Extended Diagnostic Assessment Example

Name: Marie
Date of Birth: 1/28/1988
Client Identification Number: 12345

CONTRIBUTIONS TO THE ASSESSMENT

- Diagnostic interviews with Marie on 2/18, 2/22, and 3/1/2011
- Review of available records from Hennepin County Medical Center
- Releases of information provided by Marie for boyfriend and mother on 2/22
- Collateral information obtained from Marie's mother

CURRENT LIFE SITUATION

Age/Living Situation/Basic Needs/Education: Marie is a 23-year-old woman living with her mother and younger sister in an apartment in South St. Paul. She has not worked since leaving Cub Foods in 2007 and is unable to pay for basic needs, rent to her mother, or move out on her own. Marie completed 12 years of formal education, graduating in 2006 from South High School with a C average. She enjoyed English but struggled with math and science. She denies ever having received tutoring or special education.

Significant personal relationships: Marie identifies her mother, a cousin, her boyfriend, and reluctantly her sister as supports. Despite conflicts with her mother from time to time she knows she can count on her for help and is dependent on her to meet her basic needs. Her older cousin is somewhat of an aunt figure to Marie. Her cousin has also struggled with substances in the past and Marie feels that she can be herself without worrying about criticism. Her boyfriend is the only male figure that Marie trusts and worries that she could not find another boyfriend if he left her. Finally, her sister has been intermittently supportive. She sometimes escapes the arguments that Marie and her mother get into by leaving the house and shopping. This is the one area that both sisters enjoy in common but it has also been a problem area for Marie as she overspends when in a manic phase.

Strengths: Marie has demonstrated the ability to develop healthy friendships in the past and will likely be able to do this again in building back her support network of family and friends she can rely on for help and understanding. She is motivated for treatment and follow-up to the extent that it is connected to reaching her goals of enrolling in college and getting a job. She is optimistic about her chances for success with school and assertive in wanting to re-establish her independence. She is familiar with two of the staff at the mental health center who can help her reconnect with the community college admissions office and complete applications.

Health and Spiritual Beliefs: Marie's continual strive for independence extends to her health and wellness. She is a very independent young woman who considers respect for her wishes to be the most important aspect of treatment. She does not indicate a religious practice or preference. She expresses a personal belief that it is her job to look out for herself and stay healthy and safe. Her internal locus of control is an asset in engaging her in health behavior change but has been a challenge for her when others have offered help or suggested treatment as she believes she is capable of making any behavior change without assistance. Hospital records indicate that she sometimes refused treatment groups on the basis that she did not need them and could

manage on her own if she were discharged and allowed to prove herself. In talking with her there are signs that she is beginning to understand that her mother wants to be able to help her be healthy but may express this in ways that feel controlling to Marie. She indicates that while she attended Sunday school as a child, she has not participated in formal religious or spiritual healing practices as an adult.

Current Medications: She is currently on a multivitamin and Depakote. She complains that the medication slows down her thinking and that she does not like this because, "it's not who I really am". She has difficulty falling and staying asleep and would like help in this area which was one of the benefits she saw with the use of alcohol in the past.

REASON FOR EXTENDED ASSESSMENT

Perception of condition: Marie is able to recall very little of the events leading up to her hospitalization. Her perspective once in the hospital was that she was being held against her will by people who were out to do her harm until the third day of her stay when her thinking began to clear and she realized something was not right with her. She acknowledges having a diagnosis of bipolar disorder stating, "Yah, I know what bipolar is. Same as manic depression, right?" She has previously admitted to alcohol and marijuana use but denied the use of cocaine which has been found in lab screening results. Her boyfriend attended her hospital discharge conference and verified the cocaine use which Marie now reluctantly acknowledges but continues to minimize.

