# Diagnostic Decision Making and Progress Monitoring

Sarah Al Potter

College of Humanities and Social Sciences, Grand Canyon University

CNL-610: Clinical Assessment, Diagnosis, and Treatment

Dr. Kathleen Buchko

February 22, 2026

## Case Summary

Lucy is a fictional case study provided by Grand Canyon University for CNL-610. She is a 19-year-old first-year college student studying in a STEM field. Within three months of her transition to college, and amid high familial expectations and a male-dominated academic environment, she began experiencing marked anxiety, shame, hopelessness, and emotional and behavioral dysregulation, alongside escalating alcohol use with academic, disciplinary, and health consequences. She was initially assessed with Adjustment Disorder with mixed anxiety and depressed mood and Alcohol Use Disorder, mild. After her grade dropped to a "C," Lucy attempted suicide by ingesting alcohol and Tylenol PM. The following paper revisits her diagnoses after the attempt and describes how cross-cutting measures will guide diagnostic decision-making and progress monitoring. Her full treatment plan appears in the Appendix.

## Diagnostic Decision Making and Progress Monitoring

Lucy's presentation currently reflects a stress-reactive adjustment disorder complicated by severe alcohol use and acute suicidality. Persisting with a person-centered, feminist-informed, harm-reduction treatment model, guided by cross-cutting symptom assessment and ongoing standardized measurement tracking, will be the most clinically appropriate ethical praxis.

## Problem Identification and Diagnostic Decision Making

According to Bravo et al. (2018), the DSM-5-TR Level 1 Cross-Cutting Measure (CCM-1) serves as a screening tool appropriate for college students that supports counselors' assessment of symptom severity across multiple diagnostic domains, guided by clinical decision-making. For Lucy, elevated domains are likely to include anxiety, sleep disturbance, depression, substance use, and suicidal ideation. As such, use of the CCM-1 will inform treatment prioritization as it relates to suicide stabilization and substance intervention, by focusing on her symptoms within the identified academic stressor.

### Use of the Level 1 Cross-Cutting Measure (CCM-1)

Lucy will complete the self-rated CCM-1 measure to aid in assessing her current mental health status across 13 domains (American Psychiatric Association [APA], n.d.-a; Bravo et al., 2018). This measure will help identify symptoms that have increased in severity within the last two weeks to focus on, specifically where she reports significant distress as it pertains to suicidal ideation, substance use, and depressive symptoms (Bravo et al., 2018). Most domains prompt a Level 2 measure at a rating of two (mild) or higher, while suicidal ideation, substance use, and psychosis prompt follow-up at a rating of one (slight) or higher (APA, n.d.-a). Lucy's CCM-1 results indicate prioritizing suicide stabilization first and establishing safety planning and harm-reduction centered treatment.

**Diagnostic Formulation Process**

Considering Lucy's recent suicide attempt, upon reassessment of symptoms using the CCM-1 and updated clinical history, Lucy's presentation meets diagnostic criteria for Adjustment Disorder (AD) with Mixed Disturbance of Emotions and Conduct, acute, F43.25 (APA, 2022). Lucy's symptoms began within three months of her transition to college. Symptoms include marked anxiety, shame, hopelessness, emotional and behavioral dysregulation, extreme alcohol use, and a suicide attempt triggered by her grade dropping to a "C." Symptoms do not meet the five-symptom requirement of the DSM-5-TR for Major Depressive Disorder as the depressive episode is not independent of academic distress (APA, 2022). AD diagnosis remains acute as onset still falls within the six-month timeframe specified in the DSM-5-TR and ICD-10-CM criteria (APA, 2022).

Individuals with AD may exhibit significant suicidal behavior at lower levels of depressive symptom severity compared to those diagnosed with Depressive Episodes (DE) (Casey et al., 2015). Casey et al. (2015) found that 19.7% of patients with AD showed features of suicidality (suicidal ideation or behavior), with 9.8% presenting with suicidal behavior. Self-harm in AD has also been described as more impulsive and less likely to be planned than in DE (Polyakova et al., 1998, as cited in Casey et al., 2015), consistent with Casey et al.'s (2015) finding that self-harm in DE involved more planning. This pattern is consistent with Lucy's presentation as her suicide attempt followed an acute academic stressor that she reacted to, supporting a situational trigger rather than a symptom embedded in persistent MDD. Casey et al. (2015) further emphasize that DE symptom severity remains a predictor of suicidality across diagnoses; as such, ongoing assessment and monitoring without premature pathologization of Lucy is required.

