Clinical Report: Michelle Nguyễn

Assessment, Treatment, and Therapeutic Processes

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School of Psychology

Master in Clinical Psychology

Child Clinical Psychology

Kingswood, New South Wales, September 2025

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Assessment Process

Client: Michelle Nguyễn

Provisional Psychologist: Kiran Nath

Supervising Psychologist: Dr. John Smith

Date of Assessment: Friday, 5th of September, 2025

Time of Assessment: 4:40 PM

Duration of Assessment: 53 minutes, 40 seconds

Format of Assessment: Telehealth via Zoom

Referral Source: Rebecca Wise, School Counsellor, Kingswood Park High School

1.1 Presenting Problem

Michelle, a 16-year-old Vietnamese-Australian female, was referred for persistent anxiety symptoms, declining academic performance, and increasing family conflict. The referral letter noted verbal altercations with peers, classroom disruptions, and incomplete homework. Michelle stated her parents "forced" her to come but acknowledged wanting "my parents to listen to me and listen to what I have to say instead of just complaining all the time."

1.2 Assessment Findings

1.2.1 Family Dynamics

Michelle lives with her mother, stepfather, and 13-year-old brother. She described home as "stressful because I'm always having fights with my parents." Her biological father is in rehabilitation for alcohol and drug use with no current contact. Michelle reported her parents divorced when she was eight due to her father's substance use and associated financial problems. She recalled "whenever I slept, I was asleep at that time like at 11:00 p.m. So I usually woke up with them fighting."

Regarding her stepfather, Michelle stated "whatever he says, that's what goes." When seeking maternal support, her mother responds with "talk to your dad" or "I'll talk to your dad about it." Michelle expressed "I don't really mind not having a father" while describing avoiding her stepfather except when needing money for school.

Family conflicts center on clothing choices, academic performance, and social restrictions. Michelle reported her parents call her clothes "revealing" and worry about "perverts," while she considers them "quite normal because all of my friends wear them." Parents have stopped her from leaving the house due to poor grades, requiring her to "keep studying after I come back from school."

1.2.2 School Functioning

Michelle reported difficulty understanding material since starting high school, stating "the subjects have gotten a lot harder and teachers are also not very accommodating." When seeking help, teachers "just circle it back to me that I need to answer my own question." She experiences bullying from "popular girls" who mock her introversion, saying "I am introverted, but I'm still not intelligent." Following conflicts with these students, Michelle reported being "boycotted" by classmates, maintaining only "a small group of friends."

Michelle described fighting back against bullying but stated "the teacher just calls me disruptive" and contacts her parents, who "never believe me" and "always start the conversation with like, again, you have done something."

1.2.3 Work Functioning

Michelle has worked as a cook at a fast-food restaurant for two years. She reported "I'm pretty good at it" and "I enjoy it quite a lot." Her boss praises her work, and she stated "it feels really great compared to school." This job provides financial independence from her stepfather and social connection with coworkers.

1.2.4 Substance Use

Michelle disclosed drinking "two cans of beer" daily "on school days" after school, beginning at age 14. She initially drank due to peer pressure, hoping "maybe if I started drinking, I will fit in with my peers." Currently, alcohol helps her anxiety "vanish" and enables her to "say whatever I wanted." She experiences hangovers causing "really bad headache" making it "hard to focus" during morning classes. Michelle conceals her drinking using "a mint or lemon" to mask the smell.

1.2.5 Relationships

Michelle has a boyfriend, Adrian (age 16), whom she met at work. They dated for six months, broke up, then reunited a year ago. Adrian recently initiated a "break" due to academic pressure. Michelle stated "I wanted to talk it out with him, but he was like, I don't really have time for this." She worries "this break might never end." The relationship remains hidden from her parents. Michelle denied being sexually active, stating "it was never in my family to have sex before marriage."

Her peer support consists of friends whose parents are "way more progressive than mine." These friends help by telling her parents they're having "group study sessions" when socializing. Activities with friends include chess, Monopoly, and basketball, which "relieves the stress a lot."

1.2.6 Mental Health Symptoms

Anxiety: Michelle reported feeling "worried a lot of the time" about schoolwork, appearance, and peer opinions. She stated "I feel like I'm letting everyone down."

Sleep: Michelle sleeps 3-5 hours nightly, going to bed between 2:00-4:00 AM. She reported "I just keep looking at my phone" and after parental arguments, "I keep thinking about the fight... I can't sleep just thinking about it."

Appetite Michelle controls her diet "because I don't want to get fat" and fears being "bullied for being fat" in addition to existing bullying about her acne.

Activity: Previously enjoyed reading but stated "nowadays, it's all I do is read books, like school books. So I don't want any more reading in my life."

