Practicum Week 2 Journal Entry

Example

Practicum Week 2 Journal Entry

The journal entry for this week will discuss a client who I counseled and whose admission assessment I performed. The journal will include a description of the client, the client’s history and medical information, prescription medications, and the diagnosis, using the DSM-5. The legal and implications of counseling the client will also be discussed.

AW is a 36-year old female client who was admitted to the drug and rehabilitation center from a homeless shelter. YH was admitted voluntarily as she admitted to having being addicted to heroin and methamphetamine. AW was promised confidentiality with her information since the interview was for school purposes only and that her name would not be used for the journal. She, however, was aware that only her initials would be used. AW stated she was on the run from the law from a different state for assault.

AW was open enough to discuss her upbringing and how her environment might have led to her drug addiction. She stated that her father died when AW was five years old from a drug overdose. A year later, her mother went to prison for three years for dealing with controlled substances. At this point, AW stayed in four different residencies, including two foster homes. AW’s mother was released from prison when AW was 9 years old. A month after being released from prison, her mother caused a fatal accident while driving under the influence. AW’s mother died, including two other people in the car. AW was also an occupant of that care and she was the only survivor of that crash. She shows two large scars from the injury that she sustained in that accident.

During the interview, AW indicated that she had been raped as a child when her mother was in prison and that she was recently diagnosed with bipolar disorder, anxiety, and post-traumatic stress disorder in addition to substance abuse disorder. AW denies any medical or surgical history. AW stated that she has never been married but has an 18-year old son who she lost custody of when the son was 13-years old because AW went prison for assaulting her boyfriend with a deadly weapon, and for drug related charges. Her son had to go live with his biological father who raised him in a better home than what AW was capable of providing. AW indicated that she has been in drug rehabilitation program twice in 2004.

**Pharmacological Agents**

AW stated that she had been taking sertraline 50mg daily but had stopped it after she took many tablets at once a few months ago in an attempt to commit suicide. She has been taking Lamictal 25mg daily for the past three weeks and stated she can feel some relief from her depressive symptoms. During the morning assessment with the Psychiatrist, AW indicated that she was having nightmares and she was hoping to get some relief while she waiting for the Lamictal to start working. The psychiatrist prescribed Prazosin (Minipress) 6mg daily for a start with a chance to increase the dose eventually depending on the patient’s blood pressure since the drug can cause low blood pressure. According to Koola, Varghese, and Fawcett (2014), patients with PTSD frequently remain symptomatic despite being on other medications currently approved by the FDA for PTSD. However, greater utilization of high-dose prazosin for the management of PTSD may lead to better outcomes. Additionally, the Psychiatrist suggested that AW gets back on her Sertraline as a better option for treating PTSD, anxiety, and depression.

**Diagnosis**

The client already has standing diagnosis for the disorders mentioned above. Regarding substance used disorder, the DSM-5 (2013) classifies the disorder as based on pathological pattern of behaviors, such as craving, taking larger amounts over a longer period of time than previously intended, risky behaviors, etc. Regarding bipolar II disorder, the DSM-5 (2013) indicated that clients will present with hypomania and major depression which are symptoms that are exhibited by the client. As for PTSD, Bisson, Cosgrove, Lewis, and Roberts (2015) stated that the DSM-5 criteria for the diagnosis of PTSD includes someone whose ability to function normally has been noticeably impaired for one month. Some patients may present with symptoms of PTSD years after exposure to a traumatic event, such as childhood sexual abuse, etc. Fight of flight is a normal reaction of a person with PTSD and patient might also present with nightmares.

**Legal and Ethical Implication of Counseling**

In the case of AW, she is an adult who signed a consent for treatment upon admission to the facility. The consent spells out what most of the treatment involves, including counseling. However, the AW was also promised confidentiality of her information especially considering the is on the run from the law. The clinician must promote the client’s autonomy and remind the clients of their rights before the counseling session. Lambert (2011) indicated that counselor must pay attention to informed consent, compensation, confidentiality, and collection, and protection of data. Additionally, coercion must be avoided, and clients should be provided with alternative treatment options.

