

# Case study: interview and analysis of disabled adult



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## Case Study: Interview and Analysis

### Introduction

This paper is an interview and case study of a client that I used to work with. I will discuss their diagnosis, a summary of their disability, a summarization of my interview with the client. I will also provide a description of his current developmental stage in terms of what his expected life stage and his actual life stage. Also covered is the adjustment model and intervention strategies I would use if this were one of my clients.

### General Demographic

The client is a single, forty-one-year-old male who resides in Plano, Texas. He lives in an apartment by himself and attends school at a local continuing education facility for adults with disabilities where he goes four days a week for four hours. During his school day, he spends part time on campus taking various classes of interest and the other time is spent doing an internship. This internship includes learning vocational tasks at Atmos Energy where he cleans, organizes, sets up models, and delivers packages to different people. His vocational goal is to obtain a job within the next year.

The client does not have any children or a significant other, but he lives close to his parents and a sibling who has a child. On Saturday's, he spends time alone in his apartment and on Sunday's he spends time with his parents, sister, and niece.

### Summary of Disability

The client's diagnosis is Major Depressive Disorder and mild Intellectual and Development Disability (IDD), a condition he was born with. In his early thirties he was considered to have Alcohol Use Disorder (AUD) as diagnosed and treated by a physician. AUD, according to the DSM-V requires both a physical and emotional dependence on alcohol. The client went through treatment and after five years, was considered sober. He is currently five years sober. The client is also a heavy smoker, consuming a pack of cigarettes per day-something he states he wants to stop but is never able to.

The symptoms surrounding his disability has been difficulties learning new tasks and Schizophrenic episodes where he has delusions or paranoia that lasts for days. He often checks himself into a mental health facility if his family is unable to assist him or if he feels as if he needs the support. At one point in his life, he was institutionalized for a Schizophrenic episode and he underwent shock therapy. After, he had a hard time remembering specific events in his life, but he continued going to high school and then vocational programs. The client struggled with alcoholism throughout his thirties but went to Alcoholics Anonymous and became sober after five years. The client is now sober ten years and is working towards a part-time job.

The client regularly walks to and from the local bus stop where he meets his ride that takes him wherever he wants to go, whether that be school, internship, the grocery store, or doctors' appointments.

### Interview Summary

During my interview with the client, we discussed Major Depressive Disorder and his feelings towards his "episodes" as he calls them. The client  
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appeared eager to discuss his diagnosis with me and shared that this was something he enjoys doing because then he can share “ his story”. He discussed his childhood and how his family adapted to his mental illness. He has two sisters-one he is close with and the other who spent most of his lifetime away from her. He has a father who is undergoing cancer treatment and he often spends his free time sitting with his dad during treatment. He discussed his social life and that he does not have many friends outside of school and his internship, but he mentioned within each place he feels “ popular”. The client mentioned that at times he doesn’t feel like he has a disability but he recognizes it when he has an episode or when he has difficulties picking up new skills or meeting new people. When he is at his internship, he said he feels as if he fits in and that the people there understand his mental illness. Part of his internship is to educate his coworkers on his mental illness and how it has affected him. He also teaches them how to support him during an episode.

### Developmental Life Stages

For this client, I chose Erikson’s psychosocial theory of development because it most closely aligned with his developmental stage and I could see the trajectory of the expected stage of development and his actual appeared stage of development. Erikson

According to Amos and Sales, because the client is forty-one years of age, his expected developmental life stage is middle adulthood. This stage, based on Erikson’s view of development as recalled by Amos and Sales, is where the client enters “ generativity versus stagnation” phase. In this

phase, there is a shift from self to others. Generativity is focusing on the future and their own contributions to society while stagnation is marked by disconnection to future generations. A person in middle adulthood has a job, can support themselves financially, and is able to be part of their community.

However, based on my interview and the client's interest in building personal relationships, he is in the young adulthood stage. Erikson theorized that people in young adulthood were between the ages of twenty and forty years and were in the "intimacy versus isolation" phase but in general, for both young and middle adulthood, both crises are stages that need to be resolved before reaching late adulthood. To say that my client is completely left out of the middle adulthood stage would be inaccurate as he is barely within the age frame of one and out of the other. However, because of the client's unemployment and lack of his involvement in the community and his unresolved crisis of intimacy, he is in the young adulthood stage.

During the interview, the client's developmental stage was evident by his search to find his "soul mate" and a desire to have a more active social life. He engages in activities that are hosted by his school, but his engagements are limited to daytime hours and does not include weekend activities.

#### Application of Adjustment

On the surface, the client appeared to be in the "later reactions" stage of adjustment in the ecological models. He showed an eagerness to discuss his disability and shared his adaptation to the disability itself. However, upon further discussion and observation of his interactions with others, the client

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tended to view himself as a person without a disability. The contradiction was confusing but a sharp reality of adjustment to one's disability. He mentioned that he wanted others to understand what it was like having his mental state and how he didn't think anyone

cared or realized what he has been through and what he goes through to this day. Yet, when with his school peers, he brought up how others need to leave him alone and let him learn because he goes to school to get a job, unlike the others who just need someone to "watch" them.

I observed him in his internship setting, also, and noticed his communication skills and his demeanor when working with others who don't have a disability. His level of functioning was that of someone who had worked for years and who was unseeingly without a disability. I can see an ebb and flow of his adjustment through different stages and setbacks that he has encountered such as losing his job or needing to check himself into the local mental health facility sets him back to early reactions to his disability.

### Psychosocial Issues

Psychosocial issues related to persons with Major Depressive Disorder and IDD involve familial adjustment to the disability, sexuality, and social consciousness. As mentioned in his interview, the familial adjustment for my client was more difficult for my client's sister than for himself as his parents focused on getting the help and support he needed. The client said that he still has a healthy relationship with his sister even though he mentioned that he is jealous she has a significant other and children. The client discussed that making and maintaining relationships is difficult for him because he

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wants to make everyone happy and doesn't want people to know he is different; something he says through counseling he is coming to terms with. For his intimacy, he has close friends that he talks to at school, but he does not engage in conversation with them outside of school because he does not own a cell phone. He does, however, have a computer and he use it to email his friends from time-to-time. Developing his understanding of his disability is something he says has taken time and he says he doesn't always think he understands it. Though he has gone to counseling, the most comfort he has found has been confiding with a neighbor who is a female and also has the same diagnosis.

### Interventions

For this client there are many different areas I would include in his intervention. The first would be boosting his self-esteem and having him evaluate his strengths. He pointed out many different negative aspects of his life and those aspects appeared to define how he views himself. I would encourage my client to start finding and attending events held at his apartment complex and to get to know his neighbors. With his interest in building meaningful relationships, being in social situations will not only encourage relationships but also build his seemingly low self-esteem. Social engagements could be twofold: ones that are in his living community and some that involve networking with others who have the same disability. Expanding on his understanding of himself and others may help him resolve the intimacy versus isolation and help him move to Erikson's next stage of development. For this client, continuing vocational education and internships would be something that I would encourage. The more exposure

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to different fields, the closer he will get to finding what area he wants to work in.

## Conclusion

Through the interview, discovery of developmental stages, psychosocial issues faced by the client, and reviewing different intervention strategies, I have learned not only about my client's disability, but their outlook and their involvement in their own disability. By hearing the client's story, I learned first-hand perspective of how this person perceives their disability and how they view the world around them. Gaining insight into his views put me in a position where I can advocate for him as well as others with his disability. I recognize the implications that his disability has on his future employment and how his development affects his relationships. My hope is that for this client, he continues to share his story, advocate for himself, and continue pursuing his goals of employment and autonomy.

## References

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