

CLIENT:

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# Treatment Plan

## Case Snapshot

### Diagnoses

F32.9: Major depressive disorder, single episode, unspecified

F42.9: Obsessive-compulsive disorder, unspecified

### Symptoms and impairments

- **Depressed mood:** Persistent feelings of not being himself, diminished interest in previously enjoyable activities, and social withdrawal since September, impairing his ability to engage socially and enjoy life.
- **Obsessive-compulsive tendencies:** Compulsive behaviors such as rewriting notes to perfection and prioritizing specific tasks excessively, interfering with academic efficiency and time management.
- **Anxiety:** Apprehension and avoidance in social and academic contexts, such as hesitating to approach professors, affecting his ability to seek support and communicate effectively.
- **Low self-esteem:** Negative self-perception, including feelings of worthlessness and fear of being unlovable, impacting his confidence in relationships and social interactions.

### Client goals

- **Client aims to regain his sense of self and feel more confident in his daily life:** He expressed distress over feeling like a different person and losing his previous sense of certainty and enjoyment. This goal is tied to his depressed mood and diminished interest in activities.
- **Client seeks to reduce compulsive behaviors and improve academic efficiency:** He described spending excessive time rewriting notes and prioritizing tasks, which he recognizes as unhelpful and time-consuming. This goal addresses his obsessive-compulsive tendencies.
- **Client wants to feel less anxious and more assertive in social and academic interactions:** He reported avoiding approaching professors and feeling apprehensive in social situations, which limits his ability to seek support and build relationships. This goal targets his anxiety and low self-esteem.
- **Client hopes to improve his self-esteem and develop healthier perceptions of his worth in relationships:** He expressed fears of being unlovable and worthless, which negatively impact his confidence and ability to form meaningful connections. This goal addresses his low self-esteem.

### Case formulation

Client presents with symptoms of major depressive disorder and obsessive-compulsive tendencies, alongside significant anxiety and low self-esteem. His depressive symptoms, including diminished interest in activities and social withdrawal, began in September, coinciding with increased academic and work responsibilities. These changes likely overwhelmed his coping mechanisms, contributing to his feelings of being

'not himself.' His compulsive behaviors, such as rewriting notes to perfection, may serve as an attempt to exert control in areas of his life where he feels uncertain or inadequate. Additionally, his avoidance of social and academic interactions reflects underlying anxiety and fear of judgment, which further isolates him and exacerbates his depressive symptoms.

Client's history of strained familial relationships, particularly the lack of open communication and emotional warmth from his parents, may have contributed to his low self-esteem and fear of being unlovable. His past experiences of bullying and social isolation during high school likely reinforced these negative self-perceptions and heightened his sensitivity to rejection. These dynamics appear to manifest in his current relationships, where he prioritizes others' needs over his own and avoids expressing vulnerability, perpetuating feelings of worthlessness and emotional disconnection.

Using cognitive behavioral therapy (CBT) and mindfulness techniques, the therapeutic approach will focus on challenging and reframing his negative core beliefs, such as 'I am worthless' and 'I am unlovable,' through evidence-based interventions like behavioral experiments and cognitive restructuring. Mindfulness practices will help him develop greater awareness of his emotional states and reduce compulsive behaviors by fostering acceptance and self-compassion. Gradual exposure to social and academic challenges, coupled with assertiveness training, will empower him to confront his anxiety and build confidence in his interactions. By addressing these underlying mechanisms, therapy aims to help client regain his sense of self, improve his emotional well-being, and develop healthier relationships and coping strategies.

## Modalities

CBT: Cognitive Behavioral Therapy  
Mindfulness

## Treatment Areas

### Depressed Mood and Anhedonia

**Goal:** Client will experience a significant reduction in depressive symptoms, including the restoration of interest and pleasure in daily activities and a renewed sense of self.

**Objective:** Within 4 weeks, client will identify and schedule at least three previously enjoyable activities into his weekly routine to counteract social withdrawal and anhedonia

**Stage:** Early stage

**Intervention:** Behavioral Activation: Therapist will assist the client in identifying and scheduling specific, value-driven activities to increase positive reinforcement and combat depressive inertia.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Mood Monitoring: Therapist will guide the client to track his mood in relation to his daily activities to identify patterns and the impact of behavioral changes.

**Modality:** CBT: Cognitive Behavioral Therapy

**Objective:** Within 6 weeks, client will identify and begin to challenge at least two recurring negative automatic thoughts related to his depressed mood and feeling "not himself"

**Stage:** Early stage

**Intervention:** Identifying Negative Automatic Thoughts: Therapist will teach the client to recognize and record his spontaneous negative thoughts that contribute to his depressed mood.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Mindful Awareness of Thoughts: Therapist will guide the client in practicing non-judgmental observation of his thoughts, allowing them to arise and pass without over-identification.

**Modality:** Mindfulness

**Objective:** Within 4 months, client will consistently engage in behavioral activation strategies and report a sustained 50% improvement in mood and interest in activities, as measured by self-report

**Stage:** Late stage

**Intervention:** Cognitive Restructuring: Therapist will work with the client to systematically evaluate and reframe distorted negative thoughts with more balanced and realistic alternatives.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Developing Self-Compassion: Therapist will introduce mindfulness exercises focused on cultivating kindness and understanding toward himself, particularly during moments of emotional distress.

