

Case Conceptualization & Presentation Assignment

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Patient Pseudo-Name: Lauren
Counselor Name: Zach Clinton
Instructor: Dr. Joy Mwendwa
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Confidentiality

For the sake of confidentiality purposes, the client will be referred to by the pseudo-name, Lauren, for the duration of the assignment. Further, at the start of the therapeutic process, Lauren completed several informed consent forms covering an array of topics including the topic of confidentiality. Additionally, Lauren was verbally informed of the limits to confidentiality which include: the counselor's determination of the client's intent to harm herself or others, the duty to warn/report abuse or neglect to a child, elder, or disabled person if involved within the case, and/or the need to turn over one's notes if there was ever a court hearing. Moreover, the counselor also took the time to thoroughly explain the confidentiality agreement for COUC 998 case video presentations, to which Lauren understood, verbally agreed to, and signed the consent form prior to session.

Demographic Information

Lauren is a 37-year-old, single, Caucasian female who is currently employed by the state as the primary caregiver to her mother who suffers from severe dementia. The client currently resides with her mother and young puppy in an apartment within the local area. Lauren is originally from New York where she was raised by both her father and mother. However, her father suddenly and tragically passed away from a heart attack during her teenage years which led to some challenging times mentally, emotionally, spiritually, and financially in the years ahead. That being said, New York eventually became too much for the client and her mother to bear on their own, so around 4 years ago when the client's mother was initially diagnosed with dementia, they made the move down to Virginia to live a little more comfortably. Over the years, the client described her relationship with her mother as becoming more and more strained. As her mother continues to decline with dementia, the client has at times grown tired and weary with trying to maintain the day-to-day obligations alone. However, the client mentioned her mother's presence as one of the most comforting things in her life. Additionally, the client mentioned having had a very difficult and distant relationship with her late father. The client noted that her father was incredibly verbally abusive and emotionally unavailable. Further, the client has struggled with some health issues of her own including Rheumatoid Arthritis and obesity. Moreover, Lauren asked to prioritize her Christian values and beliefs within the therapeutic process noting that it has been the only consistent thing that has helped her weather the countless storms in her life.

Presenting Problem

Lauren came to Light Counseling seeking help for what she described as moderate anxiety, panic attacks, and at times feelings of depression. The client also noted a low and/or diminished self-esteem, self-confidence, and self-worth. Lauren noted several times how challenging her

childhood was. The client's father was not only emotionally absent and unavailable, but he was also described as verbally abusive whenever the client or her mother displayed any form of emotions. Therefore, the client learned at an early age to suppress her thoughts, feelings, and emotions. Unfortunately, this has led to self-injury in the past as the client described cutting as being one of her primary coping strategies in the past allowing herself to "feel" and/or "express" the internal pain she was enduring. However, after seeing several counselors in the past, the client was able to develop some healthier alternative coping skills allowing her to see the harm and detriment of cutting. Further, in knowing the client struggles with low self-worth, confidence, and value, the client has also been struggling with guilt here recently feeling like she has not been able to provide for her mother the way in which she should. As previously stated, the client struggles with Rheumatoid Arthritis and her weight which at times limits her ability to adequately care for her mother causing her to fall into the cycle of shame. Additionally, the client's anxiety has been heightened recently due to her and her mother's financial instability. Since the client's full-time job is being her mother's primary caretaker, she gets paid by the government through the Centers of Medicare and Medicaid Services. Unfortunately, here recently some of her payments have not come on time making things difficult financially which has increased both her feelings of anxiety as well as her feelings of guilt and shame. Finally, although the client did not note any use of alcohol and/or drugs in the past or present, she did that food and overspending (when there is money in her bank account) are too unhealthy addictive habits she has developed overtime that she would like help to both limit and eventually overcome. Additionally, although the client has utilized cutting as a coping strategy in the past, she noted that she never cut herself with the intent of suicide or the desire to take her own life. The client stated that the reasoning behind her cutting was simply to express her emotions and allow herself to feel something as she has felt "emotionally numb" throughout the years. That being said, the counselor took the time to remind the client of the danger of cutting as well as teaching her several alternative coping skills and strategies to help her explore, experience, and express her emotions in a healthier way. This self-destructive behavior has and will continue to be assessed and monitored in the weeks to come.

