

Presentation Case Conceptualization Assignment Instructions

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Confidentiality

Please note that the patient signed the consent form for recording. Also note to protect patient's confidentiality I will be addressing him by pseudo-name in my case presentation.

Demographic Information:

Leo Gomes is a 33-year-old white, Cuban American, heterosexual, cisgender male. He holds a bachelor's degree in art and is currently working as a registered behavioral technician. He resides in an efficiency in his biological parents' home. He reports his parents live with his younger sister who has down syndrome.

Presenting Problem:

Leo Gomes is a 33-year-old Hispanic male that is coming in seeking therapy services. Leo reports he has been depressed since high school. He defines depression as low mood, crying often, low energy, and wanting to sleep most of the day. He reports he has lost interest in going out and socializing. He reports that his passion, which is art, does not cause him excitement anymore. He reports he refuses to pick up the phone and even go out. He reports being tired most days and oversleeping. He reports he also cannot find a job. He reports that he has been looking for a year and feels he is not good for any job. He reports that he also has a tough time finding a partner because he feels that there is something wrong with him. He reports he sometimes forgets to eat due to being in bed.

Patient reports, apart from the deep sadness he is incredibly stressed and worried. He reports his parents are a major source of his stress. He reports that he lives in an efficiency in his parents' home. He reports he feels neglected most of the time because of his sister. He reports he understands that she has a disability but feels like he is never going to be good enough for his parents. He reports worrying about a job and getting into a relationship because they are

constantly on him. He stated, "I loved my degree until I got out and then my parents told me it was a waste of time and money." He also stated, "my mom is always attacking me for all I do." He stated, "I get in my head and forget the world and all I hear is all I did wrong." Patient reports worrying about pleasing others and about life as a whole. He reports he gets lost in his thought most days. He reports having trouble falling asleep even though he says that he sleeps a lot. He then stated, "honestly, I feel I sleep a lot because I am in my bed often, but I just lay there." Leo reports having panic attacks the last couple of weeks which is what made him seek out help. He reported he worries often about the future and when he starts to worry it is hard to stop. He reports he does not take any substances or medication. He reports that he has no history of suicidal ideations, intent, or plan, however, reports wondering what life would be without him. He reports no hallucinations currently.

Behavioral Impressions:

A mental status exam took place as part of the session. Mr. Gomes was presented well groomed. He presented engaged, with an anxious and depressed mood. His affect was congruent to his mood. He presented to have a tough time sitting still as evidenced by fidgeting in his chair. He presented to get lost in thought as if trying not to cry in session. He presented to have fair attention and memory. He also presented logical thoughts and good speech patterns. He presented with no suicidal and homicidal thoughts. He also did not present with hallucinations or delusions.

History of the Presenting Problem

Leo reports that he has had depression since high school. He reports being restless often and having trouble with focusing. He reports that he has always had trouble with his concentration even in grade school. He reports feeling neglected at home due to his parents spending more time

with his sister, who has down syndrome. He reports they still love him and let him know that by sometimes stressing him out further by emphasizing his lack of employment or school choices. He reports only one person as his support, who is his best friend. He reports after graduation from college since he found that he cannot get a job with his degree. He reports feeling worthless and does not know what to do because his financial situation is getting worse.

Biopsychosocial

Biological

Leo reports he saw a physician in the last six months, however, does not recall when it was. He reports his physical came back great. He reports he does not eat often and sleeps too much. He reports at times he does not sleep, just lays in bed. He reports being tired and fatigued. He reports no motivation and energy most days. Mr. Gomes reports his development went well. He reports that all his symptoms started in high school.

Psychological

Leo reported that he has been depressed since he was in high school. He reported that his anxiety has been increasing over the last couple of weeks to the point of having panic attacks. He stated, "I am not sure when the anxiety started but know I had it for some time." He reports he always felt like he did not belong in his family and at times felt neglected. He reported that he started realizing the neglect more as his sister grew and as his parents did not include him in family activities. He reported he felt his mood decrease when completing his bachelor's degree because he took a long time to complete it due to elevated levels of anxiety that did not allow him to focus and concentrate. He reports that upon his completion he realized his degree in art was a waste because he could not find a job in his field. He reports loving art and wishing to work in the field, however, not being able to find anything. He reports that he has not had therapy or seen

a psychiatrist in the past. He denies any suicidal ideations, plan, or intent. However, presents to have passive thoughts of suicide as evident by stating “sometimes I wonder how the world will be without me.” Leo reports not taking any medications and reports he does not want to take any. Mr. Gomez has no history of psychiatric hospitalization. He also reports that he does not use any substances, other than alcohol socially, last use three months ago. He reports that other than his sister with down syndrome, no one else has been diagnosed with a mental disorder.

