

**Case Conceptualization One**

Kerbie Marc

Department of Counselor Education and Family Studies, Liberty University

## CASE CONCEPTUALIZATION ONE

### Case Conceptualization One

#### I. Demographic Information

Pseudonym: Jane Dawson  
Age: 50 yrs old  
Gender: Female  
Family unit: Married with two children  
Occupation: School Social Worker

#### II. Confidentiality

Confidentiality and its limits were discussed with Jane at several intervals – during intake and with reminders during the first two sessions. Jane was advised that the information discussed during therapy would remain confidential but would need to be disclosed if she expressed thoughts of self-harm, harm to others, or if someone was causing her harm. On rare occasions, therapists can also receive orders through the legal system to disclose client information, at which point she would be notified. Confidentiality can also be revisited at any point during the therapeutic process by either therapist or client.

#### III. Presenting Problem

Jane is seeking therapy because she will be transitioning professionally and personally within the next three years of her life. Professionally, she is close to retirement with only three years left. She is concerned about her life during retirement and does not know what she will do, who she will meet, and how she will spend her days. Jane has worked as a school social worker for 27 years and has enjoyed every part of the process. She mentioned her ability to start as a novice social worker who faced some rejection but was able to build confidence over time along with a network of trusted friends and colleagues. She is concerned about leaving those colleagues behind to start a new phase of her life where she will have to meet new people. She is afraid of being rejected and disliked by strangers who do not have knowledge about her professional work. Jane mentioned building a legacy of quality service for her families and fears that she will lose that identity once she crosses over into retirement. She is concerned about having to start a new phase of life all over again and without the support and admiration of her colleagues. Jane mentioned that her profession is now part of who she is, which would mean that she has to redefine her identity upon retirement. She reports feeling more anxious about retirement as she gets closer to it.

Jane has two children who are in their early to mid-twenties. She mentioned that her oldest son purchased a home with his girlfriend last year and knows that eventually he will get married. The youngest son who will be graduating colleague in one year will be leaving home upon graduation, which will make her and her husband empty nesters. Jane mentioned having children at a young age hence why she feels that part of her identity involves being a mom. She fears that once her last child is gone, her identity as a mother will change – she will no longer have to be a “hands on parent” as her children will be “officially grown” and will not require the level of care that they have needed for the past twenty plus years.

## CASE CONCEPTUALIZATION ONE

Jane's first onset of anxiety began when she was five years away from retirement and has steadily increased in intensity over the past two years. She feels that her mind is constantly thinking about retirement and not having her kids at home anymore. As a result, she is sleeping less hours at night causing her to feel more fatigued during the day. She is more interested in exploring her professional transition into retirement over being an empty nester given that it is too painful. She prefers to lock her feelings in a box, and put them away until she absolutely has to face them.

### IV. Behavioral Impressions

The following summary is a compilation of information gathered during intake and the first session. On both occasions, Jane was oriented times four, appeared her age, well groomed, calm, and communicative. Her speech was normal and affect consistent with shared emotions. She was attentive and her thought process was linear as she was able to start and finish a train of thought without disruption. Jane answered questions appropriately with congruency. Her mood fluctuated between normal to anxious depending on the topic being discussed. For instance, she mentioned feeling anxious when discussing retirement and how this transition will impact her identity.

During intake, a suicide assessment was conducted for preventative measures, although Jane did not allude to thoughts of self-harm. Jane did not have any thoughts of suicidal or homicidal ideation. No history of delusions, hallucinations, obsessions, or phobias were disclosed.

### V. Relevant Historical Information

#### A. *History of the Presenting Problem*

Following are Jane's presenting problems:

- ⇒ Jane reports concerned and worried as she transitions from being a working professional into retirement. She reports a growing sense of anxiety as her working years become shorter causing her to fully entertain thoughts of her life during retirement. She is losing sleep as her mind continues to race regarding both retirement and becoming an empty nester. Jane has been proactive at seeking mentorship from colleagues who are already retired. These conversations have allowed her to contemplate several options during retirement. However, Jane does not want to explore thoughts or feelings regarding being an empty nester because it is too painful.
- ⇒ Jane reports being concerned about transitioning from having her children live at home to being an empty nester with her husband. She shared that two years ago, her children did not come home for two years, which gave her a preview of what her life will be like when she becomes an empty nester. However, she was not as severely affected by their absence during those two years as much as she is at the thought of not having them live at home indefinitely. Jane has chosen to not deal with the feelings of being an empty nester and chooses to focus on other topics instead until she absolutely has to face that reality.
- ⇒ Jane is experiencing an identity crisis as she transitions from working professional to retired, and active mother to empty nester.

