

BIOPSYCHOSOCIAL ASSESSMENT OF ADAM

A. DESCRIPTION

CLIENT IDENTIFICATION:

Client's Name: Adam

Household Composition: Adam lives with his mother, father, younger brother (13), and younger sister (6). The client also has an older half-sister (20) that no longer lives in the house and attends college; the social worker is unaware of what college.

Address: Chicopee, Massachusetts

Treatment setting: The client is seen at River Valley Counseling Center through the School Based Program in an out-patient capacity. Services are voluntary and completed while in school. Sessions are comprised of client and clinician however; the initial intake was completed with the mother, client, and clinician on-sight at River Valley Counseling Center in Chicopee.

B. DEMOGRAPHIC

The client is a fifteen year old Caucasian male. The client identifies as atheist, even though he was raised as a catholic. The client is currently enrolled as a sophomore at Chicopee Comprehensive High School and is single.

C. REASON FOR REFERRAL AND CURRENT INVOLVEMENT

Around the time his brother died (technically this individual is the client's half-brother however the client does not identify him as his half-brother), client reported self-harm behaviors, such as cutting. He stated that a year ago he had suicidal ideations and he held a knife to himself but did not act any further. Mother stated that he had told people he was hearing voices telling him to kill himself or others. It was found to be related to the violent video games he was playing on Xbox. Client and mother both report he is no longer playing these games.

School requested assessment at the close of last school year due to "issues" regarding auditory hallucinations telling him to kill, but it was also related to depression and anxiety over unresolved loss and trauma. Mother and client stated that in particular he struggles with unresolved loss and grief over his brother's untimely death.

D. BRIEF HISTORY IMPACTING CURRENT FUNCTIONING

Client History

Trauma/Abuse

Client reported "some form of" verbal/emotional abuse from father in past. Client reported that he feels his father has been emotionally neglectful in the past, such as not being a positive role model or father figure to rely and depend on.

Client reported that the sudden death of his brother in 2013 is extremely traumatic for him. He stated that his brother died of an overdose on drugs and alcohol but that the manner of death is a point of contention. Client reported that he feels a great deal of guilt over not "being there" or doing something to otherwise change the situation, even though he is reassured by his mother repeatedly that it is not his fault and he could not have changed things. Due to this event, client reports sporadic auditory hallucinations of his brother, flashbacks to the point of blackout at times, aversion to certain situations or people, and intrusive thoughts of the event.

Mental

The client has no past treatment of mental health issues. In addition, the client has no prior psychiatric history before his diagnosis of Posttraumatic Stress Disorder from River Valley Counseling Center. However, he reported that he was seen at Baystate ED a few years ago for a panic attack.

Physical

The client is in good health. The client is on asthma medication, Albuterol rescue inhaler and Quavar preventative.

Developmental

Mother reported no developmental delays and that client did not go to preschool, but is above average in cognition and learning. He is in general education classes and is doing well.

Family history

Mother stated that client and his younger brother engage in sibling squabbles over their room and Xbox. Client reported that he was born and raised locally, and that due to marital discord his mother had wanted to move the family to North Carolina, but did not because his older half-sister wanted to be able to finish high school and had a boyfriend here. He stated that he has a younger brother and an older sister, and he is trying to become a good role model for his brother, but that "we differ in the way we look at life." Client's father is reportedly in and out of medical facilities due to obesity and client does not consider him consistent. Prior to his death, his

brother struggled with substance abuse and mental health issues and was reportedly in and out of the home and the client's life because of these issues.

Mother reported family history of mental illness and substance abuse on both paternal and maternal sides - depression and bipolar disorder specifically. There is also a significant family history of diabetes. Mother stated that client's uncle was murdered at age 42. She also stated that while on inpatient psychiatric units, client's brother made threats to strangle other patients and also threatened to harm himself, and on one occasion did harm himself.

E. INDIVIDUAL AND FAMILY STRENGTHS

The client is highly intelligent and is willing to engage in services. The client gets good grades and is motivated to keep good grades. The client states that he is great with kids and animals. In addition, the client recently began wrestling for his school, and really enjoys being active. The client describes his living environment as a strength excluding his father. The client states that he has social support, and "understands how to get close to people without being awkward." Client reported that the neighborhood is safe. Throughout sessions the social worker is comfortable in stating that the client is friendly, engaging, caring, thoughtful, sociable, and well-spoken.

F. CLINICAL FORMULATION

Adam is a fifteen-year-old male who lives with both of his parents and his three siblings, two that are younger and one that is an older half-sister. Adam also had an older half-brother that died due to an overdose of heroin and alcohol in 2013. Prior to the death, Adams half-brother was in and out of hospitalization for mental health and substance related reasons. In addition, Adam has expressed emotional abuse from his father and has stated that he is "not a person he can rely on" and believes that his father "caused" his half-brother's death. These beliefs and feelings have created feeling of "resentment" towards his father that is often displayed by angry outbursts. On a more positive note, Adam is currently a sophomore at Chicopee Comprehensive high school and reports doing well in school. Adam participates within school activities and well-liked by many teachers and students.

