A scenic view of a lake at sunset or sunrise. The sky is a mix of purple, blue, and orange. The water is dark blue with some ripples. In the distance, there are mountains and a small boat on the water.

CASE CONCEPTUALIZATION PRESENTATION (MOLLY)

MADISON GRISWOLD AND LAURA GIBBS

CASE HISTORY

IDENTIFYING INFORMATION: MOLLY IS A 20-YEAR-OLD FEMALE ORIGINALLY FROM THE PACIFIC ISLAND OF AMERICAN SAMOA. SHE CURRENTLY IS A STUDENT AT THE UNIVERSITY OF SAN DIEGO. SHE LIVES IN AN APARTMENT IN THE CITY WITH HER PARTNER, BEN. BOTH MOLLY AND BEN ARE PART-TIME STUDENTS AND HAVE PART-TIME JOBS. MOLLY WORKS AT A BARISTA AT A LOCAL COFFEE SHOP, WHILE BEN DOES FREELANCE WRITING. MOLLY CAME TO THE UNITED STATES WHEN SHE WAS 18 ON A STUDENT VISA.

CHIEF COMPLAINT: MOLLY IS SEEKING TREATMENT AS HER PARTNER HAS RECENTLY BEEN WORRIED ABOUT HER RECENT BEHAVIOR AND MOOD SWINGS. MOLLY REPORTS "I HAVE GONE DAYS WITHOUT SLEEPING AND I FEEL LIKE I CAN'T STOP WORKING. MY MIND IS CONSTANTLY RACING WITH THOUGHTS OR ACTIVITIES TO DO. MOLLY'S PARTNER IS CONCERNED DUE TO HER HISTORY OF DEPRESSION WHEN MOLLY WAS A SENIOR IN HIGH SCHOOL, AND STILL DISPLAYS DEPRESSIVE MOODS OFTEN.

HISTORY OF PRESENT ILLNESS:

- MOLLY IS BEING EVALUATED FOR A MOOD DISORDER DUE TO HER RECENT MOOD SWINGS AND ERRATIC BEHAVIOR FOLLOWED BY BOUTS OF DEPRESSION.
- MOLLY REPORTED IN LATE HIGH SCHOOL TO BE PRESCRIBED ANTIDEPRESSANTS FOR DEPRESSED MOODS, BUT MOLLY STOPPED TAKING THEM SOON AFTER DUE TO THEM "NOT DOING ANYTHING" AND SHE DID NOT HAVE ACCESS TO THEM ONCE SHE MOVED TO THE U.S.
- CURRENTLY, MOLLY IS JUST DEALING WITH HER SYMPTOMS AS THEY COME

CASE HISTORY - CONTINUED

PAST PSYCHIATRIC TREATMENT:

- MOLLY WAS TREATED FOR DEPRESSION WITH ANTIDEPRESSANTS FROM HER PEDIATRICIAN WHEN SHE WAS 18, BUT SOON DISCONTINUED MEDICATION DUE TO MOVING. MOLLY HAS NEVER BEEN IN PROFESSIONAL COUNSELING.. THE MEDICATION THAT MOLLY TRIED WAS LEXAPRO 10 MG.
- MOLLY HAS NEVER SEEN A THERAPIST

PERSONAL AND SOCIAL HISTORY

- MOLLY LIVED ON THE ISLAND OF AMERICAN SAMOA HER WHOLE LIFE UNTIL SHE MOVED TO SAN DIEGO AT AGE 18 TO START COLLEGE. HER FAMILY STILL LIVES ON THE ISLANDS. SINCE MOVING TO THE U.S, HER RELATIONSHIP WITH HER FAMILY HAS BECOME MORE DISTANT AS MOLLY DOES NOT GET TO TALK TO THEM OFTEN AND SHE FEELS GUILTY FOR LEAVING THEM BEHIND. HER FAMILY TRIES TO SUPPORT HER, BUT THEY ARE A WORKING CLASS FAMILY AND DO NOT HAVE A LOT OF MONEY TO SEND TO MOLLY.
- MOLLY'S PARTNER BEN IS SUPPORTIVE OF MOLLY AND ENCOURAGES HER TO FIND BALANCE BETWEEN HELPING HER FAMILY AND HERSELF.

