

Introduction

For this course, you will develop a comprehensive treatment plan for one case study subject that you will select from two possible candidates. This will be the first time this client is seeking mental health treatment.

To accomplish this you will:

- Evaluate student information and articulate the presenting problem. Complete a biopsychosocial assessment, an ecomap, and a genogram.
- Create a treatment plan with long term goals, short term goals and theory-based interventions.
- Evaluate legal and ethical client case issues.
- In addition to the individual counseling the client will receive from you, identify your local community resources/support available to the client.
- Develop a treatment plan for the client.
- Provide an annotated bibliography of peer-reviewed journals and academic references that support your work.

Your work will be completed using the links provided in this media presentation. You do not have to complete your work in one setting, your work will be saved. You may access your treatment plan at all times by clicking the link Case Study Treatment Plan in the resources section.



[CONTINUE TO CASE STUDIES](#)

Case Study Treatment Plan



Introduction

Case Studies

Genogram

Ecomap

Biopsychosocial
Information

Treatment Plan

Case Studies

Jared



Jared is a 5 year old African American male in Kindergarten. He hits and curses at his classmates and teachers in kindergarten when he gets frustrated. He presents as "a very angry little boy" as noted by his teachers and the school principal. There have been two occasions in the last two months where Jared displayed physical aggression by throwing a chair across the classroom, and after each incident he broke into tears and was very apologetic.

HITS
Frustrated
throwing chairs
apologetic crying

Hallie

Hallie is an eleven year old white female in the 5th grade. She typically arrives at school very early and stays very late, spending the extra time studying for her classes. Her mood has changed substantially at school recently, going from appearing happy and enthusiastic, to appearing depressed, tired, and uninterested. Hallie is displaying a noticeable weight loss causing teachers to be concerned. When a teacher asked Hallie how things were going she began to cry and said that her mother was drinking and staying away from home a lot. Hallie visits her dad every other weekend. He has recently become engaged to be married to a woman and they are expecting a baby.

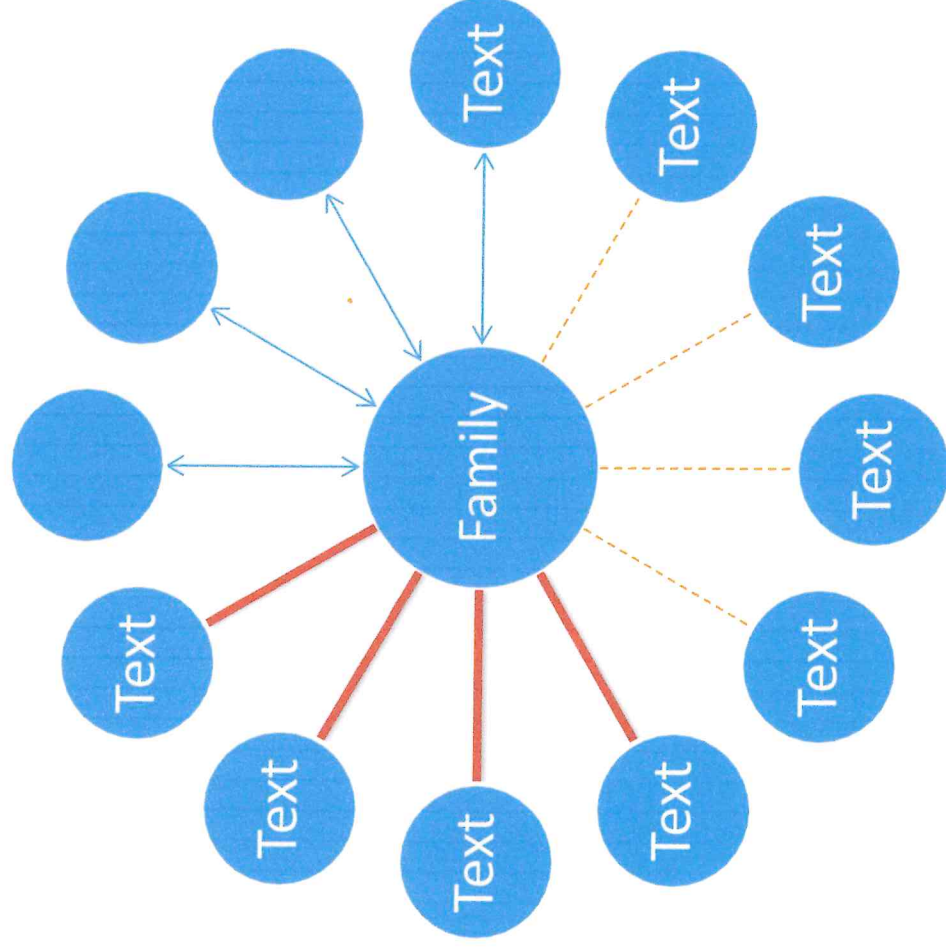


CONTINUE TO GENOGRAM

Ecomap Example

The ecomap is a visual illustration of a family's relationships and stressors in the family's environment. The visual model can increase awareness of the multiple social factors in a client's environmental system.

Directions: Draft an ecomap for your client's family. Include four positive relationships (blue line), four tenuous relationships (yellow line) and four negative relationships or stressors (red line).



