Sally Case Study – Assessment

Posted on October 23, 2018

Sally Case Study – Assessment

The school guidance counselor requested for an assessment of one of our student, Sally, who has shown substantial behavioral changes in the past year in school. The guidance counselor says that he receives a report from the student teachers that Sally frequently demonstrates deviant behavior, which significantly impairs her academics and social life. Her father accompanied her to the appointment. The session started by introducing myself and giving information about confidentiality and safety policies. When Sally and her father agreed to the policies and rules, I started the session initially both Sally and her father and later with Sally alone.

Presenting Primary Complaint

Sally is a junior in high school student, 17 years old female, who comes in for behavioral assessment because of exhibiting a considerable behavioral alteration in the last eight months. The school guidance counselor refers her because her teachers have complained of her negative conduct and fast reaction of being annoyed by any request. The school guidance counselor was also a target of Sally anger accusations. Sally father admitted that it was impossible to keep a conversation or reason with Sally without her outburst in anger. He also informed me that Sally does not meet curfew hours and stays outside until two or three o'clock in the morning on weekdays. Furthermore, he stated that he is aware that his daughter was meeting older men online, which made him worry for her safety.

Psychological Assessment

Biological	Psychological	Social

• 17 years old, female. • No history of health problem noted. • No birth problems. • Developmental milestones occurred within normal limits.	• Over the last eight months, Sally has shown anger and become argumentative with teachers. • Sally is irate and accuses teachers of intentionally making the test difficult so that student could not pass it. • Sally refuses read the assigned book in English class. • Sally refuses to comply with family rules, do not obey the curfew, and she is frequently meeting older men online. • Money has come up missing from the step-mom wallet.	• Previously lived with parents until five years before they divorced. • Currently lives with her father and step-mother. • Teachers want Sally to be successful, but they are afraid she will not graduate. • Multiple Teachers complained of her hostile and argumentative behavior for the last eight months. • Father worries about her safety. • Father is worried about Sally's behavior because her younger three children might follow suit. • Step-mother stopped interacting with Sally and let her father interact with her to see if it that behavior would change.

(Gray, 2015).

Interaction of the Sally biological, psychological, and social life:

Strengths and resources:
• The client has a close and strong relationship with her grandmother. • Client found her mother, 18 months ago and reconnected with her. • Father accompanied Sally to psychotherapy. • Sally's step-mother repeatedly try to reason with her. • The teacher wants her to be successful. • Sally has three younger siblings that look up to her. • Sally have friends and go to party friends.

(Gray, 2015).

Signs And Symptoms

Over the last eight months, Sally argues with her teachers in verbal altercation accusing the English teacher of intentionally making the test so difficult that students cannot pass it. Sally called the English teacher "stupid" and said that the books the teacher request them to read are ridiculous.

Sally also said that the English teacher has “moronic” choices for the book and she is refusing to read the assigned books for the class. Sally left the class without the teacher consent. She also slept during the class.

Sally also refuses to comply with the family rules. She does not meet the curfew hours established by her family, as she stays outside until two or three in the morning during school nights. Sally do not listen to her parents, blowing up and stomping out of the room. Sally is meeting older men online, which put her safety in jeopardy.

History Of The Present Problem

18 months ago, Sally ran into her biological mother at the new casino opening downtown. Sally was at the casino because she had a rendezvous with an older man she met online. Sally was very happy to have found her biological mother and kept contact with her; however, she did not inform her family.

Sally continued to regularly go to the casino and walk in with a fake ID. She started to play slots while waiting for her mother breaks from her shift. Sally says that gambling gives her a sense of stress reliever. She started to borrow money from friends to play at the casino. She hopes to win big and pay her friends back, and she wants her mom to have everything like her stepmom.

Worsened Problem

The symptom worsened when she started to frequent the casino to see her mom. Sally has been meeting with an older man at the casino, and she ran into her mother. Since then, while waiting for her mother’s break, she had been playing slots to pass the time.

Family Relationships And Other Relationships

The family is composed of six family members: Father, stepmother, three siblings, and grandmother. Her father and stepmother try to open communication and reason with Sally, but she does not get along because she states that “they don’t care about me. They just want someone to agree to their rules”. Grandmother is the person that Sally has a strong bond. Even though Sally does not want to get along with her parents, they are a strength for her, as well as her grandmother. Her biological mother wants to be part of Sally, and she seems to want to have her biological mom in her life. The relationship between Sally and her mother may be a stress or because the family does not know that Sally frequently meets her and where they meet.

