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| **Cognitive-Behavioral Family Therapy Case Conceptualization 4.0** |

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

**Date:** **Clinician:**       **Client #:**

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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** |

*Client’s Description(s) of Problem(s); focus on OBSERVABLE behaviors:*

Adult Age:

Adult Age:

Child Age:

Child Age:

Child Age:

Additional:

*Broader System Problem Descriptions:* From referring party, teachers, relatives, 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 (family history, related issues, previous counseling, medical/mental health history, etc.):*

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| **Analysis of Interactional Patterns** |

*Primary Pathologizing Interpersonal Pattern* (PIPs; A ⮀ B)

Basic pattern: [ ]  Pursue-withdraw [ ]  Mutual negative escalation [ ]  Withdraw/withdraw [ ]  Other:

Describe each person’s observable behavior at the start of tension:

Describe each person’s observable behavior during conflict/symptom escalation:

Describe problem solving skills used to deescalate and each person’s observable behavior at the return to “normal”/homeostasis:

* Frequency of PIP:
* Duration of PIP:
* Severity of PIP:
* Triggers of PIP:
* Consequences/Reinforcements of PIP:

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| **Functional Analysis: Role of the Symptom**  |

*Identify mutually reinforcing behaviors that sustain symptom:*

* How does this specific problem handicap this person, couple, and/or family in everyday life?
* What would happen if the problem were reduced in frequency?
* What would this person (and his or her family) gain if the problem were resolved?
* Who (or what) reinforces the problem with attention, sympathy, and support?
* Under what circumstances is the specific problem reduced in intensity?
* Under what circumstances is the specific problem increased in intensity?
* What do family members currently do to cope with the problem?
* What are the assets and deficits of the family as a problem-solving unit?
* What behaviors need to increase?       Decrease?
* Describe links between cognition, emotions and behaviors related to the symptom:

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| **Expectations and Standards** |

*Describe the following for the client(s):*

* Selective perceptions of significant others:
* Character attributions to significant others:
* Expectancies of significant others/relationships:
* Assumptions about significant others/relationships:
* Standards for significant others/relationships:

Describe any expectations or standards related to the presenting issue that are derived from the client’s social location, including: race, ethnicity, gender, socio-economic status, sexual orientation, and other relevant contexts:

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| **Cognitions About Couples and Families** |

*Identify cognitive distortions the client(s) have about their families of origin, current relationship, and/or relationships in general.*

[ ]  Arbitrary inference:

[ ]  Selective abstraction:

[ ]  Overgeneralization:

[ ]  Magnification and minimization:

[ ]  Personalization:

[ ]  Dichotomous thinking:

[ ]  Mislabeling:

[ ]  Mind reading:

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| **Emotional Process and Regulation** |

*Identify emotional processes for each person related to the presenting concerns and negative interactional patterns.*

Ability to accurately identify one’s emotions and appropriately express them:

Ability to accurately identify and validate partner/family member’s emotions:

*Emotional Regulation: Describe when and how the stress response is triggered for each person, particularly during negative interactional patterns:*

* Typical triggers of stress response for each person involved in PIP:
* Typical behaviors when stress response is triggered:
* What helps each person to calm down once stress response is triggered:

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| **Self and Family Schemas** |

*Describe schemas for client(s) underlying problem interaction pattern or other high affect situation; for more than one client, list out schemas for each.*

* Schemas about self (e.g., worth, needs, shoulds, roles, etc.):

I am

* Schemas about others and relationships (e.g., expectations, shoulds, valuing of, role of etc.):

In relationships, people

* Schemas about life (e.g, good/bad, optimistic vs. pessimistic, safe/unsafe, etc.):

The world/life is

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| **Schemas Related to Social Location** |

*Describe schemas related to social location and sociocultural identities:*

* ***Ethnoracial Identity, Class, Immigration Status, and Religious Schemas:*** *How do relevant cultural schemas inform client’s sense of worth, “shoulds,” values, relational expectations, definition of the problem, etc.?*

* ***Gender and Sexuality Schemas****: How do gender and sexuality schemas inform client’s sense of worth, “shoulds,” values, relational expectations, etc.?*

* ***Community, School, Work and/or Societal Schemas*** *How do relevant community and societal schemas inform client’s sense of worth, “shoulds,” values, relational expectations, definition of the problem, etc.?*