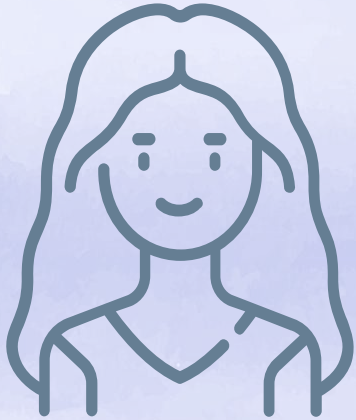# Case Conceptualization

By Ilsia Bonilla & Abraham Navarro

Case History- Laura

Identifying Physical

- 62 years old
- Female
- 5'2"
- Caucasian
- Widowed
- Obese

Lifestyle features

- A "ward" with a Legal guardian
- Unemployed
- SSI income only
- Financially Impulsive
  - Receives weekly allowance
- No vehicle
- Boyfriend drives her
- Has a caseworker from Nonprofit

Case History - Chief Complaint

- Referred to counselling by guardian after consulting with case worker
  - "I held a knife to my stomach, and now my guardian wants me to come to these session"
    - Placed 72 hour hold
- Suicidal Ideation
  - "I don't deserve to live"
  - "I'm a bad person"
  - "Why should I still live"
- Other areas to address
  - "My guardian says I'm messy, I smell, and I'm fat."

Case History - History of Present Illness

- DX: Major Depressive Disorder in her early 30s
- Husband died in her early 30s
- Quick to justify dying
  - Negative view of herself
  - Feels worthless
  - Deserving of death
- Home is messy
- Physical health Problems
  - Weight, incontinence, hygiene
- Takes Celexa (citalopram) 20 mg for Depression

Past Psychiatric/Behavioral Health Treatment

- Case management services
  - Interventions
    - Dieting
    - Physical health
    - Hygiene
    - Mental health
  - Event Center
    - Open daily
      - Games, groups, town trips
  - Psychiatrist
- 72 hr hold at inpatient psychiatry unit

Personal and Social History

- Married 10 yrs, widowed 30 yrs
- Husband died in car accident
- No family support
  - No children
  - Distant sibling
  - No parents
- Boyfriend
- Case worker
- Legal guardian
- Partially social, No hobbies
- No use of substance

Medical History
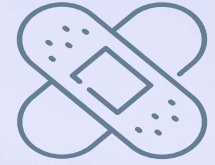
- Admitted 72 hour hold
- Type 1 Diabetic
- Obese
- Asthma
- Family Hx:
  - Diabetes & Heart Disease
  - Distant cousin committed suicide

Mental Health Observations

- Client recognizes depressive symptoms
- Contentment with suicide ideation
  - Does not show melancholic body language
- Dirty clothes
- Strong body odor

DSM-5 Diagnosis

Major Depressive Disorder, Recurrent, Moderate (296.32)

Case Conceptualizations

Precipitants that played an important role in Laura's depression:

- Husband being killed in car crash
  - Anniversary of his death
- Constantly making mistakes, being told she did something wrong
  - Her husband was a provider
  - Guardian saying degrading things
    - "You smell," "you look dirty," "you can't marry your boyfriend."

Cross-Sectional View of Current Cognitions and Behaviors- Example 1

Activating Situation: The caseworker is doing a mood check and working on the goals listed in her treatment plan. They go over hygiene, to which the client embarrassingly states she had not bathe in 4 days.

Automatic thoughts: "I am a bad person, I don't deserve to live."

Emotions/ Behaviors:

- During moond check "Good"
- Displaying shame, sadness, and mostly disappointed in herself
- Looks down, talks slower, answers questions using fewer words
- Her "good" mood vanished

Cross-Sectional View of Current Cognitions and Behaviors- Example 2

Activating Situation: Case worker and client spoke about healthy eating habits due to her diabetic status. This sparked a discussion about what is in her fridge. Client revealed that she only eats her frozen sloppy joe's.

Automatic Thought: "I messed up again, I am disgusting"

Emotions/Behaviors: Client slaps her forehead and holds her head in her hands. Client shakes her head and does not change the topic of her disappointment.

