Research Article

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Case Conceptualization Report on Cognitive Behavioral Therapy for Depression in a Preschool Education Major

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Abstract

Objective: To explore the application of case conceptualization in cognitive behavioral therapy (CBT) for university students with depressive symptoms and its crucial role in guiding intervention practices. Methods: A university student with depressive symptoms was selected as the case subject. Based on Beck's "Three Levels of Cognition" model, an analysis was conducted on the triggering factors of clinical symptoms, as well as the cross-sectional and longitudinal patterns of cognition and behavior. The relationships among automatic thoughts, intermediate beliefs, and core beliefs were identified, leading to the development of a 15-session intervention strategy framework. The Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were used to assess changes in emotional states before, during, and after counseling. Results: Following the intervention, the client's depressive symptoms improved from "moderate depression" to "mild depression," and anxiety levels decreased from "mild anxiety" to no significant anxiety. Subjective distress scores showed an overall declining trend. The client's core beliefs became more flexible, and more adaptive intermediate beliefs were developed, accompanied by significant improvements in social functioning. Conclusion: Cognitive behavioral therapy demonstrates effective clinical intervention for depressive symptoms in university students. Case conceptualization plays a critical role in guiding intervention practices and enhancing treatment outcomes. These findings suggests that this gradually formed case conceptualization, based on theoretical working hypotheses and continuous validation, can effectively enhance the intervention outcomes of cognitive behavioral therapy. Researchers may consider applying it in other fields such as hospitals and schools.

Keywords: *preschool education major; depression; cognitive behavior; case conceptualization; case study*

1. Introduction

In recent years, the detection rate of mental health issues such as depression and anxiety among college students has been steadily increasing. According to the *2022 National Mental Health Survey Report* released by the Institute of Psychology of the Chinese Academy of Sciences in 2023, the detection rate of depression risk in the 18-24 age group reached 24.1%, significantly higher than that of other age groups. A meta-analysis of depression detection rates among Chinese college students also indicates that the overall detection rate of depression among college students is close to 30%(Lei et al., 2016;Gao et al., 2020) , which aligns with the global survey results from the World Health

Organization(Auerbach et al., 2019).

The mental health of students majoring in preschool education is crucial not only for their own well-being but also for the physical and mental health of young children. Research shows that the mental health status of preschool education students is concerning. Studies have shown that these students score significantly higher than the national norm on nine factors, including interpersonal sensitivity, anxiety, and depression(Han Na & Yin Jianqin, 2019). Therefore, the development of high-quality preschool education must start with addressing the mental health issues of students in preschool education programs.

Research has found that cognitive-behavioral therapy (CBT) is effective in addressing common psychological issues among college students, such as depression. The core intervention technique of CBT focuses on helping individuals address the problem and improve depressive symptoms by changing irrational thoughts, thereby increasing positive behaviors. Meta-analysis results show that CBT has a superior effect on alleviating depressive symptoms in college students compared to other control groups(Ma et al., 2020). However, current research on the effects of CBT is primarily focused on group therapy, with a lack of case studies on individual therapy(Zhang Yawen, Zhang Qi, Pang Fangfang & Guan Ruiyuan, 2021). Therefore, exploring the effects of CBT on individual depressive symptoms has significant value and importance for clinical practice.

Establishing a clear case conceptualization framework before conducting individual assessment and intervention is an important support for improving outcomes. Currently, there has yet formed unified definition of case conceptualization(Hu Yanping & Cui Lixia, 2010). Its content often varies according to different counseling approaches. However, there is a common understanding that case conceptualization is an interpretation of the client's clinical symptoms and psychological behaviors from the perspective of a specific psychotherapy theory, forming a theory-based working hypothesis that guides the entire therapeutic process(Liu Dan & Zhang Jie, 2014). Case conceptualization serves as a map in the counseling process, helping counselors to think more accurately and comprehensively about the complexity of the client's issues, thereby enhancing the effectiveness of counseling.

