

Cross-Theoretical Systemic Case Conceptualization 3.0

For use with individual, couple, or family clients

Date: 03/02/2022 Clinician: Sairam Babu Client/Case #: 12345

Introduction to Client & Significant Others

Identify significant persons in client's relational/family life who will be mentioned in case conceptualization:

Adults/Parents: Select identifier/abbreviation for use in rest of case conceptualization

AF2: Female Age: 65 Hispanic/Latino Married heterosexual Occupation: Retired Other: _____

Identifier: Select Gender Age: _____ Select Ethnicity Relational Status Occupation: _____ Other: _____

Children/Adult Children: Select identifier/abbreviation for use in rest of case conceptualization

CF1: Female Age: 20 Hispanic/Latino Grade: Full-time Employment Other: _____

CF2: Female Age: 23 Hispanic/Latino Grade: Full-time Employment Other: _____

CM1: Male Age: 19 Hispanic/Latino Grade: Not in School Other: _____

Identifier: Select Gender Age: _____ Select Ethnicity Grade: Select Grade Other: _____

Others: Identify all: _____

Presenting Concerns

Describe each significant person's description of the problem:

AF1: Authoritarian in parenting style, rigid in beliefs, relationally distant from the children, has become concerned with CF1's comments about "disappearing" and the constant conflict between CF2 and CM1

CF1: Tries to keep the peace between everyone but feels she has to maintain her distance so as to remain neutral

CF2: Recently got into another fight with CM1, prone to emotional outbursts, doesn't even want to say his name, blames everything on CM1

CM1: Believes his family doesn't want him around, feels isolated due to OCD and mild ASD has recently began to withdraw from the family, frequently discusses "disappearing"

Additional: _____

Broader System: Description of problem from extended family, referring party, school, legal system, etc.:

Extended Family: _____

Name: _____

Name: _____

Background Information

Trauma/Abuse History (recent and past): AF1's husband died suddenly the children were newborns. She experiences frequent episodes of depression throughout the day about the event. AF experienced a period of homelessness immediately after the death of her husband.

Substance Use/Abuse (current and past; self, family of origin, significant others): None

Precipitating Events (recent life changes, first symptoms, stressors, etc.): ..

Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.): N/A

Client/Family Strengths and Social Location

Strengths and Resources:

Personal: AF1 maintains a strong presence in her family. She is viewed as the matriarch of the family who runs the show. CF1 has a very nurturing personality which causes her to take on a more mothering role. CF2 has strong ties to her family even if they are in a disagreement.

Relational/Social: The entire family has very strong ties to their surrounding community. Each member of the family plays vital roles within the community which gives them a sense of purpose and a strong support network among friends.

Spiritual: N/A

Based on the client's social location—age, gender race, ethnicity, sexual orientation, gender identity, social class, religion, geographic region, language, family configuration, abilities, etc.--identify potential resources and challenges:

Unique Resources: _____

Potential Challenges: _____

Family Structure

Family Life Cycle Stage (Check all that apply):

- Single Adult
- Committed Couple
- Family with Young Children
- Family with Adolescent Children
- Divorce
- Blended Family
- Launching Children
- Later Life

Describe struggles with mastering developmental tasks in one or more of these stages: The children have had difficulties exercising independence and authority as young adults who are still under the authority of their mother.

Boundaries with/between:

- Primary couple Enmeshed Clear Disengaged NA Example: _____
- Adult Female & Children Enmeshed Clear Disengaged NA Example: Anxious about losing control over family. Copes by being emotionally distant. Doesn't tolerate children's independence very well.
- Adult Male & Children Enmeshed Clear Disengaged NA Example: _____
- Siblings Enmeshed Clear Disengaged NA Example: CF1 maintains a distant relationship with her siblings so as to be seen as a neutral party. CF2 actively distances herself from CM1..
- Extended Family Enmeshed Clear Disengaged NA Example: _____
- Friends/Peers/Others Enmeshed Clear Disengaged NA Example: _____

Triangles/Coalitions:

- Cross-generational coalitions: Describe: N/A
- Other coalitions: N/A

Hierarchy between Parents and Children: NA

Adult Female : Effective Insufficient (permissive) Excessive (authoritarian) Inconsistent
Select: Effective Insufficient (permissive) Excessive (authoritarian) Inconsistent

Description/Example to illustrate hierarchy: AF1 maintains a "my way or the highway" mentality when it comes to family decisions. There is little room for input from the children or extended family.

Complementary Patterns between CF2 and CM1:

- Pursuer/distancer
- Over/under-functioner
- Emotional/logical
- Good/bad parent
- Other: _____

Example of pattern: _____

Interactional Patterns

Primary Pathologizing Interpersonal Pattern (PIPs; A □ B): Describe dynamic of primary PIP:

- Pursuing/Distancing
- Criticizing/Defending
- Controlling/Resisting
- Other: _____

Describe Start of Tension: CM1 begin's having some sort of behavioral outburst

Describe Conflict/Symptom Escalation: CF2 becomes annoyed with CM1 because she thinks he's being childish and self-centered. CF1 tries to put herself between the two but tries to remain as neutral as possible so as to not seem like she's taking sides.

