

Case Conceptualization Paper

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Alliance Graduate School of Counseling – Mental Health Counseling

GCN 601: Principles & Methods of Counseling

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Mar 23, 2024

Introduction

Following the completion of an intake interview with Client X, a case conceptualization paper was written in a professional manner based on the information gleaned from conducting a phone call twice. Client X was first brought to my attention by a member of my church. Before conducting the interview, an informed consent form was filled out and submitted by the client X. During the intake interview that I conduct with Client X, in addition to gathering their personal information and medical history, I also perform a fundamental diagnostic evaluation on them. In addition to this, I assess Client X's mental state and incorporate the results of this assessment into the developing conceptualization of their case.

Assessment

Client X is 55 y/o. Her husband passed away 4 years ago by lung cancer occurred four years ago. She lived with her two kids, ages 28 and 14, and their mother, age 79. She also has a biological brother who resides in the area, and the distance between their homes is only fifteen minutes. Her brother's house is located in the same neighborhood as hers. She has been employed at a nail salon for the past 24 years and has been financially secure. She immigrated to the United States with her spouse twenty-four years ago. She was depressed after splitting up with a boyfriend who is a casino employee. The duration of the romantic relationship is two years. After the relationship ended, she went days sometimes without eating and was in an extremely miserable state of mind. As she had never met her partner, she experienced a month of depression and sadness. After breaking up with her boyfriend, she felt like dying. Others told her she rarely smiled and was not social in the workplace. She said that the enjoyment of the casino where her lover worked angered her boyfriend. She had enjoyed casino games

as a social activity, but she just lost \$10,000 playing casino games. At the time that she was emotionally disconnected from her boyfriend, she also experienced difficulty in her relationships with both her mother and her younger son. Despite her extremely gloomy mood, she keeps working and has no trouble falling asleep at night. She desired reconciliation with her partner. She believed that her boyfriend was the entire meaning of her existence, and as a result, she found it quite challenging to deal with her feelings on Tuesdays and Wednesdays, which was when she met her boyfriend most of the time after work.

Treatment Plan

Client Name: Younghee Kim

Age: 55 y/o

Therapist Name: Hyeunyoung Lee

Treatment Plan Start Date: 01/27/2023

Presenting Problem/Concerns:
Due to a recent breakup with her lover, the client presents to treatment with symptoms of melancholy and lethargy. Client acknowledges symptoms of anorexia, despair, and suicidal ideation following the dissolution of her relationship with her boyfriend, as well as a sensation of lethargy and fatigue when working in her nail salon. The client states, "I wanted to restore the relationship with my ex-boyfriend." After ending my relationship with my boyfriend, I became so depressed that I considered taking my own life. It appears out of nowhere, and I think I'm going to die".
Strengths & Resources:
The client defines herself as being financially secure and actively involved in her job. Also, she has an older biological brother who lives 15 minutes away from her house. She has mentioned having two sons and her mother residing with her. She had no trouble falling asleep at night.

Goals (What the person wants to achieve in treatment)
Possible Goal: Learn and use techniques to dealing with depression and getting rid of suicidal thoughts (as shown by the client X reports that she had suicidal thoughts after breaking up with her boyfriend and described feeling "depressed" and "like she was going to die").
Objectives (Steps to achieve the goals)
The client will report that she has recovered from her depression over the course of the next 3 weeks while concentrating on taking better care of herself by maintaining a regular eating schedule. In addition, she continues her daily routine of going to work and taking care of her family while she searches for a new purpose to her life without her ex-boyfriend.
Therapeutic Interventions: (Actions of the Clinician)

The therapist will strive to build trust and rapport with the client. Will offer support and empathy in order to help provide purpose to life within the context of the current family. The therapist will investigate the underlying causes of the Client's symptoms of depression.

