**Case Presentation 3**

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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 9 times in total through the online clinic, which began the week of September 4th. As we have continued building our therapeutic relationship, she has opened up to me about trauma she has experienced and wants to heal from this experience. In this session, we discuss a homework assignment that I gave her surrounding her sexual assault, writing a letter to the assailant. This open chair technique helped continue her journey of reducing anxiety symptoms 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. 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 or self-actualization. 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. This causes confusion within the client because it feels distorted for her when she describes how she is feeling and what she experiences, but she is told that it is wrong.

**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. 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. 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. In this session, the client is open to trying new therapeutic techniques to help her overcome social anxiety and cope with residual feelings from instances that occurred in the past with a friend she no longer speaks to. Throughout these exercises, the client speaks to her younger self to help her find comfort in what she can tell herself now. This is directly related to her sense of shame and guilt from previous instances that occurred within this friend group. She also “Acts As If” to help visualize and obtain qualities that she wants to have to help empower her throughout social situations. By changing this perspective, the client is able to see how she can manifest these qualities into existence to help her reach her highest potential. Client has attended ten 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 begin by asking for consent from the client before beginning an exercise. I think this is important because this client does well with having options and enjoys participating in our sessions. I think this was empowering for her and was welcoming. I also really liked including two techniques to help steer the conversation instead of having her “story tell” throughout the session. I took this characteristic of hers and turned it into a positive. This also gave her a chance to consider where she was in her freshman year versus now, which can give her a different perspective and possibly feel better about where she wants to be moving forward. I also like how I tried to ask about how her past self feels about what she is saying now and if she can accept it to assist with the healing process. This was a small but critical aspect of the exercise. The simple question “When is the last time you felt like that?” when discussing her confidence and allowing that to lead into the “Acting As If” technique. This transition helped her understand more about what she wants to feel in social situations.

My growth edges include my body language and focus on detailed feelings. Whether it is the way I move my head or eyes, I felt like I was too animated for this session. I also think I could have given her more directions for the empty chair technique. I was trying to get her to focus on herself more, but I guided her the best way that I could at that moment. I think I went too quickly into the next empty chair. If I could go back, I would slow her down even more and ask how she was feeling about meeting her friend and how she feels now speaking to her younger self. Overall, I still want to slow down in sessions, and I can see when I look back where I can add in more reflection of emotion.

As I continue to use an Adlerian lens, I hope to help the client learn more about how to achieve her highest potential and learn more about how her overall social wellness can hold her back from being where she wants to. I hope to continue working with her on how her social behaviors and wellness can help her understand what is helpful versus destructive. Her goals are enmeshed in social relationships and situations, which have caused her anxiety thus far. Within the techniques we have used, I hope this gives the client a better understanding of her purposes beyond her behaviors and how that can either impede or help her excel within her own personal goals.