Describe Return to "Normal"/Homeostasis: CM1 will begin to calm down on his own. CF2 will purposely avoid CM1 and pretend like nothing happened.

Hypothesized homeostatic function of presenting problem: *How might the symptom serve to maintain connection, create independence/distance, establish influence, reestablish connection, or otherwise help organize the family?*

Intergenerational & Attachment Patterns

Construct a family genogram and include all relevant information including:

- Names, ages and birth/death dates
- Relational patterns
- Occupations
- Psychiatric disorders and alcohol/substance abuse
- Abuse history
- Personality adjectives

Genogram should be attached to report. Summarize key findings below:

Substance/Alcohol Abuse: NA History: _____

Sexual/Physical/Emotional Abuse: NA History: _____

Parent/Child Relations: NA History: AF1 doesn't maintain a close relationship with any of her children

Physical/Mental Disorders: NA History: CM1 is diagnosed with ASD and OCD

History Related to Presenting Problem: NA History: AF1's husband died. As a result, she became emotionally unavailable for her children and experiences episodes of depression..

Describe family strengths, such as the capacity to self-regulate and to effectively manage stress: Each member

Describe typical attachment behavior when person does not feel secure in relationships; include Satir survival stances (placating, blaming, superreasonable, and irrelevant) used in description.

AF1:: Anxious Avoidant Anxious/Avoidant. Frequency: Fairly often: moderately reactive to threats
Describe: Superreasonable

CM1:: Anxious Avoidant Anxious/Avoidant. Frequency: Frequent: highly reactive to attachment threats
Describe: Irrelevant

CF1: Anxious Avoidant Anxious/Avoidant. Frequency: Fairly often: moderately reactive to threats
Describe: Placating

CF2: Anxious Avoidant Anxious/Avoidant. Frequency: Fairly often: moderately reactive to threats
Describe: Blaming
Additional: _____

Solution-Based Assessment

Attempted Solutions that DIDN'T work:

1. Forcing CM1 and CF2 to do "bonding" activities
2. _____
3. _____

Exceptions and Unique Outcomes (Solutions that DID work): Times, places, relationships, contexts, etc., when problem is less of a problem; behaviors that seem to make things even slightly better:

1. N/A
2. _____
3. _____

Miracle Question/Answer: If the problem were to be resolved overnight, what would client be doing differently the next day? (Describe in terms of doing X rather than not doing Y):

1. The client would be more relationally engaged with his siblings and mother.
2. The client would feel part of the family
3. The client would find possible solutions for his behavioral issues

Postmodern: Social Location and Dominant Discourses

Describe the client(s) overall social location (the groups a person belongs to based on diversity factors) and influential dominant discourses related to presenting concerns:

- **Ethnic, Race, Class, Immigration Status, and Religious Discourses:** *How do key cultural discourses inform client identity(ies), what is perceived as the problem, and possible solutions (specify ethnicity, e.g. Italian American rather than White or Caucasian)?* The family is hispanic in origin. There is little understanding or tolerance for neurodivergent individuals like CM1. Therefore, AF1 struggles to understand CM1 which only further exasterbates the problem
- **Gender and Sexuality Discourses:** *How do gender and sexuality discourses inform identity(ies), what is perceived as a problem and the possible solutions? Do these intersect with ethnicity and/or religion?* N/A
- **Community, School, Work and/or Extended Family Discourses:** *How do other important community discourses inform identity(ies), what is perceived as a problem and the possible solutions?* N/A
- **Identity Narratives:** *How has the problem shaped each significant person's identity?* AF1 has become more frustrated with her children and continues taking an increasingly authoritative role in the family. CM1 has been affected by the problem the most. He has become more socially withdrawn and feels like he's not wanted or doesn't belong. CF1 has become the self appointed "peace keeper". CF2 views herself as the victim of CM1/

Client Perspectives (Optional)

Areas of Agreement: Based on what the client(s) has(ve) said, what parts of the above assessment do they agree with or are likely to agree with? The clients are likley to agree that CF2 views herself as the victim and CM1 has become more withdrawn as a result of the near constant conflict. The clients are also likley to agree that AF1 and CF2 have become a lot more disengaged from the family unity.

Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why? CF2 is likely to disagree with the identity narrative because she hasn't received the necessary psychoeducation to understand CM1 better

How do you plan to respectfully work with areas of potential disagreement? I would work on identifying CM1's unmet needs and demonstrate how they connect to his diagnosis of OCD and ASD. I'd also educate the family on psychological disorders.