

# Cross-Theoretical Systemic Case Conceptualization 3.0

*For use with individual, couple, or family clients*

**Date:** 2/14/ 23    **Clinician:** Lillian Gomez    **Client/Case #:** Confidential Information

## Introduction to Client & Significant Others

*Identify significant persons in client's relational/family life who will be mentioned in case conceptualization:*

- Foster Mom/ Grandmother: B.Y
- Foster Dad/ Grandmother: B.G
- Mother: B.B
- Child 1: B.L
- Child 2/my client: B.A.

**Adults/Parents:** Select identifier/abbreviation for use in rest of case conceptualization :

B.Y- Age: 63 Occupation: Pre-K Teacher Other: \_\_\_\_\_

B.G - Age: 65 Occupation: Retired Other: \_\_\_\_\_

B.B - Age: 27 Occupation: Unemployed Other: \_\_\_\_\_

**Children/Adult Children:** Select identifier/abbreviation for use in rest of case conceptualization :

B.L - Age: 3 Grade: Other: Daycare/Three-k

B.A- Age: 5 Grade: Other: Kindergarten

## Presenting Concerns

*Describe each significant person's description of the problem:*

B.Y: She is bedridden due to a broken foot, deals with a daughter who has substance abuse issues and mental issues, and is a foster-mom

B.G: Not enough information is given at the moment.

B.B: Has been diagnosed with ADHD, Schizoaffective with Bipolar, with Autism Spectrum Disorder, and deals with substance abuse.

B.L: She has shown signs of emotional detachment

B.A: He shows signs of adjustment- disorder, and has Tropicia

*Broader System: Description of problem from extended family, referring party, school, legal system,*

*etc.:*

Extended Family: Not enough information has been given at this time

School: N/A

Legal System: B.B. Has a child custody case open. Her kids are currently in foster care with her mother.

### **Background Information**

*Trauma/Abuse History (recent and past):*

- B.Y: Not enough information is given at this time
- B.G: Not enough information is given at this time
- B.B: Not enough information is given at this time
- B.L: Neglect trauma due to biological parents
- B.A.: Neglect trauma due to biological parents

*Substance Use/Abuse (current and past; self, family of origin, significant others):*

- B.Y: Not enough information is given at this time
- B.G: Not enough information is given at this time
- B.B: She deals with substance abuse
- B.L: N/A
- B.A.: N/A

*Precipitating Events (recent life changes, first symptoms, stressors, etc.):*

- B.Y: She just broke her foot about 2 weeks ago, she works full-time, and has to take care of two small children
- B.G: Not enough information is given at this time
- B.B: She deals with substance abuse and has in and out of treatment centers for the past 2 years
- B.L: Was moved to live her foster family in November 2022
- B.A.: Was moved to live her foster family in November 2022

*Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.):*

- B.Y: Not enough information is given at this time
- B.G: Family history of Schizoaffective with bipolar disorder
- B.B: Family history of Schizoaffective with bipolar disorder; She started attend counseling in high school for mental health issues
- B.L: She is currently attending therapy with her own therapist
- B.A.: Has Tropic and was referred to therapy

## Client/Family Strengths and Social Location

### *Strengths and Resources:*

- Due to their cultural values, despite the daily turmoil, I have noticed that they do try to be there for each other. Especially the foster mom. She seems like she is the glue of the family.

### Personal:

- B.Y: She is very aware, she is very resourceful, has experience with children, has an income due to her job, and she is emotionally strong, and independent.
- B.G: Not enough information is given at this time
- B.B: She has done well at school, she is great at writing
- B.L: Not enough information is given at this time
- B.A.: Does well in school, usually very happy, has great vocabulary, is potty trained

### Relational/Social:

- B.Y: She is able to maintain relationships and has a close bond with her friends.
- B.G: Not enough information is given at this time
- B.B: At the moment, due to her substance issues, is not able to maintain close relationships
- B.L: Not enough information is given at this time
- B.A.: He can communicate well with others, per the foster mom's commentary, he tends to reclude and play by himself a lot.

### Spiritual:

- Not enough information has been given at this time

*Based on the client's social location—age, gender race, ethnicity, sexual orientation, gender identity, social class, religion, geographic region, language, family configuration, abilities, etc.--identify potential resources and challenges:*

### Unique Resources:

- Due to their cultural background, they could lean on friends, and extended family members.
- The small children do attend school, so they could reach out to the schools for additional resources
- If B.B. follows through with her treatment, the facility she is at could connect her with useful resources
- Foster mom is toward the end of her career and is able to retire in the following year. She has mentioned that she has a pension.

