

## Cross-Theoretical Systemic Case Conceptualization 3.0

*For use with individual, couple, or family clients*

**Date:** 3/4/23    **Clinician:** Charleny Genoval    **Client/Case #:** 1234

### 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

AF1: Female Age: 50 Caucasian Partnered heterosexual Occupation: Teacher Other: \_\_\_\_\_

AM1: Male Age: 53 Caucasian Partnered heterosexual Occupation: Banker Other: \_\_\_\_\_

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

CM1: Male Age: 12 Caucasian Grade: 7th Other: \_\_\_\_\_

CF1: Female Age: 16 Caucasian Grade: 10th Other: \_\_\_\_\_

Identifier: Select Gender Age: \_\_\_\_\_ Select Ethnicity Grade: Select Grade Other: \_\_\_\_\_

Identifier: Select Gender Age: \_\_\_\_\_ Select Ethnicity Grade: Select Grade Other: \_\_\_\_\_

Others: Identify all: AM 2: Mal, 55, Caucasian, Partnered Heterosexual, Entrepreneur.

### Presenting Concerns

*Describe each significant person's description of the problem:*

AF1: Concerned about CM1's ADHD diagnosis; has difficulties dealing with CM1's behavior and anger outbursts at home; feels like AM2 is too lenient with CM1 when it is his time of visitation and feels like that affects the way that CM1 behaves at home.

AM1: Is not CM1 and CF1's biological father but is very involved in their lives and also gets into arguments with CM1 when he is disrespectful to his mother.

CM1: Diagnosed with ADHD; struggles to get along with CF1, AF1, and AM1; Gets angry when AF1 yells at him and reacts by yelling and calling her names; he thinks that his mom yells at him too much and that triggers his anger.

CF2: Struggles with depression, and was diagnosed with ADHD; has difficulties getting along with CM1 and often gets into heated arguments or physical fights with him; begs AF1 and AM1 for a lock on her bedroom door because she is frustrated by CM1's lack of respect for her personal space and things.

Additional: AM 2: Is involved in CM1 and CF2's life, but does not experience the behavior that CM1 shows at home, often has conflicts with AF1 because she asks for him to be stricter when CM1 goes to spend time with him.

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

Extended Family: Karen's brother thinks that she should be more understanding of CM1's diagnosis and not be so hard on him.

School Psychologist: Believes that the parents would benefit from parenting classes once a month to help them understand Mark's diagnosis and triggers.

Name: \_\_\_\_\_

### Background Information

*Trauma/Abuse History (recent and past):* No history reported.

*Substance Use/Abuse (current and past; self, family of origin, significant others):* No history reported

*Precipitating Events (recent life changes, first symptoms, stressors, etc.):* AF1 report that CM1 not having problems with his behavior or in school until he entered the 6<sup>th</sup> grade. AF1 reports that she feels as if his new friends have some influence on the way that CM1 gets confrontational with her and with CF1.

*Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.):* AF1 and AM2 were married since 2005, and had two children ages 12 and 16. Recently, AF1 and AM2 had difficulties that led to divorce. CM1 and CF1 visit AM2 and his girlfriend every other weekend.

### Client/Family Strengths and Social Location

*Strengths and Resources:*

Personal: CM1 is funny, good at math, and empathetic toward animals. AF1 is a committed mother to her children and partner and is always willing to help her family. CF1 is a caring sister and daughter and wants what is best for her family. AM1 is a caring stepfather and partner and is willing to do what it takes for his family's peace and happiness. AM2 is a committed father.

Relational/Social: The family is always willing to do things together like going out to dinner or making pizza, and everyone tries their best to be helpful around the house.

Spiritual: The family comes from a Catholic background but doesn't practice their faith.

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: Strong sense of community with the school, neighbors, and other family members.

Potential Challenges: There are no 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 family is learning to adjust to the changes in family dynamic due to CM1's struggles with behavior, and as a blended family.

Boundaries with/between:

- Primary couple       Enmeshed  Clear  Disengaged  NA Example: Close and supportive
- Adult Female & Children       Enmeshed  Clear  Disengaged  NA Example: Mainly with CF1
- Adult Male & Children       Enmeshed  Clear  Disengaged  NA Example: \_\_\_\_\_
- Siblings       Enmeshed  Clear  Disengaged  NA Example: \_\_\_\_\_
- Extended Family       Enmeshed  Clear  Disengaged  NA Example: \_\_\_\_\_
- Friends/Peers/Others       Enmeshed  Clear  Disengaged  NA Example: \_\_\_\_\_

Triangles/Coalitions:

Cross-generational coalitions: Describe: CF1 complains to AF1 that AM2 lets CM1 get away with anything when he goes to visit. AF1 confronts him about it.

