Benchmark Case Conceptualization Ally

Michael T Scoville

Ph.D. in Counselor Education & Supervision, Liberty University

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PRESENTATION CASE CONCEPTUALIZATION ALLY

Confidentiality

Ally's mother signed a confidentiality agreement to be videotaped and used for the presentation; she was also informed of the use of pseudonyms for the presentation to protect their identity. She was also informed that the video would be deleted immediately upon completion of the class presentation.

Demographic Information

Ally is a fourteen-and-a-half-year-old mixed female. She currently lives with her mother and autistic brother. Her parents separated a year ago and are in the process of getting a divorce. Father was abusive to his mother and brother; he was diagnosed as Bi-Polar and is an addict. She lives in a nice neighborhood, and her mother provides efficiently for her needs.

Presenting Problem

The mother brought the client to counseling at seven because she needed help controlling her physical body and anxiety. Symptoms of ADHD: inattention to details, careless mistakes in work, difficulty sustaining attention in tasks or play, does not seem to listen, does not follow through on instructions and failure to finish tasks, difficulty organizing tasks, avoiding tasks requiring sustained mental effort, loss of things necessary to tasks, easily distracted by extraneous stimuli, forgetful in daily activities, fidgets or squirms, leaves seat in classroom, runs about or climbs excessively when not appropriate, on the go, talks excessively, blurts out answers, difficulty waiting turn, interrupts or intrudes on others. Anxiety symptoms include excessive and difficult-to-control anxiety and worry, difficulty concentrating or mind going blank, irritability, restlessness, and sleep disturbance. Per Mom, the client's grandfather has disowned the grandchildren. This has occurred over the last four years. The client has noticed

that her grandfather treats them differently than his other grandchildren. She sees other children with relationships with their grandparents and asks why she is different. The client has had difficulty adjusting from elementary to intermediate school. She has also been struggling with her father no longer being in the house and the separation of her mother and father a year ago.

Behavioral Impressions

Ally was present to assess and develop her behavioral service and crisis prevention plans. She expressed appropriate orientation concerning person, place, time, and situation. Her appearance was clean. Her level of Consciousness was alert. She used good eye contact, concentration was fair. Her motor functioning was restless, and her speech appeared normal yet slightly slurred. Her memory was within normal limits. Her affect was appropriate for her age, and her mood was anxious and angry. Her thought process was logical, and her content was appropriate. No hallucinations were reported or presented. Her judgment and impulse control were limited, and her insight could have been better.

Relevant Historical Information

History of the Presenting Problem

Ally has been in counseling since the age of seven. She presented with the following symptoms of ADHD: inattention to details, careless mistakes in work, difficulty sustaining attention in tasks or play, does not seem to listen, does not follow through on instructions and failure to finish tasks, difficulty organizing tasks, avoiding tasks requiring sustained mental effort, loss of things necessary to tasks, easily distracted by extraneous stimuli, forgetful in daily activities, fidgets or squirms, leaves seat in classroom, runs about or climbs excessively when not appropriate, on the go, talks excessively, blurts out answers, difficulty waiting turn, interrupts or intrudes on others. Anxiety symptoms include excessive and difficult-to-control anxiety and

worry, difficulty concentrating or mind going blank, irritability, restlessness, and sleep disturbance.

The client continues to struggle with anxiety, and the mother feels her symptoms of ADHD need continued help to get the client to be more functional and remain on task with chores and other activities. The client's anxiety has been substantially reduced through her treatment. However, she still needs some help to fine-tune her coping skills to eliminate the areas revealed on her Ohio Scales assessments recently conducted.

Biopsychosocial History

Psychiatric history of self and family

Aly has been diagnosed with ADHD and GAD; her biological father is Bi-Polar and a drug addict; her biological mother has depression and anxiety.

Social relationship History

She lives with her biological mother and older autistic brother and has no interaction with her biological father or family; the client has problems making friends and transitioning from grade to grade.

Academic/Work History

He does good with grades, has behavioral issues, and the police called on her at school a few years ago. The client is working, which has helped her with some of her symptoms.

Medical/Developmental history

She reported no medical diagnosis. Currently, she has been diagnosed developmentally with ADHD.

Addiction Screening

She presented with no problems concerning addiction to drugs or alcohol.

Risk Assessment

During the risk assessment, Ally reported that she had never thought of anyone or herself. She did display some agitation and current life stressors. Her overall risk assessment shows that she was at low risk of harming herself or others and presented with no suicidal ideation or thoughts.

Diagnosis

Ally was initially diagnosed with the following:

F90.9 Unspecified Attention-Deficit/Hyperactivity Disorder.

