Benchmark: Presentation Case Conceptualization-CC

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Confidentiality

In accordance with the 2014 ACA Code of Ethics, B.1.c. my client's information is deemed as confidential, (American Counseling Association, 2014). To protect the confidentiality of my client, for this presentation, he will be referred to as "Connor".

Demographic Information

Connor is a 13-year-old white male adolescent. Connor is in the 7th grade. His parents were never married, and he lives with his mother, stepfather, and both his older and younger brothers.

Presenting Problem

Connor presented to individual counseling for reported behavioral issues at school and at home, and for support relating to his previous Attention-Deficit/Hyperactivity Disorder (ADHD) diagnosis. The client presented to counseling at the request of his mother, his caregiver. In the Intake session with the caregiver, she reported that while the client's behavior at school had recently improved, he was still very aggressive and combative at home.

Behavioral Impressions

Connor appeared his current age. He was dressed casually and was adequately groomed. He showed no gross motor deficits. There were no obvious or unusual movements/tremors present. Eye contact was fair. No homicidal ideation, suicidal ideation, hallucinations, delusions, paranoia, or intrusive thoughts were indicated. Mood and affect were fair, but hyperactivity was present. Judgment and insight appeared fair. Signs of psychosis were not indicated.

Relevant Historical Information

History of the Presenting Problem

Connor's caregiver reported a diagnosis of ADHD in 2015, which was reportedly when his

behavior issues began. She further reported more aggressive behaviors at home such as setting fires, and being aggressive with his siblings, and animals. The client was prescribed medication for his ADHD diagnosis.

Biopsychosocial History

Connor stated he currently lives with his mom, stepdad, and two brothers. Connor reported he no longer sees his dad, since his mom was given full custody over him. His father does not visit Connor; however, he has a relationship with his paternal grandparents.

Psychiatric history of self and family

Connor was recommended for evaluation by his primary care physician in 2015. He diagnosed at that time with ADHD and prescribed Aptensio. His family of origin has no reported Psychiatric history.

Social relationship history

Connor reported having a very small social circle. He enjoys bike riding and playing his X-Box.

Academic/Work history

Connor is a 13-year-old 7th grader. He has average grades and has advanced out of ESE classes, back into regular classes.

Medical/Developmental history

Connor reported no medical history for himself or his family of origin. He did report a Developmental delay in his walking ability.

Addiction Screening

Connor reported no drug or alcohol abusive behavior for himself or his family of origin.

Risk Assessment

Connor denied any homicidal or suicidal ideations.

Diagnosis

Connor was given the following diagnosis:

F90.1 Attention-Deficit/Hyperactivity Disorder, predominantly hyperactive/impulsive presentation (Primary)

F91.9 Conduct Disorder (Secondary)

The Attention-Deficit/Hyperactivity Disorder, predominantly hyperactive/impulsive presentation was given rather than the Intermittent Explosive Disorder because of the behavior observed in session. His behavior was more along hyperactivity, as opposed to explosive outburst. His squirming in his seat during sessions, walking around the office, and his inability to remain focused, further reconfirmed his initial diagnosis of ADHD. Additional assessments were given to his schoolteacher and his caregiver to also confirm his previous diagnosis. The Conners CBRS assessments were provided and verified the diagnosis.

The Conduct Disorder was given rather than the Pyromania disorder because the fire setting only took place one time. His aggressive behavior that was reported toward his siblings, parents, and animals also supported the criteria for Conduct Disorder. Finally, the destruction of his property at home, as reported by his mother, further supported the criteria of Conduct Disorder. The Personality Assessment Inventory-Adolescent (PAI-A) assessment was provided and verified the diagnosis. The PAI-A has been deemed as a reputable assessment for these standards, with reliable scoring (Moggia, Saxon, Lutz, Hardy, & Barkham, 2023).

Client Impressions

While his mom did require Connor to come to counseling, he was open to forming a therapeutic relationship and displayed signs that he wanted to be in session. This desire to be present is a definite strength. There was observed tension between he and his mother that could

pose additional barriers of growth and change in the future.

Connor has been observed as becoming very defensive when he is told he is wrong or when he a denied something. This is an apparent defense mechanism that he currently uses. Connor becomes emotional and angry when he believes his mom doesn't believe what he is telling her. The emotional outburst isn't always a sign of disrespect, but more so a need for approval and validation from his caregiver. This seems to be lacking. Parenting skills may be needed in the future.

Connor shows anger when his biological father is brought up in conversation. Connor has an estranged relationship with his father. He reports that his dad told him that his mom was the reason they could not see one another. This is likely a source for some of the tension displayed during earlier sessions between Connor and his mom.

Case Conceptualization Summary

Based on the Sperry model of Case Conceptualization, I started with finding the diagnostic, clinical, and the treatment formulations (Sperry, 2005).

Diagnostic Formulation

Based off the DSM-IV-TR, Connor's criteria for his diagnosis align with Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive/Impulsive Presentation and with Conduct Disorder.

Clinical Formulation

Connor was diagnosed with ADHD and his behavioral outburst accelerated around the same time. This stands to question whether proper psychoeducation on the diagnosis, along with the criteria and treatment measures were ever effectively reviewed with he and his caregiver. A review of this could be beneficial.

