## THE BIO-PSYCHO-SOCIAL-SPIRITUAL HISTORY AND ASSESSMENT:

## \**AN EXAMPLE OF A COMPLETE HISTORY AND ASSESSMENT ON AN INDIVIDUAL CLIENT\**

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| **Client Name** | **James Hollis** |
| **Case Number** | **11-3277** |
| **Date** | **October 13, 2021** |
| **Social Worker** | **Barbara J. Nowak, LCSW, ACSW** |

1. **Presenting Problem**

This 56-year-old white, married, father of three come to the Outpatient Chemical Dependency Program as a court referral following his second DWI charge in fifteen months. The client presents himself as an intelligent, articulate man who is angry about his referral to chemical dependency treatment. His wife, Mary, who accompanied him to his first session, states that she is prepared to divorce Mr. Hollis if he does not enter treatment for his alcoholism and attain chemical freedom. The client denies that he is an alcoholic or has a problem with alcohol, stating “My only problem is with my family and the cops who have it out for me.” He states he is only coming to treatment because he is a used car salesman and has to complete the alcohol and drug treatment program to keep his driver’s license. He states that his employer knows how much he drinks and does not have a problem with his consumption because “it never interferes with my performance.” His wife, however, states that he has called in to work several times a month claiming to be sick when, in fact, he is recovering from a drinking binge the night before. The client shrugs, rolls his eyes and crosses his arms over his chest when his wife contradicts his statements, maintaining he has no problem with alcohol.

1. **History of Presenting Problem**

The client states that he began drinking alcohol “before I could even walk,” recounting that, while still a toddler, he would awaken early in the morning after one of his parents’ many parties so he could drink the alcohol remaining in the party glasses throughout the house. He would then go back to bed and sleep until the middle of the afternoon, which pleased his “hung over parents”. Throughout elementary school, the client admits to sneaking alcohol out of his parents’ liquor cabinet where he would hide it in his bedroom and drink it after his parents thought he was asleep. By high school, the client states he drank regularly, consuming six to eight beers on Friday and Saturday nights alone in his bedroom, and during the week whenever he could sneak some out of his parents’ liquor cabinet.

After graduating from high school, he joined the Army where he experimented briefly with marijuana but did not like its effect on him (“It made me think crazy thoughts.”). He admits to binge drinking patterns on the base during the weekends and acknowledges that he was written up several times for public drunkenness on the Base. After an honorable discharge from the Army, he became a salesman in a variety of retail stores. He admits he drank heavily then (four to five beers every other evening along with two or three brandy and coke drinks) because he worked hard but was not monetarily compensated for it in the manner he believes he should have been.

He met his wife at this time and she encouraged him to seek employment as an auto salesman, which he did. He was very successful selling cars and was frequently “Salesperson of the Month.” He married and the couple quickly had children. During this period, both the client and his wife state that he cut back on his drinking significantly, having a few drinks during or after dinner on the weekend. The client states that he does not recollect consciously cutting back on his drinking and believes it “just happened.”

The couple had three children in succession, (a son, a daughter, and another son), which caused significant financial strain. When their youngest child entered the first grade, his wife went to work as a fulltime bookkeeper for a local attorney and, concurrently, the client returned to a heavier pattern of drinking. For the past four years, the client states he has “a drink or two or three” after dinner, consuming beer and brandy. His wife, however, states that he drinks alcohol at lunch with friends, often stops off at his favorite bar before coming home for dinner, drinks during dinner, and drinks until he falls asleep in his recliner watching television every evening.

The client states that he can “quit any time I want” and indicates that he has done so “many, many times.” His wife states that the longest time he has gone without a drink in the last three years is three days, which the client does not refute. She is concerned not only about his health but about him missing so much work due to his hangovers and having his income go down considerably because of it. She knows that he is often depressed about their finances and will become highly energized and motivated to work hard and withdraw and lose interest in work, the family, and himself.

The client admits to tremors, night sweats, and blackouts over the past three years but denies an increased tolerance. In fact, he states that he has cut back significantly in the amount he drinks in the past six months “for health reasons,” but denies reversed tolerance. The client denies experimenting with, or using, any other drug besides alcohol.

