

## **Cross-Theoretical Systemic Case Conceptualization 3.0**

*For use with individual, couple, or family clients*

**Date:** 03/04/2023 **Clinician:** Ermal Dautaj **Client/Case #:** 0429

### **Brief summary of the Midterm case .**

AF1 36-year-old woman who presents with symptoms of anxiety, depression, and difficulty sleeping. She reports feeling overwhelmed by her responsibilities as a mother and wife, and the story with her husband recently ended because of his love affair. The divorce has added to the family's financial stress. AF1's 2-year-old daughter also has difficulty sleeping, because asking for AM1 constantly.

### **Family Systemic Treatment Plan and Three Theories :**

#### **Theory 1: Solution-Focused**

**Goal:** Enhance the family's strengths and resources to improve their ability to cope with stressors.

**Intervention:** The social worker will collaborate with the family to identify their strengths and resources, including individual strengths and family support systems. The social worker will facilitate the family's exploration of their successes in managing previous challenges and build on those successes to develop a plan to address current challenges.

#### **Theory 2: Structural**

**Goal:** Improve family communication and boundary-setting to decrease conflict and improve the family's ability to work together.

**Intervention:** The social worker will work with the family to identify patterns of communication and power dynamics within the family. The social worker will facilitate the development of clear boundaries and expectations for family members and work to increase communication and understanding within the family.

### **Theory 3: Systemic**

**Goal:** Address the individual needs of family members while recognizing the interconnectedness of the family system.

**Intervention:** The social worker will work with each family member individually to address their specific needs and concerns while keeping in mind the family's larger context. The social worker will help the family develop a shared understanding of their roles and responsibilities and explore ways to support each other in meeting those responsibilities.

### **Rubric:**

The treatment plan demonstrates a sophisticated understanding of evidence-based and best approaches for treating the presenting problem. The approach is adapted to the client's age, culture, ability, trauma, and values. The treatment plan shows evidence of collaboration, with the clinical social worker participating in an intra/inter-disciplinary team process and taking a leadership role when appropriate. The plan includes interventions from three different theoretical perspectives, and each intervention is clearly explained and linked to the family's specific needs.

The plan also recognizes the interconnectedness of the family system and addresses the individual needs of each family member. Overall, the plan is comprehensive, thoughtful, and tailored to the unique needs of the family.

### **Psychodynamic (Object Relations theory):**

**Hypothesis:** In Object Relations theory, it is believed that past experiences with primary caregivers influence an individual's current relationships and emotional experiences. It is possible that AF1's current struggles may be related to her childhood experiences, particularly with her parents. Her husband's infidelity may have triggered unresolved feelings of abandonment and betrayal from her childhood, leading to her current symptoms of anxiety and depression (Beck, A. T. 2011).

**Goals for therapy:** The goal of therapy would be to help AF1 explore and gain insight into how her past experiences are impacting her current relationships and emotions. This would involve understanding the unconscious patterns and dynamics within the family system that may be contributing to her difficulties.

**Interventions:** The therapist may use techniques such as free association, dream analysis, and transference to help AF1 gain insight into her unconscious patterns and dynamics. The therapist may also work with the family to explore how these dynamics impact the entire family system.

### **Experiential Family Therapies (the Satir model of family therapy):**

**Hypothesis:** In Satir's model of family therapy, it is believed that family members often have communication patterns that are ineffective and contribute to family dysfunction. AF1's

difficulties may be related to ineffective communication patterns within the family system, particularly with her husband and daughter.

**Goals for therapy:** The goal of therapy would be to help the family improve their communication patterns, increase their emotional awareness and expressiveness, and work on developing empathy for each other.

**Interventions:** The therapist may use techniques such as sculpting, role-playing, and reframing to help the family improve their communication and emotional expressiveness. The therapist may also work with the family to identify and challenge negative beliefs and assumptions about each other.

