

Case Conceptualization & Treatment Plan

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Client Information

Demographic Information, Relevant Personal and Family History

Jane is seventeen years old. She is in grade eleven and is currently attending a local secondary school. Based on the case study (Litvack, 2015), it is clear that Jane has limited positive peer relationships in her life. She exhibits extreme aggression towards her peers, particularly the girls in school. For example, Jane has been suspended on multiple occasions for threatening her classmates. She states, “if I had a gun and could threaten anyone I wanted, I would kill lots of people” (Litvack, 2015, p. 9). Jane also displays inappropriate sexual behaviour towards students in the school, including those who are younger than her. She demonstrates a high need for acceptance and attention and often seeks out “sexually exploitative and abusive males” (Litvack, 2015, p. 9). Although Jane’s current boyfriend physically abuses her, she remains in the relationships because “she loves him and he is usually good to her” (Litvack, 2015, p. 9).

Overall, Jane’s lifestyle can be defined as transient since she and her family often move from one residence to another. Jane’s relationship with her family is also strained, as she is in frequent conflict with her parents. The report (Litvack, 2015) implies that there is tension between Jane and her father and it is suspected that there have been instances of sexual and physical abuse in the home. “Both Jane’s mother and her maternal grandmother have Muscular Sclerosis” (Litvack, 2015, p. 8). Her grandmother’s health has severely declined and she is now fully dependent on her caregivers. Finally, the report (Litvack, 2015) states that Jane’s grandfather has also passed away.

Previous Diagnosis, Comorbidities and Treatment History

Jane was referred to treatment because of her inappropriate sexual behavior, poor peer relationships and aggression. The case study (Litvack, 2015) additionally states that Jane is taking medication for her Attention Deficit Hyperactivity Disorder (ADHD). The report (Litvack, 2015) strongly hints at Post-Traumatic Stress Disorder (PTSD) even though it is not clearly stated. The supporting evidence and/or clues for PTSD includes: Jane's atypical childish behaviour; the trauma related to her mother's and grandmother's illness; the multiple moves; her somatic symptoms; the ongoing intimate partner violence; and possible abuse occurring in the home (Chase, 2015). Similarly, the illustrative notes in Jane's behaviour checklist imply that Jane suffers from depression and anxiety: two diagnoses that are comorbid and relate to PTSD.

Overall Level of Functioning

The WAIS—IV indicates that Jane's intellectual abilities are within the average range. However, her verbal comprehension skills are below average. Likewise, the WAIS – R scores reveal that Jane has challenges with her working memory. This is not surprising since PTSD is known to negatively impact a child's working memory (Downey, 2007). Jane's social functioning is also low; this is demonstrated by the previous examples where Jane's poor affect regulation has resulted in aggression towards her peers. In addition, Jane's limited interpersonal perspective-taking skills and poor display of social boundaries, highlights areas of concern with respect to Jane's social functioning.

Vulnerabilities and Stressors

Jane is challenged by a number of personal, family and situational stressors. For example, Jane's responses to the Incomplete Sentence Blank show themes of concern with regards to her health. This theme reflects her external stressors, which include her

mother's and grandmother's declining health. Jane's fear of violence and the common expression of violence, both from her partner and possibly from her father, affect Jane's mental wellbeing. The teasing and ill wishes from her peers also affects Jane; and this is demonstrated by her aggressive behavior towards them. Finally, the constant moves and suspected poverty remains as an additional stress and concern for Jane.

Strengths, Resources and Resilience

Jane demonstrates a great deal of strength and resilience. The act of leaving her abusive partner is not an easy task and although she eventually returned to him; this action must be recognized for what it stands for: hope and resilience. Similarly, her ability to share her experiences with the counselor and acknowledging to others that her partner does hit her takes strength. In my experience, working with exploited youth, the ones who disclose their experiences often recognize the need for change and desire change, even though their actions prove otherwise. Jane's open communication with the counselor takes courage and it stands as the first step in her long process towards healing and change.

Case Conceptualization

Affect Behavioral & Interpersonal Dimensions

As previously stated, Jane has been referred for treatment because of her aggression, poor peer relationships and inappropriate sexual behavior. The report (Litvack, 2015) demonstrates that when Jane feels rejected and/or threatened by her peers, her go-to response is aggression. According to Schnur, Cutts, and Spiegel (2012) this behavior is typical of adolescents who have been sexually exploited. Similarly, her inappropriate sexual behavior is a common theme among this subpopulation (Schnur, Cutts & Spiegel, 2012).

