| *Biopsychosocial* Case Conceptualization |

CARRIE A. DYER |

Department of Counseling, Wake Forest University

CNS 771: Clinical Mental Health Counseling

Dr. Amy Grybush / Dr. Ashlea Yearwood

| June 29, 2025 |

| *Biopsychosocial* Case Conceptualization |

Identifying Information

/ Client: *Daniel Jiang*
/ Age: *55*
/ Ethnicity: *Chinese American*
/ Marital Status: *Married*
/ Occupation: *Corporate employee, 30 years with same company*
/ Referral Source: *Primary care physician following ER visit*
/ Session Type: *Intake*

Biopsychosocial Assessment

(a) Biological

__ **Medical History:** No current diagnoses. Reports chronic fatigue, low appetite, and a 10-lb weight loss. Last physical exam was three years ago. Family history includes mother (cancer) and father (heart disease).
__ **Substance Use:** Denies alcohol or drug use. No history of misuse.
__ **Sleep/Appetite:** Difficulty waking, low energy, and diminished appetite.
__ **Physical Symptoms:** Somatic complaints include fatigue and what appeared to be a panic episode (heart palpitations, shortness of breath).
__ **Medications:** Not currently taking any medications.

(b) Psychological

__ **Mood & Affect:** Appears tearful and low-energy. Reports persistent sadness, anxiety, and feelings of hopelessness.
__ **Thought Content:** Expresses inner dialogues of worthlessness and futility. States, "I don't think I can go on living this way," suggesting passive suicidal ideation without plan or intent.
__ **History of Mental Health:** No prior counseling or psychiatric care.
__ **Cognitive Functioning:** Fully oriented. Reports concentration difficulties impacting work.
__ **Coping Style:** Avoidant tendencies, withdraws from social contact and uses television for emotional numbing. Expresses spiritual disillusionment and disappointment.
__ **Trauma/Grief:** Lost mother at age 25. Never sought grief support or counseling at the time. Lingering unresolved grief present.

(c) Social

__ **Support System:** Married to Elaine; two adult children living out of state. One sister in NC. Reports having "a few good friends," though connection has been minimal lately due to exhaustion.
__ **Marital/Family Dynamics:** Elaine expresses concern; client has become emotionally and physically withdrawn from the relationship.
__ **Work/Finances:** Financially stable but concerned about declining performance and motivation. Considering stepping back from work.
__ **Spirituality:** Previously active in Methodist church. Identifies as spiritual but reports feeling abandoned by God. Disconnection from prior spiritual practices noted.
__ **Legal:** No legal issues aside from a recent speeding ticket.

Case Conceptualization

Client presents with a convergence of depressive and anxiety-related symptoms that have intensified over the past six months, culminating in a panic episode and ER visit. His lived experience includes profound fatigue, decreased motivation, appetite loss, and self-isolation. Inner narratives of inadequacy and exhaustion suggest an internal system burdened by polarized roles, protector parts encouraging withdrawal, exiled parts holding unresolved grief, and a disoriented spiritual self seeking reconnection.

From an Internal Family Systems (IFS) lens, client's internal world may be fragmented between parts burdened by grief and shame and protector parts striving to maintain stoicism in line with cultural and familial values. Acceptance and Commitment Therapy (ACT) further frames his suffering as arising not just from symptoms, but from rigid fusion with painful thoughts and disconnection from values-driven living. His statement, "I'm not myself," reflects a deep yearning for coherence and vitality.

Client's identity as a provider is unraveling, and his spiritual framework feels fractured, adding existential weight to his distress. His marital relationship, once sustaining, now feels distant. Yet his willingness to seek help, insight into his inner conflict, and enduring spiritual questions offer powerful entry points for healing.

An integrative approach drawing on Narrative Therapy, ACT, IFS, and EFIT (Emotionally Focused Individual Therapy) may help client explore the emotional burdens held within, deconstruct self-limiting stories, and move toward compassionately engaging with both inner and relational pain. EFIT will serve to support emotion deepening and reconnection to unmet attachment needs, particularly around relational grief and emotional withdrawal. A trauma-informed and culturally responsive lens will honor the complexity of client's inner landscape while supporting reconnection, with self, others, and the sacred.

