

Case Conceptualisation Paper

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Jake Welsh is a 29 year old cisgendered indentifying man with he/him pronouns. The client was born and raised in the state of New York. The client's mother is of African British descent and his father is of Scottish descent. Jake is an only child between his parents. He has step-siblings and half-siblings with whom he gets along with, but rarely sees anymore. He himself does not have children that he "knows of." Jake also lives on his own, in a studio apartment with no pets. The client works as a regiseterd nurse in New York City, with a side business in contracting with his father. He wanted to come into sessions in search of techniques to help him relieve stress, which he gets mostly from his job at the hospital. The client also wanted to learn how to stabilize his emotions, since he is reaching new milestones in his life, such as preparing to propose to his girlfriend, looking into purchasing his own home and becoming more established as an entrepreneuer. He is hoping to move in together with his girlfriend soon.

The client seemed nervous upon arrival and throughout the intake. He shared that he was apprehensive because he was not sure if he could trust me with his information, but was excited to try something new because he has only gone to counseling twice in his life as a child. He wanted to learn "tips and tricks" on how to deal with stressful situations as he "runs around doing his job," and how to sit with feelings like defeat or aloofness. He stated that these particular emotions began when he realized he could not save every patient under his care, even though he believes he thought he was prepared for this during nursing school, but was met with a different reality when put into practice. He still feels upset, down and as if he failed, when a patient does not get better and/or when a patient passes away. He masks these emotions by being distant, cold and even at times angry, so that he can keep to himself while feeling "bad." He thinks about his girlfriend and the endeavors he has with her in order to cheer up in these

sitations. He also has a good relationship with his parents, even though they have been divorced since he was eight. The client is happy his parents divorced because he does not believe they should have married in the first place (his mother became pregnant by a fling and decided to “do right by God and her family” and only married because of him, according to Jake). His parents have both remarried since then and Jake gets along with both of his step-parents. He is content that they found who they were actually meant to be with. His mother is a teacher in upstate New York while his father is retired and co-owns a contracting business.

Jake identifies as being black, even though his father is white. The client was raised mostly by his black mother after his parents’ divorce and is closer to her family, although he and his paternal grandfather were extremely close when he was alive. The client seemed grieved when mentioning his late grandfather; he stared off into space during this part of the interview. Jake said he did not think much of skin color as a child, but witnessed discrimination towards his mother more frequently as a teenager and experienced it for himself more so as an adult, making it a “real thing” to him. His father’s family never did anything racist towards him or his mother, according to the client, but he still identifies more with his blackness than his whiteness. Jake did not use the term “biracial” or “mixed” in our session.

The client would not disclose which hospital he works at and this was respected. The client also did not want to disclose where he studied or even the borough of his occupation or past college. He has been a registered nurse for about two years and believes he is lucky to not have been employed during the COVID-19 pandemic. Jake did not believe that the nurses on staff at most hospitals were receiving fair or safe treatment during the tough time, but believes it is much better now, even though there are still strikes led by nurses in New York. Jake did not want to speak much more on this and asked me to ask a different question.

When the client was asked again about his late grandfather, Jake spoke about him for 15 minutes, uninterrupted. He seemed to truly admire his grandfather and stated that he wanted to make him proud, even though he is no longer physically with us. He enjoys hobbies such as playing guitar, fishing, fixing cars and taking walks. Jake said that his grandfather did all of the mentioned activities and would bring him along to spend time together. Strangely, Jake also mentioned that his grandfather rarely spent time with Jake's father. The client shared that his grandfather would take Jake's father to fish, but would stay in the car to read a newspaper while the young boy fished alone. I did not ask how Jake knew this in order to not cause tension. Jake expressed not understanding why his grandfather did that to his own son, because he knows that his grandfather would never do something like that to him, his grandson. The client threaded off while saying, "It would be crazy if my dad wasn't really my granddad's son. I mean, that would explain that kind of behavior, but I really don't know. He and 'Mimi' are dead, so there's no way of really finding out." Jake wanted to change the subject after this monologue.

