

1. THEORIES IDENTIFIED

She brought up the issue of her husband's close attachment to his cousin and how upset she was about it and how she does not feel safe. It was evident that they were struggling with attachment and relational challenges. Therapist used "Emotional Focused theory" to help them to see the real problem instead of blaming each other.

2. CLINICAL ASSESSMENT

Resolving conflict well focusing on acceptance and respect. She wants to be his main girl. She was not feeling good about his relationship with a female cousin, upset that he would share family issues with first, especially the issue of his daughter. This made her conclude that he had more feelings for the cousin than for her his wife.

3. INTERVENTION STRATEGIES

Therapist directed her to express her needs without attacking her husband and without making any reference to the female family member.

4. CLIENT STRENGTHS / CLINICAL GAINS

By the end of the session, she learned to express her needs in a positive way. She wanted him to be her friend, kind and respectful. They both softened towards each other. He took responsibility that he needed to be more mindful of her. The therapist complimented them saying they should be proud that they were talking respectfully to each other.

5. CLIENT RESISTANCE

6. DIVERSITY ISSUES IDENTIFIED

There was the issue of her cognitive distortion concerning her thinking about her husband's relationship with his female cousin. He claimed that there was no sexual connection between them. In her polarized thinking, she demanded that he should cut off all communication with her. He did not agree to cut his relative off.

7. SPIRITUALITY EMPLOYED IN THERAPY

8. ETHICAL ISSUES

9. THERAPIST USE OF SELF

10. OBSERVERS EMOTIONS / REACTIVITY

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

The negative attribution could be from the family of origin. And that is where I might go next to connect to their family of origin.

Oluremi Balogun

2/27/23

CLINICAL OBSERVATION CASE REVIEW NOTES - # 2

1. THEORIES IDENTIFIED

Cognitive behavioral theory

2. CLINICAL ASSESSMENT

To develop trust in each other

3. INTERVENTION STRATEGIES

Teaching them effective ways of communicating by calling time out when they are flooded. "Time out" is a gift used to validate the other person and gives time to cool down and schedule when to re-visit the conversation.

4. CLIENT STRENGTHS / CLINICAL GAINS

5. CLIENT RESISTANCE

Wife thought husband was avoiding the issue of his drinking and pushed to continue the conversation regardless of what her husband says.

6. DIVERSITY ISSUES IDENTIFIED

7. SPIRITUALITY EMPLOYED IN THERAPY

8. ETHICAL ISSUES

9. THERAPIST USE OF SELF

10. OBSERVERS EMOTIONS / REACTIVITY

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

I will re-enact a situation in session to find out if they remember the rules of giving gifts to each other by calling for a time-out.

Oluremi Balogun

3/6/23

CLINICAL OBSERVATION CASE REVIEW NOTES # 3

1. **THEORIES IDENTIFIED**

An aspect of contextual theory expecting her husband to pay for what she did not get from her father.

2. **CLINICAL ASSESSMENT**

Unclear communication, yelling and screaming at each other. Evidence of distant emotional connection. No recent positive dating experience.

3. **INTERVENTION STRATEGIES**

Do some fun things together. Focus on the good feelings without going to the bad parts . when flooded to “ call time out “ and choose a suitable time to resolve issues when they are both calm?

4. **CLIENT STRENGTHS / CLINICAL GAINS**

5. **CLIENT RESISTANCE**

There was a lot of resistance from the wife. She resisted the suggestion for a valentine do over.

6. **DIVERSITY ISSUES IDENTIFIED**

7. **SPIRITUALITY EMPLOYED IN THERAPY**

8. **ETHICAL ISSUES**

9. **THERAPIST USE OF SELF**

10. **OBSERVERS EMOTIONS / REACTIVITY**

It appeared like she did not connect with or gain energy from all the accolades he was giving her. She found it difficult to tap into the strength of her husband.

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

I would want to ask questions to find out why he had difficulty tuning in to her husbands' positive affection. Wanting to know why she is stuck.

Oluremi Balogun

3/20/23

CLINICAL OBSERVATION CASE REVIEW NOTES #4

1. THEORIES IDENTIFIED

2. CLINICAL ASSESSMENT

They share no intimate moments. Nothing to diffuse stress. Even when they go on a date, they argue and fight. They have no circle of support.

3. INTERVENTION STRATEGIES

Use protective boundaries to call "time out".

Enhance communication skills in a respectful and healthy way.

Therapist asked them to expand their circle of support. They should go back to fun dating times

4. CLIENT STRENGTHS / CLINICAL GAINS

5. CLIENT RESISTANCE

6. DIVERSITY ISSUES IDENTIFIED

The issue of their emotions and being on the same frequency.

7. SPIRITUALITY EMPLOYED IN THERAPY

8. ETHICAL ISSUES

9. THERAPIST USE OF SELF

10. OBSERVERS EMOTIONS / REACTIVITY

It appeared like she was withdrawn because she was not participating fully in the session. When asked, she said she was not feeling well.

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

Ask questions to get to the root of the distortions in telling the stories of the same events and the reasons for the differences in interpretations of events.