Lucy's secondary diagnosis of alcohol use disorder has transitioned from *mild* to *severe* given the increase in symptom presentation from three to six (APA, 2022). This includes increased tolerance, consumption of larger amounts than intended, continued use despite academic consequences, dangerous behaviors resulting in injury, and impaired functionality, specifically related to Lucy's suicide attempt (APA, 2022). From a feminist-informed, PCT perspective, her substance use and suicidality are better understood through the context of systemic and relational pressure Lucy continues to face: performance-based identity stress in a male-dominated STEM environment with high familial expectations (Wilkins-Yel et al., 2022). Lucy's behaviors are a result of maladaptive coping responses to perceived threats to her self-concept, not a mood disorder.

## Progress Monitoring

Monitoring through the use of Level 2 Cross-Cutting Measures (CCM-2), specifically the Level 2 Depression and Substance Use measures (APA, n.d.-b, n.d.-c), is indicated by Lucy's acute suicide risk, alcohol misuse, and impulsive stress-reactive symptoms. Casey et al. (2015) indicate that suicidality can occur at varying symptom thresholds in AD-related presentations. Brown and Stewart (2021) further point out that women with alcohol use concerns often experience co-occurring psychological distress and systemic barriers influencing treatment engagement (Apsley et al., 2023).

### Level 2 Cross-Cutting Measures (CCM-2) and Additional Assessments

Level 2 measures are designed as a follow-up to the Level 1 screening, providing a more in-depth evaluation of specific symptom domains already identified at Level 1 (APA, n.d.-a). This helps counselors understand the severity and impact of symptoms, and in Lucy's case, it will further inform treatment decisions and priorities. Further assessment and monitoring of

symptoms will be done through use of the Beck Depression Inventory (BDI-II) strictly for depressive symptoms; excluding its suicide-related item, as Casey et al. (2015) did, will avoid overlap with the suicide-specific measures. The Scale for Suicide Ideation and the Suicide Intent Scale, both used by Casey et al. (2015) to assess suicidality in patients with AD, will also be used to monitor Lucy's suicidal ideation and intent.

**Communicating Assessment Findings**

Communication with Lucy will remain person-centered and collaborative. Maintaining non-pathologizing and autonomy-centered discussions with Lucy is vital to ongoing harm-reduction strategies, so framing her suicide attempt as an effort at short-term regulation of ongoing stress, rather than a moral failing, is essential (Brown & Stewart, 2021). As such, immediate focuses are on safety stabilization, sleep regulation, reduction in substance use, and emotional processing, consistent with Casey et al.'s (2015) recommendations for adjustment presentations. Communicating Lucy's struggles to her parents may increase barriers to her stabilization and treatment. Lucy will determine whether and how to involve her parents with the counselor collaborating with her to offer structured options that will preserve her autonomy and confidentiality. The counselor will not discuss these issues with parents until a formal Release of Information (ROI) is on file and signed by Lucy.

**Prioritizing Needs**

Lucy's ongoing needs are complex following her updated diagnoses and suicide attempt. Initial priorities must focus on immediate safety and crisis intervention, ensuring protective measures against suicidal ideation and alcohol-related self-harm are prioritized (Apsley et al., 2023; Casey et al., 2015; Pompili et al., 2010). Once physical and emotional stabilization are underway, the treatment plan will target reduction of alcohol use and stabilization of mental

health symptoms using evidence-based interventions in alignment with PCT (Brown & Stewart, 2021; Casey et al., 2015). Therapeutic engagement will be supported through empathic collaboration and nonjudgmental support, fostering Lucy's agency and autonomy through shared decision-making (Casey et al., 2015). Goals such as 50% reduction in substance use will be regularly reviewed in session (Apsley et al., 2023). Ongoing assessment will guide the harm-reduction strategies used to strengthen adaptive coping skills and self-concept (Brown & Stewart, 2021).

## Conclusion

Lucy's presentation is conceptualized as Adjustment Disorder with Mixed Disturbance of Emotions and Conduct, acute, co-occurring with Alcohol Use Disorder, severe. According to the DSM-5-TR Level 1 CCM-1 these diagnoses are supported dimensionally based on clarification of symptom severity and prioritization of suicide stabilization (APA, 2022). Level 2 CCMs will be used to ensure ongoing assessment and monitoring of depressive symptoms, suicide risk, mood, and substance use (APA, n.d.-b, n.d.-c). Research literature demonstrates suicidality in AD presentations may occur at lower depressive symptom thresholds and with less planning, reinforcing vigilance in assessment (Casey et al., 2015). Integrating feminist-informed, person-centered harm-reduction approaches helps maintain diagnostic humility, simultaneously addressing systemic stressors, performance-based identity threats, and relational pressures. Collaborating on safety planning, harm-reduction, alcohol stabilization, and identity differentiation with Lucy ensures treatment remains ethically grounded, developmentally appropriate, and responsive to Lucy's evolving needs.