F.41.1 Generalized Anxiety Disorder

Currently added:

F43.8 Other Specified Trauma and Stressor Related Disorder: Adjustment-like disorder with a prolonged duration of more than six months with prolonged duration of stressor.

Client Impressions

Ally's relationship with her mother is good, her brother is primarily good, and her father is estranged. She believes she generally does not get along well with others. She feels good about herself when she does art, sings, and dances around the house. Some of Ally's strengths, reported by her mother, are that she is intelligent, creative, and sometimes gets along well with her brother. Some of her weaknesses are not completing tasks and finishing things she starts due to distractions.

Case Conceptualization Summary

Ally's current symptoms (inattention to details, careless mistakes in work, difficulty sustaining attention in tasks or play, and excessive and difficult-to-control anxiety and worry) (Presentation). This only makes sense considering her diagnosis of ADHD and GAD

(Precipitant). Her family history (her mother has depression, her brother is autistic, and her bio father is Bi-Polar and not actively participating in her life (Predisposition); her current developmental stage revealed she could not stay on task, always gets in trouble for not completing chores, becomes anxious and worries quickly (Perpetuant). These factors may have added to and caused her lack of finishing tasks, maintaining focus at school, and her worries brought during transitioning from classrooms and schools (Pattern).

Theoretical Orientation and Research/Evidence-based Treatment

While working with Ally, some of these techniques associated with Cognitive Behavioral Therapy (CBT) will be incorporated into her service plan. The integration of play and mindfulness techniques into the sessions helped with anxiety. Other CBT techniques used were developing her social skills, problem-solving techniques, role-play, questioning, and redirecting automatic thoughts for her ADHD and anxiety (Murdock, 2017). When using CBT for Generalized Anxiety Disorder (GAD), it works to address the worries and cognitive biases associated with anxiety and works to redirect these worries and biases (Otte, 2011). Successful CBT interventions associated with the ADHD population are skill-building and teaching specific skills to the clients according to their specific needs (Antshel & Olszewski, 2014).

Treatment Planning

When developing my treatment plans with my clients, I prefer to use the evidence-based treatments created by Jongsma in his treatment plan books. This ensures that my treatments used are mainly evidence-based. When I create a treatment plan, I do not create more than two goals at a time for fear of overwhelming the client and setting them up for failure if too many goals are incorporated into the initial treatment plan. If need be, it is discussed with the client and parent that as the client completes the current goals, more may be explored and added later. For Ally, this is no exception.

Her first goal (G1) concerns her symptoms of ADHD. We will look at her problem concerning her difficulty accepting responsibility for actions and failing to learn from experience. G1 is that the client will increase her functioning in all her environments. Objective one (O1) is that she will learn to accept responsibility for not completing tasks assigned from 5/10 to 8/10, as explored during sessions. These interventions may take up to eight monthly sessions for six months. Her measurable means of showing her objective is met will be seen through Ally's use of practical problem-solving skills (e.g., identifying the problem, brainstorming alternative solutions, selecting an option, implementing a course of action, and evaluating) for ninety consecutive days. Her follow-up care will consist of her continued use of problem-solving skills to manage her failure to follow through. The client may return to services if needed.

G1 O2 will look at her problem concerning. Repeated failure to follow instructions or complete school assignments or chores on time. O2 is that Ally will redirect her thoughts when distracted during tasks from 8/10 to 5/10 using techniques learned during sessions. These interventions may take up to eight monthly sessions for six months. Her measurable means of showing that her objective is met will be seen through her implementation of skills taught, such as the stop, think, and act technique to redirect thoughts and to help her stay on task for ninety days. Her follow-up actions for O2 are as follows. Ally will continue to utilize the techniques she has learned to keep her from falling back into the maladaptive patterns she was stuck in. The client may return to services if needed.

Goal two (G2) concerns her anxiety, and the symptoms being worked on are her excessive anxiety, worry, or fear markedly exceeds the average level for the client's stage of development. G2 is that Ally will stabilize her anxiety levels while increasing her ability to

function daily. Objective 1 (O1) is that Ally will learn to identify, challenge, and replace her fearful self-talk with optimistic, realistic, and empowering self-talk from 2/10 to 5/10 times per day. These interventions may take up to eight monthly sessions for six months. Her measurable means of showing that her objective is met will be seen through Ally recognizing her schema and self-talk that mediate her fear response and challenging her biases by replacing negative self-talk with positive, empowering self-talk for ninety days. Her follow-up will consist of Ally will continue to utilize the techniques learned during her sessions to produce positive and empowering self-talk. She can return to services as needed.

