Example Case Conceptualization and Treatment Plan for Kevin

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Kevin is a Caucasian male in his mid-30s who has been struggling with alcohol use since he was 21 years old. Recently, Kevin lost his job, which resulted in a fourfold increase in the volume of alcohol he consumes during an average drinking session. Kevin's parents sought professional assistance, as they were concerned about the frequency and volume of Kevin's drinking. Prior to entering treatment, Kevin reported drinking approximately one gallon of vodka per evening. Kevin entered our care as he was seeking support maintaining his sobriety after he moved out of a long-term residential treatment facility.

> **Commented [JSB1]:** Client culture – used to introduce the presenting concern

> **Commented [JSB2]:** History of the presenting concern

> **Commented [JSB3]:** Presenting Concern

Client Culture

Kevin's family is a source of support, and his family members actively advocate for his continued sobriety. Kevin's parents are married, and Kevin's adult brother, Joe Jr., and sister, Karen, live within commuting distance of his parents' house. Kevin's mother, Nancy, reports that alcoholism has been present in her family for at least three generations, and she disclosed that her mother (Kevin's grandmother) found her grandfather (Kevin's great-grandfather) after he completed suicide in the family's home. Family members attributed Kevin's great-grandfather's suicide to difficulty he was having maintaining his sobriety.

> **Commented [JSB4]:** Introducing Kevin's systemic (family) culture. This is important information, since Kevin's family can be a source of strength and support.

Kevin's father, Joe, reports that he has been working with Nancy to stop enabling Kevin's alcohol use. Joe expressed concern that, in the past, he has taken an active role in caring for Kevin by bringing him groceries, helping him to clean his apartment, and shuttling him to and from the hospital. Despite the stress that Joe and Nancy have experienced because of Kevin's drinking, they continue to indicate that they love and support Kevin. This love and support is particularly important, as Kevin is in the process of developing a new, substance-free social system, so that others can support his ongoing sobriety.

Kevin has maintained connections with two of his friends, Phyllis and Tyler. Kevin's friends have supported his sobriety, and they assisted him with moving out of his old apartment. However, Kevin reports that his relationship with his friends is strained, since they have given significantly to Kevin and, because of his alcohol use, Kevin was not able to reciprocate. Kevin disclosed that he worries about making new friends, as he thinks that he will let them down if he starts drinking again.

Commented [JSB5]: This wasn't in the video, I just made it up to round out this sample conceptualization. When you are working with a real client, you will be able to guide the assessment process to get the data that you need.

History

Kevin reports that, although he experimented with alcohol as an adolescent, he didn't begin using alcohol heavily until he was 21 years old. Kevin indicated that, from the time he turned 21 until the time he entered residential treatment, he would typically consume a minimum of one liter of vodka per day. Kevin's alcohol consumption remained relatively consistent until he lost his job in October, at which time the volume of alcohol that he would consume daily began increasing, until he was admitted to the hospital after drinking nearly one gallon of vodka. In the year leading up to his admission to the residential treatment program, Kevin was admitted to the emergency room more than 15 times, in addition to being admitted to the intensive care unit for three multi-day long stays. During his most recent hospital admission, Kevin was informed that he has scarring on his liver (cirrhosis).

Kevin's alcohol use carries elevated physical health risk, as he was diagnosed with Type 1 Diabetes when he was nine years old. Some of Kevin's emergency room admissions resulted from him having a sharp increase in his blood sugar levels due to alcohol consumption. Kevin stated that he has felt different from other people from the time he was in grade school. Kevin attributes this sense of being different to having to take insulin shots, and he stated that he has always wanted to feel normal.

In addition to alcohol, Kevin also reports that he has a history of using marijuana and nicotine. Kevin stated that his marijuana use was related to his alcohol consumption, as he used marijuana to reduce the nausea he experienced when drinking. Kevin has not used marijuana since he stopped consuming alcohol. Kevin continues to smoke cigarettes, and he stated that he is currently smoking more than one pack of cigarettes per day. Kevin has not expressed a desire to stop using nicotine.