Description of symptoms: She acknowledges a history of impulsive buying and spending large amounts of money using her mother's checks and credit card in order to market and distribute a rap song she was written across the county. Her mother states that when she is on medication she can be reasonable but that without it she is noticeably more easily agitated and that everyone around "walks on egg shells". During these episodes Marie neglects her personal hygiene and refuses to eat. She is unable to concentrate on a topic for more than a few seconds before she is on the next topic. Her mother also describes Marie as becoming a running commentating announcer when she is off her medication. According to her mother, "at first people think it's a joke and funny, then they feel sorry for her, and eventually they just get tired of it and stay away."

Reason for referral: She was recently hospitalized for stabilization of mental health symptoms and scheduled for outpatient follow-up as part of her discharge plan. She is seen on an outpatient basis for assessment and integrated treatment of mental illness and substance use disorder. Marie carries diagnoses of bipolar disorder and polysubstance dependence with differential diagnosis of substance induced psychosis.

Client mental health and treatment history: Marie's mother describes her daughter as being "high spirited" from an early age and "a handful" to keep track of. She also reports that Marie had a great imagination that could get her in trouble with various "stunts" she tried as a child, including falling off a 6 foot high balcony she had climbed. She was independent at a young age, wandering the neighborhood in search of someone to play with if she was not supervised. After Marie's father left the family when Marie was 12 her mother had difficulty managing her during the summer vacation. In order to cope with being a single parent Marie's mother sent her to spend summers on her grandfather's dairy farm in Iowa where she thrived. In school she had a difficult time following rules and remaining in her seat and quiet, prompting teacher conferences in which referral for potential ADHD was often the topic. Marie excelled in drama, music, and art but had difficulty controlling her energy and behavior and was asked to withdraw from an extracurricular activity in her senior year due to disruptive behavior. Despite her challenges, school appeared to be going relatively well

until her sophomore year when she began hanging out with a new group of friends. She identified with this new peer group who are described as easily bored and "creating a lot of excitement for themselves at the expense of others." Marie acknowledged perhaps not making the best choice of friends but does not feel she had other options looking back. It was during this time that she began experimenting with alcohol which led to regular use during weekend parties her senior year of high school and experimentation with marijuana.

When asked about her daughter's behavior over time, Marie's mother notes that her behavior has been erratic in the past, fluctuating between crying to uncontrollably laughing and euphoric. Her mother believes this is the reason for the bipolar diagnosis. She has also seen her return with her boyfriend after being gone for several days appearing exhausted and nearly incoherent appearing as if she had not slept or eaten. During these episodes she "crashes" for long periods and takes a while to get back on her feet before she and her boyfriend go out again. Marie describes these episodes as beginning in the middle of high school and can occur both after a binge on substances and when not using. She points out that the intense sadness, difficulty thinking, fatigue, and feelings of boredom/loss of interest that she experiences during these times is often a trigger to substance use and stopping her medication.

Marie's mother notes significant improvement in Marie's ability to manage her own day-to-day affairs but requires prompting and help managing her time and planning ahead to make and keep appointments and structuring her day with activities that keep her from being bored. She paces at night and is tired during the day which makes it more difficult for her to get chores and her activities of daily living done without help and reminders. These issues sometimes lead to arguments about Marie feeling that her mother is nagging her and her mother feeling like Marie doesn't want to take responsibility for getting better.

Developmental incidents: Marie's mother described her pregnancy and the birth of her daughter as unremarkable. Marie is described by her mother as having been the product of a normal pregnancy with no perinatal problems reported. Developmental milestones were reportedly reached at age-appropriate times.

Trauma history: When attempting to discuss possible events related to trauma Marie demonstrates a visible change in her comfort level and reluctance to discuss further. She is vague in this area of her life and when asked about her relationship with her father, who she last saw when she was 12, replies "it wasn't good. No one should have to put up with what I put up with." When prompted for clarification she indicates a desire to "pass" on further discussion in this area. Her mother volunteers that Marie has never talked about this with her.

