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| **Adlerian Individual Counseling**  |

**Date:**       **Clinician:**       **Client/Case #:**

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| **Introduction to Client & Significant Others**  |

*List all significant others who will be included in the case conceptualization.*

*Additional identifiers may include: religion, language, sexuality, immigration status, economic status, neurodiversity, chronic health conditions, client’s position/role within their system(s), significant hobbies/interests or similar information.*

**Adult(s)**

Adult Age: Gender:       Ethnoracial Identity:       Occupation:       Additional identifiers:

Adult Age: Gender:       Ethnoracial Identity:       Occupation:       Additional identifiers:

**Child(ren)**

Child Age: Gender:       Ethnoracial Identity:       School/Grade:       Additional identifiers:

Child Age: Gender:       Ethnoracial Identity:       School/Grade:       Additional identifiers:

Child Age: Gender:       Ethnoracial Identity:       School/Grade:       Additional identifiers:

Others in Household/Family/Significant Persons:

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| **Presenting Concerns** |

*Describe each significant person’s description of the problem, focusing on OBSERVABLE behaviors:*

Adult Age:

Adult Age:

Child Age:

Child Age:

Additional:

*Broader System:* *Description of problem from extended family, referring party, school, legal system, etc.:*

Extended Family*:*

Name:

Name:

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| **Background Information** |

*Trauma/Abuse History (recent and past):*

*Substance Use/Abuse (current and past; self, family of origin, significant others):*

*Precipitating Events (recent life changes, first symptoms, stressors, etc.):*

*Related Historical Background (earlier incidents, family history, related issues, prior treatment, etc.):*

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| **Social Interest**  |

*Describe the client’s level of interest in social interactions and behaviors*

[ ]  High social interest: generally, has few symptoms or mild presenting issues

[ ]  Low social interest, successful person: power, position, possessions

[ ]  Low social interest, failure: complaining, blaming, fears, excuses

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| **Style of Life Theme** |

*Describe the basic theme of client’s style of life:*

* Control:
* Superiority:
* Pleasing:
* Comfort:

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| **Parenting Style** |

*Describe:*

* General character of each parent (primary caregivers), including:
	+ Personalities:
	+ Trauma histories:
	+ Values:
	+ Ethnic/religious background:
	+ Other:
* General relationship with parents and their parenting styles:
* Whether physical, psychological, and emotional needs were taken care of:
* How client got what he/she/they wanted from parents:

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| **Family Constellation and Birth Order** |

*Describe family organization and client’s birth order*

*[ ]* Oldest:

[ ]  Second:

[ ]  Middle:

[ ]  Youngest:

[ ]  Only Child:

* Role of siblings in client’s and family’s life:

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| **Earliest Recollections** |

*Describe two to five of the client’s earliest recollections, including:*

*Memory #1*

* Memory narrative:
* Most vivid moment of the memory:
* Predominant feeling associated with the memory:

*Memory #2*

* Memory narrative:
* Most vivid moment of the memory:
* Predominant feeling associated with the memory:

*Memory #3*

* Memory narrative:
* Most vivid moment of the memory:
* Predominant feeling associated with the memory:

*Memory #4*

* Memory narrative:
* Most vivid moment of the memory:
* Predominant feeling associated with the memory:

*Memory #5*

* Memory narrative:
* Most vivid moment of the memory:
* Predominant feeling associated with the memory:

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| **Basic Mistakes** |

*Describe client basic mistake beliefs, including those related to:*

* Overgeneralization:
* False or impossible goals of security:
* Misperceptions of life and life’s demands:
* Minimization or denial of one’s basic worth:
* Faulty Values:

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| **Health Issues**  |

*Describe any specifics related to implications around use of client’s physical body, including weaknesses or limitations (originally referred to as organ inferiority):*

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| **Role of Symptom** |

*Describe the client’s answer to the following question:*

What would be different in your life if you didn’t have the problem?

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| **Life Tasks** |

*Describe level of social interest and general functioning in each of the life task areas.*

* Work:
* Communal life and friendship:
* Love relationships:
* Self-acceptance:
* Spirituality:
* Parenting: