CNL-605: Biopsychosocial Assessment Template

Fictional case study prepared for CNL-605 coursework. Any resemblance to a real person is coincidental.

Client's Name: Josh

Date: May 13, 2026

DOB: May 3, 2002

Age: 24

Start Time: 2 PM

End Time: 2:45 PM

Identifying Information:

Josh is a 24-year-old white cisgender male attending college in his final year of school working toward a degree in accounting. He works part-time at a business owned by his grandmother, and lives with his parents and will be transitioning to Chicago with his girlfriend. Josh's parents began divorcing during his earlier college years, a process that is still ongoing; this was compounded by a breakup and a transition away from his original college social environment. He is not fully insured and is utilizing this opportunity for professional support.

Presenting Problem/Chief Complaint:

Josh presents to counseling with self-described anxiety and mild depression centered on his academic performance, occupational functioning and upcoming life transitions. He reports a persistent pattern of avoidance that interferes with his ability to initiate and complete academic tasks, meet deadlines, and engage consistently in daily responsibilities. Josh described difficulty getting out of bed, a recurring urge to leave work or class without clear external cause, and tendency toward catastrophizing, especially around fears of failure, disappointing others, and not being prepared for life after graduation. He describes a subjective sense of mental "fog" that worsens as academic and life pressures increase, and reports engaging in self-directed compensatory strategies to manage his distress across daily functioning.

Substance Use History:

No indications of substance use.

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

No indications of addictive behaviors or tendencies.

Medical History/Mental Health History/Hospitalizations:

Josh does not report any current or significant past medical conditions during the session. He describes his overall physical health as generally functional, with no reported hospitalizations, surgeries, or chronic medical conditions disclosed at this time. Josh reports a healthy sleep schedule, denying

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difficulties with falling asleep, staying asleep, or hypersomnia. He is currently engaged in regular exercise and dietary changes, which he has identified as positively impacting his mood and energy levels. Josh has unfilled prescription medication that he has been avoiding picking up for about three weeks. The nature of this prescription was not disclosed during the session and warrants follow-up. It is unclear at this time whether this prescription is related to a previously diagnosed psychiatric condition, a medical condition, or both. This avoidance of a health-related task is consistent with his broader pattern of avoidance and nervous system dysregulation described in the presenting problem.

Josh reports a prior diagnosis of mild depression and anxiety, received at approximately age 19-20 following the onset of significant psychosocial stressors. He recalls being encouraged by his grandmother, who serves as a close mentor figure, to seek professional support at that time. The diagnosing provider and treatment setting are not specified during the session.

Josh reports prior history of therapy, which he indicated was primarily focused on work-related issues and family business dynamics. The duration, modality, frequency, and outcomes of this prior treatment are not specified and warrant further exploration. He does not report any prior psychiatric hospitalizations, crisis interventions, or history of suicidal ideation, self-harm, or homicidal ideation. No such concerns were present or indicated during the current session.

Josh describes his mental health trajectory over the past five years as characterized by significant ups and downs following the initial onset of anxiety and depression. He identifies the current period as among the most demanding of those five years, though he also reports active engagement in health behaviors and a strong motivation to succeed, suggesting a current period of effortful stabilization rather than acute decompensation. Josh reports no symptoms prior to ages 19-20, suggesting vulnerability was latent until triggered by psychosocial stressors.

Abuse/Trauma History:

Josh did not report any history of physical, sexual, or emotional abuse during this session. Trauma history was not formally or comprehensively screened during this initial visit given the focus of session one on psychoeducation and rapport building. It is important to note however, that several of Josh's reported life experiences may warrant further exploration through a trauma-informed lens in subsequent sessions.

Information not gathered yet:

- Formal trauma screening using ACES or other validated instrument
- Any history of bullying, peer victimization, or significant losses
- Further exploration of the emotional impact of parental divorce and family conflict
- Any experiences of discrimination, marginalization, or community violence
- Josh's own perception of whether any past experiences feel traumatic or unresolved

Social History and Resources:

Josh reports a significant decline in social functioning beginning at approximately ages 19-20, coinciding with the onset of his anxiety and depression. Prior to this period he describes himself as

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highly social and engaged, serving as social chair of a business fraternity at his university before gradually withdrawing and eventually stepping away entirely. At present, Josh does not describe an active peer social network. Social media, specifically Facebook, has been identified as an ongoing source of anxiety and self-deprecation, as exposure to peers' milestones frequently reinforces his core fear of failure and feelings of inadequacy.