Safety: Michelle denied current suicidal ideation, self-harm behaviors, or homicidal ideation.

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Treatment Process

2.1 Clinical Impression

Michelle presents with Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23) within the context of family dysfunction and acculturation stress. Differential considerations include monitoring for potential Alcohol Use Disorder development, and for Personality, Trauma and Anxiety features. Her difficulties appear to reflect systemic family problems requiring family-based intervention.

2.2 Evidence-Based Treatment Plan

The intervention follows Brief Strategic Family Therapy (BSFT) principles, selected from the California Evidence-Based Clearinghouse for Child Welfare registry. BSFT addresses family interaction patterns while respecting cultural values.

Session 2: Individual assessment with Michelle (30 minutes) followed by parent engagement (30 minutes). Objectives include administering DASS-21 and Acculturative Stress Scale, providing psychoeducation about anxiety-alcohol connections, and introducing BSFT framework to parents. This follows BSFT joining phase principles to establish therapeutic alliance while gathering baseline data.

Session 3: Full family participation focusing on identifying interaction patterns through enactment exercises observing family discussion. Activities include creating a family genogram incorporating immigration history and identifying repetitive problematic sequences. Direct observation provides richer assessment data than self-reports alone.

Session 4: Michelle and parents together to restructure communication patterns and address cultural gaps. Activities include practicing adapted I-statements appropriate for hierarchical family context, developing cultural compromise contracts, and role-playing validation techniques before limit-setting. This targets specific problematic interactions while maintaining respect for Vietnamese cultural values and parental authority.

Session 5: Brief individual check-in with Michelle (20 minutes) followed by family session (40 minutes). Focus includes consolidating changes, addressing substance use directly, and safety planning. Activities involve developing anxiety management strategies, conducting collaborative problem-solving exercises, creating a family safety plan, and scheduling maintenance sessions.

Session 6: Full family review session to assess progress, adjust interventions based on outcomes, and develop long-term maintenance strategies. Activities include reviewing contract compliance, adjusting agreements as needed, and creating sustainment plans to prevent relapse to previous patterns.

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Therapeutic Process

3.1 Cultural Compromise Contract

The Cultural Compromise Contract represents a structured negotiation exercise addressing the core tension between Michelle's developmental autonomy needs and Vietnamese family values. This intervention transforms abstract cultural conflicts into concrete, manageable agreements.

Objective: Create specific, measurable agreements balancing Michelle's independence with parental values, reducing daily conflicts while preserving family harmony and cultural identity.

Rationale: Research demonstrates youth successfully integrating dual cultures show better psychological adjustment than those forced to choose between cultural frameworks. The written contract format appeals to Vietnamese preference for formal agreements while the negotiation process reflects Australian democratic values.

3.1.1 Implementation Protocol

The session begins with a 10-minute introduction framing Vietnamese values (family harmony, respect, academic achievement) and Australian values (independence, self-expression, peer relationships) as complementary rather than contradictory—a "both/and" rather than "either/or" situation.

During the 15-minute values clarification phase, each family member identifies their top three values regarding the negotiated issue. Parents might prioritize safety, reputation, and academic focus; Michelle might emphasize trust, social connection, and independence.

The proposal development phase (10 minutes) involves each party writing specific proposals. For social outings, Michelle might propose Friday nights until 11:00 PM with friends. Parents might counter with homework completion first, 9:00 PM return, and arrival/departure calls.

The negotiation phase (15 minutes) utilizes therapist mediation to find middle ground—perhaps Friday nights until 10:00 PM with completed homework, monthly 11:00 PM special events, and bi-hourly text updates.

The final phase (10 minutes) involves drafting a formal contract specifying agreements, trial period duration, review date, violation consequences, and compliance rewards.

3.1.2 Developmental and Cultural Considerations

This approach provides scaffolded independence appropriate for 16-year-olds through expanding boundaries over time. The concrete format suits adolescent cognitive development. Parents maintain authority as contract signatories while Michelle gains voice in term creation, with the therapist serving as culturally-informed mediator.

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Reflection Process

4.1 Clinical Strengths

Rapport was successfully established despite Michelle's initial reluctance. Opening with acknowledgment of her inexperience with psychology and clear confidentiality explanation helped reduce resistance. Cultural sensitivity was demonstrated through non-pathologizing exploration of family dynamics, recognizing acculturation tensions rather than dysfunction.

4.2 Areas for Development

Michelle's strengths at work warranted deeper exploration for intervention planning. Protective factors including friendship dynamics and family cultural strengths required more systematic assessment. Michelle's readiness for change and specific goals beyond being "heard" needed further exploration. The assessment would benefit from more balanced exploration of her Vietnamese-Australian identity, including sources of pride alongside conflicts.

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Appendices