

Cognitive Behavior Therapy Case Report

Background: Theory and Empirical Literature

Case: History, Formulation, and Treatment Plan

Your task in this assignment is to present a case study of the psychotherapy you have conducted with a patient. Your presentation should (1) place your view of the patient and the therapy in the context of key cognitive and behavioral theories (e.g., Beck's cognitive theory of depression, Lewinsohn's theory of depression) including latest theoretical formulations (e.g., Wells and Clark's formulation of social anxiety disorder) of the treatments you are using for your patient.

(2) Even if you are using a principle guided approach in your treatment not a manualized approach, a discussion of the empirically-supported treatments you are using or drawing from (e.g., Rick Heimberg's CBGT, Clark and Wells Individual CBT) should also be provided along with:

(3) A summary of treatment efficacy data for these treatments (for example, a summary of treatment efficacy research on panic disorder using cognitive behavior therapy).

(4) Please make sure you incorporate data and your interpretations of the data from the SCID, the OQ, and all other self-report measures given to your patient at baseline and thereafter.

(5) Please make sure you link your case conceptualization to ideographic ecological analyses you conducted during your sessions. The ecological analyses you conduct should encompass information from the chain analysis form, automatic thought log, symptom monitoring forms, etc.

(6) The nature of your contribution to the course of the therapy in terms of the way you idiosyncratically tailored the treatment, is also critical. We expect you to display a sophisticated understanding of the case conceptualization and treatment and to use sophisticated language in your write-up. It is important that this write-up not be mechanistic and formulaic. Again, appropriate discussion of the clinical and research literature (with citations) for support of your clinical choices is required.

(7) You should also put emphasis on clear and evocative description of the patient and the therapy in the context of his/her social and cultural environment, psychological development, and current life circumstances. Include discussion, where relevant of race, class, economic status, culture, religion, sexual orientation, and gender issues. Remember, you **MUST** cite relevant empirical literature to back up your choices (e.g. diagnosis, modality, orientation, for referrals to other specialists, testing, medication, support groups, etc., cultural issues and formulations). A minimum of 15 citations is required.

The following is the outline for the case study. You are expected to include all of the listed aspects:

I. Case History (Suggested # of words: 750)

General Instructions: The case history should briefly summarize the most important background information that you collected in evaluating this patient for treatment. Be succinct in describing the case history.

A. Identifying Information

Describe patient's age, gender, race/ethnicity, sexuality, culture, language, class, education, marital status, living situation, and occupation.

B. Chief Complaint

Note chief complaint in patient's own words.

C. History of Present Illness

Describe present illness, including emotional, cognitive, behavioral, and physiological symptoms. Note environmental stresses. Briefly review treatments (if any) that have been tried for the present illness.

D. Past Psychiatric History

Briefly summarize past psychiatric history including substance abuse.

E. Personal and Social History

Briefly summarize most salient features of personal and social history. Include observations on formative experiences, traumas (if any), support structure, interests, religiosity, and use of substances.

F. Medical History

Note any medical problems (e.g., endocrine disturbances, heart disease, cancer, chronic medical illnesses, chronic pain) that may influence psychological functioning or the treatment process.

G. Mental Status Observations

List 3-5 of the most salient features of the mental status exam at the time treatment began. Include observations on general appearance and mood.

H. DSM IV-TR or DSM V Diagnoses (both are permitted)

Provide five Axis DSM IV-TR or DSM V diagnoses

I. Scores on all self-report measures and SCID profile

Provide information on SCID profile, the baseline and ongoing scores on the DASS and WSAS that are given to all patients, as well as baseline and ongoing scores on all other self-report measures that were elevated for your patient at time of intake (i.e., at or above one SD below the mean at intake) for your case write-up. Please note and discuss any significant changes in these scores during the course of treatment and provide an explanation (e.g. a dramatic increase in BDI scores following the breakup of a relationship or a reduction in scores following treatment, or increase in anxiety following initial exposure sessions).

II. Case Formulation (Suggested # of words: 500)

General Instructions: Describe the primary features of your case formulation using the following outline.

A. Precipitants:

Precipitants are large-scale life events that may play a significant role in precipitating an episode of illness. A typical example is a depressive episode precipitated by multiple events, including failure to be promoted at work, death of a close friend, and marital strain. In some cases (e.g., bipolar disorder, recurrent depression with strong biological features) there may be no clear psychosocial precipitant. If no psychosocial precipitants can be identified, note any other features of the patient's history that may help explain the onset of illness.

Which *precipitants* do you hypothesize played a significant role in the development and/or maintenance of the patient's symptoms and problems?

The term *triggers or activating event or situations*, used in the next part of the Case Formulation, refers to smaller scale events and situations that immediately precede and stimulate negative moods or maladaptive bursts of cognitions and behaviors. For example, the patient who is depressed following the precipitating events described above may experience worsening of her depressed mood when she has a work deadline, or when she's with her husband, or when she attends a class she used to attend with her friend who died.