Kevin stated that he has attempted to reduce his alcohol consumption prior to entering a residential treatment facility. Kevin says that his past attempts at sobriety have lasted less than 30 days, and that he typically just tries to "white knuckle" his way through. Kevin has identified withdrawal symptoms including shaking and sweating, as a significant barrier to his sustained sobriety. Prior to residential admission, Kevin attended Alcoholics Anonymous meetings, however, he does not perceive the meetings as helping him sustain sobriety. Kevin reports having abstained from alcohol for the full 120 days that he was in residential treatment. Kevin continues to have strong cravings when he encounters vodka.

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Assessments

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An informal, verbal assessment was used to evaluate Kevin's history of alcohol use, support networks, personal strengths, and treatment goals. Kevin also responded to the WHODAS 2.0 (World Health Organization, 2012). Kevin's scores on the WHODAS 2.0 show substantial impairment in the domains of getting along with people, participation in society, life activities, and understanding and communicating. Kevin's WHODAS 2.0 results are consistent with his verbal reports that he is having difficulty establishing a sober peer group. These results also indicate that communication, problem solving, and interpersonal skills may be areas for clinical focus.

Commented [JSB6]: I could have also said that I gave Kevin the SASSI or one of the DSM-5 assessments. For your papers, please locate at least one citation indicating why a particular assessment is appropriate/beneficial.

Diagnosis

During the initial assessment process, Kevin endorsed multiple diagnostic criteria for alcohol use disorder. Kevin stated that, within the last year, he has:

1. consumed significantly more alcohol than he initially intended

2. had difficulty reducing his alcohol intake

3. strained his relationships with friends and family due to alcohol use

4. had strong cravings for alcohol

5. stopped engaging in nearly all recreational activities

6. continued using alcohol despite knowledge that his diabetes would be negatively impacted by his alcohol use

7. developed a strong tolerance for alcohol as evidenced by the volume he would consume during a typical setting increasing from one liter to nearly one gallon

8. experienced severe withdrawal symptoms including mood disturbances, shaking, and sweating

DSM-5 Diagnosis

F10.20 Alcohol Use Disorder, severe, in early remission, in a controlled (residential) environment (principal diagnosis).

F40.10 Social Anxiety Disorder (provisional diagnosis)

E10 Type 1 diabetes mellitus

Contextual Conceptualization

Kevin clearly meets the diagnostic criteria for severe alcohol use disorder. While Kevin has been in remission for over four months, he still experiences strong cravings when he encounters behavioral cues. Substance use can be conceptualized using a disease model

> **Commented [JSB7]:** You don't have to list every symptom the client meets in this section, I did so that I could demonstrate what information I was using to make my diagnosis. This information is redundant, as it is also located in the History section.

> **Commented [JSB8]:** The principal diagnosis is the primary reason the client is seeking treatment.

> **Commented [JSB9]:** This is a provisional diagnosis, since I don't have enough information to say definitively that Kevin meets the criteria. If I were trying to choose between social anxiety disorder and alcohol use disorder (e.g., I thought he had one or the other, but not both) I would use a "rule-out diagnosis".

> **Commented [JSB10]:** I would only include this if I had confirmation of the diagnosis from Kevin's physical health provider.

> **Commented [JSB11]:** There are many different theories that one might use to conceptualize. Consider how this section might look different if I had included cognitive, existential, narrative, or other theories.

(Leshner, 1997). Proponents of the disease model hypothesize that continued substance use is driven by neurological changes that result from chemical interactions between substances and one's brain. The disease model has been updated recently to include social and environmental factors as well as genetics (Volkow, Koob, & McLellan, 2016). Since alcoholism has been in Kevin's mother's family for multiple generations, Kevin could have an elevated genetic risk for substance use.

Kevin disclosed having interpersonal difficulties from the time he was in elementary school. Kevin indicated that he has felt as though he is not normal since he was approximately nine years old. Erikson described nine-year-old children as struggling with industry vs inferiority. The key features of this developmental stage include developing trust in one's self and others as well as developing a sense of self-confidence. Erikson proposed that children who do not develop self-confidence feel inferior about themselves and their abilities. Based on Kevin's reports, it is possible that he did not develop self-confidence during this developmental stage, which continues to impact his social connectedness.