Childhood And Adolescent History

No unusual development concerns. Sally had no behavior or emotional incidents in the past. No history of verbal altercation, loss of temper, persistent pattern of angry and irritable mood, defiant behavior, and being argumentative. She was a stable child, kind, and complied with the house chores. She was also a good student until she started high school.

Sally's mom took off with another man when Sally was five years old. Her father eventually divorced her mom. She kept minimal contact with her biological mother. Her father and maternal grandmother raised her. Afterward, her father remarried.

Social History

Sally is a junior high school student. She was always a good student until she entered high school. She was a cheerleader in elementary school, and her coach admitted that she had great potential. She failed the 9th grade, and she is in jeopardy again to failing another year. The teachers want her to succeed, but they have been complaining about her offensive behavior. Sally has friends and frequents their parties. She seems to have a social life.

Physical And Mental Health

The family and the client do not have physical or mental health history problems noted.

Description Of Diagnostic

Sally's predominant mood during the session was stressed and rejected. Sally presents a conduct disorder with a chronic disturbance since this is a condition that persists over six months. Sally started to frequent the casino and play slots for around a year and meeting with an older man at around 18 months. This behavior disorder causes outbursts, defiance temper tantrums that cause academic and social impairment.

Sally has had patterns of negativistic, hostile, and defiant behaviors for more than six months: She loses her temper, argues with adults, actively defies adult requests, deliberately annoys people, she is angry and resentful. The onset date is 18 months ago, even though she only started to worsen a year ago.

Other Concerns Or Behavioral Issues:

Sally states that she feels great in relieving stress by playing slots. She is regular at the casino, which she accesses with a fake ID. She enjoys feeling older and likes to get attention from the older men at the casino. She is borrowing money from her friends to play, hoping to win one day and pay it back. Her father stated that on three occasions, money was missing from his wife's purse. She has also asked me to loan her $500.

Mental Status

Sally's appearance was clean, dry, and typical of a teenager: jeans and a T-shirt. She had a full-sleeve tattoo and multiple piercings in her ears. Her speech was atypical. Her attitude was submissive at the beginning because she avoided looking at my eyes. When alone, she was cooperative. Eye contact was poor. Emotionally, she was hostile towards her father, distressed and rejected while she was alone. Sally had a normal perception of the events. Sally was alert and had a normal attention span, normal short-term memory, and long-term memory. Sally did not mention suicidal ideation or wish to harm anyone. She shows slight impairment in compulsion and delusion regarding her gambling problem. Her level of insight was to blame others for her failures; for example, she blamed the teachers for her poor grades.

Diagnosis With DSM-5

- #1 Diagnosis Oppositional Defiant Disorder (313.81) DSM-5

Criteria: For the past year, Sally has had a frequent and persistent pattern of loss of temper with an outburst of anger; she often loses her temper easily, and she is argumentative with her teachers, specifically with her English teacher. She refuses to comply with the family rules and with the school requirements, she blames the teacher for her grade failures, and she is spiteful towards her father.

- #2 Gambling Disorder (312.31) Episodic, early remission, severity mild.

Criteria: Money is disappearing from her stepmom's wallet, and Sally asked me at the session to loan her $500. The case makes me believe that Sally needs to gamble with increased amounts of money to get the desired excitement. Sally often gambles when feeling distressed; for example, after the English teacher flunked her, she went to play and made her feel good. Sally did not win, and she wants to return another day to get even, for example, she is asking money from her friends in order to continue to play. Sally relies on others to provide money to play.

- #3 Diagnosis Conduct Disorder (312.82) Adolescent onset type, unconcerned about performance with moderate severity.

Criteria: Sally did not show symptoms characteristic of conduct disorder before the age of ten years. Sally has several conduct problems that cause relatively moderate harm to others, for example, stealing money without confronting her step-mom. Sally rejects any offer from their teacher for help or assistance, she had a verbal altercation with her English teacher and refused to read the book propose for class. Sally does not comply with family rules and stays out at night during weekdays. Sally is being reckless in meeting men online and then meeting with them at the casino.

(Association, 2013).

Risk Assessment

There are no comments about possible suicide ideation or committing harm to others. Sally does not comment on smoking or drinking. Sally denies the use of drugs. There are also no comments about sexual and physical abuse.

