

Benchmark Presentation Case Conceptualization

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To protect the confidentiality of the client, he will be referred to by the pseudo-name of Rex Bradley.

Demographic Information

The client, Rex, is a 64-year-old, Caucasian, male who is divorced and works from home for PETCO as senior operations manager with a staff of 40 people. Rex also has a 21-year-old daughter, Amber, who recently moved out due to his current relationship.

Presenting Problem

The client presents with Unspecified Anxiety Disorder as evidenced by overthinking, increased feelings of nervousness, and feeling overwhelmed. The client has been experiencing these symptoms for approximately 4 months due to dating and daughter relationships.

Behavioral Impressions

The client was oriented X4 during the intake. The client also made good eye contact and had audible and comprehensible speech, though rapid at times. The client was clean, dressed appropriately, and well-groomed. The therapist did observe that the client had hand tremors, but this was due to the client being diagnosed with Parkinson's disease. The therapist also observed that the client overthinks every situation and wrestles with emerging thoughts and behaviors. The client disclosed no former mental health treatment.

Relevant Historical Information***History of Presenting Problem***

The client began dating using a dating website this year and is in his second relationship. At the time of intake, the client had been in the relationship for four months; however, the problem has

persisted since he began dating this year. At the beginning of his current relationship, his daughter lived with him in his ocean-front condo but now resides in her apartment that Dad funds with the understanding that she will get a job and take over responsibility. The daughter and the current girlfriend have had negative interactions, and the dad feels caught in the middle. The girlfriend abuses both alcohol and medical marijuana and has recently lost her job. She also moved some of her belongings into the client's home without the client's clear understanding. When inebriated the girlfriend verbally abuses the client. The client refers to his girlfriend as mean Alice and nice Alice.

Psychiatric history of self and family

The client grew up in a Christian home and had one sibling, a sister who is 59 years of age. The client states that both parents were nurturing and supportive. The client was married for 17 years and lived in San Diego. His ex-wife is Puerto Rican. He and his ex-wife adopted Abby, their daughter and only child. His daughter has a history of drug and alcohol use which led to addiction and a period of psychosis in which she almost died. The client seems to be the parent that takes the most responsibility for helping Abby. He got divorced 5 years ago. Four years ago, the client moved from California to Florida to take care of his parents who were both diagnosed with dementia. Both parents are now deceased and died a couple of years ago. The client has no history of mental health treatment.

Social Relationship History

The client has many friends in California and Florida. However, his current communication with them is measured because his girlfriend watches his phone and listens in on his calls. The client also attends local concerts, enjoys dining out, walking the beach, and

traveling. The client communicates that he is a Christian with Christian beliefs but does not attend church or spiritual corporate gatherings.

Academic/Work History

The client has worked for PETCO corporation for 30 years. He works remotely and has a staff of over 40 people. The client communicates that his work is effortless as he has a well-trained, dedicated staff whom he trusts. He also communicates that managing this type of staff allows him to have more fluidity in his schedule and life.

Medical and Developmental History

The client has a diagnosis of Parkinson's Disease but tends to minimize its impact on his life. The therapist observed that the client has a visible tremor in his hands and arms which intensifies when his anxiety increases. The client has no other medical concerns. The client does wear glasses. As a child, the client had no developmental issues.

Addiction Screening

The client does drink alcohol socially but has no alcohol or illicit substance abuse. The client does not smoke anything.

Risk Assessment

The therapist assessed the client's suicidal/homicidal (SI/HI) ideation. The client denies any SI/HI.

Diagnosis

DSM-5-TR F41.9 Unspecified Anxiety Disorder Primary

Symptoms: overthinking, increased feelings of nervousness, and feeling overwhelmed. The client has been experiencing these symptoms for approximately 4 months

The client would like to receive treatment in the form of therapy to improve his daily life functioning. The client denies SI/HI at this time.

Client Impressions

Client is an intelligent, amiable man who is ready to learn and do the required work for change. However, the client struggles with guilt, people-pleasing, and appropriate self-confidence and seeks to please others over himself. The client's struggles are evident from the characteristics of his current relationship and his past relationship with his daughter during her addiction. Though he and his daughter's relationship has grown and become more interdependent, client still examines his own life through other's lenses.