In cognitive-behavioral clinical practice, Aaron Beck's "Cognitive Conceptualization Model" is widely applied. This model mainly includes three components: First, it involves collecting information about the client's current dysfunctional thoughts, emotions, and behaviors and conducting a cross-sectional analysis. Second, it identifies the mechanisms behind these issues by exploring the client's core beliefs, intermediate beliefs, and compensatory behavioral strategies. Third, it examines the formation and maintenance of core beliefs, focusing on relevant early experiences. This model logically links automatic thoughts to deeper beliefs, providing a cognitive map of the client's clinical symptoms. This study applies the model to analyze a case of depressive emotions caused by interpersonal issues, offering practical guidance for cognitive-behavioral interventions for depression among preschool education students.

2. Case Overview

2.1 Basic information

Client A, female, 21 years old, Han ethnicity, third-year university student, from Yantai, Shandong, unmarried. Her family of origin has two children, and she is the younger of the two, with an older brother who is nine years her senior. Both parents are farmers, and the family is financially disadvantaged, relying solely on apple farming as their source of income. Since childhood, A has been obedient and sensible, with excellent academic performance. In 2021, she was admitted to university as a government-funded teacher training student.

2.2 Reasons for enquiry

Three days ago, A called the university mental health education and counselling center and reported

that a senior female apprentice in the training room had misappropriated her teaching materials without her permission and refused to admit it voluntarily. As a result, the two had a fierce quarrel. A was feeling extremely depressed, wronged, emotionally broken down, crying uncontrollably and couldn't calm down. At present, A was feeling particularly helpless and suffering from severe insomnia. In addition, a week ago, her mother suddenly called and asked her to transfer 20,000 yuan to her elder brother. After finding out the reason for the money later, A was extremely angry and sad. Currently, the relationship between mother and daughter was very tense. A hoped to receive psychological counseling as soon as possible. On the afternoon of that day, psychologist Z (the author of this article) received this student and carried out preliminary psychological crisis intervention. The possibilities of self-harm, suicide and mental disorders were ruled out. Z helped A stabilize her emotions, actively looked for available and effective resources around her, and encouraged her to continue to make an appointment for psychological counseling. A subsequently made an appointment for counseling.

The client sought help from a counselor (the author of this article) who holds a Level 2 National Psychological Counselor Certificate in China, has accumulated over 1,000 hours of case experience, and has completed a one-year continuous training program for cognitive behavioral therapists provided by the Chinese Psychological Society. The counselor has also received multiple case supervisions from cognitive behavioral therapy supervisors registered under the Chinese Psychological Society's certification system. The counseling process in this case strictly adhered to the Ethical Guidelines for Clinical and Counseling Psychology of the Chinese Psychological Society.

2.3 First impression

She is about 155 centimeters tall, with an oval face and straight bangs. She has her hair tied up in a ponytail. She dresses simply and is a bit plump in figure. She looks a little older than her peers. She is in low spirits with her brows tightly furrowed. When she walked into the counseling room, she greeted politely, with her head down. Her face looked rather haggard. Once she sat down, she immediately began to pour out her feelings, showing a strong motivation for seeking help.

2.4 Main complaint

Due to recent contradictions and conflicts with family members and classmates, A is experiencing symptoms such as sadness, helplessness, inner pain, inability to concentrate, avoidance of social interaction, migraines, physical exhaustion, and insomnia, which have seriously affected study and daily life. These symptoms have persisted for nearly a week and are felt to be getting worse. A reported that there had been no previous psychological disorders related to the main complaint, no history of taking any psychotropic drugs, no history of substance abuse, no organic lesions of any kind, and no prior experience of seeking counseling.

2.5 Growth experience

A was a sensible and well-behaved child since childhood and achieved excellent academic results. She had always been the top student in her class from primary school to junior high school and was liked by her parents and the people around her. She attended a key high school in the city during high school. Later, due to her mother's sudden heart attack, it affected her performance in the college entrance examination, and she didn't get into her ideal university. During college, she lived frugally and studied diligently. She won scholarships and almost earned her own living expenses by herself, demonstrating strong learning abilities. She had been in a relationship once, but it didn't last long. She felt that her boyfriend was very dependent on her and that she had been giving more in the relationship, which made her feel mentally exhausted.

