Reassessment of Lucy's Case and Revised Treatment Plan

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CNL-610: Clinical Assessment, Diagnosis, and Treatment

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November 5, 2025

Introduction

Lucy continues to deal with depression, anxiety, and alcohol use. Over four months, her presentation shifted from crisis stabilization and early engagement to emotional resistance. She attends counseling because it is court-ordered. In session, she seems tired, uneasy, and frustrated about school and her legal situation. She talks about feeling guilty but still avoids taking full responsibility for her drinking. These reactions align with the pre-contemplation stage of change, in which clients show low motivation and limited awareness of their role in the problem (Young & Cashwell, 2017). Lucy's new treatment plan is based on changes in her condition. The new plan uses CBT and MI to help her better understand herself, find motivation, and move toward recovery.

Changes in Lucy's Presentation and Theoretical Conception

Lucy continues to struggle with depression, anxiety, and alcohol misuse. Although she has attended some sessions and classes at the Drug and Alcohol Center, she has been involved in two new drinking incidents that resulted in a public intoxication charge. During sessions, Lucy seems tense, uneasy, and withdrawn. She downplays drinking and deflects blame. She shows little insight into how her choices affect her situation and is not yet ready to make changes. This kind of response is common when clients attend court-ordered treatment rather than attending by choice.

From a CBT perspective, Lucy's problems come from ineffective, unhelpful thoughts and coping habits. She deflects blame, which adds to her anxiety, guilt, and ongoing drinking. CBT gives a framework for helping her notice these patterns and replace them with more realistic and healthy ways of thinking and responding (Magill et al., 2023; Young & Cashwell, 2017).

MI explains Lucy's mixed feelings about court, school, and family expectations. MI views this conflict between values and behavior as a normal part of change. The approach centers on empathy and collaboration instead of confrontation. It gives clients room to talk through their uncertainty and discover their own motivation for change (Capuzzi & Stauffer, 2020). When MI is used alongside CBT, it can help Lucy feel safer in sessions, explore her goals more openly, and take greater responsibility for her progress. Studies show that blending the methods improves engagement, motivation, and relapse prevention for people with substance use issues (Abdel Moneam et al., 2023; Magill et al., 2023).

Culturally, Lucy's perfectionism and fear of failure seem tied to family expectations and her self-worth. Addressing these factors through CBT and MI helps balance accountability with compassion, supporting both personal growth and compliance with legal and academic obligations.

Reassessment of Progress and Treatment Effectiveness

Lucy made limited progress toward her original treatment goals. She developed a safety plan and has not expressed suicidal thoughts or self-harm behaviors, but she continues to struggle with alcohol use, denial, and poor coping. Her participation in counseling is inconsistent, and her insight and level of responsibility are minimal. This suggests that the current treatment plan has only been partially effective and requires revision to align with her stage of change and motivational needs. The original goals focused on safety, emotional regulation, and alcohol reduction. Lucy has maintained physical safety and occasional engagement, but there is no evidence of sustained behavioral change or increased accountability. She continues to externalize blame and shows limited self-awareness, which interferes with treatment progress. When clients resist insight or minimize their behavior, counselors must adapt

the plan to meet clients where they are, developmentally and emotionally (Young & Cashwell, 2017).

Lucy faces several barriers to progress, including court-mandated counseling, low personal motivation, and ongoing contact with peers who encourage her drinking. Feelings of guilt and frustration add to her avoidance and defensiveness, which slow her work in therapy. From a CBT view, patterns of denial and shifting blame keep her stuck in the same unhelpful behaviors. From a CBT standpoint, patterns of denial and shifting blame keep her stuck in unhelpful patterns. From an MI perspective, these barriers reflect ambivalence rather than resistance, meaning Lucy is not yet ready for sustained change (Capuzzi & Stauffer, 2020). Although the treatment plan provided a solid foundation, its effectiveness has been constrained by Lucy's low readiness level. A revised plan combining CBT and MI will address her distorted thinking, increase motivation, and support lasting recovery.

Theoretical Conceptualization of Change

CBT helps Lucy notice and work through thoughts that make her depression and drinking worse. Lucy practices changing how she talks to herself, replacing ideas like "I can't handle stress" with more balanced ones, such as "I can deal with stress in healthier ways." Behavioral activation and coping-skills training (such as journaling, relaxation, and time management) will continue to reduce avoidance and strengthen daily functioning (Young & Cashwell, 2017).

MI complements CBT by focusing on Lucy's low readiness for change. This approach helps her explore uncertainty without judgment and find motivation from within rather than pressure from others (Capuzzi & Stauffer, 2020). MI uses reflective listening and goal setting to help Lucy identify her values and connect them to healthier choices. Research shows that

integrating MI with CBT reduces substance use and improves client insight, self-efficacy, and engagement (Abdel Moneam et al., 2023; Magill et al., 2023).

Adjustments to the Treatment Plan

Using both CBT and MI forms the foundation of Lucy's new treatment plan. CBT helps her challenge the thoughts that keep her stuck in depression and drinking. In sessions, she practices shifting statements like "I can't handle stress" to ones that feel more balanced, such as "I can deal with stress in healthier ways." Behavioral activation and coping-skills training (such as journaling, relaxation, and time management) will continue to reduce avoidance and strengthen daily functioning (Young & Cashwell, 2017). MI pairs well with CBT because it addresses Lucy's low readiness for change. This approach helps her explore ambivalence without judgment and encourages inner motivation rather than just complying with external demands (Capuzzi & Stauffer, 2020). MI uses reflective listening and goal setting to help Lucy recognize her values and connect them to healthier choices. Integrating MI with CBT has been proven to reduce substance use and improve client insight, self-efficacy, and engagement (Abdel Moneam et al., 2023; Magill et al., 2023).

Ethically, the revised plan aligns with the ACA ethics code by emphasizing client autonomy, collaboration, and respect for self-determination (ACA, 2014, A.1.a.). The counselor maintains a balance of empathy and accountability to ensure Lucy feels supported while being encouraged to take ownership of her recovery. Legally, because Lucy is in mandated counseling, documentation of her participation and progress must be maintained and reported only as required by law (ACA, 2014, B.2.e.).

Psychological assessments, like the Alcohol Use Disorders Identification Test (AUDIT) and the PHQ-9 for depression screening, remain relevant for tracking Lucy's progress and

treatment outcomes (Lee et. al, 2023; Young & Cashwell, 2017). These tools provide measurable data to evaluate changes in mood, motivation, and behavior and ensure ethical, evidence-based practice.

Referrals

Referrals will be discussed directly with Lucy so she understands her choices and feels involved in the process. With her permission, the counselor will stay in touch with her legal, academic, and medical supports to maintain open communication and continuity of care (ACA, 2014, B.1.c). The counselor will check trusted sources, like the SAMHSA Treatment Locator, to find good outpatient and recovery programs (American Addiction Centers, 2024). Other referrals may include family therapy to improve communication or academic support to reduce stress.

Conclusion

Integrating CBT and MI supports Lucy's growth by improving insight, motivation, and accountability while promoting long-term recovery and emotional stability.

References

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