CASE HISTORY CONTINUED

MEDICAL HISTORY: MOLLY WAS BORN BEING TONGUE TIED, WHICH WAS RESOLVED WITH SUCCESSFUL SURGERY BEFORE THE AGE OF 1. MOLLY HAS DECLINED THE USE OF OTHER MEDICATIONS OTHER THAN THE LEXAPRO THAT SHE STOPPED TAKING A YEAR PRIOR FROM THE MOVE TO THE UNITED STATES.

MENTAL STATUS OBSERVATION: DURING THE EVALUATION, MOLLY SEEMED HYPER AS EVIDENCED BY TALKING VERY FAST, STARTING SENTENCES BEFORE FINISHING THE ONE PRIOR AND MOLLY WAS FIDGETY IN HER SEAT; MOLLY ASKED TO PACE AROUND THE ROOM MID-WAY THROUGH MEETING. MOLLY'S PRESENT SYMPTOMS POINT TOWARDS HYPERACTIVITY, LITTLE SLEEP, IDEAS SHIFTING FAST AND MOLLY IS UNABLE TO COMPLETE THOUGHTS WITHOUT RUSHING TO THE NEXT ONE. MOLLY STATED "I FEEL ON TOP OF THE WORLD RIGHT NOW"

DSM5-TR DIAGNOSIS: F31.12 BIPOLAR I DISORDER, MODERATE, CURRENT MANIC EPISODE

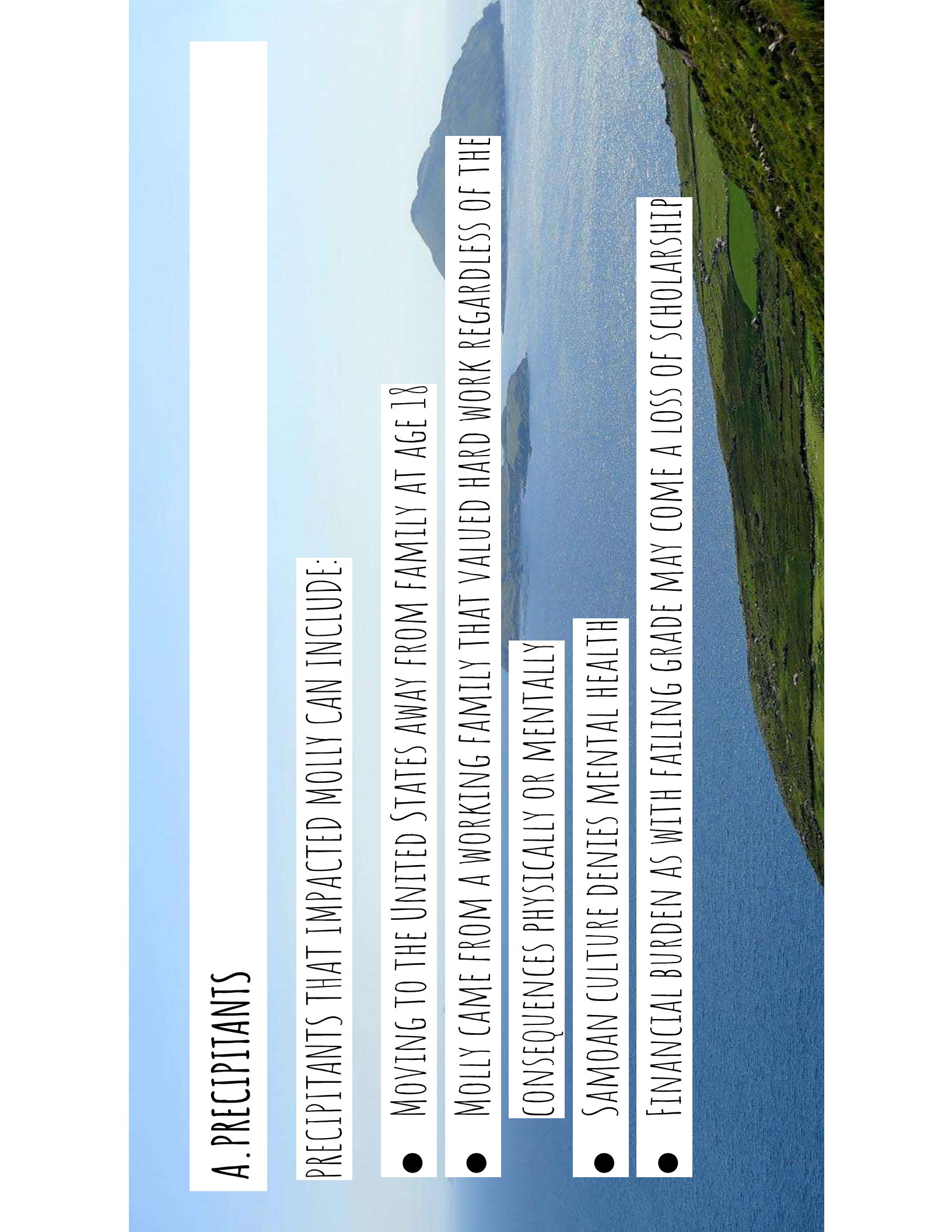


CASE CONCEPTUALIZATION OF MOLLY

A. PRECIPITANTS

PRECIPITANTS THAT IMPACTED MOLLY CAN INCLUDE:

- MOVING TO THE UNITED STATES AWAY FROM FAMILY AT AGE 18
- MOLLY CAME FROM A WORKING FAMILY THAT VALUED HARD WORK REGARDLESS OF THE CONSEQUENCES PHYSICALLY OR MENTALLY
- SAMOAN CULTURE DENIES MENTAL HEALTH
- FINANCIAL BURDEN AS WITH FAILING GRADE MAY COME A LOSS OF SCHOLARSHIP