There are four events in A's growth experience that have had a significant impact on her: 1.

Before primary school, when she went to the town fair with her mother once, she saw someone selling yogurt and really wanted to buy a bottle to drink. However, no matter how much she begged, her mother never agreed. Since then, she rarely took the initiative to ask her mother for extra things, and even when she grew up, she seldom hoped that others would meet her needs, whether reasonable or not. 2. During the first unified examination of the whole grade after entering the key high school, her grades were not satisfactory. She went home crying and told her mother about it, but her mother pretended not to hear and didn't give any response. Instead, she went to do other things. 3. When she was going to college, with 2,000 yuan borrowed, she took a train alone from the east to the west, carrying two heavy luggage bags to register at the university. Even now when she thinks about it, she still feels extremely lonely and helpless. 4. One week ago, her mother suddenly called and asked A to transfer the 20,000 yuan that she had saved last year by selling the family's apples at university to her elder brother. The reason was that her elder brother wanted to buy another car, not for any urgent need. Thinking about how she had lived frugally at university and that her Taobao shopping cart was full of things for her family but nothing for herself, she was especially sad and aggrieved. She didn't know what she had got in return for doing all these things. She didn't want to go home anymore and even thought about cutting off the relationship with her mother.

2.6 Main family members and their relationships

A grew up in a rural area. Her parents are from the same village, and both are farmers. Her mother has two sisters in the family. Her father has many siblings. Her grandmother is in poor mental condition and unable to work in the fields. The family is basically supported by her father. Her mother agreed to marry her father because she valued his ability to endure hardships and her grandparents needed to be taken care of. In her memory, her parents' relationship has always been bad. They often quarreled. Her mother is short-tempered, tough, while her father is weak and afraid of taking responsibilities. When her elder brother was in junior high school, he once failed an exam. Her mother severely criticized him in public at the parents' meeting. Since then, he has been under great psychological pressure and often had nosebleeds until he fainted. After being examined, it was found that he had a nasal mucosa development defect caused by malnutrition. He was hospitalized and took a two-year leave of absence. He dropped out of school in the second year of senior high school and went out to work. Now he is married.

Both A and her mother are rather impatient and prone to conflicts, but they will make up soon. A has a distant relationship with her father. She thinks that her father is not a competent father or husband and shows little concern for her study and life.

2.7 Psychological assessment

Based on A's current emotional and behavioral manifestations, during the first counseling session, the counselor selected the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) for psychological assessment. The test results showed that the BDI score was 17 points, indicating moderate depression; the BAI score was 45 points, indicating mild anxiety. Additionally, through the pre-consultation preliminary interview, it was learned that the above symptoms had persisted for nearly a week, the impact on social functioning was controllable, the relationship with roommates was good, and the willingness to seek counseling and assistance was strong.

Through the above psychological questionnaires and clinical assessments, the final working diagnosis result is depressive emotions caused by interpersonal relationship problems, which belongs to general psychological problems. The main clinical manifestations are as follows: in the past week, due to successive contradictions and conflicts with family members and classmates, depressive emotions and behaviors such as avoiding interpersonal communication have emerged, which have had an impact on her learning efficiency, interpersonal relationships, and living conditions. She feels painful and finds it difficult to adjust, so she actively seeks the help of the university psychologist.

There is no history of mental illness and no organic lesions.

The working diagnosis of this case also needs to be differentiated from major depressive disorder and anxiety disorder. From the etiological perspective, the causes of depression are generally rather complex. In severe cases, it is accompanied by suicidal thoughts and behaviors, and social functioning is severely impaired, with a duration of at least two weeks or more. In this case, although A has depressive emotions, the impact on her social functioning is not very serious, and the duration is only one week. Her motivation to actively seek help is relatively strong, and she has not yet reached the diagnostic criteria for depression. Therefore, major depression can be excluded. In addition, A also has some anxious emotions, but they are all related to specific occurring situations and quickly transform into feelings of being aggrieved, sad, and painful, which can be differentiated from anxiety disorder.

