

Presentation Case Conceptualization 1

Sam Landa

Liberty University

Confidentiality

For confidentiality purposes, a pseudo-name will be used for my client. My client's name is Will C.

Demographic Information

My client's name is Will C. He is a 23-year old, African-American male. He is an only child. The client lives with his mother when he goes home over break, but he does not know his father. He is a full-time student and senior in college and is looking to graduate next Fall 2025. He has a leadership position on his university's campus.

Presenting Problem

Will C. reports that his presenting issue is that the early exposure to pornography is currently affecting his perceptions of male friendships which contributes to his same-sex attraction. He also reports difficulty in developing close, meaningful friendships with other men, which often leads him to isolating himself and "cutting people off", and it has become frustrating for him since he is wanting to establish healthy friendships with men in his life. He reports wanting to understand how his father wounds are currently affecting his male-to-male friendships. The counselor notes that the men he interacts with tend to be vulnerable early in the friendship which causes Will C. to pull away because he feels he has not developed a sense of trust with them yet. Client wants to learn how to regulate his emotions when he is trying to be vulnerable, and he wants to learn how to develop trust in his male friendships.

Behavioral Impressions

Client's appearance is appropriate to his age. He displays some mild anxiety in session by speaking rapidly and fidgeting with his hands. His overall affect and mood is anxious and worried. Though he and the counselor have met in previous sessions, Will C. is nervous to be

going deeper into his trauma story this semester. Will C. was euthymic in mood and his affect matched. He was comfortable in behavior. He had partial insight into his trauma and its effects. Client denies any SI/HI.

Relevant Historical Information

Will C. reported crying more now in the last four months than in the last four years showing signs of depression. Client reported feeling easily fatigued, irritable, anxious and worrisome, and avoids situations due to fear and anxiety. He reported "I like to take naps" when asked about fatigue. He worries about graduating due to being the first to graduate in his family. The client reports avoiding conflict. Client reports feeling anxious about his weight and appearance. He stated that an important member of his family will make comments on his weight. Will C. reported averaging four hours of screen time a day on Instagram. The client started watching pornography when he was 5. He reported not watching pornography in the last two weeks. He reported masturbating when he "forces myself (himself) too". The client has family members who are bipolar. He reported that a lot of women in the family die of heart issues. He reported "yes" when asked about substance use. He reported "a couple" of successful suicide attempts in his family. The client reports having experienced emotional/verbal, physical and sexual abuse as a child. The client also reported "yes" to witnessing domestic violence.

Diagnosis

Based on the information listed in the previous section, the counselor's diagnosis of the client is Generalized Anxiety Disorder (GAD) and Major Depressive Disorder (MDD). Though the client has experienced significant trauma from their past and in their childhood, he is not currently displaying any physical, emotional, or relational symptoms related to PTSD. The traumatic history has been noted and the counselor will provide a PTSD diagnosis if the client

starts to display any PTSD symptoms. The counselor also noted the client's sexual compulsive behavior which likely stemmed from the abuse he experienced in his childhood. Because the exposure to pornography happened when he was 5 years old, the counselor deems it to be a significant factor to always be mindful of throughout the counseling process.

Client Impressions

Will C.'s strengths are that he is seeking mentorship with older men in his church. He is motivated to make the necessary changes to manage his addiction and learn how to develop healthy male friendships. Client is also consistent in practicing the emotional regulation skills he has been learning in counseling. Will C. enjoys using the breathing and grounding exercises to help him regulate. Client's themes and patterns in his friendships with other men is that his friends tend to be vulnerable early on which pushes him away because he feels that trust has not been established yet for him to be able to reciprocate.

Case Conceptualization Summary

What happened? (Diagnostic)

The client is experiencing distress in his male friendships due to struggling with same-sex attraction and the desire for closeness and intimacy in those friendships. The client has also been wrestling with an compulsive sexual behavior addiction, which started not long after his early exposure to pornography when he was 5 years old. The client reports that this addiction has impacted how he views his friendships with other men. The client also reports anxious (increase in emotional distress, feelings of fatigue, irritability, anxiety) and depressive (characterized by frequent crying and avoidance of social situations) symptoms.

Why it happened? (Clinical)

The most significant factor that has contributed to the client's presenting problem stems from all the forms of abuse he experienced as young boy. It affected his ability to emotionally regulate and healthily cope with the distrust he experiences in his male friendships. The lack of a father figure or strong male role models in his life led him to wonder what a healthy relationship with another male can look like.

What role does culture play? (Cultural)

There were some key cultural factors that influenced how he viewed himself. One of the main factors is how masculinity is viewed in the African-American community. Additionally, there is also strong stereotypes on what the impact of having a "strong, black woman" raising a young boy. The client made many references to this throughout our sessions.

What can be done about it and how? (Treatment formulation)

Theoretical Orientation

The theoretical approaches I will be using are Internal Family Systems (IFS), Cognitive Behavioral Theory (CBT), and Attachment theory. IFS can help the client explore the different parts of him that feel isolated and abandoned in relationships. It will be important to understand that each part has a specific role and there is no moral value assigned to one over another. Each part exists for a purpose. Additionally, CBT can help the client challenge any negative and false beliefs he may have about himself. He had some beliefs that stemmed from his childhood that we need to counter throughout our time together in session. Lastly, attachment theory will provide the counselor with insight as to what the client's attachment style is with him. This provides a window into what his relationships outside of the session may look like. The counselor can then be a corrective attachment figure in session and model what a secure healthy attachment can look like.

Treatment Planning

See Treatment Plan at the end of this paper.

Ethical Issues

No ethical concerns were considered in this client's case.

Multicultural Factors

Counselor notes that some cultural factors to consider is how African-American men are viewed for displaying characteristics of homosexuality or same-sex attraction. There is heavy stigma and criticism held for African-American men who are attracted to the same sex. Another important note to consider is the lack of strong male role models in his life. The client describes his upbringing being one where there were no safe men in his life, but only "strong black women" who shaped a lot of how he views himself and the world around him.

Assessment

Counselor and client did a self-report regarding units of distress every other session to see how the client was experiencing his units of distress. This was especially important when the counselor started EMDR treatment. Counselor transitioned from EMDR to only focusing on lowering the SUDs for specific memories.

Referral/Access

Client was given educational resources to learn more about EMDR and what the process looks like in case he wants to start that with an off-campus counselor. Counselor made client aware that he can also return next semester to address any remaining memories where the SUDs need to be lowered.

Prognosis

The counselor's prognosis of the client was good. The client has done a good job implementing coping skills and identifying his emotions that will allow him to regulate better moving forward. In particular, when he feels others are being vulnerable too soon or quickly, he is able to regulate his emotions and challenge any false beliefs that may come to mind in that moment.

Treatment Plan Goal Chart

Dx/Problem	Long Term Goal(s)	Short Term Goal(s)	Evidence Based Interventions
GAD	Develop coping skills for managing anxious thoughts and behaviors	Practice breathing and grounding exercises	Mindfulness and relaxation techniques
MDD	Develop coping strategies for managing depressive symptoms	Reframe negative thought patterns	CBT
Compulsive sexual behaviors	Reduce pornography use	Limit views of pornography per week	CBT