B. CROSS-SECTIONAL VIEW OF COGNITIONS AND BEHAVIORS SITUATION ONE

ACTIVATING SITUATION: REVIEWING HER TO-DO LIST, GETTING OFF A PHONE CALL WITH HER FAMILY, FEELING RESPONSIBLE FOR SUCCEEDING ACADEMICALLY AND FINANCIALLY FOR THEM.

AUTOMATIC THOUGHTS: "I'M NOT TIRED" "THERE'S SO MUCH TO DO" "IF I GO TO SLEEP I WON'T BE ABLE TO DO EVERYTHING"

EMOTIONS/BEHAVIORS: MOLLY DOES NOT GET CONSISTENT SLEEP, AVERAGING 3 HOURS PER NIGHT IN HYPOMANIC EPISODES AND AVERAGING 10 HOURS OF SLEEP PER NIGHT WHILE IN A DEPRESSIVE EPISODE.

B. CROSS SECTIONAL VIEW OF COGNITIONS AND BEHAVIORS SITUATION TWO

ACTIVATING SITUATION: BEN CONFRONTS MOLLY ABOUT SPENDING \$300 ON IMPULSIVE ONLINE SHOPPING ON DESIGNER CLOTHES WHILE THEY ARE STRUGGLING TO MAKE ENDS MEET.

AUTOMATIC THOUGHT: "MY PARTNER DESERVES BETTER" "I CAN'T DO ANYTHING RIGHT"

EMOTIONS/BEHAVIORS: ANGER/GUILT. MOLLY SELF ISOLATES, SLEEPS AND PLAYS VIDEO GAMES EXCESSIVELY WHILE NEGLECTING REAL LIFE RESPONSIBILITIES.



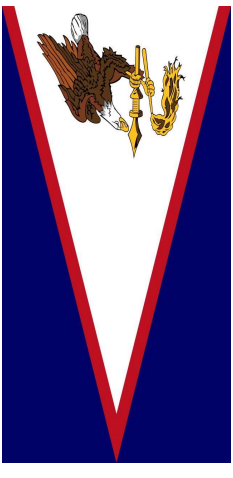
B. CROSS SECTIONAL VIEW OF COGNITIONS AND BEHAVIORS SITUATION THREE

ACTIVATING SITUATION: MOLLY RECEIVED A POOR SCORE ON A MIDTERM IN A CLASS THAT SHE WAS ON THE BORDER OF PASSING. THIS TEST SHOCKED MOLLY AS SHE HAS DONE WELL IN THE SUBJECT BEFORE.