Case Study Treatment Plan

Introduction

Case Studies

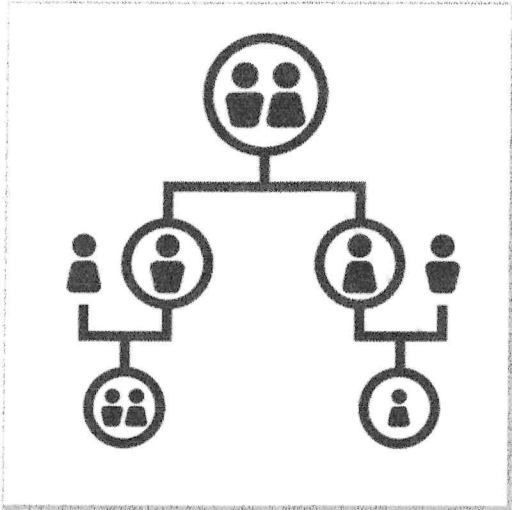
Genogram

Ecomap

Biopsychosocial
Information

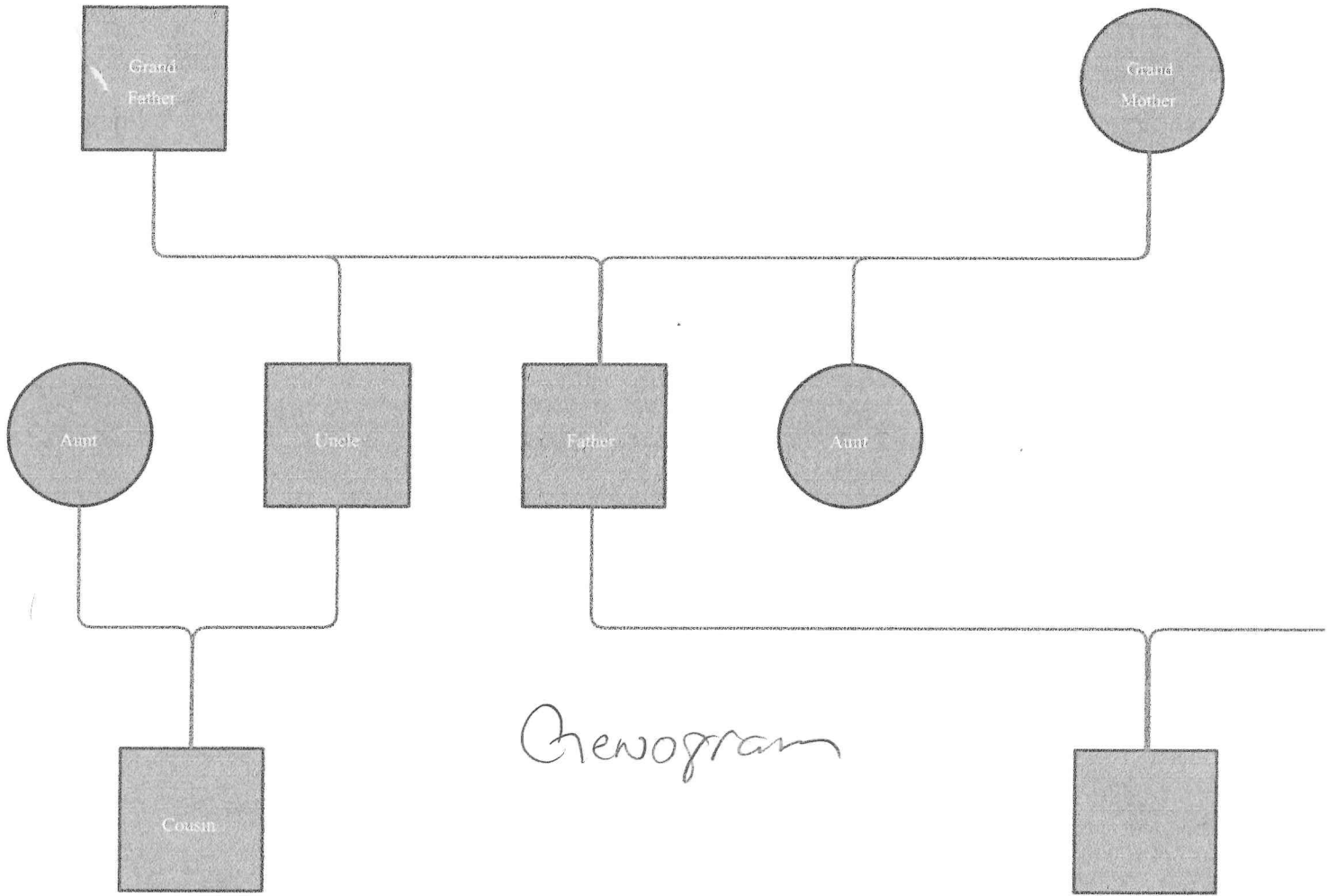
Treatment Plan

Genogram



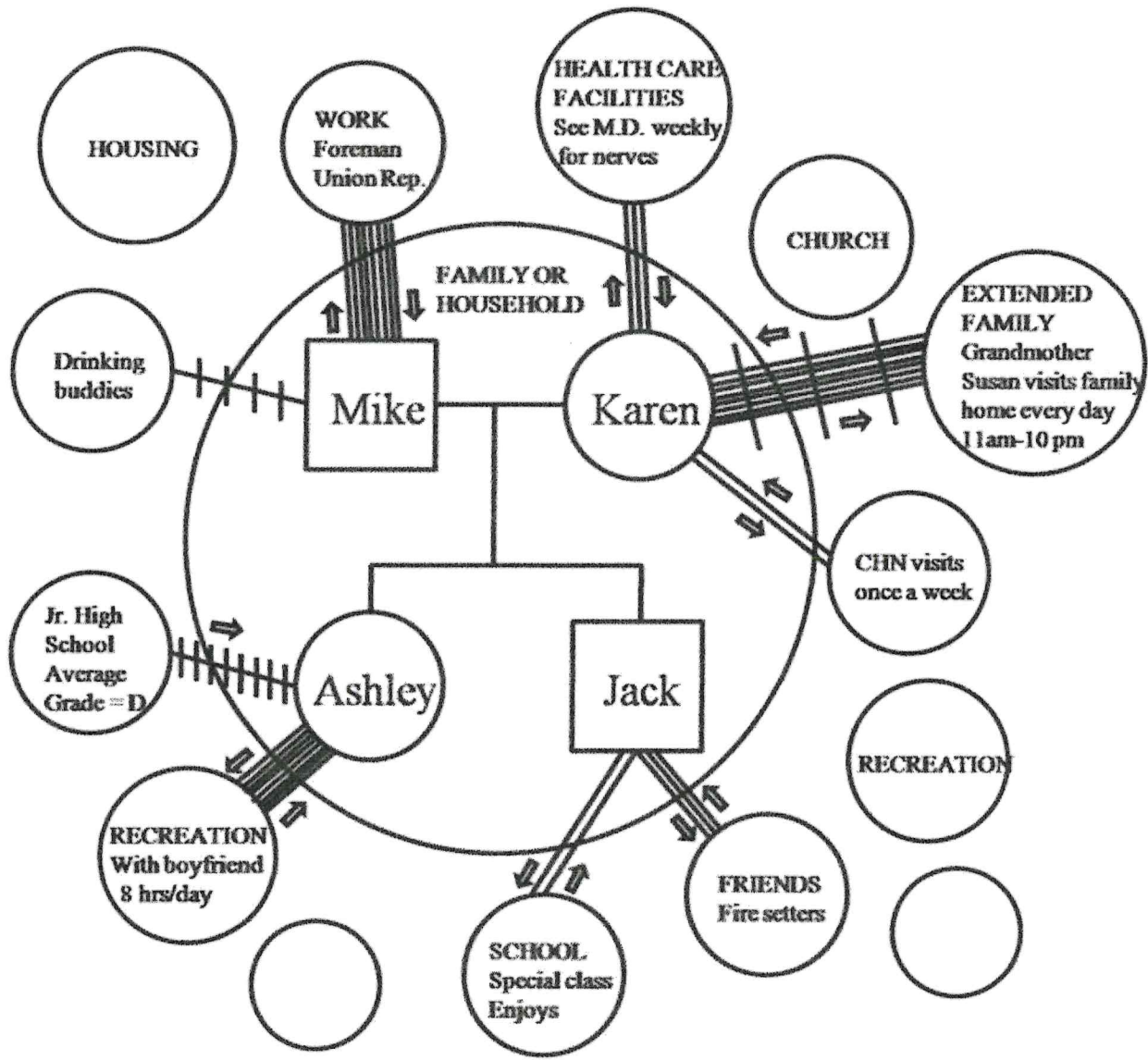
There are many different examples of a genogram available in Capella Library articles, as well as on the internet. Review several examples, select one and then draft a three-generation genogram for your client. Attach the completed Genogram to the U03a1 assignment area in the classroom.

