

Major she knew she
would go to

[Business](#), [Strategy](#)



Major symptoms of this disorder.

Commonly patients with this disorder show their psychiatrists multiple and repetitive suicidal thoughts and attempts. The patients are unstable emotionally and may have trouble managing their emotions, and when faced with stressful events they can go through a variety of mood swings. Patients also make continuous efforts to avoid real or imagined abandonment from others. Having Borderline Personality disorder may cause brief psychotic episodes and the patient diagnosed would also be extremely impulsive.

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

Becky is just 24 years old and also works at customer relations and seems to be doing good in it.

- Factors in background that might predispose him or her to this disorder. Becky mentions in the interview that she has some concerns regarding her genetic predispositions related to her family's medical and mental history. On one side of her family, her mom's side they 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 to lie to get attention. Both biological and environmental factors predisposed her to be diagnosed with this disorder.

Observations • Symptoms that you have observed that support the diagnosis.

You can include direct quotes or behaviors that you may have observed. She revealed many situations in her life that show symptoms of borderline personality disorder. Becky quickly dismisses her friends once she thinks they've seen her true self, even though she easily becomes friends once she builds trust. She also mentions a time when she had an anxiety attack just because she was separated from a friend. She says in the interview that "it was like being ripped apart from the inside" (personal communication, November 12, 2014). Also, Becky showed various signs of compulsiveness from the spending impulses to the cutting. She would do these things 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, and she just kept doing it.

All of these symptoms or factors back up the diagnosis. Symptoms or behaviors that are inconsistent with the diagnosis. One of the inconsistencies is that Becky tends to push close friends away, which contradicts the first diagnostic criteria of avoiding real or imagined abandonment. She also seems completely aware of her actions, like if she enjoys the attention brought from it. Another inconsistency is that from the interview it looks like she had a reasonably decent childhood since there were no signs of physical or emotional abuse and both parents were at home.

- Provide any information that you have about the development of this disorder. Due to environmental factors, the disorder usually begins during adolescence or early adulthood. Factors like the household upbringing, number of family members at home, one or two parent homes and many

other aspects. The patient shows that environmental factors helped in the display of her disorder. The patients that suffer from this disorder are complex individuals and often hard to treat. • **Diagnosis** • Did you observe any evidence of general medical conditions that might contribute to the development of this disorder? There hasn't been any observation of any medical condition that may have influenced or added to her disorder. In the other hand, she disclosed that on her mother's side of the family they have mental health issues. • Did you observe any evidence of psychosocial and environmental problems that might contribute to this disorder? With the evidence, I was able to conclude that environmental issues have contributed.

I do believe that her extreme need for attention started and is based on her being 1 of four kids in the house. She would do it all, lie, manipulate and fight just to get attention. It didn't stop till she finished high school but then in college her illness evolved. • As per your observations, what is the client's overall level of safety regarding the potential harm to self or others (suicidality or homicidality)? At this point suicide or homicide is not a concern since she has control and is aware of her actions, but Becky is a harm to herself, since "cutting" has been her compulsiveness. Although if untreated it will escalate into harming herself more if the attention levels she wants are not met. • What cross-cultural issues, if any, affect the differential diagnosis? Like many other disorders, Borderline personality disorder has various overlapping symptoms which can make it over-diagnosed or under-diagnosed. The American Psychiatric Association mentions that borderline personality disorder "co-occurs with depressive and bipolar disorders and is confused with other personality disorders" (American Psychiatric Association,

2013). The reason for this is that both adolescents and young adult's actions or behaviors may be misleading in the beginning stages of the diagnosis.

Therapeutic Intervention • In your opinion, what are the appropriate short-term goals of this intervention? The first thing is to help her in her 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 to make her see she is in control of her life and give her a sense of confidence and that way stop her spending compulsively. And of the attention aspect, we can just get Becky surrounded by friends and family for support as well.

- What are the appropriate long-term goals for this intervention? The long-term is to help her gain an understanding of the pattern of her disorder. That way once she learns what's causing her instabilities and faces her past traumas or situations then start working on the building of interpersonal relationships and put her on the right track.
- Which is the therapeutic strategy most appropriate in this case, Why? In my opinion, the dialectical behavior therapy would be the most appropriate strategy. Since the patient has problems with managing emotions through this method, she will be helped to learn to recall and handle the emotional trauma. The individual and group therapy sessions will even be an excellent way for her to create and sustain interpersonal connections. This type 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 most appropriate in this case, Why? Based on current readings the most successful treatment would be Dialectical

behavior therapy. Because Becky's environment helped manifest her illness, this type of treatment is based on invalidating environment which would be perfect for this scenario. She could also benefit from options like individual and group therapy and be on track to recover. References American Psychiatric Association, (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

Faces of Abnormal Psychology Interactive (2014). (personal communication, November 12, 2014). N.

