

Developmental Case Conceptualization – Jane Doe

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Introduction

This Developmental Case Conceptualization (DCC) will address Jane Doe (JD), who is a 24-year-old, Puerto Rican, un-partnered, female, adult film actress, with a self-reported high socioeconomic status and high-school education, who has been diagnosed with 309.81 Posttraumatic Stress Disorder, unspecified (PTSD; UWS, 2022). Her desired treatment goals include: “I want to be able to sleep again at night without waking up thinking I am on fire; stop watching everything that goes on around me like I am in some kind of stupid movie; stop wondering if this stupid fire was like to world telling me I need to stop working in porn” (UWS, 2022). Attachment Theory (AT) and Social Learning Theory (SLT) will be discussed to conceptualize this case. This DCC will define the intervention that will support JD, including tenets of Cognitive Behavioral Theory (CBT) and Culturally Relative Strategies to optimally support JD.

Case Conceptualization

JD has been described as having a disorganized attachment and unable to form a healthy adult relationship, attributable to the experiences that she had with her caregivers when she was an infant (Siegel, 2020; UWS, 2022). AT poses that the repeated experiences infants have with their parents shapes their beliefs which are internalized as subconscious representations of self and other, which inform social interactions throughout the lifespan (Wong et al., 2021). Consistent attunement and cooperative communication between parent and child precede secure attachment, resulting in mutually attuned experiences and a child developing an optimally self-organized internal state. In contrast, individuals who lacked caregivers who were attuned to their experience to provide them with a sense of security and self-regulation, develop a disorganized attachment style and are unable to use either their internal or external means to regulate their internal states, resulting in the experience of a chaotic inner world, a fragmented self-

organization, and often experiencing dissociative disorders (Siegel, 2020; Wong et al., 2021). These features appear to be consistent with JD's presenting challenges (i.e., a disorganized attachment; dissociating) from her experiences as an infant where her mother was not present for significant amounts of time, often leaving her for hours locked in her room, so she could go out and party, and even when her mother was there, she had her own inner turmoil that made her unable to attune to JD's needs (UWS, 2022; Siegel, 2020). Further, JD has no sense of trust or self-organization to form a healthy adult relationship due to the beliefs that she has developed and the experiences that shaped her interpersonal connections (Siegel, 2020).

SLT proposes that people learn behaviors from watching others performing these behaviors (Wong et al., 2021). JD witnessed her mother's inability to develop and maintain a healthy adult relationship (i.e., filtering through boyfriend after boyfriend, many of whom sexually assaulted JD), so she has no sense of how to develop and maintain a healthy adult relationship (UWS, 2022; Wong et al., 2021). According to SLT, there are four mediational processes that must occur for a behavior to be repeated: *Attention*, *Retention*, *Imitation*, and *Motivation* (Wong et al., 2021). JD's mother had JD's attention and increased her retention, as she constantly brought boyfriends around the house, who often sexually abused JD through repeated experiences (UWS, 2022; Wong et al., 2021). This became the frame of reference for JD and relationships, as she pursued a career in sex work (i.e., making a significant amount of money for few hours of work; UWS, 2022; Wong et al., 2021). JD has recognized this conflict in what she desires (i.e., "a white picket fence stay at home mom relationship") and what she is doing (i.e., sex work) and is seeking help to change her lifestyle and address her PTSD (UWS, 2022). JD would benefit from an intervention that would help reshape her beliefs using CBT strategies.

After reviewing the DSM – 5 criteria, the client effectively meets all diagnostic criteria for PTSD (ACA, 2013). She was a victim of both traumatic events and sexual assault, has recurring and distressing memories and nightmares, experiences distorted thoughts and beliefs, hypervigilance, and sleep disturbance (UWS, 2022). Further, as highlighted in Belleville, Dube-Frenette, and Rosseau (2018), sexual assault victims commonly experience PTSD, including sleep disturbances. CBT treatments have a high efficacy rate for treating PTSD and nightmares in sexual assault victims (Belleville, et al., 2018; Powell, 2021). When used independently, CBT improves sleep quality by a 0.53 efficacy rate, and when combined with imagery, sleep quality improves by a 0.91 efficacy rate (Belleville, et al., 2018; Powell, 2021). All participants who completed their CBT treatments (87.5%; 14 out of 16) no longer met the diagnostic criteria for PTSD (Belleville, et al., 2018; Powell, 2021).

The client will benefit from participating in fifteen 90-minute sessions of CBT (Belleville et al., 2018). The first session will be dedicated to completing the clinical assessments with cultural considerations in mind and establishing rapport, the second and third sessions will be dedicated to psychoeducation about PTSD symptoms and diaphragmatic breathing, and sessions four to nine will involve exposure to traumatic memories via imagery (Belleville et al., 2018; Powell, 2021; Sue, Sue, Neville, & Smith, 2019). The client will be assigned homework to support her between sessions (e.g., practicing breathing exercises for five minutes every night before bed; Powell, 2021). Sessions 10 to 14 will be dedicated to in vivo exposure to feared objects, activities, and situations. The final session will involve strategies to minimize relapse (e.g., pleasant imagery combined with diaphragmatic breathing will be used to lower her physiological arousal levels associated with trauma-related nightmares and decrease nightmares; Belleville et al., 2018; Powell, 2021). The client will also participate in twelve 60- minute sessions of CBT to treat her issues with hypervigilance, as it will help her to confront her

negative beliefs, especially with those regarding her anxiety around how she believes that people view her in her environment and resolve her beliefs around fire (Belleville, et al., 2018; Powell, 20). This involves strategies such as the ABC model of cognitive restructuring (i.e., Activating event [A], Beliefs [B] around A, Consequences of B, Disputing those B, and finding Evidence for creating new B), treating her B as hypotheses to be tested, looking for evidence to invalidate any dysfunctional or negative B, and completing homework to maintain treatment between sessions (e.g., journaling and cognitive reframing; Prochaska & Norcross, 2014; Belleville et al., 2018; Powell, 2021). These processes will help JD to achieve her desired goals, as well as reshape her B and understandings around interpersonal relationships and self-care that were poorly modeled and shaped by her unattuned and negligent mother, ultimately helping her to develop B and a more secure attachment style that supports her in creating the life she desires.

