

Introduction

This case conceptualization is based on information obtained by the client, Ms. Brittany Long, and literature that encompasses information on the client's diagnosis and interventions. Using the case conceptualization method will assist in providing an understanding of the client's presenting problems, factors, and treatment recommendations.

Identifying Information (fictitious client)

Name: Brittany Long

Age: 26

Gender Identity and Sexual Orientation: Woman, heterosexual

Cultural Heritage: American

Religious/Spiritual Orientation: Christian, Not currently attending.

Living Environment: Lives alone after recently relocating to different state.

Employment Status: Part time employment at the local school.

Socioeconomic Status: Middle Class

Presenting Problem (Assessment)

- a. Ms. Long has been experiencing emotional and behavioral symptoms in response to her recent divorce and change of location. Ms. Long divorced approximately three weeks ago and relocated to a different state. There is no mental health history, however, recently the client has been experiencing nervousness, worry, and jitteriness. Ms. Long reports that she is unable to control the nervousness and worry which is resulting in distress in multiple areas of functioning including her relationships and employment. In the past, Ms. Long was able to deal with stressors with normal bereavement. Currently, Ms. Long is experiencing symptoms such as

difficulty falling asleep, restlessness, and fatigue. She also expressed difficulty concentrating, irritability, and muscle tension. Ms. Long reported that she is having suicidal ideations and needs professional help. During intake, Ms. Long appeared anxious as evidenced by constant fidgeting, sweating, and inability to get comfortable. Other symptoms displayed during intake include loss of concentration when answering questions.

- b. Ms. Long presents with symptoms that are consistent with the DSM-5 diagnosis of Adjustment Disorder with Anxiety (309.24).

Factors

- a. Factors that contributed to the development of Ms. Long's adjustment disorder or predisposing factors include environmental risks. Ms. Long was raised in a low-income, single parent household. According to the DSM-5, those who have experienced disadvantaged life circumstances are at an increased risk for Adjustment Disorder (American Psychiatric Association, 2013).
- b. Precipitating factors include Ms. Long's recent divorce as well as her relocating to a new state. Ms. Long is having a difficult time adjusting to living on her own and having no family or peer support close to her. According to O'Donnell, Agathos, Metcalf, Gibson, and Lau (2019), the failure to adapt to a stressor as evidenced by preoccupation with the stressor and its consequences may be evidence of Adjustment Disorder.
- c. Perpetuating factors include the strain on Ms. Long's relationships and daily functioning. Ms. Long is withdrawing from her supports due to embarrassment of getting divorced. Because she relocated, she is no longer near her friends and family.

- Ms. Long reports that she ignores her phone calls and text messages from those she typically has constant communication with. Ms. Long is also experiencing issues at work, although she was recently employed. Since being employed for two and a half weeks, she has obtained two demerits for not coming into work. Another perpetuating factor is Ms. Long's lack of church involvement. Ms. Long typically attends church every Sunday, however, since her divorce she has not been back. She reports feeling shame and embarrassment for the inability to make her marriage work.
- d. Ms. Long has several protective factors which include Ms. Long's interest in physical activity, spirituality, and friend/family support. Currently, Ms. Long goes to the gym 3 days a week to cope with stress. She also wants to begin going back to church which will also help her cope. Lastly, although Ms. Long has been withdrawing from her supports, she does have several positive relationships. In the future, Ms. Long plans to reconnect with her friends and family to utilize their support in a difficult time.

Summary

- a. Ms. Long is experiencing symptoms consistent with Adjustment Disorder and would benefit from multiple interventions. Initial treatment plan recommendations will include medication and mindfulness-based therapy. In their study, Greiner, Haack, Toto, Bleich, Grohmann, Faltraco, Heinze, and Schneider (2020), found that clients diagnosed with Adjustment Disorder can benefit from prescribed medications such as anxiolytics and antidepressants. Next, I will recommend a mindfulness-based therapy. This type of therapy will be conducted for 8 weeks, with 2-hour sessions, once a week (Sundquist, Palmér, Memon, Wang, Johansson, and Sundquist 2019). Mindfulness-based therapy has

the ability to help a higher number of patients with depressive, anxiety and stress and adjustment disorders (Sundquis, Palmér, Memon, Wang, Johansson, and Sundquist 2019). Implementing these recommendations will greatly benefit Ms. Long and significantly reduce symptoms associated with the diagnosis Adjustment Disorder with Anxiety.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Greiner, T., Haack, B., Toto, S., Bleich, S., Grohmann, R., Faltraco, F., Heinze, M., & Schneider, M. (2020). Pharmacotherapy of psychiatric inpatients with adjustment disorder: current status and changes between 2000 and 2016. *European Archives of Psychiatry & Clinical Neuroscience*, 270(1), 107–117. <https://doi-org.ezproxy.southern.edu/10.1007/s00406-019-01058-1>
- O'Donnell, M. L., Agathos, J. A., Metcalf, O., Gibson, K., & Lau, W. (2019). Adjustment Disorder: Current Developments and Future Directions. *International journal of environmental research and public health*, 16(14), 2537. <https://doi.org/10.3390/ijerph16142537>
- Sundquist, J., Palmér, K., Memon, A. A., Wang, X., Johansson, L. M., & Sundquist, K. (2019). Long-term improvements after mindfulness-based group therapy of depression, anxiety and stress and adjustment disorders: A randomized controlled trial. *Early Intervention in Psychiatry*, 13(4), 943–952. <https://doi-org.ezproxy.southern.edu/10.1111/eip.12715>