Case Conceptualization

Confidentiality- In order to protect the confidentiality of my client, he will be referred to by pseudo-name Will in this case presentation.

Demographic Information:

Will is a 43-year-old, Caucasian, male. He was married for seven years and has two daughters, ages 20 & 23 from that marriage. He divorced in 2007. Presently, he separated from his girlfriend, with whom he used to live with in Pennsylvania, due to some serious relationship issues. Although he is unemployed, he is a welder and mechanic by trade, likes to work with his hands, and has been homeless in Maryland before entering into the addictions and recovery program, where he lives in the program's supervised housing and has to attend therapy while in the program. He last worked in February 2024 when he had to leave Pennsylvania and return to the Baltimore vicinity.

Presenting Problem:

Initially, Will reported dealing with anger and substance abuse/dependence (cocaine/crack and heroin). He said, "I need anger management." During the interview, he admitted to dealing with major depression (recurrent and mild) and anxiety (unspecified). ADHD (as a teenager) (predominantly hyperactive type) was identifiable during the interview. Later on, he shared that he had been diagnosed with Bipolar I Disorder as a teenager.

Behavioral Impressions:

Will appeared to be alert and oriented x4 (person, place, time, and situation). He presented with no cognitive impairment. He presented with a full affect and was extremely engaged in the conversation. He also presented with normal speech and cadence. His interview behavior, general appearance, and dress were appropriate. His mood was euthymic, and he presented with a congruent affect. He denied suicidal/homicidal ideation and did not appear to experience visual/auditory hallucinations.

Relevant Historical Information:

History of the Presenting Problem:

Will stated that he has been dealing with his presenting issues, which are anger, anxiety, depression, ADHD, and self-reported bipolar issues, as long as he can remember. Concerning anger, he has been dealing with this since he was a kid. Back as a teenager, he said that he was placed on Dextroamphetamine to address ADHD.

Concerning drug use, he began using drugs at 11 (weed and hallucinogens), at 15 (pain pills/Dilaudid), and at 21 heroin/cocaine/crack. May 20, 2024 was his last use of anything. He said, "I did all of it that day." He said that he takes Subclade shots (injection in stomach) (Suboxone) to treat opioid dependence.

He self-reported that in his lifetime he has been prescribed Suboxone, Lexapro, Methadone (10

years ago), Depakote, Dextroamphetamine (ADHD), & Vistaril. Currently, he self-reported that he has been in and out of therapy for years, starting as a kid but said that he did not remember most about that.

Concerning his medication, he presently has been prescribed Lexapro (90 days ago) and Vistaril since last Thursday.

Biopsychosocial History:

Will self-reported that he grew up in Baltimore City in a 2-parent household. They divorced when he turned 18 years old. He is the oldest of 3 boys. He described the quality of his childhood as abusive physically, mentally, and verbally. He said that his father asked to babysit his daughters when he was in a methadone program. After picking them up, he stated that he was served a protective custody order and could not contact them. After a year, he stated that he was able to see them but stated his youngest daughter did not know him. (She was 4 months old.)

Psychiatric history of self and family
He said that he does not know of any psychiatric issues with his family. He said that he was placed on Depakote for Bipolar I Disorder as a teenager.

Social relationship history
He stated that he loves his family. His parents have been divorced for about 25 years. He described having a good relationship with his mother but stated that his father was never supportive or encouraged him. He described this relationship as strained. Due to his substance use, he reported that his youngest daughter has issues with him but stated that they are repairing their relationship. His youngest brother has issues with alcohol and has a 4-year-old daughter. He said that his father did everything that he could to keep him from his daughters. He stated that he had to wait for his daughters to grow up and move out before he could have a relationship. He said that things are good and positive with his brothers. His mother and one of his brothers and his 4-year-old niece came to visit him one the weekend. His oldest daughter visited him on another weekend, and he is going to his youngest daughter's house this weekend. He does not keep in touch with his father and neither do his daughters.

