

# Cross-Theoretical Systemic Case Conceptualization 3.0

For use with individual, couple, or family clients

Date: 3/4/23 Clinician: Loures Tayas Client/Case #: 1

## 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 conceptualization

AM1: Female Age: 24 African-American Single heterosexual Occupation: Homemaker Other: \_\_\_\_\_

AF1: Male Age: 28 African-American Single heterosexual Occupation: Unkown Other: \_\_\_\_\_

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

CF1: Female Age: 6 African-American Grade: Kindergarden Other: \_\_\_\_\_

Identifier: Select Gender Age: \_\_\_\_\_ Select Ethnicity Grade: Select Grade Other: \_\_\_\_\_

Identifier: Select Gender Age: \_\_\_\_\_ Select Ethnicity Grade: Select Grade Other: \_\_\_\_\_

Identifier: Select Gender Age: \_\_\_\_\_ Select Ethnicity Grade: Select Grade Other: \_\_\_\_\_

Others: Identify all: \_\_\_\_\_

## Presenting Concerns

Describe each significant person's description of the problem:

AM1: Difficulty establishing healthy relationships with parents, other siblings and professional practitioners. AM1 feels she is being neglected or being ignored by her father currently, which is painful for her. AM1 claimed she had lived with her father when she was in the 9<sup>th</sup> or 10<sup>th</sup> grades. AM1 said her father is an alcoholics who sexually abused him when she was 10. AM1 experienced difficulty including breaking down emotionally and mentally when he was with his father's care and being hospitalized oftenly. AM1 moved with one of her Aunts on the mother side, but then back to her mother, who is a drug abuser and diagnosed with bipolar. AM1 then had lived with another aunt, who happens to be drinking alcohol excessively. At that point that Child Protective Services took over her care. AM1 had live with several foster care homes, including a group home at age 13. As AM1 overaged the system, she was allowed to live by herself. AM1 was diagnosed with bipolar but currently not taking bipolar medications AM1 admits to smoking marijuana, eating edibles sometimes and drinking alcohol daily at home. AM1 is unemployed and is living with government assistance and food assistance. AM1 claims she found herself short of money many times and finding it difficult to manage for her child's needs. AM1 currently feels she is overwhelmed with the day-to-day responsibilities raising her daughter but is not open to receiving other social services available for her child's care or for herself. AM1 reports that her family members are not helpful, except her older sister, Kawanale, who is trying her best to help.

Identifier: CF1 Possible safety issues including environmental risk at home for AM1's substance use, alcohol drinking and non-compliance with bipolar medication. In addition, for insufficient resources for the chld's basic needs at home. . .

Identifier: \_\_\_\_\_

Identifier: \_\_\_\_\_

Additional: \_\_\_\_\_

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

Extended Family: Referral from Child Protective Services was on 9/22 for AM1's altercation with other person verbally and physicaly, threatened the other person by pulling a knife. All this was while AM1 was

intoxicated and happening in front of her child. Due to this incident, AM1 was sentenced for a one-day jail time.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

### **Background Information**

Trauma/Abuse History (recent and past): AM1 has a history of being sexually abused by her father at age 10. The abuse is conditnually being experienced by AM1 not physically, but emotionally by ignoring her. She feels her father is inflicting pain by sending a message that she is not existing in his father;s life. . This experiencse is causing pain for AM1 who feels being abandoned and isolated.

Substance Use/Abuse (current and past; self, family of origin, significant others): AM1's father is an alcoholic and her mother is a drug abuser. AM1's aunt, whom, she lives in the past, was also an alcoholic. Currently AM1 admits to smoking marijuana and someties eats edible, and drinks alcohol daily at home.

Precipitating Events (recent life changes, first symptoms, stressors, etc.): AM1describes that she believes the shole situation has started when she lived with her parents.. AM1 claims that for the first 7 years, she lived with her mother with other siblings. She believe the problem was precipated from his traumatic experiened under her father's care, and spiraled down onto moving to other kin's care and to several foster care homes. AM1 also believe, separation from her boyfriend, the father of her child, caused another painful experience and stressed her out raising a child by herself alone.

Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.): AM1 claimed that she tried attending a one-time individual therepay last year, which did not yield a positive outcome. AM1 feels therapy will not help her that she discontinued attending. AM1 reported that in the past she took bipolar medications, but stopped taking it when got pregnant worried that her baby will be affected. Afte six years after her baby was born, AM1 claimed she never went back to check with pyschiatrist or interested in taking bipolar medication again. AM1 also denies checking with medical professionals claimng she is healthy.

### **Client/Family Strengths and Social Location**

**Strengths and Resources:**

Personal: AM1 claims she is energetic, likes writing poetry, is atheletic and creative. She's attending an online course for medical billing/coding at Bryant Stratton hoping to finish in two years. AM1 claims to have skills in organizing, cleaning and maintenance of homes. She feels her skills in taking care of her child is the best compared to others. She becomes a full-time care-giver for her child. She's working gettnng a home-based job so as to both take cre of child and finances..

Relational/Social: AM1 is glad she has an open relationship with her older sister, Kwanale, and couple of friends in the project. AM1 is currently living in a one-bedroom apartment with her child in the the public housing. She is pround of being by herself and given a priority in puslic housing being from foster care homes. She is pround talking about her good relationship with her child's teacher, whom brings good report about her child academically and behaviorally.

Spiritual: AM1 feels it is important to know the truth about God or spiritual matters. But AM1 said she was not sure whom to believe. AM1 talked about several beliefs and religions and admit to be confusing ,AM1 said to continue to seek the truth hoping tol find it at the end.

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: AM1 is situated appears to be in an area that social support services are available within her reach.

Potential Challenges: AM1 challenges may probably include how to break through from feeling self-sufficiency and realistically see the problem at hand.

### Family Structure

Family Life Cycle Stage (Check all that apply):

- 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: \_\_\_\_\_

Boundaries with/between:

- |                      |  |                                |                                     |   |
|----------------------|--|--------------------------------|-------------------------------------|---|
| Primary couple       | <input type="checkbox"/> Enmeshed            | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input checked="" type="checkbox"/> NA Example: _____ |
| None & Children      | <input type="checkbox"/> Enmeshed            | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input checked="" type="checkbox"/> NA Example: _____ |
| Select & Children    | <input type="checkbox"/> Enmeshed            | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input checked="" type="checkbox"/> NA Example: _____ |
| Siblings             | <input checked="" type="checkbox"/> Enmeshed | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input checked="" type="checkbox"/> NA Example: _____ |
| Extended Family      | <input checked="" type="checkbox"/> Enmeshed | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input checked="" type="checkbox"/> NA Example: _____ |
| Friends/Peers/Others | <input checked="" type="checkbox"/> Enmeshed | <input type="checkbox"/> Clear | <input type="checkbox"/> Disengaged | <input type="checkbox"/> NA Example: _____            |

Triangles/Coalitions:

- Cross-generational coalitions: Describe: \_\_\_\_\_
- Other coalitions: \_\_\_\_\_

Hierarchy between Parents and Children:  NA

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

Description/Example to illustrate hierarchy: I believe AM1 parents were leaning toward on authoritarian parenting style rather than being authoritative.. Lack of supportive, nurturing, responsive response. I have such that AM1's parents wants to control the child's behavior. but not investing time to explain rules, or discussing the reasoning. This parenting style/pattern from her parents were most likely handed down to AM1. As AM1 raised her child, there is a big chance she is emulating how her parents style of parenting was.

Complementary Patterns between AM1 and Child:

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

Example of pattern: \_\_\_\_\_

### Interactional Patterns

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

- Pursuing/Distancing
- Criticizing/Defending
- Controlling/Resisting
- Other: \_\_\_\_\_

Describe Start of Tension: \_\_\_\_\_

Describe Conflict/Symptom Escalation: According to the interviews and observations, the conflict started when AM1 was a child being with her own parents. The symptoms escalated as she grow up and had lived by herself after surviving several foster home care system. Being the mother of child currently, without the relationship with the father the child escalated the symptom. AM1 feels alone and isolated. With the continuous conflicting relationships with her parents, she continually feels the pain and the experience caused her retraumatizing over and over again. AM1 internalizing the pain caused abnormal/dysfunctional system.

Describe Return to "Normal"/Homeostasis: Homoestasis for this family could start from restoration of healthy, honest communicaiton pattern between her parents. It could mean also a healthy communication between his father and mother, which may trigger a healthy communicaiton with AM1. However, since it looks like the most affected party is AM1. Trickling effect seems a miracle to happen and could probably hard to come into fuition, as AM1 alluded in the conversation. For AM1 if the re-connection among them happens, this will cause a tremendous positive effect to AM1. AM1 will feel included, acknowledged and feel existing as member of the family again. This will restore AM1's homeostasis.