Treatment Plan Review Date: 02/18/2023

Presenting Problem/Concerns:
Client presented to 2 nd phone counseling due to sometimes unrelieved depression feeling, and missing the relationship with boyfriend. Client's expressed that the first phone counseling session really helped her. She attempted to reconcile with the boyfriend, but he no longer desired the relationship. She also wanted to take anti-depression medication and have been difficult time to take care her family alone without a husband. She also expressed the feeling of depression while missing her ex-boyfriend.
Strengths & Resources:
During phone counseling, the client claimed that she was beginning to feel better for the first time. She mentions being involved in working at a nail salon with a good employee. Also, she maintains her routine and eats and sleeps well.

Goals (What the person wants to achieve in treatment)
The client acknowledges that her ex-boyfriend does not want to see her anymore, but she has a new meaning in her life through the supportive relationships she has with her family, which includes her two sons, mother, and brother.
Objectives (Steps to achieve the goals)
When the therapy is over, the client will report that she has entirely recovered from her depressive state and has expressed that she has recovered throughout the course of the next four weeks. In addition, the client makes time for her own self-care, maintaining a consistent eating and sleeping schedule. If the symptoms of her depression become too difficult for her to bear, she may seek additional consultation from a counselor.
Therapeutic Interventions: (Actions of the Clinician)
The therapist will help the client establish a new sense of purpose in life after the breakup. The therapist also provides open chat so that the patient can text in whenever she wants to talk and receive assistance 24 hours a day.

Treatment Plan End Date (Est): 03/22/2023

The client thanked the counselor for helping her through her downturn after breaking up with her ex-boyfriend at the end of treatment plan. She reported feeling far better emotionally two months following the original phone consultation by text message. As a mother, she hopes to provide a loving and stable environment for her children, especially her youngest son. She has also concluded that the

period of time during which she was pining for her ex-boyfriend was not beneficial for her in terms of getting her mind ready to forget about him. She is able to work more hours while still properly nourishing herself and getting enough rest. After two months of phone counseling, she felt so much better that she decided against trying medication for her depression. Although though she still thinks about him on occasion, she does not experience the same level of depression as she had in the immediate aftermath of the breakup with her boyfriend. She also reveals that she has made the choice that she wants to travel back in time thirty years to a time when she was hopeful, active, and full of confidence in herself.

Conclusion

This practice interview and case conceptualization paper really help me not only take a therapeutic relationship with my client X, but also to conduct the interview how can I do more professionally at clients eventually of counseling to help clients who are especially going through depression and relationship problem. It was not simple for me to offer her as much assistance as I could while I was contemplating which "words" are the ones that can actually assist her in overcoming the depression. I encouraged her to be as transparent and open as she could in our phone conversations as she described her feelings to me. I also attempted to create a pattern for her so that her despair may be alleviated by her regular lifestyle. During the counseling, she revealed that she had discovered a new meaning to her life after breaking up with her boyfriend, and that she felt really sorry for her family because she didn't take good care of them. Her suicidal thoughts were completely eliminated, and she showed significant improvement in her symptoms of depression despite not taking any medication. In conclusion, I believe that the therapeutic counseling session was extremely beneficial to both me and my client, and I would like to express my gratitude to my client for agreeing to participate in the counseling session.

Appendix A

Mental Status Exam

Client Name Younghee Kim	Date 01/27/2023
OBSERVATIONS	
Appearance	<input checked="" type="checkbox"/> Neat <input type="checkbox"/> Disheveled <input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Tangential <input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input type="checkbox"/> Normal <input type="checkbox"/> Intense <input type="checkbox"/> Avoidant <input checked="" type="checkbox"/> Other
Motor Activity	<input type="checkbox"/> Normal <input type="checkbox"/> Restless <input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input checked="" type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Other
Comments: The client only wanted to receive counseling over the phone. As a consequence of this, it is impossible to observe her appearance, speech, or motor activity.	
MOOD	
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other	
Comments: Client typically depressed on Tuesday and Wednesday due to the fact that she has a dating with an ex-boyfriend scheduled for those days.	
COGNITION	
Orientation Impairment	<input checked="" type="checkbox"/> None <input type="checkbox"/> Place <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None <input type="checkbox"/> Short-Term <input type="checkbox"/> Long-Term <input type="checkbox"/> Other
Attention	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Distracted <input type="checkbox"/> Other
Comments:	
PERCEPTION	
Hallucinations	<input checked="" type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input checked="" type="checkbox"/> None <input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization
Comments:	
THOUGHTS	

