

# [Major she knew she would go to](https://assignbuster.com/major-she-knew-she-would-go-to/)

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Majorsymptoms of this disorder.

Commonly patients with thisdisorder show their psychiatrists multiple and repetitive suicidal thoughts andattempts. The patients are unstable emotionally and may have trouble managingtheir emotions, and when faced with stressful events they can go through avariety of mood swings. Patients also make continuous efforts to avoid real orimagined abandonment from others. Having Borderline Personality disorder maycause brief psychotic episodes and the patient diagnosed would also beextremely impulsive.

•    Briefly outline the client’s background(age, race, occupations, etc.). The patient Becky a Caucasianfemale is currently enrolled in college but also seems unsatisfied with herprogress she mentioned that she knew she would go to college but that sheshould be on a master or doctorate program based on her plan.

Becky is just 24years old and also works at customer relations and seems to be doing good init. •    Factors in background that might predisposehim or her to this disorder. Becky mentions in the interviewthat she has some concerns regarding her genetic predispositions related to herfamilies medical and mental history. On one side or her family, her mom’s sidethey had an extreme mental illness and her father has muscular dystrophy. Also, maybe due to the reason that she had four siblings in the household she used tolie to get attention. Both biological and environmental factors predisposed herto be diagnosed with this disorder. Observations•    Symptoms that you have observed thatsupport the diagnosis.

You can include direct quotes or behaviors that you mayhave observed. She revealed many situations in herlife that show symptoms of borderline personality disorder.   Becky quickly dismisses her friends once shethinks they’ve seen her true self, even though she easily becomes friends onceshe built struts. She also mentions a time when she had an anxiety attack just becauseshe was separated from a friend. She says in the interview that “ it was like beingripped apart from the inside” (personal communication, November 12, 2014). Also, Becky showed various sign sor compulsiveness from the spending impulses to the cutting. She would do thesethings to gain confidence and make herself feel right at least the spending. But the cutting started since her roommate left her alone to visit family, andshe just kept doing it.

All of this symptoms or factors back up the diagnosis•    Symptoms or behaviors that are inconsistentwith the diagnosis. One of the inconsistencies is thatBecky tends to push close friends away, which contradicts the first diagnosticcriteria of avoiding real or imagined abandonment. She also seems completelyaware of her actions, like if she enjoys the attention brought from it. Anotherinconsistency is that from the interview it looks like she had a reasonablydecent childhood since there were no signs of physical or emotional abuse andboth parents were at home.

•    Provide any information that you have aboutthe development of this disorder. Due to environmental factors, thedisorder usually begins during adolescence or early adulthood. Factors like thehousehold upbringing, number of family members at home, one or two parent homesand many other aspects. The patient shows that environmental factors helped inthe display of her disorder. The patients that suffer from this disorder arecomplex individuals and often hard to treat.    Diagnosis•    Did you observe any evidence of generalmedical conditions that might contribute to the development of this disorder? There hasn’t been any observationof any medical condition that may have influenced or added to her disorder. Inthe other hand, she disclosed that on her mother’s side of the family they havemental health issues. •    Did you observe any evidence ofpsychosocial and environmental problems that might contribute to this disorder? With the evidence, I was able toconclude that environmental issues have contributed.

I do believe that herextreme need for attention started and is based on her being 1 of four kids inthe house. She would do it all, lie, manipulate and fight just to getattention. It didn’t stop till she finished high school but then in college herillness evolved. •    As per your observations, what is theclient’s overall level of safety regarding the potential harm to self or others(suicidality or homicidally)? At this point suicide or homicideis not a concern since she has control and is aware of her actions, but Beckyis a harm to herself, since “ cutting” has been her compulsiveness. Although if untreated it will escalate into harming herself more if theattention levels she wants are not met.•    What cross-cultural issues, if any, affectthe differential diagnosis? Like many other disorders, Borderline personality disorder has various overlapping symptoms which can makeit over-diagnosed or under-diagnosed. The American Psychiatric Associationmentions that borderline personality disorder “ co-occurs with depressive andbipolar disorders and is confused with other personality disorders” (AmericanPsychiatric Association, 2013).  Thereason for this is that both adolescents and young adult’s actions or behaviorsmay be misleading in the beginning stages of the diagnosis.

TherapeuticIntervention•    In your opinion, what are the appropriateshort-term goals of this intervention? The first thing is to help her inher current situation. No one could get better until having a more stable life. A way needs to be found to help her to stop “ cutting”. Another goal is tomake her see she is I control her life and give her a sense of confidence andthat way stop her spending compulsively. And of the attention aspect, we canjust get Becky surrounded by friends and family for support as well.

•     What are the appropriate long-term goalsfor this intervention? The long-term is to help her gainan understanding of the pattern her disorder. That way once she learns what’scausing her instabilities and faces her past traumas or situations then startworking on the building of interpersonal relationships and put her on the righttrack•    Which is the therapeutic strategy mostappropriate in this case, Why? In my opinion, the dialecticalbehavior therapy would be the most appropriate strategy.  Since the patient has problems with managingemotions through this method, she will be helped to learn to recall and handlethe emotional trauma. The individual and group therapy sessions will even be anexcellent way for her create and sustain interpersonal connections. Thistype of therapy “ focuses on the concepts of mindfulness, or of being aware of current situations” (National Institute of Mental Health, 2014).

