



Case Presentation Example Using MTP Format

Richard I. Ries, M.Ed., Psy.D. Candidate
Argosy University
www.multitheoretical.com

This case presentation follows a format described in Chapter Twelve of *Integrative Multitheoretical Psychotherapy* by Jeff E. Brooks-Harris (2008, Houghton-Mifflin).

Client Description, Presenting Concern and Relevant History

Client Description. Chloe (pseudonym) was self-referred to a student counseling center. She is a single, 26 y/o Irish-American graduate student enrolled in a Master's program for Social Work. She was born and raised in Ohio, but has lived here for 6 years. She self-identifies as middle-class and resides by herself in an off-campus studio apartment near the university.

Presenting Concern. This client has come to therapy for support in ending a physically abusive relationship. Despite having broken up earlier this year, she reports continued contact, including physical intimacy. She claims that "he always seems to know when (she is) vulnerable or lonely and then calls to get together". She states that she really wishes to break away from him for good, but doubts that she has the strength, stating that "He always knows how to pull (her) back in." Chloe indicates that her distress related to this situation may be causing her academics to suffer in addition to her emotional state.

Relevant History. Chloe reports having had a stormy relationship with her mother but a good relationship with her father. She indicates that her mother was sexually abused as a child by her grandfather (this client's great-grandfather), but goes on to state that her mother refuses to discuss this issue with her daughter. Presently, Chloe feels estranged from her parents out of embarrassment. She told her parents about her abuse problems with her ex-boyfriend when they broke up, but feels that she cannot bear to admit to them that she still chooses to see him. Chloe has a younger brother (19 years old) who still resides with their parents. She describes their sibling relationship as "not that close or anything."

Chloe describes a series of troublesome romantic relationships since high school. She states that "nice guys" seemed to lose interest in her or she had lost interest in them. Each of her significant relationships involved some sort of "bad boy," and at least one prior relationship involved physical abuse. Chloe had undergone counseling during high school for what she describes as "normal parent-teenager stuff" and states that it helped "somewhat." More recently she sought counseling at a local hospital, but felt that the counselor had minimized her feelings. This client feels that she and that counselor were not a good fit. This client denies suicidal ideation, homicidal ideation, or related thoughts or gestures in the past. In terms of this history, it appears that relational factors will be most informative for understanding her current situation and psychotherapeutic goals.

Multidimensional Survey

Thoughts. Some thoughts that this client has related to her difficulty include: “No one else would be interested in me”, “I could never be attracted to anyone else”, “I can’t control whether or not he can pull me back to him”, and “Nice guys have never ended up being interesting to me.”

Actions. Specific behaviors that impact her concern include answering his phone calls even when she doesn’t want to, calling him when she has nothing to do, drinking alcohol to excess sometimes (often resulting in her calling him to meet up), maintaining several days without contacting him but then agreeing to see him, and hiding from her friends and family that she is still seeing him.

Feelings. This Client often feels sad, hopeless, ashamed, afraid, and lonely. She also reports feeling worthless, unlovable, bored, frustrated with her self, and worried. There have been times when she feels torn between a protective inner-critic and a collapsed self, yearning to heal and feel strong.

Biology. Chloe places exercise high on her list of life’s priorities. She runs several times per week and swims competitively. She states that when she experiences sexual urges, she is more inclined to break promises to herself about avoiding further contact with her ex. She also realizes that her “resistance tends to be down” when she has been drinking alcohol. She tends to drink approximately every other weekend. She denies any use of illicit substances. She is not on birth control, nor does she take psychiatric medication. This client also has been diagnosed with a sexually transmitted infection, transmitted to her from one of her previous ex-boyfriends. She worries that she may get cancer and has had several surgeries. In her most recent session she described pain in her abdomen and a raw sensation in her throat and chest. This client states that she subscribes to the “Western” and “reductionistic” view of the body, and feels strongly that her symptoms are not “solely emotionally based.”

