**Case Conceptualization Project 2**

**Due:** Tuesday, May 8th by End of Final Exam Window from 8:00 am – 10:30 am

**Background:**

You have now learned about and practiced each of the important components of case conceptualization: (1) identifying presenting problems, (2) making an accurate differential diagnosis, (3) identifying current psychosocial and environmental stressors, (4) identifying processes involved in the maintenance of the disorder, and (5) developing a treatment plan.

This case conceptualization project will be worth 150 points (out of the 1,000 total course points; 15% of the overall course grade). This project replaces a traditional final exam and is designed to be a final synthesis and application of information, concepts, and skills you have learned.

You are encouraged to use your notes, your textbook, and the internet to help you complete these projects. For example, for the treatment planning section, it will be helpful to use the textbook to identify and select various treatment options, the way a mental health practitioner might do in the real world. You can also use the book to look up relevant diagnostic criteria. You are also encouraged to email Dr. Ritzert or come to his office to ask questions. For example, you might find it helpful to complete this project and then ask Dr. Ritzert for preliminary feedback before the due date.

Grading for this project will be based on both accuracy and the degree to which you demonstrate the critical thinking skills we have been practicing. For example, in the diagnosis section, a significant portion of the grading will be based on the rationale you present for the diagnosis and if you adequately communicate the connection between the diagnostic criteria and relevant pieces from the case example. This project must be completed individually.

**Instructions:**

To complete this project, read the case example on the next page and then answer the questions that follow. Provide sufficient detail so as to comprehensively answer the questions. For example, when you suggest a treatment, not only define the treatment, but also explain how that treatment would be carried out. Please note that more detail will be needed on this case conceptualization project than was needed on the first. To ensure that you provide the necessary level of detail, make sure you address the questions within each section in a comprehensive manner. Because this project is worth 150 points, it is expected that each section will include a thoughtful, well-articulated, well-written answer that satisfactorily addresses each question and communicates your ideas well.

There are two options for turning in this project. You may either submit your project through Canvas (preferred) or turn in a paper copy to Dr. Ritzert. If you choose the latter option, Dr. Ritzert will be available in his office (Ruffner 303) during the final exam window. Remember, the deadline for turning in this project is May 8th at 10:30 am. You are welcome to turn the project in before this deadline, but not after.

**Case Example**

You are a mental healthcare provider in the Eating Disorders Clinic. Your new client, Carmen, is an 18-year-old single woman. She recently graduated high school and lives with her mom. She was referred to the clinic by her primary care physician, who was concerned about Carmen’s eating behavior and the consequences of this behavior. The physician reports that Carmen is not experiencing any underlying medical disease, but that she is experiencing an electrolyte imbalance and early signs of tooth decay. Carmen first provided a brief history. She is an intelligent teenager and will be attending college soon. She is particularly talented in science and math and will be going into engineering. She has developed a small, close group of friends with whom she spends time, but describes herself as generally shy and introverted. Carmen is currently working a summer job at a movie theater.

In high school Carmen had a BMI (body mass index) in the low to mid 20s, which is in the “normal” range. During her freshman year, Carmen, like many high school students, struggled to fit in. She rarely interacted with other students. A few times during her freshman year, fellow students teased Carmen about her appearance, focusing on her body shape. Carmen developed a negative self-image, mostly focused on her body size and shape. She felt that she “would never fit in,” that she would never look or be good enough to be accepted by the other students, and that her body would not match the ideal that she felt pressure to match – despite the fact that others around her reassured her about her appearance.

Carmen displayed resiliency in the face of this emotional distress – she reported that she began to interact with her peers, make friends, and develop an active social life. Yet, on the inside, Carmen still felt sad. She believed that other people didn’t *really* like her, and only spent time with Carmen because she asked them to – even though her friends told Carmen that they valued having her as a friend. “Eventually, I started to believe that I was worthless or that something was wrong with me and that others wouldn’t ever really accept me,” she explained. Carmen began to focus more on her shape and weight, and reported that her self-esteem began to drop, as she felt that other people were more attractive. She reported that she began to lose interest in things she once enjoyed and that she found it difficult to find the energy to get going.

