Deanna Weathermon AHB | NAU

Clinical Formulation:

1) Client comes into the facility to discuss getting treatment for addiction. Client claims she does not want to be here and that she does not believe she has a problem. Through discussion, INTAKE specialist finds out that client has been using marijuana and drinking alcohol for at least 16 years, uninterrupted.
    - Drinking alcohol 2-3x per week for 16 years
    - Smoking marijuana at least 2x daily for 16 years- last use today.
    - NIcotine use 16+ years daily- last use before coming into the facility.

2) Client states her main concern is the need to use alcohol and smoke marijuana to feel less pain. Client states alcohol usage has increased recently, but she doesn't feel like it is a problem. States there is a family history of alcohol and marijuana abuse. States her father is very against the drug/alcohol use.

3) Medical and Family History: Client reports that her brother and cousin both drink alcohol regularly and participate in drug usage. Client reports that she uses to feel less sad. Client reports that she has a history of poor relationships. Client reports that her father was very controlling growing up, causing her to want to rebel against him. Client reports that all of her intimate relationships have been unhealthy and negative. Reports that she was in an abusive relationship 10 years ago, resulting in sexual assault. Client states after the assault she struggled with depression, which lead to accidental OD on tylenol to “stop the pain”. Client was hospitalized for attempted suicide but determined mentally stable due to not wanting to die, just wanting to alleviate the pain.

   Client reports sexually promiscuous behavior since then but has not been tested for STDs or pregnancy. Client reports she does not know if she is pregnant at this time. Client reports increased irritability, sadness, and impulsivity. Paranoia when high. Also reports struggling with sleep, sometimes sleeps too much, causing her to miss work or be late for appointments.

   Client reports that when she is high, she feels like the walls are moving. Client presents with possible depressive mood disorder and anxiety disorder as indicative of reports of feeling bad for herself and using to take away the pain.

4) Client reports that her usage increases when she is alone. Reports that her past relationships make her sad which causes her to use more. Client reports that she spends a

lot of time alone, using, but when she goes to parties or other social situations, she increases her usage and participates in more sexually risky behaviors.

5) Client reports that she has had no sober time over the 16 years that she has been using and that she has no desire to quit. Due to report that client uses to feel less, it can be determined that her usage is associated with her feelings of sadness and anger.Client reports no "belief system" and that she struggles with holidays because she feels her family is not good for her. Reports no close sober friends or family that would be willing to help with her sobriety. Client is presenting in precontemplation for change, placing her as high risk for relapse. Client does not believe drug use is holding her back, even after reporting that she has missed work, gotten into accidents on the job due to being high or drunk, drinking and driving, and difficulty getting out of bed in the morning. Client is not currently taking any medication. At this time, drug interactions does not appear to be a concern.

6) ASAM:
   - Dimension 1: Mild
   - Dimension 2: Mild
   - DImension 3: Moderate
   - Dimension 4: Severe
   - Dimension 5: Severe
   - Dimension 6: Severe

   Diagnosis:
   - Alcohol Abuse Disorder F10.20
   - Cannabis Use Disorder F12.20
   - Tobacco Use Disorder F17.200
   - Other Specified Depressive Disorder F32.8

Recommended Treatment Plan: Outpatient, Level 2 (16 week step-down program)

Phase 1:
- Individual Therapy Services 3x per week for 4 weeks
- Drug Testing 3x per week for 4 weeks
- Group therapy 1x per week for 4 weeks

Phase 2:
- Individual Therapy Services 2x per week for 4 weeks
- Drug Testing 2x per week for 4 weeks
- Group Therapy 2x per week for 4 weeks

Phase 3:

- Individual Therapy Services 1x per week for 4 weeks
- Drug Testing 2x per week for 4 weeks
- Group Therapy 2x per week for 4 weeks

Phase 4:

- Individual Therapy 1x every other week.
- Drug Testing 1x per week for 4 weeks.
- Group therapy 1x per week for 4 weeks.

Client needs a strong, sober support system. Client will reach out to father for support. Client will discuss needs and develop a plan with father to help rebuild relationship and establish new support system.

Client needs a strong, sober support system. Client will join local YMCA or agency alike to create new, sober relationships. Client will participate in group activities at least 2 out of 5 days per week. Client will check in with staff for accountability.

Client needs to feel good about herself and build up self esteem. Client will learn techniques to build on self esteem and learn coping skills through therapy, as ordered in the step down program. Client will use coping skills when she feels sad 3-5 times per week. Client will speak positively about herself at least 4 times per week.

Client will check in with PCP at least annually. Client will participate in an overall health screening, including full blood panel, STD, and pregnancy test. Blood screenings will take place before services begin to establish if there are any other presenting risks.

Role Play Reflection Essay

For the role play exercise, I worked with Stephanie as both the intake specialist and the client. As the intake specialist, I was working with a client who struggles with marijuana and alcohol use. She has a history of trauma and abuse from her father and past boyfriends. Due to these incidents, she struggles with poor relationships and self esteem. She also has struggled with depressive moods, which is why she chooses to use drugs and alcohol. She has been using for 16 years, ongoing, with no sober time and does not believe she has a problem with addiction.

When I was the client, I blended some of my personal life experiences and those of my adoptive children's biological parents to create my character. My character is a heroin addict who struggles with a history of alcoholism and abuse within her familial structure. She has 3 children who have been taken by DCS, is homeless, and has been struggling with holding down a job. She has tried many times to quit using but has not been successful in her endeavors.

I felt like the role play experience was beneficial as I was able to put myself into the position of future clients that I may end up working with. While I do not believe working with addiction will be my client type specialty, I can see how the knowledge of the system is beneficial because I may end up working with children who struggle with addiction. Knowing the intake process for these types of clients and understanding the topic of comorbidity is important because most clients who suffer from addiction have other mental health diagnoses that ultimately contribute to their usage.

I feel like I enjoyed being the client more than the intake specialist because of the experience I have working with foster children and biological parents, it is easy for me to use their experiences as a roadmap to build a character. I think that my case manager was able to ask some good questions because I was answering them with a lot to go with. I was also a character who was ready to change, which I think would make the intake and asking the questions easier to get good responses to build off of.

In the case where I was the case manager, I was working with a client who was in precontemplation, and for that reason, it made it more difficult to get effective answers to build a good case plan from. The client was vague in her responses, which left a lot to be discovered when it came to being able to offer effective treatment. I imagine this will be something I would run into as a case manager eventually: a client who does not believe they have a problem and is not ready to change. For that reason, the experience was beneficial for effective learning.

During my interview as the case manager, I used motivational interviewing and collaborative documentation to complete the assessment. I acknowledged the client when she said things and validated concerns that she expressed. Although she was clearly not ready to change, I also discussed with her the benefits of quitting when she was discussing how she has been missing or showing up late for work. I also validated her experiences as hers when she discussed her overdose and sexual assault. The sexual assault was a huge turning point for her in her journey and that was acknowledged. We also discussed strengths that she possessed as something to build on. I wish we could have had more time to go over more strengths for the case plan rather than just background.

I do believe this assignment has helped in professional development when thinking about the types of situations I might run into as a case manager. I am currently working as a high needs case manager, and most of the high needs population seems to be teens who struggle with depression, anxiety, suicidal ideation, and drug use. While there are other behavioral health concerns there, the drug abuse in the teen population is a strong probability because of the age and mental status of the clients. In addition, a lot of teens who use or struggle with mental health concerns have a history of trauma or come from the background of parents who use as well. For these reasons, I believe it is beneficial to have participated in this assignment for the experience and being able to bring it to life.