

- Client: 8c5ee29b-3773-412e-a5a1-9068eec04653
- SAGE-SR Date: 7/28/2023
- SAGE-SR Intake Date: 7/28/2023

Disclaimer: The SAGE-SR is a validated self-assessment that is used to identify possible behavioral health problems. TeleSage does not independently verify the accuracy of responses. The SAGE is not a diagnostic test. **The SAGESR is not a substitute for a thorough clinical evaluation. Only a licensed clinician can make an actual diagnosis.** Your client may be at risk of having one or more of the possible diagnoses listed here; alternatively, there may be other conditions causing their symptoms that are not listed here. We recommend that you save this report so that you can discuss it with your client. **IF YOUR CLIENT IS EXPERIENCING SUICIDAL THOUGHTS OR MAY BE EXPERIENCING A MEDICAL EMERGENCY, YOU SHOULD TAKE PRECAUTIONARY MEASURES BASED ON YOUR OWN CLINICAL JUDGEMENT.**

Section 1. Chief Complaint:

The client is a 63 year old White person whose sex at birth was male and whose pronouns are he/him. He reports experiencing the following significant behavioral health problems: depression and alcohol use problems.

Section 2. History of Present Illness and Mental Status Exam:

The client reports having symptoms that meet **full diagnostic criteria** for: **Social Anxiety Disorder — F40.10** including anxiety when speaking to groups, a fear of being judged, avoidance of certain social situations, thought they were more afraid than they should have been, and they were afraid of the situation(s) for at least 6 months. Their fear resulted in impairment. The fear occurred while drug-free.

The client reports having symptoms that meet **full diagnostic criteria** for: **Alcohol Use Disorder (Severe) — F10.20** including drinking more than intended, drinking longer than planned, wanting to decrease use, extended hangovers, cravings, drinking impaired work/school/home functioning, drinking impaired social functioning, drinking caused them to miss important events, drinking prior to driving, drinking prior to being in dangerous situations, resulting psychological problems, exacerbation of psychological problems, increased tolerance to alcohol, having an average of 4 drinks per day, and drinking 30 days during the past month.

The client reports having **some symptoms** associated with **Current Major Depressive Episode**, but did not meet full diagnostic criteria. Symptoms included depressed affect and decreased interest in activities.

The client reports having **some symptoms** associated with **Persistent Depressive Disorder**, but did not meet full diagnostic criteria. Symptoms included depressed affect and decreased interest in activities.

The client reports having **some symptoms** associated with **Major Depressive Disorder**, but did not meet full diagnostic criteria. Symptoms included depressed affect and decreased interest in activities.

The client reports having **some symptoms** associated with **Other Specified Depressive Disorder**, but did not meet full diagnostic criteria. Symptoms included depressed affect and decreased interest in activities.

In addition, **less frequent symptoms include** exhibiting reckless behavior.

Additional considerations that may have implications for treatment: adverse childhood events.

The client reports that they are not currently receiving any treatment for a behavioral health disorder.

The client is willing to try the following treatments, but only if they are indicated: prescription medication and individual talk therapy or counseling. They would be willing to pursue: telehealth treatment if indicated.

Section 3. Behavioral Health History and Treatment History:

The client reports having been diagnosed with the following behavioral health disorders: Depression.

Section 4. Family Behavioral Health History:

The client reported that their **mother** experienced problems with alcohol use and severe depression; their **maternal grandparent(s)** experienced problems with severe depression; and their **paternal grandparent(s)** experienced problems with severe depression. The client reported experiencing difficulties due to their family's behavioral health problems.

Section 5. Social and Developmental History (ACEs):

The client experienced frequent difficulties during childhood. These included living with someone with a serious mental health problem and living with someone with a serious substance abuse problem.

The client completed graduate school.

Section 6. Current Social Determinants of Health/Social and Occupational Functioning:

The client is currently employed or self-employed and is paid for an average of 31-40 hours per week.

The client reported that they are married and living with their spouse or partner and 2 children.

The client reported having many people that they could turn to for help.

The client did not report any difficulties with social determinants of health.

The client did not report having been the victim of a crime during the past 12 months.

Section 7. Treatment Plans:

Note: This AI-generated draft treatment plan should only be used to help inform a licensed clinician about treatment options. It is the responsibility of the licensed clinician to determine what treatment is most appropriate based on the client's medical history, individual circumstances, needs, progress, and preferences. Ongoing evaluation of the client's response to treatment is necessary to ensure optimal outcomes. Collaboration between healthcare professionals in primary care, substance use, mental health, and social work, may be necessary to ensure comprehensive care.