Behavioral Impressions

Lauren was casually dressed and groomed yet appeared disheveled and exhausted. She appeared her stated age of 37 years old. However, the client presents overweight and has notes struggling with health complications due to her obesity. The client made appropriate eye contact throughout the session staying engaged, attentive, kind, interactive, and vulnerable throughout. The client's vocal tones were within normal limits and at times soft whenever she got emotional or shared difficult information. Lauren appeared anxious at the beginning of the session as she occasionally shook her leg or tapped her foot, but she quickly settled in and appeared comfortable by the end of the session. Further, the client did not express any experiences with delusions and/or hallucinations in the past. Additionally, the client was cooperative, and her mood was appropriate and within normal limits throughout the session. The client also presented with normal affect, expressing appropriate facial expressions, pitch of voice, and hand gestures. Overall, the client appeared stable, and her thought process was logical along with her insight being within normal limits.

Relevant Historical Information

History of Presenting problem

Lauren described her primary presenting problem(s) of anxiety as having been present for “as long as she can remember.” She mentioned how she believes the way in which she was raised had a significant impact and influence on her life and really kick-started the fear, worry, and anxiety she continues to live with today. As previously mentioned, the client grew up in a home with a very emotionally absent and disengaged father who at times would verbally abuse the client and her mother. The client took a lot of these things personally leading her to develop several insecurities and triggers that she still struggles with today. The client mentioned that loud noises often set her off into high levels of anxiety, even panic attacks, taking her back to vivid experiences of what it was like listening to her father yelling at her. The client was also strongly encouraged to keep her emotions to herself growing up which caused Lauren to suppress them only leading to the development of a poor self-image and diminished self-esteem and self-confidence. Additionally, since her father’s passing, the client has struggled to find her worth, value, and identity in this life. Further on top of this identity exploration, the client’s mother has developed severe dementia over the last four years adding an immense amount of stress and pressure on the client’s life which seems to be fueling the recent enhancement of her anxiety and panic attacks. However, although this is a lot to unpack, the client seems grateful for the opportunity and motivated to learn and utilize new and beneficial coping skills and strategies to overcome some of the unwanted thoughts, feelings, and emotions.

Biopsychosocial History

Treatment (Psychiatric) History and Family Treatment (Psychiatric) History.

Lauren stated that she has received counseling in the past but noted that she only really connected with a few of those counselors. Upon further examination of what made the therapeutic rapport better with those counselors than the others, the client mentioned the desire to have a counselor who would willingly listen and be nonjudgmental. Further, the client noted that sharing her emotions and feelings is difficult for her, especially since it is not something she’s entirely used to due to her childhood and upbringing. However, when some of those desired characteristics have been implemented within some of the counselors she’s seen in the past, the client has seen tremendous growth and personal development. Moreover, the client did not mention being aware of any other treatment/psychiatric history in her family but has made the claim that if she were to put money on it, she believes her father was both anxious and depressed as well.

Social Relationship History. Lauren expressed having several struggles with forming and maintaining relationships. Since the time she was a little girl, Lauren described herself as someone who was insecure and struggled with really knowing who she was. This then made it difficult for her to find and develop friendships with others as she was constantly worried what they may be thinking and how they may be judging her. Moreover, her father’s verbal wounds only damaged her self-esteem so much so that she could not fathom that anyone could truly like her for who she truly was. These beliefs pushed the client toward loneliness and isolation for the majority of her life leading her

down the spiral shame and eventually self-harm. Thankfully, the client has been regularly growing and fostering her relationship with Christ as well as attending church the last several years which has helped boost her self-esteem and remind her of her personal value and worth, not only to the Lord but also to herself and others. Although still timid and scared, Lauren described her faith as something that has kept her going and has ultimately helped push her into pursuing other relationships with friends and community today.

