CASE CONCEPTUALIZATION FORM

Therapist: ________________________  Client/Case #: ____________  Date: ______

I. Introduction to Client and Significant Others (Include age, ethnicity, occupation, grade, relevant identifiers, etc.). Put an * next to persons in session and/or IP for identified patient.

AF† or ___:

AM or ___:

CF or ___:

CM or ___:

II. Presenting Concern

Client’s/Family’s Descriptions of Problem(s):

AF or ___:

AM or ___:

CF or ___:

CM or ___:

Broader System Problem Descriptions (description of problem from referring party, teachers, relatives, legal system, etc.):

___:

___:

III. Background Information

Recent Background (recent life changes, precipitating events, first symptoms, stressors, etc.):

Related Historical Background (family history, related issues, past abuse, trauma, previous counseling, medical/mental health history, etc.):

IV. Systemic Assessment

Client/Relational Strengths

Personal/individual: __________________________

Relational/social: __________________________

† Abbreviations: AF: Adult Female; AM: Adult Male; CF#: Child Female with age, e.g., CF15; CM#: Child Male with age; IP: Identified Patient; Hx: History; Ex: Explanation or Example; NA: Not Applicable.
Spiritual: ____________________________

**Family Structure and Interaction Patterns**

**Couple Subsystem** (to be assessed): □ Personal current  □ Personal past  □ Parents'

**Couple Boundaries:** □ Clear  □ Enmeshed  □ Disengaged  □ Other: ____________________________

Rules for closeness/distance: ____________________________

**Couple Problem Interaction Pattern (A ⇋ B):**

Start of tension: ____________________________

Conflict/symptom escalation: ____________________________

Return to “normal”/homeostasis: ____________________________

**Couple Complementary Patterns:** □ Pursuer/distancer  □ Over/under functioner  □ Emotional/logical  □ Good/bad parent  □ Other: ____________________________

Describe: ____________________________

**Satir’s Communication Stances:**

AF: □ Congruent  □ Placator  □ Blamer  □ Superreasonable  □ Irrelevant

AM: □ Congruent  □ Placator  □ Blamer  □ Superreasonable  □ Irrelevant

Describe dynamic: ____________________________

**Gottman’s Divorce Indicators:**

Criticism: □ AF  □ AM Ex: ____________________________

Defensiveness: □ AF  □ AM Ex: ____________________________

Contempt: □ AF  □ AM Ex: ____________________________

Stonewalling: □ AF  □ AM Ex: ____________________________

Failed repair attempts: □ AF  □ AM Ex: ____________________________

Not accept influence: □ AF  □ AM Ex: ____________________________

Harsh startup: □ AF  □ AM Ex: ____________________________

**Parental Subsystem:** □ Family of procreation  □ Family of origin

Membership in Family Subsystems: Parental: □ AF  □ AM  □ Other: ____________________________

Is parental subsystem distinct from couple subsystem? □ Yes  □ No  □ NA (divorce)

Sibling subsystem: ____________________________

Special interest: ____________________________

(continued)
### IV. Systemic Assessment

*Family Structure and Interaction Patterns*

**Family Life Cycle Stage:**
- Single adult
- Marriage
- Family with young children
- Family with adolescent children
- Launching children
- Later life

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

<table>
<thead>
<tr>
<th><strong>Hierarchy Between Child/Parents:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AF:</strong></td>
</tr>
<tr>
<td>□ Effective</td>
</tr>
<tr>
<td>□ Insufficient (permissive)</td>
</tr>
<tr>
<td>□ Excessive (authoritarian)</td>
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<tr>
<th><strong>Emotional Boundaries with Children:</strong></th>
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<tbody>
<tr>
<td><strong>AF:</strong></td>
</tr>
<tr>
<td>□ Clear/balanced</td>
</tr>
<tr>
<td>□ Enmeshed (reactive)</td>
</tr>
<tr>
<td>□ Disengaged (disinterested)</td>
</tr>
<tr>
<td>□ Other:</td>
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</tbody>
</table>

**Problem Interaction Pattern (A ⇔ B):**

Start of tension: _______________________________________________________

Conflict/symptom escalation: ____________________________________________

Return to “normal”/homeostasis: _________________________________________

**Triangles/Coalitions:**

- □ AF and C ______ against AM: Ex: _______________________________________
- □ AM and C ______ against AF: Ex: _______________________________________
- □ Other: Ex: _______________________________________________________

**Communication Stances:**

<table>
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<tr>
<th>AF or ______:</th>
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<td>□ Irrelevant</td>
</tr>
<tr>
<td>CF or ______:</td>
<td>□ Congruent</td>
<td>□ Placator</td>
<td>□ Blamer</td>
<td>□ Superreasonable</td>
<td>□ Irrelevant</td>
</tr>
<tr>
<td>CM or ______:</td>
<td>□ Congruent</td>
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<td>□ Blamer</td>
<td>□ Superreasonable</td>
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Ex: _______________________________________________________________
Hypothesis (Describe possible role or function of symptom in maintaining family homeostasis):

Intergenerational Patterns
Substance/alcohol abuse: □ NA □ Hx: ____________________________
Sexual/physical/emotional abuse: □ NA □ Hx: ____________________________
Parent/child relations: □ NA □ Hx: ____________________________
Physical/mental disorders: □ NA □ Hx: ____________________________
Historical incidents of presenting problem: □ NA □ Hx: ____________________________
Family strengths: __________________________________________________________________

Previous Solutions and Unique Outcomes
Solutions that DIDN’T work: ____________________________
Solutions that DID work: ____________________________

Narratives, Dominant Discourses, and Diversity
Dominant Discourses informing definition of problem:
Cultural, ethnic, SES, etc.: ____________________________
Gender, sex orientation, etc.: ____________________________
Other social influences: ____________________________

Identity Narratives that have developed around problem for AF, AM, and/or CM/F:

Local or Preferred Discourses: ____________________________
Other Influential Discourses: ____________________________

V. Genogram
Construct a family genogram and include all relevant information, including:
• ages, birth/death dates
• names
• relational patterns
• occupations
• medical history
• psychiatric disorders
• abuse history

Also include a couple of adjectives for persons frequently discussed in session (these should describe personal qualities and/or relational patterns, e.g., quiet, family caretaker, emotionally distant, perfectionist, helpless, etc.). Genogram should be attached to report.

(continued)
VI. 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 disagreement?

CASE CONCEPTUALIZATION SCORING RUBRIC

The following scoring rubric describes the differences between exemplary, adequate, and deficient case conceptualizations. By closely attending to these requirements, you can hone in on what your instructors and supervisors are looking for when they grade your work.