(For additional conceptualization see attached)

Treatment Plan

/ Client Name: *Daniel Jiang*
/ Date: *June 20, 2025*
/ Diagnosis (DSM-5-TR):

__. F33.1 – Major Depressive Disorder, recurrent, moderate, with anxious distress
__. Z63.0 – Relationship distress with spouse
__. Z65.8 – Other psychosocial circumstances
__. Consider differential diagnosis: Panic Disorder (F41.0)

/ ***Justification:*** Client meets DSM-5-TR criteria for MDD, recurrent, moderate, with anxious distress, evidenced by persistent low mood, diminished interest, appetite changes, fatigue, passive suicidal ideation, and interference in occupational/social functioning. Panic symptoms are noted but not yet meeting full criteria for panic disorder.
/ ***Problem Statement***: Major Depressive Disorder with anxious distress, likely exacerbated by unresolved grief, spiritual disconnection, and life-stage transitions.
/ ***Presenting Problem***: Client presents with chronic low mood, somatic fatigue, emotional withdrawal, spiritual disconnection, and anxiety symptoms affecting daily life, including a recent panic episode and ER visit. He expresses a loss of identity and meaning.
/ ***Treatment Modalities:***
__. Weekly individual counseling using Narrative Therapy, ACT, IFS, and EFIT

__. Psychoeducation about the emotional, relational, and spiritual dimensions of depression and anxiety
__. Value clarification and identity work rooted in client's cultural and spiritual background
__. Safety planning and monitoring for suicidal ideation
__. Referral to primary care for updated physical exam and possible psychiatric consult
__. Optional integration of spiritual/religious practices if client desires reconnection

---

/ Long-Term Goals

__1. Increase Psychological Flexibility and Reduce Depression Severity (*Target Timeline: 8–12 weeks*), *Client will experience a significant reduction in depressive symptoms, including fatigue, low mood, hopelessness, and self-critical inner narratives, while increasing his ability to respond flexibly to difficult thoughts and feelings through mindful awareness and values-guided action.*

__2. Strengthen Internal Integration and Self-Compassion (*Target Timeline: 10–16 weeks*),
Client will develop a more compassionate and curious relationship with his internal experiences, particularly grief, anxiety, and self-criticism, by identifying and differentiating key internal parts, reducing fusion with negative cognitions, and fostering self-leadership and emotional balance.

__3. Restore Relational and Spiritual Connection (*Target Timeline: 6–12 weeks*),
Client will re-engage in meaningful relational and/or spiritual practices (as defined by him), fostering a renewed sense of belonging, existential purpose, and connection with significant others, ancestors, and his inner sense of the sacred.

__4. Reconstruct a Coherent Narrative of Identity and Loss, (*Target Timeline: 12–20 weeks*),
Client will explore and integrate his experiences of grief, cultural expectations, and personal transitions into a coherent narrative that supports his evolving identity, emotional expression, and capacity to move forward with purpose and self-understanding.

__5. Reclaim Purpose and Reconnect with Core Values, (*Target Timeline: 4–8 weeks*),
Client will clarify and live in greater alignment with his personal values across key life domains (e.g., work, family, spirituality, health), identifying meaningful actions and relationships that support vitality, direction, and resilience.

/ Multicultural Goals

> Target Timeline: Multicultural goals are ongoing and woven throughout treatment. Where applicable, cultural interventions or tasks are time-targeted (see short-term goals); others are process-based and unfold relationally.

__ *a.* Expand Cultural Identity Exploration: *Client will reflect on messages around masculinity, emotional expression, and work roles rooted in family and cultural upbringing (e.g., expectations from Chinese heritage) and how these impact current stress.*

__ *b.* Acknowledge Stigma Around Help-Seeking: *Client will explore the cultural tension between self-reliance and emotional disclosure, identifying beliefs and potential barriers around help-seeking.* (Validate the cultural tension between self-reliance and help-seeking. Explore how client views therapy and emotional disclosure through both his personal and cultural lenses.)