Academic/Work History. Lauren mentioned always doing well in school and did not describe any hiccups related to her educational journey. The only wish or desire of the client was that she would have gone to college so that she could have a better job. The client has previously worked in and out of grocery stores such as Kroger, Food Lion, and Sam's Club in the past, and currently works as the full-time caretaker of her mother. However, although the client wishes she would have gone back to college, she does not believe she would have had the motivation or drive to ultimately finish the degree.

Medical/Developmental History. Lauren mentioned struggling with Rheumatoid Arthritis which she developed over the last 3-4 years. The client also mentioned a significant weight gain over that same stretch as the added pressure and stressor of having to not only take care of and provide for her mother but also watching her health and memory continually decline on a daily basis has taken a significant toll on her life. That being said, the client mentioned that her doctors have been concerned with her weight and its effects on her heart, especially in knowing that her father died from cardiac arrest.

Addiction Screening (Including Alcohol and Substance Abuse History)

The client shared that alcohol has never been an issue in her life, even highlighting that she has never taken a sip. The client also noted that she has no current or past history with drug use. However, the client did mention that something she struggles with and views as an addiction and/or significant area of concern in her life is her food intake. The client mentioned that she will over-eat and/or eat unhealthy foods to numb/anesthetize the pain in her life. The counselor will certainly further explore and discuss this in detail with the client in the days/weeks to come.

Risk Assessment

The client reported no past or current suicidal ideation, attempts, or plan. However, the client did mention a past involving self-destructive behavior such as cutting. The client tried clarifying that the cutting was done in a way that would do no significant harm, but more so in a way that the client could simply feel and express her pain. Further, upon this clarification, the counselor made sure to inform the client of the danger and detriment of cutting and informed her of healthier alternative coping skills and strategies upfront that the client would be able to engage in right away if need be. Thankfully, the client knows and believes that God has a purpose for her life, and that she would never want to give up on that calling. Continued assessment and monitoring of the client's thought life related to self-harm will be implemented in weeks to come.

Diagnosis

- **300.02 (F41.1): Generalized Anxiety Disorder**
- **300.01 (F41.0): Panic Disorder**
- **Rule out: 309.24 (F43.22) Persistent (Chronic) Adjustment Disorder with Anxiety**
- **Rule out: 309.81 (F43.10): Posttraumatic Stress Disorder**
 - **Z72.9: Problem related to Lifestyle**

Lauren came to counseling with the focus of reducing some of her unwanted thoughts and increasing her ability to both identify and express her emotions in a healthy manner. Additionally, the client mentioned several times that she feels like she has struggled with constant worry and/or anxiety “her entire life” or “for as long as she can remember.” The client mentioned constantly worrying about what others thought of her, as well as struggling with persistent feelings of inadequacy and negative, intrusive thoughts leading to both guilt and shame. Additionally, the client has described feelings of irritability, difficulty concentrating, muscle tension, becoming easily fatigued, restlessness, and sleep disturbance having lasted much longer than the last 6 months. Therefore, as evidenced by all of the above-mentioned symptoms, the diagnosis of Generalized Anxiety Disorder has been given.

Additional to the persistent worry and anxiety, the client also expressed having random and sudden surges of intense fear or discomfort that have caused her to feel as if “she was going to die.” These sudden surges have included the following symptoms: palpitations/pounding heart, sweating, trembling/shaking, shortness of breath, chest pain and discomfort, as well as fear of dying. Further, these “attacks” have only expounded upon the client’s worry and anxiety as now she fears having another attack as well as intensifying her fear of dying from a heart attack like her father. Therefore, as evidenced by all of the above-mentioned symptoms, the diagnosis of Panic Disorder was also given to the client.