## CASE CONCEPTUALIZATION ONE

### B. *Biopsychosocial History*

*Psychiatric history of self and family* – Jane shared that her mother has a history of depression. Growing up, she witnessed her mother navigate through life choices that negatively impacted her life. As a result, she told herself that she would make better decisions and provide more stability for her children. Jane's biological father separated from her mother at an early age. She identifies her stepfather as her dad, given that he has been part of her life since before teenage years. As a result, Jane does not have information about her biological father's medical and psychiatric history. Jane also reported that she has never been hospitalized for psychiatric reasons. Her first encounter with therapy was during her husband's infidelity over ten years ago. Since, she has been in and out of therapy as needed.

C. *Social relationship history* – Jane reported having a healthy social and professional life. Socially she and her husband are part of a couple's group in their neighborhood that meet socially occasionally. She also speaks highly of her friends and colleagues with whom she has worked for years. They have offered praise and professional support, which helped her to achieve some of her professional endeavors. She felt proud of the professional network that she has built over 27 years as a school social worker. She mentioned being well respected at work and having outstanding colleagues.

D. *Academic/Work history* – Jane has worked as a school social worker for 27 years and is a Licensed Clinical Social Worker. She has a master's degree in social work and considered continuing towards a doctoral degree in her field but decided against it. She mentioned that it was too much work and did not want to fail in school at her age especially when she felt complete satisfaction with her professional achievements. Last year, she was promoted to being the supervisor for her department, which is a role that she was apprehensive to take at first. She feared that her colleagues would reject and not respect her position as their supervisor. Nevertheless, they were overly supportive of her promotion which gave her a sense of gratification and pushed her to accept the position.

E. *Medical/Developmental history* – Jane did not report any significant developmental concerns in her medical history. The only medical surgeries reported were wisdom teeth extraction and two cesarians with the birth of her children. More information is needed regarding her medical background, which will be assessed throughout therapeutic journey.

## VI. **Addiction Screening**

During intake, Jane was prompted to take the Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS) found on the National Institute on Drug Abuse (NIDAD, 2022) website. This is a brief screening tool that assesses for overall alcohol, prescribed, and unprescribed drug use. The results revealed minimal risk, which are subsequent with what Jane reported. Jane shared that she drinks alcohol socially with one to two glasses maximum. She also enjoys a glass of wine occasionally while reading a

## CASE CONCEPTUALIZATION ONE

book. However, she does not always drink wine during that time but also alternates between coffee, or tea. Jane reported never using recreational drugs.

### VII. Risk Assessment

The intake process involves the Columbia-Suicide Severity Rating Scale Screen Version (C-SSRS), which is an easy tool provided by the Research Foundation for mental Hygiene, Inc. (2008). Jane rated low risk on the screening tool given that she denied suicidal ideation. Given that the tool does not screen for homicidal ideation, the therapist simply inquired whether Jane had thoughts of killing or harming anyone, which she denied.

### VIII. Diagnosis

Jane meets the criteria for the following DSM-5 diagnoses:

#### **300.02 (F41.1) Generalized Anxiety Disorder (primary diagnosis)**

Jane's worry about retirement and being an empty nester has steadily increased over time as she gets closer to transitioning in both areas. She reported thinking about retirement excessively along with losing sleep and feeling more fatigued.

#### **309.24 (F43.22) Adjustment Disorders, with Anxiety (secondary diagnosis).**

Jane has developed symptoms in response to two life stressors – future retirement and empty nesting. These symptoms have been consistent since she began worrying about both life events. Her symptoms involve excessive worry and thought restlessness. Other diagnoses considered were related to Acute Stress Disorder and Specific Phobia. However, Jane did not quite meet the requirement for those items.

#### **301.82 (F60.6) Avoidant Personality Disorder (third diagnosis).**

Jane meets the criteria for this diagnosis given that part of her worry towards retirement involves meeting new people who are not aware of her professional accolades. Jane has a history of fearing rejection or criticism from others as evidenced by her initial apprehension to accept the leadership position at work. She also shared discomfort leaving the professional network that she built in order to start over again during retirement. The other diagnosis considered for this section was related to Social Anxiety Disorder. However, this diagnosis was more suitable.

### IX. Client Impressions

Jane's strengths are in her ability to engage in introspection and assess what she needs in order to be successful. For instance, she is cognizant that her habit of avoiding feelings by locking them in an imaginary box and not addressing them can lead to maladaptive responses. She was able to take proactive measures in consulting with trusted colleagues who are currently retired to discuss options and learn more about their experience. Such proactive measure to consult with others is a strategy that she has been using since early in her career and has proven to be beneficial.