CONTINUE TO ECOMAP

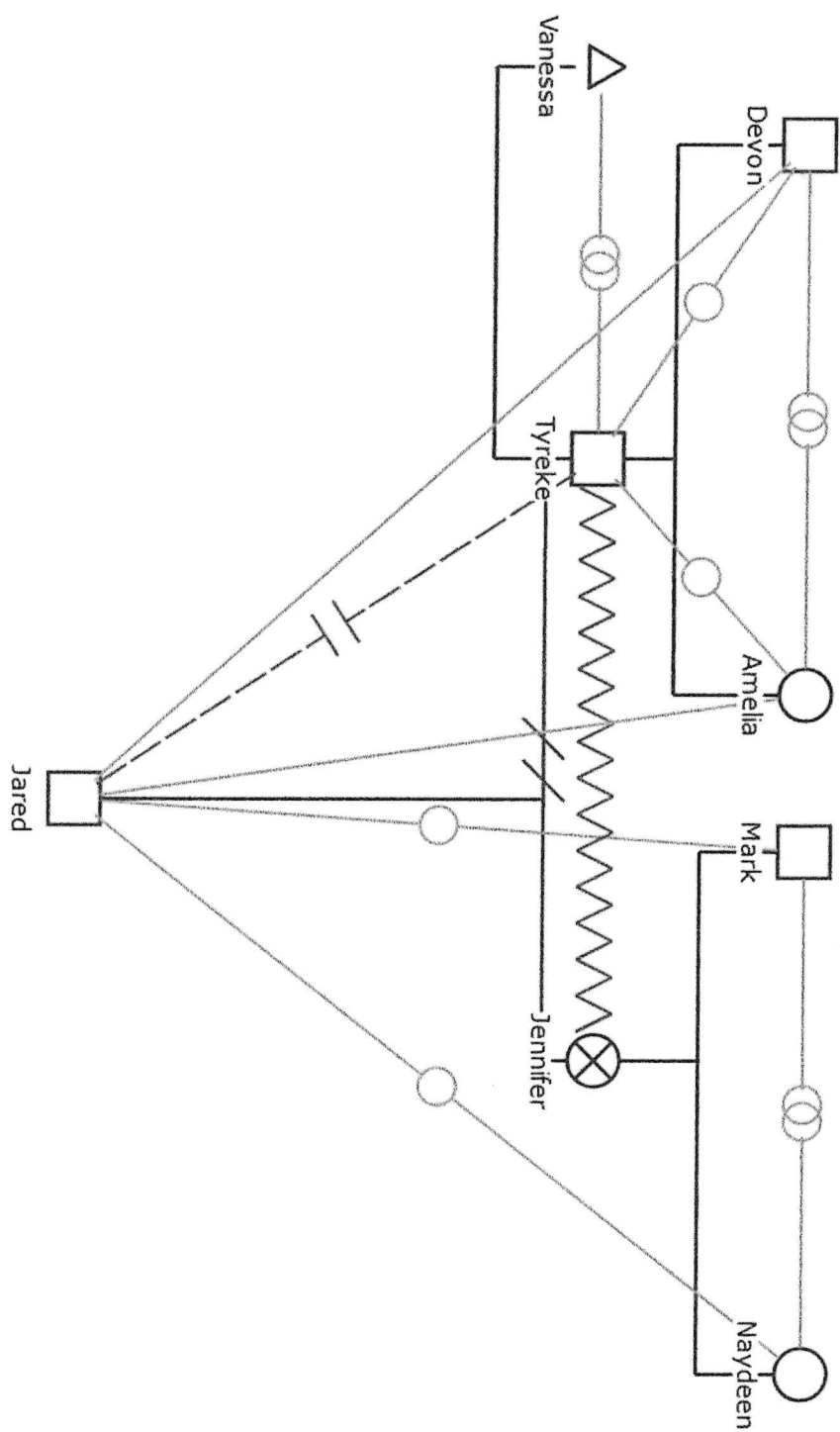
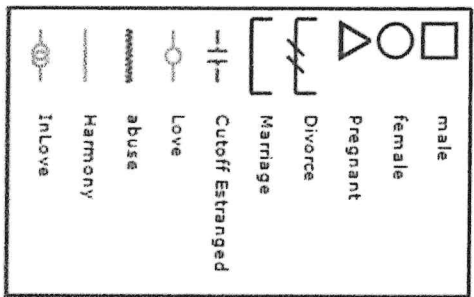