Oluremi Balogun

3/27/23

CLINICAL OBSERVATION CASE REVIEW NOTES #5

Please fill in at least 5 of the following sections with 2-4 sentences for each section. Then fill in Question A below in 2-4 sentences.

1. THEORIES IDENTIFIED

Mostly solution focused – thickening their narratives and encouraging them to continue to do what was working for them.

2. CLINICAL ASSESSMENT

This was the day of students gave feedback to the clients. So, it was more of encouragement and giving them what they might not have seen in each other.

3. INTERVENTION STRATEGIES

Therapists continued to pursue what they identified as their strengths when they responded to the students’ observation feedback.

4. CLIENT STRENGTHS / CLINICAL GAINS

Couple’s intensified effort to fight for their marriage. They did a lot of things together and had some evidence that revealed that they have gained insight into how they can handle negative toxic thoughts. They both took responsibility for their mistakes. Wife said it is important to speak right words for the right time. that positive reinforcement inspires hope.

5. CLIENT RESISTANCE

6. DIVERSITY ISSUES IDENTIFIED

7. SPIRITUALITY EMPLOYED IN THERAPY

8. ETHICAL ISSUES

9. THERAPIST USE OF SELF

10. OBSERVERS EMOTIONS / REACTIVITY

Therapist asked them if they had other support system besides the student observers. The husband said they had no church family; they had lost contact with most of their friends except one George. The wife agreed that George is a good friend who models good relationship. I think it could be harder work for them if they do not have a support system they trust to call their selfishness and self-pity out. Like the bible says “Faithful are the wounds of a friend”(proverbs 27:6)NKJV

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

I would continue to encourage them to widen their circle of genuine friends. And continue to use “solution focused” to help them see their strengths.

Oluremi Balogun

4/3/23

CLINICAL OBSERVATION CASE REVIEW NOTES # 6

Please fill in at least 5 of the following sections with 2-4 sentences for each section. Then fill in Question A below in 2-4 sentences.

1. THEORIES IDENTIFIED

Narratives and solution focused. More narrative . They were fighting and pointing accusing fingers at each other about buns and burgers. But the real issue are the emotions underlying the iceberg of the buns and burgers.

2. CLINICAL ASSESSMENT

Building Listening skills and not about being correct.

3. INTERVENTION STRATEGIES

Therapists taught them how to listen and reflect empathy to show that they hear the speaker even if they don't agree with what he or she was saying.

4. CLIENT STRENGTHS / CLINICAL GAINS

Clinical Gain:- Initially, the wife refused to engage in exploring the emotion that was feeding the negativity and anger. Therapist focused on letting them know that it is good for their marriage when they respectfully reflect on their feelings. Respect won. But there was little or no clinical gain on "understanding."

5. CLIENT RESISTANCE

Initially the wife resisted any discussion about the issue underlying the iceberg. When the husband identified his feelings underneath the iceberg as a) feeling judged and blamed, feeling mocked by her body language and expression; His wife replied that it was nothing to be discussed.

6. DIVERSITY ISSUES IDENTIFIED

7. SPIRITUALITY EMPLOYED IN THERAPY

8. ETHICAL ISSUES

9. THERAPIST USE OF SELF

10. OBSERVERS EMOTIONS / REACTIVITY

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

I would address the default of "lets just forget about it?" in a balanced way.

Oluremi Balogun

4/24/23

CLINICAL OBSERVATION CASE REVIEW NOTES # 7

1. THEORIES IDENTIFIED

Theories identified were Narratives and solution focused.

3. CLINICAL ASSESSMENT

Clients desire to show progress made.

4. INTERVENTION STRATEGIES

5. CLIENT STRENGTHS / CLINICAL GAINS

The husband expressed happiness that his wife was being lenient on him. He said he had a great time at his birthday hang out with friends. I think it is good that they are going out with friends for important events like a birthday. They went to a lot of places together during this time and had a blast. The wife expressed appreciated that her husband did the repair on her car. She had gained a lot of insight into what she could do to overcome sorrow and how to handle negative thoughts.

6. CLIENT RESISTANCE

7. DIVERSITY ISSUES IDENTIFIED

I think there seems to be a disconnection between their perception of situations. On the one hand she expresses an appreciation for his spending time to repair her car. He is talking about all the fun activities they had within two weeks. She did not join in that conversation with the same enthusiasm. The husband claimed that he is energized to continue fighting for the marriage because of his love for her. When therapist asked his wife what that means to her; she could not affirm the love. She responded with the desire to maintain a strong emotion so as not to allow the behavior of another person to bug her down.

8. SPIRITUALITY EMPLOYED IN THERAPY

9. ETHICAL ISSUES

10. THERAPIST USE OF SELF

OBSERVERS EMOTIONS / REACTIVITY

It is good that they have the tools to fight for their marriage. But I wonder if they can let go and the past and begin to look forward to the future they expressed today. To what degree are they willing to commit to the hard work of building a calm ,pleasant environment they dream for.

A: If you were the therapist for the next session, what questions would you ask or what interventions might you consider?

I would continue to focus on thickening of their narratives to discover their preferred narratives.