__ c. Include Family & Eldership if Relevant: *Client will identify how ancestral or familial expectations around masculinity and emotional restraint influence his current coping strategies.* (In collectivist cultures, family well-being often outweighs individual distress. Consider: whether involving family (even conceptually or symbolically) would be healing; and how family expectations or ancestral roles (e.g., being the son, father, husband) contribute to his inner system. Questions might include: "What would your father or mother want for you in this season of life?")

__ *d.* Language Nuance*: Client and counselor will collaboratively explore how language used in therapy may reflect cultural values or reinforce shame and will reframe protective strategies as adaptive rather than pathological.* (Reinforcing non-stigmatizing language is important. That said, phrases like "protector parts

maintaining stoicism" or "rigid fusion with painful thoughts" might benefit from softening to honor resilience rather than pathology. Possible questions might include: *"Parts of client developed adaptive strategies rooted in cultural resilience and duty, though they may now feel overextended or misaligned with his present emotional needs.")*

__ *e.* Cultural Formulation Interview (CFI): CFI *elements or narrative prompts (based on DSM-5-TR Appendix). Potential questions include: "What do you call your problem?", "Why do you think it started?", "What do others in your family or community think about it?"*

__ *f.* Somatic and Mindfulness Tools: *Including somatic or mindfulness tools that connect with culturally grounded practices (e.g., tai chi, tea ritual, walking meditation) if aligned with his interest.*

__ *g.* Cultural Consultation: *Counselor may consider cultural consultation or supervision with clinicians experienced in working with East Asian populations to support ongoing cultural responsiveness.*

/ Short-Term Goals, Objectives, and Interventions

/ GOAL 1: Foster Acceptance and Present-Moment Awareness of Internal Experiences:
Client will begin tracking emotional states and energy levels daily using journaling or voice memos, identifying internal parts and patterns. (*Target: 2 weeks*)

__1. Objective 1.1, Identify Experiences: Client will describe at least three inner experiences (thoughts, feelings, body sensations) during depression with nonjudgmental awareness in session.

__ (a) Intervention 1.1.1, Notice Feelings: Use mindfulness exercises (e.g., "Leaves on a Stream," body scans) to promote noticing feelings, naming them, and allowing them to pass.

__2. Objective 1.2, Journal about Experience: Client will complete a weekly mindfulness journal tracking depression-related experiences and responses.

__ (a) Intervention 1.2.1, Reflect on Experience: Assign "observer self" practice to reflect on the experience of depression rather than becoming fused with it.

__ (b) Intervention 1.2.2, Externalize (NT/ACT): Use creative expression to externalize client's relationship to sadness through ACT metaphors; integrate bilateral tapping to support emotional processing and nervous system regulation.

__ (d) Intervention 1.2.3, Maps (EFIT): Use creative maps or genogram to externalize client's relationship to family system and history; create bridge between history and expression of negative core cognitions and attachment.

/ GOAL 2: Connect Internal Narratives: Client will engage in guided narrative therapy sessions to explore grief, meaning, and identity shifts surrounding his mother's death and spiritual loss. (*Target: 6–8 weeks*)

__1. Objective 2.1: Client will use expressive arts to explore alternative ways of conceptualizing depression in his own voice. (Chinese proverb: "The soul would have no rainbow if the eyes had no tears.")

__ (a) Intervention 2.1.1: Ancestral Echoes: Prompt: "What wisdom might your ancestors whisper to you in this season of struggle?" Exercise: Write a letter from a compassionate ancestor, real or imagined. Use calligraphy or brushstroke lines to write or draw their message.

__ (b) Intervention 2.1.2: The Shape of Sadness: Prompt: "If your sadness had form, what would it look like?" Exercise: Use ink, pencil, or charcoal to create a nonverbal portrait of your depression. Add Chinese characters or symbols that represent how it feels or what it needs.

__ (c) Intervention 2.1.3: Tea & Memory Ritual: Prompt: "What memories surface as you drink tea?" Exercise: While drinking tea, journal about the sensations, stories, and feelings that arise. Draw a symbol or moment that emerges from the experience.

__ (d) Intervention 2.1.4: Moon Phases of Emotion: Prompt: "How does your emotion cycle like the moon?" Exercise: Create a circular diagram of emotional phases, new moon (numb), crescent (awareness), full

(expression), waning (release). Reflect or draw each phase.