Academic/Work history
He finished 10th grade, dropped out of school, and received his GED in 1997. He is a welder and a mechanic by trade but presently is unemployed. He last worked in February 2024.

Medical/Developmental history
He self-reported having issues with gingivitis and stated that he went to the dentist about a year and a half ago. He shared that he has been diagnosed with Hepatitis C for about 10 years. He reported experiencing significant hearing loss in his right ear and moderate loss in his left ear. He smokes about a pack of cigarettes a day and vapes daily. He reported that he is going to cut back on vaping.

Addiction Screening:

The following are the addiction screenings used: Tobacco, Alcohol, Prescription medications, and other Substance Tool (TAPS); AUDIT: Alcohol Use Disorders Identification Test; & CAGE-AID: Cage Adapted to Include Drugs. Due to the fact that they are already connected with a treatment clinic, my main focus was on his mental health and triggers and making sure that he remained medication compliant.

Risk Assessment:

Will denied current suicidal ideation but admitted to a past history of suicidal attempts about 2 months ago from an overdose on heroin. He said that he did not want to live anymore in general at that time because he thought that his life was over. Today, he recognizes that he has so much to live for---himself and his family.

Columbia-Suicide Severity Rating Scale (C-SSRS). His assessment was indicative of not being suicidal. He was given risk assessments which measured the following areas: suicidal/ homicidal ideation; inability to care for self/others; aggression toward others/property; self-harm; elopement; and substance misuse. He stated that today none of the areas are a risk for him.

Diagnosis:

He has a dual diagnosis. The following are the diagnoses, which appear to be identifiable: Bipolar I Disorder, Current or most recent episode manic, Moderate (F31.12)(296.42); Cocaine Use Disorder, Unspecified, Uncomplicated F14.90 (ICD-10); Opioid Use Disorder, Unspecified, Uncomplicated F11.90 (ICD-10); & Generalized Anxiety Disorder, F41.1 (300.02).

Concerning Major Depressive Disorder, he has met the criteria for this as well as for Bipolar I Disorder. Both are not caused by physiological effects of illicit substances or by a medical issue. However, the effects of his illicit substance on his mental health status and symptoms will be observed as the client and I talk more in depth about his issues. During the time of this video, he was experiencing some mania and was hyperverbal. Major Depressive Disorder can be eliminated.

He has met the full criteria for Generalized Anxiety Disorder. Therefore, Unspecified Anxiety Disorder does not seem to be an appropriate diagnosis. Separation Anxiety can be ruled out. Adjustment Disorder was going to be considered, especially since he recently experienced the breakup with his female partner; however, this diagnosis is not adequate because he has not been with her since February, which was about 6 months ago. Posttraumatic Stress Disorder can be plausible, but his symptoms go beyond the criteria for this disorder. He was definitely affected by his father's abuse, and he will be observed more to see if he should be given this diagnosis as well.

Terrell's Cocaine Use Disorder and Opioid Use Disorder diagnoses are appropriate and adequate due to his illicit substance use. People, who struggle with these specific issues, are generally given these diagnoses.

Client Impressions:

He shared that the support from his family (mother, daughters, brothers, and some friends) and his current stable environment (right now) are his strengths. He identified his needs as the following: learning anger management skills, education about the effects of substance abuse on health, and help in managing his feelings. He appears to be optimistic about recovery and said that he is willing to work, grow, and change. He prefers a male therapist, individual therapy, group therapy, and mental health counseling. Concerning barriers to treatment, he noted in his intake that emotional or psychological problems can become a barrier to treatment.

Concerning his coping skills, he said that he tries to stay busy and not have idle time. He said that he talks to people about things and tries not to internalize things anymore. He said that he tries to get them out and said that is why he loves talking with this therapist. He said that he meditates, does breathing exercises, goes to refuge recovery (Recovery Dharma), and goes here 2x a week. He said that he is exploring other recovery options besides AA and NA. He said that he goes to home group meetings. He said that he has a service position. He said that he goes here a couple of times a week.