1. **General Health History**

The client states he was recently hospitalized this summer to have his gall bladder removed at St. Luke’s Hospital by Dr. Robert Stevens. While recovering, his physician told him that his liver profile showed significant damage to his liver and he was advised to eliminate the use of alcohol. Mr. Hollis developed Type II Diabetes three years ago and is insulin dependent. He admits to suffering from gout, which his physician also told him is likely related to his drinking. The client admits smoking 2-1/2 packs of unfiltered cigarettes a day for the past 40 years and admits he is unable to quit on his own. The client denies previous psychiatric treatment or chemical dependency treatment. His wife indicates that she has encouraged him to seek mental health treatment for his frequent labile and sometimes volatile moods swings but the client refuses. The client denies suicidal ideations or gestures.

1. **Family of Origin Background**

The client was born in Akron, Ohio and raised by his father and mother. The client is the youngest of three children and has two older sisters, one who still resides in Akron.

The client’s father, John, was a white, working-class man who did not complete high school and struggled throughout his life to financially provide for his family. He worked in a local foundry in Akron and was forced to take an early retirement after contracting a work-related lung disease. According to the client’s wife, he died at the age of 56 from cirrhosis after over 40 years of alcohol use. The client was 17 years old at the time of his father’s death. He describes his father as “hard working, hard talking, and hard drinking.” He states that he admired his father and would seek his attention but rarely attained it because his father was either working one of his two or three jobs or was drunk. He believes it was his mothers’ constant nagging that drove his father to drink so much and be so irritable at times. He remembers his father “cussing and swearing at us when we just got on the poor old man’s nerves.” He regrets that his father had to work so hard to support him, his mother, and his sisters and believes that his father was a very unhappy man throughout much of his life. He recalls, however, that his father could be “the life of the party” when he wanted to and liked to entertain his friends from work at his home on the weekends. The client describes his father as “a genius – always coming up with inventions that he thought would revolutionize the world.” His mother would often get angry at his father for “taking off on the spur of the moment on one great adventure or another,” leaving her to care for the family and home for days at a time. The client states he has no idea where his father went or what he did when he was away on these “mini-vacations” but suspected he was probably trying to escape the pressures of his family life and work on one of his inventions in privacy.

The client mother, June, was a white, “hard working dame who was one of those holier-than-thou religious fanatics.” He states that she was a fulltime homemaker until her death at the age of 57, dying one year after her husband’s death. The client states that his mother died of a “broken heart” connected to the stress of living without her husband “and the money he brought in, probably”. The client describes his mother as “the typical woman – nagging, acting like a martyr all the time, and complaining about everything my Dad did.” After his father’s death, the client enlisted in the Army and did not ask for permission for a leave to attend his mother’s funeral. The client’s wife states that Mr. Hollis continues to hold a great deal of anger toward his mother because she drove his father to drink in a way that eventually killed him. The client acknowledges this to be accurate and stated that he did not wish to talk any further about his mother.

When asked about his parents’ relationship with one another, the client responded “What relationship? He worked and she took care of the kids. End of story.” He states he does ever recall seeing them kiss, embrace or speak affectionately to one another. He states his mother would communicate with him by “ranting and raving” while he “ignored her, drank and tuned her out by watching sports on television.” While the client denies a history of domestic violence in his childhood home, the client’s wife states that his younger sisters told her that his father often hit his wife when she argued with him about the money he spent. Begrudgingly, the client admitted that perhaps his father did get “a little rough at times “with his mother “but she deserved it when she constantly was up in his face complaining about one thing or another.” Despite the quality of their marriage, they never separated nor divorced, according to the client.

The client has two older sisters: Julie, age 63, and Joan (deceased). The client states that he does not remember much about them or their personalities growing up because they were quite a bit older than he was and were already in elementary school when he was born. Julie is currently married with three children and works fulltime as a nurse in Akron, Ohio hospital on the Mental Health Unit. Joan was an elementary school teacher who never married or had children, had “a problem with prescription medicine” and committed suicide by hanging herself in her classroom early one morning at the age of 57. The client states he suspects that Joan was a lesbian but did not wish to elaborate. He states he is unable to describe them further because “we really didn’t know each other,” except to say that “they are as crazy as my mother.” He has not seen his siblings in over 25 years, he states. The client’s wife reports that Julie is married to an alcoholic and two of their three children have problems with drugs.

