

Clinical Treatment Plan

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Personal Information

Kevin is a 21-year-old African-American male living with his mother, stepfather, and two siblings in Dallas. He identifies as heterosexual and is not in any romantic relationship. He is currently in college taking a business management course. Kevin sought counseling services for concerns of depression and anxiety attacks, including reported moods of “emptiness,” “sadness,” and “rage.” Kevin started receiving counseling services from the practice on February 28, 2022. The client is from a financially stable and caring household. Kevin’s father owns his business firm in Dallas, and his mother is a step-at-home mother. His family is supportive and actively concerned for his well-being. Kevin claims that his problems involve family and peers regularly “disrespecting” him and “plotting against him behind his back.” Kevin’s biological father died in a tragic road accident when he was five. He is usually punctual to our sessions and is often well-dressed and groomed. He is a good-looking young man with a good physique due to his active involvement in sports. The client exhibits good mannerisms and social etiquette. He talks well and is usually articulated when addressed by his parents and me, although he occasionally behaves when dealing with his stepfather.

Relevant History

Kevin was born and raised in Dallas. He lives with his parents and two siblings, Dan and Kelly. His mother reports that the client was born prematurely, predisposing him to early childhood diseases and health complications. His father's death as a child affected his growth and development and predisposed him to mental health conditions. In his early life, Kevin was raised by his mother as a single mother with financial difficulties, significantly affecting his childhood.

Kevin claims that his childhood was lonely, and he is an introvert who wishes to become extroverted. As the only child in early life, Kevin often played alone and spent his free time reading or drawing alone. When asked what he thinks of himself and his peers, Kevin says that he often feels like he is not good enough and thinks he does not belong with a particular social group. He claims that he usually expects people to be critical, self-centered, and judgmental, which has always made him socially isolated. Kevin reports a history of domestic violence in his household, which negatively affected him emotionally and mentally.

Kevin's family and friends regard him as a smart, capable, and devoted young man with a bright future in the business field. He is a college student undertaking a business course at one of the most prestigious colleges in Dallas. He is highly ambitious, and he hopes that he will become successful in his business career. Kevin is not very outgoing and has one friend he considers supportive in his treatment journey. Kevin is bilingual in Spanish and English, and his heritage is significant to him. Early this year, Kevin's mother was diagnosed with bipolar disorder, and she complies with therapy and medications. The different situations in his life have culminated in his psychological problems. After his father died, Kevin was raised by his mother, who developed unrealistically high expectations for him. She censured him for not consistently getting his assignments on time and cleaning the apartment while she was at work. In our earlier sessions, Kevin exhibited progress and determination to achieve his goals and manage his anxiety. His parents and friends have supported his treatment journey and helped him cope with numerous life situations at home and school.

Presenting Complaint

Kevin and his parents came to the practice seeking counseling services to help him reduce his social anxiety, chronic anxiety, and depressive symptoms, which have altered his

social and school life. Kevin's mother reported that he exhibits deviant and oppositional behavior at home, especially with his younger brother and stepfather whom they are trying to get along. From my assessment and his mother's, Kevin has an attitude problem and occasionally argues with his parents and siblings on nonsensical issues. According to the client, he thinks he has anger issues and cannot control them and occasionally resorts to acting out and violence. Kevin also exhibited avoidant behavior when dealing with issues which made him socially isolated on most occasions. His parents reiterated that Kevin rarely cleans up at home, and his room is usually disorganized. When allocated some errands, he fails to commit to them and occasionally has difficulty making sensible decisions. Kevin complained that he had difficulty concentrating in school, deteriorating his grades. He also reported having difficulty sleeping, decreased appetite, significant fatigue, and irritable behavior.

Kevin's first goal was to manage and reduce his anxiety and increase his confidence. Our first therapeutic session was very successful. Kevin was able to identify his goals and write them down. This helped him to visualize these goals and learn how to prioritize them. He also wanted to know how to channel his emotions appropriately to prevent him from spiraling into a bad mental state. He claimed he was easily triggered and quickly overwhelmed with emotions, predisposing him to social anxiety and anger. Kevin was also determined to develop rational thinking behaviors that would enable him to make sensible life decisions that would help him overcome his social phobia and feelings of inferiority. Most of his issues started when he became a teen, and he hopes to improve emotionally, mentally, and physically by the end of our sessions.

DSM-5 Diagnosis

F41. 1: Generalized Anxiety Disorder.

F32. Mild Depressive Disorder.

Client Strengths

Kevin is a compassionate young man who is determined, hardworking, and highly motivated for therapy. He is from a supportive, caring, financially stable family, which affords him the best counseling services. His best friend, John, understands and supports him during his treatment journey. He occasionally joins him during our counseling sessions. Kevin uses sports to cope with his stress and occasionally reads self-help books on anxiety. Protective factors include that she has access to college services such as counseling services and student clubs and organizations. He is collaborative in the therapeutic relationship and has health insurance. He does exceptionally well in his academic work and extracurricular activities. Kevin is also kind and shows concern for his family and friends. He exhibits inner peace and strength in the face of numerous adversities.

