



severe anxiety. She has earned a Graduate degree (a master's in teaching) and appears to have higher-than-average intellectual ability.

**Mental Health History (Client & Family)** (past counseling, psychotropic medications, psychiatric hospitalizations, past self-mutilation/suicide attempts if not identified above, family history of mental illness/suicide):

Sheila has not seen a counselor before and has not been treated for mental health issues in the past. Her family does not have any known mental health concerns in their history.

**Mental Status Examination:**

Sheila's appearance at the time of examination suggests long-standing symptoms, supporting the diagnosis. She wears baggy clothing, appears underweight, has thinning hair and dark circles under her eyes, and obsessively covers her hands and wrists with a sweatshirt. Although she has denied suicidal thoughts, her behavior and appearance require an immediate medical examination.

**Medical History** (past medical problems, current medical problems):

Sheila has been dealing with fertility issues for a few years. She has undergone three failed IVF cycles.

**Medications** (dosage, frequency, prescribing physician):

Sheila's medications are related to her fertility treatments. She denies using any other medications.

**Substance Use & Abuse History (Individual & Family)** (history of drug/alcohol use, current amount/method of use, most recent use, past legal problems related to alcohol/drugs, past or current treatment, age at first use, related observations, family history of substance abuse, need for additional assessment in this area):

There is no evidence of substance use or abuse by Sheila or her family.

**Family & Relationship History** (parents, siblings, divorces, marriages, children, intimate partner violence, other pertinent family systems issues):

Sheila has a strong support system within her family and with her partner.

**Developmental History** (prenatal/neonatal development, milestones, school/academic issues, other abuse not related to family):

Sheila developed normally, with normal milestones, through childhood, adolescence, and early adulthood.

**Trauma History** (events that exposed the client to death, potential death, abuse, violence, natural disaster, war or other national crises, grief, historical or racial trauma, or other instances of severe

and sustained nervous system arousal as identified by the client):

Sheila narrowly missed qualifying for the Olympics as a collegiate athlete. She has also experienced three failed IVF cycles. These experiences have contributed to her mistrust and dislike for her body.

**Social/Cultural**(extra-curricular activities, hobbies, interests, community involvement, church, peer relations, support system, etc.):

Sheila has a history of athletic involvement in long-distance and track running. She also feels pressure to become a mother.

**Legal** (current or past arrests/convictions, pending court situations, probation/parole, child welfare status if involved):

Sheila has no legal concerns.

**Special Needs** (accommodations or assistance the client may need to succeed in the current treatment): Sheka does not require any special accommodations or assistance to succeed in the current intervention plan.

Kathryn Carlson  
November 30, 2025

## **Part 2: Application**

Sheila's primary concern is her health. Since her symptoms suggest a severe diagnosis of Anorexia Nervosa, she must have immediate medical attention. After seeing a qualified professional, Sheila can start the next parts of the intervention plan in conjunction with other professionals, including her fertility doctor, a qualified medical professional for her disordered eating habit, and her SPP (me). Each professional must obtain informed consent before collaborating or sharing information about Sheila. When she is able, she will start an intervention plan based on Cognitive Behavior Therapy. This intervention plan does not treat Sheila's mental health diagnoses. Instead, it will train Sheila in mental skills that will improve her functioning.

The goals for Sheila's intervention include:

- **Cognitive Restructuring**
  - Sheila has struggled with her athletic and motherhood goals. She has expressed feeling like a "failure." Her intervention plan should identify the maladaptive self-talk and teach her strategies to replace it with positive self-talk. While working with an SPP, Sheila does not confront her cognitive distortions. Rather, she trains to identify self-talk that helps her face her fertility treatments and relationships.
- **Develop Coping Skills**

- Fertility treatments present a high-stress environment where Sheila may feel vulnerable. She would benefit from learning coping skills that help her relax during these stressful moments. These behaviors and techniques include performance routines and imagery scripts. Sheila should understand that these skills are meant to be used during times that trigger heightened anxiety.
- **Arousal Control**
  - Sheila's anxiety may stem from her lack of control in situations. Helping her gain control of her energy and arousal levels can help empower her during treatments and intimate moments with her partner. These skills target the physiological components of stress. During this phase, Sheila will work on breathing exercises and grounding techniques.

As Sheila undergoes intervention along with other treatments from various professionals, she will improve her anxiety by developing coping skills, restructuring cognitive distortions, and gaining control over her arousal levels.