**Instructions:**

Throughout this week, you will be developing a case diagnostic assessment plan. Parts A through C are due this week and Parts D through F are due next week.

 Review Assessment Project Case 1 below. You will develop an assessment plan that allows you to 1) identify a conceptualization for this person's symptoms, behaviors, and subjective experience, 2 ) collect information that would allow you to identify a diagnostic hypothesis, and 3) that includes a means of assessing the same behaviors, problems or complaints at the end of the course of therapy or other intervention(s). In other words, the result will be an Assessment Plan. You are not expected to write about fictional findings or what might actually be found out if the plan was implemented. In other words, this activity demonstrates your ability to "pre-plan" an assessment. The plan must include at least 3 different approaches to assessment, and within these approaches, at least 2 published tests or standardized rating scales must be identified. Tests can be found by utilizing sources identified in the course discussion of "how to select and find tests."

Your plan should include the following sections:

1. Presenting Symptoms and Objective Observations of the Client
2. Client's Subjective Experience of the Problem
3. Assessment of Mood, Thinking, Interpersonal Relationships, and Functional Daily Activities
4. Steps that will be Used to Develop a Diagnostic Hypothesis
5. Where tests will be obtained:  Publishing sources of tests that will be used
6. Assessment approach that will be used at the end of treatment that will allow for the measurement of improvement.

**Assessment Project Case 1**

 Macie is a 31 year old university art student who is studying design. She lives with her husband of five years and has no children. Her education was delayed by the appearance of a brain aneurism that appeared when she was a Junior in high school. At that time, she had begun to have intense and painful cluster headaches, dizziness, and couldn’t eat. She started seeing strange flashes of color, and a couple of times, saw a shadowy figure run across her line of sight. Eventually, after several stressful, unhelpful trips to her family doctor who said these were common migraines, her mother decided to take her to a neurologist. Macie had a seizure during one of her neurological appointments, her first seizure, and the neurologist ordered brain imaging. This was when not only the aneurism was discovered, but also a tumor that was pushing on her occipital lobe. She had her first brain surgery two weeks later. Her neurologist carefully explained potential side effects, but Macie would then look up information about her condition and procedure, and came to appointments armed with a list of questions. “She’s always been our researcher in the family” her mother said, “When she was 10 she did her science project on the best bandages to put on cuts. If there’s a fact about it, Macie will find it.” Prior to all of this, Macie had wanted to be a doctor, but not after all of her medical problems started to take her away from her life. Macie’s first surgery went well, but Macie wanted to check in frequently about each procedure that was being done. This helped her feel in control of the situation, and because it went well, she felt relaxed enough preparing for her second surgery that she didn’t ask much about it. Unfortunately during this procedure, Macie woke up from anesthesia, heard the surgeon’s voice, and said “I’m supposed to be asleep. I can hear you.” She heard the surgeon calling for the anesthesiologist and then presumes she went back to sleep. Since her surgery, she has been moody, irritable, and at times, having suicidal thoughts. She was released from the hospital 2 months ago, and her neurologist states that effects of the brain surgery should have eased off at this point. Macie’s family has noticed that she stays up later and later, and gets involved in projects when everyone has gone to bed. When they ask her if she’s tired, she tells them that it’s the only time she can find peace to work on things. She’s also started sleeping on the living room couch instead of going to her bed. One night, she admitted to her mother that she sometimes worries about going to sleep for fear that there will be a gas leak in the house, and that this is what keeps her up sometimes. She said that she sometimes smells a strange odor but can’t locate it’s source. Just to make sure, the Gas Company came to inspect the residence and found no issues. Hearing this information made Macie “go into a tailspin,” in which she became even more depressed and angry. When she was brought in for her first appointment with you, now 3 months after her procedure, Macie’s mother informed your team that she was refusing to get out of the car to come in to her appointment, complaining that she didn’t need anyone else poking around in her head. During your initial evaluation of Marcie, she seems suspicious and guarded. She appears slightly younger than her 31 years, has not regained weight lost during her recovery, and wears a hat as her hair has not yet grown back. Her verbal responses to questions are delayed, and she seems to have some difficulty concentrating. She looks and sounds tired, which is described in her medical notes as possibly the effect of the antiseizure medication she is on (Depakote and Tegretol), which is a common medication regimen after brain surgery. Her intelligence (IQ) measured prior to surgery was 114. She has a tremor and some coordination difficulties, and has a “blind spot” that affect her ability to see movement in her right visual field. From the neurologist’s report, the motor difficulty and blind spot were the result of the occipital tumor and removal, but that none of her other symptoms were expected or typical after surgery. Marcie claims she has amnesia from the period of the first surgery to when she came out of anesthesia after the second surgery was over, and her neurologist has said that this can be a rare side effect of any brain surgery. Macie’s father was alcoholic but became sober just after the tumor was discovered. Her parents were considering divorce prior to her medical problems. Her grandmother was a “worrier,” but there are no reports of significant mood problems in her family. Marcie’s condition has an approximately 30 percent chance of returning