Benchmark Presentation Case Conceptualization

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"Kevin" is a 35-year-old, single, Caucasian male. Kevin identifies as a heterosexual male and is currently unemployed and living in transitional housing after completing a residential program for addiction. Kevin has no siblings and has an estranged relationship with his mother. Kevin disclosed that his mother was an alcoholic who also abused prescription drugs and cocaine. During his childhood, Kevin noted that he witnessed domestic violence on a regular basis. Kevin's father is deceased. Kevin was a victim of sexual abuse on two occasions when he was six years old. Kevin never married and has no children. His social support network consists of the people that he met during inpatient treatment as well as during his stay in transitional housing. In addition, Kevin has expanded his social support network to include members of the Kingdom Hall of Jehovah's Witnesses where he attends church.

Kevin reported that he did not enjoy school and, in his opinion, school "sucked." He admitted that he had no friends at that time, and he began selling drugs when he was ten years old. He remembered feeling "used." He finished tenth grade but did not graduate high school. Kevin eventually obtained a GED. Kevin was incarcerated for theft and spent approximately six months in jail.

Kevin displays many strengths including prolonged periods of sobriety, an inclination to seek and engage in treatment, and a desire to incorporate religious practice in his life. Kevin's coping mechanisms include breathing and grounding exercises, as well as religious practice, specifically the Kingdom Hall of Jehovah's Witnesses. However, Kevin also uses defense mechanisms, such as avoidance and withdrawal, especially in relation to triggers associated with his past trauma. Guilt, abandonment, trauma, and depression are significant themes in Kevin's

history. Kevin confided that he has had suicidal ideations in the past on which he has never acted.

Multicultural Factors

Kevin's case reflects multiple cultural identities, including his newfound religious affiliation, involvement in the recovery community, traumatic experiences, and socioeconomic status. In the application of a multicultural framework, interventions used must demonstrate cultural humility and may require spiritual integration. In addition, Kevin resides in a sober living home with mandated participation in programs like Alcoholics Anonymous and volunteering, each of which have their own cultural norms and values, as do the house and its residents. These cultural layers, combined with Kevin's recovery identity and limited financial autonomy, require interventions that are respectful, collaborative, and responsive to Kevin's lived experience and evolving worldview.

Initial Assessment

Kevin completed the standard set of psychometric assessments that are given to all new clients at the certified community behavioral health center (CCBHC). He completed the Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2009) to assess suicidality, the Generalized Anxiety Disorder 7 (GAD-7; Spitzer et al., 2006) to assess anxiety, and the Patient Health Questionnaire 9 (PHQ-9; Kroenke & Spitzer, 2002) to assess depression. The results of the C-SSRS (Posner et al., 2009) were indicative of a history of suicidal thoughts, ideations, and actions, but Kevin did not have any current suicidal ideations or actions. Kevin's results on the GAD-7 (Spitzer et al., 2006) and the PHQ-9 (Kroenke & Spitzer, 2002) indicated symptoms of depression and anxiety.

During Kevin's mental status exam, he appeared to have fair hygiene, was dressed appropriately, and appeared to be his stated age. His speech was spontaneous, and had a normal rate, rhythm, and volume. Kevin's mood was spontaneous and his affect was congruent; however, he reported that was feeling "more depressed than usual." Kevin's thoughts seemed to be clear, linear, logical, and goal directed, and he was appropriately oriented to person, place, and time during the assessment process. Kevin was able to maintain focus throughout the assessment process, and his long-term and short-term memory appeared to be functioning well. Kevin demonstrated fair insight and judgment.

Kevin's recently completed the residential program for addiction and was being assessed for outpatient services. His chief complaints were that he is depressed, suffers from PTSD, and is in recovery from methamphetamine, opioid, and marijuana use disorder, the symptoms of which concur with the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association [APA], 2022). Kevin started using pills when he was ten years old, progressed to intravenous heroin use at 20 years old, which segued to methamphetamines. Kevin's last use of methamphetamines was a year ago. His last use of pain pills was two weeks ago. Kevin's cravings are a seven on scale from zero to ten. Kevin advised that he is always in pain, which makes him want to use pills. He has been buying Suboxone on the street.

Kevin had surgery on September 16th, 2024, on his hip, which consisted of core decompression surgery. Kevin stated that he has avascular necrosis and Crohn's disease. He noted no history of seizures, cardiovascular, respiratory, endocrine renal, or hepatic disease. Kevin is allergic to morphine.

Therapeutic Intervention

For Kevin, acceptance and commitment therapy (ACT) was selected for his mental health treatment, given that it has demonstrated effectiveness in addressing substance use, PTSD, and shame through increased psychological flexibility (Harris, 2021; Hayes et al., 2012). Research has indicated that traditional treatments for substance use disorders are often insufficient, especially for clients with co-occurring mental health disorders (Berman & Kurlancheek, 2021). ACT and its Choice Point model provide an effective mechanism with which to address transdiagnostic factors such as psychological inflexibility (Berman & Kurlancheek, 2021; Ghaleh Emamghaisi & Atashpour, 2020; Gul & Aqeel, 2021; Karekla et al., 2025; Krotter et al., 2024). With ACT and its focus on values and acceptance, Kevin's recovery from trauma can be augmented and his resiliency can be strengthened. Kevin's case involves long-standing psychological inflexibility which is rooted in his early trauma and substance use as experiential avoidance. ACT offers clients a trauma-sensitive approach through the mechanisms of mindfulness, acceptance, defusion, and values clarification (Harris, 2021; Hayes et al., 2012).

