



GRAND CANYON
UNIVERSITY™

Treatment Plan Reassessment: Eliza D.

Lori A. Brafford

College of Humanities and Social Sciences, Grand Canyon University

CNL-610: Clinical Assessment, Diagnosis, and Treatment

Dr. Elliot Isom

September 20, 2023



CNL-610: Topic 4 and 7 Treatment Plan

Based on the information provided and feedback from your Instructor on previous assignments concerning the case of Eliza, complete the treatment plan below. Be sure to include a description of the problem, goal statements, objectives, and interventions. Remember to incorporate the client's strengths and support system in the treatment plan.

*** Note: You are required to have a minimum of two overall goals, two objectives for each goal, and one intervention for each objective. If you have more than two overall goals, simply copy and paste the chart below.

Client: Eliza D. Date: 9/20/2023 Age: 21 DOB: 7/4/2002

ICD-9 (ICD-10) Code:	DSM-5 Diagnosis (Include Specifiers and Modifiers):
<u>303.90 / F10.20</u>	<u>Alcohol Use disorder- Severe</u>
<u>296.32 / F33.1</u>	<u>Recurrent Depressive disorder- Moderate</u>
<u>303.8 / F43.00</u>	<u>Acute stress</u>
<u>V15.59 / Z91.5</u>	<u>Personal history of self-harm</u>

Description of the Problem: Member reports recent self-harm and suicidal intention.			
Goal # 1: Managing symptoms of depression including self-harm and suicidal intentions.			
Objective(s):	Intervention(s):	Frequency:	Target Date:
1. Client will develop and utilize coping skills to promote healing and success in thoughts and actions.	1. Client will attend individual supportive counseling 6 days a week for 30 days.	<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly	10/20/2023
	2. Client will attend individual supportive counseling 2-3 times a week for 5 months.	<input type="checkbox"/> Monthly <input type="checkbox"/> other: _____	02/28/2024
	3. Client will practice thought stopping for harmful and intrusive thoughts for 5 months.	Modality: <input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual	02/28/2024
	4. Client will refrain from any self-harm action and seek support from campus counselor.	<input type="checkbox"/> Family	



<p>2. Client will utilize campus support services.</p>	<p>1. Within 2 weeks client will contact a list of support services on and around campus including peer support to ensure contact information is valid.</p> <p>2. Client will identify and utilize campus support services for 5 months.</p>	<p><input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> other: _____</p> <p>Modality:</p> <p><input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family</p>	<p>10/4/2023</p> <p>02/28/2024</p>
--	--	--	------------------------------------

Description of the Problem: Dealing with symptoms of problem alcohol use, including daily consumption.			
Goal # 1: Member will manage symptoms of alcohol misuse			
Objective(s):	Intervention(s):	Frequency:	Target Date:
<p>1. Client will identify emotional, behavioral, and interpersonal triggers for maladaptive alcohol use</p>	<p>1. Client will attend individual supportive counseling 2-3 times a week for 5 months.</p> <p>2. Client will utilize journaling and mapping to identify and document triggers for 2 months.</p> <p>3. Client will utilize thought processing to identify and change automatic negative thoughts or reactions.</p>	<p><input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> other: _____</p> <p>Modality:</p> <p><input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family</p>	<p>02/28/2024</p> <p>11/30/2023</p> <p>02/28/2024</p>
<p>2. Client will develop a schedule that provides for routine sleep and healthy eating.</p>	<p>1. Client will identify healthy routine and design a visual daily schedule for 2 weeks.</p> <p>2. Client will utilize schedule for 2 weeks the re-evaluate for effectiveness, including making changes to the schedule.</p> <p>3. Client will maintain and utilize daily schedule for 5 months.</p>	<p><input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly</p> <p><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> other: _____</p> <p>Modality:</p> <p><input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual</p> <p><input type="checkbox"/> Family</p>	<p>10/04/2023</p> <p>10/04/2023</p> <p>02/28/2024</p>