Interpersonal Patterns. Chloe has had several experiences in the past with emotionally and (in 2 cases) physically abusive romantic relationships. She sees herself as drawn to “the wrong type of guy.” In the past, she has found herself losing interest in “nice guys,” and claims they lose interest in her quickly as well. In her current on-and-off relationship with her ex—who is married, locally famous and dating several others that she knows of—she finds that it is difficult to “give him up” because she appreciates his frequent text-messages and phone calls which number “at least 10 per day.” This pattern provides her with a sense that she is important to him, despite numerous indications to the contrary. She also finds that she often feels alone or neglected in her platonic friendships. Specifically, she relates that her roommate spends less time with her than she would prefer.

Social Systems. At work, Chloe has recently been promoted and experiences a great deal of professional appreciation. While she is on academic probation at her university, she is confident in her academic abilities. She believes that her difficulties in academia are the result of her distress over her current situation with her ex. She describes her family system as being “normal” but with further probing, endorses that she does not feel particularly close to her family. In each of these systems, one may infer a fundamental sense of separation. For example, she does not socialize very much with work colleagues, she is not achieving up to the level of her potential in school, she is no longer active with her swim team despite past success, and she does not feel connected to schoolmates. This client does not see her family as particularly involved in, or concerned about, her day-to-day experiences.

Culture. Chloe is Irish-American, but sees herself as primarily “American” culturally. She states that while she recognizes that there is a cultural stereotype of Irish males being prone to violence, she does not tend to date other

Irish individuals. As a woman with professional aspirations, she has also examined feminist perspectives concerning her situation and yearns to feel empowered and to transcend her pattern of entering abusive romantic relationships. She self-identifies as middle-class, heterosexual, youthful, and non-religious. She sees herself as professionally and academically typical of women “in (her) generation”.

Focal Dimensions

After reviewing all seven dimensions together, Chloe identified her *feelings, actions, and interpersonal patterns* as of principal import. Indeed, these three have been the focus of most of the psychotherapy sessions to date. These dimensions remain relevant, but resistance to behavioral change with respect to her interpersonal pattern seems to be loosening. Her ability to verbalize and express emotions remains stilted, and she is aware of this, but even with psychotherapeutic support, continues to struggle here. The last session was the first one to give attention to the *biological* dimension. The client directed discussion to her health concerns. As this seems related, at least in a corollary way to her overarching approach toward self-care, this dimension may be a fruitful means to leverage movement in the affective dimension.

Multitheoretical Conceptualization

This therapist's current understanding of the client draws mainly from *experiential, behavioral, and psychodynamic-interpersonal* psychotherapy theories. These theories correspond to the focal dimensions identified with the client.

Experiential Conceptualization. Chloe's difficulty with verbalizing or experiencing her feelings in the here-and-now, both in counseling sessions and on her own, may reflect defensive detachment from her authentic self. She seems to be experiencing a split between two opposing views of herself. On one hand, she wishes to completely break away from her relationship with her ex. On the other, she desperately feels alone and unlovable without him. This split connects to basic existential and experiential views of client phenomenology. Her loneliness may be adaptive, serving to motivate her to reach out to others who may lend her a sense of feeling valued and supported. On the other hand, this same loneliness, clustered with fear and hopelessness, may be shown to be maladaptive as the triad of feelings usher her back into the very relationship from which she wishes to escape. Her shame might be considered maladaptive in the sense that it influences her to be secretive and dishonest with her family and friends, making it additionally difficult for her to feel supported. Her sense of frustration, however, may be seen as adaptive for attainment of her goals; the frustration tunes her in to the illogical nature of her repetitive and self-negating patterns. Lastly, there appears to be an underlying and adaptive feeling of desire for healthy love, this feeling may blossom into the very hope at the heart of her potential transformation.

Behavioral Conceptualization. Behaviorally, she seems to have fallen prey to intermittent reinforcement. She finds that, regardless of thoughts or feelings that she has in a given moment, she always seems to call back “after a few text-messages or voice messages” left by her ex. If he neglects to leave messages in this manner, she often finds herself waiting for his call, and eventually calling him herself. This appears to be the case whether the content of his messages are loving, pitiful, vicious or detached. Finally, it is the behavior of contacting him, especially seeing him in person, which she wishes to stop.

