**Biopsychosocial Assessment**

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CNL-605 Psychopathology

Dr. Charlotte Phillips

September 3, 2024

**CNL-605: Biopsychosocial Assessment Template**

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| **Client’s Name:** Joe | **Date:** 9/3/2024 |
| **DOB:** 5/15/2000  | **Age:** 24  |
| **Start Time:** 10:00am | **End Time:** 10:55 |

**Identifying Information:**

Josh is a 24-year-old male who was born on May 15, 2000. He is currently a college student, attending weekly therapy sessions to address issues related to academic stress, anxiety, and mild depression. During his initial assessment, Josh reported significant difficulties managing his academic responsibilities and personal life, which have contributed to his overall mental health challenges. His therapy sessions are scheduled in the mornings, with the initial session beginning at 10:00 am and concluding at 10:55 am on September 3, 2024. Josh's treatment plan is focused on addressing his avoidance behaviors, improving academic performance, and enhancing social interactions.

**Presenting Problem/Chief Complaint:**

Josh, a 24-year-old male, sought therapy primarily to address his increasing anxiety and mild depression, which have been adversely affecting his academic performance and work behavior. He expressed that his anxiety has progressively worsened since he was 18 and attributed his current mental health challenges to the pressures of academic life and unmet personal expectations. Josh reported that his anxiety manifests as a "fog" that makes academic tasks increasingly difficult and has led him to avoid social and academic commitments.

**Substance Use History:**

Josh did not disclose any substance use during the session. However, there was a mention of mild alcohol use, though it wasn't identified as a coping mechanism. Further inquiry might be needed in future sessions to fully assess his substance use.

**Addictions (i.e., gambling, pornography, video gaming):**

There are no indications of substance-related addictions. However, Josh's pattern of avoidance behavior could be seen as a psychological dependency, as he often engages in avoidance to reduce his anxiety, which further exacerbates his issues.

**Medical History/Mental Health History/Hospitalizations:**

Josh reported no prior hospitalizations or significant medical history. He first experienced mental health challenges at around 19 years old, when he was diagnosed with mild depression and anxiety. Despite this, he has not been on psychiatric medication, and his current focus is on cognitive-behavioral strategies to manage his symptoms.

**Abuse/Trauma History:**

While no specific trauma was disclosed, Josh's history reveals several significant formative experiences, including a breakup with a high school sweetheart, his parents' divorce, and moving away from home. These events may have contributed to his current anxiety and depressive symptoms, though no explicit trauma was discussed during this session.

**Social History and Resources:**

Josh is a student nearing the completion of his bachelor's degree while also working part-time. He mentioned feeling isolated and disconnected from his peers after withdrawing from a business fraternity and taking a reduced course load. His social interactions are limited, and he often experiences pressure to meet the expectations of his family and peers, which adds to his anxiety.

**Legal History:**

Josh did not report any legal issues during the session.

**Educational History:**

Josh is a current student and expects to graduate with a bachelor's degree soon. However, his academic journey has been marked by several struggles, including a change in majors, withdrawal from social groups, and a persistent sense of failure and anxiety related to his studies. Despite his challenges, he remains enrolled and is making efforts to complete his degree.

**Family History:**

Josh shared that his mother had dealt with postpartum depression and anxiety attacks, which may indicate a genetic vulnerability to anxiety and depression.His parents' divorce, though not immediately impactful, may have contributed to his underlying stress and anxiety. Josh’s family history might indicate a vulnerability to mental health issues, which aligns with the vulnerability-stress model discussed in the session.

**Cultural Factors:**

Cultural factors were not explicitly discussed in the session. However, Josh’s struggle with meeting familial expectations might reflect underlying cultural or societal pressures related to academic and professional success.

**Resources, Strengths, and Weaknesses:**

Josh's strengths include his willingness to engage in therapy and his self-awareness regarding his anxiety and depression. He demonstrates strong organizational skills, as evidenced by his time management efforts and his use of to-do lists. However, his primary challenege is his avoidance behavior, which exacerbates his anxiety and leads to procrastination, particularly in academic and professional tasks.

**Case Conceptualization (Conceptualize the case using your preferred theoretical orientation):**

Using a cognitive-behavioral framework, Josh’s anxiety and depression can be understood as being maintained by his core beliefs of inadequacy and fear of failure. These beliefs likely developed through formative experiences, such as his parents' divorce and academic struggles. His automatic thoughts, which are predominantly negative and catastrophic, contribute to his avoidance behavior, creating a cycle of anxiety and procrastination.

**Clinical Justification:**

Josh’s symptoms align with those typically seen in Generalized Anxiety Disorder (GAD) and mild depressive disorder. His avoidance behavior, procrastination, and the stress related to academic and professional performance support this diagnosis. Cognitive Behavioral Therapy (CBT) is well-suited to address these issues by helping Josh identify and challenge his negative thought patterns and develop healthier coping mechanisms.

**Initial Diagnosis (*DSM-5*):**

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| **Principal Diagnosis:** | **ICD-10 Code:** | **DSM-5 Disorder:** | **Subtypes:** | **Specifiers:** |
| **F41.1** | **Generalized Anxiety Disorder** | **N/A** | **N/A** |
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| **Provisional Diagnosis:** | **ICD-10 Code:** | **DSM-5 Disorder:** | **Subtypes:** | **Specifiers:** |
| **F32.0** | **Mild Depressive Disorder** | **N/A** | **With Anxious Distress** |
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**Initial Treatment Goals Informed by Theoretical Orientation (SMART Goal Format):**

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| **Goal # 1:** **Decrease avoidance behaviors related to academic tasks by 50% within the next 4 weeks.** |
| **Objectives:** | **Interventions:** | **Target Date:** |
| **1.** **Josh will complete a daily thought record to identify and challenge automatic negative thoughts associated with academic stress.** | **Josh will participate in a weekly CBT session focused on identifying and restructuring his automatic negative thoughts related to academic tasks. This intervention aims to reduce avoidance by helping Josh challenge and replace these thoughts with more adaptive ones.** | **10/1/2024** |
| **2.** **Josh will attend all scheduled classes for the next four weeks, with no unexcused absences.** | **Josh will work with his therapist to create a structured daily schedule that includes specific times for academic tasks. This intervention will use behavioral activation principles to increase Josh’s engagement with academic tasks, reducing avoidance.** | **9/17/2024** |
| **Goal # 2: Improve academic performance by increasing engagement in study activities by 50% within 6 weeks.** |
| **Objectives:** | **Interventions:** | **Target Date:** |
| **1.** **Josh will schedule three study sessions per week, each lasting at least one hour.** | **Josh will attend a study skills workshop offered by his campus counseling center or academic support services. This workshop will provide practical strategies for effective studying, time management, and overcoming procrastination.** | **9/24/2024** |
| **2. Josh will submit all assignments on time, with no more than one late submission.** | **Josh will have bi-weekly progress monitoring sessions with his therapist to review his study habits and the completion of academic tasks. This intervention will provide Josh with feedback, encouragement, and adjustments to his study plan as needed.** | **9/17/2024** |

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| **Student Clinician’s Name:** Marcus Thigpen | **Date:** 9/3/2024 |

**References**

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.

David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Frontiers in Psychiatry, 9*, 4. https://doi.org/10.3389/fpsyt.2018.00004