Finally, due to the client’s development of unhealthy coping skills and strategies over the years, the Z-code regarding a Problem related to the client’s lifestyle was added to the diagnosis. The client has not only formed an unhealthy relationship with food, but she has also developed the unhealthy habit of buying things compulsively even when her and her mother lack the financial stability.

The reason Generalized Anxiety Disorder and Panic Disorder were chosen over Persistent Adjustment Disorder with anxiety and Posttraumatic Stress Disorder is because although there have been specific defining moments, adjustments, and traumas throughout the client’s life that have enhanced some of her anxiety, the client has described herself as having always struggled with constant worry and fear as well as having reoccurring panic attacks throughout her day-to-day life. Additionally, other than being triggered, the client did not display any other symptoms related to PTSD such as flashbacks, night terrors, etc. The client’s anxiety was also occurring well before the client’s mother was diagnosed with dementia, making the counselor believe that Adjustment Disorder could be ruled out of the equation. Further, due to what is believed to be the source of the client’s anxiety, the counselor plans on exploring the client’s attachment framework and internal working model as she is continuing to have some challenges building

and fostering relationships with others. A further exploration of Bowlby's Attachment Theory will be utilized and explored within future sessions.

Client Impressions

Lauren has presented and expressed several strengths during session including: the ability to care for others, religious beliefs, stable living conditions, transportation available, work history, and a strong motivation to receive help and guidance for the identified and unwanted problem(s). However, the biggest barriers to treatment for this client would involve a lack of trust in others, a lack of ability to manage finances, a lack of family and/or peer support, a lack of good communication skills since she struggles with expressing herself and her emotions, poor physical health, challenges with her decision making skills, a negative core belief that she cannot form or maintain relationships, and continually placing guilt and shame on herself when she feels inadequate and/or that others are continually looking down on or judging her. Currently, the client's coping skills include suppressing her feelings and emotions and then withdrawing from others to either eat or get online to look for deals to buy new things. Unfortunately, the client's emotional absence has only reiterated her belief that nobody cares about her feelings or that she is the problem and has taken a significant toll on her self-esteem and self-confidence. Thankfully, however, the client's faith and relationship with the Lord have sustained her through whatever life has thrown her way.

Case Conceptualization Summary Statement

Lauren's current symptoms of persistent worry, anxiety, and panic attacks (Presentation) are understandable as she tries to balance the intrusive, negative thoughts and beliefs stemming from her childhood experiences which made her think that her feelings were inadequate and that she was never enough (Precipitant). These recurring thoughts and beliefs have ultimately led Lauren to at times feeling sudden surges of fear and panic as she has developed an anxious/ambivalent attachment style (Predisposition) constantly feeling inadequate, abandoned, and unworthy of love, while at the same time overworking and lacking boundaries because she is terrified disappointing or letting others, especially those she loves, down (Perpetuant). Ultimately, these factors appear to be contributing to Lauren's tendency to overthink and worry as she fears the idea of failure and constantly seeks approval and validation from others (Pattern).

Theoretical Orientation and Research/Evidence-Based Treatment

The counselor believes that utilizing a mixture of Cognitive Behavioral Therapy (CBT), Attachment-Based techniques, and Solution-Focused Brief Therapy would be beneficial in helping the client reach her goals of limiting the persistent, intrusive anxiety in her life as well as finding solutions to some of the challenges she faces on a daily basis. According to David et al. (2018) as well as Leichsenring and Steinert (2017), CBT has been identified as one of the most viable therapies used in evidence-based practice for the treatment of mental health disorders. Further, Kaczurkin and Foa (2015) highlight the significant amount of research that has accumulated on the efficacy and effectiveness of CBT approaches when working with anxiety disorders such as Generalized Anxiety Disorder and Panic Disorder (Borza, 2017). CBT has been described as a class of scientifically based interventions which seek to directly "manipulate