__ (e) **Intervention 2.1.5: Body as Temple: Prompt:** "Where in your body does sorrow live? What would help that part feel safe?" **Exercise:** On a body outline, use imagery, color, or Chinese symbolism to explore where and how emotion shows up physically.

__ (f) **Intervention 2.1.6: Letter to Depression: Prompt:** "If you could speak directly to your depression, what would you say?" **Exercise:** Write a dialogue between your "true self" and your depression. Let the voice of wisdom respond, gently.

__ (g) **Intervention 2.1.7: Rooted, Yet Growing: Prompt:** "What are you rooted in? What are you still becoming?" **Exercise:** Paint or sketch a plant with deep roots and new shoots. Label each part with values, identity, or dreams.

__**2. Objective 2.2: Core Attachment Themes** (EFIT): Client will identify unmet emotional needs related to primary attachments (e.g., mother, wife, God/spiritual figure) and deepen emotional engagement with these themes using EFIT-informed interventions.

__ (a) **Intervention 2.2.1: Linking Body Awareness to Attachment** (EFIT): Client will explore how emotional pain manifests in the body, identifying areas linked to relational loss or attachment protest (e.g., tension in chest when recalling emotional withdrawal from wife). This invites client into deeper awareness of the felt sense of disconnection, making space for emotion processing and potential reorganization.

__ (b) **Intervention 2.2.2: Body-Memory & Attachment Mapping:**
Prompt: "Where do you feel this disconnection in your body?" Client will explore how relational grief and emotional withdrawal manifest somatically (e.g., heaviness in the chest, tightness in the throat), using body-based awareness and language to begin linking sensation with attachment protest or longing.

__ (c) **Intervention 2.2.3: Imagined Dialogues** (EFIT): Client will engage in guided visualization or enactment to express an unmet emotional need to a significant attachment figure (e.g., mother, wife, spiritual presence). Therapist will support processing emotional responses and new meanings through attuned reflection.

/ Goal 3: Increase Defusion, Differentiation, Grounding: Client will begin differentiating from self-critical parts and practice emotional validation using IFS and ACT-informed interventions, including somatic grounding and defusion. (*Ongoing; first milestone at 6 weeks*)

__**1. Objective 3.1**: Client will identify at least five "hooking" thoughts (e.g., "I'm not enough") and explore their impact and potential origin in childhood narrative,

__ (a) **Intervention 3.1.1**: Use defusion techniques (e.g., "I'm having the thought that...") to reduce connection in depressive thoughts, reducing the believability and emotional impact of negative thoughts and creating awareness and psychological distance between the person and the thought.

__**2. Objective 3.2**: Client will practice three defusion strategies (e.g., Thank your mind, labeling thoughts, Leaves on a stream, writing thoughts on cards,) during or after sorrowful moments.

__ (a) **Intervention 3.2.1**: Therapist introduces metaphor cards (e.g., Name That Story, Struggling in Quicksand, Sweet Spot Between Pain and Meaning, The Compass, 80th Birthday Sky and Weather, Walking Through the Storm) to build distance from thoughts.

__ (b) **Intervention 3.2.2**: Client will create a visual metaphor (e.g., digital collage, sketch, or symbolic object)representation of the "Tug-of-War with Depression" metaphor and practice bilateral stimulation while exploring shifts in emotional tone and values-based reorientation.

__ (c) **Intervention 3.2.3** (EFIT): Therapist introduces emotion deepening exercises (e.g., 'Hold Me Tight' inner script adaptation) to explore unmet emotional needs beneath anger, numbness, or sadness. EFIT Attachment Reframe: "Explore how emotional withdrawal may function as a protest against unmet needs for closeness and emotional safety, using enactments or imagined dialogues with loved ones."