## CASE CONCEPTUALIZATION ONE

Jane's unwillingness to explore her transition to being an empty nester is one of her barriers. She fears addressing the issue given the amount of pain that this transition brings her. Avoidance of uncomfortable situations or pain seems to play a role in her decision-making process. In the same way that she has a history of avoiding rejection, she is also choosing to avoid the exploration of this painful topic.

### X. **Case Conceptualization Summary**

Based on the information gathered, it seems that as Jane began to approach two major life transitions - retirement and being an empty nester (precipitant), she avoided thoughts and feelings about the matter (maladaptive pattern) as a coping mechanism to avoid discomfort, pain, and rejection (predisposition), which could be connected to the absence of her biological father. As a result, she is experiencing anxiety, fatigue, and sleep disturbance (presentation), which are perpetuated by not exploring thoughts and feelings (maladaptive pattern) regarding those transitions.

### XI. **Theoretical Orientation and Research/Evidence-based treatment**

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) references Cognitive Behavioral Therapy (CBT) as a viable treatment for generalized anxiety disorder (GAD), adjustment disorders (AD), and avoidant personality disorder (APD). CBT has the ability to change both interpersonal and self-related thoughts in patients diagnosed with GAD (Gómez Penedo et al., 2021). For patients under the AD category with either depressive or anxiety symptoms, CBT is a catalyst for helping them to make meaning out of their lives with the purpose of increasing adaptive responses (Marco et al., 2020). Although the research was limited as it pertains to the effects of CBT on APD, Rees and Pritchard (2015) were able to utilize CBT strategies to improve the quality of life of their participants. CBT was effective at addressing cognitive distortions that were contributing to negative psychological responses.

### XII. **Treatment Planning**

#### A. **Goals:** Jane's goals are the following

- ⇒ Decrease fatigue and increase the number of hours that she remains sleeping at night.
- ⇒ Reduce racing thoughts about retirement and her children no longer living at home.
- ⇒ Decrease anxiety.
- ⇒ Explore thoughts and feelings about being an empty nester.

#### B. **Interventions:** Given the empirical research regarding CBT, GAD, AD and APD, CBT interventions will be utilized in treatment planning.

Dx/Problem	Long Term Goal(s)	Short Term Goal(s)	Evidence Based Inter
------------	-------------------	--------------------	----------------------

## CASE CONCEPTUALIZATION ONE

Feeling fatigued throughout the day.	Jane will feel more energetic throughout the day.	Jane will schedule a full medical evaluation with primary care physician (PCP) within two weeks of the start of therapy.	The goal is to rule out medical possibility that potentially contribute to increased fatigue that is nonpsychiatric or substance-induced (Jongsma et al., 2021).
		Jane will attend and complete scheduled medical evaluation with PCP within two months of the first therapy session.	
Not sleeping as many hours at night.	Jane will return to her normal sleeping hours at night.	Jane will schedule a full medical evaluation with primary care physician (PCP) within two weeks of the start of therapy.	The goal is to rule out medical possibility that potentially contribute to decrease in sleep hours at night (Jongsma et al., 2021). Keeping a log will assist in creating a baseline for sleeping hours and will track whether the interventions implemented are working overtime.
		Jane will attend and complete scheduled medical evaluation with PCP within two months of the first therapy session.	
		Jane will follow and implement medical advice/medication/etc.	
		Jane will keep a log of the number of hours that she sleeps every night for the first three months of therapy.	
Racing thoughts, feelings of anxiety and worry.	Jane will increase her ability to cope with life's anxieties and worries.	Jane will complete a psychological test to evaluate the extent and symptoms of her anxiety and worry within one month of the first therapy session.	The goal is to evaluate the extent of Jane's anxiety and how it is affecting different areas of her life (Jongsma et al., 2021). After receiving results, engaging in psychoeducation can help Jane increase her quality of life through meaningful activities (Marco et al., 2020) and with other therapeutic interventions.
		Jane will receive psychoeducation regarding anxiety and	

## CASE CONCEPTUALIZATION ONE

		worry at least 1x per month during therapeutic journey.	interventions to reduce feelings of anxiety and worry. These interventions will involve
		Jane will learn at least two CBT interventions within three months of the first therapy session.	mindfulness/relaxation techniques, and cognitive reconstruction (Gómez Penedo et al., 2021)
Avoids exploring feelings about being an empty nester.	Jane will explore feelings about being an empty nester.	Jane will explore historical experiences that may be contributing to her pattern of avoidance within the first three months of therapy.	Rees and Pritchard (2015) suggest addressing cognitive distortions in patients with avoidant patterns for the purpose of reducing anxiety and worry. Cognitive restructuring/ reframing (Gómez Penedo et al., 2021), attention shifting (Rees and Pritchard, 2015), are the techniques that can be used with Jane with this process.
		Jane will write at least one journal entry per week regarding her thoughts/feelings about being an empty nester. First prompt – “What does it mean to be an empty nester?”	
		Jane will participate in at least one CBT intervention per journal entry.	