dysfunctional ways of thinking and patterns in order to reduce a psychological suffering” (Hoffman et al., 2013). Additionally, CBT has been described as an effective and beneficial tool for helping individuals become aware of inaccurate, pessimistic, and/or negative thinking in order to view challenge and adversity more clearly by replacing negative thoughts with a more appropriate and adaptive way of thinking (Mayo Clinic, 2020). Moreover, several CBT techniques and components have also shown effective in treating Panic Disorder such as relaxation techniques, breathing retraining, cognitive restructuring, interoceptive exposure, and/or in vivo exposure (Pompoli et al., 2018). However, although traditional CBT would seem to be an effective approach, some individuals have continued to demonstrate residual symptoms and impairment or do not respond well to its treatment at all (Baijesh, 2015). Therefore, the use of alternative theories/treatments may prove to be useful in enhancing the effects of CBT, further improving one’s functioning and quality of life (Baijesh, 2015). By adding a Solution Focused approach, the client and counselor will collaboratively construct a vision of a preferred future and focus on the client’s past strengths, successes, and resources to help make that vision part of her daily life (Franklin, Zhang, Froerer, & Johnson, 2016). Moreover, in mixing the two approaches of CBT and SFBT, Lauren and the counselor will focus on the exploration of her thought patterns as well as creating achievable goals through scaling and miracles questions to track the client’s progress.

Finally, due to the lack of emotional attunement and availability during the client’s childhood; diminished self-worth, self-esteem, and self-confidence; as well as her attachment wounds, the counselor believes utilizing some attachment-based techniques would be enlightening for the client to better understand her attachment framework/style and internal working model. Johnson (2015) highlighted the importance of helping individuals dive into their attachment wounds in order to take steps toward healing and developing healthy and secure relationships. He went on to add that this type of work can have life changing results as secure attachment has been linked to nearly every positive index of mental health and wellbeing (Johnson, 2015). In mixing these several approaches and evidence-based treatments, the counselor and client will focus on identifying and exploring Lauren’s thought processes and patterns as well as creating achievable goals to assess her progress throughout the therapeutic process.

Treatment Plan/Research/Evidence Based Treatments

Goals

The counselor and client will continually construct and develop the client’s goals within future sessions. However, as of now the counselor and client have collaboratively confirmed the following goals: developing and implementing healthy and effective coping skills that will allow the client to carry out normal responsibilities within her everyday life; identifying and challenging the client’s maladaptive thought patterns in order to insert more positive and adaptive thoughts and beliefs; explore and increase the client’s self-worth, self-esteem, and self-confidence; and lastly to instill healthy habits within the client’s life that will help her reach her physical goals as well.

Interventions

Therapeutic interventions will include Cognitive Behavioral Therapy and Solution Focused Therapy accompanied by some Attachment-Based techniques as well.

Problem or Concern	Measurable Treatment Goal	Treatment Interventions (Be Specific)	Expected Number of Sessions	Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal	Aftercare Plan/Follow-Up (Means of maintaining treatment gains) (Include titration of treatment dosage)
<p>Experiencing intrusive, persistent, negative thoughts and feelings of stress/anxiety within everyday life.</p>	<p>The client will develop an awareness of her current maladaptive thought patterns in order to challenge and reframe those cognitions.</p>	<p>The counselor will educate and engage in CBT techniques and strategies with the client including thought identification, challenging, and replacement in order to help her limit and eventually overcome the worry and anxiety she faces on a daily basis. The counselor will also assign journaling exercises that allow the client the time and space to effectively process her thoughts, feelings, and emotions.</p>	<p>Lauren will utilize, practice, and implement these thought identification, stoppage, and replacement steps in and throughout the therapeutic process. That being said, the counselor expects this to take around 3-4 sessions for the client to fully understand and begin to change her way of thinking.</p>	<p>The counselor will assess the client's progress through self-report as well as through discussion involving the client's journal entries each week. The client will also be asked to take note of each time she identifies a negative, persistent, unwanted thought in order to keep track of the client's progression or regression in this area.</p>	<p>Before termination, the counselor and client will have several discussions regarding the significance of controlling one's thoughts and reiterate the importance of thought identification, stoppage, and replacement for the road forward.</p>