Josh is currently in a committed romantic relationship that serves as a primary source of motivation and accountability. His girlfriend has already graduated and is employed, and Josh acknowledges some internal pressure around this disparity. She has noticed his anxiety-driven mood shifts and urgency patterns. The degree to which the relationship functions as a source of emotional safety and reciprocal support warrants further exploration.

Josh's parents are going through a divorce, which he minimized at the time of mentioning it, but acknowledges may have affected him more than he recognized. He works in a family business owned by his grandmother, who is also a close mentor figure and encouraged him to seek professional support at the onset of his symptoms. Josh navigates a complex interpersonal dynamic at work, holding informal influence without formal authority, which he describes as fragile and interpersonally complicated.

Josh previously served as a lead guitarist in a worship band for approximately seven to eight years but has since stepped away. This disengagement represents a significant loss of a protective factor, and reengagement with music has been identified as a potential therapeutic target for behavioral activation.

Josh reports significant financial stress, living paycheck to paycheck while working part time and carrying a full academic course load. He recently paid off approximately one thousand dollars in debt, which he identifies as a source of pride, though his financial resources remain limited. Financial stress represents an ongoing stressor that compounds his overall distress and sense of urgency around graduating and securing employment.

Several of Josh's reported experiences may warrant further exploration through a trauma-informed lens, including the cumulative impact of his parents' divorce, his period of significant functional decline in late adolescence, and the interpersonal instability that accompanied these transitions. His reliance on controlled environments, social withdrawal, and difficulty tolerating uncertainty may be associated with unprocessed adverse experiences. A formal trauma screening is recommended in subsequent sessions.

Need more information on:

- Quality and depth of current romantic relationship
- Any current friendships or peer support outside of the romantic relationship
- Broader family relationships including siblings and paternal family
- Further exploration of the emotional impact of parental divorce and ongoing family conflict.
- Any community involvement or social roles outside of work and school.

Educational History:
Josh is in his final year of an undergraduate degree in accounting. He describes himself as academically confident and high-achieving prior to ages 19-20, after which he experienced significant academic

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struggle, including difficulty initiating and completing assignments and meeting deadlines. Despite years of difficulty, he has continued to pursue his degree and is working toward graduation. Further information about his academic history, including any prior academic accommodations or learning evaluations, is needed.

Legal History:

Josh did not report any current or past legal involvement during this session. No history of arrests, charges, convictions, probation, or pending legal matters was disclosed. Legal history was not formally screened during this initial session and should be briefly addressed in subsequent sessions to ensure a comprehensive assessment.

Family History:

Josh's mother has a reported history of postpartum depression and at least one or two anxiety attacks, representing a positive family psychiatric history on the maternal side. Additional psychiatric history within the family is unclear, as Josh notes that his parents, amid their ongoing divorce, have attributed various diagnoses to one another including possible bipolar disorder. Josh expresses uncertainty about the accuracy of these attributions and does not identify strongly with either parent's reported presentation. Josh identifies as largely different from his parents regarding temperament. Clinician introduces the vulnerability-stress model, hypothesizing a possible genetic predisposition to anxiety and depression given maternal history.

Cultural Factors:

Josh's cultural background and identity were not formally explored during this initial session. Beyond identifying as white, Josh did not elaborate on his racial, ethnic, or cultural background during the session, and these factors were not formally assessed by the clinician. However, several culturally relevant themes emerge implicitly throughout the session that warrant further exploration. Josh describes a strong identification with an entrepreneurial, achievement-oriented self-concept that appears to have been a central part of his identity from a young age. The degree to which this value system is shaped by family culture, regional identity, or broader societal or gender expectations around masculinity and professional success is not yet known but may be clinically relevant, particularly as it relates to his fear of failure and reluctance to seek help or appear vulnerable. His prior involvement in a Christian worship band suggests a spiritual or religious background that may be a meaningful aspect of his cultural identity and worldview. The role of faith and spirituality in his current coping, values, and sense of purpose has not yet been explored and may represent both a cultural context and a potential resource.

Further exploration needed:

- The role of family cultural values around achievement, success, and help seeking
- Spiritual and religious beliefs and their current role in his life
- Gender role expectations and their relationship to his self-concept and presenting concerns.