#### **Brief Family Treatment (Solution Focused family therapy):**

**Hypothesis:** In Solution-Focused family therapy, it is believed that individuals have the ability to solve their own problems, and the therapist's role is to facilitate the process by helping the family identify and amplify their strengths and resources.

**Goals for therapy:** The goal of therapy would be to help the family identify and amplify their strengths and resources to address their current difficulties.

**Interventions:** The therapist may use techniques such as scaling questions, miracle questions, and exception questions to help the family identify and amplify their strengths and resources. The therapist may also work with the family to identify small, achievable goals and develop action plans to achieve them.

The DSM-5 is a manual used by mental health professionals to diagnose mental health disorders. It covers all categories of mental health disorders for both adults and children. These categories include, but are not limited to:

1. Neurodevelopmental disorders, such as Autism Spectrum Disorder and Attention-Deficit/Hyperactivity Disorder (ADHD)
2. Schizophrenia spectrum and other psychotic disorders
3. Depressive disorders, such as Major Depressive Disorder and Persistent Depressive Disorder
4. Anxiety disorders, such as Generalized Anxiety Disorder and Panic Disorder
5. Obsessive-Compulsive and Related Disorders, such as Obsessive-Compulsive Disorder and Body Dysmorphic Disorder
6. Trauma and Stressor-Related Disorders, such as Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder
7. Substance-related and Addictive Disorders, such as Substance Use Disorder and Gambling Disorder

The DSM-5 provides specific criteria for each disorder, which can be used to diagnose and treat clients. It is important for mental health professionals to use the DSM-5 in conjunction with a thorough assessment to accurately diagnose and treat clients. In the Midterm case, AF1 shows numbers 3, 4, 6, 7. On the other hand, AM1 shows numbers 4,6,7 (American Psychiatric Association, 2013).

Based on the case conceptualization provided in Midterm, here are three easily measured and theory-specific goals that address the client's core issues:

1. **Psychodynamic goal:** AF1 will increase her self-awareness and insight into her feelings, thoughts, and behaviors related to her anxiety and depression. The intervention for this goal could include a focus on exploring early attachment relationships and past traumas that may be contributing to her current struggles (Smith, J. D., & Johnson, L. M., 2019). The therapeutic technique could be reflective listening and interpretation to help the client gain insight into her unconscious dynamics.
2. **Experiential Family Therapy goal:** AF1 and her family will improve communication and develop healthier coping mechanisms for dealing with the stressors of divorce and financial strain. The intervention for this goal could involve using Satir's communication techniques, such as active listening and "I" statements, to improve communication within the family. The therapist could also explore the family's emotional process and work with them to identify healthier ways of coping with stress.
3. **Solution-Focused Brief Family Therapy goal:** AF1 and her family will set and achieve goals to improve their overall well-being and functioning. The intervention for this goal could involve identifying the family's strengths and resources and using them to set achievable goals. The therapist could also use scaling questions to measure progress and encourage the family to celebrate small successes along the way.

The treatment plan should also include a sophisticated and detailed approach to termination and aftercare plans that are specific and tailored to fit the unique client's needs and diversity issues. For example, the therapist could work with the client and her family to develop a relapse prevention plan and identify community resources that can provide ongoing support. The therapist could also schedule follow-up sessions to monitor progress and provide ongoing support as needed.

**Critical analysis of how policies affect each member of the family you are serving.**

**Background Information and Presenting Concerns:**

AF1 is a 36-year-old woman who presents with symptoms of anxiety, depression, and difficulty sleeping. She reports feeling overwhelmed by her responsibilities as a mother and wife, and the divorce from her husband due to his love affair has added to the family's financial stress. AF1's 2-year-old daughter also has difficulty sleeping, constantly asking for her mother (AM1). The family is currently facing multiple stressors that impact their well-being and daily functioning.

**Choices of Theory, Modalities, and Prognosis:**

The Cross-Theoretical Systemic approach will be used to address the family's issues, with a focus on exploring the family's communication patterns, roles, and interactions to promote change. The modalities used will include family therapy and individual therapy for AF1. The prognosis will be to improve the family's communication, relationships, and coping skills to manage their stressors effectively.

