

CASE CONCEPTUALIZATION

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Lakiesha Gonzalez

Alliance University

SWK 656: Clinical Social Work Practice II with Families (NOS)

Professor Jessica Barrera-Morales

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CASE CONCEPTUALIZATION

*For use with individual, couple, or family clients***Date:** 03/04/2023 **Clinician:** Lakiesha Gonzalez, Clinical Intern **Client/Case #:** TJ/001**Introduction to Client & Significant Others***Identify significant persons in client's relational/family life who will be mentioned in case conceptualization:***Adults/Parents:** Select identifier/abbreviation for use in rest of case conceptualizationIdentifier: AM1 Select Gender: Male Age: 49 years old Select Ethnicity: White Relational Status: Married
Heterosexual Occupation: Director of Food Service at a Hospital Other: CatholicIdentifier: AF1 Select Gender: Female Age: 46 years old Select Ethnicity: White Relational Status: Married
Heterosexual Occupation: Registered Nurse Other: Catholic**Children/Adult Children:** Select identifier/abbreviation for use in rest of case conceptualizationIdentifier: CM1 Select Gender: Male Age: 15 years old Select Ethnicity: White Grade: 10th grade School:
Connecticut Highschool Other: Active in multiple sports and honor roll studentIdentifier: CF1 Select Gender: Female Age: 10 years old Select Ethnicity: White Grade: 5th grade School:
Connecticut Middle School Other: Honor Roll Student and plays soccer

Others: Identify all: _____

Presenting Concerns*Describe each significant person's description of the problem:*Identifier: AF1: Couple is having marital issues and AF1 has been seeing the marriage counselor individually; AM1 has just agreed to engage in marital counseling within the past few weeks. AF1 is concerned that CM1 has an eating disorder; she feels he is becoming very disrespectful and combative.Identifier: AM1: Doesn't feel that the family should be in therapy, however, it is what his wife wants. AM1 is concerned about CM1 behavior in the home towards his mother.Identifier: CM1: Is angry that he is seen as the problem when his mother is the one who has to have her way in every situation. CM1 feels the major concern is that his mother is overbearing.Identifier: CF1: Doesn't like that her parents argue so much about the children daily schedules.*Broader System: Description of problem from extended family, referring party, school, legal system, etc.:*Extended Family: AM1 Family of Origin: ViewsAF1 Family of Origin: ViewsName: Dr. Garcia Referring doctor: Concerned that CM1 has an eating disorder and is experiencing extreme sadness.

Name: _____

Background Information*Trauma/Abuse History (recent and past):* There were no history of trauma or abuse reported to clinician.*Substance Use/Abuse (current and past; self, family of origin, significant others):* The family denied any substance use/abuse currently or in the past for any family member.*Precipitating Events (recent life changes, first symptoms, stressors, etc.):* Two months prior to initiating treatment CM1 was experiencing excessive vomiting which caused him to have to seek emergency medical treatment three time. Which ultimately led him to having to seek treatment from a

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gastrointestinal doctor. AM1 and AF1 both had concerns that CM1 was suffering from a eating disorder as he had loss a lot of weight and was refusing to eat. AF1 was concerned that CM1 was purging due to her finding a picture, in his phone, of a girl putting her finger in her throat. CM1 has shared that his mother has been on non-paid family leave since he was sick and not able to attend school. CM1 has reported that his mother has been worried about the family finances since she has been home and is monitoring the consumption of the children's food. CM1 has experienced patterns of excessive sleeping. CM1 has also been experiencing sadness, trouble concentrating, and frustration due to him not being able to interact with his friends as a result of him becoming sick in November 2022. CM1 has been having increased family conflict with AF1 following his medical concerns and it has caused his emotions to be dysregulated on a consistent bases. CM1 is active in multiple sports and uses it as a way to cope with stress which is sometime to an extreme. AF1 and AM1 also had some concerns about CM1 having inappropriate interactions online with his friends and hanging out with the wrong crowd.

Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.): Maternal grandfather has ADHD, depression, and anxiety. AM1 suffers from blood clots. The parents are currently engaging in martial counseling. AM1 was prviously hesitant to engage in martial counseling and AF1 started the process of speaking with a clinician alone until about two weeks ago. CF1 is currently seeing her school social worker once weekly.

Client/Family Strengths and Social Location

Strengths and Resources:

Personal: CM1 is very social, energetic, athletic, easy going young male who makes connections easily. CM1 is able to excel in the majority of things he engages in. CM1 continues to be an honor roll student and is interested in getting a soccer scholarship for college. CM1 and CF1 both have strong family ties to both the maternal and paternal sides of their family. AF1 is a dedicated wife and mother who puts her life on hold to attend to the needs of her family. AM1 is a dedicated father who is involved in his children's daily living and social interactions.