The client reports that he considered his family “a little different” but probably “normal compared to other families.” He admits that he had little to compare his family to because he never visited the homes of other children when he was growing up. He states that his father’s role was the “breadwinner of the family” and considers him to be a success at taking care of his family “the best way he could.” His mother’s role was to “take care of her husband, which she failed in miserably, take of her kids, which she managed to do okay most of the time, and take care of the house.” He states he does not recall going on family vacations or outings as a child and can “barely remember” the holidays, except to say that his father “invited a lot of guys from the foundry over and there was a lot of holiday cheer,” meaning that his father and his guests drank heavily during these social gatherings. The client says he would either stay in his room during these parties or would watch from the upstairs landing, often falling asleep and waking up on the floor the next morning. The client believes his family prepared him well for the “tough world out there” and taught him to be independent and self-sufficient. The client reports no traumatic experiences in his childhood and states that he does not consider his father’s drinking to be an example of any type of trauma. When asked if he felt loved in his family, the client tensed and said, “They put a roof over my head, food in my stomach and clothes on my back, just like I do for my family. That’s love. End of story.”

The client describes himself as a “quiet but not shy” child who “stayed to myself and minded my own business.” He states his strengths as a child were “doing what I was told, not rocking the boat, and staying under the radar.” He describes his childhood as “okay” and appeared to tear up when asked to describe what he meant by “okay.” He stated, “There’s nothing to talk about so let’s move on.” He does not recall having any friends during childhood and was “pretty much a loner in high school.” When asked what he wanted to be when he grew up, the client replied, “Alive. I didn’t really think I would make it to the age of 30.” At one time he wanted to be “an over-the-road truck driver who could travel all over and see the world by myself and never have anyone telling you what to do or how to live your life.” The client denies any history of sexual abuse.

The client completed high school and had one semester of college at the University of Ohio in Akron before joining the Army. He states he was an “average” student, getting mostly C’s and a few B’s in classes like “woodworking, auto repair, and homeroom.” He reports that he never studied in school and didn’t like to read although he denies having any difficulties learning. He states he was quiet in class and would be surprised if any of his teachers even knew who he was. He reports he was interested in girls but didn’t date because “I didn’t have time for that stuff,” although he did not care to elaborate on what he meant. He had no identified career plans after high school and attended college for one semester only because his high school guidance counselor insisted that he apply. He took general courses in his first semester at the University of Ohio and dropped out to join the Army because he thought college was “stupid and a waste of time,” even though he reports he received two A’s, a B and two C’s for his final grades. He decided to enlist in the Army because he was “tired of everyone telling me what to do and what not to do.” When asked whom he was referring to, he responded, “my mother, my teachers, the world.”

The client left home to join the Army after dropping out of college. When he left for Boot Camp in Texas, none of his family members came to the bus station to see him off and they didn’t write to him, visit him or attempt to contact him while he was in the service. When asked how he felt about this, he reported, “I was a big boy. I didn’t need my Mommy to wipe my nose anymore. I packed up and left. End of story.”

While the client denies experiencing any trauma, he had a rating of “eight” on the Adverse Childhood Experiences Survey (e.g., a parent that would swear or insult; a parent who used physical punishment; feeling unloved or close to one another; having a parent too drunk to provide care; a father who died before the client’s 18th birthday; a mother who was physically abused by the father; a father who was a problem drinker; family members who were depressed/committed suicide). The client explained the score with some irritation by stating, “You shrinks think everybody has a bad time and is crazy. My life is just like everyone else’s. I don’t make a mountain out of molehills. Let’s just move on.”