Kevin continues to report interpersonal difficulties, and he has expressed a desire to have a stronger social support network. Integrating the data from Kevin's self-reports and assessments with the conceptual frameworks offered by the disease model and Erikson, highlights the importance of increasing interpersonal support to support Kevin's ongoing sobriety. In summary, it appears that, starting around nine years of age, Kevin began to view himself as different from others, since he was required to take insulin injections. Kevin's perceptions and experiences of being different restricted his continued development, and thus he is stuck with a view of himself as inferior. Kevin's conceptualization of himself as inferior results in his using alcohol to socially isolate himself, so that he is insulated from experiencing feelings of inferiority. Losing

his job offered Kevin further evidence that he is inferior, rather than industrious, which prompted him to significantly increase his alcohol intake.

Treatment Plan

Based on the contextual conceptualization, Kevin's treatment will emphasize increasing social support as well

as working to develop a sense of industriousness. The following overarching goals will guide treatment:

1. Continued abstinence from alcohol and marijuana for the duration of treatment as measured client self-report. The following interventions will be used to attain this goal:

    a. Schedule a physical health evaluation to better understand how Kevin's substance use has impacted his physical health

    b. Collaboration between Kevin's physical and mental health providers. This will include an evaluation for pharmacotherapy to be completed by his physician as well as medication compliance management, which will be addressed during Kevin's weekly counseling sessions.

    c. Goals two and three also support this goal.

2. Increase Kevin's social support so that his scores on the Getting Along with People and the Participating in Society sub-scales are both below 50%. At the onset of treatment Kevin scored a 80% and 75% on these scales.

    a. Cognitive-behavioral anxiety management techniques, such as mindfulness, deep breathing, and thought stopping.

Commented [JSB12]: Ideally goals will be written in SMART format.
1. Specific
2. Measurable
3. Agreed upon (w/ client)
4. Realistic
5. Time-limited

Commented [JSB13]: Specific

Commented [JSB14]: Time limited

Commented [JSB15]: Measurable

Commented [JSB16]: If this were a real client conceptualization I would have more interventions listed under each goal.

Commented [JSB17]: Ongoing assessment

      b.   An interpersonal process (Teyber & Teyber, 2011) approach to treatment that emphasizes the counselor's use of immediacy to provide Kevin with social feedback in the here and now.

      c.   Kevin will participate in a weekly interpersonal process group, which will provide social contact as well as interpersonal feedback.

3. Increase Kevin's sense of industry through social support (goal 2) and participation in the labor force.

      a.   Kevin will be given a comprehensive set of career and strengths assessments, and his counselor will work with Kevin to explore his career interests.

      b.   Career counseling strategies will be used to assist Kevin with developing the skills that he needs to re-enter the workforce.

Commented [JSB18]: I should be more specific about which career counseling strategies I will use. I don't expect you all to be able to develop a highly specific treatment plan at this point in your development.

Commented [JSB19]: You all are also required to include a brief ethics section. Talk about ethical considerations regarding confidentiality (e.g., if you are collaborating with a physical health provider), assessments, diagnosing, etc.

References

Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science, 278*(5335), 45-
47. doi: 10.1126/science.278.5335.45

Teyber, E., & Teyber, F. (2011). *Interpersonal process in therapy: An integrative model (skills, techniques, & process)* (6th ed.). Belmont, CA: Brooks/Cole.

Volkow, N. D., Koob, G. F., & McLellan, A. T. (2016) Neurobiologic Advances from the Brain Disease Model of Addiction. *The New England Journal of Medicine, 374*(4), 363-371. doi: 10.1056/NEJMra1511480

World Health Organization. (2012). *World Health Organization disability assessment schedule 2.0*. Retrieved from http://www.who.int/classifications/icf/whodasii/en/

Commented [JSB20]: I should also cite Erikson in here, but I can't find my development book…

Commented [JSB21]: This is a great book. I highly encourage you all to buy it or check it out from the library. There is no need to get the current edition.