

Cross-Theoretical Systemic Case Conceptualization 3.0

For use with individual, couple, or family clients

Date: 2/17/23 Clinician: Darcia Prince Client/Case #: Hayman Family

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: Male Age: 42 Caucasian Married heterosexual Occupation: Paper Salesman Other: _____

AF1: Female Age: 38 Hispanic/Latino Married heterosexual Occupation: Homemaker Other: _____

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

CM1: Male Age: 14 Multiethnic/Biracial Grade: 9th Other: Identified Patient

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: Wife is critical of him, often feels misunderstood-strained relationship with wife and son, mother needs to enforce stricter boundaries with son- behavior, son is combative towards him and mother

AF1: Feels lonely in her marriage-wants to re-establish closeness she had with her family of origin, feels abandoned by family, concerned about son's recent behaviors

CM1: Unhappy with aspects of life/conflicted relationship with parents-feels controlled, wants to forge identity/lacking independence, seeking acceptance from peer-group

Identifier: _____

Additional: _____

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

Extended Family: School staff recognizes need for discipline and structure in CM:1 as evidenced by attempts to enforce rules/set limits.

Name: _____

Name: _____

Background Information

Trauma/Abuse History (recent and past): Parents are both estranged from their respective families, father grew up in abusive household, paternal grandfather diagnosed with Bipolar Disorder

Substance Use/Abuse (current and past; self, family of origin, significant others): CM:1. may potentially be smoking marijuana, paternal grandfather abused alcohol

Precipitating Events (recent life changes, first symptoms, stressors, etc.): Displayed frequent emotional outbursts during childhood-poor emotional regulation, hx of irritability, distractibility, indecisiveness, recently turned 14, and entered high school and subsequently, become combative towards parents

Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.): CM:1 Paternal grand-father diagnosed with Bipolar Disorder, abused alcohol, verbally abusive

Client/Family Strengths and Social Location

Strengths and Resources:

Personal: Attending School, has some insight into presenting problems motivated to engage in counseling

Relational/Social: Supportive parents, belongs to peer group.

Spiritual: Not Evident

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: Resilience, family support, financial stability, secure housing.

Potential Challenges: Overcoming problems with parents, parental discord.

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: While parents are currently engaged in committed relationship, relations are currently strained between them. Additionally, couple is experiencing challenges with effective parenting child which be be attributed to their individual/collective trauma history

Boundaries with/between:

- Primary couple Enmeshed Clear Disengaged NA Example: Couple is detached
- Adult Male & Children Enmeshed Clear Disengaged NA Example: Clear parent-child boundary. Father and son do not share close relationship
- Adult Female & Children Enmeshed Clear Disengaged NA Example: Mother is overly involved in son's life, her identify is closely tied to being a mother, and is impacting relationship with husband
- Siblings Enmeshed Clear Disengaged NA Example: _____
- Extended Family Enmeshed Clear Disengaged NA Example: _____
- Friends/Peers/Others Enmeshed Clear Disengaged NA Example: _____

Triangles/Coalitions:

Cross-generational coalitions: Describe: AF1: Identify is largely shaped through mother-hood, more emotionally connected to child, detached from spouse

Other coalitions: AM:1 Father utilizes role as financial provider/work to stabilize family relationship

Hierarchy between Parents and Children: NA

Adult Male: Effective Insufficient (permissive) Excessive (authoritarian) Inconsistent

Adult Female : Effective Insufficient (permissive) Excessive (authoritarian) Inconsistent

Description/Example to illustrate hierarchy: Father has passive approach towards parenting, hands-off approach. Mother tends to enable client's behaviors. Parents do not have a shared parenting style and lack consistency.

Complementary Patterns between AM 1 and AF 1:

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

Example of pattern: AM:1 allows AF:1 to assume bulk of parenting responsibilities to avoid potential conflicts. AF:1 is overly involved in CM:1 life due to due to abandonment issues. AM:1 has a logical approach to issues while AF:1 is driven by emotions. AF:1 is permissive of CM:1 behaviors due to desperate need to maintain closeness, as a result AM:1 has distant relationship with CM:1

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: Tensions started during CM:1 childhood when AF:1 failed to establish appropriate boundaries/ permissive of negative behaviors. AM:1 was often criticized during attempts to co-parent and eventually adopted a "hands-off" approach.

Describe Conflict/Symptom Escalation: CM:1 attempts to establish an identity outside of home is met with opposition from AF:1 because her identity is closely tied to being a mother

Describe Return to "Normal"/Homeostasis: AF:1 has to forge her own identity outside of being a mother, needs to recognize CM:1 need for independence and support his efforts, relationship between AM:1 and AF: 1 needs to be repaired; improved communication/relations to achieve equilibrium

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? Child's symptoms serve to unite couple/maintain family connections; CM:1 current acting out behaviors may help reduce tension in parent's marriage, thereby promoting improved family relations. CM:1 resents mother for not supporting attempts to forge identity outside of household attributed to her increased reliance on client to support emotional needs, mother is also a significant factor in distant relationship between AM:1 and CM:1.

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: _____

AF1:: Anxious Avoidant Anxious/Avoidant. Frequency: Frequent: highly reactive to attachment threats

Describe: _____

CM1:: Anxious Avoidant Anxious/Avoidant. Frequency: Fairly often: moderately reactive to threats

Describe: _____

Identifier:: Anxious Avoidant Anxious/Avoidant. Frequency: Select Describe: _____

Additional: _____

Solution-Based Assessment

Attempted Solutions that DIDN'T work:

1. Confronting client about behavior
2. Poor Boundaries/Discipline
3. Lack of collaboration with external/community supports; school

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. Attending/meeting client needs during early childhood years resulted in less oppositional behavior towards parents/mother

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. Client would engage in open and honest dialogue with parents about his needs, feelings instead of keeping feelings "bottled up" inside

2. Client would better manage emotions/improve frustration tolerance instead of being combative towards parents

3. _____

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)?* AF:1 comes from Puerto-Rican American family where women are generally regarded as homemakers/primary caregivers, and family members share close bonds/connections given mother is estranged from family, she has developed unhealthy attachment towards CM:1. AM:1 grew up in single-parent household, and experienced abandonment /abuse. These childhood issues have direct bearing on current relationship with both AF:1 and CM:1 which is strained and distant.

- **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?* AM:1 is making attempts to assert traditional gender roles; husband, father, provider but is struggling to fulfill overall parental and marital obligations as a result of inter-personal conflicts and opposition from AF:1, primary role is that of provider. CM:1 is attempting to forge personal identity, wants to establish/maintain peer/social relationships outside of family dynamic. AF:1 is maintaining close identifies with traditional gender roles ascribed to women such as home-maker/care-giver, not currently employed, no apparent social connections outside of family.
- **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?* CM:1 is subjected to discipline/boundaries within school setting, attempting to forge personal identity (some associated peer detachment) and establish social relationships/connections with school peers. Parents need to develop effective parenting style to adequately meet the needs of child. Parents/teachers need to collaborate on CM:1 personal/academic goals.
- **Identity Narratives:** *How has the problem shaped each significant person's identity?* Each individual within family dynamic is experiencing a relevant identity conflict; AF:1 identity revolves around being a mother/home-maker, desire to reestablish closeness once shared with family of origin is driving behaviors/attitudes towards AM: 1 and CM:1. AM:1 identity is largely shaped around being a provider for his family, has distant relationship with both wife and child. CM:1 is seeking to establish an identity outside of home, is getting older and wants to develop more independence.

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? Unable to Ascertain

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

How do you plan to respectfully work with areas of potential disagreement? By respecting client's autonomy and right to self-determination