The client has never been arrested and "does not plan on getting arrested anytime soon." He partakes in legal recreational cannabis use while he is not working, only a few times a week. Jake admitted to experimenting with drugs in highschool, but said he stopped when he was applying for colleges. He expressed that he likes to have fun and "get lit" from time to time when it is appropriate and when he is on vacation from work. The topic was not further discussed. Some strengths that the client believes he exhibits include kindness, humor, integrity, forgiveness and mercy. He shared that he really wants to regulate his emotions so that he can feel the positive ones more often. He wants to become a better person for his girlfriend and so he can do a better job at work.

Jake has had two sessions of therapy as a child when his parents divorced. At eight years old, the client went from being talkative and energetic to quiet and introverted. According to the client, the therapist was not helpful and seemed uninterested in him. He begged his mother to stop going and she obliged. Over time, he began to open up again, but had a strained relationship with his father for a few years as a teenager. Jake's mother and maternal grandmother both struggle with anxiety and have been diagnosed with generalized anxiety disorder by professional clinicians. Both take medication to deal with their symptoms. Jake's favorite paternal uncle passed away at the age of 42 due to substance abuse and addiction. He admits to struggling with anxiety and feelings of inadequacy, but has never dealt with addiction to his knowledge and does not think the anxiety is as bad as his mother's. He does not have a hard time sleeping, especially since he works long hours at the hospital "and this does not cause a struggle to lay down when given the chance."

The client came to the session with a neat appearance and maintained normal speech. He kept eye contact, but looked away when speaking about his late grandfather and sometimes his father. His motor activity was normal and his affect was full. He was nervous at first, but throughout the session became relaxed and open. He did not have any cognitive or perception impairments. Jake did not express thoughts of suicidality or homicidality. His behavior was overall cooperative, relaxed and at ease, apart from the introduction. He expressed sound insight and judgment.

The client and myself reviewed a treatment plan. In this plan, we looked into goals, objectives and therapeutic interventions that could be useful for him. Jake wanted to ultimately "regulate his emotions at work and to learn how to relax when he encounters a situation that does not go in his favor." The last statement was not mentioned before in the context of a "general

situation” but was more geared towards work, so this opened the idea to Jake possibly acting in certain ways with his girlfriend, family or others outside of his workplace. When asked, he admitted to not only feeling inadequate or distant at work, and has tried to hide these emotions with his loved ones, too, in order to “protect them.” In order to meet these goals, the client will start out by coming to sessions twice a month (or as his schedule allows) to follow up on how he handled his emotions and how he handled situations that did not go the way he expected them to. The client will also begin journaling at the beginning or end of his day and read his entries at the end of each week or whenever his schedule allows.

As a clinician, I want to use the behavior therapy approach and focus on mindfulness and acceptance with a guide through existential therapy. According to Gerald Corey, author of *Theory and Practice of Counseling and Psychotherapy* (2015), mindfulness-based stress reduction (MBSR) helps relieve medical patients of stress, pain, illness and other forms of suffering. It is originally designed to help individuals increase their responsibility for their own well-being (2015, p. 253). Another beneficial technique would be mindfulness-based cognitive therapy (MBCT), which focuses on stress reduction. The primary aim of the practice is to change client’s awareness of and relation to their negative thoughts and show self-compassion and kindness to themselves (2015, p. 254). Dialectical behavior therapy (DBT) would also be a technique useful to Jake, but I do not believe he is currently in a space to accept that two things can be true at one time. The client did not seem interested in DBT, which I believe would be a key step into acceptance, and this would help Jake come to terms with the death of his grandfather, the death and inevitable fates of some of his patients at work, and that his life will drastically change soon as he accomplishes new milestones.

References

Corey, Gerald. (2015), Theory and Practice of Counseling and Psychotherapy., 10th edition
USA, Thompson Learning.