Relational/Social: Both children have great support networks that are assisting them with this transition in their family at this time. The school social workers at both children school's are aware of the family's current situation and are actively supporting the children in their school setting.

Spiritual: AF1 and AM1 believe that their faith is something that is aiding their family during this difficult time. The family believes that their faith is strong enough to help them through their situation and will help them be able to help others through similar situations.

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: AF1 and AM1 both have strong familial support from their parents are financially supporting the family at this time. The family has a strong religious faith and community that they find beneficial; they seek spiritual guidance from their priest. The parents are also actively partnering with CM1 medical providers to maintain his health.

Potential Challenges: Some potential challenges/limitations is that CM1 sometimes does not understand the seriousness of his medical issues. In return, he does not consider the disadvantages of stopping his medication when he is feeling better. Another thing to consider is the parent's view of children listening to what they are told and not having independence.

Family Structure

Family Life Cycle Stage (Check all that apply):

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- Single Adult
 Committed Couple
 Family with Young Children
 Family with Adolescent Children
 Divorce
 Blended Family
 Launching Children
 Later Life

Describe struggles with mastering developmental tasks in one or more of these stages: The parents have been experiencing marital issues since the onset of COVID. However, for the last three months it has been difficult to maintain their connection and they feel they have been growing further apart. During COVID AM1 was the primary parent responsible for the children's daily living. However, within the past six months the AF1 has tried to reestablish her role as the primary parent responsible for the children's daily living.

Boundaries with/between:

Primary couple Enmeshed Clear Disengaged NA Example: AF1 controls the relationship with her emotions and uses her emotions as well as her previous mental health issues to get AM1 to conform to whatever rules and stipulations she desires.

None & Children Enmeshed Clear Disengaged NA Example: AF1 can be highly reactive when the children do not follow her rules and has taken the way CM1 tries to assert is independence very personally. AF1 will sometimes punish CM1 for not agreeing with what she is saying or not following a command she has given (i.e. You need to eat a snack, eat an apple. CM1 will grab a granola bar instead. As a result she will take his cell phone).

Select & Children Enmeshed Clear Disengaged NA Example: Since AF1 has wanted to reestablish her role as the primary responsible parent for daily living, AM1 has been more detached and when the children asks him question he will send them to AF1 for a response. Sometimes he will provide a response but change his mind once AF1 says she does not agree with what he told the children.

Siblings Enmeshed Clear Disengaged NA Example: The siblings are able to communicate with one another and spend time with one another.

Extended Family Enmeshed Clear Disengaged NA Example: The extended family does not live close so they are not physically there. However, they are very involved virtually and financially.

Friends/Peers/Others Enmeshed Clear Disengaged NA Example: CM1 likes to spend a lot of time with his friends so that he does not feel he is being monitored constantly.

Triangles/Coalitions:

Cross-generational coalitions: Describe: AF1 hold CM1 responsible for her not being able to be at work. CM1 holds his mother responsible for not being able to be independent as well as have his father not as present in his daily living. AF1 also holds AM1 responsible for CM1 not being respectful of the rules she has set.

Other coalitions: _____

Hierarchy between Parents and Children: NA

Select: Effective Insufficient (permissive) Excessive (authoritarian) Inconsistent

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Description/Example to illustrate hierarchy: AM1 tends to be the lenient parent when AF1 is not present and allow the children more independence. AF1 is currently the primary parent for the children'd daily living and she expects the children to do as they are told and not to talk back.

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Complementary Patterns between AF1 and AM1 :

- Pursuer/distancer
 Over/under-functioner
 Emotional/logical
 Good/bad parent
 Other: _____

Example of pattern: Historically, AF1 has been the purser as she like to resolve conflict in the moment and spend more time together. However, AM1 likes to step away from conflict. AF1 initiated marital counseling because she felt they were growing to far apart, while AM1 did not begin attending martial sessions until a couple of weeks ago.

Interactional Patterns

Primary Pathologizing Interpersonal Pattern (PIPs; A \rightleftharpoons B): Describe dynamic of primary PIP:

- Pursuing/Distancing Criticizing/Defending Controlling/Resisting Other: _____

Describe Start of Tension: CM1 throws up after going away on a ski trip with his friend and his family.

Describe Conflict/Symptom Escalation: AF1 starts lecturing CM1 about how he is irresponsible and stating why he is the reason she cannot return to work. AF1 will remove CM1 phone during the lecture as she feels CM1 is not agreeing with what she is saying or he walks away. During AF1 lecture she goes over the negative effects of not taking the medication as prescribed and blames CM1 for him not feeling better. She also discuss CM1 bad choices in food and engaging in too many extracurricular activities. After CM1 walks away AF1 usually calls AM1 and gets him to side with her. AM1 comes home from work and talks to CM1 about following his mother rules and how his mother is doing her very best to take care of him.

