**Case Conceptualization, Diagnosis, and Treatment Plan**

**Counselor:** **Counselor Name Client:** **Client Name**

**Part I. Case Conceptualization**

**Case Description**

Client Name is a age year-old marital status/sexual orientation sex of racial/ethnic/religious/educational/etc. background. He/She was referred for type of service by Name. The presenting concerns were list concerns. From the client’s perspective, he/she was referred to counseling services because list client problems from their perspective.

**Presenting Symptoms**

Client name is experiencing list criterion symptoms which started time of onset and occur frequency. Duration and intensity information (if available). Client Name exhibits these symptoms in his/her relationships with names or relationship of individual(s), and in the following environments: list environments/situations. These symptoms cause distress in terms of impact on well-being and impairment in terms of describe activities of daily living, relationship strain/conflict, and/or developmental lags. These symptoms best fit the profile of list diagnoses, with primary first.

Further and/or ongoing assessment will be necessary in order to rule out diagnosis. This diagnosis should be considered because list symptoms that could be attributable to this disorder. This diagnosis cannot be ruled out at this time because provide explanation.

**Response Process and Style**

***Wave1.*** Client name’s symptoms can be understood through examining their response style to immediate threats or rewards detected in their environment. When the client initially senses a threat or reward within their environment, the sympathetic branch of their autonomic system is quickly activated before conscious awareness occurs, resulting in experiences of list symptoms: emotional, physiological, behavioral. During these moments, the client:

* [seeks further stimulation],
* [approaches the stimulus to attack and be combative],
* [approaches others to ask for help and support],
* [avoids the stimulus by withdrawing from the situation and from others],
* [avoids thoughts, feelings, and physiological reactions associated with the stimulus],
* [freezes up and feels unable to make decisions].

Eventually, Client name becomes conscious of these consequences, and they begin to appraise their response. The client’s self-appraisal of their response often consists of list cognitive processes here, including cognitive distortions such as intellectualizing. These self-appraisals result in further experiences of list symptoms: emotional, physiological, behavioral.

***Wave2.*** Client name’s symptoms can also be understood through examining their response style when immediate threats or rewards are not detected in their environment. Client name tends to ruminate and overthink about past and future events, including list cognitive processes here, including cognitive distortions such as intellectualizing. They are also prone to negative appraisals of themselves and their situation. These ruminations and self-appraisals result in experiences of list symptoms: emotional, physiological, behavioral.

The client’s predominant response process appears to be a Wave1, Wave2, or combination process. The client’s predominant response style appears to be an approach, avoid, freeze, or combination style.

**Context of Response Process and Style**

It is hypothesized that the client is experiencing these symptoms and response styles because of unresolved core issues that are causing and/or perpetuating dysfunction. These core issues are insert core issues here. Once initial symptoms have been resolved, it would greatly help this client long-term to resolve these issues by indicate actions the client will need to take to resolve these issues. Once resolved, it is anticipated that the client will have a reduced likelihood of recidivism of symptoms listed above.

Additional information that is important to keep in mind to best understand Client Name is additional information that clarifies what makes this person’s presentation unique. Client Name lives with description of housing situation. The cultures that seem to be most contributing to his/her current experience are describe family, child care and other relevant cultures. These cultures impact the client’s mental health by describe impact of cultural variables on symptoms; especially consider oppression/marginalization experiences in Wave1 processes, and cultural interpretations of physiological/emotional responses for Wave2 processes. The strengths that seem most relevant to his/her current development are describe strengths.

In order to place Client Name’s symptoms in context, it is important to note that there is a family history of list family history of mental health and substance use disorders. Furthermore, he/she [and his/her family?] has/have been experiencing significant stress in terms of list stressors which is/are likely contributing to his/her difficulties.

**Treatment Approach**

Regarding treatment needs, Client Name currently seems to meet the criteria for outpatient/inpatient/partial treatment/aftercare (as appropriate) service level on the continuum of care.

The theoretical approach that this client would most benefit from is neuroscience-informed cognitive-behavior therapy. This approach is likely to be successful because nCBT directly addresses list presenting symptoms and/or response styles. Following the nCBT model, the counselor will attend to physiological reactions initially, to develop a rapport and trust, assess predominant response style, form goals collaboratively, work through any alliance ruptures, provide psychoeducation about Wave1 and 2, and evaluate client belief in the nCBT model. Outcomes measurements will be used to track progress. Next, the client will receive Wave1 interventions to build the brain from the bottom-up through repetitive daily practice that facilitates state-dependent learning. Wave1 interventions that may be especially useful include list Wave1 interventions, which directly target symptoms of list symptoms. The client will then connect bottom-up processing to top-down processing through becoming more aware and accepting of emotional and physiological activation. Wave 2 interventions that may be especially useful include list Wave2 interventions, which directly target symptoms of list symptoms.

**Legal and Ethical Concerns**

Some potential legal and ethical concerns that may arise in this case include describe here; consider how these might impact the counseling relationship. The basics of confidentiality, informed consent, disclosure of services provided, and fee arrangements will need to be addressed from the outset. In addition, I will use consultation and supervision to describe how this could be useful for legal/ethical issues.

It is hoped that with increased support Client Name distress will diminish so that his/her list positive qualities and strengths can lead her/him along the path of optimal development.

**Part II. ASSESSMENT PROCEDURES AND RESULTS**

**Symptoms Exhibited**

1. Symptom (as many as needed)
2. Symptom (as many as needed)
3. Symptom (as many as needed)
4. Symptom (as many as needed)

**Assessment Procedures**

1. Brain-Based Measurement [if used]

2. Physiological Measurement [if used]

3. Predominant Response Style Questionnaire

4. Multidimensional Assessment of Interoceptive Awareness

5. Cognitive Distortions Scale

6. DSM-5 PROMIS Level 2 Symptom Checklists

7. Mental Status Examination (if used)

**Results of Assessments**

***Brain-Based Measurement.*** The client completed an EEG protocol that measured brain activity at insert here sites. The client’s assessment indicated insert here. Treatment targets include insert here.

***Physiological Measurement.*** The client completed a protocol that measured breath rate, heart rate, heart rate variability, peripheral skin temperature. The client’s assessment indicated insert here. Treatment targets include blank.

***Predominant Response Style.*** The client completed the Predominant Response Style Questionnaire at the time of the session number. The client indicated a problematic Wave1 process was frequently/infrequently experienced, described as enter here. This process occurred with enter here frequency and enter here intensity. The client indicated a problematic Wave2 process was frequently/infrequently experienced, described as enter here. This process occurred with enter here frequency and enter here intensity. The client’s response process appears to be a predominant Wave1, Wave2, or combined Wave1 and 2 process. The client’s predominant response style appears to be an approach, avoid, ambivalent response style, defined as [approach] moving toward the stimulus, in either a sensation-seeking or combative/aggressive manner, [avoid] moving away from the stimulus, associated with social withdrawal or attempting to minimize thoughts and feelings, [ambivalent] feeling stunned or conflicted/mixed about moving toward or away from the stimulus, resulting in inability to make a decision.

***Interoceptive Awareness.*** The client completed the Multidimensional Assessment of Interoceptive Awareness assessment at session number session. Interoceptive awareness is defined as an attunement to physiological sensations and feelings within the body. Their scores indicated enter here. The client’s level of interoceptive awareness is/is not a focus of treatment.

***Cognitive Distortions Scale.*** The client completed the Cognitive Distortions Scale assessment at session number session. Notable cognitive distortions included enter here. The client’s cognitive processes are/are not a focus of treatment.

***DSM-5 PROMIS Level 2 Symptom Checklists.*** The client completed DSM-5 symptom checklists that assess anger, anxiety, depression, inattention, mania, obsessive-compulsiveness, panic, posttraumatic stress, separation anxiety, sleep disturbance, social anxiety, somatic symptoms, substance use at session number session. Their scores indicated a symptoms associated with disorder. Especially notable symptoms included enter here.