The processes inherent in ACT support the Sperry model (Sperry & Sperry, 2020) in that they address his depression, PTSD, and substance use (presenting problem); his childhood physical and sexual abuse and trauma (predisposing factors); his mother's substance abuse, Kevin's substance use relapse, and homelessness (precipitating factors); Kevin's shame, isolation, and negative self-concept (perpetuating factors); and Kevin's engagement in individual and group therapy, as well as his current state of sobriety (protective factors).

Treatment Planning

Kevin's treatment plan adheres to the case conceptualization model provided by Sperry and Sperry (2020). It includes the identification of treatment patterns, treatment goals, treatment focus, treatment strategy, treatment interventions, treatment obstacles, and cultural aspects of

treatment (Sperry & Sperry, 2020). The primary focus of Kevin's treatment will be on his depressive symptoms and processing his trauma, as well as maintenance of his abstinence. Kevin's treatment goals will focus on the reduction of his symptoms and his return to his normal level of functioning. Kevin has been referred to psychiatry for medication management and receives care coordination support from his housing program. A detailed description of Kevin's short- and long-term treatment goals can be found in Appendix I (Treatment Plan Goal Chart).

Ethical Issues

Kevin's case involves several ethical considerations, including insurance of confidentiality, informed consent, and honoring his autonomy and personal identity, particularly considering his trauma history. The American Counseling Association's *2014 Code of Ethics* (American Counseling Association [ACA], 2014) will guide the therapeutic process. Particular attention will be given to the principles of nonmaleficence and cultural sensitivity while working on stigma and trauma-related concerns, in alignment with ACA standards A.4.a (Avoiding Harm), C.7.c (Harmful Practices), A.2.c (Developmental and Cultural Sensitivity), and C.2.a (Boundaries of Competence) (ACA, 2014). Vigilance must be maintained to avoid the imposition of personal values (ACA, 2014, Section A.4.b), particularly around Kevin's spiritual identity, and ensure that all discussions around faith and spirituality continue to be led by Kevin. Cultural competence (ACA, 2014, Section C.2.a) is essential in supporting Kevin's recovery, spiritual identity, and socio-environmental in how they shape his goals for counseling.

Method of Outcomes Assessment During the Treatment Phase

Kevin's treatment progress will be assessed using a combination of clinical outcome measures, self-reported data, input from other members of the treatment team, and regular reviews of his treatment goals. Standardized assessment tools employed during the treatment

phase will include, but are not limited to, the Columbia-Suicide Severity Rating Scale (Posner et al., 2009), the Generalized Anxiety Disorder 7-item scale (Spitzer et al., 2006), and the Patient Health Questionnaire-9 (Kroenke & Spitzer, 2002).

Kevin's prognosis is guardedly positive. He has shown insight into his challenges, a willingness to engage in treatment, and is developing a stronger support network. With ongoing ACT-informed therapy, consistent adherence to prescribed medications, and continued social support, Kevin is likely to experience meaningful improvements in psychological flexibility, reduced shame, and an increased alignment with his personal values.

Aftercare/Maintenance Planning

Kevin's aftercare and maintenance planning will begin at the start of his treatment. The treatment plan, including the termination process, will be discussed and reviewed with him. While the primary objective is to help Kevin return to his normal level of functioning, specific and measurable goals will be established and evaluated periodically throughout the course of Kevin's treatment. However, Kevin may need ongoing maintenance, which could include monthly individual sessions until termination, as well as continuing a maintenance dose of medication prescribed by his psychiatrist.

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Appendix I: Treatment Plan Goal Chart

Dx/Problem	Long Term Goal(s)	Short Term Goal(s)	Evidence-Based Interventions
Major Depressive Disorder (MDD)	Enhance psychological flexibility and reestablish daily functioning.	Clarify core values to support motivation and purpose. Develop mindfulness techniques to reduce ruminative thinking.	ACT-based values clarification (e.g., Choice Point; Berman & Kurlancheek, 2021). Mindfulness and present-moment awareness exercises (Karekla et al., 2025).
Posttraumatic Stress Disorder (PTSD)	Alleviate trauma-related symptoms and increase tolerance for distressing internal experiences.	Decrease avoidance of trauma-related cues. Strengthen defusion from trauma-based self-evaluations.	Acceptance strategies and exposure using ACT's willingness model (Gul & Aqeel, 2021). Cognitive defusion practices (e.g., "Leaves on a Stream," self-as-context exercises; Krotter et al., 2024).
Substance Use Disorder (Methamphetamine, Opioid, THC – in remission)	Maintain recovery and prevent relapse through values-guided living.	Identify high-risk thoughts and situations. Reinforce commitment to sobriety through values-based actions.	CHOPS protocol relapse prevention components (Berman & Kurlancheek, 2021). Committed action planning and psychoeducation about urges (Karekla et al., 2025).
Shame and Internalized Stigma	Strengthen self-worth and reduce behaviors driven by shame.	Identify and challenge shame-based narratives linked to trauma	Self-compassion training and narrative reframing (Ghaleh Emamghaisi & Atashpour, 2020; Gul &

		and identity rejection. Cultivate a compassionate, accepting self-view.	Aqeel, 2021). ACT-based self-compassion practices and identity integration work (CHOPS; Berman & Kurlancheek, 2021).