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| **Concise Systemic Case Study 4.0** |

***For use with individual, couple, or family clients***

**Name:** **Date:**

**Instructions**

* Maximum page limit : 4 pages
* Attach one 3-generation genogram that includes ages, occupations, relational patterns, significant medical/psychiatric history, and abuse patterns.
* Provide concise, focused descriptions; try to limit answers to **1-2 clear sentences**.
* Use active voice, avoid passive voice (e.g., instead of “there was substance abuse in family of origin” say “client’s father abused alcohol throughout her childhood.”
* Use precise, technical and behavioral descriptions, avoiding any language that evaluates outside of standard professional terms (e.g., instead of “the client experienced horrific abuse” say “the client experienced physical and sexual abuse by her father from ages 5-7).

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| **I. 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, mental health diagnoses, client’s position/role within their system(s), significant hobbies/interests or similar information.*

**Adult(s)**

Adult Age: Gender:       Race/Ethnicity:        Occupation:       Additional identifiers:

Adult Age: Gender:       Race/Ethnicity:       Occupation:       Additional identifiers:

**Child(ren)**

Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:

Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:

Child Age: Gender:       Race/Ethnicity:       School/Grade:       Additional identifiers:

Others in Household/Family/Significant Persons:

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| **Concise Systemic Case Conceptualization**  |

1. **Presenting Problem**

*What is the (a) presenting concern, (b) its reported origin, and (c) potential solution as described by each person in the system (collaborative/systemic)? Include client reports of family and extended system members opinions who may not be in session. Include diagnosis if relevant.*

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1. **Interaction Cycle & Role of Symptom**

*What is the problem interaction pattern (pathologizing interaction pattern; PIP) around the problem scenario (systems, EFT, CBFT)? Behaviorally**describe each party’s role in the PIP: rise of tension, escalation, symptom, return to normal. If presenting issue is intrapsychic, describe the client’s behavioral sequence related to the symptoms.*

*Provide a description of a single incident that is characteristic of the primary problem.*

* Describe “Normal”/Baseline behaviors related to symptom:
* Describe start of Tension/Symptom:
* Describe height of Tension/Symptom:
* Describe return to “Normal”/Baseline:

Describe the complementary dynamics in the cycle (e.g., pursuer/distancer, over/underfunctioner, good/bad caregiver, logical/emotional, positive/negative):

*What is the role of the symptom in maintaining relational homeostasis (systemic, FFT)? How might the symptom serve to maintain connection, create independence/distance, establish influence, reestablish connection, or otherwise help organize the client’s primary relational system?*

The symptom serves to

1. **Structure, Attachment, Trauma and Intergenerational Factors**
2. Structural Issues (boundaries, hierarchy, coalitions/triangles, family life stage)**:**
3. Attachment, Differentiation and/or Survival Stances (EFT, Bowen, Satir, psychodynamic):
4. Trauma History and Precipitating Events (structural, EFT, Satir, trauma-informed):
5. Intergenerational Patterns (attach 3-generation genogram with relational patterns, occupations, mental health, and other relevant information):
6. **Sociocultural Discourses**

*What are the socio-cultural factors that inform (a) the PIP and (b) individual/family identity (narrative/collaborative/socioculturally attuned therapy)?*

* ***Ethnic, Race, Class, Immigration Status, and Religious Discourses:*** *How do key cultural discourses inform client identities, what is perceived as the problem, and possible solutions (be as specific as possible e.g., Italian American rather than White)?*
* ***Gender and Sexuality Discourses****: How do gender and sexuality discourses inform identities, what is perceived as a problem, and the possible solutions? How do these intersect with ethnicity, religion, or other identities?*
* ***Community, School, Work and/or Societal Discourses****: How do other important community discourses (e.g., professional norms, school culture, societal trends, systemic racism, current events) inform client identities, what is perceived as a problem, and the possible solutions?*
* ***Problem-Related Identity Narratives***: *How has the problem shaped the client’s identity?*