Case Conceptualization Summary

The client, Rex, is a 64-year-old, Caucasian, heterosexual male. He presented to the counseling office to address his symptoms of overthinking, increased feelings of nervousness, and feeling overwhelmed. He communicated that he needed help getting a life balance and making good decisions for his life. (presentation) Client communicates that he tolerated verbal maladaptive behavior from his ex-wife for several years, is currently facilitating the recovery of his daughter's drug addiction, and is dealing with his current girlfriend who is also addicted to marijuana and alcohol and is also verbally abusive to the client. (precipitants) The client refers to his girlfriend as mean and nice and struggles with setting boundaries for the mean one (predisposition). All these factors contribute to the client's propensity to self-doubt, not trust his thoughts, and delay making decisions. Rex reports that he still has the support of very close friends, local and in California. Rex also communicates that he is ready for change and improvement in his daily functioning. (protective factors)

Theoretical Orientation and Research/Evidence-based Treatment

I am not a clinician that typically uses one modality. The theoretical orientations I use the most are person-centered, Cognitive Behavioral Therapy (CBT), and narrative therapy. The orientation that I use depends on the client and the situation. I always begin sessions with new clients employing the person-centered approach. Person-centered therapy, also called Rogerian therapy was developed by Carl Rogers (Yao and Rian, 2023). The person-centered approach allows me to establish a therapeutic rapport with the client by understanding that the client is the expert in his life and can communicate the direction therapy needs to go (Yao and Rian, 2023).

The next modality I will employ is Cognitive Behavioral Therapy (CBT). CBT was developed by Aaron Beck and focuses on the relationships between autonomic thoughts, cognition, and behavior (Chand, et. al., 2023). This approach allows the clinician to assist the client in changing his negative thought patterns by teaching him to recognize his triggers, and challenge and reframe his thoughts. It will enable the client to understand his coping skills and choose to make improvements. Along with CBT, I will employ psychoeducation to educate the client on how the parasympathetic and sympathetic nervous systems operate and affect behavior. It is important to psychoeducate the client regarding his presenting problem and somatic effects in relationship to treatment planning and a positive therapy outcome (Sarkhel, et. al., 2020).

In conjunction with CBT, I will teach the client three mindfulness exercises to mitigate his anxiety, to improve his daily functioning. When using mindfulness with CBT it is referred to as Mindfulness Cognitive Behavioral Therapy (MCBT). Mindfulness exercises assist the client in stimulating his parasympathetic nervous system which tells his body to relax (Hoffman and Gomez, 2017).

Ethical Issues

Prior to Rex's first session, he signed and submitted an Informed Consent form educating him on the privacy practices, HIPPA terms and conditions, and payment and cancellation policies of the counseling office. The client provided his credit card information to be added to the system for payment. The client also signed the consent form associated with the Liberty University Practicum class which granted video recording access to the client to be used only for the practicum class. As the counselor, I informed the client that he had the right to refute video access as well as request any recordings to be deleted at any time.

Multicultural Factors

Rex identifies as Caucasian. He reports his parents as Caucasian and that he grew up in a typically loving family. Rex also reports growing up in a Christian home and that he maintains the same faith as an adult. He does communicate that he does not go to church but still believes in corporate gathering spiritually, prayer, and the scripture of the Bible. The client also is amiable to include spirituality in the counseling session.

Assessment

Though the client shows clear signs of anxiety, he prefers to participate in talk therapy without the use of assessment tools. As such, no assessments were conducted.

Referral Access

The practice does not offer psychiatric services thus if the client needed pharmacological assistance, I would have to refer him to see his primary care physician or to a psychiatric office for evaluation and a medication consult. However, the client has stated he, "doesn't want medications." Therefore, no referrals will be needed.

Treatment Plan Goal Chart

Problem or Concern	Treatment Plan Goal Chart	Treatment Interventions	Expected Number of Sessions Devoted to Reaching This Goal	Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal	Aftercare Plan/ Follow-Up (Means of maintaining treatment gains) (Include titration of treatment dosage)
Anxiety as evidenced by overthinking, increased feelings of nervousness, and feeling overwhelmed.	Rex will be able to recognize the triggers causing anxious behavior	Thought journaling, Recognizing distorted thoughts, Cognitive challenging, and Reframing	4	Journaling	Give client thought record spreadsheets to take home and utilize.
Anxiety as evidenced by overthinking, increased feelings of nervousness, and feeling overwhelmed.	Rex will be able to learn coping skills to mitigate anxiety	CMBT - Mindfulness	4	Self-Report	CMBT Handouts Book: The Body Keeps Score by Bessel Van Der Kolk
Anxiety as evidenced by overthinking, increased feelings of nervousness, and feeling overwhelmed.	Leo will recognize and set a minimum of 3 boundaries to mitigate anxiety	Setting Boundaries Worksheet Circles of Influence and Control Exercise	4	Journaling & Self-Report	Setting Boundaries Worksheet