/ Goal 4: Reduce Avoidance and Emotional Withdrawal by Promoting Values-Based Action and Relational

Engagement: Client will engage in one small, values-aligned or relationally meaningful activity per week (e.g., walking with wife, spiritual reflection, calling a friend), to reduce patterns of emotional withdrawal, increase positive reinforcement, and reestablish connection to purpose and vitality. *(Target: 4 weeks)*

__1. **Objective 4.1:** Client will identify 2–3 core values related to social, occupational, or relational functioning.

__ (a) **Intervention 4.1.1:** Use the "Life Compass" or "Bullseye" worksheet to explore the gap between avoidance-based behaviors (e.g., emotional numbing, isolation) and values-guided living. Use ACT-based defusion language to reframe depressive self-talk (e.g., "I'm too tired to enjoy anything" → "I'm having the thought that I'm too tired").

__2. **Objective 4.2:** Client will take one small, manageable values-aligned action per week (e.g., making tea for wife, watching a meaningful film, sending a photo to a friend), even in the presence of depressive symptoms.

__ (a) **Intervention 4.2.1:** Use "exposure-as-commitment" framing, helping client reframe action steps not as symptom reduction, but as movement toward meaning.

__ (b) **Intervention 4.2.2:** Use a brief reflection or mood log to track internal state and level of vitality/engagement (0–10 scale) after each action.

> Expected Outcome: Client reports increased sense of engagement or vitality (rated ≥5/10) following at least two values-aligned actions over four weeks.

/ Goal 5: Enhance Coping and Emotional Regulation through Hope Box Practice *(Target: 4 weeks)*

__1. **Objective 5.1**: Client will co-create a personalized hope box containing 5–8 items that reflect sensory grounding, personal meaning, and emotional support. Box may include photos, tactile objects, poems, sensory tools, and value reminders.

__ (a) **Intervention 5.1.1**: Therapist will guide client through selection of meaningful sensory and symbolic items (e.g., tactile objects, value reminders, images, hopeful visuals).

__ (b) **Intervention 5.1.2**: Client will engage with the hope box during moments of depression or distress and log reflections in a self-monitoring journal.

__2. **Objective 5.2**: Client will report increased sense of safety or connection to self during or after use of the calming box in at least 3 instances over 4 weeks.

__ (a) **Intervention 5.2.1**: Practice integrating box use during in-session mindfulness or exploration of feelings work.

__ (b) **Intervention 5.2.2**: Use bilateral tapping while interacting with items to deepen nervous system regulation.

__3. **Objective 5.3**: **Hope Box as a Tool during SI**: Client will explore and practice using the Hope Box as a self-regulation tool during episodes of emotional distress and/or suicidal ideation, supported by in-session rehearsals.

__ (a) **Intervention 5.3.1 (Ritual Closure):** Client will co-create a symbolic gesture to mark emotional transitions (e.g., writing a letter to his healed future self, creating a gratitude scroll, or mapping ancestral grief using a genogram or timeline).

/ Discharge Criteria

__. Client demonstrates increased psychological flexibility and reports less interference from depression symptoms.

__. Client demonstrates use of mindfulness and defusion skills to relate differently to depression and anxiety symptoms.

__. Client reports a reduction in depressive and anxiety symptoms to fewer than one per month for a minimum of 4 consecutive weeks.

__. Client re-engages in at least three previously avoided activities aligned with values.

__. Client completes with ≥50% reduction in symptom severity from intake.

__. Client reports less interference from depressed thoughts and sensations (even if symptoms persist).

/ Plan for Coordination and Support

__. Referral to PCP for medical rule-out of symptoms (if not already completed).
__. Psychiatric referral if depression and anxiety symptoms persist or client is open to pharmacological support (e.g., SSRIs).
__. Recommendation to attend spiritual or mindfulness skills group

---

/ Session Frequency

Client will attend weekly 50-minute individual counseling sessions for approximately 20–30 weeks, with between-session assignments and self-reflections to support skill generalization and integration.

__. Phase 1: Stabilization & Engagement (Weeks 1–12)
Focus on mindfulness, defusion, emotional tracking, Hope Box development, and grief mapping.
__. Phase 2: Deeper Processing & Integration (Weeks 13–28)
Emphasis on emotion deepening (EFIT), attachment exploration, self-compassion, and narrative identity reconstruction.
__. Phase 3: Relapse Prevention & Maintenance (Optional, Weeks 29–40)
Bi-weekly or monthly sessions to support continued integration, value-based living, and prevent symptom recurrence.