Eventually, Carmen found herself eating less – often skipping breakfast, eating a small lunch, and eating a normal-sized dinner. However, because she was eating less during the day, Carmen found that, by dinner time, she was, naturally, quite hungry. As a result, several times a week, Carmen began to eat meals that were far larger than normal, by several thousand calories, such that, in general, her total caloric intake was typical of someone her age. She would eat these meals by herself, quickly, and end up eating until she felt unconformable – feeling like she could not stop. Feeling a mix of guilt about these episodes and concern about her body shape, Carmen tried to “make-up” for eating the big dinners, sometimes by making herself throw up, and other times by engaging in large amounts of aerobic exercise the next morning, sometimes spending hours at the gym. Despite these behaviors, Carmen’s weight and BMI remained relatively stable.

Carmen explained that these experiences, including her low mood, feelings of worthlessness, beliefs about her body and low self-esteem, and eating behavior patterns continued over the next few years, up until now. Indeed, she says life right now is especially stressful because her parents recently divorced and because she will soon be going to college and moving away from her family and friends. Carmen reported that she has tried her hardest to make changes but feels like she needs assistance. She explained that she feels hope, is committed to working hard, and is ready to make changes in order to ultimately reach her long-term goals related to college and her career.

**Case Conceptualization**

1. **Presenting problems/symptoms:** What is going that the client is struggling with? What is causing distress and impairment? What psychological experiences (thoughts, emotions, feelings, and behaviors) are most important to this case? Make a list of at least three problems, focusing on the most important current problems in the client’s life that are relevant for the case and that relate to the client’s thoughts, feelings, and behavior.

A. Carmen has presented with a feeling of worthlessness and a desire to change the way her body looks because she does not “fit in.” Despite assurances from her friends, she believes no one really likes her and that the only reason they hang out with her is because of pity. After being joked on in high school about her appearance, Carmen has focused on body image in a negative way, not seeing that her appearance is in fact healthy and normal, she chose to focus on the thin ideal making her look overweight. In her recent life, stressful events such as her parents divorcing have furthered caused detriment to her life. Client is struggling with an eating disorder and depressive symptoms. Three problems: limiting caloric intake and then binge eating followed by a compensatory behavior, feeling of worthlessness, and focus on body image.

1. **Differential diagnosis**: Diagnose this case example by listing the diagnosis or diagnoses for which the client meets criteria. Provide a convincing, detailed rationale for each diagnosis by drawing an explicit link between the client’s experiences and specific diagnostic criteria. In doing so, identify the diagnosis, discuss the criteria for that diagnosis, and identify specific instances from the case that demonstrate the client is exhibiting those criteria. Simply listing criteria of a disorder and saying the client meets them is not sufficient. Rather, take it a step further and provide evidence from the case example showing the client meets such criteria.

B. Bulimia Nervosa: Carmen has been limiting her caloric intake until dinner and then overeating by several thousand calories, eating until she is uncomfortably full. She then completes a compensatory behavior such as making herself throw up or spending hours at the gym performing aerobic exercises. The first thing to tick me off that she had bulimia was the tooth decay. Because bulimics have a normal body weight (like Carmen does) it is hard to see their disorder. The people who notice the disorder first are usually dentists because making yourself throw up causes you to lose all the protective enamel on your teeth and leads to tooth decay.

Major Depressive Disorder: This disorder is characterized by change in weight and appetite, a depressed mood or loss of interest, a feeling of worthlessness, and is a greater prevalence for women. Carmen definitely feels worthless as she stated in her initial interview and the change in appetite can be seen with her eating disorder. She also, as stated above, stopped doing all of the things that interested her because she was feeling so sad and depressed. This has continued over the past few years as well as low self-esteem issues.

1. **Current psychosocial and environmental stressors:** What recent or current events or situations external to the client appear to be exacerbating the client’s struggles and/or are relevant for understanding and addressing the client’s mental health problems? Make a list of at least two stressors and explain how/why they are important to understanding this case. Possible domains of psychosocial and environmental stressors include interpersonal relationships, the physical environment around the client, and problems in academic, occupational, and social domains.

C. Thin Ideal: Carmen is comparing her body weight, which is in the normal range for BMIs, to the people she sees on the tv or in magazines. Those are people that have been photoshopped and put on strict diets that the models do not have to prepare themselves. In western civilization, many teenage girls want to look like the famous people they see. This involves the girls eating not enough food or completing compensatory things such as throwing up after eating. Carmen, with all her issues of body image, is attempting to follow the thin ideal by trying to make herself as pretty and look like all the other girls she deems prettier and skinnier than her.