### Potential Challenges:

- A potential challenge is that the foster mother's bedridden order will be extended
- A potential challenge is that B.B. will continue to leave treatment
- A potential challenge is that the court will take complete custody rights from B.B due to her leaving treatment centers.

- A potential challenge is the B.A's Tropa will get worse

## **Family Structure**

*Family Life Cycle Stage:*

- Family with Young Children
- Later Life

Describe struggles with mastering developmental tasks in one or more of these stages:

*Boundaries with/between:*

Primary couple: Disengaged

Example: The mother says that he's around but not emotionally present

Foster mom & Children: Clear

Example: The foster mom knows that she is the person in authority and a guardian. The children know she is their caregiver

Mother & Children: Disengaged

Example: The mother has not shown up to her weekly 2 hours visitations

Siblings: Clear

Example: From my point of view the two young siblings seem to have a pretty

Extended: NA; Not enough information is given at this time

Example: All that is known is about one younger cousin that B.A. and B.L have play dates with

Friends/Peers/Others: NA; Not enough information is given at this time

Example:

*Triangles/Coalitions:*

Cross-generational coalitions: In this case. There are no Cross-generational coalitions taking place.

Other coalitions:

- B.Y and B.G have a coalition against their daughter, B.B.

*Hierarchy between Parents and Children:*

- Foster dad : Insufficient
- Foster mom: Authoritarian
- Biological mom: Inconsistent

*Description/Example to illustrate hierarchy:*

- Foster dad: From what I have gathered the father is not emotionally present in the children's lives
- Foster mom: The foster mom is present and is the backbone of the family
- Biological mom: The mom has never taken full responsibility over the children's lives

*Complementary Patterns between \_\_\_\_\_ and \_\_\_\_\_:*

Pursuer/distancer:

In this case, the foster mother is the distancer and the biological mother of the children is the pursuer.

Over/under-functioner:

The foster mother is over-functioning and the biological mother is underfunctioning towards her mother who is the foster mother.

Emotional/logical:

In this case I would say that the foster mother attempts to be the logical one where the biological mother is the emotional one.

Good/bad parent:

Not much information is given at this moment. What I have noticed is that the foster mother would be considered the "bad" parent since she is the one to correct and discipline. The Foster father is not really present in the children's lives.

### **Interactional Patterns**

*Primary Pathologizing Interpersonal Pattern (PIPs; A ⇌ B): Describe dynamic of primary PIP: Pursuing/Distancing Criticizing/Defending Controlling/Resisting Other:*

- The Primary Pathologizing Interpersonal Patterns in this case are criticizing and defending

Describe Start of Tension: The Tension began around November 2021 when the biological mother lost custody of her children due to substance abuse and angry outburst.

Describe Conflict/Symptom Escalation: The biological mother has since then been in and out of drug rehabilitation programs. She does not get along with her mother, who is the foster mother. The court has made it very clear that unless she can prove her sobriety and lifestyle by March 2023 she will not get custody back. This makes the biological mother even more upset at the foster parents. This change and lifestyle patterns have affected the children and now they deal with their own trauma and other physical illnesses.

Describe Return to "Normal"/Homeostasis: In order to bring equilibrium back to the family every individual would have been committed to attend family therapy and further, seek their own therapy. Each family member is personally going through their own trouble(s) that affect the overall family.

*Hypothesized homeostatic function of presenting problem: How might the symptom serve to maintain connection, create independence/distance, establish influence, reestablish connection, or otherwise help organize the family?*

- The family is too interactive in each other's lives. Since this is a cultural value of theirs we can help shift the negative overinteraction to positive over interaction.

### **Intergenerational & Attachment Patterns**

*Construct a family genogram and include all relevant information including:*

- Names, ages and birth/death dates
- Relational patterns
- Occupations

- Psychiatric disorders and alcohol/substance abuse
- Abuse history
- Personality adjectives

*Genogram should be attached to the report. Summarize key findings below:*

Substance/Alcohol Abuse: Daughter (biological mother) deals with substance abuse since the age of 14 years old.

Sexual/Physical/Emotional Abuse:: The two younger children of the mother have been recipients of emotional abuse by her. The two children were products of two substance users and were a part of an unstable household.

Parent/Child Relations: The foster children are estranged from their parents and are more attached to the foster mother.

Physical/Mental Disorders: The biological mother has ADHD, Schizoaffective with Bipolar, Autism Spectrum Disorder, & deals with substance abuse. Schizoaffective with Bipolar runs in her family through her father's side (his mother had it). The biological mother's son also has Tropic.

History Related to Presenting Problem: It can be assured that because the biological mother experienced childhood trauma, she now is affected by it and her children experienced their own trauma. Since Schizoaffective with Bipolar runs in the family, this affects the way the biological mother seeks treatment and tries to show up for her children.

