Integrative Paper – Assessment and Intervention

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**Client’s Name: Jasmine Smith DOB: 03/22/1961 DOS: 06/01/2010**

**PRESENTING PROBLEM**

Client is a 49 year old, Married, Caucasian, Female, who was self referred for problems associated with anxiety and her inability to mage stressor at work, school, home, and with parental illness. Per client feelings of fatigueless, lack of energy, racing thoughts and high levels of anxiety/frustration increased for the past 6mos. Reports preoccupied and anxious about her lack of support by adult siblings in the care and decision making for older parents related to medical illness and her lack of support at home with her husband who “complains about my mood, the way I handle my work, my house, and my parent’s illness” Client also complaining of somatic symptoms such as dizziness, heart palpitation, headaches, chest pain, and sweating in addition to depressed mood, sad, insomnia, diminished ability to think and concentrate. Decreased her social activities after recent visit to her primary physician for thoughts of having a heart attack this has lead in having weight problems as client disclosed eating when feeling anxious. Client also reports having difficult time adjusting to new job schedule resulting in an increase of stress this is preventing in getting assignments completed in the allowed time at work in addition to returning to graduate school.

**BIOPSYCHOSOCIAL ASSESSMENT**

During initial assessment of client, family, work, and medical history was gathered. She was born and raised till the age 18 in Nashville TN, comes from a large family but states they are unsupportive with parents’ current illness. She is the number 9of 10 children born to natural parents. She has 3adult supportive children having daily contact w/all 3kids. Per client her father was an orthodox pastor who was distant, authoritarian, and rigid, “he was unquestionable, we had to obey to all his rules and standards…I remember when I was 7 and my father caught me playing doctor with my friend…I was punished and lectured..he ignored me for weeks…I felt ashamed and extremely guilty of what happened” Per client, several attempts to please her father “ I never did enough to please him” Mother was described as supportive but critical. Currently both parents are currently ill. Her job schedule changed, all adult children have left the home (empty nest) altercation with husband increased after children living their home, reports been unhappy in current work situation, and school is equally exhausting. Client is not currently taking any type of psychotropic medication but reported prior outpatient treatment on 2occassion. No family Mental Health Treatment or diagnosis reported. All medical problems were ruled out by her primary physician who did find no organic or medical basis for her physical symptoms and recommended personal therapy. Client’s major symptoms are “feeling very panicky, especially when I am alone, or when I am trying to sleep, at times I’ll wake up and find it difficult to breath, my heart will be pounding, and I’ll break out in a cold sweat” Reported having seasonal allergies. Per client mother has heart disease, high blood pressure, thyroid problems, early dementia, and stroke. Father has thyroid problems, high blood pressure, and terminal lung cancer. Denied present or past drug/alcohol abuse/use.

**MENTAL STATUS EXAM**

Client presented well-groomed with good verbal tone, w/fidgeted hands throughout the interview possible due to her anxiety or nervousness when referring to therapist, psychomotor movements and speech appeared to be calm and normal. Client’s ability to concentrate and focus during assessment was limited due to crying and some anxiety when discussing her current situation. She was oriented to person, place, time, and purpose. Her memory and thought process appeared to be intact. Affect was congruent to her mood. Clients’ perception and insight was normal. She denied any current suicidal or homicidal tendencies but recalled having thoughts of hurting self at age 6, 12, and 18.

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**SUMMARY AND DIAGNOSIS**

Client requesting treatment as she is currently presenting anxiety, frustration and fatigue for approximately six months. Reports that she is considering divorce but is afraid of been alone, in addition to stressors at work as she is having difficult time adjusting to new schedule. In addition to her lack of support from adult siblings and emotional support from husband in the care for parents who are medically ill. Client also reported feeling unhappy with her current work situation and her return to grad school “is causing more stress”

**Axis I)** 300.02 Generalized Anxiety Disorder

*Symptoms include: Fatigue, lack of energy, sleep disturbance, racing thoughts and high levels of anxiety/frustration in addition to depressed mood, sad, insomnia, diminished ability to think and concentrate increased for the past 6mos. Somatic* *symptoms include: dizziness, heart palpitation, headaches, chest pain, and sweating.*

**Axis II)** V71.09 No Diagnosis or Condition on Axis II

**Axis III)** All medical problems were rule out by PCP and client but seasonal allergies and increase in her weight. (Moderately Overweight)

**Axis IV)** *Problems with primary support group (husband, lack of support from siblings) Social*

 *Environment (feeling alone, decrease in her social activities) Occupational and*

 *Vocational problems (adjustment with work schedule, recently returned to grad school)*

**Axis V)** GAF= 60 (present)

 May 29, 2010

Therapist’s Signature and Credentials Date

**Client’s Name: Jasmine Smith DOB: 03/22/1961 DOS: 06/08/2010**

**Treatment Plan**

**Problem Focus:**

Client is experiencing anxiety and frustration impairing her ability to function in her daily activities. She expressed having difficult time adjusting to work and school schedule in addition to her lack of support from siblings relating to parental illness and her current relationship with her husband.

