"Why Now?": The proximal cause of the client's request for help

Clients come to the attention of a mental health or addictions treatment professional because they, or someone in their lives are seeking a solution to an immediate problem or they feel distressed. The key to developing an effective and time limited treatment plan is clarifying what prompted the request for help at the precise time that the client chose to make contact. This is termed the "operational diagnosis" which is the answer to the question, "Why now?"

As the proximal cause of the client's decision to seek help, the "Why now?" must be distinguished from the familiar concept of "precipitant" or "presenting problem." If the precipitant is the event which initiated distress or produced destabilization (the first "domino to fall"), such an event usually sets in motion a sequence of responses: attempts to adapt, mobilize resources, compensate and re-establish balance. The "Why now?" often can be found in the failure or absence of such efforts, which creates a subjective state of distress unique to the individual. It may be a response to the last in a series of events, the "straw that broke the camel's back", or it may be the meaning that the client attaches to precipitating events or stressors. In those instances, where the identified client presents because of the distress or concern of a third party, the "Why now?" must be extracted from the dynamics of their relationships. Sometimes this can be accomplished best through joint or family interviewing.

Not only does the "Why now?" contain the client's unique distress and motive for seeking help, but it also contains the client's expectations and attitudes toward changing. For these reasons, attempts to probe and understand the precise timing of the client's decision to seek help have important implications for structuring treatment, fostering alliance, developing a focus and using time and resources efficiently. In constructing the road map of intervention the "Why now?" is the point of departure for the therapeutic journey to be taken.

Eliciting the "Why now?" from the client:

As with any form of history taking, a combination of specific questions and an empathic understanding of the subjective state of distress are the keys to understanding why the client is there and what the client is seeking. Specific questions may include:

1) "What brings you into treatment now, rather than 1 week ago or 1 month ago?"
2) "What were you thinking at the precise moment you picked up the phone and called for an appointment?"
3) "I assume you were in distress when you decided to ask for help; what was the distress that you were experiencing at that time?
4) "What failed you (stopped working, fell apart, broke, changed)?"
5) "What one thing if changed could decrease your distress at this time?"
6) "I assume that help has been recommended to you before, why did you choose to go along with it this time?" (for clients who present because someone brought or sent them, or insisted that they seek help).

Table 1: Sample precipitants and possible "Why now?":	
Precipitating event or circumstance:	**"Why Now"**
I have a drinking problem.	I got a DUI (and fear going to jail). My spouse is threatening to leave me (and I am afraid that s/he will…).
I have been depressed since my father/mother died 6 months ago.	I had unending thoughts of suicide today…(and I no longer feel in control). I couldn't get out of bed this morning…(and I am afraid of losing my job).
Our daughter skips school, steals money from my purse, and breaks house rules; we can't take it any more.	I hit her today…(and now I fear I am turning into my abusive father/mother).

Case Examples:

Case I: Rejected, but by whom?

A 22 year old single woman is seen after being medically cleared in the ER after overdosing. The precipitant appears to be a boyfriend of 6 months' breaking up with her. Since there was a 24-hour gap between the precipitant and the overdose, further examination is indicated. The client's response to questioning regarding the events that occurred between the break-up and the attempted suicide reveals that she experienced the unavailability of friends and the rejection of her mother. She reports phoning her mother, who, after hearing of the break-up, responded that the client was "a whore who slept with every boy in town" and that she had gotten what she deserved. The client overdosed within half an hour of this conversation.

The "Why now?" in this case is the rejection by her mother in response to her attempt to adapt to the loss of her boyfriend. Her reaction to her mother's rejection is based on the dynamics of their relationship, underscored by the recent interaction.

The distinction between the precipitating event and the "Why now?" has importance in structuring the therapeutic intervention. Since her behavior indicates that she can cope (i.e. she sought support), a plan of helping her locate an available psychosocial support is appropriate. A supportive friend is identified through conversation with the client. The friend agrees to come to the ER, take her home and stay with her that night, and then bring her to an outpatient appointment the following day. The client agrees not to call her mother prior to the appointment. In the treatment which follows, the therapist is alerted to the client's wish for "the supportive parent I never had" and is able to avoid creating undue dependence by encouraging the client to draw upon appropriate alternative supports in her life.