Resources, Strengths, and Areas of Growth:

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Josh identifies several external resources that support his current functioning and treatment engagement. His grandmother serves as a longstanding mentor figure and informal support, and was instrumental in encouraging his initial help-seeking behavior. His romantic relationship provides motivation and accountability and a concrete sense of direction around his goals. Josh's part-time employment, while a source of stress, also provides income, structure, and a sense of competence. His access to the current counseling opportunity, though limited by partial insurance coverage, represents an important and actively utilized resource.

Josh demonstrates a number of notable personal strengths. He presents with a high degree of self-awareness and insight into his behavioral patterns, recognizing his avoidance and its consequences with minimal prompting. He is intellectually curious, motivated to change, and engages readily with psychoeducational material. Josh is goal-directed, with clear and concrete short and long-term objectives. This includes graduation, employment, and relocation. He demonstrates resilience having recovered from prior depressive episodes and continuing to pursue his degree despite years of significant struggle. His organizational habits, health-oriented behaviors including diet and exercise, and intuitive development of self-regulation strategies further reflect his capacity for self-directed problem solving. Josh also demonstrates strong rapport-building skills and engaged openly and collaboratively in his first session.

His primary areas of growth center on developing a more adaptive and sustainable strategy for nervous system regulation and task initiation, reducing reliance on avoidance as a primary coping mechanism, and building distress tolerance that does not depend on deadline-driven urgency. Expanding his social support network beyond his romantic relationship and reconnecting with previously valued community and creative outlets, such as playing guitar, represent additional growth areas. Josh also demonstrates a tendency to minimize the emotional impact of significant life stressors, including his parents' divorce and family dynamics, which may benefit from deeper exploration over the course of treatment. Building flexibility around his achievement-oriented self-concept and developing a more compassionate internal narrative around his academic and professional journey are also identified as meaningful areas for therapeutic growth.

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

Josh is a 24-year-old white cisgender male presenting with anxiety and mild depression whose difficulties are best understood through an integrative lens that incorporates cognitive-behavioral, nervous system regulation, and neurodevelopmental frameworks. While the current treatment modality is CBT, a comprehensive understanding of Josh's presentation requires consideration of how biological vulnerabilities, formative experiences, cognitive patterns, and nervous system dysregulation interact to create and maintain his current difficulties.

Josh appears to have a biological vulnerability to anxiety and depression evidenced by maternal history of postpartum depression and anxiety. This genetic predisposition likely established a nervous system that is more reactive and less resilient to stress than average, creating a lowered threshold for dysregulation when environmental demands increase. Prior to ages 19-20, Josh describes himself as highly ambitious, entrepreneurial, and academically confident, suggesting that his intelligence and drive

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provided sufficient scaffolding to compensate for this underlying vulnerability during his earlier years. His symptoms emerged following a convergence of significant psychosocial stressors that he and his clinician described as a "perfect storm," including the end of a significant romantic relationship, the transition from university housing into independent living, and his parents' divorce. This accumulation of stressors appears to have overwhelmed his compensatory capacity and activated his underlying biological vulnerability, representing a formative period that fundamentally altered his relationship with academic achievement and his own sense of capability.

Josh describes a persistent pattern of avoidance that interferes with his ability to complete academic tasks, meet deadlines, and engage consistently in daily responsibilities. He presents to counseling with self-described mild depression and anxiety, for which he carries a prior professional diagnosis and has an unfilled prescription of unspecified nature. His depression and anxiety symptoms center on his academic performance, occupational functioning, and major life transitions. He reports a recurring urge to leave work or class without clear external cause, difficulties initiating tasks despite adequate preparation (procrastination), and a tendency toward catastrophizing. Josh also describes difficulty getting out of bed to attend classes and work on assignments. At the cognitive level, Josh holds a core belief centered on fear of failure and inadequacy, likely consolidated through his experiences of academic struggle and social withdrawal during late adolescence. This core belief generates rules and assumptions around performance that he must succeed or face total failure. This in turn produces automatic thoughts characterized by catastrophizing, worst-case scenario thinking, avoidance behaviors, and anticipatory anxiety around evaluation and judgement by others.