Chenogram

Example



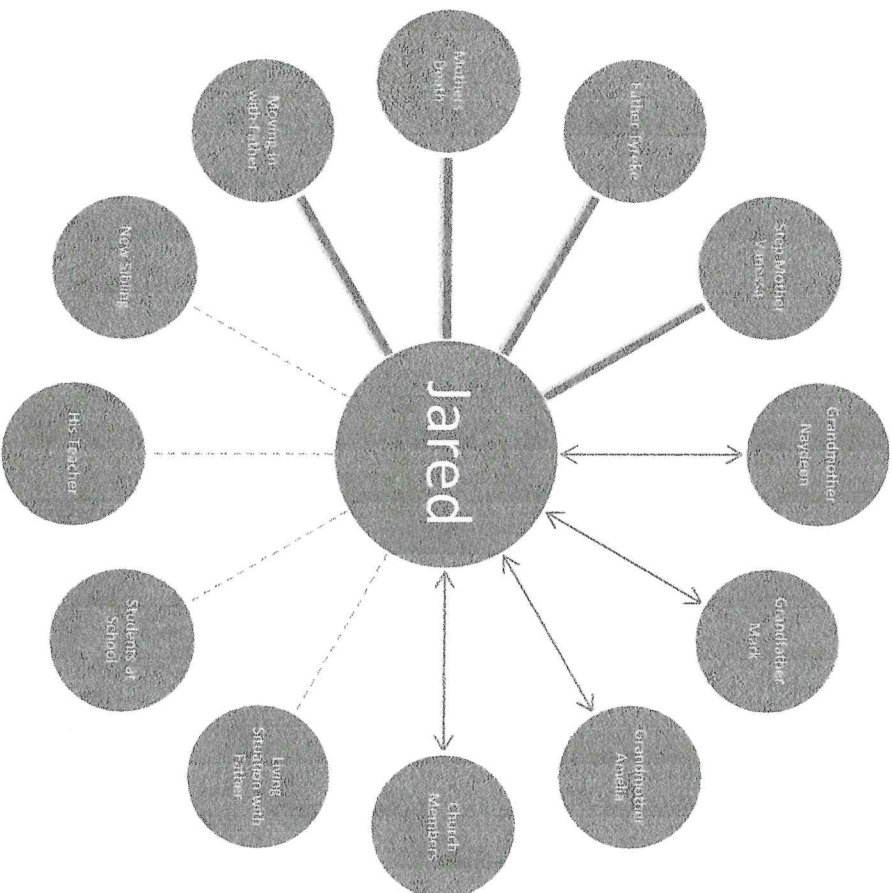
GenoGram: Jared Jackson *Example*



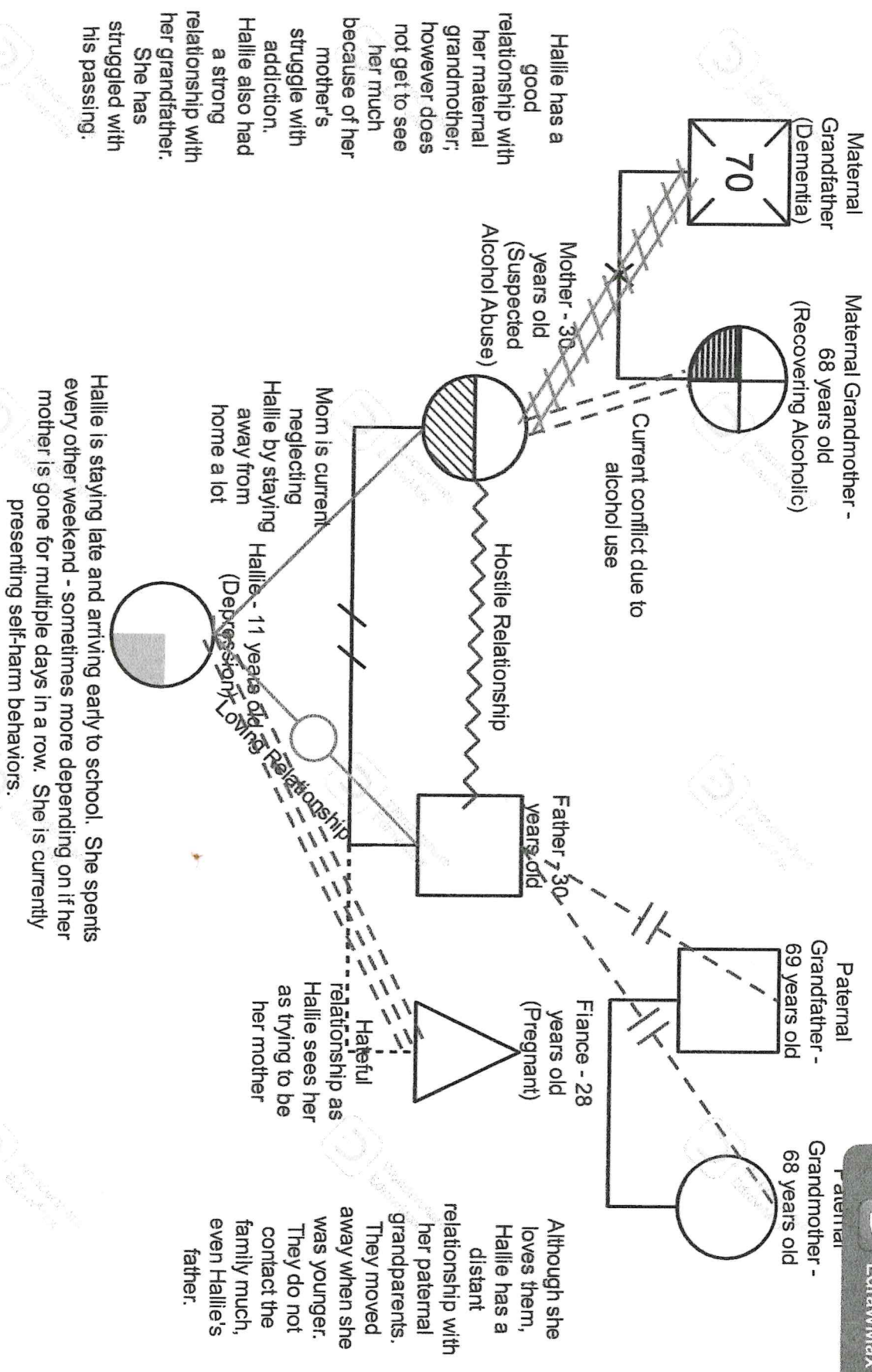
Ecomap *Example*

The ecomap is a visual illustration of a family's relationships and stressors in the family's environment. The visual model can increase awareness of the multiple social factors in a client's environmental system.

