## Benchmark – Initial Treatment Plan: Eliza

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Grand Canyon: PCN- 610

4/4/2019

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The information given will survey an initial treatment plan for a patient called Eliza Doolittle, an 18-year-old girl who is a freshman in college and stays on the campus grounds. Eliza has reported feelings of stress, anxiety, insomnia, low self-worth, and loneliness. Hence, she had been seeing the school counselor who will refer her appropriately. To completely understand the procedure of starting psychological health examinations, this paper will emphasize the intake, biopsychosocial assessment, and treatment planning and referral methods for the client.

**Part 1: Intake**

Eliza, as a client should be granted suitable treatment alternatives that give thought to her current worries and demographics. Eliza is Caucasian, majoring in engineering and a freshman in college. The school's counselor has advised her to go to counseling. She expresses that campus life has prompted high levels of stress and faces challenges when trying to form new social relations with her fellow students. The relationship between her father and mother is estranged, and they seem to detach themselves. However, she asserts that her mom keeps on attempting to manage her personal and school life. She infers that she at the moment does not have a dependable family setting as her bond with her parents is on bad terms. The absence of a supportive network both at home and in school in terms of lack of close relationships between her and her family and friends makes her feel like she has nobody to rely on for help and this leads to her detaching herself from the world she lives in. Eliza affirmed that in high school she did experiment on drugs, but it was just the use of cannabis. She additionally attested that still in high school she drank alcohol. Despite drinking alcohol in high school, on campus, she mostly consumes alcohol in her dorms over the weekend. In her report, Eliza elaborates that she does not think that her occasional alcohol indulgence is a problem that needs to be addressed. Eliza refers to the fact that she now and again succumbs to pressure from her peers, and has a feeling that the friends she keeps are just using her. Eliza shows and orally affirms that she has high levels of anxiety and stress; her self esteem is low feels lonely.

The level 01 Cross-Cutting Measure (CCM-1) can be used to create appropriate interventions and treatment plans for the client to deal with a number of the recently developed problems and hostile feelings that she is presently encountering. Because of Eliza's age, the counselor will concede to the DSM-5 Self-Related Level 1 Cross-Cutting Symptom Measure, Adult. This technique is utilized to recognize precise aspects that are negatively affecting the health and prosperity of the client. Therefore, may meddle with treatment alternatives, diagnosis, and changes. The questions asked all through the review procedure will elucidate some of the mental domain(s) displayed by the patient. The therapist will score the evaluation to deduce the direction of the treatment. A biopsychosocial examination tends to the general information concerning the patient and what made them seek counseling. It is an outline the therapist can turn to as the sessions continue. Further questions should be focused on the patient and the reasons behind them seeking help. Employing such questions will unavoidably provide the therapist with additional data that further empowers how the treatment procedure would be selected. A number of specific questions that would require to be answered by the end of the biopsychosocial assessment incorporate: "do you have hobbies or activities that you enjoy doing?" what do you feel when you drink alcohol?" when do you think your issues with your mother started?" what were your dreams when you were a young girl and when did those dreams change?"

**Part 2: Biopsychosocial Assessment**

The Biopsychosocial (BPS) system and evaluation tool enable the therapist to examine the patient comprehensively; tending to hereditary inclinations, social background, character, emotions, and thoughts. Having information on the patient's family structure and behavior present a significant aspect in comprehending the client's conceivable triggers, discernment, and presence or nonexistence of a support system amid times of heightened levels of stress. Biopsychosocial tends to essential data in a brief span length, enabling the therapist to collect crucial data for imminent safety and any urgent worries like homicidal and suicidal thoughts (George & Engel, 1980). The evaluation has offered symptomology that can be interpreted utilizing the DSM-5 for an objective analysis. Anxiety is an existing modern symptom that needs further assessment to decide on the proper plan of treatment and its implementation.

