Assignment 2.2: Case Conceptualization

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CNS 771: Clinical Mental Health Counseling

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The Case of Jane:

- Client Name: Jane M.
- Date of Birth: Not provided in the case, but the client is 28 years old.
- Noteworthy/Identifying Client Characteristics:
    - Age: 28
    - Sex: Female
    - Race/Ethnicity: Caucasian
    - Marital Status: Divorced
    - SES: Middle-class, college-educated, employed in sales
- Presenting Concern (in order of priority):
    1. Depressive symptoms (hopelessness, daily crying, insomnia, weight loss, inability to perform daily tasks)
    2. Thoughts of death ("It would be easier if I were dead")
    3. Social isolation and decreased engagement with support systems (friends, family, church)
    4. Difficulty focusing at work, leading to job performance concerns
    5. Gastrointestinal upset (diarrhea, nausea, headaches)
- Client's Stated Goal(s) for Counseling (in order of priority):
    1. Refer to primary care physician for GI symptoms and rule out medical causes
    2. Develop a safety plan in case thoughts of death escalate
    3. Engage in a self-care plan (discussed and written)
    4. Develop a treatment plan for recurrent depression
- Client Strengths/Resources:
    - College-educated with steady work history
    - Past success with pharmacotherapy (Paxil)
    - Support system through church
    - Insight into own mental health and willingness to seek help
    - No current substance use or abuse issues
    - History of coping skills learned in past counseling
- Client Liabilities:
    - Recurrent depressive episodes with significant functional impairment
    - Strong familial history of depression
    - Cognitive distortions related to self-blame (parental divorce, past relationships)
    - Limited current social support from family (estrangement from mother, limited contact with father)
    - Physical health concerns (GI symptoms) that could complicate mental health

    - Possible work stress due to declining performance
- Diagnosis (Nonaxial DSM-5 approach):
    - Primary Mental Health Diagnosis: Major Depressive Disorder, Recurrent, Moderate to Severe (DSM-5: 296.32)
    - Medical Consideration: Rule out gastrointestinal or other medical causes for symptoms
- Integrative Interpretation:
  Jane M., a 28-year-old divorced female, presents with recurrent major depressive symptoms, likely influenced by hereditary predisposition and life stressors, including parental divorce and interpersonal relationship difficulties. Her functional impairment is notable in occupational, social, and self-care domains. Previous treatment with Paxil was effective, suggesting pharmacotherapy may be a viable component. Her church-based social support is a protective factor, although active depressive symptoms have limited engagement. GI symptoms require medical evaluation to rule out contributing medical causes.
- Problem Statement:
  Recurrent depression with associated hopelessness, social withdrawal, impaired occupational functioning, and somatic complaints, exacerbated by cognitive distortions about self-worth and family responsibilities.
- Goal Statement and Expected Date of Achievement:
    1. Short-term goal: Obtain medical evaluation for GI symptoms within 2 weeks.
    2. Safety goal: Develop and review a personalized safety plan within 1 week.
    3. Self-care goal: Implement daily self-care activities (sleep, hygiene, nutrition, social contact) within 4 weeks.
    4. Treatment goal: Develop and initiate a comprehensive treatment plan for recurrent depression within 1–2 sessions.
- Treatment Modality:
    - Individual psychotherapy (cognitive-behavioral therapy to address depressive cognitions and self-blame)
    - Safety planning and risk management
    - Psychoeducation on depression and self-care strategies
    - Referral to primary care or psychiatrist for medication management if indicated
    - Integration of social support (church involvement, possible peer group or self-help resources)
- Clinical Impression/Diagnosis:
    - 296.32 Major Depressive Disorder, Recurrent, Moderate to Severe
    - Recurrent depressive episode with functional impairment and somatic complaints; suicide risk requires monitoring and safety planning.

References

American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.).