

**Case Conceptualization: Self-Assessment Paper**

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## **Case Background**

Our client is Molly, a 20-year-old female college student diagnosed with Bipolar I disorder, presenting issues including interpersonal conflict and lack of focus interfering with her academic life. She is from American Samoa, has been in the US for the past two years for school, and has been diagnosed with depression in the past. Her treatment goals are a regular sleep-wake cycle, improved interpersonal harmony, and promoting a euthymic mood through relapse prevention and medication adherence. The client has distanced from her family while moving out and has a history of mental health, assumedly bipolar due to the client's reports, and this provides context for the client's current issues.

## **CBT Approach**

We used cognitive restructuring to address the client's critical schemas of shame in her relationship with her partner and increase her communication skills. Automatic thought records to address cognitive distortions fueling irregular sleep patterns—motivational interviewing to improve alignment with services and medication adherence.

## **Family Systems Approach**

Multi-generational transference was shown in our genogram as the conflict between the maternal grandmother and mother was passed down and continued in dispute between the mother and the client's sister. Low differentiation of self fuels the mother's overly focused on her children. Our treatment plan addressed family dynamics as the client played family phone conversations in session to practice communication skills.

## **Strengths in Case Conceptualization**

Some things that I did well in our case conceptualization were consistency in how our interventions aligned with desired outcomes and presenting issues. We chose evidence-based interventions that work in addition to and alongside medication and schedule enhancement to provide the best treatment for Bipolar I. We integrated Family Systems Therapy into our approach by using the genogram and understanding her family background and dynamics as we worked to increase family and interpersonal harmony in the client's life.

## **Improvements**

Improvements were needed in our cultural competency as we addressed how American Samoan culture views mental health. If we were to do this presentation again, I would make sure that we go into detail about what that looked like, explain the spiritual understanding of mental health in Samoa more thoroughly, and use positive language to explain the differences between American versus American Samoan culture as it applies to mental health.

## **Use of Evidence-Based Literature**

There can always be more literature incorporated into a treatment plan. Still, given the breadth and scope of our project, we pulled relevant applications to our client and integrated the interventions found successfully. Reading research about Schema therapy with patients with Bipolar Disorders was very helpful in the case conceptualization and treatment planning process (Ociskova et al., 2022).

## **Self-Reflection**

At first, I was emotionally disconnected from our case creation. As time wore on I started pulling from real-life experiences to provide missing details, and as this happened, I became more invested and started experiencing countertransference more. I was self-aware of this and was able to channel my experience into more effective treatment planning. Throughout my professional career, moving forward, I will develop self-compassion by pausing to ask how I am treating myself and making sure I am giving myself the same compassion I would show a client.

## **Professional Development**

I am very interested in Cognitive Behavioral and Family Systems Therapy and will enhance my knowledge of these therapeutic approaches through online learning opportunities and continuing education credits. I will integrate these two therapeutic approaches into my practice by continually checking for schemas and the influence of family systems as I create case conceptualizations for my clients.

**Goals**

Within the next year, I will read two articles about cultural competency in social work practice. I will also seek out Family Systems approaches on YouTube and watch three videos on that subject by the end of next semester. Once I have graduated, I will find and complete CBT-based continuing education credits to increase my knowledge of this therapeutic approach.

**Conclusion**

From completing this case conceptualization, I learned a lot about Bipolar Disorders, the process of treatment planning, and American Samoan culture. I learned how to staff and have a chance to staff in a group development setting and how to work collaboratively to create a treatment plan for a client. Understanding and enhancing these skills does not start and end with my post-secondary social work education, but this is a launch pad as I continually know in these areas as I work with my clients and their families.

## References

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