

Deanna Weathermon | April 19, 2020 | Maggie Ritchy

Identifying information:

Name: Suzie Alcoholic

Age: 23 Birthday: UNK

Gender: Female

Ethnicity: Caucasian

Assessment:

Date: 4/15/2020

Location: Sun City, AZ

Presenting problem: Client is here by her own will. Client reports feeling anxious daily, sometimes more heavily than others. Reports that the feelings of anxiety are starting to show in every area of her life and wants to get help before it gets worse. Per client, reports her current level of anxiety at a 6 on 1-10 scale. Client reports she has been feeling this way since she was 13 years old. Client also reports that she uses alcohol to help the feelings of anxiety, but it only provides a temporary fix. Reports that she enjoys spending time with her friends but sometimes it makes her even more anxious, which causes her to retract back and turn to drinking more heavily. Reports that this causes her to miss class or be hungover or make bad decisions.

Client reports that sometimes her drinking causes her to black out, last incident reported being maybe a month ago. Client states she began drinking around age 14.

Client reports that sometimes the anxiety makes her feel down and makes her want to sleep a lot. No other depressive feelings reported.

Household description: Client reports she has a sister and both parents. States that sister is a doctor and is very successful, as are her parents. Client states does not have a close relationship with her sister. Client states that her sister was perfect and that she could never measure up to her sister's success and it did harm to their relationship.

Client states that she does not have a close relationship with anyone in her family. Reports that grandparents are "typical" and show up at the regular holidays and stuff.

Client states that she used to be more close with one grandparent but that has reduced over the last few years.

Client states that she spends time with her cousins if she sees them when she's out but mostly doesn't spend a whole lot of time with her family. States that everyone is cordial when they see each other.

When asked about whether or not parents/ sibling is aware of her anxiety, client states that her parents know and that her sister probably knows because her parents probably told her. Client states it is annoying that her parents and sister tend to dismiss her problems as "typical" and "her messing up again".

Social History: Client reports that she has a group of friends that she spends time with and a boyfriend for about 6m. Client states that her boyfriend is supportive and takes care of her, makes sure that she makes it home okay and is helpful.

Historical and developmental data: Client reports that she has had an appendectomy and wisdom teeth removal as part of her medical history. Reports that she enjoys being active and going to the gym or doing yoga. Client reports overall physical health as good.

Psychiatric/Mental Health: Client reports previous diagnosis of anxiety disorder, general anxiety. Worked with a therapist for a few sessions but did not feel like it was beneficial so she stopped going. Reports that she wasn't on board with the diagnosis. Reports that parents took her to see a psychiatrist before but was not medicated and didn't believe it would help. Client reports that she didn't believe she had a problem and that it was under control before, now she believes it has become more than she can handle and needs assistance. Client states she is ready to change and get help.

Education: Client reports that she enjoys school and has always been a decent student. She states that she likes school. Went to elementary, middle, and high school with some issues but she finished. Now that she is in college, the client reports that her performance is not as good and her grades are lower. GOAL: improve grades and do better in school to obtain a college degree with honors.

Vocation/Employment History: Client reports job history of babysitting and working at a department store afterschool when she was in high school. Client reports that she nannys sometimes but her primary focus is school. States that she likes to work, but the anxiety and alcohol sometimes affects her ability to work effectively. Client reports that nannying causes a spike in her anxiety because she is afraid that she is doing

something wrong or will hurt someone. GOAL: improve employment history and reduce anxiety associated with working.

Alcohol Use: Client reports that alcohol usage began at age 14, and she used to drink for fun. Client reports that drinking gives her peace of mind and helps calm her nerves and usage is more frequent. States that if she tries to go out with friends without drinking she feels uncomfortable or can't talk, feels tense and confused. States that drinking helps her relax and have more fun.

Sexual History: Client reports first age of consensual sex at 14. No reports of non consensual sex.

Legal: Client shoplifted when 14/15 and was caught, parents and police called. Client ordered community service as result of charges of shoplifting and underage drinking. Criminal record as a result.

Cultural/Spiritual: Client reports celebrates Catholic religion, spirituality is not top priority but still believes. Client reports that she could maybe use prayer to help in mental health services.

Financial; Client is not currently working and right now has to depend on parents for financial support. GOAL: Client would like to be financially independent from her parents.

Client contact: Client has not participated in services before, only contact was the initial paperwork. This is the first meeting with the client in the organization.

Diagnostic Data: (Mini Mental Status Exam information about the client)

§ **Appearance and speech:** Client presents as closed as evident by crossed arms and legs. Client appears stiff and rigid.

§ **Emotions:** (mood and affect) Client affect is flat as evidenced by lack of expression in her face when presented with basic questions about her family.

§ **Thought content:** Process= How does the client think? (linear, circular, scattered) Content= What does the client think about? Client appears to have collected thoughts and can create appropriate responses to questions.

§ **Mental Orientation:** Is the client oriented to the time, the place, and person (they know their own name and who they are)? Client appears to be present and focused on the interviewer.

§ **Attitude toward the interviewer:** Client seems engaged with the interviewer and willing to open up and discuss her issues.

Client Individual Care Plan

Client Need	Goal/ Desired Measure	Current Measure	Responsible	Expected Completion
Client needs to be stable	Client will complete bachelor's degree with honors.	Client is currently struggling in classes as a result of drinking and grades are slipping.	Client	1 yr
Client needs to be financially stable.	Client will obtain employment within 3m.	Client is not currently seeking employment	Client	3 months
Client needs to be safe and secure	<p>Client will obtain 3 new coping skills to help manage her anxiety.</p> <p>Client will remain alcohol free and obtain 90 day sobriety chip by attending AA meetings</p> <p>Client will reduce feelings of anxiety.</p>	<p>Client currently has zero coping skills.</p> <p>Client currently has no sober days.</p> <p>Client currently feels anxious all the time.</p>	<p>Client, Therapist</p> <p>Client, Therapist, AA</p> <p>Client, Psychiatrist, Therapy, Med Management</p>	<p>Reevaluate after 6m.</p> <p>90 days.</p> <p>Monthly check in for progress.</p>
Client needs to feel validated	Client currently does not feel validated in her home and relationships	Client will feel validated by parents and sibling when she expresses her feelings of anxiety.	Client, Therapy, Family Therapy	6 months