Substance use history: Marie's history is further complicated by the fact that she has co-occurring mental health and substance use disorder. She reports first using alcohol at the age of 14 while experimenting with peers. Her use increased significantly her senior year and she began using marijuana at that time. According to available records she was first hospitalized in June of 2010 at the age of 22 for symptoms and behaviors similar to those prompting the most recent admission related to mania, agitation, aggression, and public intoxication. This was her first treatment for mental health issues and she was diagnosed with bipolar disorder. Prior to this time she reports increasing family stress and conflict over her choice of boyfriend, her drinking, and marijuana use. After leaving the hospital she resumed substance use and discontinued her medication resulting in problems finding a job, keeping many of her friends, and getting along with her mother. Over the past year a large part of her time has been spent socializing with friends and "hanging out"

at a bar around the corner from her boyfriend's house. As her functioning deteriorated she experienced almost complete loss of family ties, friends, and activities outside of using with her boyfriend. Records from her most recent hospitalization indicate she was there from 1/30/2011 to 2/11/2011 under the care of Dr. Smith after binging on alcohol, marijuana, and cocaine during her birthday celebration with her boyfriend. She is reported to have become belligerent with neighbors of the home she was in, agitated, and aggressive with incoherent and pressured speech. She threatened police officers who responded to a 911 call and was taken to the ER. Emergency room notes document auditory hallucinations, confusion, agitation, and impaired functioning. She was evaluated and monitored for withdrawal symptoms and transferred to the mental health unit where she did well with care and treatment. She was diagnosed with bipolar disorder and polysubstance dependence and restarted on Depakote. Her lab results indicated a blood alcohol level of .21 and positive tox screen for cocaine, which she denied using at that time. During her hospitalization she reluctantly agreed to move back with her mother as a discharge plan since she could not get in touch with her boyfriend, who had gone to detox, and had no money for her own place. She does not recall much of what she did during the first few days she was there but remembers establishing a goal for herself of getting out and going to school. Marie indicates that she has never been in CD treatment before and is skeptical that she has a problem with this or needs treatment. As previously mentioned, it is a core belief of her that she is in control of her use and can quit any time.

Health history: Marie is in good physical health with a past medical history that is generally unremarkable with the exception of possible brain injury as a result of a fall from a 6 foot balcony at age 5. She was unaware of this event which her mother reported for the first time. Marie apparently experienced altered consciousness for a brief period of time followed by irritability and intermittent crying for several hours afterward and a large bump on the back of her head. No permanent change in disposition or behavior was noted beyond a couple of days after the fall. Marie acknowledges blacking out twice over the past six months due to heavy alcohol use and waking up at the bottom of the stairs on at least one of those occasions, uncertain if she passed out there or fell down. Her primary health concern at this time is weight gain that she is anticipating based on increased appetite, decreased activity, and her medication.

Family history: Her family history is remarkable for mental illness in a paternal uncle who experienced great difficulty upon return from Vietnam and who killed himself by self-inflicted gunshot. Her biological father was reportedly in CD treatment several times due to addiction to alcohol and prescription pain killers. Her mother has experienced bouts of depression that occur most frequently during the winter season but has not sought treatment for this. Marie indicates that her sister uses more alcohol than her mother wants to acknowledge and is realizing that, while this has been a point of conflict between her and her family, her priority is to focus on her own health and achieving her goals.

Cultural impact and influences: Marie identifies herself as Irish Austrian with grandparents that migrated from Europe in the early 1900's. Many family members are practicing Catholics on her father's side. She does not attend church regularly nor does she participate in traditions or ceremonies with the exception of Christmas. Marie's early identity comes from her heritage as a member of a 3rd generation southern Iowa dairy farming family and the four summers she spent there with her maternal grandparents. During her time on the farm she was given a great deal of independence and responsibility helping with the cows and driving tractor. She

describes these times as the best of her life because she looked up to her grandfather and wanted to make him proud and because there was always something to do from sunrise to sunset.

