

**Client X: Case Conceptualization**

Lauren R. Mangiaracina

AGSC, Alliance University

GCN 601: Principles and Methods of Counseling: OA

Dr. A'tasha Christian

March 23<sup>rd</sup>, 2023

### **Consent for Participation in Role Play Intake and Session**

I understand that Lauren Mangiaracina 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

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voluntary and free from coercion. If you have any questions, you may contact Dr. A'tasha Christian via email at [atasha.christian@allianceu.edu](mailto: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.

Frankki Napolitano March 7<sup>th</sup>, 2023

Interviewee's Name and Signature Date

[Frankkigirl2240@gmail.com](mailto:Frankkigirl2240@gmail.com) (347)-229-3123

Interviewee's E-Mail Interviewee's Phone Number

Lauren Mangiaracina March 7<sup>th</sup>, 2023

Student's Signature Date

[mangiaracinal@allianceu.edu](mailto:mangiaracinal@allianceu.edu) (347)-639-8942

Student's E-Mail Student's Phone Number

### Case Conceptualization Summary

**History of Current Symptoms and Life Stressors:** Client X began showing symptoms of generalized anxiety as well as symptoms related to the phobia of the dark at a young age. Client X expresses how she has been scared of the dark for as long as she could remember but symptoms increased around the age of eleven to twelve years old. She admitted early on during the intake that she would watch horror films with her father and that this is where her fear of the dark comes from. Her generalized anxiety symptoms began more so around the same time but due to different reason; her parents would constantly argue. Sometimes, Client X would wake up in the middle of the night to screaming and hear her parents speaking of divorce. She also opened up about negative experiences she had with romantic interests and how she was date raped at eighteen years old. This not only contributes to her general anxiety but caused self-image issues as well as trust issues with men. Client X's expresses that her phobia of the dark and her anxiety seeps into almost every aspect of her life and is becoming draining. During the time of the intake, Client X was fidgeting a great deal and maintained eye contact for only short periods of time. During the times where she felt more comfortable, Client X would crack small jokes and spoke with a lot of emotion.

**Maintaining Factors:** Flashbacks and frequent nightmares (relating to rape and people breaking into her house at night), insomnia most nights (only receiving around two - four hours of sleep a night), negative interpretation of oneself, panic attacks when alone at night, does not have a restful night of sleep unless someone is present with her in her room, self-criticism, eating less meals but then binging, internal locus of control, increased sexual behaviors.

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**Aspirations and Values:** Client X values her family, hard work, being driven and making other people happy. She uses her sense of humor in order to connect easier with others and strives to help others feel comfortable. Client X has a strong work-ethic, working since she was fifteen years old, though she has trouble with saving money. She is driven to improve herself though finding it difficult to stay motivated; is easily discouraged.

**Overall Summary:** Although still young, at only two decades old, Client X has gone through some events that most people could not imagine experiencing. From a young age, Client X was taught that family and work come first in life. She is the youngest out of three children, having two older sisters; the oldest is twenty-eight and the middle child is twenty-four. Client X has lived in the same co-op apartment since she was born which comprised of three bedrooms, in which she had to share a room with her middle sister until the age of around twelve years old. This is when her phobia of the dark increased drastically; when she began sleeping alone in her own room.

Client X did not have the best relationship with her father growing up but when spending quality time with him, they would watch horror films even though they scared her. Client X expressed that this was the only time she would spend time with her father without him being angry or upset. At the time of intake, she continues to have nightmares very frequently about shadow figures standing at her doorway or at the foot of her bed. Since her older sister is not sharing a room with her any longer, she feels unsafe and paranoid about people watching her through her windows. Client X continues to watch horror films.

In past relationships, Client X has expressed being taken advantage of in a sexual manner as well as emotional. At the age of eighteen, she was date raped by her boyfriend after

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communicating that she was not yet ready for that level of intimacy. Due to this traumatic event, she has a difficult time now opening up to males and also struggles with her self image. Her anxiety and low self-esteem causes her to eat impulsively and later regret it and feel feelings of hate towards herself.

### Treatment Plan

**Presenting Problem/Concerns:** The overall plan is to help Client X reduce her anxiety levels and minimize the symptoms of fear from her phobia from the dark. Also, to increase her levels of self-worth and self-esteem. Client X would like to minimize any negative sleep patterns as well. Client X needs help with controlling impulses relating to overeating and spending money.

**Strengths and Resources:** Client X has support from her older, middle sister as well as her two closest friends. She is involved in her undergraduate college (extracurricular activities). Client X claims to be good at problem-solving and when caught early enough, can talk herself off the ledge of incoming anxiety attacks. Recalls certain therapeutic practices learned from previous therapies.

**Goals:** "I want to be able to stop myself from having anxiety attacks when I begin overthinking." Client X will work on using certain techniques that can help her be more mindful of when she is thinking negative thoughts about herself. "I only watch horror films because that is what my dad likes. I don't know how else to bond with him." Client X will figure out new ways to connect with her father other than through horror films since that is what contributes to her anxiety.

**Objectives:** Over the next two weeks, Client X will record her feelings of panic relating to her fear of the dark and report why she feels this way. Then, will report how she would like to respond to this stressor differently. Over the next three weeks, Client X will record three things

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she appreciates about herself daily, whether physical or personality-wise, in order to help in mindfulness. At the end of each week upon returning back to therapy sessions, she will report back on her feelings towards herself.

Therapist Signature: Lauren Mangiaracina.

Client Signature: Frankki Napolitano.