## References

American Psychiatric Association. (n.d.-a). *DSM-5-TR Level 1 Cross-Cutting Symptom Measure: Adult* [Measurement instrument]. https://www.psychiatry.org/getmedia/e0b4b299-95b3-407b-b8c2-caa871ca218d/APA-DSM5TR-Level1MeasureAdult.pdf

American Psychiatric Association. (n.d.-b). *DSM-5-TR Level 2 Cross-Cutting Symptom Measure: Depression, adult* [Measurement instrument]. https://www.psychiatry.org/getmedia/4326c940-f414-4f2c-acec-bd8299a3cf14/APA-DSM5TR-Level2DepressionAdult.pdf

American Psychiatric Association. (n.d.-c). *DSM-5-TR Level 2 Cross-Cutting Symptom Measure: Substance use, adult* [Measurement instrument]. https://www.psychiatry.org/getmedia/cf5e60dd-6452-4b1b-a42f-40a7d46b410b/APA-DSM5TR-Level2SubstanceUseAdult.pdf

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Apsley, H. B., Vest, N., Knapp, K. S., Santos-Lozada, A., Gray, J., Hard, G., & Jones, A. A. (2023). Non-engagement in substance use treatment among women with an unmet need for treatment: A latent class analysis on multidimensional barriers. *Drug and Alcohol Dependence, 242*, 109715. https://doi.org/10.1016/j.drugalcdep.2022.109715

Bravo, A. J., Villarosa-Hurlocker, M. C., Pearson, M. R., & Protective Strategies Study Team. (2018). College student mental health: An evaluation of the DSM–5 self-rated Level 1 cross-cutting symptom measure. *Psychological Assessment, 30*(10), 1382–1389. https://doi.org/10.1037/pas0000628

Brown, C., & Stewart, S. H. (2021). Harm reduction for women in treatment for alcohol use problems: Exploring the impact of dominant addiction discourse. *Qualitative Health Research, 31*(1), 54–69. https://doi.org/10.1177/1049732320954396

Casey, P., Jabbar, F., O'Leary, E., & Doherty, A. M. (2015). Suicidal behaviours in adjustment disorder and depressive episode. *Journal of Affective Disorders, 174*, 441–446. https://doi.org/10.1016/j.jad.2014.12.003

Pompili, M., Serafini, G., Innamorati, M., Dominici, G., Ferracuti, S., Kotzalidis, G. D., Serra, G., Girardi, P., Janiri, L., Tatarelli, R., Sher, L., & Lester, D. (2010). Suicidal behavior and alcohol abuse. *International Journal of Environmental Research and Public Health, 7*(4), 1392–1431. https://doi.org/10.3390/ijerph7041392

Wilkins-Yel, K. G., Arnold, A., Bekki, J., Natarajan, M., Bernstein, B., & Randall, A. K. (2022). "I can't push off my own mental health": Chilly STEM climates, mental health, and STEM persistence among Black, Latina, and White graduate women. *Sex Roles, 86*(3–4), 208–232. https://doi.org/10.1007/s11199-021-01262-1

# Appendix: Treatment Plan

Client: Lucy  Date: February 21, 2026  Age: 19  DOB: 05/23/2006

| ICD-10 Code: | DSM-5-TR Diagnosis(es) (Include appropriate Specifiers and Modifiers): |
|---|---|
| F43.25<br>F10.20 | **Adjustment Disorder with mixed disturbance of emotions and conduct, acute. Lucy's initial presentation was consistent with mixed anxiety and depressed mood, however, increased mood and behavioral dysregulation and a suicide attempt elevate her diagnosis to AD with mixed disturbance of emotions and conduct. MDD was again ruled out due to insufficient evidence of a 5-symptom depressive episode independent of situational stress. Diagnosis remains acute as onset still falls within a six-month timeframe following initial stressor. Re-assessment will be ongoing.**<br>**Alcohol Use Disorder, *severe***. Since initial assessment, Lucy's symptoms have increased from three to six, substantiating significant clinical impairment and distress, occurring within the past 12 months. Escalation in quantity, frequency, and continued use despite consequences substantiate a severe re-classification. |