Diagnosis: Social Anxiety Disorder (SAD)

Treatment Plan Goals:

1. Reduce the intensity and frequency of social anxiety symptoms.
2. Improve the client's confidence and comfort in social situations.

Therapeutic Options:

1. Cognitive-Behavioral Therapy (CBT): CBT techniques may help the client identify, challenge, and modify anxious thoughts related to social situations. This may involve social skills training and exposure to feared social situations (Clark & Beck, 2012).
2. Group Therapy: Involvement in group therapy can provide a safe and supportive environment to practice social skills and confront social fears (Herbert et al., 2009).

Medication Options:

1. Sertraline (Zoloft): Starting dose - 25 mg/day; Regular dose - 50-200 mg/day; Sertraline is a first-line medication for SAD (Baldwin et al., 2016).
2. Venlafaxine (Effexor): Adult dose – 75 mg/PO QD or QHS. For more information, refer to: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4763357/>
3. Specifically for performance anxiety: Propranolol, Adult dose – 10-40 mg 30-60 mins prior to the event may be useful, but this is not currently an FDA-approved indication. (Int J Moi Sci 2022 – Szeleszczuk)

References:

- Clark, D. A., & Beck, A. T. (2012). Cognitive therapy of anxiety disorders: Science and practice. Guilford press.

- Herbert, J. D., Gaudiano, B. A., Rheingold, A. A., Moitra, E., Myers, V. H., Dalrymple, K. L., & Brandsma, L. L. (2009). Cognitive behavior therapy for generalized social anxiety disorder in adolescents: a randomized controlled trial. *Journal of Anxiety Disorders*, 23(2), 167-177.
- Baldwin, D. S., Anderson, I. M., Nutt, D. J., Allgulander, C., Bandelow, B., den Boer, J. A., ... & Malizia, A. L. (2016). Evidence-based guidelines for the pharmacological treatment of anxiety disorders: recommendations from the British Association for Psychopharmacology. *Journal of Psychopharmacology*, 30(11), 1081-1107.

Diagnosis: Alcohol Use Disorder

Treatment Plan Goals:

1. Reduce and eventually stop alcohol use.
2. Improve overall functioning in work, school, and home environments.
3. Address and manage psychological issues related to alcohol use.
4. Identify and treat co-occurring mental health disorders as client is working towards remission/recovery.

Therapeutic Options:

1. Cognitive-Behavioral Therapy (CBT): CBT techniques may identify triggers for alcohol use and facilitate development of alternative, healthy coping strategies. CBT has shown effectiveness in treating alcohol use disorder (Magill & Ray, 2009).
2. Motivational Enhancement Therapy (MET): MET may increase the client's motivation for change and engagement in the treatment process. MET has shown positive outcomes in treating alcohol use disorder (Miller et al., 1992).
3. Twelve-step Facilitation (TSF): TSF is designed to increase the likelihood of a patient becoming affiliated with and actively involved in 12-step self-help groups, improving the chances of recovery (Donovan et al., 2013).

Medication Options:

1. Naltrexone: Starting dose – 25 mg/day; Regular dose – 50 mg/day; Naltrexone has been shown to be effective in reducing alcohol craving and consumption. For more information, refer to: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4382556/>
2. Acamprosate. Starting dose – 333 mg/PO TID; Regular dose - 666 mg/PO TID (Jonas et al., 2014).
3. Disulfiram: regular dose 250 mg/day PO. Administration should only occur after 12 hours of abstinence from alcohol.

References:

- Magill, M., & Ray, L. A. (2009). Cognitive-behavioral treatment with adult alcohol and illicit drug users: A meta-analysis of randomized controlled trials. *Journal of studies on alcohol and drugs*, 70(4), 516-527.
- Miller, W. R., Zweben, A., DiClemente, C. C., & Rychtarik, R. G. (1992). *Motivational Enhancement Therapy manual: A clinical research guide for therapists treating individuals with alcohol abuse and dependence*. DIANE Publishing.
- Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-step interventions and mutual support programs for substance use disorders: an overview. *Social work in public health*, 28(3-4), 313-332.
- Jonas, D. E., Amick, H. R., Feltner, C., Bobashev, G., Thomas, K., Wines, R., ... & Garbutt, J. C. (2014). Pharmacotherapy for adults with alcohol use disorders in outpatient settings: a systematic review and meta-analysis. *Jama*, 311(18), 1889-1900.