XIII. **Ethical Issues**

Ethical considerations for Jane involved reiterating confidentiality and its limits. The therapist also had a discussion regarding appropriate ways to navigate the client-therapist relationship. The following topics were addressed:

- Therapist responsibility – the therapist is responsible for always keeping open communication with the client including going over assessments, their results and interpretation. The therapist will answer all the client’s questions to the best of her ability.
- Client responsibility – to always maintain open communication with therapist by asking questions when something is unclear and informing the therapist of any discomforts.
- Professional relationship and gift giving – the client-therapist relationship is strictly professional. A relationship outside of the therapeutic environment is not acceptable. The therapist cannot accept gifts from the client, nor is it expected.

XIV. **Multi-cultural Factors**

## CASE CONCEPTUALIZATION ONE

Jane is a Caucasian American female. She has lived in the south her entire life, although not always in the state of Georgia. Her family uphold southern practices, which the most important to her revolves around her Christian beliefs. Jane is a devout Christian and although she does not attend church every Sunday, she identifies as being spiritual and having a connection with God. She would like for her Christian beliefs to be considered throughout the therapeutic process. More information is needed on Jane's cultural background, which will be assessed in future sessions.

### XV. **Assessment**

At the onset of the therapeutic process, Jane was interviewed informally in order for the therapist to assess presenting problems, medical background, biopsychosocial history, and cultural factors at hand. The client completed the TAPS assessment, which is a brief tool that screens substance use, and the C-SSRC screen version that assesses suicide severity. Jane was low on both scales, which matched with what she reported to the therapist – never substance use and no thoughts of suicide or homicide. Jane's presenting problems involve anxiety, worry, racing thoughts, loss of sleep, and increased fatigue throughout the day. As a result, the following assessments will be administered in order to gather more information:

- The Penn State Worry Questionnaire
- The Symptom Checklist-90-R
- Cultural Formulation Interview (CFI)

### XVI. **Referral/Access**

Client resources after termination will be determined throughout the therapeutic journey and tailored to what the client deems beneficial. Nevertheless, given Jane's history in being proactive at finding mentorship when making major life transitions, a support group for future or newly retirees might be beneficial for Jane. In this group, she can mingle with like-minded people and work on some of her concerns, which involve fear of rejection, avoidance, and worry. Given Jane's current disposition, she may not be amenable to the idea of a support group. Therefore, this is a suggestion that can be explored down the line.

### XVII. **Prognosis**

The projected prognosis for Jane ranges from good to excellent if she chooses to address her avoidant pattern and start facing uncomfortable thoughts, feelings, and situations. One of Jane's strengths is her introspection, which will be very helpful throughout the therapeutic process. Nevertheless, Jane would have to commit to therapy, especially when completing activities that may challenge her.

## CASE CONCEPTUALIZATION ONE

**References**

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.
- Gómez Penedo, J. M., Hilpert, P., grosse Holtforth, M., & Flückiger, C. (2021). Interpersonal cognitions as a mechanism of change in cognitive behavioral therapy for generalized anxiety disorder? A multilevel dynamic structural equation model approach. *Journal of Consulting and Clinical Psychology, 89*(11), 898–908.  
<https://doi.org/10.1037/ccp0000690>
- Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (2021). *The complete adult psychotherapy treatment planner* (6<sup>th</sup> ed.). John Wiley & Sons, Inc.
- Marco, J. H., Alonso, S., & Baños, R. (2020). Meaning-making as a mediator of anxiety and depression reduction during cognitive behavioral therapy intervention in participants with adjustment disorders. *Clinical Psychology and Psychotherapy, 28*(2), 325 – 333.  
<https://doi-org.ezproxy.liberty.edu/10.1002/cpp.2506>
- National Institute on Drug Abuse. (2022). Tobacco, alcohol, prescription medication, and other substance use tool (TAPS). <https://nida.nih.gov/taps2/>
- Rees, C. S., & Pritchard, R. (2015). Brief cognitive therapy for avoidant personality disorder. *Psychotherapy, 52*(1), 45–55. <https://doi.org/10.1037/a0035158>
- The Research Foundation for Mental Hygiene, Inc. (2008). Columbia-suicide severity rating scale screen version – recent.  
<https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf>