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CASE CONCEPTUALIZATION: JAIME

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CASE HISTORY

- ❑ **Identifying Information:** Jaime is a 19-year-old white female. She has recently moved back in with her parents, Michael and Emily. Jaime currently does not have a job or attend college.
- ❑ **Chief Complaint:** Jaime hesitantly self-referred herself for treatment after the breakup of a 2-year relationship. She reported, “This is my second breakup of a long relationship, and I just feel like a worthless human being with no sense of purpose in life. I have no desire to get out of bed or do anything with my life. I just want to stay locked in my room forever and not talk to anyone. I also don’t know if I can trust telling my emotions to you because nobody else cares about them.”

CASE HISTORY (CONT.)

□ History of Present Illness:

- Jaime is being evaluated for major depressive disorder due to a history of major depressive symptoms such as, mild suicidal ideation (without a plan), feelings of hopelessness or irritability, and minimum desire to do the simplest of tasks. Her Patient Health Questionnaire-9 was a score of 14, indicating a diagnosis of major depressive disorder, moderate.
- Jaime stated that she was 18 when the depressive symptoms started to increase, and significantly worsened after her recent breakup at age 19.
- Her parents and friends, many times, devalue her sadness or emotional breakdowns, causing Jaime to avoid sharing anything with them most days.
- Jaime first saw a therapist at age 16, initiated by her parents, due to going through her first breakup and from being bullied about her emotional and depressed states from classmates in school. This was for a suspected depressive disorder, although she did not meet all the criteria for major depressive disorder during this time.

CASE HISTORY (CONT.)

❑ Past Psychiatric/Behavioral Health Treatment History:

- Jaime became too hesitant with sharing her emotions and feelings during treatment with her past therapist because of the memories of events of her friends and parents lacking the ability to take her emotions seriously. She discontinued treatment after 5 weeks, when she started to have strong feelings about how the therapist probably does not care about her, and when it required too much energy for her to talk about her issues and feelings.

❑ Personal and Family History

- Jaime moved in with her boyfriend at age 19 and then moved back to her parents' home after her recent breakup. While being back at home, Jaime and her parents often fight or argue with each other.
- Jaime has a history of emotional abuse from her parents, starting from the age of 13-18. This consisted of them grounding her for weeks from breaking little rules, telling her she was a bad child, needed to work harder in school because of getting B's, and that she makes stupid decisions.

CASE HISTORY (CONT.)

☐ **Mental Status Observations:**

- Jaime presented feelings of a depressed mood and restlessness, as well as appearing distracted when being asked questions in the session.
- Jaime appeared to be hesitant and guarded when being asked about her emotion and thoughts in different situations and events that occurred.
- Jaime show symptoms of diminished pleasure in mostly all activities, nearly every day and a lack of motivation to get out of bed, stating, “I just don’t have the energy to face the world most days.”

☐ **DSM 5 Diagnosis:** 296.22 Major Depressive Disorder, Moderate

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CASE CONCEPTUALIZATION OF JAIME

PRECIPITANTS

Significant roles in the development of Jaime's illness:

- Jaime (14 y/o) discussed her emotions with her parents about her being sad from a lost friendship and her parents told her "it is not that big of a deal" and "you shouldn't be that upset over it. Get over it, you'll find new friends."
- Jaime's (16 y/o) classmate stated to her "you overdramatize everything. I don't know how your boyfriend deals with you."
- Jaime (16 y/o) went through a breakup with her boyfriend of 8 months because he was becoming interested in someone else and "didn't love her anymore"

CROSS-SECTIONAL VIEWS OF COGNITIONS AND BEHAVIORS (PART 1)

- ❑ **Activating Situation:** Jaime was excluded from dinner with her parents one night, as she overheard her father say that he couldn't handle her rollercoaster emotions anymore.
- ❑ **Automatic thoughts:** "They don't care anyways."
- ❑ **Emotions/ Behaviors:** Jaime isolated herself in her room crying uncontrollably and had feelings of sadness, worthlessness, and guilt over her feelings. She avoided her parents for the rest of the night and the next day. She ended up sleeping from 8 pm to 9 am and still felt no desire to get out of bed in the morning.

CROSS-SECTIONAL VIEWS OF COGNITIONS AND BEHAVIORS (PART 2)

- ❑ **Activating Situation:** Jaime walked up to her friend group and overheard them audibly whispering about how annoying she has been lately from talking about her feelings.
- ❑ **Automatic thoughts:** “I’m just the sad and depressed friend. They probably won’t want me around anymore if I just talk about my feelings.”
- ❑ **Emotions/ Behaviors:** Jaime walked away, went home, and tried to sleep away her sadness. She also had mild presenting symptoms of suicidal ideation without a plan. She felt empty and alone and listened to sad music, while avoiding responding to text messages from her friends.