Suicide Assessment

The following suicide risk assessment was completed during intake and updated in conjunction with the development of the client's collaborative safety plan.

/ Risk Profile

__. S – Specificity: Client does not report a specific plan. He states, "I don't think I can go on living this way," which reflects passive suicidal ideation but not a formulated plan.
__. L – Lethality: He owns a firearm, though it is locked and stored safely. This increases access to a potentially lethal means and should be assessed continuously.
__. A – Availability: The firearm is in the home and could be accessed. He has not stated an intent to use it. While client has not expressed intent, the presence of a firearm in the home remains a potential concern and warrants regular monitoring and collaborative discussion about safety. Recommend safety planning and potentially removing access temporarily.
__. P – Proximity: Client is not isolated entirely, he lives with his wife, has adult children, and limited but existent friend contact. However, emotional withdrawal places him at moderate risk.

/ Protective Factors

Client's long-term marriage, spiritual values (even if strained), and insight are strengths. Naming these can balance the risk profile and affirm his resilience. Development of a Hope Box and Crisis Card may serve as concrete, values-based protective tools for emotional regulation and reorientation during acute distress.

/ Level of Risk: *Moderate risk*

/ Reasoning: Due to passive suicidal ideation, feelings of worthlessness, emotional withdrawal, and access to means.

While no immediate plan is reported, cumulative factors warrant a safety plan.

/ Rationale: Client's statements, somatic symptoms, social disengagement, and spiritual disillusionment suggest a risk of deterioration. The presence of a firearm adds to the concern.

/ Safety Planning

__1. **Warning Signs:** Discuss warning signs, internal coping strategies, supportive people/places, professional resources, and restriction of lethal means (e.g., Safety Planning Intervention).
__2. **Firearm:** Address Firearm Ownership in a Collaborative, Non-Stigmatizing Way: Collaboratively discuss temporary secure storage options with client and spouse, honoring client autonomy while addressing clinical safety concerns.
__3. **Contact Information:** Provide client with contact information for local and national crisis resources (e.g., 988, text HOME to 741741).
__4. **Create Crisis Card:** Crisis card will include phone numbers of who client can call.

/ Crisis Card Creation Details:

(See attached)

/ Next Steps:

__. Develop and review a collaborative safety plan, including warning signs, internal coping tools, and support contacts.
__. Create a Crisis Card with key strategies, grounding tools, and reasons for living.
__. Integrate client's Hope Box into safety planning as a sensory and symbolic resource for emotional regulation and reconnection to values.
__. Collaboratively explore temporary firearm storage solutions with client and his spouse.
__. Provide client with crisis resource contacts (e.g., 988, local emergency services).
__. Continue monitoring for changes in suicidal ideation at each session.
__. Encourage reengagement with social and spiritual supports as protective factors.
__. Evaluate the need for a psychiatric consultation regarding medication options.
__. Maintain therapeutic focus on building emotional regulation, defusion skills, and relational reconnection**.**

/ Names and Credentials:

__. Carrie A. Dyer, *BFA, MFA, Outpatient Therapist Student Intern*
__. Brianna Toomes, *LMFT, AASECT Certified Sex Therapist, CSOTP, AAMFT*

/ Treatment Plan Reviewed and Approved:

June 20, 2025

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). https://doi.org/10.1176/appi.books.9780890425787

Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. Bantam Books.

Brown, B. (2021). *Atlas of the heart: Mapping meaningful connection and the language of human experience*. Random House.

Gladding, S. T. (2022). *Counseling: A comprehensive profession* (9th ed.). Pearson.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Press.

Johnson, S. M., & Sweezy, M. (2022). *Emotionally focused individual therapy (EFIT): A new therapeutic vision for healing trauma*. Routledge.

Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Press.

Schwartz, R. C., & Sweezy, M. (2020). *Internal family systems therapy* (2nd ed.). Guilford Press.

Stanley, B., & Brown, G. K. (2012). *Safety plan treatment manual to reduce suicide risk: Veteran version*. U.S. Department of Veterans Affairs.

Sue, D. W., Sue, D., Sue, S., & Sue, D. M. (2022). *Counseling the culturally diverse: Theory and practice* (9th ed.). Wiley.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.