3. Case Conceptualization

3.1 Triggering Factors

One week ago, A experienced a major life event when her mother called and asked her to transfer 20,000 yuan to her brother for the purchase of a car. This "stressor" directly triggered her current psychological issues. Specifically, her mother, who had previously promised A that she could freely use the 20,000 yuan, urgently “recalled” it for her brother’s car purchase. A felt very wronged, as she has been living frugally at university, buying clothes and nutritional supplements for her family, and has even actively promoted her family's unsold apples in her spare time. Her brother is now using the money to buy a better car without consideration of her situation at university. In addition, recent conflicts with classmates, struggles with mock teaching progress, and other stressors have collectively triggered A’s emotional breakdown. These conflicts have left A feeling depressed, lonely, and avoiding social interaction, leading to reduced social support, decreased learning efficiency, and worsened emotional distress.

3.2 Current Cross-Sectional Analysis of Cognitions and Behaviors

A’s distress primarily stems from her relationships with her family, especially with her mother. Based on A’s main concerns and the interactions during counseling, it’s helpful to identify high-frequency, impactful, and persistent events for a "Cognitive-Emotional-Behavioral" cross-sectional analysis. A’s typical automatic thoughts include: "My mother should love me more," and "I should manage my relationships with my classmates well." These thoughts mainly trigger emotional symptoms such as grievance, sadness, and helplessness. The subsequent typical behaviors include arguing and avoiding social interactions. Next, a cross-sectional analysis of three typical situations in this case will be conducted. For detailed analysis, see Figure 1.

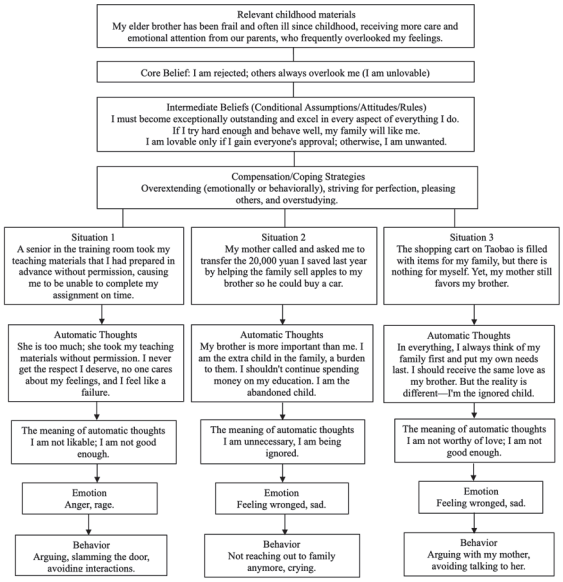

Figure 1: Cognitive Conceptualization Map of A

3.3 Cognitive and Behavioral Longitudinal Analysis

Starting from A's typical automatic thoughts, the "downward arrow" technique can be used to explore the potential "core beliefs" deep within A and to consider which early experiences might be related to the development and maintenance of these beliefs, as well as what these experiences mean to A. Specifically, A has an older brother who is nine years older, weak in health, and dropped out of high school in his second year to stay at home. A's parents, feeling guilty, tried to meet the brother's demands as much as possible, neglecting emotional attention toward A. This led A to try to gain their attention and lasting love by overextending herself to care for her family and striving to become excellent. These experiences gradually fostered an "unlovable" core belief in A. This type of core belief can be activated in various situations and manifest as thoughts like "I am disliked," "I am unworthy of love," "I am unpopular," or "I am not good enough," all of which fundamentally point to "I am unlovable."

In high school, after not performing well on her first exam amid a group of outstanding classmates, A went home and tearfully shared her distress with her mother, only to receive no response from her, further triggering the "I am unlovable" belief that had developed since childhood. Later, upon entering university alone, without family accompaniment and at a university thousands of miles away from home, this experience reinforced the belief that "I am unlovable and unworthy of love."

To avoid confirming her negative core beliefs, A gradually developed certain cognitive and behavioral coping mechanisms, known as intermediate beliefs and compensatory strategies. Specifically, A's intermediate beliefs mainly appear in the form of assumptions and rules, such as, "I must become exceptionally good, do everything perfectly, and gain everyone's approval to be lovable; otherwise, I am unlikable." Corresponding behavioral strategies include over-giving (emotionally or through actions), striving for perfection, and being highly sensitive in interpersonal relationships. A believes that using these strategies can protect her from feelings of being unlovable and unworthy of love, which arise when she feels disliked or ignored by others.

