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## **Biopsychosocial Assessment – T6**

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CNL-605: Psychopathology

Dr. Evans-Fulton

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## CNL-605: Biopsychosocial Assessment Template

**Client's Name:** Josh Turner

**Date:** 1/16/2024

**DOB:** 1/15/2000

**Age:** 24

**Start Time:** 3:00 pm

**End Time:** 3:46 pm

### **Identifying Information:**

Mr. Turner is a 24-year-old Caucasian male, who is currently living in a college apartment. Mr. Turner is completing his 4-year college degree at GSU. Mr. Turner has a girlfriend who is successful and lives on her own. Mr. Turner reports his parents are divorced and they have a family business to which he is employed.

### **Presenting Problem/Chief Complaint:**

Mr. Turner reports he has “anxiety, almost a fog in my head where certain things become difficult”. Mr. Turner reports he falls quickly behind on his schoolwork and will “overthink” causing him to be unwilling to participate and will instead focus on worst case scenario.

### **Substance Use History:**

Mr. Turner denies any substance use history.



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

No information obtained at this time.

## **Medical History/Mental Health History/Hospitalizations:**

Mr. Turner reports he is currently dieting and exercising regularly.  
Mr. Turner reports that his biological mother has a history of postpartum depression and anxiety.  
Mr. Turner reports no recent hospitalizations.

## **Abuse/Trauma History:**

No information obtained at this time.

## **Social History and Resources:**

Mr. Turner reports he recently moved out of the dorm and into an apartment. Member reported he broke up with a girlfriend “a while ago” however has a new girlfriend now. Mr. Turner shared that he is struggling financially to budget and worries about finances to cover daily living expenses. Member works for family business.

## **Legal History:**

No legal history reported by Mr. Turner at this time..



**Educational History:**

Mr. Turner reports changing his majors twice in college, finishing a 4 year degree in May 2024. Mr. Turner shared that it has become difficult to manage classes and last semester took a “light load” of classes this semester. Currently a “full load” of courses and on track for graduation.

**Family History:**

Mr. Turner shared the family has a business operated by his grandmother. Mr. Turner works full time in the office for the family.  
Mr. Turner describes his parents as having frequent verbal disagreements and currently seeking a divorce.

**Cultural Factors:**

Mr. Turner reports past history and involvement in social activities and support systems. Mr. Turner enjoys playing the guitar for a Christian Band in the past.

**Resources, Strengths, and Weaknesses:**

Mr. Turner reports he enjoys researching on the internet, playing guitar and reading self-help books regularly. Mr. Turner stated that he is motivated typically at the very last minute but can persevere to resolve or complete the task. Mr. Turner reported needing to get in the “zone”.



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

Using a cognitive-behavioral theoretical orientation, this case can be conceptualized by understanding the relationship between thoughts, feelings, and behaviors. This perspective would focus on Mr. Turner's maladaptive thought patterns, such as irrational beliefs and avoidance, and how these thoughts contribute to his emotional state and problematic behaviors such as avoiding or not finishing the task. The therapist will work with Mr. Turner to identify and challenge these negative thoughts, promote more realistic thinking, and help Mr. Turner to develop more adaptive coping strategies to improve his mental health and overall functioning.

**Clinical Justification:**

Mr. Turner's depression can be clinically justified by his symptoms of persistent sadness, loss of interest in activities, sleep disturbances, and feelings of worthlessness, which meet the diagnostic criteria for major depressive disorder. Additionally, his anxiety can be clinically justified by his excessive worry, restlessness, difficulty concentrating, and physical manifestations of anxiety, indicating symptoms consistent with generalized anxiety disorder.

**Initial Diagnosis (DSM-5):**

Principal	ICD-10 Code:	DSM-5 Disorder:	Subtypes:	Specifiers:
Diagnosis:	300.02	F41.1		
Generalized anxiety disorder				
Provisional	ICD-10 Code:	DSM-5 Disorder:	Subtypes:	Specifiers:
Diagnosis:	296.31	F33.0	Recurrent	Mild
Depression				

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

Goal # 1: The goal is to reduce anxiety symptoms and improve overall functioning.		
Objectives:	Interventions:	Target Date:



1. Mr. Turner will identify and challenge his irrational thoughts and develop more adaptive coping strategies.	The therapist will engage in cognitive restructuring techniques, such as identifying and disputing negative thoughts, and help Mr. Turner develop a thought record to track and reframe his thinking patterns.	7/16/2024
2. Increase relaxation and stress management techniques.	Teach Mr. Turner various relaxation techniques, such as deep breathing, progressive muscle relaxation, and mindfulness meditation, to help him manage anxiety symptoms. The therapist can provide education on the physiological effects of relaxation techniques and guide Mr. Turner through practicing these techniques during therapy sessions. Additionally, the therapist may encourage Mr. Turner to incorporate these techniques into his daily routine, both as preventive measures and as coping strategies during times of increased anxiety.	7/16/2024
<b>Goal # 2:</b> Reduce symptoms of depression and improve overall well-being.		
<b>Objectives:</b>	<b>Interventions:</b>	<b>Target Date:</b>
1. Increase daily engagement in enjoyable activities.	Implement behavioral activation techniques, such as activity scheduling, to increase engagement in pleasurable and meaningful	7/16/2024



	activities. The therapist and Mr. Turner can work together to identify activities that he used to enjoy or found fulfilling and create a schedule to increase his involvement in these activities such as playing the guitar. The therapist may provide guidance on setting achievable goals, breaking activities into smaller steps, and addressing any barriers or challenges that may arise.	
2. Increase self-awareness of negative thoughts and develop skills to reframe them.	Implement cognitive restructuring techniques, such as thought challenging and cognitive reframing, to help Mr. Turner identify and challenge his negative thoughts and replace them with more realistic and positive ones. The therapist can facilitate this process by guiding Mr. Turner to identify his negative automatic thoughts, examine the evidence supporting or refuting them, and develop alternative, more balanced and helpful thoughts that can reduce depressive symptoms.	7/16/2024

**Student Clinician's Name:** Lori Brafford

**Date:** 1/17/2024



## References

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