularly with her stepmother. COVID-19 exacerbated the situation due to COVID-19 restrictions as she detested so much the overprotection of her parents. Hopelessness and feeling trap with her family, whom is rejecting her, adding more layer to her feeling of depression. Seeking her independence is what she thought the right thing to do. But with unfinished school, no employment prospects and no place to live, Ms. U claims feeling more and more depressed as she thinks the impossibility to breakout from her situation. Ms. U admitted of having avoidance issue with her parents recently, though she does not hate them. In the past, she stated her boyfriend was her greatest supporter to quest for cannabis' abstinence. She claims her ex-boyfriend does not smoke because they are planning to build a healthy family together. Though she's hoping he will come back, but her hope is low and considers the relationship was over as we spoke.

During early counseling sessions at NHCC, Ms. U claims she is staying at her cousin's house in Maryland to avoid being with her parents in New York. She reported her cousin has her own family and a professional occupational therapist, and understands and willing to help. She stated of enjoying a peaceful life, abstinent from cannabis, not feeling much depressed while at her cousin's house.

Ms. U said even a thought coming back to her parents' house makes her depressed. She went home one weekend to find out staying at her room the whole day, even eating by herself in the room. Ms. U raises optimism with her physical condition, but also concerns to what will happen as she comes home permanently. Will her relationships with her parents improve? Can she manage her depression? Can she gain the trust and confidence of her parents again? Does her cannabis' craving kick in again? Can she cope to the stressors and not experience another breakdown. Ms. U indicates her willingness to improve her relationships with her parents, with other people, to work on her feelings such as her depression, quits smoking, finishes her degree, gets employment and lives of her own someday.

Client Intervention(s)

Among many concerns, Ms. U and the therapist agreed to work on reducing the feeling of depression first. The therapist plans to implement two interventions: the Interpersonal Relationships (IPT) and the Cognitive Behavioral Therapy (CBT). The following are supporting articles to review efficacy and benefits for these two interventions.

The article published by Brunstein-Klomek et al., (2007), stated that Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) offers more relevancy for a non-pharmacological therapeutic alternatives based from the Food and Drug and Administration (FDA) warning on the use of serotonin receptor reuptake inhibitors for adolescent's depression. IPT-A described by this article, is an evidence-based psychotherapy for depressed adolescents in both hospital-based and community outpatient settings. It is a brief and efficient therapy for

adolescent depression. The main goal IPT is to decrease depressive symptomatology and improve interpersonal functioning.

IPT intervention focuses on reducing depressive symptoms and addresses the interpersonal problems associated with the onset of depression. The objectives of the treatment take into account the adolescent's developmental tasks including individuation, establishment of autonomy, developments of romantic partners, coping with initial experiences of loss and death and managing peer pressure.

Another article by Mychailyszyn et al.,(2018) highlights that depression is a highly prevalent disorder amongst youth. Interpersonal stressors are more strongly linked to depression compared to non-interpersonal stressors. IPT-A is an efficacious treatment for adolescents with depressive symptoms. The results of the meta-analysis of these authors indicate that IPT-A was significantly effective at reducing depressive symptoms in adolescents and significantly more effective than control or treatment-as-usual groups in treating depression in adolescents. Previous research has indicated also that Interpersonal Psychotherapy (IPT) is generally effective for ameliorating symptoms for adult depression. Overall, the results holds similar promise for improving adolescent depression as the original version does for adults.

One article discusses and review on the Cognitive-behavioral therapy (CBT) for adolescent by Spirito et al, (2012), says CBT has been the most widely researched psychotherapy approach to treating depression in adolescents. CBT treatments for adolescent depression place varying emphasis on the cognitive and

behavioral components of care. The behavioral component of treatment for depression emphasizes various skill deficits in the domains of coping skills, interpersonal relationships, social problem solving, and participation in pleasant activities. The cognitive component typically focuses on identifying and challenging schemas, automatic thoughts, and cognitive distortions that cast experiences in an overly negative manner. In all, CBT for depressed adolescents addresses lagging cognitive and behavioral skills that are needed to create and maintain supportive relationships and to regulate emotion.

A meta-analysis by Weisz et al.,(2006) on effects of psychotherapy for depression on children and adolescents raised the issue on the debated over medication risks for youth depression (SSRIs) selective serotonin reuptake inhibitors which become a widely used treatment for depressed youth, but concerns over possible risks, including suicidal ideation and suicide attempts. Concerns about pharmacotherapy have thus refocused attention on the most prominent medication alternative, psychotherapy, and on how effective psychotherapy is with youth depression. Findings with problems and disorders other than depression – indicate that youth depression treatment does not surpass but instead may lag significantly behind treatments for other youth conditions.