Social

Leo reports that he used to have a social life. He reports he used to go out with friends to hang out at a bar or party. He reports that for the last couple of weeks or months, he has not been able to leave his home. He reports that he has self-isolated. He reports being single and wanting to date but fearing putting himself out there. He reports graduating with his bachelor's in art a year ago and not being able to find employment. He reports having financial troubles due to not finding employment which is also affecting his social life.

Cultural

Leo identifies as a heterosexual, cisgender male. He reports he grew up was born in the United States. He reports his family is Cuban, however, at times does not feel connected to the culture. He reports they are too loud and too family oriented. He reports enjoying his friends more and having a tough time talking Spanish, he feels it more as his second language rather than his first. He reports feeling both Cuban and American, however, feeling more American than Cuban. He reports he is really into the art community and really enjoys the artistic mindset of life. He reports he does not dance and likes more English music than Spanish.

Spiritual

Leo reports that he grew up Catholic, however reports that he has nothing to do with the faith. He

reports he knows there is a God, however, does not go to church or anything. He reports he respects people that do but at this time he feels confused and detached from faith.

Addiction Screening: While using the CAGE, Leo presents to use alcohol socially, once every couple month. Counselor reviewed a list of substances and Leo denied any other use of substances including street drugs and mis use of prescription medication.

Diagnosis:

Based on the DSM-5-TR, Leo was diagnosed with major depression disorder, recurrent, moderate, and generalized anxiety disorder. He presented with symptoms that meet both criteriums. In reference to major depression disorder, he reported feeling depressed mood most of the day, decrease in his interest levels, oversleeping, feeling fatigues, worthless, and passive thoughts of death. He also scored a 27 in the Becks Depression scale which confirms depression symptoms. With regards to generalized anxiety, he presents himself with restlessness, trouble focusing and concentrating, and trouble with sleep due to thoughts in his head. He also reports extreme worry and trouble controlling worry. Diagnoses ruled out were social anxiety disorder, due to his fear of rejection, however it is more situational rather than his constant anxiety of the future. Trauma was assessed however at this time there is not enough evidence for post-traumatic stress, considering he did not want to disclose any traumatic history.

Client Impressions:

Leo presents with a limited support system as evidenced by stating “the only support person I have is my best friend.” He presents to have art as a coping skill, however, has lost interest due to his mental state. He presents to have an eagerness to get better and want to be compliant with therapy. Leo presents himself to have low self-esteem which decompensates his depression symptoms. He presents with anxiety of putting himself out there. He does not present with social

anxiety, because he reports he does not feel overly anxious when meeting people, however, it is in positions where he must be judged, for example a job a date, which gives him the most anxiety. He would benefit from therapy to increase self-esteem and increase symptoms related to anxiety and depression.

Case Conceptualization Summary:

Leo Gomes is a 33-year-old Hispanic, Cuban American, heterosexual cisgender male. He presented to the clinic due to depression symptoms including social isolation, oversleeping, fatigue, and a decrease in interest levels. He also reported feeling anxious most days and worrying about the future. He presented restless. He reported sometimes having trouble sleeping due to many thoughts in his head that caused him worry. He reports he has trouble eating and feels as if he has poor appetite. (*presentation*) He reports that he felt depressed in high school, especially when he felt neglected by his parents. He reports that he is currently having financial difficulties and has trouble finding a job. He reports no one in his family has mental illness, however, his sister has been diagnosed with down syndrome. He reports feeling worthless in his family because he is constantly ignored. He reports going to his primary recently and having been told he was healthy. He reports being born in the United States and feeling more American than Cuba; therefore, acculturation is not a problem for him. Leo reports that he does not take any medication or substances, however, does drink socially and reports his last drink was three months ago. (*precipitated*) Leo reports not being able to find a job and needing to pay bills. He reports he is having financial troubles, and it is affecting his relationship with his parents. He reports his mother is constantly coming over and screaming at him. (*precipitants*) Leo reports he has his art and his best friend to lean on for support. He reports he genuinely wants to improve his lifestyle and find the help he needs. (*protective factors*) Mr. Gomes reports that has started to

isolate himself and lay in bed on most days. He reports he refuses to answer phone calls or go to social activities. He reports not eating or skipping meals most days. He reports at times poor hygiene because there is no need to go out. He reports getting in his head and worrying too much and bringing himself down. He reports doing something similar in high school. (*pattern*) Leo reports that because he does not find work, his financial struggle is worsening. He states, “what is the point of socializing without money.” He reports his mother does not help making him feel worthless and useless. (*perpetuants*)