Describe Return to "Normal"/Homeostasis: Sometimes AF1 will leave for long periods of time to take care of her parents so the distance helps allievate some of the tension. When AF1 returns home it is usually calm for two days and the the pattern repeats itself with mom wanting to control what CM1 consumes.

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?
During COVID, AF1 and AM1 marriage was greatly impacted as AF1 was a front line employee and could not be present in her marriage or in her role as a mother during that time. AM1 was responsible for the daily upkeep of the children and he was lenient with the children which allowed them to have more freedom and independence. During this time CM1 became closer with AM1 and looked to him for guidance. As AF1 transitioned back into the primary parent for the children daily living she became obsessive with the children and everything concerning them. This could be due to the disconnect in her relationship with AM1. AF1 could possibly feel guilty about not being able to be present in her marriage or children lives for an extended period so she could be over compensating to make up for that time missed. CM1 depression could be due to him missing the connection he had with his father as well as him seeing and hearing how his mother interacts with his father on a daily basis. The family is also experiencing financial difficulties which could also impact how the family is able to be maintained and connect to one another. This family struggles with enmeshed and disengaged boundaries that impacts their family structure which causes dysfunction.

Intergenerational & Attachment Patterns

Construct a family genogram and include all relevant information including:

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

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

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

Substance/Alcohol Abuse: X NA History: _____

Sexual/Physical/Emotional Abuse: X NA History: _____

Parent/Child Relations: NA X History: _____

Physical/Mental Disorders: NA X History: Maternal grandfather has ADHD, Depression and Anxiety and AF1 has anxiety and depression

History Related to Presenting Problem: X NA History: _____

Describe family strengths, such as the capacity to self-regulate and to effectively manage stress: The family has a strong religious connection, which they utilize to stabilize the family. The family has adequate resources and are able to recognize their family complex patterns.

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

Identifier::AF1 Anxious Avoidant X Anxious/Avoidant. Frequency: Select Describe: She pursues her husband and uses extreme emotions to gain his attention as well as his compliance with what she wants. She will also remove herself from conflicts with the children or her husband to avoid having to hear how they felt about something she has done to them that negatively impacted them.

Identifier::AM1 Anxious X Avoidant Anxious/Avoidant. Frequency: Select Describe: He is distance in his marriage and uses work as a means to not have to deal with conflict in the home.

Identifier::CM1 Anxious X Avoidant Anxious/Avoidant. Frequency: Select Describe: When CM1 feels unsafe, he generally purses connections, often through approval from friends. He will also use extracurricular activities as a distraction.

Identifier::CF1 Anxious Avoidant Anxious/Avoidant. Frequency: Select Describe: She generally avoids conflict with her family and with her peer. CF1 strives to follow the rules that are set in the home and at school to avoid

Additional: _____

Solution-Based Assessment

Attempted Solutions that DIDN'T work:

1. The continued use of lecturing from both parents has not reduced CM1's disobedient behavior.
2. AF1 taking CM1 phone on a consistent basis for extended periods until she felt CM1 was compliant with her rules.
3. CM1 talking to his school guidance counselor. The guidance counselor was there to support his educational needs when he was missing a lot of schooling. However, CM1 did not want to be seen talking to the guidance counselor.

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. AM1 shared that prior to COVID, he and AF1 would communicate about the children daily and both would have the knowledge about their day to day activities.
2. CM1 shares that when he is able to hang out with his friends even if he has to figure out transportation his interaction with AF1 is more positive and less combative. CM1 shares that when he engages in activities with his peers he is able to release some of the stress and worrying he faces in return he is less likely to be combative with his mother.

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3. AF1 reports that when she was going to work three days out of the week, she had a better interaction with CM1. AF1 would set aside time to watch a specific show with CM1 that they only enjoyed.

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. AF1 and AM1 would wake up in the morning and be able to communicate about the children's daily activities/plans for the day as well as throughout the day. AF1 and AM1 would be both preparing for work. AF1 and AM1 will make it a point to have a couple night without the children.
2. CM1 and CF1 would be up getting ready for school, both be getting good grades, excelling in their extracurricular activities, and CM1 would not longer be suffering from his GI issues.
3. The family would be planning a ski trip in which CM1 and AF1 would ride on the slopes together while AM1 and CF1 go snow tubing.

The theories/interventions that I have utilized with this family are Cognitive Behavioral Therapy (CBT), Solution focused therapy, and Strengths-based Perspective. CBT is beneficial to the family as it allows the family to challenge their negative thought patterns, and replace them with a more positive thought pattern in a smaller capacity so it is not so overwhelming. While solution focused therapy allows the family to work towards achieving their goals/solutions and not focusing on the problem that initiated the client's engagement in therapy. Assessing solutions, from a stance of understanding what worked and what didn't work for the family. The purpose is to gain insight into previous things that were functional for the family even if only for a brief period. The strengths-based perspective plays a vital role in allowing the family to see themselves at their best and focus on those strengths instead of their negative traits.