Case II: Displaced

A 37 year-old man was released from his sheltered-work employment. He becomes increasingly depressed and six months later walks into an ER stating he wants to kill himself. He is admitted to a psychiatric unit and started on antidepressant medication. The assumption is made that his suicidality is a function of reactive depression, subsequent to his job loss. His behaviors, affect and verbalizations are unremarkable, staff are reassured and make no further effort to uncover the "Why now?". On the third day of admission, the client seems to be in better spirits, denies suicidal intent and is adjusting to the therapeutic milieu. Before retiring that night, he receives a phone call from his mother with whom he lives; later that night he makes a serious suicide attempt by attempting to hang himself.

Had an effort been made around admission to address the question, "Why did you decide to come to the ER today, rather than last week or last month or yesterday?", the staff would have learned that the client's mother had placed the classified ads on the breakfast table that morning, circled several ads for apartments, and written, "get one of these or else." On the third day of hospitalization, the mother reiterated her message regarding getting an apartment. The "Why now?" in this case, was the mother's threat, especially, the "or else" part. Had the staff known this, they would have understood his apparent improvement as a sign that the client believed his presence in the hospital protected him from his mother's threats. They would have been able to address the issue by bringing in the mother and developing a plan to address her concerns without endangering the client.

"What Now?": The comprehensive (biopsychosocial) assessment)

Magellan views psychiatric and substance use disorders as biopsychosocial conditions that, to varying degrees, may have biological, medical, psychological, and socio-cultural origins. A problem-driven intervention may take as its point of departure the client's reason for coming to treatment at that time, but the process of assessment must proceed beyond the problem (or life dilemma) to a complete picture of the person with the problem. If the operational diagnosis is the answer to the question "Why now?" (What brings the client?), the next step, "What now?" addresses the question, "What does the client bring?" (i.e. strengths, resources, pathology).

The answer to this second question lies partially in the formal diagnosis, which is a necessary but not sufficient determinant of optimal intervention. In order to maximize the use of resources, care and care management must be driven by a broader picture of the individual. Just as a diagnosis of cancer, hypertension or diabetes calls for clarity with regard to severity and capability for self-management, a three dimensional picture of the person with the problem must be obtained through a thorough assessment of the biological, psychological and social factors that constitute the client's milieu or context.

Such understanding involves not only the reason(s) for the client's presenting distress, but also an inventory of the resources and limiting factors that are unique to the individual and that will either facilitate or impede efforts to mitigate that distress through some form of corrective action

or necessary change. Consideration of the impact of past treatment and service interventions is imperative in this process. The comprehensive assessment is designed to identify those factors that will contribute to or serve as obstacles to the client's clinical improvement.

Only by linking the client's subjective experience of distress ("Why now?") with the assessed parameters of biopsychosocial function ("What now?") can the therapist engage the client in the task of identifying and committing to necessary change and agreeing on the focus of intervention. The next step in the process is the development of a formulation and plan of care.

Care formulation and the determination of necessary services

Care formulation: Identifying treatment needs

Care formulation is the integration of data on the client's motive for seeking help at the time ("Why now?") with his/her risk status (severity and imminence of risk), resources and impairments ("What now?") in order to understand what must be done. This understanding can be fashioned into a coherent plan of actions by analyzing data and testing hypotheses about the balance between factors that promote or impede the client's recovery. Such plans:

- Specify services that are needed.
- Create timelines for the delivery of service.
- Optimize care in the least restrictive setting.
- Optimize selection of providers.
- Involve necessary significant others.
- Develop methods for assuring client alliance with treatment objectives.
- Identify and utilize social support services to facilitate necessary change and maintain the gains of intervention.

The care plan is not static but evolves through the episode of care. A longitudinal perspective on restoring health must take into account not only the resolution of acute symptoms and psychosocial needs, but the client's prospects for continuing and maintaining progress well. For example, a young adult client with schizophrenia may respond to treatment but then repeatedly discontinue necessary medication and regress. In order to alter the pattern of relapse and enable rehabilitation, the reasons for the failure of continuing care must be addressed in addition to the acute decompensation.