| **Client initials and demographics** | **Presenting Concern(why are they in therapy)/ and their Risk** | **Conceptualization using theory – What are you seeing is their need.**  | **What is your plan or your goals with the client** | Social/Cultural Factors – any special factors relevant to the client.  |
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| T.D., 31, Hispanic, female, single, (loosely) Catholic, cis-gender | Sad spell since October, feelings of loneliness, loss of identity and direction in life. Insecurities around work and appearance. Low risk | Establishing a secure relationship and environment to talk, congruency, cognitive reframing, exploration of emotions | Give client the space to talk about their struggles and explore/ process their emotions. Use CBT Psychoeducation about cognitive distortions, explore core beliefs, utilize reframing and mindfulness. Look into somatic experiences with emotions and present awareness? | Client identifies as Hispanic and first generation |
| G.T, 42, male, single, white Catholic, cis-gender | Process their weeks and traumatic past/ how it impacts them today. Depression, anger, grief. Mild risk | Need a space to talk about their past experiences and how it is effecting them presently. Empathetic listening, look into patterns of thinking that lead to emotions and actions  | Plan is to continue listening and validating client. I overall want to provide them with a space to talk about their past and how it is effecting their present. Could see the help in looking into core beliefs and present thought patterns and reframing them.  | therapist |
| B.C., 67, white, married, Christian, cis-gender | Wanting to see how to best support family member going through metal health struggles. Low risk | Build a therapeutic relationship and give client the space to process their feelings and experiences with listening and validation | Person-centered with empathetic listening, and validation. Reflect client’s experiences back to them and use psychoeducation to help them better understand what family member is struggling with |  |
| D.M., 24, married, white, male, spiritual/Pagan, trans-gender | Wanting to “fix issues” that have come from past trauma. CPTSD, anxiety, depression. Moderate risk | Relationship, validation, emotional processing  | Provide a space for client to feel safe to process. I am not sure what is best for trauma  | LGBTQIA+ community  |
| S.H, 34, white, female, committed relationship, Christian, cis-gender | Eating disorder, struggling with way they look and feel about themself, BPD, trauma | Person-centered by providing space for client to process trauma and issues with self worth, which could be approached with CBT techniques (not sure)  | Empathetically listen and validate client, build relationship and help client process trauma and cope with triggers. (need guidance on trauma). Look into core beliefs, cognitive distortions and utilize cognitive reframing  |  |
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