*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?*  
Having established healthy communiations with AM's parents will reestablished the connection and diminished feeling of isolation and abandonment.

### 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 report. Summarize key findings below:

Substance/Alcohol Abuse:  NA  History: \_\_\_\_\_

Sexual/Physical/Emotional Abuse:  NA  History: \_\_\_\_\_

Parent/Child Relations:  NA  History: \_\_\_\_\_

Physical/Mental Disorders:  NA  History: \_\_\_\_\_

History Related to Presenting Problem:  NA  History: \_\_\_\_\_

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

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

AM1:  Anxious  Avoidant  Anxious/Avoidant. Frequency: Frequent: highly reactive to attachment threats  
Describe: AM1 clearly describes her parents and her rexpériences as a child and the degree how it happens. Although the relevancy and blaming were not clearly drawn as to her present challenges, but as if it is natural for her to share her story.

Identifier:  Anxious  Avoidant  Anxious/Avoidant. Frequency: Select Describe: \_\_\_\_\_

Identifier:  Anxious  Avoidant  Anxious/Avoidant. Frequency: Select Describe: \_\_\_\_\_

Identifier:  Anxious  Avoidant  Anxious/Avoidant. Frequency: Select Describe: \_\_\_\_\_

Additional: \_\_\_\_\_

## Solution-Based Assessment

*Attempted Solutions that DIDN'T work:*

1. AM1's multiple attempts to establish a relationship with her father by texting, calling and asking for help.
2. \_\_\_\_\_
3. \_\_\_\_\_

*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 feels better and less thinking of a problem when she thinks of her good relationship with her child
2. \_\_\_\_\_
3. \_\_\_\_\_

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

1. If overnight, your relationship with your father becomes better, the following morning how would you feel and what will you do?
2. Answer: I will not smoke marijuana and drink alcohol for the whole week.
3. Answer: Also, I will check with my psychiatrist and maybe take bipolar medications again.

## 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)?* AM1 is an African-American who lives in the area of Queens, NY, while father lives in South Carolina. Her sister lives nearby, but the rest are all scattered in other states including her mother. Her parents were born and had lived in Brooklyn, NY, where she was born. AM1 claims her family belongs to a normal working class but feels on the lower socio-economic status. She denies experiencing religious discussions at home growing up, but applauded one of her older foster care mother whom she felt loved and cared.
- **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?* AM1 denies issues or problems concerning her sexuality nor her ethnicity.
- **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?* AM1 claims to establish a good relationship with her child's school. AM1 claims to participate in school meetings and other activities in her school district.
- **Identity Narratives:** *How has the problem shaped each significant person's identity?* AM1 observes that her community is a mixed population, mostly maybe are blacks and minority. AM1 feels being a single mother and black, she has to stand strong and depend her child and herself. AM1 said she just cannot stand someone in

her face and or touch her face. The incident that brought the case to Child Preventive Services and caused herself a one-day jailtime.

### **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? AM1 agreed to the fact of her being hurt by continuous abusive attitude of her father. This time is not physical, but emotional. The advertently making her feel jelous by not receiving the same treatment as her other siblings or family members, including how her child is being treated. AM1 also agreed of her not checking with psychiatrist and abandoning her bipolar medications may cause disadvantageous in the short or long run. In addition, we agreed that using substances and drinking alcohol daily may not be beneficial as her child grows up. For her health and child's healt's sake. And lastly, we agreed that a change must happen.*

*Areas of Disagreement: What parts do they disagree with or are likely to disagree with? Why? I do not anticipate disagreeemnt with the client for, I believe, change will only happen as the client desires it. I believe my role is to identify what are AM! perspective about the problem, look the problem objectively with facts, and guide her into interventions. The decesion is soley in AM1 hands to complete the cycle.*

*How do you plan to respectfully work with areas of potential disagreement? If disagreement comes up,I believe the best approach is to identify where the client is at in the context of the given problem and her perspective about the problem. To accurately assessed and/or locate where exactly is the the client, for example, in the stages of change cycle. This, I believe is a process toward assisting the client solving the problem.*