Communication style: Marie does not respond well to being lectured or told what to do. She describes friends and professionals who do this as "preachy" and identifies several times in her life when she has done the opposite of what she was told in order to maintain control over herself and her situation. Her preference in addressing treatment is to be given options and allowed to choose. She does well when provided education to help make informed decisions. She describes herself as shy and that alcohol was a way to feel more confident meeting other people so her preference for communication is one-on-one rather than large groups.

MENTAL STATUS EXAMINATION

As has been previously described, Marie's presentation and participation in diagnostic interviews has evolved over time. She was initially an unreliable historian and refused to allow contact with friends and family who were familiar with her situation and functioning. At present she is cooperative with the process and interested in achieving her personal goals. She demonstrates improved but continued difficulty with attention and concentration. She is hyperverbal with mildly pressured and rambling speech. At this time there are no overtly unusual behaviors or thinking present. Mood is hypomanic with expansive affect. She denies suicidal or homicidal ideation or intent at this time. Her appetite is good with some concern from the client about weight gain. She has difficulty falling and staying asleep but this is not seen as a problem for Marie whose main concern is being bored with nothing to keep her occupied at night. There were no other apparent symptoms related to stress, depression, or anxiety noted.

SCREENING MEASURES

- GAIN-SS CD Screener
    - Marie was found to have a positive screen on the GAIN-SS suggesting the possibility of substance use disorder and indicating the need for an in-depth evaluation of both substance use disorder and mental health problems.
- Trauma checklist (deferred at this time)
    - Marie was uncomfortable and reluctant to discuss potential abuse by her biological father at this time with this therapist. Monitor and follow up in this area on an ongoing basis.

ASSESSMENT MEASURES

- Substance Abuse Treatment Scale-Revised (SATS-R)
    - Based on interview, Marie is ready to address alcohol use, ambivalent about marijuana use, and reluctant to discuss her cocaine use. She is in the early stages of acknowledging and understanding the impact and role of drugs in her life though acknowledges that alcohol has been a problem and beginning to see the need for change in her drinking. This is consistent with recent history and other sources of information which indicate Marie is in the late engagement stage of treatment for cocaine use, early persuasion stage of treatment for marijuana use, and early action stage for drinking.

- Alcohol Use Scale-Revised (AUS-R) and Drug Use Scale-Revised (DUS-R)
    - Marie's alcohol use falls in the dependency category as manifested by:

        - drinking greater amounts than intended and for longer periods
        - giving up important activities
        - characteristic withdrawal symptoms
    - Her drug use is categorized similarly as dependence based on:
        - giving up important activities
        - characteristic withdrawal symptoms
        - drug taken to relieve or avoid withdrawal symptoms

- Comprehensive Longitudinal Assessment
    - Comprehensive Longitudinal Assessment with the client suggests a longstanding history of experimentation and use of substances with challenges to functioning, yet managing adequately with supports until last summer. Shortly after graduating from high school she was living at home with her mother and sister, working at Cub foods part-time, and thinking about college. Her use increased with additional time and loss of structure and increased again when she began dating a boyfriend who also uses. From May 2010 to the present there has been a pattern of increased use and number of substances used which now includes alcohol, marijuana, and cocaine. Most recently psychiatric symptoms have increased resulting in problems with family, work, and functioning that jeopardize her health and safety. Overall there is a consistent and repetitive theme of doing well when active with supportive friends, working, and at home as well even when she is not using. Episodes of use are associated with auditory hallucinations, paranoid thinking, and isolation. A full detailed comprehensive longitudinal table in which her past functioning is divided by recent time frames characterizing changes in functioning is included.

- Contextual Assessment
    - A contextual assessment revealed a detailed description of Marie's current substance use patterns, including factors that contribute to her use and consequences for her continued use. For Marie use occurs in the presence of her boyfriend and results in arguments with her mother and a lack of money. The assessment addresses the context of her substance use and how it interacts with her mental illness. This information is obtained over time while engaging Marie in addressing her treatment goals.