1. **Adult Adjustment**

The client reports that his wife, age 58, Mary, was the first woman who he ever dated. He met her shortly after his discharge from the Army. Not wanting to return to Ohio because he believed “there was nothing for me there,” he remained in Killeen, Texas near the Army base. It was there that he met his wife who was an Army nurse. They dated for two months before she asked the client whether or not he wanted to marry her. He recalls shrugging his shoulders and replying, “Yeah, what the hell. Why not?” They were married at the Justice of the Peace in Killeen and moved into an apartment near the base so Mary could be near work. He describes his wife’s strengths as being “a hard worker, a good mother and a good cook.” He reports that they “get along okay,” primarily because he “stays out of her hair” either by working long hours or going to the neighborhood bar. When asked about their sexual relationship, the couple blushed and appeared uncomfortable with the question and the client responded, “Fine. No problems. Next question.” The client states that they have never sought outside counseling prior to admission to the Outpatient Chemical Dependency Unit, although Mary reports that she has talked with her pastor, Father Wright, on several occasions about “some marital issues,” which appeared to surprise the client. He looked hard at her and replied, “We’ll talk about *that* when we get home.”

The couple has three children: Molly, age 36; Megan, age 35; and James, Jr., age 34. Molly is married, has three children and is the head nurse of the Oncology Unit at St. Joseph’s Hospital where her husband is employed as a Physician’s Assistant in the Emergency Room. She is very close to her mother but has an estranged relationship with the client because she is “bossy, like her mother.” Megan is in a lesbian relationship and the client has “nothing to do with her,” although she still maintains regular contact with Mary. Mary admits, however, that neither of them has met, not want to meet, her current partner of 12 years. She is employed as the Director of the HIV/AIDS Unit at the Community Mental Health Center and is described by the client as “obviously messed up in the head,” although Mary reports that Megan is a “kind, compassionate and hard-working person.” James, Jr. is twice divorced and lives in Akron, Ohio where he is employed as the Vice-President for International Trade for T. D. Ameritrade. He has one child, a son, by his second wife but does not have contact with the child as he and his mother moved to Hampton, Virginia to be near her family. Mary reports that she is very concerned about her son because both divorces were due to his excessive drinking. The client, however, refutes this claim, stating that “The boy just married the wrong women. He’s fine. He can hold his liquor and he can hold his own.” The client reports that his son works very hard and doesn’t have time to visit them but calls once or twice a year to see how everyone is doing, usually on the holidays. The client reports that Mary was responsible for most of the parenting when the children were growing up. He admits that he did not like to discipline the children, considering it “woman’s work” and only did so when Mary insisted that he back her up when correcting them. He denies using corporal punishment with them and admitted to yelling and berating them until they submitted to their mother’s demands.

With Mary’s encouragement, the client sought work as a salesman for various companies after leaving the Army and getting married. He states he was successful as a salesman then but was never really compensated for his hard work the way he should have been. He admits with a smile of “taking matters into my own hands once in a while and doctoring up my reports so I earned a little more salary than maybe I should have.” Eventually, he became frustrated and began to sell cars at a local dealership where he was very successful financially. He laughs and states he earns a lot of commissions because “I know how to slip-and-slide, tell people what they want to hear and sell them crap they don’t even want and can’t afford.” He admits that his salary has decreased substantially in the past year but blames the current recession and not his drinking, as his wife claims, for the loss of income. He states that his employer is “a jerk” and the only reason he hasn’t been let go is that his boss can’t afford to fire him because he brings in so much business. He does not talk to the other salespeople, particularly the women who he states, “don’t belong in the auto business, anyway.”

The client states that, beside his two arrests for driving under the influence, he has never had any legal problems, either as an adolescent or as an adult. He admits with a smile that “there were plenty of times I *should* have been arrested but if they aren’t smart enough to catch me, that’s their problem.” He refuses to elaborate on this further. The client states he will do whatever he needs to do to maintain his driver’s license, including coming into chemical dependency treatment, because his job depends on his ability to drive.

In regard to his religious or spiritual involvement, the client states emphatically, “I don’t believe in that nonsense.” The client was raised a Roman Catholic, but his family only attended church on the major holidays, and he never heard his parents pray or talk about God growing up. His wife and children attended St. Sylvester’s Church but only Mary and Molly go to church now.

