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| **Comprehensive Systemic Case Conceptualization 4.0** |

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

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

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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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| **II. Presenting Concern(s)** |

*Client’s Description(s) of Problem(s):*

Adult Age:

Adult Age:

Child Age:

Child Age:

Child Age:

*Extended Family Description(s) of Problems:*

*Broader System Problem Descriptions:* Description of Problem from referring party, teachers, relatives, legal system, etc.:

Name:

Name:

*Relevant mental health diagnoses (if applicable):*

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| **III. 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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| **IV. Client/Family Strengths and Diversity** |

*Strengths and Resources, including those related to social location and associated supportive communities.*

Personal:

Relational/Social:

Spiritual:

*Diversity: Resources and Limitations*

Identify potential resources and limitations available to clients based on their age, gender, sexual orientation, cultural background, socio-economic status, religion, regional community, language, family background, family configuration, abilities, etc.

*Unique Resources:*

*Potential Limitations:*

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| **V. Family Structure** |

*Family Life Cycle Stage (Check all that apply)*

Single adult

Committed Couple

Family with Young Children

Family with Adolescent Children

Divorce

Blended Family

Launching/Boomerang Children

Later Life

Describe struggles with mastering developmental tasks in one or more of these stages:

*Boundaries with/between*

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| Primary Couple:  Enmeshed  Clear  Disengaged  NA |
| Example: |
| Adult 1 & Children:  Enmeshed  Clear  Disengaged  NA |
| Example: |
| Adult 2 & Children:  Enmeshed  Clear  Disengaged  NA |
| Example: |
| Siblings: Enmeshed  Clear  Disengaged  NA |
| Example: |
| Extended Family:  Enmeshed  Clear  Disengaged  NA |
| Example: |
| Friends/Peers/Other:  Enmeshed  Clear  Disengaged  NA |
| Example: |

*Triangles/Coalitions*

Cross-generational coalitions: Describe:

Coalitions with family of origin: Describe:

Other coalitions:

*Hierarchy between Parents and Children*  NA

Adult 1:  Effective  Insufficient (permissive)  Excessive (authoritarian)  Inconsistent

Adult 2:  Effective  Insufficient (permissive)  Excessive (authoritarian)  Inconsistent

*Description/Example to illustrate:*

*Complementary Patterns* between       and      :

Pursuer/Distancer

Over/Under-Functioner

Emotional/Logical

Good/Bad Parent

Other:

Example of pattern:

*Satir Communication Stances: Describe most commonly used stance under stress.*

Adult 1:  Congruent  Placater  Blamer  Super-reasonable  Irrelevant

Adult 2:  Congruent  Placater  Blamer  Super-reasonable  Irrelevant

Child 1:  Congruent  Placater  Blamer  Super-reasonable  Irrelevant

Child 2:  Congruent  Placater  Blamer  Super-reasonable  Irrelevant

Describe pattern(s):

*Gottman’s Divorce Indicators*  NA

Criticism Adult 1:  Adult 2:  Describe:

Defensiveness Adult 1:  Adult 2:  Describe:

Contempt Adult 1:  Adult 2:  Describe:

Stonewalling Adult 1:  Adult 2:  Describe:

Failed Repair Attempts Adult 1:  Adult 2:  Describe:

Not Accept Influence Adult 1:  Adult 2:  Describe:

Harsh Start Up Adult 1:  Adult 2:  Describe:

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| **VI. Interactional Patterns** |

*Problem Interaction Pattern* (A ⮀ B):

Describe client “normal”/homeostasis (no/minimal symptoms):

Start of tension/symptom:

Conflict/symptom escalation/symptom:

Return to “normal”/homeostasis:

*Hypothesized homeostatic function of presenting problem: How might the symptom serve to maintain connection, create independence/distance, establish influence, reestablish connection, or otherwise help create a sense of balance in the family?*

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| **VII. Intergenerational & Attachment Patterns** |

Construct a family genogram and include all relevant information including:

* Names, ages and birth/death dates
* Relational patterns
* Occupations
* Psychiatric disorders and alcohol/substance abuse
* Abuse history
* Personality adjectives

*Genogram should be attached to report. Summarize key findings below.*

Substance/Alcohol Abuse:  NA  History:

Sexual/Physical/Emotional Abuse:  NA  History:

Parent/Child Relations:  NA  History:

Physical/Mental Disorders:  NA  History:

History Related to Presenting Problem:  NA  History:

Family Strengths: Describe:

*Attachment Patterns: Describe most common attachment pattern for each*

Adult 1:  Secure  Anxious  Avoidant  Anxious/Avoidant. Describe:

Adult 2:  Secure  Anxious  Avoidant  Anxious/Avoidant. Describe:

Child 1:  Secure  Anxious  Avoidant  Anxious/Avoidant. Describe:

Child 2:  Secure  Anxious  Avoidant  Anxious/Avoidant. Describe:

Child 3:  Secure  Anxious  Avoidant  Anxious/Avoidant. Describe:

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| **VIII. Solution-Based Assessment** |

*Attempted Solutions that DID NOT work*:

1.

2.

3.

*Exceptions and Unique Outcomes (Solutions that DID work)*: Times, places, relationships, contexts, etc. when problem becomes less of a problem; behaviors that seem to make things even slightly better:

1.

2.

3.

*Miracle Question Answer:* If the problem were to be resolved overnight, what would client be doing differently the next day? (Describe in terms of taking action: doing X rather than not doing Y).

1.

2.

3.

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| **IX. Postmodern and Cultural Discourse Conceptualization** |

*Dominant Discourses* informing definition of problem:

*What are the sociocultural factors that inform (a) the problem interaction pattern 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., physical/mental ability to interact with others, professional norms, school culture, societal trends, systemic racism, current events) inform client identities, what is perceived as a problem, and possible solutions?*
* ***Problem-Related Identity Narratives***: *How has the problem shaped the client’s identities?*

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| **X. Client Perspectives** |

*Areas of Agreement:* Based on what the client(s) has(ve) said, what parts of the above assessment do they agree with or are likely to agree with?

*Areas of Disagreement:* What parts do they disagree with or are likely to disagree with? Why?

*How do you plan to respectfully work with areas of potential disagreement?*