AUTOMATIC THOUGHTS: " I AM GOING TO FAIL OUT OF SCHOOL "

EMOTIONS/BEHAVIORS: MOLLY WORKED DAY AND NIGHT, OVER 12 HOURS STRAIGHT, AT HER PART-TIME JOB TO KEEP HER MIND BUSY FROM SCHOOL AS SHE CLAIMED " IT FEELS LIKE MY BRAIN IS RUNNING 100 MPH WITH THOUGHTS. "

C. LONGITUDINAL VIEW OF COGNITIONS AND BEHAVIORS

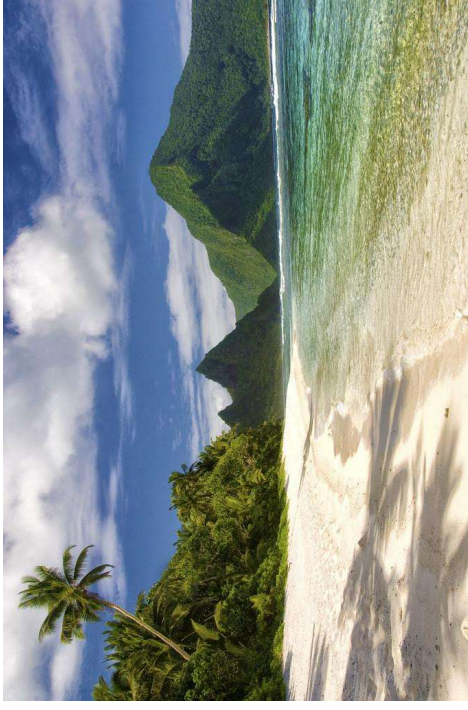


KEY SCHEMAS

- DEFECTIVENESS/SHAME SCHEMA
- NEGATIVITY AND PESSIMISM

COMPENSATORY PATTERNS OF BEHAVIOR

- ONLY SLEEPING AROUND 3 HOURS A NIGHT
- FORGETTING TO EAT
- TURNING IN HOMEWORK LATE
- NOT STUDYING FOR A TEST




STRENGTHS AND ASSETS

- MOLLY IS A SMART AND BRIGHT STUDENT WHO IS MOTIVATED TO WORK HARD IN SCHOOL TO GIVE HER FAMILY BACK HOME A BETTER LIFE
- MOLLY HAS BEEN SUCCESSFUL MANAGING A JOB AND BEING SUCCESSFUL IN SCHOOL IN THE PAST
- SHE HAS A SUPPORTIVE PARTNER WHO WANTS THE BEST FOR HER AND IS WILLING TO HELP HER BECOME SUCCESSFUL
- MOLLY AGREEING TO SEE SOMEONE AND SEEK HELP SHOWS HER BRAVERY AND WILLINGNESS TO TRY TO SEEK SUPPORT FOR HERSELF
- MOLLY ALSO HAS SUPPORT FROM THE UNIVERSITY

F. SUMMARY OF CONCEPTUALIZATION (HYPOTHESIS)

- MOLLY'S FAMILY HISTORY OF MENTAL HEALTH ISSUES AND CURRENT BEHAVIORS MEET CRITERIA FOR A DIAGNOSIS OF BIPOLAR I DISORDER. CURRENT ACADEMIC, FINANCIAL, AND INTERPERSONAL STRESS HAVE TRIGGERED COMPENSATORY BEHAVIORS OF HYPMANIA AND CAUSED INTERFERENCES IN DAILY LIFE FOR THE CLIENT.
- RESEARCH HAS SHOWN COGNITIVE BEHAVIORAL THERAPY TO BE A CRITICAL APPROACH IN CONJUNCTION WITH MEDICATION TO ADDRESS BIPOLAR DISORDER AND MEDICATION NON-COMPLIANCE (ÖZDEL ET AL., 2021).
- UTILIZATION OF CBT TECHNIQUES SUCH AS MOTIVATIONAL INTERVIEWING AND COGNITIVE RESTRUCTURING WILL BE USED TO HELP THE CLIENT CREATE AND STICK TO A SCHEDULE AND MEDICATION REGIME LEADING TO AN INCREASE IN EUTHYMIC MOOD.

The image features a dramatic landscape. The upper portion is dominated by a sky filled with large, billowing white and grey clouds, suggesting a storm or late afternoon light. Below the clouds, a dark, silhouetted horizon line separates the sky from a dark, textured foreground. The foreground appears to be a dark, possibly wet surface or a dense forest, with a vertical line of light reflecting off it. The overall mood is somber and atmospheric.