Directions: Draft an ecomap for your client's family. Include four positive relationships (blue line), four tenuous relationships (yellow line) and four negative relationships or stressors (red line).



Example



Halle has a good relationship with her maternal grandmother; however does not get to see her much because of her mother's struggle with addiction. Halle also had a strong relationship with her grandfather. She has struggled with his passing.

Halle is staying late and arriving early to school. She spends every other weekend - sometimes more depending on if her mother is gone for multiple days in a row. She is currently presenting self-harm behaviors.

Creating Your Client Case
Unit 3 Assignment 1 COUN5254

Biopsychosocial Information for Case Conceptualization

Biopsychosocial Assessment Form

Client Demographic Data

Name: Jared

Age: 5-year-old

Gender: Male

Race: African American

Ethnicity: Diaspora African

Religion: Pentecostal

Other Relevant Information:

Jared comes from an economically advantaged background both his parents are PhD's.

Social-Cultural Information: He resides in an upscale neighborhood with very few African Americans. His family is one of two African American families in his locality, he is one of three children of African descent attending his school, and all the staff at his school are Caucasians. Jared's parents demonstrate an unwavering understanding of the value of family through their kinship by blood and adopted kinfolk, family is an unsurpassed source of solace and strength. In addition, the family's spiritual belief system plays a deep familial fellowship role as well.

Presenting Problem

Describe in detail the reason the client is seeking counseling, including behavioral, situational, and environmental factors:

Jared presents as a 5-year-old African American male who will turn 6-years-old in two weeks. He lives with both his parents, John, and Sarah Green, his maternal grandmother, Ana Ware and his mother's sister, his aunt Phyllis Ware. Jared has lived with his parents and his extended family members his entire lifespan. Jared's parents report that their son hits and curses at his classmates and teachers in kindergarten when he gets frustrated, on two occasions in the last two months he has displayed physical aggression by throwing a chair across the classroom, and after each incident he broke into tears and was very apologetic.

As evidenced by: Jared's verbal and physical aggressions and his displayed anger noted by his teachers, the school principal, and his parents.

Due to: Jared's frustration as reported by his parents and teachers when he becomes frustrated. His parents also report that Jared is also displaying those same aggressive behaviors at home.

Current Stressors

Identify all stressors impacting the presenting problem:

Current known stressor is Jared's frustrations. The goal of our therapy sessions is to discover the root cause of Jared's frustrations.

Current Symptoms

Identify in detail all symptoms currently exhibited by client and how symptoms are impacting their overall functioning:

Jared displays both verbal aggressions (e.g., profanity and fits of rage) as well as physical aggressions (e. g., hitting others and throwing objects) at school and at home according to his parents.

Family History (Draw info from Genogram)

Family members' names and ages to include parents, grandparents, and siblings:

Jared is a 5-year-old African American male. He will be 6 years old in two weeks. His father is John Green age 45, and his mother Sarah Green is age 43. His maternal grandmother, Ana Ware, is age 60. His mother's younger sister, Jared's aunt Phyllis Ware is 33 years old. Jared has no siblings. Also, Jared's family has embraced a teenage neighbor, named Sarah, who babysits Jared as one of their family. Jared calls Sarah his cousin.

Provide a detailed narrative of the genogram you created:

Jared is a 5-year-old African American male, who lives with both his parents, John aged 45, and Sarah Green age 43, his maternal grandmother, Ana Ware age 60 and his mother's younger sister, his aunt Phyllis Ware age 33. His grandpop on his mother's side, passed away at age 58, 4 years ago in his sleep. Jared was too young to remember his grandfather, George. Nonetheless, all the current members of Jared's household have close relationships with one another. In addition, Jared never got the chance to meet he father's parents. Both of Jared's paternal grandparents passed away before he was born in a fatal car accident.

Special family circumstances or events:

Jared, his parents, and his extended family members as well as his family's church community relationships are reciprocal and strong. However, Jared and his families relationships between their neighbors are reciprocally weak. In addition, his relationships between both his parents are strong, reciprocal, yet strenuous due to Jared's outbursts and aggressive behaviors at school and at home. Likewise, Jared's relationships between his extended family members are strong, reciprocal, yet strenuous too. Finally, Jared's relationship between him and his babysitter Sarah is reciprocal but also strenuous due to his behaviors as well.

Current Living Situation and Environment

Housing (apartment, single-family home etc.):

Jared resides in a two story, single-family home, with 5 bedrooms and two bathrooms.

Who is living in current household? (Parents, grandparents, siblings, etc.):

Jared lives with both his parents, John, and Sarah Green, his maternal grandmother, Ana Ware and his mother's younger sister, his aunt Phyllis Ware.

Household Stressors impacting client (financial, space issues, safety concerns):

There are no known stressors except for Jared's ill behaviors and outbursts.

Family History of Mental/Psychological Issues

Identify and describe each family member who has experienced mental health issues, current and past, diagnosed, and undiagnosed (refer to genogram):

Jared's father John Green sought grief counseling, for a year during college, after the sudden tragic death of both his parents.

Client Personal History

Major Life Events:

Jared's first day of kindergarten.

History of Trauma and/or abuse:

There are no known traumas or any family history of abuse.