<p>Experiencing sudden surges of intense fear and anxiety leading to panic attacks.</p>	<p>The client will learn to implement different coping and/or calming skills and strategies in order to manage the intense and sudden panic attacks being experienced.</p>	<p>The counselor will teach the client muscle relaxation techniques such as progressive muscle relaxation where the client will focus on slowly tensing and then relaxing each muscle group in order to relieve herself of stress and anxiety.</p> <p>Additionally, the client will be educated on and engage in the practice of deep belly breathing to calm/soothe herself especially when experiencing panic attacks.</p>	<p>Knowing that mindfulness-based approaches and techniques will not only need to be taught but also practiced several times within session, the counselor believes this skillset may take anywhere from 3-4 sessions to be learned and implemented.</p>	<p>After practicing these mindfulness-based techniques outside of session 5-10 minutes per day, the counselor will ask the client of their effects in her personal life and will assess how the client has been progressing through verbal self-report.</p>	<p>The counselor will continually emphasize the importance of these CBT relaxation techniques throughout the duration of the therapeutic process to strengthen the client's mental toolbox for life after termination.</p>
<p>Diminished self-esteem, self-worth, and self-confidence.</p>	<p>The client will verbalize positive, healthy, and rational self-talk that reduces fear and allows the behavioral encounter with avoided stimuli.</p>	<p>The counselor will help the client explore her current maladaptive patterns of self-talk and will assign homework where the client is tasked with developing positive, truthful statements that will inevitably counter the lies and negative thinking. The</p>	<p>The counselor expects this to take around 2-3 sessions for the client to really understand the power of one's internal voice and to actually begin shifting the way in which she speaks to herself.</p>	<p>The counselor will assess this progression through self-report as well. Additionally, the counselor will assign homework to help enhance this progression.</p>	<p>The counselor will continue to highlight the importance of one's self-talk and the power it has over one's life. Since faith is a priority in the client's life, Scripture memorization may be beneficial as well in being able to recite and reflect on the</p>

	<p>The client will explore her internal working model and attachment framework/style by identifying current and past significant relationships in her life that have either impacted her for good or bad.</p>	<p>counselor will also emphasize the danger of self-harm (cutting) and will help the client expand her emotional vocabulary and creativity in order to more effectively explore, experience, and express her emotions (Jongsma, Jr. et al., 2014).</p> <p>The counselor will have Lauren construct a complete family system's genogram in order to identify the relational patterns within her significant attachment relationships.</p> <p>The counselor will also explore significant attachment wounds with the client and identify ways in which those wounds have impacted her.</p>	<p>The counselor expects the genogram to only take 1 session to construct. Additionally, the counselor believes another 1-2 sessions to review the familial dynamics and relational patterns would be necessary in order to identify how some of those wounds have impacted the client's view of self and the world around her.</p>	<p>Lauren will draw the genogram in session and take it with her to reflect on her familial relationships and how those have impacted and/or influenced the way she does or does not do relationship today.</p>	<p>truth of God's Word rather than the lies of the enemy.</p> <p>The client will be informed on the significance of attachment and how influential these relationships have been on her personal life. Additionally, the client will explore how those relationships have impacted her self-esteem, worth, and confidence.</p>
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<p>Lack of self-care and recovery in the client's personal life.</p>	<p>The client will learn healthy ways to implement self-care in her personal life. The client will be educated on the importance of self-care and will explore some of the prohibiting factors from her experiencing rest and recharge including guilt, shame, fear of failure, and at times a lack of motivation.</p>	<p>The counselor and client will collaboratively make a list of things that the client would identify as beneficial for her to recharge and allow her "cup" to spill over rather than only offering the scraps or what she has left to those she loves, especially her mother.</p> <p>The counselor will also assign homework which will involve the client actively scheduling and/or actually engaging in self-care related activities (working out, hanging out with friends, reading, writing, drawing) to see if this would bring a sense of relief to the client's overall wellbeing.</p>	<p>The counselor expects this to take around 3-4 weeks to not only inform the client of the importance of selfcare, but also to allow the client the opportunity engage in self-care related activities throughout the duration of the therapeutic process.</p>	<p>The counselor will continue to assess the client's self-care engagement and routine through self-reporting during the duration of the therapeutic process.</p>	<p>The counselor and client will continue to collaboratively work toward a healthy view of self, stripping the walls and barriers guilt and shame have created in her life. The counselor will continually emphasize the importance of taking care of one's self so one can more effectively care for others as well. This emphasis throughout treatment will hopefully carry and spillover into life after therapy promoting a sense of newfound confidence and independence as well.</p>
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Ethical Issues