Client Limitations

Kevin has low-stress coping skills with frequent outbursts of irritable behavior and anxiety. His father's early death has also contributed to his mental problems. He also has trouble concentrating and remembering, which has made it hard for him to control his emotions and feelings of self-doubt. Occasionally, Kevin reports that he self-medicates with alcohol when he feels depressed or anxious.

Hypotheses

Kevin's life stressors are typical for a young adult trying to chart his way through life. Kevin faces stress from family, peers, and school. His academic pressure includes passing his college exams and becoming a well-established businessman. The client faces the same peer pressure that plagues most of his age group. Kevin had a reputation in school for being tough and intelligent, and he often felt pressured to live up to this standard. Occasionally, his peers at

school and home attempt to engage him in a fight to prove they are tough. Kevin knows he does not have to get in trouble at school and home but also has difficulty walking away from his anger. He also experiences pressure from his family. Kevin introduces himself as a successful achiever and feels pressure from his parents, especially his mother, to maintain this status. Kevin's mother expects a lot and can be pretty hard on him, setting unrealistic standards. Though he faces many stressors, Kevin is fortunate to have a solid support base. His family is a massive support for him during his tribulations.

Kevin possesses above-average intelligence and can handle both abstract and concrete thinking. His sharp mind catches on to things quickly, making him sensitive when faced with difficult situations. The client has a prevalence of negative cognitions. When distressed or depressed, his mind becomes overrun with negative thoughts. He reports that when faced with difficult situations, he usually tells himself things like "I always make bad decisions," "I am always wrong," and "I have to be the best." He seems strongly inclined to these negative thought processes, especially during stress or confrontations. This is not to say that Kevin is usually harmful. At times, he displays good self-confidence and a high sense of self-awareness. He has positive self-talk, which reinforces his strengths and positive ideas. The client has realistic but hopeful goals for himself. He demonstrates a slightly above-average insight into different situations. On his own, he is somewhat aware of his motivations but cannot perceive negative thinking patterns. The client finds his academic and sports achievements a great motivator to strive for more.

Client Goals

Goal 1: Develop strategies to manage and reduce anxiety.

Objectives

1. Be free of panic episodes.
2. Learn new stress coping mechanisms.
3. Learn new strategies to avoid irrational thinking.

Action Steps

1. Assessment of the initial problem.
2. Set a timeline.
3. Relationship building.

Goal 2: Develop anger management skills.

Objectives

1. Learn and develop strategies to control their anger.
2. Learn to take a time-out when things get upsetting.
3. Learn to go an entire day without angry outbursts or confrontations.

Action Steps

1. Set a timeline for achieving these goals.
2. Identify the appropriate resources needed.
3. Write down the steps to be followed to achieve the target goal.

Goal 3: Improve overall mood and confidence.

Objectives

1. Learn new ways for thought distraction when ruminating on the past.
2. Report positive feelings about himself and his abilities.
3. Make a short and simple “to-do” list and focus on completing at least two tasks daily.

Action Steps

1. Define end treatment goals.

2. Regularly evaluate, monitor, and update the client's progress.
3. Set short and long-term milestones.

Treatment Plan/ Implementation

I will use Rational Emotive Behavior Therapy (REBT), psycho-education, and Solution-Focused Behavior Therapy to manage Kevin's symptoms. Rational Emotive Behavior Therapy (REBT) assumes that individuals can rationally and irrationally think (Eseadi, 2019). The treatment mode for REBT is usually divided into cognitive, emotive, and behavioral methods. The cognitive model involves letting the client know the statements he usually tells himself and then teaching him how to react when he experiences irrational self-talk (Waltman &Palermo, 2019). In this scenario, I will challenge Kevin on an irrational ideology and show him the best way to change his perception to accommodate rational thinking when faced with such a situation. The behavioral method entails reinforcement and self-management. I will encourage him to perform numerous tasks daily to actualize his thoughts. Rational Emotive Behavior Therapy is a cognitive-behavioral technique that can be used to manage anger and anxiety. The cognitive aspect will help attain self-awareness, rational thinking, and arousal reduction. The behavioral method will enhance his problem-solving techniques and modify his social and interpersonal skills. The intervention will focus on helping the client develop desirable behaviors, strengthening interpersonal skills, and reducing aggressive behavior.

According to Hammond & Beail (2020), aggressive people usually have irrational thinking processes. Kevin thinks he is unlovable and unable to make real friends due to his perceived "difference."He also thinks he cannot change his aggressive behavior for fear that his peers will judge him. Kevin is afraid to lower his guard and trust that his peers want to befriend him, not hurt him. He also needs to know that he is a loveable person, and the best way to

modify this irrational thinking is by helping him lower his guard and see himself positively. The REBT model of treatment works with the assumption that a person's happiness and social satisfaction are directly tied to their thinking patterns. A person with irrational thinking is likelier to be unhappy and less fulfilled than an individual with rational thinking habits. I will utilize the ABCDE disputing model to analyze some of Kevin's recent behaviors in different scenarios. By examining his unhealthy habits, I will be able to help him focus on the more essential aspects of his life, breaking the pattern of irrational thinking and self-talk (Setia et al., 2021). This model will allow us to visualize Kevin's feelings and thoughts when faced with a challenging situation.