ASSESSMENT OF CLIENT NEEDS

- Practical assistance and support with exploring and planning for college
- Family education regarding mental health and substance use disorders
- Involve boyfriend in psychoeducation if she continues to identify him as a support
- Provide individual opportunities to discuss substance use and address how substance use gets in the way of Marie achieving her goals
- Develop skills and strategies for managing mental health symptoms and addressing sleep disturbance
- Work on establishing self-esteem and positive self-image without manic behavior
- Address medication effects and side effects through consultation with provider
- Motivational counseling when addressing areas not yet ready to change
- Ongoing assessment of possible trauma history
- Use of persuasion group as a transition to action phase treatment for marijuana use

SUMMARY AND RECOMMENDATIONS

Marie is a 23-year-old woman who currently meets criteria for Bipolar I Disorder, Most Recent Episode Manic, in partial remission. She is reported to have expansive and irritable mood lasting days to weeks even when not using substances. Mood disturbances include grandiosity, decreased need for sleep, flight of ideas, and distractibility. These episodes fluctuate with major depressive episodes noted by feelings of intense sadness, loss of interest, and loss of energy. Over the past year she has experienced increasing difficulty managing symptoms of her bipolar illness as noted by her first hospitalization in June of 2010. Her deterioration in functioning has been to the extent that she has not been able to care for herself. This past year has been characterized with increasing amount of time spent seeking and using, the addition of cocaine as a drug of use, diminished activities an interests that do not involve use, and development of more serious symptoms of psychosis associated with heavy use. Marie's substance use is triggered by internal triggers such as feeling bored as well as external factors such as being with her boyfriend who uses and how convinces her to use as well to have fun. These triggers typically lead to a great deal of effort obtaining and using alcohol and marijuana, which in turn result in immediate perceived benefit of excitement and enjoyment socializing. Use, however, is also associated with long-term consequences of increased boredom, loss of control, not having money, and conflict with her mother about her use and influence of her boyfriend. Marie is developing awareness of the role and impact of substances on her life functioning and is a good candidate for individual cognitive behavior therapy as she continues to explore the relationship between her use, wellness, and the choices she makes. One preliminary step toward individual cognitive behavior therapy that will be undertaken is to instruct her in the use of self-monitoring of her thoughts, feelings, and behaviors on a regular basis. This preparation for skills training will have an eventual goal of minimizing exposure to triggers, stopping and modifying thoughts feelings and behaviors related to triggers for use and developing effective coping skills to develop and maintain sober friends and activities and support recovery. These strategies and objectives will be used in conjunction with illness management and recovery modules that Marie was introduced to while in the hospital.

She is eager to plan treatment that facilitates her recovery goals of finding a job and going to college. She sees this as a way to achieve her ultimate goal of becoming independent and staying in control of herself and her life.