•    Which is the therapeutic modality mostappropriate in this case, Why? Basedon current readings the most successful treatment would be Dialectical behaviortherapy. Because Becky’s environment helped manifest her illness, this type oftreatment is based on invalidating environment which would be perfect for thisscenario. She could also benefit from options like individual and group therapyand be on track to recover References  American Psychiatric Association,(2013). Diagnostic and Statistical Manual of Mental       Disorders (5th ed.). Washington, DC.

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Borderlinepersonality disorder. Retrieved from national institute of mental          health: http://www. nimh. nih. gov/health/topics/borderline-personality-          disorder/index. shtml#part6                      •    Outline the major symptoms of this disorder.

Symptoms could range from avoidingresponsibilities, building a tolerance for the substance, using in a risky way, losing control of the substance use, using the substance to avoid or relievewithdrawal symptoms.•    Briefly outline the client’s background(age, race, occupations, etc.). Bobby currently resides with herson and boyfriend in a small home. Her childhood was filled with manychallenges since very young.

Her mother wasn’t present, and she was alsosexually abused by men in the household when she was only nine years old. Shestarted drinking and smoking cigarettes and later marihuana by the age of 12. She mentions that she was just a little girl wanting to get attention. By onlysixteen years old Bobby had already experimented with multiple substances andwas just on a downward spiral.•    Describe any factors in the client’sbackground that might predispose him or her to this disorder. Clearly, her childhood environment was the primary predisposing factor.

She was just a young kid without a mother who was on heroin and on top of thatshe was sexually assaulted since being only a young child. Apparently, therewas an absence of positive reinforcement from the adult figures in her lifewhich caused her choices and actions. As a young girl she just wantedattention, but what she got was a bad kind of attention.     Observations•    Describe any symptoms that you haveobserved that support the diagnosis.

You can include direct quotes or behaviorsthat you may have observed. In the interview, Bobby expressedthat she had been sober for ten years. She also disclosed smoking marijuana totake her medicine. Bobby said during the interview that she does have alcoholicbeverages but just minimally. From my observation, I think she is still anaddict, and we can see by her demeanor that it is a daily struggle. During the interview, an observation I made is that she couldn’t stay still, she continuously movedaround multiple times. Due to this behavior, I suspect that there may be someprescription abuse as well.

•    Symptoms or behaviors that are inconsistentwith the diagnosis. In this case, Bobby’s symptoms andbehaviors are consistent with her diagnosis. The attributes of an individualwith substance abuse problems are all showed and displayed on her.    •    Provide any information that you have aboutthe development of this disorder.

In this case, Bobby’s abusedstarted at a young age. The American Psychiatric Association mentions that” ages 18-24 years, have higher rates to use every substance known” (AmericanPsychiatric Association, 2013). Still, it could happen in other stages ofdevelopment depending on the environment. In Bobby’s case, it was her earlychildhood environment which was the developmental factor to her diagnosis.

She may have a less frequent occurrenceregarding age rates of substance abuse but still is consistent with thediagnosis as well.  Diagnosis•    Did you observe any evidence of generalmedical conditions that might contribute to the development of this disorder? There are no previous medicalconditions present that could’ve contributed to this disorder. During theinterview process, she did not mention family medical or mental historyconditions.   •    Did you observe any evidence ofpsychosocial and environmental problems that might contribute to this disorder? Environmental issues undoubtedlycontributed to this disorder.

Bobby came from a broken and dysfunctionalfamily, and the adults failed to provide the proper care and protection sheshould’ve been given. Since her family did not provide a loving environment, then Bobby sough love and attention from others. Psychosocial contributed toher attention seeking.     •    As per your observations, what is theclient’s overall level of safety regarding the potential harm to self or others(suicidality or homicidally)? At the moment, I don’t considerBobby harm to herself and others. She looks aware and clear of the past andpresent, not so much about the future but I feel its due to her HIV status.

•    What cross-cultural issues, if any, affectthe differential diagnosis? In this case, no cross-culturalissues are influencing the differential diagnosis. TherapeuticIntervention•    In your opinion, what are the appropriateshort-term goals of this intervention? For short term, I think that havingpositive reinforcement and individual therapy will be sufficient. She seems tohave an obvious idea of what the day holds, so especially in times where familyand friends aren’t around, I think this would be the best short-term approach.•     What are the appropriate long-term goalsfor this intervention? In the long term, it would be goodfor Bobby to attend group therapy sessions. The group support will be of greathelp and benefit for Bobby in times of need•    Which is the therapeutic strategy mostappropriate in this case, Why? The best strategy would be the harmreduction model.

This approach is a nonjudgmental approach which helps thoseinvolved in substance abuse. Inside this model, it is assumed that theaddiction is a pattern and through this method, it helps the patient gain backcontrol of their lives. Since Bobby currently is involved in multiplesubstances both prescription and illegal, this strategy will help her with bothaspects.•    Which is the therapeutic modality mostappropriate in this case, Why? For her I think the best optionwould be individual therapy since she needs to meet privately with a counselorto discuss personal issues, this would be the best approach.

The reason forthis approach is because of her other health issues. She probably wouldn’t feelcomfortable expressing her HIV status in a group therapy session for example.  References American Psychiatric Association,(2013). Diagnostic and Statistical Manual of Mental       Disorders (5th ed.). Washington, DC. Faces of Abnormal PsychologyInteractive (2014).

(personal communication, November 12,           2014).