**Sequence of Case Conceptualization**

Introduction of Self and Patient

Ask pt. the reason for the visit and also if their clinician provided a referral to a Therapist)

**Explain Tenets for Case Conceptualization to Patient:**

* Serve as a foundation on which to build our counseling
* Is a map for understanding why things are happening and how we help people get better while taking in to consideration cultural aspect
* Helps us to understand client worldview.
* Work collaboratively with the clients
* Allow us to have more empathy and understanding of our client.
* Helps to on formulate on diagnosis and treatment plan
* Serve for us to look at through the lens of multiple theories and further expand our abilities to see the big picture and to make even more connection and association.

**Description of the current problem (including background information)**

Example Generalized Anxiety

**REASONS FOR VISIT ( Anxiety, or panic attack)**

**P-Provoking factors ( precipitating factors/ what cause it/ ) Crowded places, super market, driving on the freeway.**

**Q-Quality (Describe characteristic/ how much of it is there, how does it feel/look) Chest pain, S.O.B, Palpitation, fear of dying, sense of choking, sweating, sudden overwhelming fear.**

**R-Religion/radiation( where is it, does it spread) is it localized (chest pain. Radiate down your arms or abdomen.**

**S-SEVERITY ( Does it interfere with activities) Job, sleep pattern.**

**T-TIME (Time of onset/how often it occurs/ is it sudden or gradual/How long has this been going on and does anything makes it worse or better.**

Explore if there is any history of substance misuse

Any medical conditions

Past experience and response to treatments

Explain use of over the counter medication and potential drug interractions

**Symptoms**

* Restlessness
* Muscle Tension
* Sleep disturbance
* Autonomic hyperactivity/vigilance
* Decrease concentrations
* Irritability
* Fatique

**Account of why and how these problems occurred or developed**

* What are some of the triggers( things that make the problem more likely to occur. for example having an argument with a partner because it will make you and worsen your anxiety).
* What are some modifiers (some thing that make a problem better or worse. Physical modifieres like getting more sleep, medication).

**What are some Precipitants?** These are things that happened just before the event, which a causal pathways For example the losing your home, ending of a significant relationship, getting a letter of impending layoff from work that could a trigger.

**What about Vulnerability factors?** Genetic, and childhood events.

**What about your Core Beliefs?** These are thoughts and assumptions we hold about ourselves, others, and the world around us Contributes to thought feelings and behavior.

For example, Am unlovable, am not good enough, there is something wrong with me, I’m an outsider.

**Have client list their core beliefs**

To challenge such core belief

Ask the Pt, what experiences or empirical data to depicts this belief is completely true?

**Analysis of processes that maintain the problem**

**Maintenance process is what keep the problem going.**

For instance when one is anxious or has generalized anxiety, the person turn avoid social events, Isolate self as such we do not get a ton of positive experiences and we never get new data to challenge the idea of being anxious .

Social isolation is an avoidance and the staying at home become the maintenance factor for our anxiety.

**Common Maintenance process**

* Safety behaviors and Avoidance
* Reduction activity
* Catastrophic misinterpretations ( one may have tightness in the chest and may interpete that my body is in danger, having myocardial infarction and I am going to die).
* Performance anxiety ( One is going to give a public speech, experience sweating in the palms, fear of making mistake or a fool of selves. When you accomplish
* Perfectionism( tries to do so much and never get things on time)

Short term rewards ( Some one is drinking or smoking cigarette to attain short term reward, which is detrimental to health, you have to replace such negative behavior with something positive.

**Differential Diagnosis**

Panic Disorder

Anxiety

Social Anxiey

**Diagnosis**

Generalized Anxiety

**Theoretical Approach ( CBT Behavioral Experiment)**

INTERVENTIONS

Behavior activation by going out of the house to obtain new data to challenge those core ¸ beliefs one may perceive or infer

CBT Behavioral experiment

Ask pt. to describe self when they are anxious?

Is there anything you do to control such behavior?

Do you maintain eye contact with people?

Do you sweat when it occur?

Are you shaking during the process?

What about your appearance, are you

What do you think will happen when you stop doing those things to control your anxiety?

What do you think will have if you maintain eye contact and stop grabbing an object for instance

Assist pt’s control of life situations

Review past effective coping mechanism

Educate pt. on diagnosis of GAD

Explore Personal values

Assist pt .with accepting situations over which they have no control over

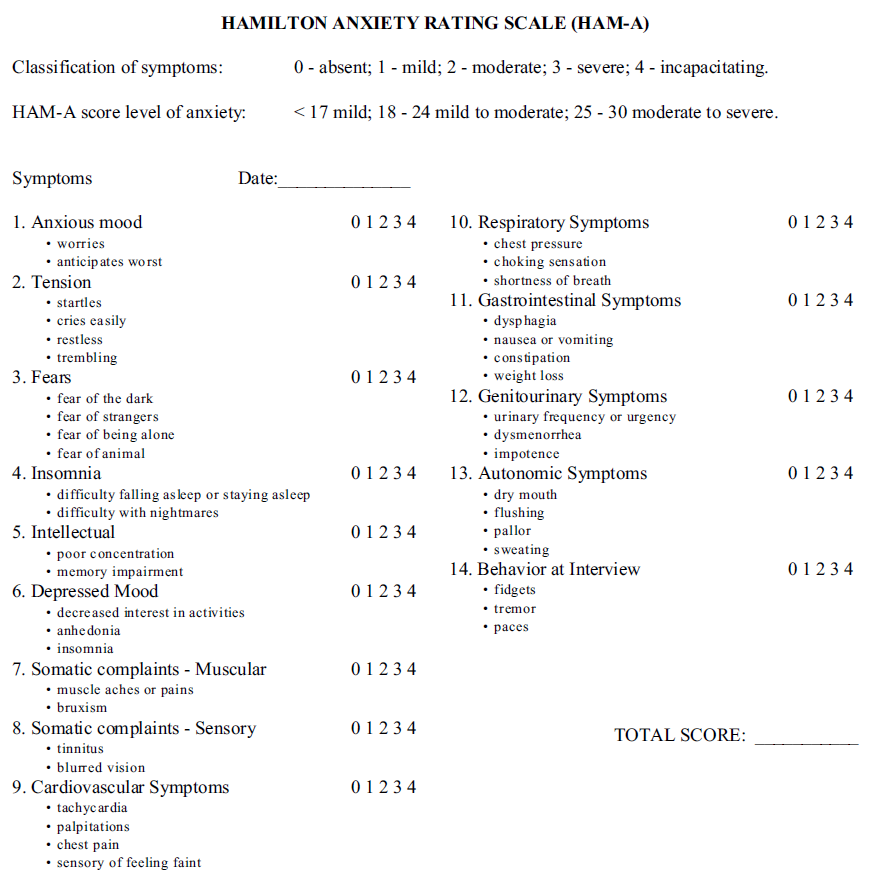
Teach relaxation techniques

Refer to support

Psychoeducation groups

Shor term Treatment is Benzo

Long Term treatment is SSRI

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