Culturally Relevant Strategies

How Culture Relates to Development, Functioning, Resilience, and Wellness

Culture shapes individual values, language, and impacts how individuals communicate and interact interpersonally (Siegel, 2020). Developing a sense of ethnic identity (e.g., shared values, rituals, clothing, history, and practices of cultural group) is associated with high self-esteem (Wong et al., 2021). According to SLT, if individuals have a culture that fosters resilience, well-being, and functional interactions then individuals will display these same features, reinforcing their sense of well-being and resilience (Wong et al., 2021). The culture of the sex industry is one that views individuals, particularly women, as sources of pleasure, who are expendable and can be “used up” (UWS, 2022). This creates an environment where JD is viewed as an object to be used and disposed of, undermining her sense of self, well-being, and hindering her resilience, ultimately exacerbating her PTSD (UWS, 2022; Wong et al., 2021).

JD is also Puerto Rican, which could be a source of strength for her. However, currently, she has no family ties to her culture. A strength of Hispanic families is their deep respect and affection among a large network of family and friends (Sue et al., 2019). JD would benefit from establishing her own large network of family and friends of Hispanic origin that could create a sense of unity and strength. While traditionally, in Hispanic cultures, the mother is the caregiver and the father is the provider, JD did not have these experiences (Sue et al., 2019). JD's father was non-existent, and her mother was a teen mom with no support who had many dysfunctional relationships with multiple boyfriends (UWS, 2022; Sue et al., 2019). Hispanic families traditionally gain support from their extended family; however, JD has no awareness or access to her extended family (UWS, 2022; Sue et al., 2019). JD would benefit from strategies and homework that empower her to seek and develop relations with individuals from her culture of origin. This would help her start to develop a valuable support network, reinforcing her well-being and resilience.

Ethical and Culturally Relevant Strategies for Working with Client

Multicultural counseling therapy involves defining goals that are consistent with client's life experiences and cultural values; recognizing that client identities include individual, group, and universal dimensions; and advocating for the use of universal and cultural-specific strategies, while balancing the importance of individualism and collectivism in the assessment, diagnosis, and treatment of the client (Sue et al., 2019; Powell, 2022). According to Sue et al. (2019), individuals who have Hispanic origins may benefit from cognitive behavioral strategies with multicultural considerations, including incorporating cultural values in the specific treatment (i.e., spiritual and religious beliefs), such as encouraging extra support from their church, utilizing cultural sayings or metaphors in the treatment, and considering acculturation conflicts and discrimination (Powell, 2022). Hispanic clients generally prefer a more interpersonal

approach, connecting first and then being authoritative and providing concrete advice and solutions (Sue et al., 2019; Powell, 2022). Asking how experiences with discrimination or unfairness impact the problems that she is dealing with are important to ask to understand any compounding issues that could be exacerbating her presenting issue (Sue et al., 2019). Minority groups, such as JD who is Puerto Rican, are subjected to barriers, microaggressions, racism, sexism, ableism, and innumerable policies and structures that inhibit and make it almost impossible for them to achieve the same aspirations of members in majority groups (i.e., who do not have these same barriers obstructing their path; Sue et al., 2019; Powell, 2022).

Suggestions for Treatment that Emphasize Resilience, Optimal Development, and Wellness

It is important to establish rapport and earn JD's trust, as the therapeutic relationship makes substantial and consistent contributions to the therapeutic outcome regardless of chosen intervention (Sue et al., 2019; Powell, 2022). Providing positive regard including highlighting client strengths and assets is integral to the change process (Sue et al., 2019). It is important to establish cultural self-awareness (i.e., understanding the impact of one's values and beliefs to address any biases and not wrongfully stereotype other populations); cultural knowledge (i.e., the cultural competence to understand different world views, such as different family patterns, cultural values, as well as the awareness to not rigidly apply this cultural information, as everyone is unique); and cultural responsiveness (i.e., applying the appropriate helping skills to the respective culture; Sue et al., 2019; Powell, 2022).

It is integral to convey trustworthiness, through openness, sincerity, honesty, and lack of motivation for personal gain and remain culturally humble (e.g., taking cultural opportunities to learn from each unique persons' world experience to find the best way forward to support them; Davis, DeBlaere, Hook, Chloe, Worthington, Owen, Rivera, Van Tongeren, & Placeres, 2018). It

will be valuable to help JD to identify with the cultural values and ethnic identity that brings her the most life satisfaction and bolsters her self-esteem (Sue et al., 2019). It is also important to broach the topic of race, ethnicity, and culture during therapy (Sue et al., 2019). Many assessments and standards of health and well-being were designed with the dominant culture in mind and are not compatible with many minority populations, such as JD who is Puerto Rican (Sue et al., 2019; Powell, 2022).

Summary

This case conceptualization process was beneficial as it provided a greater understanding of the role theories play in formulating interventions for each unique client. While there are distinct differences between each person, theories help explain how we function and why certain life experiences and circumstances lead to specific psychological and clinical outcomes. This information provides us with direction on how to address each clients' needs. Completing this assignment can help professionals in this field to learn how to effectively apply different theories to formulate an understanding regarding a client with a specific presenting issue to develop the optimal intervention to support them.

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