He appears to come from a family that is dysfunctional and has dealt with trauma, per his self-report. He is currently repairing his relationship with his youngest daughter and already has a good relationship with his oldest daughter. He is close with his mother, brothers, some family members, and friends. He is not close with his father, who is the source of the abuse he experienced when growing up and is the reason why he was estranged from his daughters. He also has been trying to repair his relationship with his ex-girlfriend. Overall, he has been focusing on his mental health and abstaining from illicit substance use, per his self-report.

Case Conceptualization Summary:

Will's report of dealing with anger, anxiety, ADHD, bipolar, & depression symptoms (Presentation) appear to become evident when stressful situations occur, which was a result of the physical, verbal, and mental abuse he experienced from his father. (Precipitant) Presently, he is in active recovery and stated that he does not want to lose or internalize anything else. (Predisposition) Therefore, it seems as if Will struggles when placed in situations where he feels disrespected or not heard. (Perpetuant) An issue arises when Will feels disrespected, feels that his feelings are not heard, and internalizes everything, which then results with him possibly becoming angry. (Pattern)

Theoretical Orientation and Research/Evidence-based treatment/ Treatment Planning:

Cognitive Behavioral Therapy, in my approach, is foundational and is integrated with Person-Centered Therapy (PCT), Narrative Therapy (NT), & Solution Focused Brief Therapy (SFBT), even Motivational Interviewing. CBT, when integrated with intensive outpatient treatment simultaneously, has been proven to yield effective mental health outcome measures for patients dealing with mental health and substance use issues (Kourosh & Nóra, 2020). CBT is not only evidenced-based, reliable, and valid but has been proven to be successful and effective in treating people dealing with symptoms of anger, as well as aggression (Morris et al., 2024). In addition to this, the person-centered approach, which promotes a positive working alliance, has

been noted as a critical and most consistent prognosticator of positive results concerning behavioral health therapy (Matthews & Peral, 2024). Motivational Interviewing (MI) is a nonjudgmental, person-centered, and directive approach, which is effective in producing a positive change within the patient/client (Doumas et al., 2019). Integrating elements of PCT, NT, and SFBT will only help to produce an even more, effective outcome. Therefore, I believe that this theoretical orientation will be most effective with Will's treatment.

Concerning the treatment planning, the focus will remain on his illicit substance use, anger management, and Bipolar I Disorder issues. Short-term goals will focus on his daily medication compliance, sobriety maintenance, and IOP attendance, as well as his weekly therapy attendance. His long-term goals are focused on his continued sobriety, medication compliance, and ability to effectively use coping skills. Some of the interventions used are as follows: psychoeducation, mindfulness, journaling, role-play, and cognitive refocusing. (Please see the **Appendix** section for the chart and the other interventions.) I believe that every element corresponds with each other, in order to produce an effective and positive outcome for Will.

Treatment Planning This section should be integrated with the research/evidence based Theoretical Orientation section. This should include short term goals, long-term goals, and interventions (see Sample Case Presentation form). Treatment goals and interventions should correspond with your case conceptualization summary statement and informed by your theoretical orientation.

Ethical Issues:

Countertransference is an ethical issue. I have family, who have had drug use issues and have experienced some of the things that he has experienced. Another ethical issue could be having an absent father. While my father was not abusive, he was not that involved and lived in another state. I would remind myself that this is his story and not my relationship with my father. Because I am an empathetic person, I must remain aware of this population's manipulative behavior and must respect and maintain appropriate and ethical boundaries.

Multi-cultural Factors:

The addiction and recovery population sometimes have trust issues. They often manipulate to get what they want. They do not respect boundaries and following directions and procedures and will test the boundaries to see what they can get away with. They have a subculture that is all their own, regardless of their ethnicity. I have to be aware of any biases that I have being that my client is a Caucasian male, while I am African American male. I strive to treat everyone with respect and dignity.