DIAGNOSIS

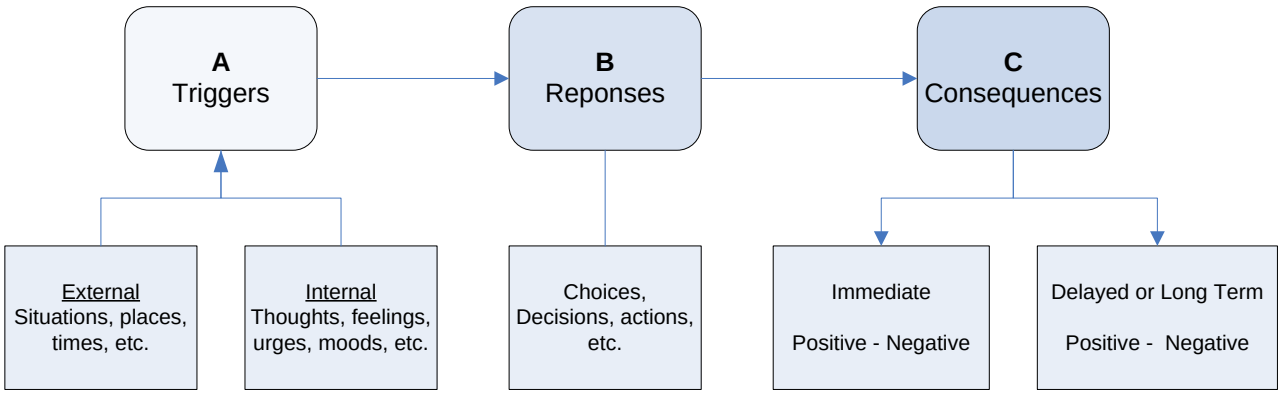
Axis I:	296.45 Bipolar I Disorder, Most Recent Episode Manic, in partial remission
	304.80 Polysubstance Dependence (alcohol, marijuana, cocaine)
Axis II:	No Diagnosis
Axis III:	Closed head injury at age 5 secondary to a fall
Axis IV:	Unemployment, family conflict, limited supports, few sober friends
Axis V:	GAF= 60

COMPREHENSIVE LONGITUDINAL ASSESSMENT

Time Frame	Functional Status	Mental Health Symptoms & Treatment	Substance Use & Treatment	Interactions
2004	• Living at home • Attending school	• High energy and disruptive • No diagnosis • No treatment	• First alcohol use	• Felt more calm but sometimes down or sad • Family conflict over drinking
2006	• Living at home • Graduate from high school • Enrolling in community college	• Boredom • Increase in erratic behavior at home • Not diagnosed or in treatment	• Weekend party use becomes more frequent	• More time spent seeking friends and activities that will get rid of feelings of being down and bored • Increased use of alcohol and marijuana
2007 to 2010	• Living at home • Leave community college after 1 semester • Quit working 2007	• Episodes of lability and mood swings • No diagnosis • No treatment	• Regular use of alcohol, marijuana, and likely cocaine use • Refusing suggestions for treatment	• Downward spiral of losses in friends, family relations, work • Emergence of severe mental health symptoms and loss of control over use
June 2010	• First hospitalization	• Diagnosed with bipolar disorder • first treated with medication • rapid improvement in symptoms	• CD identified for potential treatment • Reluctant to talk about use (precontemplation) • Positive tox screen for cocaine	• Multiple life issues happening at the same time as mental health crisis. • Diagnosis of bipolar disorder given
November 2010 to February 2011	• Much time spent away from home with boyfriend who uses • No friends outside of group of friends who use	• Disrupted sleep and suspiciousness of others • Not taking medication • Irregular outpatient appointments	• Daily cannabis and alcohol use • Almost daily cocaine use •	• Not caring for herself • Florid symptoms of psychosis during periods of heaviest use
January 30, 2011 to February 11, 2011	• Second hospitalization	• No sleep, paranoid, confused, agitated, • Medication restarted	• Daily cannabis and cocaine prior to admission • Introduced to IDDT using motivational interviewing • No substance use due to confinement	• Florid symptoms subside
Feb 18, 2011	• Living at home • Goal of planning for work and school	• Beginning outpatient mental health treatment • Symptoms improving • On medication • Residual symptoms of hypomania	• No substance use for first 3 weeks after discharge	• Structure, sobriety, and medication reduce paranoid thinking and mania. • Sleep remains a problem

		evident		

CONTEXTUAL ASSESSMENT



A - Triggers **B - Responses** **C - Consequences/Results**

External Boyfriend visits, suggests leaving to smoke pot. Boyfriend apartment associated with use	Smoke pot	**IMMEDIATE** Have fun with boyfriend	A n d	**DELAYED** Fought with mother about Boyfriend and marijuana use
Internal Feel bored, think pot will be fun	Smoke pot	Something fun to do		I'm still bored Spent all my money on pot Feel like a failure (no self-control)