3.4 Conceptualization Summary

Based on the above analysis, a further summary and refinement of A's cognitive conceptualization will be made according to Dr. Beck's "three-tier cognitive system," as shown in Figure 1. This cognitive conceptualization diagram provides a clearer and more concise representation of the relationships between automatic thoughts, intermediate beliefs, and core beliefs.

3.5 Client Strengths Assessment

Given that A has a high level of intelligence and education, strong expression skills, a strong motivation for counseling, a high level of self-exploration awareness, and good logical reasoning, as well as the ability to understand and appreciate the basic principles of cognitive-behavioral therapy, the counseling plan will be based on Dr. Beck's cognitive-behavioral techniques. The theoretical foundation will guide the development of the counseling approach and the implementation of the sessions.

3.6 Counseling Goals

Based on the case conceptualization and considering A's strengths and current circumstances, the following counseling goals were established after discussion: Improve Low Mood and Feelings of Helplessness; Correct Cognitive Distortions; Learn Positive Problem-Solving Strategies; Develop Flexible and Adaptive Beliefs; Enhance Self-Worth.

The counseling sessions are scheduled once a week, each lasting 50 minutes, for a total of 9 sessions. Additionally, to ensure the effectiveness of the counseling, A has provided informed consent to receive 4 individual supervision sessions and 2 group supervision sessions after the counseling sessions.

4. Counseling Process

4.1 Sessions 1-2: Establish rapport, gather information, conceptualize the case, discuss and set counseling goals, and develop the counseling plan.

In the first two sessions, the main reason A sought help was explored, and an assessment of A's current emotional state was conducted. Together, a "problem list" was created, which included issues such as fear of entering the training room, refusing to speak with his mother, avoiding social interactions, and feeling sad and lonely. A was guided to prioritize these issues based on their significance, and the development and progression of each problem were discussed to clarify their origins. At the same time, A's personal developmental history and family background were gathered to form an initial case conceptualization (which was previously mentioned and will not be repeated here).

Additionally, through psychoeducation, A learned about the Cognitive Triangle (the relationship between emotions, thoughts, and behaviors) and was introduced to the theoretical hypothesis regarding the formation and maintenance of his issues, which is part of the initial case conceptualization. A had previously believed that she was a valuable and likable person for most of his life, but recent life events made her more sensitive, leading her to feel ignored and worthless. Furthermore, early family experiences of parental favoritism toward her older brother and emotional neglect led A to inappropriately compare himself to her brother, causing increasing feelings of frustration, sadness, and distress. Recently, academic pressure, tense relationships with classmates, unfulfilled efforts, and a lack of emotional support from family and friends further worsened her emotional state.

Through the therapist's explanation, A realized that, beyond objective external factors, her sensitivity, high expectations of others and herself, black-and-white thinking, and personality traits were closely related to the persistence of these problems.

Finally, based on the problem list and case conceptualization, the decision was made to continue with 9 more counseling sessions to gradually achieve the counseling goals. A corresponding counseling plan was created, primarily focused on identifying and challenging automatic thoughts related to feelings of being "unlovable," "disliked," and "unworthy of love," to reduce feelings of sadness and helplessness. Additionally, role-playing and correcting intermediate beliefs would be used to help A express her thoughts in more adaptive ways.

Throughout the counseling process, the therapist engaged in active listening, encouraging A to express her inner thoughts and feelings. When necessary, the therapist helped clarify and refine A's expressions, defined the goals and expectations for seeking help, and frequently instilled hope and confidence. This approach helped build a trusting and stable therapeutic relationship, guiding A to fully engage in the counseling process.