CROSS-SECTIONAL VIEWS OF COGNITIONS AND BEHAVIORS (PART 3)

- ❑ **Activating Situation:** Jaime was walking in public and witnessed a couple laughing while holding hands, and then watched them hug each other.
- ❑ **Automatic thoughts:** “No one wants me.”
- ❑ **Emotions/ Behaviors:** Jaime started crying in public, went home, and isolated herself in her bedroom for the rest of the day. She felt feelings of guilt and frustration towards herself when thinking about her recently broken relationship.

LONGITUDINAL VIEW OF COGNITIONS AND BEHAVIORS

Core Beliefs

- “Everybody just leaves me.”
- “Nobody loves me.”
- “My feelings are just a nuisance to everybody.”
- “I can’t trust anybody.”

Compensatory Patterns of Behavior

- Avoidance of parents, friends, or activities
- Oversleeping
- Isolation
- Anger outbursts
- Self-destruction

STRENGTHS AND ASSETS

- Jaime has a support network of 2-3 close friends
- She has a very kind-hearted personality
- She takes steps to receive professional help when needed
- Self-awareness
- Jaime limits communication with friends or family when she feels they are unhelpful or hurtful
- Jaime graduated high school with high A's and B's and is very intelligent
- Jaime has overcome many struggles and continues to get out of bed almost everyday

WORKING HYPOTHESIS

- ❑ Jaime's two relationship breakups and her friends and family downplaying her emotions have led her to have ongoing trust issues and feelings of worthlessness with any individual she talks to. These events have also led to compensatory behaviors of avoidance, cognitive distortions, a reduced sense of purpose or desire to do enjoyable activities, and irritability around others. After completing the PHQ-9 depression questionnaire which measures the severity of depression, her results for the PHQ-9 questionnaire are indicative of the diagnosis of major depressive disorder, moderate.
- ❑ Research has shown CBT to be a successful tool for treating depressive disorders, with 115 studies showing the effectiveness of CBT in clients presenting major depressive criteria (Gautam et al., 2020). CBT is a goal-oriented treatment that emphasizes the making gradual change overtime with cognitive restructuring. This treatment would be effective for Jaime because she has the mindset of wanting to change her overall thought process, emotions, and behavioral responses.
- ❑ CBT techniques consisting of cognitive restructuring, the personal model of resilience, and Successive Approximation (breaking it down) will be used to help Jaime reframe her negative thoughts or perspectives, manage challenging events, and break down activities or events into smaller steps to reduce the overwhelmingness or lack of desire to complete the activity.

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TREATMENT PLAN

PROBLEM LIST

- Major depressive disorder symptoms- depressed mood, hypersomnia, loss of interest in activities, feelings of worthlessness and hopelessness, and diminished ability to concentrate nearly every day for the last 2 months.
- Struggles in finding a sense of purpose for herself
- Presents many cognitive distortions- She has many negative perspectives of herself and the world due to the events that she has went through

TREATMENT GOALS

☐ Jaime's Goals

- “I want to be able to feel happiness again.”
- “I want to try to surround myself with positive social support systems.”
- “I want to be able to do simple daily tasks again without becoming so mentally and physically exhausted.”

☐ Plan for treatment

Jaime will:

- Reframe her mindset by recognizing ways to look at a more positive outlook of automatic thoughts or situations and reduce cognitive distortions.
- Apply methods to develop better support systems and coping skills.
- Experiment with diverse ways to break down tasks that seem large to increase the motivation to work towards a goal in smaller steps.

PLAN FOR TREATMENT

20 sessions

Use of CBT Intervention Strategies:

1. Cognitive Restructuring to implement healthier and more effective thinking, and decrease maladaptive or irrational thinking, cognitive distortions, all-or-nothing thinking, and destructive thinking.
2. The Personal Model of Resilience builds and increases self-esteem, confidence, healthier coping skills, and awareness of other protective factors that increase the ability to manage challenges, reducing negative coping mechanisms and negative environments.
3. Successive approximation breaks down what might be seen as impossible large tasks into smaller steps to build confidence and motivation when each small step is achieved, reducing the lack of desire or energy to complete a large task in one step.

