

Case Conceptualization for HS

3/29/22

Presentation: Generalized anxiety and dependent personality

Precipitant: Fears of failure with promotion at work

Pattern (maladaptive): Excessive desire to please others to avoid rejection and loss

Predisposition:

- **Biological:** No family history of anxiety or dependent personality indicated; possible maternal bipolar disorder that is undiagnosed.
- **Psychological:** Views herself as good enough only in the eyes of others; excessive need for approval of others (especially parents and superiors); fear of abandonment by loved ones who may deem her inadequate
- **Social:** Has a best friend, but otherwise tends not to be social; single; parents and coworkers are the bulk of her social outlet
- **Cultural:** Cultural stress stemming from rigid, religious upbringing (child of a minister) and involvement in work that is church related; otherwise, is financially stable and from an upper-middle-class family who do not view counseling negatively.

Perpetuants: Limited support system outside of family/work; believes that her employer devalues her knowledge and competence as she is a young female and he is an older man from a traditional background who believes that women should be home with their kids.

Protective factors/strengths: Kind, hard-working, educated, and strives to excel.

Plan (treatment): CBT to address client's anxious and dependent behaviors. Interventions to include relaxation and stress reduction techniques, role playing, cognitive restructuring/reframing, and journaling.

Prognosis: Good given her desire to open up and admit to her fears openly. The anxiety can be addressed with the interventions suggested and this will hopefully make the dependency more manageable for the client.

Case conceptualization statement

HS presents with generalized anxiety symptoms and dependent personality factors (*presentation*). A recent triggering event includes her recent promotion at the church where she works and teaches music. She is concerned that she will disappoint her father (a minister) and her manager (the church school's principal) if she fails (*precipitant*). She presents with an anxious and dependent personality and has only one close friend. She is not in a relationship due to fears of abandonment from a prior relationship and has an excessive need to please her parents that has been present since childhood (*pattern*). Some perpetuating factors include her limited support system outside the church family and her desire to please people and not to fail (*perpetuants*).

Some of her protective factors and strengths include that she is kind, cares for others, consumes and creates music for personal and career reasons, is an avid soccer player (coaches the church children's team), and has a desire to improve her anxious behaviors and thoughts. She is from an upper-middle-class neighborhood and attends church regularly. She has access to health insurance and a family that supports her attending therapy. (*strengths & protective factors*).

The following biopsychosocial factors attempt to explain HS' anxiety symptoms and dependent personality style: possible maternal history of undiagnosed bipolar disorder (*biological*); she views herself as capable, yet believes that others view her as inadequate, and she has difficulty with being open and honest about her feelings due to fears of being rejected/abandoned; she has a deep desire to please others, despite possible disappointment it may cause her to please them (*psychological*); she has only one close friend, a history of social anxiety and parents who are

deeply religious, and demand perfection (*social*). Given HS' upper-middle-class, deeply religious upbringing, she has come to see the church and her church family as her life and has strong fears about being alienated from this extended family (*cultural*).

Besides facilitating a highly supportive, empathic and encouraging counseling relationship, treatment will include cognitive behavioral therapy (CBT) to address HS' anxiety and dependent personality. Her fears of stating her mind and being open with others will be addressed via role play. Her beliefs that others see her far more negatively than they really do or that they plan to abandon her if she is not always perfect will be addressed via cognitive restructuring/reframing exercises. Her generalized anxiety will be addressed with relaxation and stress reduction techniques and she will be encouraged to keep a journal to track her progress. (*plan-treatment*).

The outcome of therapy with HS is judged to be good, given her motivation for treatment, if her strengths and protective factors are integrated into the treatment process (*prognosis*).