As a current doctoral student at Liberty University as well as a LPC-Resident serving at Light Counseling in Forest, VA there is always the issue of confidentiality where the counselor may see the client in public outside of session and/or around town in knowing the client lives locally

too. However, in accordance to the ACA Code of Ethics (2014), the counselor will only speak to the client if acknowledged by her first to respect her right of privacy. Additionally, the client signed and reviewed both the confidentiality statement as well as the video confidentiality and release of information statement for this assignment.

Multi-Cultural Factors

While working with Lauren, the counselor will be cognizant of both the similarities (ethnicity, age, faith) and differences (gender, socioeconomic status, life experiences) that the counselor and client share. Additionally, the client will be sensitive toward the passing of the client's father even though the client has expressed never being close with her father, even going as far as stating when he passed, she did not know whether or not she should be happy or sad. Further assessment will be needed to assess any other similarities or differences in issues regarding cultural and/or religious concerns or conflicts in the weeks to come. Moreover, the counselor will highlight any issues that may arise to discuss within supervision sessions as well.

Assessment

The counselor conducted an informal initial intake interview style triage assessment with the client to collect Lauren's presenting problem(s), personal and familial psychiatric history, substance and risk assessment, and more. In future sessions, the counselor plans to utilize the Beck Anxiety Inventory in order to assess the client's specific symptomology as well as the severity for each component of anxiety on that scale. This scale will be reassessed several times throughout the therapeutic process in order to identify the client's progression, regression, or stagnancy. Additionally, the counselor will assess the client through self-report while utilizing CBT, Solution-Focused Brief Therapy, and relaxation techniques.

Referral/Access

With appropriate release of information by client, and as needed and desired, the counselor will consult with Lauren's primary care physician in regard to any potential health concern that may develop due to possible panic attacks and/or the client's Rheumatoid Arthritis or weight concerns. Additionally, the counselor will refer the client to her current psychiatrist to reassess/possibly adjust the medication dosage if need be. Ultimately, the client currently has a stable living condition and relationships at home with her mom, so the counselor simply plans on meeting weekly and considering ways to accomplish therapeutic goals with the client in the weeks to come.

Prognosis

Although Lauren has suffered with anxiety and panic attacks for quite some time, stuffed and suppressed her emotions in the past, as well as experienced attachment wounds leading her to develop a poor view of self and others, the counselor believes the prognosis for the client is encouraging and strong. The counselor and client seemed to have established a strong initial bond and rapport making the counselor believe the client will be able to vulnerably process her emotions and feelings in the attempt to find the hope and healing she so desperately seeks.

Additionally, the client has clearly benefited from counseling in the past and it appears she is now more motivated than ever to continue to progress in the right direction. The counselor will continue to monitor Lauren's daily habits, thought processes, self-care, and self-harm tendencies. Ultimately, the counselor is truly excited to walk along side of Lauren during this season of her life.



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