In our third session, I will give Kevin an assignment requiring him to put the ABCDE disputing model into practice. Making him internalize this model will make it easier for him to practice it in future situations and react appropriately. The next step in the treatment plan is to help Kevin develop positive thinking. To actualize this, I will adapt modeling and role-playing techniques. Through modeling, I can experiment with different scenarios, speak my thoughts on a situation, offer an appropriate solution, and provide the possible consequences for each solution. Role-playing will involve letting Kevin practice his interpersonal, social, and cognitive skills while increasing his empathic skills (Arenas et al., 2022). Modeling and role-playing techniques encourage constructive and rational thinking within specified conditions and regulated environments. This makes the treatment scenarios safe for the client. These techniques apply in different life scenarios and can facilitate interactions with individuals within their social circle. I will be able to continually monitor his reactions when interacting with different individuals and make the necessary adjustments to achieve the desired reaction or effect.

I will focus on a client-centered treatment approach when using Solution-Focused Behavior Therapy as a treatment modality to help Kevin deal with his symptoms. With this

treatment method, the client will be responsible for their treatment. I will encourage the client to set goals, identify his strengths and weaknesses, and apply appropriate modifications to his behavior where necessary (Fadhil & Situmorang, 2022). A client-centered approach will make the goals more individualized and easily attainable. To begin our session, I would ask Kevin the Skeleton Key question. After identifying his goals for counseling, we would outline the objectives for each goal and the action steps required to achieve these goals. Kevin's first goal was to develop strategies to manage and reduce his anxiety. We will focus on this goal. Next, I will ask Kevin the Miracle question. This is meant to facilitate a positive behavior change and make the client more receptive to therapy (Gan, 2020). The Miracle question usually helps the client to visualize their relationships in different situations, especially when the conditions are ideal. With this information in mind, it is easier for them to know the changes they must make to build resilience.

I would also utilize the scaling question to understand his anger issues better. This model allows us to analyze Kevin's behavior in different social situations of anger and frustration that can make them anxious. The model also allows me to analyze Kevin's anger and anxiety coping mechanisms and find appropriate ways to leverage these skills to build resilience (De Shazer et al., 2021). I will also encourage the client to focus on situations and instances that do not trigger him. The counseling session will focus on the client's strengths and protective factors and help him resolve his issues constructively.

Termination

I would commit to meeting Kevin for eight consecutive weeks for a one-hour counseling session scheduled every Monday and Friday. The sessions will aim to equip the client with the appropriate skills to help him cope with stressful situations and control his anger outbursts.

Kevin will be discharged after attaining his therapeutic goals and showing significant improvement in the areas of concern. During the sessions, I will focus on helping Kevin manage and reduce his anxiety, develop rational thinking, and control his anger issues. The therapy goals and objectives are bound to change if the client fails to show improvement.

Policies that affect client well-being

Healthcare Policy

At the basic level, healthcare policy has far-reaching effects on mental health beyond access to affordable treatment. Increasing access to health insurance coverage can promote diagnosis and recovery. The Oregon Medicaid research study showed that two years of health insurance access resulted in a 30 percent relative reduction in depression prevalence (Kerst et al., 2020). Possessing health insurance usually improves mental health outcomes through pathways other than simply more treatment, such as by decreasing the financial and psychological stress of anticipated health care costs. Relevant policies like health insurance expansion via the Mental Health Parity Affordable Care Act and Addiction Equity Act have positively influenced the fight against mental health disorders. The coordination and integration of mental health services within primary care enhance recovery by increasing access to treatment.

Mental Health Promotion, Prevention, and Treatment

There has been an exponential increase in mental health-related problems globally, making it a public pandemic that requires immediate intervention to curb it. There is a wide gap between the need for mental health support systems and the utilization of these systems by all age groups. Social stigma, lack of health insurance, and low socioeconomic status is the leading cause of underutilization of mental health support systems. Kevin sought our services because he is from a financially stable household. This makes assessing counseling services that help him

withstand different life situations easier. A lack of awareness of mental health is also an excellent barrier for individuals who need to assess mental health support systems (Smith et al., 2019). The federal and state government's initiative to make mental health disorders a national pandemic will reduce social stigma and enhance access to mental health services.

Kevin is a young adult trying to build himself up in this challenging world. The treatment plan I adopted is specific to this age group considering the common challenges these individuals face. Technological advancements are a significant challenge for young adults since they tend to be engrossed in their phones, worsening their antisocial behaviors. Kevin will be exposed to more divergent ideologies as he grows, which can change his perception of therapy. This poses a significant challenge while working with him in the future.

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