CNL-624 Biopsychosocial Assessment Template

Client's Name: MI VI

Date: 4/2/2026

DOB: Select or enter the client's DOB here.

Age: 19

Start Time: 3:00pm

End Time: 3:50pm

Identifying Information:

Ct is a 19-year-old cisgender, heterosexual Hispanic female. She is currently in a relationship with a boyfriend close to her age. Ct resides with her boyfriend, her brother, and her mother. She began employment at Panda Express approximately two months ago and is currently enrolled in school through Graduation Solutions. Ct was referred to counseling by Graduation Solutions, which provides coverage for students' counseling sessions.

Presenting Problem/Chief Complaint:

Ct reports wanting space to process and release trauma related to childhood sexual abuse and endorses persistent trauma-related symptoms that significantly impact daily functioning. Ct describes consistent flashbacks and reports instances where she is unable to close her eyes in the shower due to panic, as well as ringing in her ears during conflict situations followed by emotional shutdown. Ct reports ongoing depressive symptoms including loss of energy, fatigue, loss of interest, insomnia, social withdrawal, and agitation. Ct also endorses anxiety symptoms such as feeling on edge, excessive worry, difficulty controlling worry, difficulty concentrating, sleep disturbance, hypervigilance, fear of stepping on others' toes, anxiety during conflict, heightened sensitivity to tone and social cues, cognitive distortions (e.g., mind reading), and difficulty asking for help. Ct reports panic symptoms including accelerated heart rate and fear of losing control. Trauma-related symptoms include recurrent intrusive memories, distressing dreams, dissociative reactions such as flashbacks, marked physiological reactivity to reminders (e.g., bathrooms, towels over her head, voices resembling her father, cowboy hats), persistent avoidance of trauma-related stimuli, sleep disturbance, and negative alterations in cognition and mood. Ct denies obsessive thoughts but reports compulsive ordering and arranging behaviors and endorses specific phobic distress when in a bathroom with another person or when a towel is placed over her head. Ct also reports inattention and distractibility. Ct has a history of non-lethal self-injury (cutting) and denies any history of suicide attempts.

Substance Use History:

Ct reports previous marijuana use but discontinued use approximately one year ago after recognizing it was negatively affecting daily functioning. Ct does not report current use.

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

n/a

Medical History/Mental Health History/Hospitalizations:

Ct did not report significant physical health concerns at this time. However, sleep disturbance and physiological arousal related to trauma and anxiety symptoms appear to impact overall functioning.

Abuse/Trauma History:

Ct reports being sexually abused by two older brothers between approximately ages 4–7. Ct describes disclosure of the abuse to her parents as "a trauma in itself." Following disclosure, her brothers were removed from the home and police reports were filed. Ct reports her father became hostile toward her and took her brothers' side, resulting in a strained relationship that continues to significantly impact her emotionally, particularly as she identifies having been a "daddy's girl." Ct reports that social functioning worsened significantly after the abuse became public approximately four years ago.

Social History and Resources:

Ct reports previously having a small, close-knit friend group prior to the abuse becoming public. Over the past four years, Ct reports having no friends and being extremely cautious about forming new relationships. Ct identifies significant social withdrawal and severe social impairment that began after the abuse was disclosed publicly rather than when the abuse initially occurred.

Legal History:

Ct reports that police reports were filed against her older brothers following disclosure of sexual abuse. Ct does not report any current legal issues, though the legal actions contributed to family disruption and ongoing emotional stress.

Educational History:

Ct reports historically strong academic performance, earning good grades, maintaining positive relationships with teachers, and demonstrating appropriate classroom behavior. Despite academic success, Ct experienced social struggles within the school setting, and trauma experiences significantly impacted her emotional and social development. Ct currently reports concentration difficulties that contribute to severe academic impairment.

Vocational/Career History:

Ct previously worked as a waitress but experienced significant social anxiety that continues to occur. Ct reports difficulty getting along with teenage female coworkers and expresses a preference for working with older individuals. Occupational functioning is moderately impaired due to social anxiety and interpersonal stress. At the time of this session, Ct had been working at Panda Express for about 1 month and expressed they are happy with their schedule and co-workers.

Family History:

Ct reports growing up in a large family and feeling excluded from older siblings, while her younger brother was allowed to spend time with them. Ct reports feeling she had to "pay for it" to spend time with her older siblings and experienced sexual abuse from two older brothers. Ct described her father as emotionally distant due to work demands and identifies him as the disciplinarian.

Ct reports a strained and emotionally painful relationship with her father, who was often absent due to working as a truck driver and primarily functioned as the disciplinarian in the home. Ct reports ongoing distress related to her father's response to the abuse disclosure and desires emotional repair and improved communication, as they don't have much contact with father now. Family functioning is mildly impaired overall, though paternal relationship strain remains a significant stressor.

Cultural Factors:

Ct did not report any specific cultural or ethnic factors impacting current functioning or treatment considerations at this time. Ct reports feeling connected to a higher power and refers to God in her spiritual framework. Ct identifies as spiritual and expresses belief in energy and nature, including viewing trees as sources of positive energy. Ct does not report spiritual distress and may benefit from integrating spiritually informed coping strategies into therapy as appropriate.

Resources, Strengths, and Weaknesses:

Ct reports enjoying music, cruises, scrapbooking, painting, and sketching. Creative outlets appear to serve as positive coping strategies and potential protective factors.

Ct reports being very close with her mother and describes her as her best friend, identifying this relationship as supportive. Ct maintains a bond with her younger brother, with whom she spent significant time during childhood. Ct reports strong and supportive relationship with boyfriend.