Assessment:

The following are the assessments used during Session 1: Generalized Anxiety Disorder-7 (**17**) Severe Anxiety Disorder; Patient Health Questionanaire-9 (**15**) Moderately Severe Depression PTSD Checklist for DSM-5 (PCL-5); WHO Disability Assessment Schedule 2.0 (WHODAS); & Adult ADHD Self-Report Scale (ASRS-v1.1) (**highly indicative of ADHD**).

Referral/Access:

The client is already actively engaged in resources in the community. He actively engages in therapy weekly with this writer and with another counselor associated with his recovery house program. He attends group meetings weekly, IOP daily, and will move to OP status next week. He attends a Dharma Recovery group weekly and is looking for other groups that he can attend that are not necessarily AA or NA meetings. He lives in the recovery house and is receiving assistance with ensuring his housing, cash assistance, and job assistance. He is presently looking for work.

Prognosis:

Due to Will's active engagement in his recovery and therapy, as well as his support system/family, medication compliance, and maintained sobriety, I believe that he has a good prognosis with continued therapeutic treatment, medication assistance, and a mentor, which he will be encouraged to find.

References

Doumas, D. M., Miller, R. M., & Esp, S. (2019). Continuing education in Motivational Interviewing for addiction counselors: Reducing the research-to-practice gap. *Journal of Addictions & Offender Counseling, 40*(1): 36-51. https://doi.org/10.1002/jaoc.12055

Kourosh, B., & Kerekes Nóra. (2020). Evaluation of an integrated intensive Cognitive Behavioral Therapy treatment within addiction care. *The Journal of Behavioral Health Services & Research, 47*(1), 102-112. https://doi.org/10.1007/s11414-019-09657-5

Matthews, E. B., & Peral, M. (2024). Using collaborative documentation to support person-centered care in substance use settings. *Feminist Issues.*, *51*(1), 74–89. https://doi.org/10.1007/s11414-023-09866-z

Morris, V., Mamak, M., Chaimowitz, G., & Moulden, H. (2024). Cognitive Behavioural Therapy for anger and aggression in forensic mental health populations. *The Journal of Forensic Psychiatry & Psychology*, *35*(2), 291–313. https://doi.org/10.1080/14789949.2024.2326641

Scott, J., Boylan, J. C., & Jungers, C. M. (2015). *Practicum and internship: Textbook and resource guide for counseling and psychotherapy.* (5th ed.). New York, NY: Routledge. ISBN: 9781138796515.

Sperry, L. (2005). Case Conceptualizations: The missing link between theory and practice. *The Family Journal: Counseling and Therapy for Couples and Families, 13*(1), 71-76. DOI: 10.1177/1066480704270104

Appendix

Treatment Plan Goal Chart

Dx/Problem	Long Term Goal(s)	Short Term Goal(s)	Evidence Based Interventions
Opioid Use Disorder/Cocaine Use Disorder/ Illicit substance use	To continue to abstain from illicit substances To purchase and maintain personal property To attend OP groups daily or as needed	To maintain sobriety for the next 3 months to go to NA meetings faithfully 3x a week To attend IOP daily to take medication daily	Psychoeducation Art therapy Mindfulness Cognitive Restructuring
Anger Management	To increase stress management skills, in order to reduce irritability while continuing to maintain healthy respect and positive communication with others	To weekly attend individual therapy to better understand psychological causes of anger, with the goal of decreasing angry behavior to less than 1x a week	Individual Therapy Journaling Cognitive challenging Cognitive refocusing Psychoeducation Mindfulness Role-play Relaxation (Deep Breathing)
Bipolar I Disorder/ Mood issues	To continue to maintain medication compliance To identify and change negative thoughts with positive self-talk	To take medication daily as prescribed To recognize and replace maladaptive thoughts and behaviors that might trigger symptoms of mania and depression	Psychoeducation Art therapy Mindfulness Journaling Cognitive refocusing