G2 O 2 concerns the symptoms being worked on high motor tension levels, including restlessness, tiredness, shakiness, and muscle tension. G2 O2 is Ally will work to stabilize her anxiety level while increasing her ability to function daily. She will do this through her learning and implementing relaxation and meditation techniques to reduce the side effects anxiety has on her from 2/10 to 5/10 times per day. These interventions may take up to eight monthly sessions for six months. Her measurable means of showing that her objective is met will be seen through Ally identifying and practicing mindfulness techniques to help her manage and recognize triggers that would increase her anxiety levels to prevent relapse for ninety consecutive days. Her follow-up will consist of

continuing to monitor and be aware of the triggers through the mindfulness techniques she learned during sessions. The client may return for therapy as needed.

Ethical Issues

Ally was informed about confidentiality and that the therapist is a mandated reporter mother and Ally both acknowledged that they understood. The mother completed and signed the confidentiality form acknowledging that they were discussed and that she agreed and understood.

Another ethical issue was that a video was created, and the informed consent form was completed. Proper handling of the client's information is essential, as seen in the ACA Code of Ethics Section B.1.b. Respect of Privacy and Section B.1.c. Respect for Confidentiality (American et al. Code of Ethics (2014). There are also the considerations of religion under Section A.4.a. Avoiding harm and Section A.4.b. Personal Values (American et al. Code of Ethics (2014). The client is Jehovah's Witness, and I am a nondenominational Christian. These must all be taken into consideration.

Multi-cultural Factors

I must remember that Ally is only fourteen and a half years old and does not attend church but is a Jehovah's Witness. I am a pastor and am nondenominational. She is female and is mixed with white and African American. She has ADHD and is going through a divorce. I grew up with both my parents and did not have ADHD. She also has generalized anxiety disorder, and I do not suffer from anxiety.

Assessment

All clients are presented with the ACES assessment and the Ohio Scale assessments. These are the basic assessments that the client fills out before the initial assessment. Ohio Scales measure two areas, the first section explains the severity of the client's problems, and the second half looks at the severity of the client's ability to function in different situations. (Ogles, Dowell, Hatfield, Melendez, & Carlston, 2014). The Ohio scales are based on a five-point Likert scale, with one being not likely and five being extremely likely. During the initial assessment of the client's needs, the therapist completed a risk assessment, the Mental Status Examination (MSE), and any other assessments that may have been needed based on the client's responses.

Referral/Access

Upon completing all goals and maintaining them for ninety days, the client can leave services with a toolbox of coping skills. The client will have a list of emergency contacts to call and return to services as needed.

Prognosis

With appropriate consideration for Ally's progress, I can see her completing therapy within the next six months as long as she maintains the level required in her service plan and does so for ninety consecutive days.

References

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Ally's Treatment Plan Goal Chart

Problem	**Measurable Treatment Goal**	**Treatment Interventions**	**Expected Number of Sessions**	**Measurable Means of Evaluating and Monitoring Progress**
Difficulty accepting responsibility for actions and failing to learn from experience.	Goal 1: Increase the level of functioning in all environments	G1 O1: The client will learn to accept responsibility for not completing tasks assigned from 5/10 to 8/10, as explored during sessions.	These interventions may take up to 8 sessions per month for six months.	Ally's use practical problem-solving skills (e.g., identifying the problem, brainstorming alternative solutions, selecting an option, implementing a course of action, and evaluating) for ninety consecutive days.
Repeated failure to follow instructions or complete school assignments or chores on time.	Goal 1: Increase the level of functioning in all environments	G1 O2: the client will redirect thoughts when distracted during tasks from 8/10 to	These interventions may take up to 8 sessions per month for six months.	Ally will utilize role-playing and modeling to teach the client how to implement effective

		5/10 using techniques learned during sessions.		problem-solving techniques in her daily life, The client may also use the Stop, Think, Act exercise to redirect thoughts and complete tasks.
Excessive anxiety, worry, or fear markedly exceeds the average level for the client's stage of development.	Goal 2: The client will stabilize her anxiety level while increasing her ability to function daily.	G2 O1: The client will learn to identify, challenge, and replace fearful self-talk with optimistic, realistic, and empowering self-talk from 2/10 to 5/10 times per day.	These interventions may take up to 8 sessions per month for six months.	Ally will explore her schema and self-talk that mediate her fear response and challenge her biases by replacing negative self-talk with positive, empowering self-talk.
High motor tension levels include restlessness, tiredness, shakiness, and muscle tension.	Goal 2: The client will stabilize her anxiety level while increasing her ability to function daily.	G2 O2: The client will learn and implement relaxation and meditation techniques to reduce the side effects anxiety has on her from 2/10 to 5/10 times per day.	These interventions may take up to 8 sessions per month for six months.	Ally will identify and practice mindfulness techniques to help her manage and recognize triggers that would increase her anxiety levels to prevent a relapse.