4.2 Sessions 3-5: Identify and Challenge Automatic Thoughts, while integrating problem-solving strategies

Under a positive therapeutic relationship and using the case conceptualization as a counseling map, the counseling plan was followed. The first focus was on identifying, evaluating, and challenging automatic thoughts, especially those related to the belief of being "unlovable." At the same time, attention was given to solving real-life problems. For example, when A experienced the automatic thought, “The senior in the training room took my prepared teaching materials without permission, causing me to miss the deadline for my assignment,” the associated thoughts were: “She is too much for taking my materials; I never get respect from others; no one cares about my feelings; I am a failure.” Using a thought record sheet, A was guided through cognitive restructuring, helping him to develop a new perspective: “The senior might not have intentionally taken my materials without telling me; she had previously borrowed materials from me due to a tight project deadline and returned them as agreed. She also helped me with data processing.” As a result, her emotional distress dropped from a rating of 80 to 20.

Additionally, considering that A works hard and seldom takes breaks or engages in leisure activities, she was encouraged to expand her social life. A was advised to set a routine of jogging daily at the sports field, join a local community club, seek emotional and psychological support from peers, make new friends, and build a sense of psychological safety. This would help her regain confidence in her academic work and interpersonal relationships.

In response to the situation where A’s mother called and asked her to send the 20,000 yuan she had saved from helping the family sell apples last year to her brother for purchasing a car, the therapist guided A to recall the event in detail. A was encouraged to distinguish between objective reality and her subjective emotional reality, helping her recognize the black-and-white thinking that led to her emotional reaction. This process aimed to help A see the situation more objectively and understand the dynamics of her relationship with her mother.

The therapist encouraged A to start by sending a short message to express her thoughts and feelings about the situation, particularly regarding her brother buying a car with the money she had saved. Afterward, A reported that her brother had returned the money, and her emotional state improved, though she still felt somewhat sad.

At this point, the therapist provided psychoeducation to help A understand that her feelings were related to her core beliefs. The therapist explained that the sadness and frustration she experienced were not just due to the specific event but were also connected to deeper issues of self-worth and family dynamics. It was decided that the next phase of counseling would focus on addressing these core beliefs in more depth.

4.3 Work on Intermediate Beliefs and Core Beliefs to Trigger Change

After the first five counseling sessions, reinforced by homework assignments, A has learned to apply cognitive techniques to identify and respond to automatic thoughts that trouble her in daily life. Her emotional state has improved, but she has become increasingly confused about why she has such automatic thoughts.

The therapist then used the "downward arrow" technique to help A see the connection between surface-level automatic thoughts and deeper core beliefs. They worked together to generalize similar automatic reactions in different situations and identify the intermediate beliefs A developed in response to her core belief of "I am unlovable." Through guided discovery, the therapist helped A formulate more adaptive rules and assumptions, such as "Family and friends won't stop liking me because I'm not perfect," and "I don't need to be the best at everything; as long as I try my best, I am valuable and worthy of love."

Next, the therapist guided A to explore the factors that contributed to the formation and reinforcement of the core belief "I am unlovable." Using a technique to reconstruct early emotional memories, the therapist helped A challenge this core belief. For example, the situation where A's mother asked him to transfer 20,000 yuan to her brother for purchasing a car made A feel angry and sad. This triggered a memory from when A was 7 years old: he wanted to buy a bottle of yogurt at the market, but after pleading for a long time, his mother refused to buy it, while always fulfilling her brother's wishes. The therapist guided A to revisit that moment, recreating the scene: "Mom, I want to drink a bottle of yogurt, can you buy it for me?" "Why are you so disobedient? Go home and drink water. What's so good about yogurt?! You don't understand anything, and you want me to buy nutritional supplements for your brother..." "I feel like Mom doesn't love me at all. I'm a useless child. I'm so sad..." The therapist then invited A to imagine that her 21-year-old self was present beside her 7-year-old self, talking to her（21-year-old）: "No, Mom does love you. It's just that the family is going through tough times, and your brother's health isn't good. Once your brother feels better, Mom will have enough money to buy you yogurt. You are smart, well-behaved, and a top student. Mom always praises you in front of the neighbors..."

This process of reconstructing early emotional memories helped A reduce the belief that she was unlovable and enabled her to believe, both rationally and emotionally, that she is lovable and worthy of love. Finally, through role-playing, the therapist helped A improve her relationship with her family, especially with her mother.