Which *triggers or activating event or situations* tend to stimulate patient's symptoms and problems?

B. Cross-sectional view of current cognitions and behaviors:

The *cross-sectional* view of the case formulation takes into account the predominant day-to-day vulnerabilities, cognitions, emotions, physiological symptoms, behaviors or behavioral urges that the patient demonstrates in specific situations. Typically the cross-sectional view focuses on the more immediately accessible cognitions (i.e., automatic thoughts) or obvious problem behaviors that are identified earlier in therapy to help develop an empirical conceptualization for targeting underlying schemas, core beliefs, assumptions or persistent patterns of behavior that are the centerpiece of the *longitudinal* view described below.

The *cross-sectional* view should give your conceptualization of how the cognitive behavioral model applied to this patient early in treatment. In deriving this formulation, please consider the antecedent context as well as consequences.

In presenting your ecological analysis, you will want to consider typical situations or events that create antecedent vulnerability (e.g., lack of sleep). Also, describe typical activating situations or memories of triggers

or activating situations (e.g., upcoming test). Additionally, describe the patient's typical automatic thoughts, emotions, and behaviors (and physiological reactions if relevant) in these situations as well as the short-term consequences of cognitions on emotions (e.g., increase in anxiety) and on behaviors (e.g. (urge to avoid), and the consequences of short-term consequences of behaviors on cognitions (e.g. increase in catastrophic cognitions) emotions (e.g., relief), and behaviors (e.g. more avoidance in the future).

C. Longitudinal view of cognitions and behaviors:

This portion of the case conceptualization focuses on a *longitudinal* perspective of the patient's cognitive and behavioral functioning. The *longitudinal view* is developed fully as therapy proceeds and the therapist uncovers underlying schemas (core beliefs, rules, assumptions) and enduring patterns of behavior (coping strategies) based on patterns identification through conducting multiple ecological analyses during sessions.

Using these ecological analyses conducted during sessions, describe typical distal and proximal vulnerabilities, cognitions, emotions, physiological reactions, and behaviors or behavioral urges. Also, describe the impact of cognitions on emotions and behaviors, and the impact of behaviors on future cognitions (e.g., strengthening schemas or core beliefs of being worthless), emotions (e.g., increase in depression), and behaviors (e.g., more procrastination). When you describe future impact on cognitions, make sure to note both the impact on patient's key schemas (core beliefs) and on the intermediate assumptions in the form of rules, values (intermediate beliefs).

For patients whose pre-morbid history was not significant (e.g., a bipolar patient with no history of developmental issues that played a role in generation of maladaptive assumptions or schemas), indicate the major belief(s) and dysfunctional behavioral patterns present only during the current episode.

Report developmental antecedents relevant to the origin or maintenance of the patient's schemas and behavioral strategies, or offer support for your hypothesis that the patient's developmental history is not relevant to the current disorder.

D. Strengths and assets

Describe in a few words the patient's strengths and assets (e.g., physical health, intelligence, social skills, support network, work history, etc.).

E. Working hypothesis (summary of conceptualization)

Briefly summarize the principal features of the working hypothesis that directed your treatment interventions. Link your working hypothesis with the cognitive behavioral model(s) for the patient's disorder(s).

III. Treatment Plan (Suggested # of words: 250)

General Instructions: Describe the primary features of your treatment plan using the following outline. Present empirical data to support the choices of treatment you are initiating.

A. Problem list

List any significant problems that you and the patient have identified. Usually problems are identified in several domains (e.g., psychological/psychiatric symptoms, interpersonal, occupational, medical, financial, housing, legal, and leisure). Problem Lists generally have 2-6 items, sometimes more. Briefly describe problems in a few words, or, if previously described in detail in the HPI, just name the problem here.

B. Treatment goals

Indicate the specific goals for treatment that have been developed collaboratively with the patient. Please make sure goals are not simply a reduction in emotional distress and that you develop specific, achievable behavioral goals.

C. Plan for treatment

Weaving together these goals, the case history, and your working hypothesis, briefly state your treatment plan for this patient.

IV. Course of Treatment (Suggested # of words: 500)

General Instructions: Describe the primary features of the course of treatment using the following outline.

A. Therapeutic Relationship

Detail the nature and quality of the therapeutic relationship, any problems you encountered, how you conceptualized these problems, and how you resolved them.

B. Interventions/Procedures

Describe three major cognitive behavioral therapy interventions you used, providing a rationale that links these interventions with the patient's treatment goals and your working hypothesis.

C. Obstacles

Present one example of how you resolved an obstacle to therapy. Describe your conceptualization of why the obstacle arose and note what you did about it. If you did not encounter any significant obstacles in this therapy,

describe one example of how you were able to capitalize on the patient's strengths in the treatment process.

D. Outcome/Disposition

Briefly report on the outcome of therapy. If the treatment has not been completed, describe progress to date.