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COURSE OF TREATMENT

THERAPEUTIC RELATIONSHIP

- ❑ At the beginning of treatment, Jaime was very hesitant to open up about her emotions, thoughts, and behaviors because of the lack of trust she has acquired throughout her life events. Our concentration focused mainly on establishing a trusting therapeutic relationship and empathy toward her guarded personality. We applied psychoeducation about the cognitive model and motivational interviewing techniques to improve their motivation to work toward processing their emotions and reframing their mindset. This was done by acknowledging her strengths and using the cognitive model to help her understand the reasoning behind her not wanting to trust others. This approach slightly assisted Jaime's perspective on the therapist and ability to trust them, along with building positive frameworks to improve their coping skills and thought patterns.
- ❑ Throughout each session, she began to understand that this was a trusting environment with the main passion to help others with their struggles. This realization helped her to disclose more about her life struggles and emotions with the comfort of knowing that the therapist is here to listen to her.

INTERVENTIONS/PROCEDURES

Intervention one: Behavioral Activation: Increasing pleasure and meaning

"No one wants to be around me anyway!"

- Jaime will commit to getting out of bed each morning with an outfit that makes her feel good, even if she does not go out anywhere. This will help her improve her motivation to change her environment.
- She will set a limit on how much time she is spending in bed each day to reduce hypersomnia and lack of energy.
- Jaime will increase her journaling each week and write down ideas and values that make her feel good. This will support her progress in self-awareness of her emotions and sense of purpose.

INTERVENTIONS/PROCEDURES

Intervention two: Personal Model of Resilience: Building Strengths to Manage Challenges

- ❑ Gaining awareness of strengths through identifying coping skills, healthy thinking, physical health, social supports, and confidence. Identifying these items will help Jaime to understand her mental and physical environment, increasing her awareness of the positive and negative aspects she has implemented into managing challenging life events or situations.
- ❑ Increased implementation of healthy strategies and coping behaviors will support Jaime in reducing maladaptive behaviors, thoughts, and lack of confidence.

INTERVENTIONS/PROCEDURES

Intervention three: Successive Approximation (The breaking down of large tasks that seem impossible)

- ❑ Small objectives were written down in collaboration to complete a goal that seemed impossible to Jaime, such as going downstairs to eat breakfast with her family, such as setting goals of getting out of bed, brushing her teeth, putting on proper attire, preparing herself to communicate with her parents, and then walking downstairs.
- ❑ Goals and objectives will be written down by Jaime throughout the week for each large task she identifies to reduce the overwhelming emotions she feels in completing that task. This will support her in building motivation and confidence through each small objective she completes toward the large goal.

OBSTACLES

Sharing her emotions was an obstacle due to Jaime's fear of being annoying or a nuisance with her problems.

To address this, positive thinking and resilience building occurred in practice in a way to refrain from negative thoughts.

1. Setbacks

Jaime was making improvements on her interactions, communication, and positive thinking, but many times she had difficulty and setbacks with her goals. It was communicated that reverting to old ways is common and that it will take time and practice. This is part of the process toward a healthy journey.

OUTCOMES

After 9 sessions, Jaime continues to improve toward her treatment goals. She has approximately 11 sessions left to complete. Below are her achievements and next steps:

- Jaime has made moderate improvements towards her treatment goals, with her PHQ-9 questionnaire reducing to a score of **12**.
- She has been developing healthier coping behaviors, thoughts, and emotions, and improving her resilience and breakdown of goals.
- Jaime continues to work towards positive thinking and mood regulation, reducing her avoidance behaviors.
- Jaime will continue working on the final phase of CBT to prepare her for termination and discuss techniques for preventing relapse.

CASE SIMULATION

Therapist: Courtney Krajesky

Jaime: Sam Proulx

Setting: We are starting in the middle of session 3 after the review of the agenda and **homework (Journal)**

Intervention: We will be applying the application "Building Resiliency" in a way to support and adjust Jaime's negative thinking, along with bringing awareness to her social support and coping skills.

Clinical Target: To support Jaime in identifying a more positive approach to her thought process and in turn improve her interactions and relationships with others, while building her self-worth.

Rationale: As it relates to Jaime's building resiliency and improving positive thinking, this intervention will support her ability to improve and take control of how she views herself as

YOUTUBE LINK

☐ <https://youtu.be/G89Ax8ZsFUy>

REFERENCES

Gautam, M., Tripathi, A., Deshmukh, D., & Gaur, M. (2020). Cognitive Behavioral Therapy for Depression. *Indian journal of psychiatry*, 62(Suppl 2), S223–S229. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_772_19