

Case Conceptualization

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I refer to myself as a psychodynamic therapist who uses a variety of interventions from other theoretical models with an emphasis on emotion-focused therapy. Psychodynamic therapy, rooted in Freudian theory, posits that early life experiences shape personality and emotional development (Luborsky, 1984). Unresolved conflicts from childhood give rise to unconscious processes and defense mechanisms (Luborsky, 1984). Symptoms such as anxiety and depression are seen as symbolic expressions of these underlying conflicts (Wallerstein, 1989). Treatment involves exploring emotions and unconscious dynamics to foster insight and emotional healing. Emotion-focused interventions emphasizing collaboration through free association and exploration of core wounds aid in accessing and processing emotions and unresolved childhood conflicts (Greenberg & Watson, 2006). In addition, transference-focused therapy addresses how past relationships influence present dynamics (Clarkin et al., 2006). Through therapy, clients gain self-awareness and develop healthier coping mechanisms through internal and external processes.

Thesis

The client is a 39-year-old Caucasian female residing in Los Angeles, California. She was self-referred through her company's EAP process and approved for 10 sessions to address concerns of anxiety and its impact on self, personal, and professional relationships. The client reports no significant medical history or history involving mental health. The client reports feeling anxious throughout her life, but since becoming a mom and having her third child two years ago, her anxiety has significantly increased.

Initial intake revealed that the client is open and eager to express concerns over relational dysfunctions and self-improvement to alleviate anxious symptoms and healthier relationships

within her life. B One of the challenges facing the client is balancing work and home life, as she needs to attend weekly sessions during her lunch break on Fridays, which is also her work-from-home day. The client is a high-achieving executive in her work, and her experience with anxiety has helped her to be motivated for growth in the past. The client reported feeling irritable all the time, which intensified two years ago since the birth of her third child. She also became aware later of how much burden she had been carrying since childhood and that the birth of her third child and trying to “manage in survival mode” was no longer effective.

During the intake session, the clinician discovered that the client had relocated numerous times in her life. As a child, she was raised by several nannies since both her parents, who were medical doctors, had busy schedules and residencies. The client shared that as soon as she started to make friends, her parents would move, and her life would start over. She can only remember one “safe” time in her childhood that lasted nearly two years. The client was often dismissive of any relational difficulties, emotions, or personal experiences at first, but as the session progressed, the client became aware of her attachment wounds as a child, the awareness of naming one of her kids after a nanny she forgot about, and the disruption and tension in her life while navigating a relationship with a narcissistic mother and a passive father.

The client is currently married to a husband born and raised in South Africa and came from a life of poverty. The client would often dismiss herself due to her “privilege” knowing what her husband grew up in. She is also raising multi-racial children who are currently experiencing high levels of needs from learning disorders, recent sexual abuse by a neighbor (report addressed), education, and after-school sports. The client became aware of her consistent survival mechanisms since birth, including constant chaos, moving, and tension in vulnerability due to original attachment wounds.

The client was diagnosed by her clinician with Generalized Anxiety Disorder as evidenced by restlessness (she cannot sit still even with her own kids to watch 10 minutes of television or play), easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbance that is impacting more than one life domain. The client's prognosis is favorable as the client appears open and eager to process, gain insight, and emotionally process underlying emotions and childhood wounds to reduce anxious symptoms and improve daily functioning.

Theoretical Supporting Material

The client has been struggling with anxiety due to her survival mechanisms throughout her life without awareness of emotionally processing the difficulties she has experienced. Her anxiety, in essence, became her defense mechanism (Luborsky, 1984) to help her survive her attachment wounds, inability to emote due to caregivers promoting dismissive or gaslighting emotional responses, constant moving, and living in survival mode with her parents since birth. The client's anxiety as her defense mechanism helped motivate her to stay alive, which means she resulted in a performance-based, external validation byproduct of her childhood that is successful in maintaining and promoting herself within highly tense, stressful, and high-achieving occupations. Her anxiety helped her maintain adaptability when moving and transitioning throughout her life, including marriage and becoming a mom.

Unfortunately, the client has also isolated herself and internalized her emotions because her defense mechanism was controlling her responses. Her anxiety was motivating her to stay safe for herself and was promoting disconnection for survival, which has impacted her relationships with her family, husband, and kids. The client would benefit from ongoing exploration and emotional processing of inner childhood wounds, including attachment styles, but also growing in learning how to manage emotions, labeling emotions, and participate in

motivational interviewing to challenge her narrative and approach to conflict versus her survival mechanism of yelling and arguing with those who love and support her. Transference and countertransference will be monitored and addressed as well to help regulate and teach healthy communication and emotional expression. Additional interventions also include exploring boundaries and building internal and external regulatory skills. The client is open to the process and acknowledges the difficulty of processing hurts and wounds that had otherwise gone unnoticed and trapped in her body. The client also has positive support from her church, husband, and some of her siblings.

Treatment Plan

The client came in with initial distress in her personal and professional relationships because of her generalized anxiety that developed from adverse childhood experiences and attachment wounds. The client's treatment goals are to reduce verbal conflict from 3-4 times per week to 1-2 times per month through the use of emotional regulation and positive communication skills, increase positive coping mechanisms from 0-1 days per week to 3-4 days per week through prioritization of self and internal and external skills to support emotional regulation, and reducing anxious behaviors (people pleasing, self-isolation, etc.) from daily to 1 time per week. These three goals were created in the client's pre-approved 10 sessions by her EAP. The overall goal is to reduce relational dysfunction and generalized anxiety symptoms that are disrupting the client's daily functioning. The clinician will progress with the psychodynamic approach emphasizing emotion-focused therapeutic interventions. Other possible interventions include Internal Family Systems (IFS) parts work to help the client understand her anxiety from a neutral experience.

References

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