Frenemies: Carmen stated how being joked on in freshman year by other girls made her focus on her shape more. This is an issue in todays society as well. Girls all want to be the prettiest, or at least be viewed as pretty. Sometimes that makes girls want to bully others because it makes them feel better about themselves to point out other people’s flaws. Carmen focused on what these frenemies told her about her appearance more than what her real friends told her and that sows that we always believe the negative things being told to us more than the positive.

1. **Maintenance factors**: Correctly identify, describe, and explain at least one cognitive-behavioral process that appears to be underpinning and maintaining the client’s mental health problems from the following list: (a) unhelpful core beliefs or (b) experiential avoidance. Explain your reasoning by referring to specific parts of the case example to show evidence for that process occurring, by describing what the process is, and by explaining how the process appears to be, in part, leading to and maintaining the client’s struggles and behavior.

D. Unhelpful core beliefs: Carmen believes that she is worthless. This leads to her having low self esteem and losing interest in activities she used to find fun. This causes her to be alone and enhances her feeling or worthlessness because now she does not have friends. It is a viscous cycle that Carmen is stuck in. Instead of her core belief being something positive such as, “I have a normal bodyweight,” she chooses to focus on all the negative things in life which led to her depression and eating disorder. Proof: “I was worthless” – focus on shape and weight – eating less and less food.

1. **Outline a treatment plan:** Outline a suggested treatment plan. First, suggest a specific treatment that could be used, based on the treatments described in the book. Name the treatment and briefly describe it. Second, describe one specific CBT intervention that would be helpful to use in this case, identifying the intervention and describing what would happen in treatment to implement that intervention. Third, provide a rationale for your treatment plan that explains how the treatment plan will address the problems/disorders that you mentioned above and why it is appropriate in this case.

E. Talk therapy: This kind of therapy involves a special therapist to talk to but also includes a family/ friend member that can help client achieve their goal of beating the disorder. They will talk about what happens when she eats a lot and why she is using compensatory behaviors after eating a lot. It gives carmen people to turn to, such as a support group, for when she feels that she cannot make it through the disorder. She can also talk to a nutritionist since her main goal was to work on her weight, he can give her a meal plan that will actually accomplish this goal without having her lose essential nutrients.

Cognitive restructuring: This is mainly focused towards her unhelpful core beliefs and automatic thoughts. The goal is to change the negative core beliefs into positive ones that will break the cycle Carmen is in. She will learn to override a bad thought with a good one and hopefully increase her low self esteem and her feeling of worthlessness.

This therapy and treatment session focuses mostly on what is causing the disorder since we need to find out how to change the stressors. By changing her thoughts related to food, we can combat the eating disorder and by default the depression. The same goes vice versa, if we work on only increasing her self esteem and changing her automatic thoughts, that will help her with depression which will then help her with the eating disorders because she will no longer have as poor of a body image. This is appropriate for carmen because she is still a young teenage girl that wants to change. She is willing to work towards a healthier life so not as severe of a treatment plan is needed.

1. **Ongoing assessment:** Using the internet, identify at least one standardized self-report clinical assessment/questionnaire. Name the questionnaire and explain when you would administer this assessment. The assessment you select should measure some relevant aspect of the above case (e.g., symptoms, quality of life, psychological well-being, etc.) Hint: the best way to do this would be to search PsycINFO or Google Scholar to identify empirically-validated clinical assessment tools.

F. I would implement a self-report questionnaire because in a study done by Dr. Fairburn et al. a self-report questionnaire was more reliable than an interview. In an interview asking about the clients body image, they are more willing to downplay the problems because sometimes peaking things out loud is a little scary whereas writing them down is always easier. We tend to tell more of the truth in a journal or other self-report measure than in person. I would implement this self-report questionnaire as a diary of sorts for her to write down what she eats and how she feels about her body throughout the intervention. We would have a before section for how she felt up to this point, a during session section and then a after treatment section to see how her descriptions have changed. We would periodically check the diary during treatment to see if her thoughts are becoming more positive because if not, we may need to change some things up a bit for her. The Nutrition Assessment found on CEDD (center for eating and dieting disorders) would work well for this purpose.