Case Conceptualization

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**Mental Health Counseling Internship 2**

The client is a 27-year old Mexican woman, who presents with anxiety. She has been working with this counselor along with her other diagnosis of alcohol use disorder, moderate. She is currently taking medication for diabetes and the side effects from her medications are not causing the anxiety that she is experiencing. She admits the recent separation from her husband has been unsettling. She thinks she is distraught because her life is meaningless. The client says that she worries a lot, and wonders what will happen to her kids if she can't take care of them. Her husband is still involved in their lives. He spends time with the kids, and provides some support. However, money has been scarce. She knows she should be doing more to get a better job, but she finds herself too fatigued to do anything about it. She worries there will not be reconciliation for her and her husband. He left because of her constant worrying and drinking. She feels a sense of hopelessness, and said she also worries about death. She also feels confused, and it is difficult to control her thoughts and feelings. Her mother died from Type 2 Diabetes.  
She also feels sad that she is not successful, and has nothing to offer her children. The client is concerned about her future, wondering if she will ever do better. The clients most concerning fact is that she is not getting any younger, at 27 she will reach 30 very soon, and feels that she has not accomplished much. The client immigrated to the United States from Puerto Rico with her parents as a child. She is the oldest of two sisters and a brother. Her mother and father immigrated to the United States when she was very young. They struggled to offer the client and her sisters and brother a better life than they had in Mexico. However, after many years of working in the family produce store, her mother and father barely made enough money to take care of the family. She believes their hard work eventually contributed to their deaths, dying within years of each other. Although her mother also suffered from Type 2 diabetes. She remained in the states while her sisters and brother returned home immediately after her parents' deaths. She met and married her husband a few years later. Currently, she is a 27-year-old single mother of two children, her daughter age 2 and son, age 4. Although she and her husband are separated, they have not divorced. The client is a practicing Catholic, and thinks divorce is wrong. The kids are crying a lot since her husband is not in the home, and she has trouble controlling them. She feels guilty for being away from them so much, but since her husband left, finances are strained and she has to work. The client works as a gift wrapper in a local department store. She has thought of taking college courses to further her education and get a better job, but never followed through. She also needs to lose weight. She blames her lack of motivation on the early arrival of her kids soon after getting married. But she knows that is not true.  
Her aunt, her sole support in the states would keep the kids while she works, and would keep them anytime she asked. The client has been experiencing a lot of anxiety, and finds she has been worrying about the smallest things. She began to have fears of what would happen to her family and finances right after the separation. Soon after the separation, it has almost been a year, her anxiety has increased to the point that she drinks just to make it through the day. Her aunt is concerned about her, because several times she has picked up the kids, and smelled liquor on her breath. She convinced her to see a doctor after she remarked drinking helped her to relax. Her physician acknowledged the potential side effects from her diabetic medicine, but tells her she should not be experiencing anxious thoughts. A typical day for the client consists of waking up, having copy and turning on the internet to check her Facebook page before going to work. She usually has a bowl of cereal (she admits to sometimes taking a drink to steady her nerves. Next, she drops the kids off at her aunt and goes to work. She lives alone with her two children. Her support system is her aunt and uncle. She works as a gift wrapper for a local department store. The client presents with anxiety (lack of motivation, disinterest in the dream of a better job). The client grew up with very strict parents. Her environment was very controlled. She remembers that her parents never displayed warmth and love in her presence. The family didn’t demonstrate much affection. She feels guilty for not spending a lot of time with her kids. In choosing Family System therapy this family faces several challenges including: (1) her husband’s absence from the home (2) visitation schedules for the children, ad (3) child support. The potential problem as presented in this case study appears to be focused primarily on the client’s anxiety problems. However, as a choice of therapeutic intervention, the Bowen model of Family system therapy will be utilized to aid this family in efforts at achieving more effective communication. In the present case scenario, based on Bowen' theoretical Family Systems model, the focus of therapy is to reduce anxiety by providing a rational "un-triangulated" third party (not taking sides) intervention. It is clear from the client wish to not divorce her husband indicates emotions are still there. A Family System's approach will aid the practitioner in coaching the family members to aid in differentiation (not focus on the self); but deal with the emotional problems of nuclear family and begin to bring the family back together again. Solution-focused Therapy (SFT, deShazer & Berg, 1977) offers the advantages of being a brief, strength-based therapy. The therapy was designed to help clients arrive at solutions to their problems in a few sessions. The success is measured by the progress that clients make toward reaching their goals as opposed to the amount of times they spend in counseling. Research points to the effectiveness of SFBT with children and families. It is viewed as a strengths-based therapeutic approach, emphasizing resources that people already possess, and can be applied to a positive change process (Cooley, Graham, Craig, Opry, Cardin, et al., 2013)

Bowen's definition for "differentiation of self" is 'one who maintains emotional objectivity while in the midst of an emotional system that is in turmoil, yet at the same time relate to key people in the system (Bowen, 1978 as cited in Bartle-Haring & Lal, 2010, p. 106). The counselor would attempt to reconnect with the nuclear family focused on a change occurring within the entire family relationship. The notion is to treat chronic anxiety that feeds symptoms and raising differentiation of self, coping with anxiety in the family system, and with families struggling with alcoholism. Understanding the lack of intimacy in the client’s family of origin could help to explain the emotions she is dealing with She remembers her parents always working and never displaying much emotion with each other or the kids. Her mother was quiet and reserved, and she remembers that her father drank a lot. This could help explain the client’s feeling of hopelessness, and confusion; and her struggles with alcoholism. Three specific goals the counselor will use with this client will be effect awareness and change, develop a better family relationship, and reduce her anxiety. The client feels a loss of the sense of self. However, she is seeking of a change in her life, although she has not acted upon it. A significant part of her worrying is that she has not been successful up to this point, and she has nothing positive to hand down to her children. With an integrated approach consisting of a Family System (FS) therapy, the counselor is more focused on the family goals as opposed to the individual goal than the specific goals of the individual (Bartle-Haring, & Lal, 2010). The key is to bring about an understanding so that the entire family benefits from understanding one another and SFBT approach, the desired goal is to encourage thoughts and perceptions of issues within the client's life that are positive, and based on SFBFT aid her in achieving the desired condition of her life (www.sfbfa.org).