Theoretical Orientation and Research/Evidence-based treatment:

As a counselor I am very eclectic when it comes to theoretical framework. I tend to use person centered therapy, Adlerian, Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) in most cases. Person centered therapy created by Carl Rogers, helps me create empathy and connection with the client Rogers believed in having unconditional regards, which means the counselor ought to make the client feel safe (Rogers, 1951). All these things are important to foster a place where the client can foster their own change and feel willing to share their experiences. Apart from person centered, I really enjoy seeing a person based on how they see themselves in their family unit and how their family upbringing affects their view of the world now (Adler, 1938). Adlerian therapy, not found to be very evidence based, has allowed me to gain knowledge on what makes them feel as if they do not belong in the world because of how their family dynamics were and how they identified in the family (Adler, 1938). Sadly, both theoretical frameworks alone are not found to be effective for depression, anxiety, or even low self-esteem, therefore I will combine it with ACT and CBT.

Human life is something that is not easy and learning to adapt to the challenges it gives us rather than stay stuck is something that ACT gears to do (Dindo et al., 2017). One of the main

things is to create psychological flexibility, this can be done by creating awareness (Dindo et al., 2017). When it comes to ACT it is important to stay in the present and to become mindful of thoughts, emotions, body sensation and behaviors one may have (Dindo et al., 2017). As the counselor my job is to help the client with that awareness and to build on it (Dindo et al., 2017). As a counselor, I would also help the client balancing the feeling and thoughts rather than avoiding them or being triggered by them, this may be with meditations or verbal metaphors (Dindo et al., 2017). ACT is grounded on having client ground and commit themselves in fundamental values, hopes, and goals and therefore helping client become connected to his own is key for him to find balance. At the end it is important for the client to see them accept their thoughts or emotions, realizing they are a part of them (Dindo et al., 2017).

Research tells us counselors what would be an evidenced practice or not and what theoretical frameworks work best to treat specific diagnosis. Research shows that ACT has been proven effective for anxiety, depression, and self-compassion (Azar et al., 2023; Davoudi et al., 2017; Keyvani & Bolghan-Abadi, 2021; Ruiz, 2012; Yadavaia et al., 2014). ACT has helped individuals with depression decrease their symptoms and even stop smoking (Davoudi et al., 2017). ACT has been known to decrease even suicidal ideations (Azar et al., 2023). Looking at Leo and looking at the research I felt that ACT would be a good fit for him ACT.

Apart from ACT, CBT has also been reported to be effective for treating depression and anxiety (Coull & Morris, 2011; Oud et al., 2019; Ruiz, 2012). CBT, however, is geared more on changing the distorted thoughts rather than just accepting them (Beck, 1964). At this moment, there is no study that has shown CBT better than ACT or vice versa (Ruiz, 2012). CBT is one of the most used due to insurance pay outs which is the reason I am also adding it to treatment for Leo. While working on CBT, thought record worksheets and schema challenges will take place

for client to replace or restructure distorted thoughts.

Ethical Issues:

Leo mentioned that his mother sometimes oversteps and wants to talk to his doctors, therefore, this was addressed with Leo, and he expressed that she had no reason to talk to me. Confidentiality and privacy were discussed with Leo, and he reported feeling more at peace knowing he was able to keep this safe. However, Leo was also told that because he does use his mother's insurance it may come out there that he is coming to the clinic. He reported that it would be fine, if she does not know what is mentioned in session.

Another thing that took place with ethics, was obtaining the consent form for him to be recorded for the video for supervision. Leo reported he did not mind but did not want to be seen. He also got anxious when he did see the camera, therefore, the camera was put on the clinician desk. Counselor reminded him he had the right to stop the video, ask the video to be deleted, and even refuse. He reported he wanted the video because he felt it might help him even more.