Longitudinal View of Cognitions and Behaviors

Schemas

- She doesn't have confidence in herself
  - "I messed up again."
  - "I'm a bad person"
- She doesn't have an identity
  - "I don't deserve to live"

Compensatory Strategies

- Doesn't ask for help (fear of being judge)
- Eats unhealthy food (makes her feel good)
- Doesn't shower (keeps people away)
- Contemplating suicide

Strengths and Assets

Professional Support Network

- Case Worker, Event Center/Staff, Psychiatrist,

Social Support Network

- Boyfriend, Guardian

Personal Strengths

- Wants to get better
- Willingness to try/open to interventions and ideas
- Friendly/kind personality

Working Hypothesis

- Ever since Laura's husband died in a tragic car crash about 30 years ago, she has been unable to be self-sufficient and neglect all aspects in her life (i.g home, hygiene, social, emotional life). Due to her own neglect, she was assigned a legal guardian to guide her ever since. Their relationship has been one-sided and has had a negative impact on her (name-calling, degrading). Laura's experiences has led her to have low self-confidence and hopelessness. After completing the Beck Depression Inventory (BDI), which is used to measure behavioral manifestations and depression, concluded that she has moderate depression.

Working Hypothesis

- Research has shown that CBT is one of the most durable and effective methods of treatment for depression. CBT has a unique approach that can transform clients within. There is a nearly 50% reduction relapse rates as compared to medication in patients who receive CBT alone and remit (Sudak, 2012).
- Laura has been on medication but has not seen improvement since then. This study supports her being a good candidate to start CBT.

Reference

Sudak, D. M. (2012). Cognitive behavioral therapy for depression. *Psychiatric Clinics*, 35(1), 99-110.

Problem List

- Depression
- Confidence/Low self-esteem
- Hygiene
- Disorganized apartment
- Health/weight
- General cleanliness
- Impulsive spending

Plan For Treatment

Sessions: 18 Weekly Session Minimum (1hr)

Laura's Goals:

1. "I want to be healthier"
2. "I want to improve my house cleanliness"
3. "I want to be like how I used to be, happy"

Plan for treatment:

1. Incorporate education on healthy eating/choices throughout sessions
2. Apply methods on how to track tasks like home upkeep.
3. Increase self-esteem by using a strengths-based approach

Plan For Treatment

Sessions: 18 Weekly Session Minimum (1hr)

Use of CBT strategies:

1. **Activity Scheduling-** Can help complete tasks and putting what was learned into use. Client can agree on setting time aside to do physical activity and further discuss how it went when in session.
2. **Successive Approximation or "Breaking it Down"-** Exercise that helps people tackle overwhelming or difficult tasks by breaking them into smaller, easier tasks. With practice people are able to gain mastery over small tasks to eventually achieve larger goals.
3. **Homework/Journaling-** Recording real-time incidents when client has negative thoughts or positive exceptions. This will allow for reflection and real examples to be used for CBT education in sessions.

Course of Treatment

Therapeutic Relationship

- Difficult to build a strong working relationship at first
  - Therapist are seen as "authority figures"
- Client became comfortable once the therapeutic alliance established
  - Emphasizing the intent/purpose of the sessions has helped them to express their feelings a bit more.

Interventions and Procedures

Intervention 1: Activity Scheduling

- Regularly engaging in pleasant activities may help alleviate depression and elevate mood (laps inside home, stretching in the morning, etc.)
- Scheduling intentional physical activities into her agenda, helping her to look forward to something.

Interventions and Procedures

Intervention 2: Successive Approximation or "Breaking it Down"

- Rewording her goal of having her entire house clean to being individual and achievable task. The goal of this intervention is to prevent the client from feeling discourage from doing a large task. The small task will help boost confidence and experiencing gratification when completing small tasks.

- Examples:
  - Cleaning the kitchen could be turned into having nothing on top of the stove.

Interventions and Procedures

Intervention 3: Homework/Journaling

- Client will be encouraged to journal her mood and self-talk as it changes throughout the day.
- Client will also be assigned prompts such as: "Make a list of your best character traits" and "What makes you unique?"

Obstacles

1. Anniversary of husband's death
2. Disagreements with legal guardian
3. Not understanding CBT

Conceptualization of obstacle of not understanding CBT
- Only has high-school education
- Material was simplified and used in wording the client understood
- Used client's own experiences to explain CBT

Outcomes

Laura has about 6 sessions remaining. So far, she achieved:

- Laura initially scored a level 30 on the BPI assessment (moderate depression 21-30). Laura has shown improvement as she now scores a 21 on the scale.
- Laura has been keeping track of her physical activity with activity scheduling.
- Client has been achieving small tasks throughout home through Successive Approximation.
- She still is struggling with self-esteem/confidence.
- Next Steps: Continue working on negative self-talk using automatic thought record.

Case Simulation Roles

Therapist: Abraham Navarro

Laura (Client): Ilsia Bonilla

Setting: We are starting from doing a mood check into the automatic thought record.