***Mental Status Examination.*** Affect was full/broad, flat/blunted, congruent, incongruent, mood was euthymic, dysthymic, depressed, euphoric, labile. Form of thought was logical, circumstantial, tangential, loose associations, flight of ideas, [if indicated] with distractible, preoccupied, or ruminative attention, and [if indicated] latent speed of thought or racing speed of thought. Consciousness was alert or impaired, and oriented/disoriented to time, place, person, and situation, [if indicated] with dissociative episodes. Memory was intact, impaired with retrograde amnesia, impaired with anterograde amnesia. Motor was relaxed, restless, hypoactive, hyperactive, agitated, catatonic, apathetic. Speech was regular rate and rhythm, laconic, pressured, disorganized, monotone. Interpersonal issues observed include [if indicated] aloof, avoidant, contempt, defensiveness, dismissiveness, defiance, guardedness, hypervigilance, suggestibility [or “no interpersonal issues observed”]. Intrapersonal issues observed include [if indicated] conceitedness, grandiosity, intropunitive tendency, splitting, catastrophizing [or “no intrapersonal issues observed”]. Indications of psychosis include [if indicated] auditory, gustatory, olfactory, tactile, visual hallucinations [if indicated] bizarre, control, erotomatic, grandeur, infidelity, persecution, reference delusion. Appearance was well groomed, immaculate, disheveled, unkempt, underdressed, overdressed.

**DSM-5 Dimensional Diagnosis**

*Code Disorder*

DSM-5 Code Primary Diagnosis(Primary)

DSM-5 Code Additional Diagnosis (repeat as needed)

(DSM-5 Z-Code or T-Code) Situational Issue (repeat as needed)

R/O DSM-5 Code Rule-out diagnosis (repeat as needed)

**Part III. Treatment Plan**

**Provide a brief treatment plan for this case.**

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| --- | --- |
| First Goal (A): | Increase/Decrease symptom |
| Intervention A: | Attend to physiological reactions initially, to develop a rapport and trust, assess predominant response style, form goals collaboratively, work through any alliance ruptures, provide psychoeducation about Wave1 and 2, and evaluate client belief in the nCBT model. |
| Expected Result: | Describe anticipated result(s) of intervention |
| Measured By: | Name or describe how you will measure goal achievement/improvement (frequency counts, time duration, intensity scaling, psych tests, etc.), Credibility/Expectancy Questionnaire |
| Achieved By: | List date, or "Evaluate after X sessions," etc. |
|  |  |
| Second Goal (B): | Increase/Decrease symptom |
| Intervention B: | Build the brain from the bottom-up through repetitive daily practice that facilitates state-dependent learning. Wave1 interventions include List Wave1 interventions. |
| Expected Result: | Describe result(s), using concrete numbers |
| Measured By: | Name or describe how you will measure goal achievement/improvement (frequency counts, time duration, intensity scaling, psych tests); This is often the same as your measurement from Intervention A |
| Achieved By: | List date, or "Evaluate after X sessions," etc. |
|  |  |
| Third Goal (C): | Increase/Decrease symptom |
| Intervention C: | Connect bottom-up processing to top-down processing through becoming more aware and accepting of emotional and physiological activation. Wave 2 interventions include list Wave2 interventions. |
| Expected Result: | Describe result(s), using concrete numbers |
| Measured By: | Name or describe how you will measure goal achievement/improvement (frequency counts, time duration, intensity scaling, psych tests); This is often the same as your measurement from Intervention A |
| Achieved By: | List date, or "Evaluate after X sessions," etc. |
|  |  |
| Closing Goal (D): | Conclude treatment by reinforcing Describe a gain to consolidate/generalize from Goals A, B, and C; do not introduce a brand new goal here |
| Intervention C: | Describe intervention |
| Expected Result: | Describe result(s), using concrete numbers |
| Measured By: | Repeat measurements from Interventions A, B, and C |
| Achieved By: | List date, or "Evaluate after X sessions," etc. |