

Case Conceptualization Paper

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Principles and Methods of Counseling (GCN 601)

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Name: Client X

Age: 49

Gender: Female

Sexual Orientation: Heterosexual

Ethnicity: Ecuadorian / American

Religion: Catholic

Client X has come into the office to discuss her concerns with anxiety and trust towards others. She shares that her recent exposure to case studies in school has brought up some unresolved issues from her past. When reading or discussing cases in class that involve abuse or loss the client shares that she becomes sad and cries. She also shares that she is in a relationship and struggles with trust and intimacy.

Client X is a single mother of one. She has a 29 year old daughter and a 10 month old granddaughter. Her daughter, daughter's spouse, and granddaughter reside with her in her home in Long Island New York, where she has resided for 15 years. Client X is a realtor and has remained within this field for 28 years. Client X earns an income of over 100K and has less than 5k in debt.

Client X shared that her relationship with her daughter is very important to her, as she did not have a great relationship with her mother growing up. Client X is one of four children, she has two older brothers; 60 years old and 58 years old, and a younger brother; 36 years old. Although the client's parents were married, they divorced after 18 years; when she was six years old. As a result of her father's death, her oldest brother took on the leadership role of the family

and this immediately became a toxic family dynamic. The client's father died when she was 18 years old and this caused her an immense deal of pain.

When discussing this aspect of her childhood, Client X becomes uncomfortable; her body language begins to change, she becomes sluggish and occasionally gazes her eyes towards the ceiling. She shares that her brother was controlling, as well as mentally, emotionally, physically, and even sexually abusive towards her. She shares that her mother was submissive to the brother's behavior and lived in denial for many years. The sexual abuse began around the age of eight and consisted for three to four years. The client shares that as a result of her father's death and her brother's abuse, she struggled in school, developed trust issues in all her relationships, and was constantly anxious.

Although Client X did graduate high school and eventually attended college, she shares that she had a difficult time concentrating on her studies. She received her undergraduate degree in psychology from SUNY Old Westbury and is currently working towards her graduate degree in Mental Health Counseling from Alliance University. She shares that she loves school, but only when she is able to focus on assignments. As work takes priority in her life, she finds it difficult to balance school assignments. Since she had her daughter at a young age, she has always found work and supporting her family to take priority.

With regards to her relationships, Client X struggles with trust in both her friendships and intimate relationships. Three months after the death of her father she became pregnant with her daughter. She shares that she was in an abusive relationship, but she did not know that at the time. Her daughter's father was controlling, as well as mentally and emotionally abusive. She initiated the pregnancy because she felt empty after the death of her father, and believed that the child would fill that void for her. She remained in this relationship for almost six years. As a

result of the toxicity in her relationship, the client began a series of surgeries that persisted for about ten years. She had a total of five to six liposuctions that began around the age of 19-20 and lasted until she was 29-30. During her last surgery, the client did not respond well to the anesthesia and was advised by her doctor that another surgery could kill her. Client X continues to struggle with her body image and her weight fluctuates on average every three to four months.

When discussing this past relationship Client X again becomes sluggish and even appears annoyed. She identifies that since she grew up in an environment where she was abused and controlled by her brother, she believed that behavior was normal. As a result, she allowed for this to occur in her relationship with her daughter's father, and other relationships after. She discussed how she could not identify the *red flags* in a negative relationship and was therefore unable to create a better environment for herself until recently. She identified *red flags* as belittling, controlling what she wore, not being able to engage in friendships, name calling, intimidation, as well as physical abuse.

With regards to her friendships Client X shared that her daughter and mother are her best friends. At the age of 25 the client was able to discuss her abuse with her mother. She stated that her mother was supportive, told her that she believed her, and helped her to get personal counseling. She shared that this occurred while the brother was at the mother's home as well, and that her mother slapped the brother across the face. As a result, the client was able to begin the healing process and make amends with her mother. She now has a healthy relationship with her mother, as well as her step-father who was present during the conversation and also provided her with support. Although her brother did not apologize or take ownership for his actions, she shared that they do have an amicable relationship. She shared that they are able to get together for holidays and special occasions and maintain a civil relationship. She has a closer relationship

with her 58 year old brother and her younger brother. Aside from her mother and daughter, Client X shares that she does not have close friendships due to her lack of trust.

Client X has been in a relationship for 10 months, and she feels that it is a healthy relationship. She feels that she can now identify an unhealthy relationship in her mature age, along with her experience in past failed relationships. She enjoys spending time with her partner, she says that he compliments her and makes her feel good about herself. When speaking about her current relationship the client does smile and appears to be happy, but she also appears to be holding back. When asked about her reluctance to share further details about her current relationship, she states that she wants to try to focus on the positive and does not want to allow her past to damage how she views this relationship.

Presenting Problem/Concerns:

The client has come in to discuss her anxiety and trust issues, the client shares that recent triggers in school have caused crying and sadness. She also shares that she struggles with trust and intimacy in her new relationship; “I become self-conscious when being intimate, and I become angry when discussing my past”. Although Client X has come into the office to discuss presenting problems of anxiety and trust issues, it is also important to discuss her past abuse and how this may be contributing to her anxiety and trust issues.

Observations that need to be discussed:

- Sexual abuse by brother
- Physical, emotional, and mental abuse by both brother and daughter’s father
- Death of client’s father

- Body image and body shame
- Poor relationship with mother during childhood

Treatment Goals:

1. Identify what anxiety looks like: when does it occur, what happens emotionally and/ or physically
2. Identify occurrences or conversations that trigger anxiety
3. “Learn to distinguish between a healthy and an unhealthy relationship, so that I can maintain valuable relationships and not feel restricted by lack of trust”

Treatment Plan:

1. Client X and I will meet once a week for 12 weeks. During each session we will discuss and try to unpack the listed observations and goals.
2. Client X will keep a journal of triggering events, with regards to her anxiety
3. Client X will meet with her primary care doctor to discuss her fluctuation in weight and will obtain a full health examination, including any necessary blood work.