Other coalitions: \_\_\_\_\_

Hierarchy between Parents and Children:  NA

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

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

Description/Example to illustrate hierarchy: AF1 is the disciplinarian while CM1 supports her.

Complementary Patterns between AF1 and AM2:

Pursuer/distancer

Over/under-functioner

Emotional/logical

Good/bad parent

Other: \_\_\_\_\_

Example of pattern: AF1 disagrees with AM2's way of parenting, and AM2 disagrees with her and feels that she should not have a say of what CM1 is allowed to do when they are together

### Interactional Patterns

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

Pursuing/Distancing  Criticizing/Defending  Controlling/Resisting  Other: \_\_\_\_\_

Describe Start of Tension: CM1 not complying with the rules or house chores implemented by AF1 and AM1.

Describe Conflict/Symptom Escalation: AF1 yells at CM1 about what he is supposed to do, then CM1 is triggered and yells at AF1 and calls her names/profanities. Then AM1 intervenes to defend AF1 and expresses that CM1 is being disrespectful to his mother, and CM1 yells at him as well.

Describe Return to "Normal"/Homeostasis: AF1 and AM1 takes away CM1's video games, which encourages him to apologize and rethink his actions.

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? CM1's ADHD aggressive and defiant behavior serves to maintain the connection between AF1 and CM2 assuming that CM1 needs as much support as he can get from both parties.

## 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: Mother, father, and step father have strong relationships with children

Physical/Mental Disorders:  NA  History: CF1 ADHD diagnosis

History Related to Presenting Problem:  NA  History: \_\_\_\_\_

Describe family strengths, such as the capacity to self-regulate and to effectively manage stress: The family is very supportive and is always willing to seek help.

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: Seldom: takes a fairly significant threat Describe: \_\_\_\_\_

AM1::  Anxious  Avoidant  Anxious/Avoidant. Frequency: Seldom: takes a fairly significant threat Describe: \_\_\_\_\_

CF1::  Anxious  Avoidant  Anxious/Avoidant. Frequency: Select Describe: \_\_\_\_\_

CM1::  Anxious  Avoidant  Anxious/Avoidant. Frequency: Select Describe: \_\_\_\_\_

Additional: \_\_\_\_\_

## Solution-Based Assessment

Attempted Solutions that DIDN'T work:

1. Taking away CM1's video games hasn't work and AM2 being lenient has not made the situation better.
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. New prescribed ADHD medication has improved CM1's behavior in school and focus.
2. Increased in medication dose has lessened CM1's aggressive behavior at home.
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. CM1 would get his homework and chores done without a fight.
2. AF1 will communicate her frustration without yelling at CM1.
3. CM1 will stay away from CF1's room and respect her personal things.

### 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)?* AF1 describes her family as a modern American blended family, which is supportive of their daughter CF1's sexual orientation and is proud of the life that they have established with AM1, as well as the relationship with AM2.
- **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?* AM2 understands that the expectation of a man is to be a good father even if he is no longer with their mother, and he tries his best to get along with AF1 and AM1 to maintain the peace within the family.
- **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?* They live in a predominantly white community with a minority of African-Americans and Hispanics, they are aware of the diversity of peers in CM1 and CF1 and encourage treating others with kindness and fairness.
- **Identity Narratives:** *How has the problem shaped each significant person's identity?* There are no identity narratives.

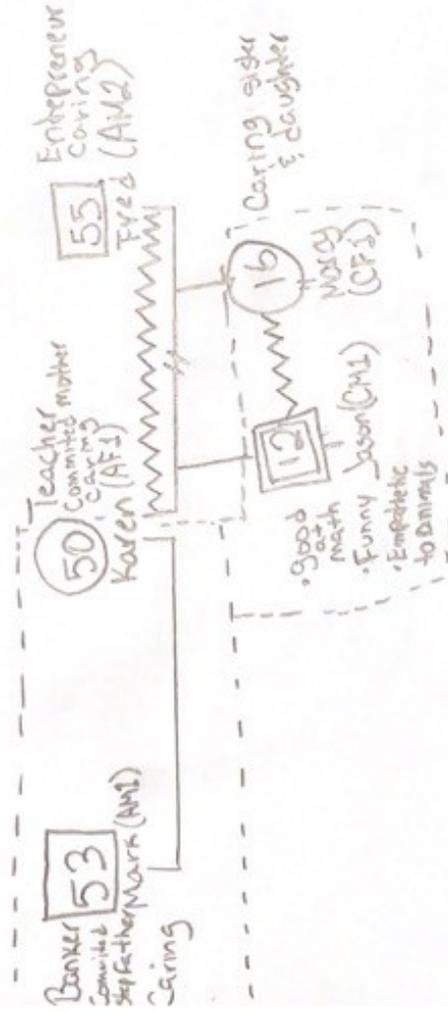
### Client Perspectives (Optional)