Describe family strengths, such as the capacity to self-regulate and to effectively manage stress:

- The family is their endurance. They have gone through so much and the matriarch is the glue that reminds them of how important family is.

*Describe typical attachment behavior when a person does not feel secure in relationships; include Satir survival stances (placating, blaming, super reasonable, and irrelevant) used in description.*

B.Y.: Secure; Blaming - The foster mother does not deal with feelings of abandonment, or detachment. She does put the blame on her daughter and her husband when issues arise.

B.G.: Not enough information is given at this time - The foster parent does not always attend sessions

B.B.: Avoidant; Blaming - She strives to be independent and be secure on her own, however she does also blame her mother for her issues.

B.L.: Fearful Avoidant; Thinker - She has shown signs of emotional withdrawal.

B.A: Anxious; Blamer - He shows signs of anxiousness and wanting to feel secure and attached to his foster mother.

## **Solution-Based Assessment**

*Attempted Solutions that DIDN'T work:*

1. As of right now, play therapy has not worked. I have to keep sessions going to see if I can get through to B.A. and to see if he opens up.

*Exceptions and Unique Outcomes (Solutions that DID work): Times, places, relationships, contexts, etc., when problem is less of a problem; behaviors that seem to make things even slightly better:*

1. Speaking to the Foster mother and the biological mother in separate meetings. They do not see eye to eye and usually have different versions of the same stories.
2. Strength based approach: I have been highlighting the positive attributes of each family member, and speaking it to them so that they are aware as well.

*Miracle Question/Answer: If the problem were to be resolved overnight, what would the client be doing differently the next day? (Describe in terms of doing X rather than not doing Y):*

1. B.B would commit to her sobriety and prioritize her children, which will prompt emotional stability for them,

### **Postmodern: Social Location and Dominant Discourses**

*Describe the client(s) overall social location (the groups a person belongs to based on diversity factors) and influential dominant discourses related to presenting concerns:*

- **Ethnic, Race, Class, Immigration Status, and Religious Discourses:** *How do key cultural discourses inform client identity(ies), what is perceived as the problem, and possible solutions (specify ethnicity, e.g. Italian American rather than White or Caucasian)?*
  - The family is African American. From their cultural values what I have noticed are major components in this care are: family closeness, strong work orientation, and their emphasis on the future, change, and always progressing. Desiring their trials and tribulations, the foster mother has hope that all things will work together for good.
  
- **Gender and Sexuality Discourses:** *How do gender and sexuality discourses inform identity(ies), what is perceived as a problem and the possible solutions? Do these intersect with ethnicity and/or religion?*
  - Because the foster mom is related to the biological mom in this case, I see how the biological mom being a woman has such an emphasis on her being “uninvolved” in her children’s lives. When speaking to this family, there is not much talk about the children’s biological father not being present. The dominant worldview has much more of a negative emphasis if a woman abandons her children, as opposed to a man leaving his children.
  
- **Community, School, Work and/or Extended Family Discourses:** *How do other important community discourses inform identity(ies), what is perceived as a problem and the possible solutions?* The children are really connected to their school’s. The foster mother has mentioned how the children seem to enjoy school and how they are hitting all their learning milestones. This could be a solution for the children. The teachers and administrators could provide them with resources to help build strong relationships with other students and feel safe and connected.
  
- **Identity Narratives:** *How has the problem shaped each significant person’s identity?* I would say the overall problem is the substance abuse issue that the mother deals with. Before her drug use, she had already been diagnosed with serious mental issues. Because she deals with both mental and substance issues this has caused her to lose custody over her children and to act irrational. These issues have affected her mother (who is the children’s foster mother) as well as her children who suffer from neglect and trauma. The mother’s dependence on drugs has affected everyone in her family.

### **Client Perspectives (Optional)**

*Areas of Agreement: Based on what the client(s) has(ve) said, what parts of the above assessment do they agree with or are likely to agree with?*

- As of right now, both mother’s have agreed for me to pull the children in for play therapy. Also when talking to both mother’s and asking them to describe the children’s symptoms, they notice the same

things.

*Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why?*

- The biological mom believes she will have custody of her children back when they go to their next court hearing in March. The foster mom, however, has told me that the judge has made it very clear that she will not have the kids back.

How do you plan to respectfully work with areas of potential disagreement?

- I plan to continue to meet with them and to help mend the relationships starting with the biological mother. I need to emphasize that the children need and want her presence in their life despite what happens in the court. I should also emphasize to the foster mom that her cooperation is needed to help support the children's overall wellbeing.