Multi-cultural Factors:

Mr. Gomes identifies as Cuban American. He reports he grew up in a Cuban culture home, which puts the parents first. He reports this is an important thing for him and a big struggle, considering family comes first. Even though he identifies as Cuban American, he reports that he feels more American in some beliefs. He reports no specific faith and does not understand the reason for going to church or praying. He also reports a belief that friends come before family, which is something that makes him struggle.

Knowing all these things, I must make sure that I do not judge or force my Christian values on

Leo. I also must understand that even though I am part Cuban, our values are not the same and I must let him identify his values and his beliefs and let him drive himself onto his healing journey, while I facilitate the journey.

Assessment:

Mr. Gomes was given the Beck Depression on his first session, and he scored a 27, which shows him with moderate depression. He also took the Beck Anxiety Inventory and scored a 16, which means he falls under the moderate anxiety level. Throughout his treatment he will continue to be assessed using both inventories as well as the SUDs to assure treatment goals are being met and his symptoms are decreasing.

Referral/Access-

Leo Gomes has been referred to the psychiatrist within the clinic, however, he refuses to take any medications and states “I want to try therapy only, no medication.”

Treatment Planning This section should be integrated with the research/evidence based Theoretical Orientation section. This should include short term goals, long-term goals, and interventions (see Sample Case Presentation form). Treatment goals and interventions should correspond with your case conceptualization summary statement and informed by your theoretical orientation.

Treatment Plan Goal Chart

Problem or Concern	Measurable Treatment Goal	Treatment Interventions (Be Specific)	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)
Depression symptoms which include, isolation, over sleeping, sadness	Leo will be able to demonstrate increased awareness in his distorted thought patterns and reframe them effectively.	Thought records, cognitive reframing, cognitive restructuring	3	Beck Depression Inventory and journaling	Provide Leo with thought record handouts.
Depression symptoms which include, isolation, over sleeping, sadness,	Leo will be able to report an increase in pleasurable activities and	Psychoeducation, behavioral activation techniques, creating an activity plan	3	Self-report	Leo will have a copy of his plan and have his support group.

decrease of interest	social interactions.				
Depression symptoms which include, isolation, over sleeping, sadness, decrease of interest	Leo will increase his usage of effective coping skills for depression to decrease depression	Positive thinking, affirmations, positive mediation, mindfulness	1	Beck depression inventory	Handout with list of coping skills he could keep.
Feeling of worthlessness and low self esteem	Leo will be able to identify at least three specific negative self-beliefs or self-critical thoughts within a week.	Mindfulness ACT worksheets found in “The Complete Set of Client Handouts and Worksheets from ACT books.” by Russ Harris	2	Self-report	keep handout and continue doing check in till discharge.

Feeling of worthlessness and low self esteem	Leo will engage in self-compassionate activities at least four times a month.	Psychoeducation on self-compassionate and engaging client in self-compassion writing, self-forgiveness, etc.	3	Journal or self-report	Have client continue working on this throughout treatment to make it second nature.
Feeling of worthlessness and low self esteem	Leo will identify at least three personal values and engage in at least one activity aligned with each value every week.	Explore the core values sheet and have Leo explore what drives each value. Have him create a list of his values and create activities attached to them.	5	Assess based on how the circle values page changes as well as self-report.	Print and laminate the circle of values sheet for him.
Feeling of worthlessness and low self esteem	Leo will be able to practice cognitive diffusion skills	Cognitive diffusion psychoeducation, videos, role play	3	Self-report, weekly check list	Handout

	at least twice a week.				
Anxious, worried about the future, restless, trouble going to sleep	Leo will be able to identify at least three thoughts that trigger his anxiety and replace them.	Thought record	3	Beck Anxiety Inventory	Thought record sheet
Anxious, worried about the future, restless, trouble going to sleep	Leo will be able to demonstrate mastery of at least three anxieties coping by successfully implementing them during stressful situations, and	Deep breathing, progressive muscle relaxation, mediation, etc.	3	Beck Anxiety Inventory	List of relaxation techniques

	reporting it in session				
	Leo will be able to implement effective problem-solving strategies to address anxiety provoking situations at least once a week.	Systematic problem-solving techniques worksheets, psychoeducation, and role play	2	Self-report as well as Beck Anxiety	



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