TREATMENT PLAN

A. PROBLEM LIST

MOLLY'S CURRENT PROBLEMS ARE THE FOLLOWING:

1. IRREGULAR SLEEP CYCLE - MOLLY IS STRUGGLING WITH SLEEPING AS SHE ONLY GETS AROUND 3 HOURS A SLEEP, BUT MOLLY STILL HAS AN ABUNDANT OF ENERGY
2. INTERPERSONAL CONFLICT - MOLLY IS WORRIED THAT SHE WILL DISAPPOINT HER PARTNER AND FAMILY DUE TO HER BEHAVIOR
3. INABILITY TO FOCUS IN SCHOOL - DUE TO MOLLY ENERGY AND OVERALL STRUGGLE TO MAINTAIN THE ENERGY, HER GRADES HAVE SLIPPED WHICH HAS CAUSED SIGNIFICANT STRESS

B. TREATMENT GOALS

MOLLY'S GOALS

1. "I WANT TO BE ABLE TO HAVE A NORMAL SLEEP WAKE CYCLE"
2. " I WANT TO LEARN HOW HAVE A HEALTHY RELATIONSHIP WITH THOSE AROUND ME"
3. " I WANT TO BE ABLE TO FOCUS IN SCHOOL"

PLAN FOR TREATMENT

MOLLY WILL:

1. CREATE A SCHEDULE TO PROMOTE REGULAR SLEEP AND MITIGATE TRIGGERS FOR HYPOMANIC EPISODES.
2. LEARN COMMUNICATION SKILLS AND PRACTICE THEM IN ROLEPLAYING SCENARIOS IN SESSION.
3. TAKE MEDICATION AND IMPLEMENT A RELAPSE PREVENTION PLAN TO PROMOTE A EUTHYMIC MOOD.

C. PLAN FOR TREATMENT

15 SESSIONS OVER THE COURSE OF 3 MONTHS OF CBT INTERVENTION STRATEGIES

1. TIME PLANNING AND PROBLEM-SOLVING TO CREATE A STABLE ROUTINE FOR SLEEP, EATING, SOCIAL ENGAGEMENTS AND WORK AND HOBBY ACTIVITIES TO PROMOTE A STABLE CIRCADIAN RHYTHM.
2. ROLE-PLAYING SITUATIONS IN SESSION TO IMPROVE COMMUNICATION SKILLS TO PROMOTE INTERPERSONAL HARMONY BETWEEN MOLLY AND HER PARTNER, FAMILY, AND COWORKERS.
3. RELAPSE PREVENTION PLAN TO IDENTIFY AND ADDRESS EARLY WARNING SIGNS OF HYPOMANIA AND DEPRESSION WITH ACTION STEPS FOR WHO MOLLY WILL REACH OUT TO AND WHAT SHE WILL ASK OF THEM. PSYCHOEDUCATION AND MOTIVATIONAL INTERVIEW TO PROMOTE MEDICATION ADHERENCE.

COURSE OF TREATMENT



A. THERAPEUTIC RELATIONSHIP

- INITIALLY MOLLY WAS VERY PESSIMISTIC ABOUT ANYTHING IMPROVING WHILE IN HER DEPRESSIVE EPISODES AND WHILE IN HYPOMANIC EPISODES AS MEDICATION ADHERENCE WAS A STRUGGLE. BOTH ISSUES AFFECTED ALIGNMENT WITH SERVICES AS A LOT OF MOTIVATIONAL INTERVIEWING WAS NEEDED TO INSTILL HOPE AND PROMOTE WISE DECISION MAKING SKILLS RESPECTIVELY.
- DRAWING ON MOLLY'S VALUES OF RELATIONSHIPS AND ACADEMIC SUCCESS PROMOTED ENGAGEMENT AND ALIGNMENT. MOLLY BECAME MORE OPEN TO INTERVENTIONS AND COMPLETED MORE OF THE HOMEWORK IN BETWEEN SESSIONS AS RAPPORT WAS BUILT WITH THE THERAPISTS.

B. INTERVENTION AND PROCEDURE 1

INTERVENTION ONE: CREATING A SCHEDULE

- CREATING A STABLE ROUTINE FOR SLEEP, EATING, SOCIAL ENGAGEMENTS AND WORK AND HOBBY ACTIVITIES DECREASING THE LIKELIHOOD OF ENCOUNTERING TRIGGERS FOR HER HYPMANIC EPISODES.
- USING AN AUTOMATIC THOUGHT RECORD TO IDENTIFY COGNITIVE DISTORTIONS THAT INCREASE IRREGULAR SLEEP PATTERNS
- TIME PLANNING POSITIVE ACTIVITIES THAT ARE FUN INTO HER SCHEDULE TO INCREASE SATISFACTION WITH A EUTHYMIC MOOD AND DECREASE TEMPTATION OF HYPMANIA.
- PROBLEM-SOLVING OBSTACLES TO HER STICKING TO HER SCHEDULE AND USING MOTIVATIONAL INTERVIEWING TO EMPHASIZE THE IMPORTANCE OF A SCHEDULE.

INTERVENTION AND PROCEDURE 2

INTERVENTION TWO: COMMUNICATION SKILLS

- LEARNING COMMUNICATION SKILLS THROUGH PSYCHOEDUCATION TO HELP MOLLY BE MORE TACTFUL IN CONFLICT AND MEND REPAIRS IN HER RELATIONSHIP CAUSED BY BIPOLAR DISORDER. (OCISKOVA ET AL., 2022)
- PRACTICING COMMUNICATION SKILLS THROUGH ROLE-PLAYING COMMON SCENARIOS WITH HER PARTNER PRIMARILY, BUT ALSO WITH FAMILY, AND COWORKERS IN SESSION. (OCISKOVA ET AL., 2022)
- POSITIVE RESTRUCTURING OF HER NEGATIVE BELIEFS ABOUT HER VALUE AS A PARTNER
- INCREASING EMOTIONAL REGULATION SKILLS TO HELP REDUCE INTERPERSONAL CONFLICT.

INTERVENTION AND PROCEDURE 3

INTERVENTION THREE: RELAPSE PREVENTION

- TAKING MEDICATION TO MAINTAIN A EUTHYMIC MOOD.
- LEARNING WHY MEDICATION IS CRITICAL TO SUCCESSFUL BIPOLAR TREATMENT THROUGH PSYCHOEDUCATION.
- INCREASING ALIGNMENT WITH TREATMENT AND MEDICATION ADHERENCE THROUGH MOTIVATIONAL INTERVIEWING.
- CREATING A RELAPSE PREVENTION PLAN TO IDENTIFY AND ADDRESS EARLY WARNING SIGNS OF HYPOMANIA AND DEPRESSION WITH ACTION STEPS FOR WHO MOLLY WILL REACH OUT TO AND WHAT SHE WILL ASK OF THEM. (OCISKOVA ET AL., 2022)

OBSTACLES

1. MOLLY WAS RELUCTANT TO START TREATMENT DUE TO SELF AND FAMILY STIGMA AROUND MENTAL HEALTH DISORDERS.
2. MEDICATION ADHERENCE TOOK 3 SESSION FOR MOLLY TO BE CONVINCED OF THE NECESSITY OF AND NOT BE CONCERNED THAT IT WOULD "DULL" HER PERSONALITY AND MOLLY STATED "I DO NOT NEED MEDICATION"
3. ONCE A EUTHYMIC MOOD WAS ESTABLISHED, MOLLY WOULD LONGINGLY LOOK BACK ON HER HYPOMANIC EPISODES AS HER "PRODUCTIVE" TIMES AND HAD TROUBLE REMEMBERING THE INTERPERSONAL AND FOCUS DIFFICULTIES THESE EPISODES CAUSED.

OUTCOMES FOR MOLLY

AFTER 7 SESSIONS OF CBT FOR MOLLY SHE HAS MADE PROGRESS AND SHE WILL CONTINUE WITH THE TREATMENT PLAN FOR THE REMAINING 8 SESSIONS. THERE IS HOPE, PROGRESS AND ACHIEVEMENT IN THE FOLLOWING:

1. MOLLY IS ABLE TO MAINTAIN A NORMAL SLEEP WAKE CYCLE WITH THE HELP OF REFRAMING HER THOUGHTS USING AN AUTOMATIC THOUGHT RECORD AND CREATING AND MAINTAINING A REGULAR SCHEDULE.
2. MOLLY HAS BEEN ABLE TO MAINTAIN A HEALTHIER RELATIONSHIP WITH HER PARTNER USING POSITIVE RESTRUCTURING TECHNIQUES, AND COMMUNICATION SKILLS.
3. MOLLY WILL CONTINUE TO TRACK HER MANIC EPISODES TO DETERMINE SIGNS, SYMPTOMS, AND TRIGGERS IF ANY
4. THE NEXT STEPS FOR MOLLY WILL BE TO CONTINUE ADDRESSING HER RESPONSE TO HER BODY WHEN SHE IS MANIC AND HOW TO CONTROL THE DEPRESSION STAGE AFTER THE MANIC EPISODE HAS SUBSIDED

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QUESTIONS?