The client states he has little time for leisure time activities and reports that watching television and drinking alcohol are his primary ways of relaxing. He does not have any friends, he states.

1. **Synthesis**

This 56-year-old man comes to the Outpatient Chemical Dependency Unit with an extensive history of alcohol abuse. The client appears casually dressed, neatly groomed, and is cooperative while guarded. Affect is appropriate to the conversation and mood appears mildly agitated. Thoughts flow logically and are organized with no perseverations, loose associations or thought blocking. There is no evidence of hallucinations or delusions. The client is oriented to time, place, person, and situation. The client comes to treatment to satisfy a court order for chemical dependency evaluation and treatment following his second arrest for driving under the influence of alcohol.

By self-report, he meets the criteria for alcoholism dependency, as evidenced by a history of increased tolerance followed by evidence of reverse tolerance; withdrawal symptoms, a great deal of time spent in activities involving alcohol abuse, a decrease in work performance due to alcohol abuse, and the continued use of alcohol despite knowledge of having persistent physical and marital problems caused or exacerbated by continued use.

The client is the adult child of an alcoholic father who consistently modeled an addictive drinking pattern as he was growing up. It is important to note that the father died of cirrhosis at the age of 56, the current age of the client. The client describes himself and his father similarly while attributing many of the characteristics of his mother to his wife. It appears he has recreated his family of origin with his own family, displaying a pattern of disengagement. The client describes his father in a manner that suggests that he met the criteria for Bipolar Disorder I Disorder, as evidenced by manic episodes, grandiosity, decreased need for sleep, pressured speech, thought racing, increased goal-directed activities, and excessive involvement in pleasurable activities that have the high potential for painful consequences followed by periods of depression. Because the client or his wife also report some of the same symptoms, a Bipolar Disorder which frequently co-occurs with chemical dependency, needs to be ruled out.

The client is an intelligent, articulate man who has developed coping mechanisms to deal with a lonely, isolated existence. He prides himself on working hard and providing for his family and exhibits feelings of remorse that he is not able to be a better husband or father to his family. Without proper role models to guide him, however, his difficulty in sharing openly or developing intimate relationships is understandable. He utilizes defense mechanisms such as denial, projection, and intellectualization to cope with feelings of failure, pain and anger. While he states that he is only motivated to complete chemical dependency treatment to satisfy the courts, there are subtle indicators that he would be willing to reach out for help if it was offered in a nonjudgmental and supportive manner. He has the strong support of his wife who indicates she is willing to enter the Outpatient Family Program to learn about chemical dependency and its impact on her and their family.

Diagnostic impressions are as follows:

**309.90 Alcohol Use Disorder**

**296.7 Bipolar II Disorder, Most Recent Episode Unspecified, Provisional**

**305.1 Nicotine Use Disorder**

1. **Recommendations and Initial Treatment Plan**

It is recommended that the client continue in the Outpatient Chemical Dependency Counseling Program to address his alcohol dependence and possible co-occurring disorder. His wife, Mary, is supportive of his treatment and will enter into the Outpatient Family Program. The Initial Treatment Plan includes:

1. Refer to the Outpatient Chemical Dependency Unit’s physician for a complete physical and evaluation for antigen treatment.
2. Refer to the Outpatient Psychological Testing Unit for mental health testing and evaluation to rule out co-occurring mental health disorders.
3. Refer client and spouse to Family Days for the purpose of education and treatment.
4. Refer client to the open Men’s Group Therapy offered once a week on Thursday evenings.
5. Client will meet with Social Worker one time per week to address alcohol dependency and recovery.
6. Client and Social Worker will complete the full treatment plan following the results and recommendations of the physical evaluation and psychological testing.

*Barbara J. Nowak, SW6922 (FL)* August 21, 2021

**Barbara J. Nowak, LCSW, ACSW, SW 6922 (FL) Date**

***\*This Bio-Psycho-Social-Spiritual Assessment is based on a fictitious client. Any resemblance to an actual family is purely coincidental.***