Physical/Medical Information

Developmental history (birth issues, developmental milestones, etc.):

Jared's birth was a full-term vaginal delivery with no complications as reported by his mother. His developmental protective factors and signs of resilience are his current good physical health, his close-knit family system, and his families religious convictions. Jared's developmental risk factors include **cognitive developmental** evidenced by his poor problem-solving skills and his irrational thoughts about self, others, and/or the world; **self-developmental** concerns evidenced by his impulsivity and rebelliousness; **psychosocial developmental** issues evidenced by his poor communication skills; and **emotional developmental** problems evidenced by his inability to regulate his emotions.

Physical/medical history:

Jared has had no past medical issues and his current physical health is very good.

Current physical/medical state:

Jared's current physical state as reported by his parents is that he is sleeping well, eating well, and he is physically active. His current physical/mental state as observed by me is that Jared has good hygiene. He is alert, energetic, and very talkative. His mother reports that Jared's most recent primary care exam showed no medical issues. In addition, Jared reported to me that he has no current pain or discomfort.

Current Medications (prescribed or OTC):

Jared's mother reported that he currently takes a daily vitamin for children.

Other medical issues (allergies etc.):

Jared currently does not have any medical issues or known allergies as reported by his mother.

Previous Mental Health History/Treatment

Previous Mental Health History/Treatment (include in-patient, out-patient, residential, in-home, etc.):

Jared has had no previous mental health history or treatment of any mental health issues past or present as reported by his mother.

Substance Abuse/Addiction History and Current Situation

Substance Abuse/Addiction History and Current Situation (include client and client's family members):

There are no known substance abuse or addiction histories, or any current abuse situations as reported by Jared's parents.

Ecomap Analysis

Analyze the relationships between community systems, family systems, and school systems that could support the client through treatment, counseling and beyond:

Jared's ecomap shows his relationship between him and his school community system as being weak, strenuous, and reciprocal. He does not have good relationships with his fellow classmates, teachers, or the principle. However, he and his family members church community relationship are both reciprocal and strong. Nevertheless, Jared and his family's relationship between their neighbors are reciprocal and weak. His neighbors speak occasionally in passing but there are no interactions except for one teenager named Sarah who babysits Jared regularly. Jared's mother says she met Sarah's mother in their local supermarket, and they just hit it off instantly. In addition, Jared's relationships between both his parents are strong, reciprocal, yet strenuous. Also, his relationships between his extended family members are strong, reciprocal, and strenuous. Finally, Jared's relationship between him and Sarah is reciprocal and strenuous. Jared refers to Sarah as

his cousin, and his mother reports that her family adores Sarah, and everyone thinks of both her and her mother as family.

Legal and Ethical Considerations:

The ACA Code of Ethics (2014) states that the “primary responsibility of counselors is to respect the dignity and to promote the welfare of clients” (A.1.a., p. 4), that counselors “recognize that trust is a cornerstone of the counseling relationship” (B. Introduction, p. 6), to “respect client rights to privacy;” and “[only] solicit private information from clients only when it is beneficial to the counseling process” (B.1.b., p. 6), and “do not share confidential information without client consent or without sound legal or ethical justification” (B.1.c., p.7). However, there are exceptions to exposing confidential information such as, “when legal requirements demand that confidential information must be revealed” or if abuse is suspected, “disclosure is required to protect clients... from serious and foreseeable harm” (ACA, 2014, B.2.a., p. 7). Also, the ACA Code of Ethics (2014) advises counselors like me to inform Jared’s parents about the nature of counseling, the importance of confidentiality and divulging only what is necessary and doing what is in the best interest of Jared while working to establish a “collaborative” relationship amongst all parties (ACA, 2014, B.5.b., p. 7; B.2.d., p. 7). Additionally, the ACA Code of Ethics (2014) prompts counselors to be “sensitive to the cultural diversity of families” like Jared’s family who are African Americans and not to “condone or engage in discrimination based on culture... religion and or spirituality... [or] sexual orientation...or any basis proscribed by law” (C.5, p. 9).

Treatment Plan

Presenting Problem

Client presents with:

Jared presents as a 5-year-old African American male who lives with both his parents, John, and Sarah Green, his maternal grandmother, Ana Ware. Jared's mother's younger sister, his aunt Phyllis Ware also resides with him. Jared has lived with his parents and his extended family his entire life. Jared's parents report that their son hits and curses at his classmates and teachers in kindergarten when he gets frustrated, on two occasions in the last two months he displayed physical aggression by throwing a chair across the classroom, and after each incident he broke into tears and was very apologetic. Jared is also verbally and physically aggressive at home.

As evidenced by:

Jared's displayed anger via verbal and physical aggressions reported by his teachers, the school principal, and his parents.

Theoretical Foundation

Choose two counseling theories and compare and contrast the application of these theories to the client's treatment.

Behavioral Therapy - Based on the principals of the learning theory using four areas of development: Classical conditioning, operant conditioning, social learning theory, and cognitive behavioral therapy. Deals with the client's current problems.

Family Therapy: The benefits of family therapy mentioned by Corey (2017) expressed that working with the entire family (Jared's family) or their community (school personnel) provides therapists, like myself, an opportunity to observe how each individual within the family system interacts; how the system influences and is influenced by each of the individuals; and what interventions may lead to changes that could help Jared and his family express their inward pains and struggles (Corey, 2017, p. 406).

Moreover, Corey (2017), stated, "The family system therapy philosophy is grounded on the assumptions that a client's challenging behaviors may (1) serve a function or purpose for their family unit; (2) be unintentionally maintained by family processes; (3) be a function of the family's inability to operate productively, especially during developmental transitions; or (4) be a symptom of dysfunctional patterns handed down across generations" (pp. 404-405). Therefore, a treatment approach that comprehensively addresses the family is required. Because, as Corey (2017) stated, a family is an interactional unit, it has its own set of unique traits. It is not possible to accurately assess a person's concerns without observing their interactions with family members, no matter what form, as well as look at the broader contexts in which that person and their family unit lives (Corey, 2017, pp. 404-405).

Long Term Goals

Develop a minimum of 2 appropriate long-term goals for the client.

Jared will reduce his emotional reactivity

Jared will communicate his feelings and manage his anger.

Jared build friendships and feel more positive about himself.

Short Term Goals

Develop a minimum of 2 short-term goals for each identified long-term goal (a total of 4 or more).