I. M. H. (2014).

Borderline personality 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 avoiding responsibilities, building a tolerance for the substance, using in a risky way, losing control of the substance use, using the substance to avoid or relieve withdrawal symptoms.

- Briefly outline the client's background (age, race, occupations, etc.). Bobby currently resides with her son and boyfriend in a small home. Her childhood was filled with many challenges since very young.

Her mother wasn't present, and she was also sexually abused by men in the household when she was only nine years old. She started drinking and smoking cigarettes and later marijuana by the age of 12. She mentions that she was just a little girl wanting to get attention. By only sixteen years old

<https://assignbuster.com/major-she-knew-she-would-go-to/>

Bobby had already experimented with multiple substances and was just on a downward spiral. • Describe any factors in the client's background 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 that she was sexually assaulted since being only a young child. Apparently, there was an absence of positive reinforcement from the adult figures in her life which caused her choices and actions. As a young girl she just wanted attention, but what she got was a bad kind of attention.

Observations • Describe any symptoms that you have observed that support the diagnosis.

You can include direct quotes or behaviors that you may have observed. In the interview, Bobby expressed that she had been sober for ten years. She also disclosed smoking marijuana to take her medicine. Bobby said during the interview that she does have alcoholic beverages but just minimally. From my observation, I think she is still an addict, 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 moved around multiple times. Due to this behavior, I suspect that there may be some prescription abuse as well.

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

In this case, Bobby's abuse started at a young age. The American Psychiatric Association mentions that "ages 18-24 years, have higher rates to use every substance known" (American Psychiatric Association, 2013). Still, it could happen in other stages of development depending on the environment. In Bobby's case, it was her early childhood environment which was the developmental factor to her diagnosis.

She may have a less frequent occurrence regarding age rates of substance abuse but still is consistent with the diagnosis as well. Diagnosis • Did you observe any evidence of general medical conditions that might contribute to the development of this disorder? There are no previous medical conditions present that could've contributed to this disorder. During the interview process, she did not mention family medical or mental history conditions.

- Did you observe any evidence of psychosocial and environmental problems that might contribute to this disorder? Environmental issues undoubtedly contributed to this disorder.

Bobby came from a broken and dysfunctional family, and the adults failed to provide the proper care and protection she should've been given. Since her family did not provide a loving environment, then Bobby sought love and attention from others. Psychosocial contributed to her attention seeking.

- As per your observations, what is the client's overall level of safety regarding the potential harm to self or others (suicidality or homicidality)? At the moment, I don't consider Bobby harm to herself and others. She looks aware and clear of the past and present, not so much about the future but I feel it's due to her HIV status.

- What cross-cultural issues, if any, affect the differential diagnosis? In this case, no cross-cultural issues are influencing the differential diagnosis.

Therapeutic Intervention • In your opinion, what are the appropriate short-term goals of this intervention? For short term, I think that having positive reinforcement and individual therapy will be sufficient. She seems to have an obvious idea of what the day holds, so especially in times where family and friends aren't around, I think this would be the best short-term approach.

What are the appropriate long-term goals for this intervention? In the long term, it would be good for Bobby to attend group therapy sessions. The group support will be of great help and benefit for Bobby in times of need • Which is the therapeutic strategy most appropriate in this case, Why? The best strategy would be the harm reduction model.

This approach is a nonjudgmental approach which helps those involved in substance abuse. Inside this model, it is assumed that the addiction is a pattern and through this method, it helps the patient gain back control of their lives. Since Bobby currently is involved in multiple substances both prescription and illegal, this strategy will help her with both aspects. • Which is the therapeutic modality most appropriate in this case, Why? For her I think the best option would be individual therapy since she needs to meet privately with a counselor to discuss personal issues, this would be the best approach.

The reason for this approach is because of her other health issues. She probably wouldn't feel comfortable 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 Psychology Interactive (2014).

(personal communication, November 12, 2014).