**Modality:** Mindfulness

## Obsessive-Compulsive Tendencies

**Goal:** Client will reduce the frequency and intensity of compulsive behaviors, leading to improved academic efficiency and time management.

**Objective:** Within 4 weeks, client will identify the specific triggers, thoughts, and feelings that precede his compulsive behaviors (e.g., rewriting notes) and track their frequency

**Stage:** Early stage

**Intervention:** Functional Behavioral Analysis: Therapist will help the client analyze the antecedents, behaviors, and consequences of his compulsive actions to understand their function.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Mindfulness of Urges: Therapist will teach the client to observe the physical and mental sensations of the urge to perform a compulsion without immediately acting on it.

**Modality:** Mindfulness

**Objective:** Within 8 weeks, client will develop and practice one alternative coping strategy to use in response to the urge to engage in perfectionistic behaviors

**Stage:** Early stage

**Intervention:** Response Prevention: Therapist will collaborate with the client to develop strategies for refraining from engaging in compulsive behaviors when obsessional thoughts or urges arise.

**Modality:** CBT: Cognitive Behavioral Therapy

**Objective:** Within 5 months, client will reduce time spent on compulsive academic behaviors by 50% and successfully submit assignments without rewriting them to perfection, reporting decreased distress

**Stage:** Late stage

**Intervention:** Exposure and Response Prevention (ERP): Therapist will guide the client through systematic, gradual exposure to situations that trigger obsessional anxiety while he refrains from performing the associated compulsions.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Challenging Maladaptive Beliefs about Control and Perfectionism: Therapist will assist the client in identifying and disputing the underlying beliefs that perfection is necessary and that compulsive behaviors provide genuine control.

**Modality:** CBT: Cognitive Behavioral Therapy

## Social and Academic Anxiety

**Goal:** Client will effectively manage anxiety in social and academic contexts, enabling him to engage in assertive communication and seek support when needed.

**Objective:** Within 4 weeks, client will identify and rank a hierarchy of at least five anxiety-provoking social and academic situations (e.g., approaching professors)

**Stage:** Early stage

**Intervention:** Developing an Exposure Hierarchy: Therapist will collaborate with the client to create a list of feared situations, ordered from least to most anxiety-provoking, to structure gradual exposure exercises.

**Modality:** CBT: Cognitive Behavioral Therapy

**Objective:** Within 6 weeks, client will learn and practice at least two mindfulness-based relaxation techniques to manage physiological symptoms of anxiety

**Stage:** Early stage

**Intervention:** Mindful Breathing: Therapist will instruct the client in focusing attention on the sensation of his breath to anchor him in the present moment and calm the nervous system.

**Modality:** Mindfulness

**Intervention:** Body Scan Meditation: Therapist will guide the client through a meditation that involves bringing focused, non-judgmental attention to various parts of the body to increase awareness and reduce tension.

**Modality:** Mindfulness

**Objective:** Within 4 months, client will initiate contact with a professor for academic support and report a manageable level of anxiety during the interaction

**Stage:** Late stage

**Intervention:** In-Vivo Exposure: Therapist will support the client in confronting feared real-life situations from his exposure hierarchy, starting with less intimidating challenges.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Assertiveness Training: Therapist will teach and role-play communication skills to help the client express his needs and opinions clearly and respectfully in academic and social interactions.

**Modality:** CBT: Cognitive Behavioral Therapy

## Low Self-Esteem and Negative Core Beliefs

**Goal:** Client will develop a more positive and stable sense of self-worth, challenging core beliefs of being worthless and unlovable to improve confidence in relationships.

**Objective:** Within 8 weeks, client will identify and articulate the core beliefs (e.g., "I am worthless," "I am unlovable") that underlie his negative self-perception

**Stage:** Early stage

**Intervention:** Downward Arrow Technique: Therapist will guide the client through a questioning process to uncover the deeper, fundamental negative beliefs that drive his automatic thoughts and emotional reactions.

**Modality:** CBT: Cognitive Behavioral Therapy

**Objective:** Within 10 weeks, client will begin a thought record to gather evidence that both supports and contradicts his negative core beliefs in daily life

**Stage:** Early stage

**Intervention:** Thought Record: Therapist will instruct the client on using a structured log to record situations, automatic thoughts, emotions, and evidence for and against those thoughts to develop more balanced perspectives.

**Modality:** CBT: Cognitive Behavioral Therapy

**Objective:** Within 5 months, client will formulate and practice using a more balanced and compassionate core belief in response to situations that trigger feelings of worthlessness

**Stage:** Late stage

**Intervention:** Core Belief Restructuring: Therapist will assist the client in systematically challenging his negative core beliefs and developing and strengthening new, more adaptive core beliefs through behavioral experiments and evidence logs.

**Modality:** CBT: Cognitive Behavioral Therapy

**Intervention:** Self-Compassion Practice: Therapist will guide the client in mindfulness exercises designed to foster self-kindness, recognize common humanity, and hold painful feelings with awareness, thereby countering self-criticism.

**Modality:** Mindfulness

**Objective:** Within 6 months, client will identify one interpersonal situation where he prioritized his own needs and expressed vulnerability, and process the experience in session

**Stage:** Late stage

**Intervention:** Behavioral Experiments: Therapist will help the client design and carry out real-world tests of his negative predictions about relationships and expressing his needs to gather new evidence and build confidence.

**Modality:** CBT: Cognitive Behavioral Therapy

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Signed by Jeff Kashou on Aug 1, 2025, 7:34 AM