Psychoeducation: Teach communication, anger management, and/or conflict resolution skills; taught to family and Jared.

Play various games with Jared to encourage problem-solving, cooperation, and social skills.

Read stories to Jared that solve problems similar to his own problems.

Interventions

Develop two **individual counseling interventions**. A minimum of one of these interventions should be grounded in play therapy.

1. Respond to Jared's disruptive behaviors by initiating quiet time or time out.
2. Jared will use hand puppets to recreate a situation he found stressful or frustrating.

Develop two **family counseling interventions**. A minimum of one of these interventions should be grounded in play therapy.

1. Family members will read stories to Jared that solve problems similar to his own problems.
2. Varghese et al (2020) proposed using the genogram as a great intervention tool to systematically identify who is in the family and help illustrate adaptive and maladaptive family interactions such as conflicts or supportive relations; thereby aiding in reconstructing maladaptive interactions like dysfunctional communication styles or mobilize family internal strengths as well as functional resources (Varghese et al, 2020).

Develop two **group counseling interventions**. A minimum of one of these interventions should be grounded in play therapy.

1. Encourage the group to paint or draw and tell a story about their feeling and or thoughts and explain their drawings.
2. Encourage play activities that give each young children in the group an opportunity to express their feelings and thoughts that they are not able to express verbally using clay, paint, crayons, building blocks, puppets, or dolls and have each child tell their story.

Community Resources and Social Supports

Identify and evaluate the community resources and social supports in your home community that are available for this client. Also, identify the strengths and limitations of the supports and resources.

1. Holcomb Behavioral Health
920 East Baltimore Pike
Kennett Square, PA 19348

Is a family based mental health community resource that provides coordinated treatment services to families of children with serious emotional disturbances in order to maintain them within their own communities and avoid out-of-home placements. The targeted populations are children, adolescents, and young adults under 21 years of age who are residents of Chester County, diagnosed with a serious emotional disturbance, and are at risk of placement out their homes or in need of a higher level of care.

2. Devereux Children's Behavioral Health Center
655 Sugartown Road
Malvern, PA 19355

Devereux Pennsylvania is another community resource that offers support to families within their own neighborhoods. They are dedicated to providing specialized clinical and case management services within the home, school, and other community-based settings in southeast Pennsylvania.

Both resources provide great community and social support. However, they are both limited to providing their services to local families solely.

Legal, Ethical and Other Considerations (Including Diversity)

Identify a minimum of three current or potential legal issues that may impact the client's case.

1. The *ACA Code of Ethics* (2014) states, "When counseling minors or adults who lack the capacity to give voluntary, informed consent, counselors must protect the confidentiality of information received—in any medium—as specified by federal and state laws, written policies, and applicable ethical standards" (B.5.a., p. 7).
2. The *ACA Code of Ethics* (2014) urges counselors to inform parents and legal guardians about their role and the confidential nature of the counseling relationship consistent with current legal and custodial arrangements, be sensitive to the cultural diversity of families, like Jared's family and respect the rights and responsibilities of parents and guardians regarding the welfare of their children or charges according to law and work to establish an appropriate, collaborative relationship with parents and guardians to best serve clients (ACA, 2014, B.5.b., p. 7).
3. The *ACA Code of Ethics* (2014) prompts counselors to be "sensitive to the cultural diversity of families" like Jared's family who are African Americans and not to "condone or engage in discrimination based on culture... religion and or spirituality... [or] sexual orientation...or any basis proscribed by law" (C.5, p. 9).

Identify a minimum of three current or potential ethical issues that may impact the client's case.

1. When counseling minors like Jared, incapacitated adults, or any other persons unable to give voluntary consent, counselors are advised to balance the ethical rights of clients to make choices and their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect clients and make decisions on their behalf (A.2.d., p. 4).
2. The *ACA Code of Ethics* (2014) cautions counselors if they are uncertain about whether a particular situation or course of action may be an ethical violation, counselors are advised to consult with other counselors, colleagues, or appropriate authorities who are knowledgeable about ethics and the *ACA Code of Ethics* (ACA, 2014, I.2.c., p. 19).
3. The *ACA Code of Ethics* (2014) recommends that counselors recognize historical and social prejudices in the diagnosis of pathology of certain individuals such as African American males like Jared or African American parents like Jared's and groups like people of color and strive to become aware of and address such biases in themselves or others" (ACA, 2014, E.5.c., p. 11).

Client Case Annotated Bibliography

American Counseling Association. (2014). 2014 ACA code of ethics.

<https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>

The ACA Code of Ethics outlines professional responsibilities and provides direction for fulfilling those ethical responsibilities. Furthermore, counselors' actions should be consistent with the spirit of these ethical standards. Counselors are expected to adhere to the standards outlined herein and work collaboratively with clients to make decisions that promote client growth and development.

Barstead, M. G., Danko, C. M., Chronis-Tuscano, A., Kelly A O'Brien, Coplan, R. J., & Rubin, K. H. (2018). Generalization of an early intervention for inhibited preschoolers to the classroom setting. *Journal of Child and Family Studies*, 27(9), 2943-2953.
doi: <https://doi.org/10.1007/s10826-018-1142-0>

In this article the discussion focuses on preschool development of *Social Skills Facilitated Play (SSFP)*. During each group session, puppets and storytelling were utilized to engage children in the discussion. Following the educational portion of each session, children participated in semi structured free play and group activities, in which social interactions using systematic modeling, and reinforced approach behaviors as well as appropriate social skills were utilized. Group activities consisted of developmentally relevant social situations that children with high Behavioral issues often find challenging, including "show and tell," a scavenger hunt, and a graduation party.

Borges Rodrigues, S., Parisod, H., Barros, L., & Salanterä, S. (2022). Examining empowerment interventions with families and preschool children: Systematic review of randomized controlled trials. *Health Education & Behavior*, 49(2), 358–377.
<https://doi.org/10.1177/10901981211031444>

This article is a study that provided limited details on empowerment interventions with families and preschool-age children regarding the theory application, intervention planning, implementation, and evaluation. Furthermore, preschool-age children involvement in the interventions was very limited. The most common applied Behavioral Cognitive Therapy intervention discussed was "instruction in how to perform the behavior." We identified 16 potentially effective BCTs. The evidence did not determine the effectiveness of empowerment interventions with families and preschool-age children. Therefore, additional studies are needed to produce clearer conclusions.