Psychodynamic-Interpersonal Conceptualization. In identifying her Core Conflictual Relationship Theme (CCRT), it became apparent that she wishes to feel cared for but often feels put-down or ignored by others. Typically in such scenarios, this client would “turn away” from others, feeling dejected, weakened and sad. Turning away for this client often means brooding by herself in her home, or abusing alcohol. This therapist hypothesizes that there may be a fundamental sense of personal alienation or isolation, perhaps rooted in not seeing herself as adequate as a person, at the base of her decisions and feelings. She may be carrying shame for some deed and be searching to punish herself. The above parallels her apparent pattern of self-sabotage with respect to other areas of her life. Remaining questions relate to what pay-off she receives by continuing in her present interpersonal pattern, what her despair represents for her, and what role her past history plays in her current way of navigating relationships.

Intervention Strategies

Experiential Strategies. A variety of experiential strategies were put to use in this case. (EXP-1) *Identifying Feelings* was used to explore instrumental, secondary, and primary emotions with respect to her current problem. Chloe indicated having demonstrated instrumental feelings of jealousy, coolness, and anger. Secondary emotions that she identified included fear, frustration with her self, and desperation. Primary emotions identified included loneliness, shame, and sadness. (EXP-3) *Encouraging Expression of Feelings* was used on several occasions in collaboration with (EXP-10) *Creating Experiments* that focused on gesture and vocal tone exaggerations. (EXP-3) *Encouraging Expression of Feelings* was used as well as (EXP-7) *Integrating Parts of Self* in a two-chair exploration of her split. The combination of (EXP-1) *Identifying Feelings* with (EXP-5) *Communicating Empathy and Positive Regard* is seen by this therapist as helpful toward (EXP-6) *Supporting Authenticity*. (EXP-5) *Communicating Empathy and Positive Regard* was used throughout the sessions, and is seen as fundamental to her eventual movement toward meaningful change.

Behavioral Strategies. This therapist also used behavioral strategies. (BHV-3) *Identifying Target Actions* was used to help the client consider alternatives to calling and seeing her ex. Chloe was able to think of several friends to call when feeling lonely instead. (BHV-4) *Determining Baselines* was used to decipher how often contact between she and her ex occurred on a daily basis (around 10 times per day), about how often they saw one another in person (between 1 and 4 times every 2 weeks), and as part of a safety assessment—how often her ex would physically hurt her (approximately 1 time every 4-5 months). (BHV-6) *Assessing Stages of Change* was used to identify why she seemed to be able to identify a target (completely breaking off contact) but not attain it. The client and therapist agreed that she seemed to be in the “contemplation” stage. Finally, (BHV-12) *Encouraging Commitments* was used (unsuccessfully) in contracting with the client to commit to not seeing him (but calling was deemed okay) in the intervening 6 days between sessions. The client was alternatively encouraged to commit to “not calling” at least once daily when the urge to call him surfaced. This use of the strategy was successful and points to the need to make graduated approximations toward the final goal.

Psychodynamic-Interpersonal Strategies. Psychodynamic-Interpersonal strategies used included (PSY-1) *Listening to Narratives*, and (PSY-3) *Identifying Relationship Themes*. These skills were applied in order to encourage the emergence of relationship episodes for purposes of deciphering her Core Conflictual Relationship Theme (CCRT). She frequently wished for a caring connection, but often felt rejected, and then would respond by isolating herself. (PSY-13) *Dream Interpretation* was used once at the client's request, but was performed with a decidedly Gestalt (and therefore experiential) frame. The dream, which carried feelings of struggle and hope, seemed to reveal a relevant affective progression that could be seen to parallel her work in psychotherapy, (thus linking it to (PSY-9), *Observing the Therapeutic Relationship*, see below). In the dream, the client was entangled with a netted piece of flotsam from a

shipwreck disaster, helplessly drifting at night in a large, cold body of water. In the dream, she began to feel her heart fill with an exquisite sense of yearning whereby she lost consciousness only to awaken with sunlight warming her skin on the safe sand of a beach, some beachgoers assisted in untangling her, and she went about her day. The therapist used (PSY-9) *Observing the Therapeutic Relationship* frequently in supervision for purposes of informing treatment. The therapist aimed to facilitate a corrective emotional experience for the client and considered this a central goal.