Consider multicultural practices and incorporation into your evaluation and/or assessment approach. The idea of raising awareness of multicultural factors into the counseling process was introduced by Sue, Arredondo, & McDavies (2012), and is focused on issues of diversity that may be beneficial to psychologists working with clients having a culturally diverse background. According to Sue et al, multicultural competency occurs when a counselor’s attitudes/beliefs, knowledge are integrated into clinical practice.  
Implementing multicultural practices into the treatment process for the client would be to consider culturally relevant issues. For instance, research suggests that economic challenges have forced Mexican Americans who immigrate to the U.S. to live apart. These challenges include: (a) the stress of navigating through a new culture, (b) strained roles, (c) lowered access to resources; and (d) living in a system filled with anti-immigrant sentiment and racism (p. 361). Most Latinos prefer addressing their problems within the family (Bermudez, Zak-Hunter, & Silva, 2011).

The goal of Bowenian therapy includes:   
• Reframing the presenting problem  
• Lowering anxiety to have effective parenthood  
• Strengthening the emotional wellbeing of the family unit  
• Opening up ties that have been closed to the family

The setting of specific, concrete, and realistic goals is an important component of SFBT. Goals are formulated regarding what clients want different in the future. Consequently, in SFBT, clients set the goals. Once a formulation has occurred, the therapist focuses on exceptions related to goals, regular scaling (clients are close to their goals or a solution), and co-constructing useful next steps to reaching their preferred future ([www.sfbt.com](http://www.sfbt.com)). Specific goals are an important component of SFBT. Whenever possible, the counselor tries to obtain small goals rather than large ones. Clients are encouraged to frame their goals as a solution as opposed to a problem, rather than the absence of a problem (Tipper et al, n. d.)  
According to APA (2013) her DSM 5 diagnosis is as follows:   
300.02 Generalized Anxiety Disorder  
303.90 Alcoholism Use Disorder, Moderate  
E11 Type 2 diabetes Mellitus It is clear from interviewing the client that she is suffering from anxiety problems. Although she also shows signs of depression, the counselor is reluctant to provide a severe diagnosis for a major depressive disorder because her condition appears to be linked to her current situation and lifestyle. This condition involves being separated from her husband, her low economic situation and the stability of her home after the separation. The counselor’s first impression is that she is suffering from anxiety; however, the counselor is still reluctant to suggest a severe disorder in her case. She does not meet the criteria for a Major Depressive disorder. The anxiety could be brought on by the worrying linked to her current lifestyle change. Therefore, a provisional (could change) diagnosis is suggested based on the Diagnosis and Statistical Manual of Mental Disorders (DSM 5 [APA], 2013) criteria for Generalized anxiety Disorder (GAD). Based on the (DSM 5 [APA], 2013), diagnostic criteria, GAD consists of exhibiting excessive fear and anxiety. The excessive anxiety and worrying occurs for at least six months regarding a number of activities and events, and the individual finds it difficult to control the worry (DSM 5, p. 189). Information that cannot be obtained from the client clinical records can be obtained at intake, or first session if the client is not willing to disclose information at intake. For example, information from observing the client and from her psychosocial history (e.g., generational habits, patterns in the family of origin etc.), could be helpful in conceptualizing her case, and diagnosing the problem.

After addressing the relevant procedures during a clinical interview (e., listening, attending, confidentiality, informed consent agreement, etc.); the counselor is ready to move on to the assessment phase. The counselor might benefit from the use of a basic mental health exam that helps to assess the current condition of the client. (Lakeman, 1995) Some of the observational categories on the exam may include: appearance (well-dressed vs. poorly dressed) behavior (fidgeting, trembling); attitude toward therapy or therapist (cooperative or resistant); and affect (mood during interview); rate and flow of speech (e.g., hurried, mumbled, or slurred).  
These observations could aid in diagnosing the client's mental functioning. According to Lakeman (1995), the MHE provides a way to structure data regarding the client's mental functioning. The MME follows as format for all health professionals to follow and record under specific headings. It is a good idea to check with the physician (with the client's permission, signing a release of information) in regards to the medication that she is taking and to see if it is a possibility that she could take a non-habit forming anti-anxiety medication or anti-depressant. You could also talk to the counselor’s supervisor if there is a problem proceeding with the client, or understanding how to proceed. The counselor should consider whether or not the counselor has "multicultural competency", be attentive to religious and cultural factors, family of origin, the client's low economic status; and her separation from her husband. All of these could be factors that contribute to her functioning. According to integrative therapists, the goal is to fit the therapy to the client. Research shows that integrative therapy is becoming increasingly popular. Discussed below are the therapies of psychoanalysis, cognitive-behavioral and person-centered therapies and the advantages and disadvantages associated with these approaches when integrated. An advantage of this approach is that childhood problems can be identified and restructures. The therapy is focused on achieving insights to develop an awareness and understanding of self (Corey, 2005).  
From an integrated perspective record the effectives of the client's progress from each perspective (each perspective has something unique to offer). For instance, based on the FS approach, the counselor would note the degree which Isabella has become differentiated from others, and the way in which anxiety is formed through rigid patterns by the family structure (Corey, 2005). From the SFBT perspective, the therapy will help clients arrive at solutions to their problems in a few sessions (Cooley et al., 2013).

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