Buchanan-Pascall, S., Melvin, G. A., Gordon, M. S., & Gray, K. M. (2019). Evaluating the role of parent-child interactive groups in a parent training program for children with externalizing and/or internalizing behavior problems. *Parenting: Science & Practice*, 19(4), 293–317. <https://doi.org/10.1080/15295192.2019.1642084>

A group-based parent training program called the “Exploring Together” program which was comprised of separate parent, child, and teacher components, and a combined parent-child interactive component. A cluster-randomized trial design was used to compare the Exploring Together program with and without parent-child interaction. Nevertheless, there was no consistent evidence of superiority of one version over the other. Needless to say, further investigation regarding treatment and grasping parenting skills associated with the program are necessary.

Denham, S. A. (2018). Implications of Carolyn Saarni’s work for preschoolers’ emotional competence. *European Journal of Developmental Psychology*, 15(6), 643–657. <https://doi.org/10.1080/17405629.2018.1479250>

This article discusses the nature, development, and socialization of preschoolers’ and emotional competences are described. In preschool classrooms, initiating, maintaining, and negotiating play, and earning the acceptance of peers is filled with conflict, and complying with the rules and routines is not always easy. A child may know that intense anger hurts a friend’s feelings but also that showing too little angry with a bully could prolong unpleasant interactions. Nevertheless, emotional dysregulation still occurs in these years, and is often associated with aggression and other peer problems. Still, the article suggests, children less able to manage negative emotions may have difficulty learning, whereas those who can maintain emotional equilibrium remain positively engaged with classroom tasks.

Varghese, M., Kirpekar, V., & Loganathan, S. (2020). Family interventions: Basic principles and techniques. *Indian journal of psychiatry*, 62(Suppl 2), S192–S200. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_19

The focus of this article is about family interventions and techniques and the importance of one’s family support system, and as a result, family members are an integral part of the ones treatment and therapeutic process involving mental illness. Because mental illness afflicts the individual and their family too. When an individual is affected, the stigma of being mentally ill is not restricted to the individual alone, but to family members and caregivers also. In addition, the article discusses how family members are usually unaware and lack information about mental illness or don’t even know how to deal with a mental illness and they may end up maintaining or perpetuating the illness too.

Treatment Plan Academic Resources

- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage Learning. <https://capella.vitalsource.com>
- DeMaria et al. (2017). *Focused genograms: Intergenerational assessment of individuals, couples, and families*. ProQuest Ebook Central <https://ebookcentral-proquest-com.library.capella.edu>
- Ezhumalai, S., Muralidhar, D., Dhanasekarapandian, R., & Nikketha, B. S. (2018). Group interventions. *Indian journal of psychiatry*, 60(Suppl 4), S514–S521. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_42_18
- First, M. B. (2014). *DSM-5 handbook of differential diagnosis*. American Psychiatric Association Publishing.
- Gatfield, E. (2017). Augmenting Bowen family of origin work: Using the genogram and therapeutic art-based activity. *Australian & New Zealand Journal of Family Therapy*, 38(2), 272–282. <https://doi.org/10.1002/anzf.1216>
- Kress, V. E., Paylo, M. J., & Stargell, N. (2018). *Counseling Children and Adolescents*. Pearson Education (US). <https://capella.vitalsource.com/books/9780134745244>
- McEwen, C. A., & Gregerson, S. F. (2019). A critical assessment of the adverse childhood experiences study at 20 years. *American Journal of Preventive Medicine*, 56(6), 790–794.
- Oliver, D. G., Caldwell, C. H., Faison, N., Sweetman, J. A., Abelson, J. M., & Jackson, J. S. (2016). Prevalence of DSM-IV intermittent explosive disorder in black adolescents: Findings from the national survey of american life, adolescent supplement. *American Journal of Orthopsychiatry*, 86(5), 552–563. <http://doi.org/10.1037/ort0000170>
- Sukhodolsky, D. G., Smith, S. D., McCauley, S. A., Ibrahim, K., & Piasecka, J. B. (2016). Behavioral Interventions for Anger, Irritability, and Aggression in Children and Adolescents. *Journal of child and adolescent psychopharmacology*, 26(1), 58–64.

<https://doi.org/10.1089/cap.2015.0120>

Varghese, M., Kirpekar, V., & Loganathan, S. (2020). Family interventions: Basic principles and techniques. *Indian journal of psychiatry*, 62(Suppl 2), S192–S200.

https://doi.org/10.4103/psychiatry.IndianJPsychiatry_770_1

Vinney, C. (2019). *An introduction to Erikson's stages of psychosocial development*. ThoughtCo. Retrieved from

<https://www.thoughtco.com/erikson-stages-of-development-4173108>

Zubernis, L., & Snyder, M. (2016). *Case conceptualization and effective interventions: Assessing and treating mental, emotional, and behavioral disorders*. CA: Sage.

Case Conceptualization:

Jared is a 5-year-old African–American youth, referred by his schools principle, his teacher, and his mother for concerns about aggressive behavior, destruction of property, foul language use and poor social skills at school and at home. Jared has no reported prior mental health history. He reportedly lives with both parents, his maternal grandmother, and his aunt. His mother reportedly states that he is having difficulty adjusting socially, especially with his peers. He becomes increasingly angry, appears frustrated and irritable, and most recently he has started to refuse to go to school.

His Strengths/supports include supportive family and their awareness of his emotional–behavioral needs, his parents willingness to engage in individual and or family counseling. Also, both he and his family are very spiritual and regularly attend church.

His limiting factors includes impulsive aggression out of proportion to provocation and both his principal and teacher reporting Jared is not doing well in school. He meets criteria for DSM-5 Intermittent Explosive Disorder (IED).

Treatments should include individual counseling with an evidence-based approach such as Behavioral Therapy (BT). As his counselor I would also suggest building his social skills as well. Prognosis is favorable, with anticipated benefit within 12 sessions of BT.