4.4 Sessions 8-9: Consolidate Counseling Outcomes, Prepare for Termination, and Prevent Relapse

After the previous counseling sessions, A gradually learned to apply the principles of cognitive-behavioral therapy in daily life to regulate her emotions. Her emotional state has improved significantly, and she now experiences more positive emotions. Additionally, A has used what she learned in counseling to help other students in her lab improve their interpersonal relationships, stopped avoiding social interactions, and has become more focused, leading to steady progress in her research project. As a result, the therapist recognized that it was time to conclude the counseling.

In the final phase, the therapist first reviewed the previous sessions with A, discussing the insights she gained, such as how to identify and challenge automatic thoughts to change her emotional state. They also talked about how problem-solving strategies, like finding exceptions, specifying issues, and role-playing, helped her address real-life problems.

Next, the therapist guided A to compare her current situation with where she was at the beginning of counseling. A reflected on how, initially, she didn't want to enter the training room, spent hours lying in her dorm room crying, and avoided talking to her mother. Now, she had completed parts of her experiment and was in the data-processing phase, and she had also resumed weekly phone calls with her mother.

During this process, the therapist helped A recognize the factors that contributed to these changes and how cognitive-behavioral therapy played a key role in this transformation. A's persistence and effort were repeatedly acknowledged, and together, they identified many pieces of evidence that supported the belief, "I am lovable."

Finally, the therapist and A discussed her future academic and life plans, helping her set realistic expectations for the future. They also talked about how to recognize early signs of relapse and how to cope with any potential challenges.

5. Counseling Outcomes

The nine sessions of cognitive-behavioral therapy resulted in significant improvements for A in emotional, cognitive, and behavioral aspects, achieving the desired counseling goals. The specific improvements are as follows:

5.1 Emotional Improvement

BDI (Beck Depression Inventory) score decreased from 17 (moderate depression) to 7 (mild depression), and a 2-month follow-up phone call showed a score of 4 (no depression or minimal depression). BAI (Beck Anxiety Inventory) score dropped from 45 (mild anxiety) to 30 (end of counseling), and 27 (2-month follow-up). Based on A's subjective emotional reports during each session and the therapist's clinical observations, A's emotional state consistently improved.

5.2 Cognitive Shifts

A's belief in the core belief "I am unlovable" decreased from 90% to 30%. A's belief in "I am worthy of love" increased from 20% to 75%, with a slight further improvement (80%) at follow-up. New intermediate beliefs developed, such as "Even if I don't do everything perfectly, I am still lovable," "I don't need to be excessively hard on myself to meet others' needs," and "I can't expect everyone to like or approve of me."

5.3 Behavioral Changes

A improved her relationships with her lab peers. In her spare time, A read the self-help book recommended by the therapist, learning emotional regulation techniques. A also bought new clothes, started learning makeup, and helped a classmate resolve interpersonal conflicts using the problem-solving strategies from counseling, which gave her a sense of accomplishment. A looked forward to reuniting with her mother during the winter break and felt clearer about her academic and life plans, with increased self-assurance.

These positive changes show that A has made substantial progress and is on a path to continued emotional and cognitive growth. During the counseling process with A, several challenges and difficulties were encountered. Specifically, due to the highly structured nature of cognitive behavioral therapy (CBT) techniques, which require substantial collaboration from the client through homework and exercises, A exhibited resistance to identifying and challenging automatic thoughts, especially during moments of heightened emotional distress when rational thinking was impaired. In such instances, the counselor suspended the structured approach, offering full empathy to A and employing techniques such as conversational support, mindfulness relaxation, and concretization. Once A's emotions stabilized, structured discussions were resumed to enhance the effectiveness of the intervention.

