**Case Presentation 1**

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CNED 6713: Advanced Counseling and Practicum

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September 25th, 2023

Client is a 21-year-old Caucasian female who identifies as a cis-gender, female who uses she/her pronouns. The client is heterosexual and has been in a committed relationship with her boyfriend for about a year and a half. She is an undergraduate student at the University of Arkansas and currently lives off campus with her two roommates. She is a senior and should be graduating in the spring. This client and I have met 3 times in total through the online clinic, which began the week of September 4th. We will continue to build our therapeutic relationship through our weekly sessions in hopes to meet her therapeutic goals of reducing her anxiety and improving her self-esteem and self-worth.

**Presenting Problem**

Client has previously seen a counselor through the online clinic and wanted to continue services after reporting relational issues with a “toxic” friend group and needing assistance with processing how this has impacted her since her freshman year. This client has a history of feeling abandoned by the people she feels closest to, directly impacting her self-esteem and self-worth. Client also reports having panic attacks during her classes and has trouble concentrating on one thing at a time. Looking at this through an Adlerian lens, it can be noted that the client has not been heard or validated by her inner social circle and has high expectations of herself amongst her education goals. This can leave her with feelings of low self-esteem, self-worth, and causes her anxiety surrounding her education and social life when she does not meet her personal goals. The client is currently struggling with feelings of belonging and understanding her personal motivations behind her behaviors when around different groups of friends and within her romantic relationships.

**Developmental Neurobiological Aspects**

Looking at a developmental neurobiological perspective, client’s neurological functioning has been impacted by her traumatic history within interpersonal relationships. Her severed friendships and sexual assault in particular attribute to this. In return, this has impacted her memory recall, ability to process her trauma, and attachments to those closest to her. In this session, the client begins discussing how these traumatic experiences with feeling betrayed, abandoned, and unsafe have left her with uncertainty within herself. Counselor and client moved forward with supportive reflections, cognitive reframing, and exploration of emotions to help her with the cognitive distortions she faces.

**Psychosocial History**

Client reported that she grew up in a family of five, including a mother, father, and her two older sisters. She reports that her parents “didn’t mean to” compare her and her siblings to one another, but that made an impact on her. She felt the pressure from those conversations to be the “academic” one because her older sister is “disorganized and could have applied herself” and her middle sister is a “direct individual” who “points things out a lot to the family.” This created a more competitive environment for the siblings growing up, but she reports feeling like she and her sisters are not as competitive as they have gotten older. She also has a “brilliant” boyfriend whom she compares herself often academically. This can cause some doubts in her own intellectual capabilities since he “doesn’t struggle” as much as she does with certain subjects. She reports feeling “happy” within this relationship.

Client also reports having difficulty with her social life since she began college. Her freshman year was extremely challenging for her after being surrounded by a “toxic” friend group. She made friends with another student who introduced her to a guy within this “toxic” friend group who sexually assaulted her. When she tried to disclose this for support, the friend she made stated that “he didn’t mean it like that.” She reports feeling like this sexual assault was “a mistake.” Those two then dated, which hurt her deeply because she thought she may have still liked him. She reports “feeling confused” about the sexual assault because she reports feeling “conservative” within her romantic and sexual relationships, so she wanted to try dating him because she “doesn’t just sleep around.”

This caused other issues within the group of friends they all shared. They later made fun of the client behind her back and abandoned her friendship. This caused cognitive distortions such as feelings of isolation or not belonging and polarization within her behaviors (i.e., feeling like she is “always loud and annoying” because the friend group said so). Client reports having a healthier group of friends now and enjoying their company, however she “feeling regretful” of the time she spent in her earlier years with “the wrong people.”

Client has experienced a lot of betrayal and abandonment within her closest interpersonal relationships during her college years. Client reports “wanting closure” from the “toxic friend group” and her sexual assault because she never received that prior to counseling. She has seen a counselor before for a few months through the online clinic before seeing me, but “it never got that far” because she “sees things differently now.”

**Mental Status, Assessment, and Diagnostic Impressions**

Client is oriented to the time, place, and location that she is in. Client participates in session and her affect is congruent within the discussions and content within session. Client does not have any abnormal perceptualities to note of.

Client has not had an official assessment; however, she possesses the symptoms to meet the criteria for Generalized Anxiety Disorder DSM-5 300.02 with Panic Attacks. The symptoms include excessive worry and anxiety occurring most days for at least six months, having difficulty controlling her worry, difficulty concentrating, feeling restless, and the symptoms cause distress in her every day activities including her academics and social life. These symptoms cannot be explained or attributed to medication or drug use or another mental health disorder. These symptoms have specifically made it difficult to concentrate on her studies, create healthy friendships based on trust, and impact her reported panic attacks.

Although panic attacks are not diagnosable by coding, she reports that they began in her sophomore year of high school and have occurred on and off since then. Client says it has gotten worse this year with more symptoms including having a tight chest, pounding heart, difficulty breathing, sweaty palms, and feeling shaky. We created a goal to help her with coping skills to assist her with alleviating these symptoms, which she has reported being helpful within the last week of treatment.

**Intervention Plan/Goals**

1. Help client process trauma to help with quality of life and daily functioning.
2. Develop coping skills to alleviate symptomology.
3. Assist client with challenging self-perception including her negative self-beliefs and engaging in self-compassion.

**Prognosis**

The client is displaying cues that she is engaging in the action stage of change. Client has engaged in session with a collaborative approach and reports utilizing the given homework to improve symptomology. An example of this would be scheduling “worry time” and reporting how this has helped her cope with her anxiety in a healthier way, resulting in higher levels of focus and concentration throughout the day. Client has attended three sessions and continues to comply with the process of counseling. With such high motivation, client may see high levels of attainment within her therapeutic goals.

**Skills and Challenge Areas of the Session**

In this clip I show a couple of moments I believe that I did well with. The first is when I asked her about what she would consider her sexual assault since she did not want to use the word “rape.” I liked how this gave her exploration to consider what this traumatic event means to her and how she conceptualizes it. When she stated “a mistake” it gave her power to conceptualize that in a healthy way. I also like how I was able to slow her down at one point because she was going so fast. I politely interrupted and gained more insight into what she was discussing. This is something that I am still working on as a clinician, however I thought the timing and questioning was appropriate to gain more information and insight.

I do want to continue slowing the client down when she discusses bigger topics to help her process things instead of rushing through them. I also want to slow myself down when considering my responses to her. I am also unsure of how helpful my response is about validating how her assault is not her fault and how she was relying on her friends for support and for a safe space. I wanted to give her validation but may have pushed that too much. I am wondering if it would have been helpful to utilize more silence or ask her what she was looking for when spending time with her friends. Looking back, I think it would have been more helpful to ask for more details about that to learn more about what she needed from them. I also want to work on giving shorter answers and asking more prompt questions moving forward.

I am still learning about Adlerian Theory and if it is the best fit for me as a clinician because of the focus on the present and future since working through what has happened in the past can benefit us by connecting reoccurring themes. This client and I have been collaborative and are building trust, which is important in Adlerian Theory to help her better understand her life story thus far. This helped me understand how she has processed and coped with her traumatic history and furthermore, patterns with her closest interpersonal relationships.

Although we are not to focus on the past in Adlerian Theory, this session helped me gain insight as to how we can take her past experiences and successfully help her present and future. I hope to learn more about how to best assist this client through more research on Adlerian Theory and to continue building our therapeutic relationship because it is so new. I know there is a lot to unpack in future sessions and I am eager to assist this client by becoming a better clinician.