| **Description of the Problem: Engagement in a suicide attempt with alcohol and Tylenol PM ingestion following academic performance decline, indicative of elevated suicide risk, severe maladaptive coping, and stress-reactive symptoms.** | | | |
|---|---|---|---|
| **Goal # 1:** Reduce suicide risk, stabilize mood, and strengthen adaptive coping. | | | |
| **Objective(s):** | **Intervention(s):** | **Frequency:** | **Target Date:** |
| **1.** Develop a harm-reduction plan addressing alcohol reduction, medication monitoring, and suicidal behaviors during the next counseling session. | Provide lethal-means counseling focused on reduction of alcohol use and medication safety.<br>Provide empathic processing of emotions surrounding suicide attempt.<br>Conduct structured suicide risk assessment at each session. | X Weekly ☐ Bi Weekly<br>☐ Monthly ☐ other: _____<br>**Modality:**<br>☐ Group XIndividual<br>☐Family | **02/24/26** |
| **2.** Complete the Stanley-Brown Safety Plan during the next counseling session. | Develop and rehearse through role-play the Stanley-Brown Safety Plan.<br>Conduct structured suicide risk assessment at each session. | X Weekly ☐ Bi Weekly<br>☐ Monthly ☐ other: _____<br>**Modality:**<br>☐ Group X Individual<br>☐Family | **02/26/26** |

| | | | |
|---|---|---|---|
| **3.** Reduce self-reported suicidal ideation intensity to 4/10 or lower by the end of four weeks. | Provide CBT-informed cognitive restructuring to address all-or-nothing thinking surrounding rigid academic beliefs.<br>Provide empathic processing of academic shame and identity distress.<br>Conduct structured suicide risk assessment at each session. | X Weekly ☐ Bi Weekly<br>☐ Monthly ☐ other: _____<br>_<br>**Modality:**<br>☐ Group X Individual<br>☐Family | **03/26/26** |

| **Description of the Problem: Escalated alcohol use that persists despite academic, disciplinary, and health consequences.** | | | |
|---|---|---|---|
| **Goal # 2:** Reduce alcohol use to enhance physical and mental health | | | |
| **Objective(s):** | **Intervention(s):** | **Frequency:** | **Target Date:** |
| **1.** Lucy will reduce her drinking by 50% or more over four consecutive weeks. | Implement Motivational Interviewing strategies to strengthen commitment to reduction.<br>Explore alternative, non-alcohol related coping strategies. | X Weekly ☐ Bi Weekly<br>☐ Monthly ☐ other: _____<br>**Modality:**<br>☐ Group X Individual<br>☐Family | **03/26/26** |
| **2.** Over the next 12 weeks, Lucy will attend a comprehensive alcohol education IOP, all twice-weekly counseling sessions, and twice-weekly tutoring sessions. | Provide DBT-informed distress tolerance skills<br>Develop personal SMART goals.<br>Provide window-of-tolerance psychoeducation.<br>Provide nervous system regulation psychoeducation. | ☐ Weekly ☐ Bi Weekly<br>☐ Monthly X other: _____<br>**Modality:**<br>X Group X Individual<br>☐Family | **05/16/26** |
| **3.** Identify primary emotional overwhelm triggers contributing to alcohol use within the next four weeks. | Incongruence tracking.<br>Focusing-oriented psychotherapy.<br>Conditions of worth identification. | X Weekly ☐ Bi Weekly<br>☐ Monthly ☐ other: _____<br>**Modality:**<br>☐Group X Individual<br>☐Family | **03/26/26** |

| **Description of the Problem: Lucy's behavioral choices are incongruent between her internal identity and externally conditioned self-worth.** | | | |
|---|---|---|---|
| **Goal # 3:** Increase self-worth and strengthen internal locus of evaluation. | | | |
| **Objective(s):** | **Intervention(s):** | **Frequency:** | **Target Date:** |
| **1.** Lucy will clearly articulate at least three personal values related to her self-worth by the end of an eight-week period. | Feminist-informed collaborative values exploration.<br>Empathic reflection of incongruence.<br>Experiential focusing. | X Weekly ☐ Bi Weekly ☐ Monthly ☐ other: _____<br>**Modality:**<br>☐ Group X Individual<br>☐Family | **04/18/2026** |
| 2. Lucy will differentiate between her internal identity and her externally influenced identity by the end of a 12-week period. | Facilitate structured exploration of family expectations, achievement narratives, and gender roles.<br>Collaboratively create conditions of worth map.<br>Genogram creation highlighting multigenerational patterns of performance-based worth. | X Weekly ☐ Bi Weekly ☐ Monthly ☐ other: _____<br>**Modality:**<br>☐Group X Individual<br>☐Family | **05/16/26** |
| 3. Lucy will positively reframe cognitive distortions related to self in two out of three opportunities by the end of an eight-week period. | Psychoeducation on Automatic Negative Thoughts (ANTs).<br>Conditions of worth deconstruction.<br>Rehearse positive reframing.<br>Language shifting from "should," "always," "never," and "have to." | X Weekly ☐ Bi Weekly ☐ Monthly ☐ other: _____<br>**Modality:**<br>☐Group X Individual<br>☐Family | **04/18/26** |