6. Discussion

Cognitive behavioral therapy (CBT) places significant emphasis on case assessment and diagnosis, not with the intention of "labeling" the client, but to better understand the essence of the client's issues, which aids in making an accurate conceptualization. This is crucial for guiding the selection of appropriate intervention directions and strategies. CBT primarily addresses depressive emotions through cognitive restructuring and behavioral activation. At the same time, effective intervention should incorporate problem-solving strategies, not just standard cognitive techniques. Accurate "conceptualization" of a case is a vital yet challenging skill that counselors must master. In this case, the counseling process demonstrated a systematic approach that progressed along the framework of case conceptualization. The effectiveness of the intervention supports the importance of case conceptualization in counseling practice.

The entire counseling process can be roughly divided into three stages: Initial Stage, the focus is on establishing a good therapeutic relationship, gathering information, understanding the situation, ruling out the possibility of psychological disorders and self-harm, making a working diagnosis, discussing counseling goals with the client, providing psychoeducation on cognitive-behavioral techniques, helping the client identify and assess automatic thoughts, and encouraging more realistic responses. This stage also includes solving real-life problems. Middle Stage, the focus is on identifying and correcting intermediate and core beliefs, learning techniques to challenge these beliefs, and continually reinforcing the principles of cognitive-behavioral therapy. Final Stage: the focus shifts to preparing for the conclusion of counseling and preventing relapse.

Overall, through nine consecutive counseling sessions, A's counseling goals were largely achieved. A has become more objective in viewing two negative events: the incident where a senior in the training room used her teaching materials without permission, and her mother's sudden request for 20,000 yuan to buy a car for her brother. A has also reduced the emotional pain of feeling unworthy of love and helplessness.

A has learned methods for emotional and cognitive regulation, such as identifying, assessing, and correcting previously irrational beliefs (e.g., "I am unimportant; no one cares about my feelings or thoughts," and "I am only lovable and valuable if I do what others want"). A has developed more flexible and adaptive beliefs, such as "I am valued because most people care about my feelings and thoughts," and "Even if what I do doesn't always satisfy others, it doesn't mean I'm unlovable or worthless."

A has learned positive problem-solving strategies for real-life issues, including clarifying and specifying the problem, designing solutions, exploring potential challenges, and coping measures, recommending self-help books, conducting pros and cons analysis, and role-playing—all of which have helped improve emotions and interpersonal relationships.

A's sense of self-worth has been strengthened, primarily through the therapist's continuous efforts in counseling, a collaborative attitude, and timely acknowledgment of A's commitment to homework assignments and maintaining a strong focus on counseling. Additionally, the application of these learnings in everyday life has led to significant improvements in interpersonal relationships and academic performance, which in turn further reinforced A's sense of self-worth, making her more confident and empowered.

The noticeable improvements in A's progress primarily stem from several key factors: first, A's High Educational Level and Strong Cognitive and Reflective Abilities: A's higher educational background and strong cognitive and reflective capabilities made her more aligned with cognitive-behavioral therapy (CBT), thus reducing resistance to counseling. This compatibility helped facilitate the process and led to smoother progress. Second, therapist's Adaptive Approach: The therapist observed several factors, such as A's mood check-ins, recent events, completion of homework, and sudden emotional shifts during sessions, which allowed for timely adjustments to the counseling agenda. This focus on current changes, along with immediate implementation of problem-solving strategies when dealing with real-life issues, helped reduce A's resistance and strengthened the

therapeutic relationship. Finally, Case Conceptualization and Knowledge Sharing: The therapist frequently shared case conceptualization knowledge with A, helping her understand and identify the causes of her problems at the cognitive level. This understanding of how her issues developed and were maintained created a sense of cooperation and trust in the counseling process. As Dr. Aaron Beck said, if counseling is viewed as a journey, then case conceptualization is the map of that journey—once the direction is clear, reaching the goal is just a matter of time.

This case also has some limitations. Due to the relatively short number of counseling sessions, the effects were more apparent in the short term, but the long-term outcomes are still unclear. The effectiveness of long-term intervention remains to be further verified. In the future, school counselors and psychiatrists could consider applying the case conceptualization techniques of cognitive behavioral therapy (CBT) to help adolescents and clinical clients gain a clearer and more intuitive understanding of the origins and dynamics of their issues. This could lead to better collaboration with the counseling process, thereby enhancing the effectiveness of clinical interventions.

7. Acknowledgements

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