Potential Barriers To Engagement With Sally

Sally is not an ordinary client; thus, one requires a lot of keenness when dealing with her. First, she was brought by her father for counseling session, yet her closeness with her mother may make her skeptical of admitting her disturbing issue. She is likely to admit the issues affecting her if she was brought to the clinic by her mother. She is in constant competition with her father trying to win so that she can move out and rejoin with her mother. Secondly, Sally is constantly borrowing her friends secretly without letting her father know, which may put her under more stress. Thirdly, Sally avoids gaze during the appointment and that makes the counseling session difficult as one cannot know her real intention. Moreover, she lies that she does not use drugs and from the look it is true that she must been using it for some time. Furthermore, Sally admits that she has a problem, but she is not ready to change as she is always refusing to speak out on what might be disturbing her and making her exhibit deviant behaviors. She is agitated when asked to share her story and at one time she tells her father to leave the room. She has an attitude that the session does not change anything about her school life. She mentions her English teacher, who she says that she will still fail her with or without studying. That fixed mindset is the biggest challenge of dealing with Sally. Sally want to live and operate within her rules, but that is impossible because she lives with the parent. Additionally, she shares the story about casino, engagement with the older men, and fooling of security personnel and begs me not to share the same with the father. The fact that she wants to remain secretive may be a hindrance to her recovery. If I shared her story, she might never come back for the counselling sessions. Lastly, gambling menace may be a biggest hindrance to her recovery. She is too much into gambling and she makes it a mandatory exercise every day after being flunked by her English teacher. She perceives gambling as a stress reliever, but she does not understand its repercussions in her future both financially and socially. She lives in a hypothetical world and she seems comfortable and contended by the situation. She even further asks me to loan her $500 by promising that she will

pay back once she wins at the casino (Nelson-Jones, 2012).

Recommendation

Sally would benefit from seeking treatment for individual, family and group counseling sessions therapy. The individual therapy would focus first on establishing a relationship with the client and develop a treatment plan where she can explore her feelings, concerns, and support her while she builds self-empowerment in relation to others and the environment. The family counseling will help the family to understand Sally disorder and supporter in her treatment. The group therapy will help her to connect with other teens and understand the issues and struggles. She will learn new coping skills and be more resilient.

I also recommend her to be evaluated for Attention Deficit Hyperactivity Disorder. Rates of comorbidity with Oppositional Defiant Disorder and Intermittent Explosive Disorder is high; it may be due to the temperamental risk factor.

I recommended Sally to undergo a medical checkup because gambling disorder is associated with poor general health. In addition, the comorbidity is high when associated with other mental disorder.

Assessment Of My Skills After Interacting With The Client

0 1 2 3 4 5_____

Incompetent Competent Very Competent

I feel competent after interacting with the client. The client has multiple issues that make me apply all skills learned in this course.

Ways To Improve Diagnostic Skills In This Area

I can improve or strengthen my diagnostic skills in this area in many ways. First, I can work on my micro-skills such as summarizing, focusing, attending behaviors, questioning, confrontation, and client observation. I have noted that I am not into too much questioning, which might be hindering me from obtaining pertinent information from the clients. On the issue of summarizing, I should ensure I gather information systematically from the client to understand how and where the problem started. Micro skills help in strengthening rapport with the clients (Nelson-Jones, 2012). Secondly, I should learn continuously by engaging in professional development options such as attending workshops and online programs such as Mental Health Academy. Thirdly, I should be more flexible so that I can understand the unique problems of clients. I should learn about relationship counseling, addictions,

and family therapy because that will help me understand Sally's issues. Flexibility can help me in dealing with clients facing a similar problem like that of Sally. Lastly, I should give clients room to express their problems. The part requires much patience on my part. In that process, I will be able to listen and understand the client's problem deeply. In this process, I will be able to listen to the client's verbal messages, such as experiences, behaviors, and emotions. In addition, I will have time to interpret non-verbal messages including but not limited to facial expressions (smiles, raised eyebrows, voice-related behaviors), observable physiological responses (a temporary rash, quickened breathing, blushing, pupil dilation), bodily behaviors (body movement, posture, and gestures), voice related behavior (pitch, tone, intensity, voice level, inflection, pauses, spacing of words, and fluency), general appearance (dressing), and physical appearance (weight, and fitness). I will do this without over-interpreting them or distorting their meaning. Moreover, by giving the client time, I will understand the client in the context of his or her social setting (Magnuson & Norem, 2015).

References

Association, A. P. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. Arlington: British Library Cataloguing in Publication Data.

Gray, S. W. (2015). *Psychopathology: A Competency-Based Assessment Model for Social Workers*. Boston: Cengage Learning.

Magnuson, S., & Norem, K. (2015). *Essential counseling skills: Practice and application guide*. Thousand Oaks, California: SAGE Publications Ltd.

Nelson-Jones, R. (2012). *Introduction to counselling skills: Texts and activities*. London: SAGE Publications Ltd.