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 parents have a strong family background that reinforces the idea that children should do what they are told to do. This is creating a significant internal struggle for the parents because they see how this approach is impacting their family. The family culture, religion, and family background reinforce that parents are supposed to raise their children together and if there is an issue both parents need to be present to fix the issues.
- **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?* AF1 holds strong to her views as the role she is supposed to play in the lives of her children and husband. AF1 views is that the father is supposed to set order in the home when things are not aligned even if she influences how the order is set. AM1 believes that as the man/father/husband in the home he is supposed to be heard and the children follow his directives. However, he also refers the children to their mother for various requestion which could be due to the family dysfunction that is currently taking place. Culturally, when it comes to who took family leave from work to care for CM1 when he got sick as well as who is responsible for the maintenance of the medical appointments is significant, especially with regard to how AF1 and CM1 view possible solutions.
- **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?* CM1 has been

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making poor decisions due to peer pressure and the shift in his friendships as he is trying to fit in with a different crowd. This plays a role in how he views his friend's relationships/interactions with their parents and the relationship/interaction he has with his parents.

- **Identity Narratives:** How has the problem shaped each significant person's identity? CM1 is very caution when engaging with AF1 and has gone as far as stopped greeting her because AF1 would start a lecture about food choices and making good decisions when he is with his friends. CM1 shared that he tries to talk to his mother as less as possible so that he doesn't get his phone taking away for just expressing how he feels. AM1 is conflicted with hearing the perspective of his son and his wife and not knowing how to make both happy. AM1 reports feeling stuck and not knowing how to handle situations when AF1 and CM1 are having conflict in the home. AF1 reports that she feels guilty she had to leave her family to fend for themselves during COVID and states that she was just trying to protect them from getting sick. AF1 further shared that she believes that she is supposed to be the nurturer to her family and she just wants to assume that role back in their lives.

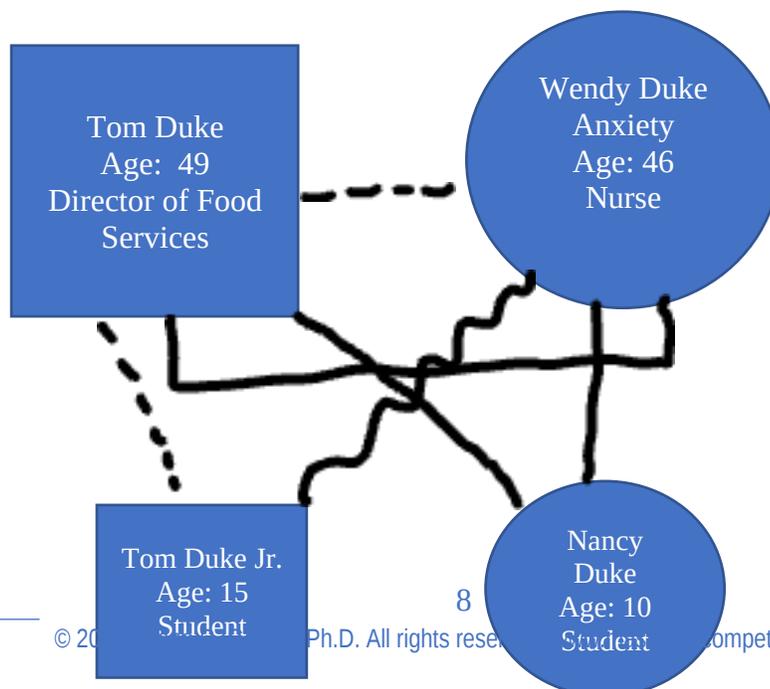
Client Perspectives (Optional)

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? The family is likely to agree with the current family dynamics and the evolution of their dynamics. They would also agree with the onset of the family dysfunction starting during COVID and progressively intensifying.

Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why? The family is likely to disagree with allowing CM1 to have more independence because they do not currently feel like he is making good decisions. They also might not agree that the parental conflict also impacts the family unit as a whole.

How do you plan to respectfully work with areas of potential disagreement? I believe that it would be important for the parents to see positive change in CM1 and his ability to make good decisions which would build upon their willingness to allow more freedom. I would start with small ways CM1 could assert some independence and build upon that as the family gets stronger.

GENOGRAM



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Biological Sex: Males= squares Females= circles

Relationships: Jagged line -hostile relationship

Strong, solid black line= strong, positive relationship

Broken lines= - - - - = Distance in relationship

Reference

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