

# Client conceptualization

[Health & Medicine](#), [Mental Health](#)



Session Number: 3 Setting: Office Client's Age: 8 Estimated # of Sessions Required: 15 Case Conceptualization Client History: Client is an eight year old, Caucasian female. The client's mother, age 31, works out of the home. She is not married or in a relationship at this time. Client's mother is the sole provider for client and her brother, age 10. Client's mother stated that, "their dad left when she was just a baby and they have had no contact with him since". Client's mother stated that client's dad would drink beer on a regular basis during the time in which they were married. Client's mother voiced that she and client's father would argue in front of the children before he left, but they were never violent. Client's mother voiced that she does not drink alcohol or take drugs and never has. Client's mother stated that she has never been in jail or in trouble with the law. The current legal status of client's father is unknown at this time, as he now lives "out of state". Client's mother has never remarried and has not brought any boyfriends around the children.

Client's mother stated that client interacts well with her brother, UT "they start out playing nice then they get rough and someone starts to cry". Client is going to be in the second grade at a local public school next year. Her grades in school are not consistent, varying from As to As. Client is indifferent about going to school and stated that she "doesn't care if I have to go or not". Client goes to a separate class to help her with her math and reading. Client began this last year, and mother states that there has been some improvement. Client does not have many friends at school.

She has been suspended for hitting and kicking other students. When asked why she was aggressive with the other students, client responded, "they

were being mean to me and talking about my kitty. When asked about her pregnancy with the client, her mother responded, " I had a normal pregnancy and was not sick much. I took my vitamins everyday and tried to take care of my self. I had her at 39 weeks and 4 days". When discussing client's development as a toddler, her mother stated " she was always a happy toddler, she would get upset when she didn't get her way or her brother took something from her. Present Concerns:

The client was brought in to the agency by her mother. Client's mother stated, " I am worried about her because she plays very rough with her animals and her brother". Mother stated that client has a difficult time following directions and is aggressive with her words as well. Mother stated that client is " very aggressive when I OFF up" for no reason at all; it does not take much to anger her. Mother reports that client fights with her brother while at home and does not get along with the neighbors. Actual Core Issues: Cognitive Behavioral Therapy (CB) seems to be the most appropriate approach to apply to this case.

The CB model has great appeal because it focuses on human thought. Human cognitive abilities have been responsible for our many accomplishments so may also be responsible for our problems. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, this client can modify her patterns of thinking to improve coping. CB is a type of psychotherapy that is different from traditional psychodrama psychotherapy in that the therapist and the client

will actively work together to help the client recover from their mental illness.

People who seek CB can expect their therapist to be problem-focused, and goal-directed in addressing the challenging symptoms of mental illnesses. Because CB is an active intervention, one can also expect to do homework or practice outside of sessions. Cognitive Behavior Therapy is usually more focused on the present, more time-limited, and more problem-solving oriented. In addition, patients learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways, and changing behaviors

The client's mother brought her in for services because of her "rough" behaviors and aggression. With CB, the therapist will focus on the thoughts that are causing the feelings, which are then causing the behaviors. When others tell the client something that she does not agree with or like, the client has an anger outburst and sometimes uses physical harm on the other person. The aggressive behavior could be triggered by the thought that no one else cares about what she thinks. With the CB model, we can help the client take responsibility for her own actions. When the client plays rough with her brother, she gets angry and hits him.

That behavior is triggered by the thought that client's brother is playing too rough with her and trying to hurt her. Through redirection, the therapist can work with the client to understand how positive and negative thoughts lead to a specific thought, which then lead to a behavior. When the client is able

to understand how her thoughts lead to a specific behavior, and the counselor has helped the client change the direction of her thoughts, the client will be better. When she is able to identify that a thought does to have to a negative reaction, the client will be able to discharge from treatment.

Treatment Intervention: The treatment intervention here, should involve the active participation of the client in exploring her thoughts and behaviors. The expectation is that the client can realize how many distorted beliefs she has and help redirect her to healthy thoughts. The client's treatment will focus on thought patterns that cause distress and also on developing more realistic interpretations of events. Delusions are treated by their beliefs and encouraging them to recognize evidence that may have been overlooked, evidence that does not support the belief.

The benefit of using CB with this client is that by changing the way she thinks about a situation, the client will be able to control her behavior. The goal of treatment is aimed to help the client become aware of when she makes negative interpretations, and of behavioral patterns, which reinforce her negative thinking. CB will help her develop alternative ways of thinking and behaving to reduce the psychological distress. It will be the counselor's job to teach the client how to identify distorted cognitions through a process of evaluation. The client will learn to discriminate between her own thoughts and reality.

The end goal is for the client to be able to identify her own unhelpful beliefs and prove them wrong resulting in her beliefs changing. The role of the counselor is to help the client solve problems that are of greatest distress.

This can be done through a structure that seeks to maximize efficiency, learning, and therapeutic change. Important parts of each session include a mood check, a bridge between sessions, proportioning an agenda, discussing specific problems and teaching skills in the context of solving these problems, setting of self- help assignments, summary, and feedback.