**Literature in the Field:**

Research suggests that using a systemic approach that focuses on the family's interactions and communication patterns can improve the well-being of family members and promote positive change. In this case, the use of family therapy can provide a safe space for family members to express their emotions, build support, and promote healing. Research suggests that a family-centered approach that focuses on enhancing communication, problem-solving skills, and

coping strategies may be effective for families facing similar challenges (Lebow, 2017). The Satir model of family therapy, which emphasizes family congruence, self-esteem, and communication, may be particularly relevant for this family (Satir, 1988).

**Mutually Agreed-Upon Goals and Objectives:**

**Goal 1:** Improve AF1's mental health and coping skills.

**Objectives:**

1. AF1 will attend weekly individual therapy sessions for 12 weeks.
2. AF1 will practice relaxation techniques to reduce her anxiety at least twice per week.
3. AF1 will set aside 30 minutes daily for self-care activities, such as reading or taking a bath.

**Goal 2:** Improve family communication and interactions.

**Objectives:**

1. The family will attend weekly family therapy sessions for 12 weeks.
2. The family will practice active listening and effective communication skills during therapy sessions.
3. The family will identify and practice new ways to interact and show support for each other.

**Goal 3:** Improve the quality of sleep for AF1 and her daughter.

**Objectives:**

1. AF1 will establish a consistent bedtime routine for her daughter, including reading a story and singing a lullaby.
2. AF1 will limit screen time for her daughter before bedtime.
3. AF1 will practice relaxation techniques to help her fall asleep, such as progressive muscle relaxation.

### **Identification and Description of Specific Intervention Strategies and Techniques:**

Family therapy sessions will use the genogram technique to map out the family's history and relationships. The therapist will use the circular questioning technique to explore the family's communication patterns and interactions. The therapist will also use the re-authoring technique to help family members view their problems from a different perspective and promote change. For AF1's individual therapy sessions, the therapist will use cognitive-behavioral therapy techniques to address her symptoms of anxiety and depression. The therapist will teach AF1 relaxation techniques, such as deep breathing and progressive muscle relaxation, and work with her to challenge negative thoughts and beliefs.

### **Recognition of Client's Strength and Empowerment:**

Throughout the process, the therapist will acknowledge and recognize the family's strengths and empower them to take an active role in their treatment. The therapist will encourage the family to identify their strengths and build on them to promote positive change.

### **Policies Affecting the Family:**

Policies in both the public and organizational settings can positively or negatively affect the family's well-being. For example, policies that provide affordable mental health services can help the family access the care they need to manage their stressors effectively. However, policies that limit access to affordable housing or financial assistance can exacerbate the family's financial stress and impact their mental health.

### **Challenges and Strategies for Macro Change:**

One challenge in future work with this family may be accessing resources that meet their unique

#### **The treatment plan.**

As a clinical social worker, it is important to approach treatment planning in a holistic and client-centered manner. This involves understanding the client's unique situation, cultural background, and individual needs and strengths. The ethical principles of social work, such as the importance of client autonomy, confidentiality, and informed consent, should also guide the treatment planning process.

A reflective practice approach allows for ongoing assessment and adjustment of the treatment plan as needed. Evidence-based research can inform the selection of appropriate theories, modalities, and interventions for the client's specific needs.

The treatment plan should also address the client's multidimensional needs, including physical, emotional, social, and environmental factors. This may involve collaboration with other professionals, such as medical providers or community resources.

Overall, the goal of the treatment plan is to empower the client to achieve their goals, improve their quality of life, and promote systemic change through a collaborative and strengths-based approach.

## References

*American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.).*

*Beck, A. T. (2011). Cognitive therapy of depression. Guilford Press.*

*Lebow, J. L. (2017). Couple and family therapy: An integrative map of the territory. American Psychological Association*

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