To the debate over alternatives to antidepressant medication, the results of the study suggests that for those who seek an alternative to antidepressants, psychotherapy offers a reasonable option, generating a small to medium ES that generalizes to comorbid anxiety symptoms and show substantial holding power for some months after treatment ends. Another perspective – interventions may

boost outcomes when combined with medication—that is, the Treatment for Adolescents with Depression Study (TADS)—adolescents treated with combination of fluoxetine and a 12-week course of CBT showed the most positive treatment response, supporting the idea that psychotherapy may complement the effects of antidepressant medication, Weisz et al.,(2006).

Brunstein-Klomek et al., (2007) stated depression has been associated with impairment in psychosocial functioning at school, with friends and with family. It is also a leading risk factor for suicidal ideation and attempts, and completed suicide. Studies of depressed adolescents find high rates of recurrence into adulthood.

Zhou et al., (2014) with their conclusion on their electronic database review on resistant depression in adolescents stated that approximately half of the adolescents who presented with treatment-refractory depression responded to active treatment, which suggests that practitioners should remain persistent in managing these challenging cases. The combination of antidepressant medication and psychotherapy should be recommended for adolescents who present with treatment-resistant depression.

Intervention Hypothesis

- Hypothesis1: Receiving 12 weeks Cognitive-behavioral therapy (CBT) will reduce symptoms of depression by 70% measured by BDI and improves interaction with family members by 50%.

- Hypothesis 2: Receiving 12 weeks Interpersonal therapy (IPT) treatment reduces symptoms of depression by 70% and improves her relationship with parents by 80%.

CLIENTS GOALS & OBJECTIVES

Client Problems Areas & Target Problems

The first problem and target area for Ms. U is her deteriorated relationships with her parents, particularly with her stepmother. Avoiding to interact with the family whenever she's home is causing more distance among them and adding more to her feeling of depression. The second problem is her cannabis habit. Although she is abstinent at the time we spoke, but maintenance is a problem for Ms U evidenced by her twice failed attempts to quit. Third problem area Ms. U wants to address is her depression, which has been her biggest problem before she was hospitalized. Although Ms U claims of her temporary improved condition at her cousin's house, but she wants a more stable, long term solution for her depression. Ms. U is worrying about coming home to her parents, the changes and adjustments, and fear of another breakdown as she failed to cope.

Interventions Goals & Objectives

Table 1.1 Summary of target problems

CLIENT PROBLEMS, GOALS, OBJECTIVES & INTERVENTIONS

PROBLEMS AREAS AND TARGET PROBLEMS	CLIENT GOALS	CLIENT OBJECTIVES	INTEVENTIONS
The increase deteriorating relationships with parents	Increase positive interactions with family members	Client will receive combinations of IPT and CBT therapies 60	Interpersonal Therapy and Cognitive-behavioral therapy

		minutes per week for 12 weeks.	
Dangerous effects of depressive psychosis can cause adolescents to become suicidal	To reduce feeling of depression evidenced by the results of clients' BDI weekly	Client will receive Cognitive-behavioral therapy 60 minutes per week in 12 weeks	Cognitive-behavioral therapy (CBT)

The first goal is to increase positive interactions with client’s family members, particularly breaking the gap between her stepmother. The client will initiate the interactions and will subject herself to changes and adjustments within the family unit. In the article review, the objective of IPT intervention is to take into account client’s developmental tasks including individuation, establishment of autonomy, developments of romantic partners, coping with initial experiences of loss (twice she lost her boyfriends) and managing peer pressure as she plans to go back to school, be employed and become independent from her parents. Backed up by research, IPT-A proves to be an efficacious treatment for adolescents with depressive symptoms. The plan is to implement the treatment for 60 minutes weekly for 12 weeks session.

The second goal is to target the problem of depression and reduce the feeling of depression evidenced by reduced BDI weekly. Client will receive Cognitive-behavioral therapy in 60 minutes weekly for 12 weeks session. CBT has been the most widely researched psychotherapy approach to treating depression in adolescents according to our article review because of varying emphasis on the cognitive and behavioral components of care. Ms. U showing impairments with her psychosocial functioning at school, with friends and family, most likely will benefit with CBT intervention at the end of 12 week sessions.

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