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CNS 771

Final Examination Part 1

Part I. Biopsychosocial: Daniel Jiang

Identifying information: Daniel J is a 55-year-old male, is married and has two adult children. A physician recommended Daniel seek counseling after he was taken to the hospital. Daniel reports that he has recently experienced changes in his physical functioning, that he is chronically fatigued, and has trouble getting motivated to go to work or do other activities that used to interest him. Daniel explains that for the past six months he has not been himself and that he feels “worthless” and “doesn’t think he can continue living this way”.

Present Symptoms: Client reports chronic fatigue and difficulty getting out of bed in the morning. Client reports that due to his lack of motivation he is concerned the quality of his work is subpar. Client spends a lot of time alone and does not enjoy activities that he used to. In the past three weeks client reports that he has had little appetite and has lost ten pounds. Two weeks prior to the session client reports that he thought he was experiencing cardiac arrest while driving, when taken to the hospital the EKG showed no evidence of anything going on with his heart. Feelings of hopelessness and worthlessness “I don’t think I can go on living this way”.

Past History of Treatment: Client reports that he has never been in counseling before.

Mental Health Medications: Client reports no use of medications.

Medical Concerns: Client reported rapid breathing, sweating, and feeling as if his heart was going to explode when he thought that he was going in to cardiac arrest. Client also reported significant weight loss (10 pounds) and decrease in appetite without trying. Client reported that his last physical examination was three years ago. He denies any significant medical history, surgeries, or disabilities.

Current Medications: Client reported that he takes no medications currently.

Dependency/Addiction history: Client reports that he does not use drugs or drink alcohol.

Family History of Psychiatric Illness: Client reports no history of familial psychiatric illness.

Spirituality: Client reports belonging to the local Methodist church, but that he has not attended in the past six months. He states that spirituality is important to him, but the G-d has not answered his prayers for help.

Personal History: Client reports that he has one sister, who is married and lives in North Carolina and that they see each other twice a year. Client also reports that his mother died when he was 25 years old from cancer and that his father died when he was 65 years old from a heart attack. Daniel is married to his wife Elaine and they live in Seattle. Daniel reports that though his two children live out of state that they visit frequently.

Education: Client did not disclose educational background information.

Work History: Client reported that he has worked at the same company over a thirty-year period. Recently he has found his lack of motivation is affecting the quality of his work, which is causing him concern.

Legal History: Client reports no criminal record but he received his first speeding ticket ever two months ago.

Marital/ Relationships: Daniel is married to Elaine. Duration of the marriage is unknown and information about prior relationships is not disclosed. Daniel reports having a few good friends, but admits because of his lack of energy he hasn't done anything with them in the past six months. His friends call occasionally.

Mental Status: Daniel appears anxious and sad. He has trouble sitting still and does not make eye contact during counseling. Daniel expresses that he has not felt himself for the past six months and that he feels "worthless" and isn't sure "he can go on living this way". Daniel reports that he has access to a firearm at home, which is locked up.

Summary Impression: Daniel is a self-referred 55 year old, married Chinese American male seeking treatment for recent changes in physical functioning and feelings of worthlessness.

Part II. Case Conceptualization and Treatment Planning: Daniel Jiang

1. Client Name: Daniel Jiang
2. Date of birth: N/A
3. Identifying characteristics: 55 year old, married Chinese American male
4. Presenting concern: changes in physical functioning, lacking motivation, and feelings of worthlessness

5. Goals for Counseling: reducing the severity his feelings of worthlessness and increasing his coping skills in dealing with his current social familial, and work difficulties.
6. Client strengths: Daniel reports a strong connection with his spirituality. Daniel is a strong employee and has been successful in his career at his company for thirty years but is concerned that his lack of motivation is affecting the quality of his work. Daniel reports having a few good friends that keeps in touch with him intermittently.
7. Client liabilities: Daniel reports being chronically fatigued which has negatively impacted his motivation. Although Daniel reports having good friends and a strong spiritual connection since his decline in motivation and feelings of worthlessness he isolates himself from interacting with others. Daniel has admitted to having suicidal thoughts.
8. Diagnosis (Preliminary): Major Depressive Disorder, as evidenced in the DSM-5 by meeting Criterion A: depressed mood most of the day, nearly everyday, indicated by subjective report; markedly diminished interest or pleasure in almost all activities most of the day, nearly every day as indicated by subjective report; significant weight loss when not dieting; fatigue or loss of energy nearly everyday; diminished ability to think or concentrate nearly everyday; and recurrent thoughts of death. Criterion B: symptoms cause clinically significant distress or impairment in social, occupational or other areas of functioning. Criterion C: The episode is not attributable to the physiological effects of a substance or to another medical condition.

9. Integrative Interpretation: Daniel J. is a self-referred 55 year old, married Chinese American male seeking treatment for recent changes in physical functioning and feelings of worthlessness. It would be crucial for Daniel to get a physical prior to treating him to rule out and physiological issues that could be contributing to his current symptomology. With that said if no physiological problems were present I would elect to use Cognitive Behavioral Therapy to address Daniel's maladaptive thinking. I believe that because of developmental transitions and likely due unresolved grief related to his parents' death he recently acquired a negative schema of the world and when he experiences similarly stressful situations that negative schema is activated. Increasing his ability to control his emotional responses to life events will help him ward off unrealistically depressive responses to stressful life events.

Treatment Planning

1. Problem statement: Depression due to cognitive distortions
2. Goal Statement: Keeping a daily journal for two weeks of important events, his thoughts about them, and subsequent emotional reactions
3. Treatment Modality: Meet weekly with a CMHC or LPC to work through depression and cognitive distortions; use of interventions such a motivational self-talk, minimizing self-defeating thoughts, changing maladaptive thoughts about changes in physical functioning, and utilization of goal setting (e.g. meet with a friend one time a weekly, commitment to going to church services weekly)

Part III. SLAP Suicide Assessment: Daniel Jiang

- During the SLAP assessment Daniel reported that he did have accessibility to a gun in the house and has thought about shooting himself when he gets strong feelings of worthlessness. Daniel also reports although he lives with his wife he spends most of his time alone and has irregular contact with his friends.
- Assessing Daniel from the SLAP model I would assess him as having a moderate risk because he admits to specifically thinking about how he would commit suicide (by firearm), the lethality of the methodology is high, the accessibility is easily attainable as he has the firearm in his home. Daniel does have a good proximity of support because he does not live alone and he does have friends. Furthermore Daniel has sought help on his own accord making him appear motivated to work hard on changing.
- Based on his moderate risk level I would work on creating a safety plan with Daniel that lists things he can do in order to provide distraction from distressing thoughts/situations, coping skills that he currently uses when having stressful thoughts, numbers of friends/loved ones he can call in times of crisis, my work number, crisis stabilization numbers and the suicide hotline number, as well as a plan to make the environment safe. Additionally I would follow up for the next several sessions to see if Daniel is still having suicidal ideation and reassess as needed.