Case Study: Good Will Hunting (Matt Damon)
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04/09/2014

- Global Assessment of Training: 60
- Demographics: Will Hunting is a 21-year-old foster boy who worked as a janitor at a prestigious school in Boston. Worked as a janitor probably making less than $30,000 a year.
- Axis I: PTSD
- Axis II: Avoidance Disorder. The client would avoid being helped by eight of the therapists he was instructed to go to. The client also avoided falling in love with anyone because he was afraid of being hurt. Inferiority complex, and attachment disorder
- Axis III: No diagnoses
- Axis IV: The client has problems related with authority figures and intimate relationships. The client also has problems with social environment.
- Axis V: 60
- Global Assessment of Training: 60, Will is at a 60 because he is able to function in all areas. He has moderate symptoms in social and occupational functioning. He just gets in fights more than he should and argues on a regular basis with people who bother him in the slightest. He has three friends that he only hangs out with.
- Problem List:
  Physical= The client does not have a physical problem. The client is in good health.
  Cognitive= The client does not have any cognitive problems. The client is very smart and has common sense.
  Social= The client has a hard time loving someone because he is afraid to open up to them. He future predicts too much which causes him not to love like he should. He also has attachment disorder and inferiority complex.
  Emotional= The client is emotionally afraid to commit. He thinks that him being a foster child was his fault.
  Spiritual= The client has no evidence shown to spirituality.
  Leisure= The clients leisure just consists of drinking at bars with his friends. And reading books during his free time. The client is very limited.
- The client will need outpatient care at a moderate level because he is able to function on his own and live a stable life. The client just needs someone to help him realize that him being in foster care was not his fault and him being abused was not his fault either. The client also needs someone to relate to him and have that bonding experience.
- The client should be going to a mental health facility. Where the client will work in one on one settings or group therapy.
- TR programming Resources: Anger Management, the client will be shown outside leisure resources for his anger problems.
- Length of stay: 4 weeks
• How often the client will receive the services: 5 out of 7 days a week for an hour until he is discharged.

• **TR Treatment Plan:**
  
  • TR assessment: LSS (Life Satisfaction Scale) I chose this assessment because it measures the clients perceived satisfaction. Also, because it can be used in a rehab setting or at the residents home. The assessment will be conducted on a one on one session. I hope to extract information about the clients past and all the foster care parents he had encounters with. I also hope to extract why he is afraid of intimate relationships and on bonding, empowerment, self awareness of others. The client’s leisure functioning moderate. He enjoys spending time with his friends and drinking at bars. He loves to read books and challenge himself with new material.
  
  • Individuals Strengths and Weaknesses: The client's strengths are book smart, socially capable, has common sense, and is superior in math. The client’s weaknesses are future predicting, fighting, cocky, belittling people, and not able to be intimate. The client refused in cooperating in the assigned therapy sessions. He has a hard time trusting others and has a hard time opening up to new people.
  
  • What can the client realistically achieve as a result of treatment: The client can achieve having an intimate relationship. Having a one on one interaction with someone without having to belittle him or her or have him or her feel inferior. The client can achieve falling in love one day.
  
  • Measurable Behavioral Objectives: The client will need to be able to have a one on one session with a random person for fifteen minutes without making them feel belittled or inferior. Then report back to the therapist and discuss what they talked about and how he felt when talking to someone new.
  
  • Interventions: Imaginal exposure therapy= It will help benefit with confronting the avoidance of his past. Dealing with avoidance is not affective for dealing with anxiety. The therapy has to be led by a trained professional.
  
  • Benefit Based Information: This therapy will help deal with the clients avoidance from his upsetting past. It will help bring up the real issue and help the client realize the underlying problem.
  
  
  • Have the client keep a daily journal of their interactions. Have the client make progress notes and see if they are achieving their goals and objectives.
Make sure the client is given the SET assessment each month to see if they are progressing.

- I would plan to review the client's goals and the progress made every Sunday for the four weeks planned.
- After the first week revise as needed and then after the second week if you still need to revise then do so and keep notes and how the revising is either helping or not helping the clients goals and objectives.
- When the client is discharged I will give the client the goals and objectives and have him implement his progress on his own. I will make sure the client has a journal and keeps track of his progress. I would also give the client more interventions to test out to see if those interventions help him out more. I will encourage the client to try to social activities and experience new leisure activities by himself and with his old and new friends.
• CBT uses principles of learning and conditioning to treat disorders and includes components from both behavioral and cognitive therapy. In trauma-focused CBT, components such as exposure, cognitive restructuring, and various coping skills have been used either alone or in combination with one another.
• Exposure-based therapy involves confrontation with frightening stimuli and is continued until anxiety is reduced. The exposure is based on mental imagery from memory or introduced in scenes presented by the therapist (imaginal exposure).
• Cognitive restructuring is based on the theory that the interpretation of the event, rather than the event itself, determines an individual’s mood. It aims to facilitate relearning thoughts and beliefs generated from a traumatic event and increase awareness of dysfunctional trauma-related thoughts and correct or replace those thoughts with more adaptive and/or rational cognitions.
• Coping skills therapy may include components such as stress inoculation therapy, assertiveness training, biofeedback (including brainwave neurofeedback), or relaxation training. All may use techniques such as education, muscle relaxation training, breathing retraining, role playing, et cetera, to manage anxiety or correct misunderstandings conditioned at the time of trauma. The therapy is designed to increase coping skills for current situations.
• EMDR combines imaginal exposure with the concurrent induction of saccadic eye movements that are believed to help reprogram brain function so that emotional impact of trauma can be resolved. In the EMDR process, the client is instructed to imagine a traumatic memory, engage in negative cognition, and then articulate an incompatible positive cognition (e.g., personal worth).