**Strengths**:

Include clients’ willingness to accept counseling and to try new techniques to resolve current stressors, is intelligent and remains positive as to the benefits of therapy. Has a strong family support system from her 3adult children and friends despite of the fact that client is isolating from them.

**Long-Term Goals**

* Client is to reduce frequency, intensity, and duration of the anxiety so that daily functioning is not impaired.
* Client is to be able to identify symptoms and manage her anxiety levels when dealing with changes
* Client is to establish and maintain continuous self-awareness and balance demands on self.
* Client is to resolve the core conflict that is the source of anxiety,
* Client is to enhance ability to effectively cope with the full variety of client’s life anxieties and stressors.

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 **Short-Term goals (objectives)**

1. Client to identify the major life conflicts from the past and present that form the basis for present anxiety.
2. Client will identify and implement changes to reduce anxiety by learning one coping skill per week.
3. Client will learn time management skills to reduce high levels of frustration at work and school.
4. Client to verbalize and understanding of the cognitive, physiological, and behavioral components of anxiety and its treatment.
5. Client to learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms
6. Client will explore, identify, challenge and replace biased, fearful self-talk with positive, realistic, and empowering self-talk.
7. Learn and implement problem-solving strategies for realistically addressing worries.
8. Maintain involvement in work, family, and social activities.
9. Client is to increase her outside activities including her exercise and eating habits.

 06/08/2010

Client’s Signature Date

 06/08/2010

Therapist’s Signature and Credentials Date

From a Behavior Therapy Perspective

As a Behavioral therapist I pay attention to the assessment and to the treatment goals established in our second session. By establishing goals, I will create the basis for the direction of therapy. After assessing Jasmine’s strengths and weaknesses, I discussed the behaviors she wants to increase or decrease in frequency in addition to establish baseline data for those behaviors that she wants to change.

After the initial assessment, Jasmine and I work at narrowing down some or her personal goals. It is my job to help her formulate clear and concrete goals so we know what we are working toward and will have a basis for determining how well the therapy is working for her. For example, when I asked her what she wants from therapy, she continued “I want to learn to communicate better… I want to be able to state my opinions without being afraid…I am loosing contact with my friends…I don’t like my physical appearance and wants to lose weight…wish to improve my relationship with her husband, reduce altercations with him… don’t like my job schedule…I want to learn new ways of managing my time” Jasmine would like to be more assertive when the situation calls for assertive behavior, especially with her siblings and her parental illness. She wants to learn and practice different methods of relaxation and ways to more effectively cope with stress. Because her goals are general, I facilitated her moving from global to specific goals by asking her “whom in your life do you have trouble interacting to” are there any particular people with whom you find it difficult to say what you’d like to say? What are some situations in which you have problems being assertive? What would you like to change in your relationship with your husband? How many pounds would you like to lose?” by doing this I am getting Jasmine to be very specific and concrete in identifying her own goals. Because I also believe in the value of homework assignments, I encourage her to decide on some new behaviors she would like to experiment with outside of our sessions.

From a Gestalt Therapy Perspective

As a Gestalt therapist my focus will be on the unfinished business that Jasmine has with her father. My role is not to interpret her behavior but to focus on the “what” and “how” of her current behavior. In the following sessions I will help Jasmine identify her own unfinished business from the past that is currently interfering with her present functioning. It appears to me that her unfinished business consists mainly on her resentment towards her father who was rigid, strict, and orthodox with his religion.

In one of your sessions Jasmine mentioned her first experience with sexual experimentation and how she felt after she was discovered by her father. I asked Jasmine to focus not only in what happened but also to talk about the feelings she is experiencing and to pretend that his father was sitting next to her listening to what she has to say. Jasmine began by saying how scared she was and how she did not know what to say to his father after he had caught her in sexual play at the age of 6 when “playing doctor” with her friend. I strongly encouraged her to stay with her scared feelings and to express all the things that she was feeling to his father. Jasmine began “I feel scare dad…and ashamed that I let you down…it is really hard for me to look at your…” she added “I feel guilty for what I did… and I don’t know what to say to you” because Jasmine continued telling me the event, I redirected and encouraged her to continue experiencing her feelings and her dialogue with her father, then she continued “daddy I am so afraid that you will never love me now for what I have done…” By using this intervention, Jasmine was able to re-experience some of the feelings she actually felt at that time her father found her with her friend, by doing this, she is no longer reporting an event, but living a vivid life situation. I continued the session by asking Jasmine to alternate in a dialogue with her father, allowing herself to be the child and tell her father what it was like for her to be found out and then becoming the father and telling her what he thinks of her assuming the role of her ideal father. Same technique was used in futures sessions when discussing her feelings of frustration over siblings and her husband.