Josh's avoidance pattern appears to serve a nervous system regulatory function. Rather than simple task avoidance, Josh gravitates toward low-stakes, completion-oriented substitute activities such as cleaning, doing laundry, and browsing the internet. These behaviors appear to provide a sense of accomplishment and temporary relief from physiological arousal without the perceived threat of failure. This pattern suggests that avoidance is functioning as an intuitive, if maladaptive, strategy for managing a dysregulated nervous system state rather than purely a cognitive or motivational deficit. This pattern, alongside his reliance on deadline-driven urgency to mobilize action, his multiple major changes, and his elaborate self-regulation rituals, raises clinically significant questions regarding an undiagnosed neurodevelopmental condition, specifically Attention Deficit Hyperactivity Disorder (ADHD). A formal evaluation for ADHD is recommended to clarify this differential, as confirming this diagnosis could meaningfully reframe his history of academic struggle and compensatory strategy development in a way that reduces self-blame and informs more targeted intervention.

During the session, Josh shared feelings of "fog" in his head during stressful times and more so when academic pressures are rising. This subjective experience of cognitive fog may reflect heightened sympathetic nervous system states in which arousal has exceeded his functional window of tolerance, impairing cognitive clarity and executive functioning. He experienced anxiety after moving out of the dorms and dealing with responsibilities such as completing academic assignments. He had a major breakup with a high school sweetheart, which likely added to his stress and contributed to an accumulation of stressors that overwhelmed his capacity for nervous system self-regulation at that time.

Josh also describes a number of compensatory strategies he has developed intuitively to manage his arousal states. These include arriving to campus 30-45 minutes early to sit in his car, eat, and listen to

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the radio or a podcast before entering class. This self-directed transitional ritual functions to down-regulate his nervous system prior to entering a demanding environment. His car is described as a primary safe and anchoring space, suggesting a reliance on predictable, controlled sensory environments to maintain baseline regulation. While these strategies reflect considerable resilience and self-awareness, they also indicate that Josh is expending significant energy maintaining functional stability, leaving fewer internal resources available for the academic and professional tasks he seeks to accomplish.

Fears of failure were also expressed during the session as well as how anxiety often includes deep worries about failing exams and disappointing others. When his nervous system becomes dysregulated, he describes shifting into a state of urgency and rushing. This state is noticed by his girlfriend during which he loses attention to detail and experiences a marked increase in anxiety. This sympathetic surge appears to be triggered by the cognitive recognition that an avoided task can no longer be deferred and represents a pattern of oscillating between under-arousal and avoidance on one end, and over-arousal and reactive urgency on the other, with limited access to a regulated steady state in between.

He also expressed additional worries and concerns regarding his financial situation and his future career. He is further concerned he is not ready for the professional world or not succeeding after graduation. Josh also describes feeling lost and unsure of what he will do once he graduates. These existential and future-oriented concerns appear to compound his baseline nervous system load, contributing to a chronic state of low-grade threat activation that makes initiation, follow-through, and emotional stability increasingly difficult to sustain.

Despite the chronicity and pervasiveness of his difficulties, Josh presents with meaningful protective factors that support a positive prognosis. His high degree of self-awareness, strong motivation to engage in treatment, goal-directed thinking, and capacity for rapport are notable strengths. His relationship with his girlfriend, his mentorship with his grandmother, and his history of recovery from prior depressive episodes suggest a genuine capacity for meaningful improvement with appropriate intervention. Treatment will benefit from an integrative approach that addresses both the cognitive patterns driving his anxiety and the nervous system dysregulation maintaining his avoidance cycle, while remaining open to neurodevelopmental considerations that may further inform the treatment direction.

Clinical Justification:

Josh's presentation meets criteria for medical necessity based on clinically significant functional impairment across multiple life domains including academic performance, occupational functioning, financial management, and interpersonal relationships. His symptoms of anxiety, depression, avoidance, and difficulty with task initiation and follow-through are persistent, pervasive, and directly interfere with his ability to meet the demands of daily life and achieve his identified goals. Without clinical intervention, Josh's current trajectory carries meaningful risk of academic failure, continued occupational underperformance, and further entrenchment of maladaptive coping patterns.

A principal diagnosis of generalized anxiety disorder (GAD, F41.1) is supported by Josh's excessive and difficult-to-control worry occurring across multiple domains, fatigue, cognitive fog consistent with concentration difficulties, and observed restlessness and urgency noted by his girlfriend. These

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symptoms have been present for an extended period and cause significant distress and functional impairment. A co-occurring diagnosis of Persistent Depressive Disorder (Dysthymia F34.1) is supported by a chronic, approximately five-year history of low mood, low energy, difficulty initiating tasks, reduced engagement in previously valued activities, and a pervasive fear of failure regarding his future. Early onset specifier is assigned given symptom emergence prior to age 21. A provisional diagnosis of ADHD predominantly inattentive presentation (F90.0) is assigned based on clinically observed patterns of initiation deficits, executive dysfunction, urgency-dependent task mobilization, and elaborate compensatory self-regulation strategies that are consistent with but not yet formally confirmed as ADHD. A formal neurodevelopmental evaluation is recommended to clarify this differential.