Connor has displayed aggressive behavior towards his mother, siblings, and animals. Getting to the root of these outburst is necessary. Understanding his triggers and his establishing a routine could be effective for his ADHD and the emotional outburst. Providing him tools for emotional regulation and fostering an environment that calls for a stronger rapport with his parents could also prove to be advantageous.

Treatment Formulation

From Connor's Clinical Formulation, short term goals include providing Connor and his mom with psychoeducation on ADHD and assessing what's been effective for them thus far. Being able to identify the triggers for his emotional outburst is necessary. Establishing a reward system for effective behavior is also needed. Finally, providing him with tools for emotional regulation is paramount. Long term goals include providing self-soothing techniques. Establishing an environment that calls for routine and requires effective communication is needed for long term success.

Theoretical Orientation and Research/Evidence-based treatment

To gain a good rapport with Connor, I started off using the Person-Centered therapeutic approach. This was a great way of helping Connor feel comfortable in a counseling setting. It also helped me to begin to see things from his perspective. No one knows you better than you. The Person-Centered approach is of the mindset that that client is an expert of themselves, therefore the clinician implements the client's worldview in session (Quinn, 2013). This helped me begin to see how Connor views his world early on in our relationship.

To tackle Connor's ADHD and Conduct Disorder, CBT was the therapy of choice. CBT has been widely used for such issues as emotional regulation, and the emotional inhibition (Thomas, 2018). Studies have found that counselors heavily trained in CBT have had a more

positive response when working with adolescents with Conduct Disorder (Lochman, Boxmeyer, Kassing, Powell, & Stromeyer, 2019). Using the CBT interventions like role playing, deep breathing, and rehearsing can better prepare Connor for his triggered emotions, so that he can be well equipped when an outburst arises. Practicing these things in a controlled environment, like in session can better prepare him and make the exercise a habit.

Treatment Planning

Dx/Problem	Long Term Goal(s)	Short Term Goal(s)	Evidence Based Interventions
F90.1 **Attention-Deficit/Hyperactivity Disorder, predominantly hyperactive/impulsive presentation**	Establish self-soothing techniques to use when flooded.	Psychoeducation on ADHD. Establish a reward system for effective behavior.	Provide bibliotherapy and videos for training on the topic of ADHD. Create a reward chart for behavior and for task completion. Role playing in session what to do when flooded.
F91.9 **Conduct Disorder**	Establish an environment that requires routine and effective communication.	Identify the triggers that bring on the emotional outburst. Learn tools for emotional regulation.	Create an emotions journal to track feelings. Breathing Techniques Rehearsing effective communication in session.

Ethical Issues

Since the client is a minor, I had to consider his level of confidentiality, as well as the needs of disclosing to his parents when deemed necessary. I have made sure to ask him if it is ok to discuss things with his mom, so that he still feels safe in our therapeutic relationship. I have also had to bracket my personal opinions as it relates to the style of parenting that takes place within his home. While there is a level of parenting education done in session, I have had to reframe from imposing my own worldview while in session, but instead provide the skills needed to effectively aid in the cohesiveness of the client and the household.

Multi-Cultural Factors

Connor and his family are Caucasian. They are follower of Christ and come from a lower socioeconomic background. From a cultural and economic standpoint, we both have varying worldviews. While in session however, I am submerged in their world and look at life from that lens. Since we share religious belief systems, I have asked if it is an area that they are wanting to incorporate in session. They have said yes. I find relief in this because I question if this could be the missing component in the treatment thus far.

Assessment

Connor's mom had reported disruptive behavior at school, expulsion, and aggressive outburst at home. To establish a baseline of Connor's behavior, the Conners CBRS (Conners Comprehensive Behavior Rating Scales) was provided to him, his mother, and his teacher. The assessment was provided within the first year and a half of counseling to see if any additional diagnoses were missed. From this assessment his previous diagnosis of ADHD was confirmed.

As his mother requested, additional testing was done. The Personality Assessment Inventory-Adolescent (PAI-A) assessment was also administered. Criteria reported aligned with that of Conduct Disorder, which also aligned with findings on the CBRS. After another year of therapy, however, we have been able to reassess him, and the Conduct Disorder is now Oppositional Defiant Disorder, which is an improvement to Connor's earlier diagnosis.

Referral/Access

At the request of Connor's mother, a have provided them with a referral for a residential treatment facility in Martin, GA, Shepherd's Hill Academy (Shepherds Hill Academy, 2024). The academy offers Cognitive Behavior Therapy (CBT) and Rational Emotive Behavior Therapy (REBT), once per week. They also offer self-regulation, as well as interpersonal skills through

Group Dialectical Behavior Therapy (DBT). Finally, they offer Equine Therapy once per week. Upon his mom's reviewing of this program, Connor may be transferring for further care and a more hands on therapeutic approach. This is still an ongoing discussion.

Prognosis

Based on Connor's interest in seeking support outside of his current living situation, I predict that the residential boarding school may be a good fit for Connor. Seeing as he enjoys talking about the bible, a Christian environment could be a welcome fit for him at this stage of his development. With this treatment, I believe Connor could have a complete turnaround is his Oppositional Defiant behavior and could likewise, get a handle on his ADHD. Without this treatment, I believe the tension in his current home environment will continue to exacerbate his symptoms, and he could regress further. I believe his prognosis is good, if he follows through on the referral as recommended.

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