Treatment objectives presently incorporate decreasing the consumption of alcohol, anxiety level, enhancing self-worth, dealing with stress, and time management in terms of work and leisure in that they do not meddle with the client's academics. All these problems ought to be dealt with. Nonetheless, it is the therapist and Eliza's duty to prioritize her goals and needs accordingly. These treatment objectives will impact the therapist's chosen hypothesis to employ. In the meantime, outside of her therapy sessions, Eliza will be allocated assignments to work on to make sure that she is effectively participating in the treatment procedure. Such duties will incorporate examining activities in school that may enhance her social connections and encourage valuable relaxation time, and getting rid of alcohol from her dorm so that she is not tempted to fall back to her old destructive habits. Eliza should be reminded that for her to get better and enhance her perception of things she will need to take her treatment and intervention seriously. The therapist additionally needs to advise the client that what she is going through cannot heal immediately and that it is okay if your healing process takes longer. Consequently, the therapist should also urge the client to record her negative thoughts and emotions as opposed to depending on undesirable coping methods. The written records can then be brought to the therapy sessions weekly to tackle the anxiety feelings and better comprehend triggers mutually. It is vital that the therapist communicates to the patient that if she feels overwhelmed or troubled with this undertaking over typical campus work, she should air her worries to the therapist. This will enable the therapist to make suitable alterations.

**Part 3: Treatment Planning**

Feedback from CCM -1 showed why there is a need for concern in the area of anxiety disorders by presenting a score that was mild or greater. The proper next step in the client's process of treatment is to continue to the Level-2 PROMIS Emotional Distress-Anxiety-Short Form suggested by CCM-1 to gather additional data about Eliza and her possible diagnosis. A therapist ought to consider extra tools for screening to support a diagnosis. In connection with an anxiety issue, the Generalized Anxiety Disorder Scale 7 (GAD-7) is significant. This item is vital for the treatment and diagnostic procedure as it supports an increasingly accurate diagnosis.

Given Eliza's age, the therapist is not tied by state or ethical laws to reveal data of the client to the guardians (American Psychiatric Association, 2013). In contrast, except if the client signs a form of consent, the therapist is required to keep data significant to the patient and her analysis private. If there are no causes to question the safety of the client and public, Eliza's treatment and diagnosis are confidential and protected by her rights as postulated by the American Counseling Association.

Conceding to techniques, wanted results, and schedule needed to accomplish said objectives will require the therapist and client to sincerely and transparently ponder on the best thing for her. This will be achieved when the therapist's assists the client organize her wants and needs to benefit and preserve her prosperity while in school. The client from this case study has clarified that she has a hard time when she does not have support from her family and friends, hence getting her a good support network is crucial in the improvement of the client's emotional and psychological health. The therapist can provide substitutions when it comes to consuming alcohol as a social instrument and coping technique for anxiety and stress. Getting a healthy option can widen Eliza's alternatives to creating lasting bonds and prevailing in school. Nonetheless, compelling the client to keep up a façade on campus can be harmful to her prosperity, in the long run. Hence the therapist ought to support recreational time and self-care habits that enable the client to calm down and not engage in destructive behaviors.

**Part 4: Referral**

A referral to another psychological health expert is not required. This is because the patient is exhibiting symptoms that are generally usual among freshman college students, especially with the individuals living far from friends and family. Nevertheless, for Eliza, an auxiliary non-counseling referral might be an appropriate choice. In school settings, career guiding, academic help, the success of other students are efficient and effective support methods that can be utilized to advocate, assist or support for the patient (Schwitzer and Rubin 2014). On the off chance, the suggested measures yield scores confirming an anxiety problem the therapist would consider a referral to an expert psychological health practitioner trained to provide suitable treatment plans. If and when the condition and situation of a client exist outside of the therapist's extent of proficiency, capability or training they are expected to abstain from proceeding with the counseling. In the event that Eliza demonstrates a problem the therapist is not outfitted to help them out, they are obligated by ethical codes to propose suitable choices. Additionally, if the client refuses the referral, the therapist is then duty-bound to stop the affiliation.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

George, E., & Engel, L. (1980). The clinical application of the biopsychosocial model. *The vvAmerican journal of psychiatry*, *5*, 535-544.

Schwitzer, A. M., & Rubin, L. C. (2014). *Diagnosis and Treatment Planning Skills: A Popular Culture Casebook Approach (DSM-5 Update)*. SAGE Publications.