Cognitive Behavioral Therapy is selected as the primary treatment modality based on its robust evidence base for the treatment of both GAD and Dysthymia, and its strong alignment with Josh's cognitive style, insight, and goal-directed orientation. CBT will target the automatic thoughts, core beliefs, and avoidance behaviors maintaining his current symptom cycle. Given the degree to which nervous system dysregulation appears to underlie and amplify his cognitive and behavioral patterns, treatment will be augmented with somatic awareness and nervous system regulation strategies to address the physiological dimension of his presentation. If ADHD is confirmed through formal evaluation, treatment recommendations will be updated to incorporate neurodevelopmentally informed interventions and medication consultation as clinically indicated.

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

Principal Diagnosis: Generalized Anxiety Disorder Additional Diagnosis: Persistent Depressive Disorder (Dysthymia)	**ICD-10 Code:**	**DSM-5-TR Disorder:**	**Subtypes:**	**Specifiers:**
	F41.1	Generalized Anxiety Disorder		None
	F34.1	Persistent Depressive Disorder (Dysthymia)		With pure dysthymic syndrome; early onset; mild; with anxious distress
Provisional Diagnosis: Attention-Deficit/Hyperactivity Disorder	**ICD-10 Code:**	**DSM-5-TR Disorder:**	**Subtypes:**	**Specifiers:**
	F90.0	Attention-Deficit/Hyperactivity Disorder	Predominantly inattentive presentation	Provisional

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

Goal # 1: Josh will demonstrate a reduced reliance on achievement-based self-worth by identifying and articulating at least three personal values and strengths that exist independently of his academic and professional performance, as evidenced by verbal report and clinician observation across sessions.		
Objectives:	**Interventions:**	**Target Date:**
Josh will identify and verbally articulate at least three internalized beliefs about self-worth that are tied to academic and professional achievement, recognizing their origin and impact on his emotional functioning.	Socratic questioning within a CBT framework. Thought records targeting automatic thoughts related to failure and self-evaluation. PCT reflection and validation techniques to create safe space to explore internalized societal and familial messages about his self-concept	**06/14/26**
Josh will identify and verbally affirm at least three personal qualities, values, or strengths that he recognizes as meaningful and valid independent of his academic or professional outcomes as evidenced by self-report and in-session discussion.	Values clarification exercise from ACT to identify values beyond achievement. Feminist lens to collaboratively examine and challenge externally imposed definitions of success and productivity. Behavioral activation to support reengagement with previously valued activities.	**06/24/26**
Goal # 2: Josh will demonstrate a measurable reduction in avoidance behaviors by independently initiating and completing at least three previously avoided tasks across academic, occupational, or personal domains, as evidenced by self-report and thought record documentation.		
Objectives:	**Interventions:**	**Target Date:**

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Josh will identify and collaboratively construct a hierarchy of avoided tasks ranked by anxiety level, demonstrating the ability to initiate and complete at least two tasks at the mild to moderate anxiety level without engaging in substitute avoidance behaviors.	Clinician will collaboratively develop a hierarchy with Josh using a graduated exposure framework. Clinician will incorporate psychoeducation about the avoidance cycle to help Josh gain insight on the cost of his avoidance cycle. Clinician will introduce and practice nervous system regulation strategies including somatic awareness and grounding techniques to support tolerance of frustration and physiological discomfort.	06/14/26
Josh will demonstrate the ability to identify avoidance-maintaining automatic thoughts in the moment and apply at least one cognitive restructuring strategy independently, as evidenced by thought record completion and verbal report across sessions.	Thought records with attention to catastrophizing and worst-case scenario thinking patterns. Cognitive restructuring to develop a more balanced and accurate appraisal of avoided tasks and their perceived consequences. Behavioral experiments between sessions for Josh to test the validity of his catastrophic predictions by initiating a previously avoided task and recording the actual outcome and compare it to his anticipated worst case scenario to build corrective evidence against his core belief.	06/24/26

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Student Clinician's Name: Sarah Potter **Date:** 05/13/2026

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