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

Ct presents with posttraumatic stress symptoms, anxiety, and depression related to a history of childhood sexual abuse by two older brothers. A recent precipitating factor includes ongoing conflicts and reminders of her trauma, which trigger flashbacks, panic, and physiological arousal such as ringing in her ears and emotional shutdown. She presents with a pattern of avoidance and hypervigilance in social situations and interpersonal interactions, including difficulties asserting herself, managing conflict, and forming friendships. Some perpetuating factors include limited social support, ongoing strained relationship with her father, cognitive distortions related to self-blame and mind-reading, and avoidance of trauma-related reminders

Protective factors and strengths include that Ct is highly motivated for treatment, maintains a close supportive relationship with her boyfriend, mother, and younger brother, engages in creative outlets such as music, painting, and scrapbooking to cope with stress, and demonstrates insight into her emotional responses and coping needs.

The following biopsychosocial factors attempt to explain Ct's symptoms: biologically, her heightened physiological reactivity and hypervigilance may predispose her to anxiety responses; psychologically, she struggles with trauma-related cognitive distortions, emotional dysregulation, limited assertiveness skills, and avoidance behaviors; socially, limited peer support, and ongoing familial conflict; culturally, Ct's spiritual connection and beliefs in energy and nature serve as a potential source of resilience and meaning.

Treatment will focus on providing a supportive, empathic therapeutic relationship while implementing psychoeducation and skills-based interventions, including CBT techniques to restructure maladaptive thoughts, DBT-informed skills to improve emotional regulation and distress tolerance, ACT strategies to increase acceptance of internal experiences and commitment to value-driven actions, and assertive communication training using modeling, role-play, and real-life practice. Trauma-related symptoms, avoidance patterns, and self-injurious behaviors will be addressed through exposure-based approaches, grounding, mindfulness, and reflective processing of experiences.

The prognosis is considered good, given Ct's motivation for treatment, insight, and engagement in therapy. Positive outcomes are likely if her strengths and protective factors, including supportive relationships, creativity, and spiritual coping, are actively incorporated into the treatment process.

Clinical Justification:

Ct reported ongoing sexual abuse by two older brothers between ages 4–7. Ct experiences recurrent flashbacks and panic when closing her eyes in the shower. Ct reports distress being in the bathroom with others and when a towel is placed over her head. Ct experiences anxiety when exposed to reminders of her father (voice, cowboy hats) due to his traumatic response to her disclosure and taking the brothers' side. Ct endorses trauma-related negative beliefs, stating the abuse felt like the "price" to maintain a relationship with her brothers and avoid exclusion. Ct reports loss of interest in painting and sketching. Ct reports difficulty forming connections, persistent hypervigilance, and constantly monitoring others' body language, tone, and facial expressions for conflict. Ct reports difficulty falling and staying asleep. Symptoms cause impairment in friendships, family relationships, work, and school. Presentation is consistent with posttraumatic stress disorder.

Ct does not currently meet full diagnostic criteria for Generalized Anxiety Disorder, specifically Criterion F, which states that the disturbance is not better explained by another mental disorder (e.g., anxiety related to reminders of traumatic events as seen in posttraumatic stress disorder). Ct reports that anxiety experienced in daily life is largely triggered by exposure to reminders of her brothers and father or worry they will be triggered by reminders. Additional sessions are recommended to accurately assess and determine a diagnosis for the client's anxiety symptoms.

Ct currently does not meet diagnostic criteria for Specific Phobia. Ct currently does not meet diagnostic criteria for Social Anxiety Disorder.

Initial Diagnosis (Current *ICD* and *DSM*):

Principal Diagnosis:	***ICD* Code:**	***DSM* Disorder:**	**Subtypes:**	**Specifiers:**
	F43.10	Post-traumatic stress disorder, unspecified		
Provisional Diagnosis:	***ICD* Code:**	***DSM* Disorder:**	**Subtypes:**	**Specifiers:**
	F43.10	Post-traumatic stress disorder, unspecified		

Initial Treatment Goals Informed by Theoretical Orientation (SMART Goal Format):

GRAND CANYON UNIVERSITY™

Goal 1: Reduce anxiety to improve social functioning, communication, and overall daily functioning.		
Objectives:	**Interventions:**	**Target Date:**
1. Ct will practice assertive communication skills to manage conflict in at least one real or role-play situation every week for 12 weeks, as measured by therapist observation and self-report.	Practicing DEARMAN skills to strengthen assertive communication, engaging in role-playing exercises to rehearse conflict scenarios, processing real-life conflict situations during sessions to reinforce skill application, building emotional regulation strategies such as grounding and paced breathing to reduce emotional shutdown, and encouraging assertive communication practice in real-life situations between sessions.	5-5-2026
Goal 2: Increase ct's ability to use coping skills to manage anxiety, hypervigilance, and fear of conflict.		
Objectives:	**Interventions:**	**Target Date:**
Ct will practice at least 2 coping strategies to reduce anxiety symptoms from 7 days per week to 4 days per week for 12 weeks, as measured by self-report.	Providing psychoeducation on anxiety and the physiological stress response, practicing coping strategies such as grounding techniques, diaphragmatic breathing, progressive muscle relaxation, and cognitive restructuring, identifying anxiety triggers and early warning signs, developing a personalized coping skills plan, reviewing frequency and effectiveness of skill use in session to reinforce progress and problem-solve barriers.	5-5-2026

Student Clinician's Name: Janessa Goudeau **Date:** 5/1/2026