Adam was referred to River Valley Counseling at the end of last school year due to concern about auditory hallucinations of his brother telling him to kill himself and others. Prior to these hallucinations Adam practiced self-harming behaviors shortly following the death of his brother, but reports that these behaviors no longer occur. In addition, Adam reported a single incited

where he experience suicidal ideation, however did not carry out his plan. Adam has never received prior mental health treatment.

In spite of everything Adam has experienced, he functions well in school and out of school at the moment. Adam reports feelings of prolonged sadness and helplessness beginning at the age of nine. Adam often withdraws from society in times of sadness and reports that he “wants to remain in the middle of the pack (in school) so he does not get attention.” In addition to the withdrawing behaviors, Adam also avoids situations and places that remind him of his brother. He fears that any memory of his brother will spark a negative flashback causing him to blackout. Adam also reports vivid nightmares about his brother that cause him to wake up in the middle of the night screaming. Adam reports that he struggles to confide in people, no matter the gender, sex, or age of the individual.

Adam is highly intelligent and very motivated to change but tends to withdrawn in times of sadness. Adam would benefit from a safe space to explore his thoughts around grief and loss, trauma and coping skills for recurrences of these symptoms. In addition, Adam could benefit from Cognitive-Behavioral Therapy and exploring his thoughts, feelings, and behaviors.

Adam has been clinically diagnosed with Posttraumatic Stress Disorder (PTSD) due to his behavior of intrusion, avoidance, and hyperarousal. In addition, to PTSD the social worker is comfortable in diagnosing Adam with major depressive disorder due to his behaviors of withdrawal, hopelessness, and extreme guilt.

Client assessed needs

The client reported that he has difficulty with shyness and meeting new people (social worker did not notice this because the client was very open and talkative in the initial meeting), but he is attempting to improve this. He reported that he and his father have a poor relationship as they do not see eye to eye on many things at all, most importantly attitude about work and how to treat others. Client has unresolved trauma from his brother's untimely death, and he blames himself. He reports low frustration tolerance and difficulty in managing uncomfortable feelings. The client reported that he wants help around grief, depression, anger, and trauma first and foremost, he also desires help in developing coping skills and anxiety relief but they are not as demanding.

Prioritized assessed needs by client

1. Loss and grief - Client is still struggling with coping with his brother's death, as he continues to blame himself for the situation even though he cannot come up with a

rational reason that this would be the case. He states that this is getting in the way of moving on and forming positive male relationships.

2. Depression - Client struggles to cope with depression affecting his concentration, sleep, negative self-talk, and ability to communicate with others in an authentic and open manner.
3. Anger- Client reports having a very low frustration tolerance and difficulty in managing uncomfortable feelings causing him to lash out at individuals.
4. Anxiety - Client notices shaking violently, chills, and cold sweats. He has experienced panic attacks in the past but does not report having had any for a couple of years.

Client would like to address his grief and loss along with associated depression before attempting to examine anxiety.

G. TREATMENT PLAN

The client has only been in services since September 13, 2016 but has been fully engaged in services and is a very talkative individual. Due to a limited amount of time in services and no past experience with mental health professionals, knowing what is effective and helpful to this client is unknown. However, the social worker is beginning to get a “feel” for the client and has ideas for interventions and discussions that may be effective for the client.

Goal #1: The client will reduce feelings around survivor guilt, “should haves,” and “if onlys”

Objective #1: The client will identify what is a “good and bad memory of his brother.”

Intervention #1: The client will identify a good memory of his brother once a month.

Intervention #2: “I want flashbacks to stop and I think they will if I am able to identify negative and positive memories of my brother.”

Objective #2: The client will enroll in the newly formed grief and loss group that is provided at Chicopee Comprehensive High School and “Freely express who my brother was to my friends and other supports”

Intervention #1: The client will attend this group weekly, when it begins.

Intervention #2: The client will interact with other participants in the group meetings within two meetings.

Objective #2: The client will talk through brother’s death and personal feelings around the death during individual therapy.

Intervention #1: Client will initiate discussion about brother’s death once a month.

Goal #2: Symptoms of depression will be significantly reduced and will no longer interfere with the client’s functioning.

Objective #1: “I really want to figure out all my family stuff.”

Intervention #1: The client will learn to take care of self before others, at appropriate times.

Objective #2: The client will use less negative self talk.

Intervention #1: The social worker will provide client with ways to challenge his negative self talk. (i.e. what is my evidence that I will fail at this task?)

Objective #3: The client will utilize coping skills discussed in individual therapy.

Intervention #1: The client will focus on building supports who he is willing to talk about his “feelings” with.

Intervention #2: The client will find an activity that he enjoys doing, such as wrestling, to relieve stress and build relationships.

Objective #4: Possible medication

Goal #3: The client will increase and practice ability to manage anger.

Objective #1: The client will verbalize his emotions around anger to his mother and aunt.

Intervention #1: The client will identify feelings and emotions he feels when angry twice a month while in therapy.

Objective #2: The client will learn what triggers his anger and frustration.

Intervention #1: The client will identify situations that make him angry and/or frustrated.

Objective #3: The client will increase his low frustration tolerance.

Intervention #1: The client will learn three ways to communicate verbally when angry.

Intervention #2: The client will learn two positive anger management skills.