Suicidality	<input type="checkbox"/> None <input checked="" type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None <input type="checkbox"/> Aggressive <input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input checked="" type="checkbox"/> None <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments: After the client ended their relationship with their ex-boyfriend, the client admitted that it is extremely challenging to even consider ending their own life.	
BEHAVIOR	
<input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Hyperactive <input type="checkbox"/> Agitated <input type="checkbox"/> Paranoid <input type="checkbox"/> Stereotyped <input type="checkbox"/> <input type="checkbox"/> Aggressive <input type="checkbox"/> Bizarre <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other	
Comments:	
INSIGHT	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
JUDGMENT	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:

Appendix B

Consent for Participation in Role Play Intake and Session

Consent for Participation in Role Play Intake and Session

I understand that Hyeunyoung Lee is taking a class titled GCN 601 OA: Principles and Methods of Counseling Online and is under the instruction of Dr. A'tasha M. Christian, LPC. As a part of class instruction, it is required to conduct a role-played intake session that may (at your option) include some of your personal information. For instructional purposes, some portions of these sessions may be shared during the class discussion between the professor and GCN 601 OA students. I understand that the students have been trained in ethical conduct and that this session will be kept strictly confidential. This means that information is not released to outside persons or agencies regarding the content of this discussion or the fact that you participated in this exercise without your written consent. The purpose of these exercises is to provide "real-life" practice for the counseling skills they are learning.

In order for you to participate, you must agree to the following:

1. You agree that you do not have a mental-health-related diagnosis or are under the treatment of a mental health professional at this time.
2. You may choose to make up facts about yourself, you may opt to use real aspects of your life, or you can choose to do both. You may also opt to use a fictitious name; however, the consent must be completed with your full legal (real) name.
3. You agree to include some or all of the following aspects in your role-play (be they real or fictitious):
 - a. Your age and any generational influences
 - b. Any developmental disabilities
 - c. Any disabilities acquired later in life
 - d. Your religion and/or spiritual orientation (if any)
 - e. Your ethnic and racial identity
 - f. Your socioeconomic status
 - g. Your sexual orientation
 - h. Any indigenous heritage
 - i. Your national origin
 - j. Your gender / gender expression / gender identification
4. You understand that you can choose to stop participation at any time.
5. You understand that the student is NOT providing REAL counseling or any other therapeutic intervention, and if you require or feel that you may be in need of mental health services, you should NOT participate and should seek referrals from your primary care physician.

7. You agree to hold blameless and/or indemnify the student / professor / school of any harm in relation to your participation in this activity and agree that your participation is completely voluntary and free from coercion. If you have any questions, you may contact Dr. A'tasha Christian via email at atasha.christian @allianceu.edu.

8. You agree and consent to be recorded in video to assist the student in this assignment and understand that its content will be reviewed for training purposes.

I have read the above statement, I understand my rights regarding confidentiality and the participation in this activity, and I agree to participate and abide by the terms and conditions as stated in this 2-page consent form, and I have been provided with the option for a copy of this consent form by the student at my request.

Younghee Kim *[Signature]* 1/27/2023
Interviewee's Name and Signature Date

Younghkim0327@gmail.com Interviewee's Phone Number
(201) 698 6686

Hyeyoung Lee Date 1/27/2023
Student's Signature Student's Phone Number
ewinghy@gmail.com 851-235-9427