**Summary**

AW was reminded of her rights and that the purpose of the interview was for school and that any patient identifiers would be kept confidential. AW interview included her family/social history, medical and psychiatric history, including her current and past medication management. Legal and ethical implications of counseling clients were reviewed even though AW was only interviewed and not counseled.

References

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Practicum-Week 4 Journal Entry

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Psychotherapy with Individuals-NURS 6640-6

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Practicum-Week 4 Journal Entry

The client that was seen in week four is a 60-year old man who is in an in-patient drug rehabilitation center. The journal will describe the client, pertinent history, medical and psychiatric information, and the client’s medications. Additionally, the client’s diagnosis will be justified using the DSM-5 criteria. An explanation of whether cognitive behavioral therapy would be effective for this client and the legal and ethical implications related to counseling for the client will be addressed.

**Client Description**

The client is a 60-year old male who was admitted to the drug rehabilitation center about 14 days ago. The client stated he has been in drug rehabilitation three times before over the years but kept relapsing. He indicated that the last time was last year, and this time around, it took longer than previously to relapse. The client is currently homeless because he was kicked out of the home that he has shared with his wife for 25 years.

While already at the rehabilitation center, the client was transferred to an acute care hospital for a cough and shortness of breath. He was found to have pneumonia and was treated with intravenous antibiotics before he was discharged back to the drug rehabilitation center on oral antibiotics. He also has a history of diabetes mellitus, hypertension, and major depressive disorder. The client has no health insurance and stated it has been a challenge to manage his medications even though sometimes he goes through the county hospital to obtain free medications. The client stated that due to the lack of health insurance, he does not see a psychiatrist. The medical doctor manages all his medications including his antidepressant. The client does not have any suicidal ideations and has never attempted suicide.

**Diagnosis**

The main reason for the client’s admission to the center is for substance abuse rehabilitation. The client, however, also has a diagnosis of moderate recurrent major depressive disorder 296.32. (F33.1) as classified by the DSM-5. Additionally, the Hamilton Depression Rating Scale (HAM-D) was used for assessment. Sharp (2015) stated that scoring for the HAM-D is based on either a 21 or 17-item scale. The client that I counseled was assessed based on the 17-item scale and scored 22. Scores of 0–7 are considered normal, 8–16 suggest mild depression, 17–23 moderate depression and, 24-52 indicate severe depression.

**Current Medications**

1. Metformin 1000mg in the AM, 500mg in the PM
2. Augmentin 875mg every 12 hours for three more days
3. Nifedipine XL 30mg twice daily
4. Atenolol 25mg daily

**Cognitive Behavioral Therapy and Expected Outcomes**

Major depressive disorder is one of the most common and prevalent mental disorders. Relapses are possible and the client discussed in this journal has had a few episodes. While psychopharmacological management is the most commonly used treatment for depression, Zhang, Zhang, Zhang, Jin, & Zheng (2018) stated that CBT helps decrease relapses in clients with major depressive disorders. Additionally, David, Cristea, and Hoffman (2018) indicated that CBT was the first psychotherapy to be identified as evidence-based in most clinical guidelines and is considered the gold standard of the psychotherapy field. For the drug substance abuse, Jean-Francois, Morin, Harris, and Conrad (2017), stated that substance abuse is second most prevalent class of disorders according to the DSM-5 and the most prevalent disorder to co-occur with mental disorders. Jean-Francois et al. (2017) also stated that CBT the relapse prevention model of CBT is the one that is commonly used with substance use disorder and has been proven to be effective.

**Legal and Ethical Implications**

Counselors must base their practice on ethical standards of confidentiality. Bipeta (2019) stated that some patient’s rights, such as, autonomy, beneficence, justice, etc. translate into the ethics of psychiatric care. Counselors also carry the ethical responsibility of making sure the patient has signed an informed consent. The counselor must be cognizant of state laws in which they practice concerning ethical and legal implications of counseling.

**Summary**

The client discussed this week was counseled while in an in-patient drug and alcohol rehabilitation center. The client was informed of the reason for the counsel and that the information was going to be used for school purposes. The client is receiving psychotherapy while taking his previously prescribed medications for his comorbidities. The client has MDD and, therefore, is receiving CBT individually and in groups.

References

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