*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 likely to agree with the aforementioned.*

*Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why? The parts of disagreeemen between AF1 and AM2 parenting styles.*

*How do you plan to respectfully work with areas of potential disagreement? By remaining neutral and treatment planning, and by referring CM1 to a therapist for individual psychotherapy.*

# Genogram



## Legend

□ Male

○ Female

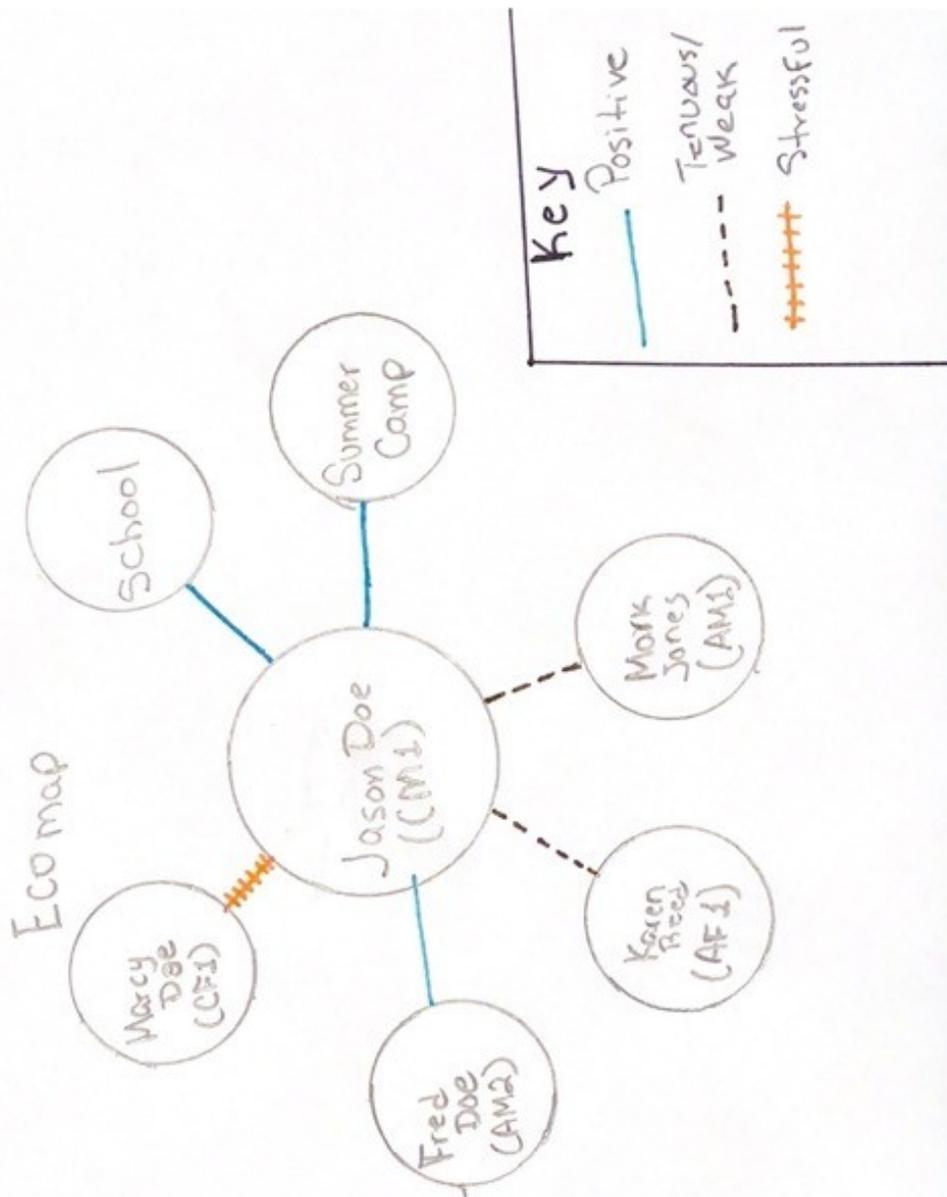
☐♂ Divorce

☐ Household

☐ Conflicted

☐ Identified Patient





Gehart, D. R. (2013). *Mastering Competencies in Family Therapy: A Practical Approach to Theory and Clinical Case Documentation*. Cengage Learning.

Mary Van Hook. (2014). *Social work practice with families: a resiliency-based approach* (3rd ed.). Oxford University Press.