Other Strategies Brought Into Play. Although this therapist primarily focused on feelings, actions, and interpersonal patterns, thoughts and broader social systems were also given therapeutic attention.

Cognitive Strategies. The therapist used various cognitive strategies as interventions. (COG-1) *Identifying Thoughts* and (COG-3) *Challenging Irrational Thoughts* were used. The client easily identified her thoughts and saw their irrationality on her own. She was able to specifically describe thoughts regarding what she felt she should do and how powerless she seemed to be. She mentioned that she knew these thoughts to be irrational, but struggled nonetheless. This therapist introduced (COG-10) *Supporting Dialectical Thinking* as a way to support her identification of opposing beliefs. An attempt was made to tap (COG-15) *Supporting Bibliotherapy* and (BHV-8) *Assigning Homework* by assigning the task of researching the “cycle of abuse” for review and discussion with the therapist in the following session, but the client neglected to do so, stating that she was already quite familiar with the information in the literature. In retrospect, the therapist may have seen more value from this strategy had he provided a book for the client.

Systemic-Constructivist Strategies. Additionally, Systemic-Constructivist Psychotherapy strategies were used. (SYS-6) *Searching for Multigenerational Patterns* and (SYS-7) *Clarifying Family Belief Systems* were tapped to bring out ways in which her family’s cultural views impacted her own ability to navigate relationships. Chloe identified abuse in her family history and noted that tolerance of abuse had seemed to have been silently endured across generations. (SYS-10) *Externalizing Problems* became useful for supporting the idea that the client and her past choices were separable. (SYS-14) *Orienting Toward the Future* was used to help Chloe imagine herself in the future as the same person, making better choices. This strategy was also paired with other strategies especially during guided visualizations and meditation exercises. For example, there was an instance in which the client was asked to see herself in the company of a new romantic partner and a group of supportive friends at a social gathering, feeling filled with a profound sense of well-being.

The above strategies have been critical for the establishment of therapeutic trust and the esprit of a collaborative working alliance. That noted there may also be strategies that have not been used that could have been useful.

Considering Other Potentially Helpful Strategies. Other strategies that may have been useful include (BHV-11) *Fostering Acceptance*. It might have been meaningful for this client to try sitting with her uncomfortable feelings, increase her affective tolerance, and resist taking immediate action to assuage them. This could have been helpful for breaking free from the patterns that entrapped her. Disruption of the cycle marked by the onset of loneliness followed by the decidedly foolhardy decision to place her self into abusive situations could be considered more likely if she were to accept and explore her loneliness. Successful usage of this strategy might have been supported by (BHV-13) *Providing Training and Rehearsal* in the form of relaxation training (for overall well-being as well as better tolerance for intense affect) and assertiveness training (to assist her in adaptively standing up for her rights in situations where she typically crumbles). (BHV-14) *Coaching and Shaping* may have included therapeutic feedback in support of gains and might have helped with continued movement toward greater independence.

(EXP-4) *Fostering Self-Actualization* and (EXP-11) *Accepting Freedom and Responsibility* would also likely have proven fruitful for this client’s progress. As she more fully emerged into the person she wished to be, she may have been more capable of revamping her level of esteem and engaging in future romantic relationships with a different,

more adaptive, approach. In so doing, she might have made more mature and informed decisions, based on an authentic and thorough consideration of her personal values and personal value. Fully appreciating freedom and responsibility would likely have been considered an important goal, indeed vital, for this client to maintain healthy relationships in the face of inevitable challenges.