Diagnosis and/or Presenting Concerns

Jane's file (Litvack, 2015) clearly implies that Jane has been sexually exploited. Sexual exploitation is defined as when an individual under the age of eighteen exchanges a sexual act for something in return. In Jane's case, she is exchanging sex for "cigarettes and other necessities when she is broke" (Litvack, 2015, p. 9). Jane's report addresses the five warning signs of sexual exploitation, which include: age difference, gifting, isolation, change in lifestyle, and gut feeling (Children of the Street Society, 2015). For instance, the report (Litvack, 2015) states that Jane's boyfriend is in his mid-twenties and that he provides her with gifts, including the cigarettes mentioned above. More importantly, Jane's boyfriend is described as being controlling and abusive. Compounding this problem is Jane's social isolation and limited secure and loving relationships. For example, McCartney (2004) implies that girls like Jane, who crave love and affection, are vulnerable to exploitation since they feel that it is better to have someone who is abusive than to have no one at all.

Jane's case study (Litvack, 2015) suggests that she is a victim of sexual abuse. For instance, Forshaw (1998) states that there is a strong correlation between sexual abuse and inappropriate sexual behavior. Moreover, Forshaw's (1998) article proposes that Jane's sexual aggression towards her peers can be understood as an emulation of past experiences where Jane has been sexually abused (Forshaw, 1998). Some of the signs and/or symptoms of sexual abuse include: somatic complaints; poor school performance and truancy; memory or concentration disturbances; depression; anxiety; sexualized drawings; extreme shifts of mood; poor peer relationships; and inappropriate sexual behavior (Forshaw, 1998). The above concerns are all witnessed in Jane's report (Litvack, 2015), including the sexualized drawings that are shown in the House-Tree-Person test.

As mentioned above, Jane also exhibits signs and/or symptoms of PTSD. For more information, please refer to the “Client Information” section, under the subcategory of “Previous Diagnosis, Comorbidities, and Treatment History”.

Contributing Factors

As previously stated, Jane likely suffers from PTSD. It is evident in Jane’s report (Litvack, 2015) that there are a number of contributing factors that maintain and exacerbate Jane’s Posttraumatic Stress Disorder. Primary examples include the suspected sexual abuse in the home; physical abuse from her boyfriend; and Jane’s dysfunctional family relationships. The added threat of moving and her mother’s and grandmother’s illness similarly loom over Jane. Finally, her limited peer relationships result in Jane’s isolation, which manifests in an increased dependence on her abusive partner for love and support. This pattern of dependence acts as an additional barrier to her exiting the relationship.

Treatment Rationale

Jane’s presenting clinical concerns are complex and require a multi-systematic, long-term, open-ended approach to treatment. Due to the limited length of this paper, I have chosen to focus on one aspect of Jane’s treatment plan, namely motivating Jane to attend Hera: an educational treatment program located in Calgary, AB. The Hera program targets girls who are at risk of being sexually exploited. It provides mentorship opportunities; small class sizes with learning supports; experiential learning opportunities; referrals and access to therapy, including psychoeducational groups; and in-home supports (Boys and Girls Club, 2015). The Hera program is an ideal placement for Jane because it speaks to her therapeutic and educational needs. Moreover, the Hera program can increase

Jane's peer-support network by surrounding her specialized staff and classmates who share similar life experiences. Goulet's (2001) article suggests that this is an important aspect of the program since peer support is an integral part of the recovery process.

Jane's case study (Litvack, 2015) demonstrates that Jane's inappropriate sexual behavior places the other students at school at risk. Referring Jane to the Hera program, which has more supports and knowledge with regards to sexual exploitation, may be in the best interest of Jane and the school at large. However, since the literature (Burke, Chapman, Hohman, Manthey, Slack, Stout, Urquhart, Wahab & Yahne, 2010) emphasizes the importance of a client-centered practice, this option is only available with Jane's acceptance of her need for support and her interest in the program.

It is evident in the case study (Litvack, 2015) that Jane dismisses the exploitative aspects of her relationship. According to McCartney (2004) Jane's dismissive reaction is a typical response of a client who is in the precontemplative stage of change. The Transtheoretical Model of Change is composed of five stages of change including: precontemplative, contemplative, planning, action, and maintenance. The literature (Saftlas, Harland, Wallis, Cavanaugh, Dickey & Peek-Asa, 2013; Burke et al., 2010; McCartney, 2004; Burk, Gielen, McDonnel, O'Campo & Maman, 2001; Reisenhofer & Taft, 2013) frequently references this model as a useful framework to structure individual therapy sessions with clients who are victims of sexual exploitation and intimate partner abuse. In the following treatment plan, I will touch on some specific strategies which will be employed to help Jane transition from one phase of change to another.

Treatment Plan

Interventions Based on the Transtheoretical Model of Change

Since the EDPS 685 class is targeted at school counselors, I have decided to approach Jane's case study from a school counselors approach. Recognizing the limitations of most school counselors with regards to the issue of sexual exploitation, one of my primary objectives is to assist Jane in acknowledging the unhealthy aspects of her relationship and motivate Jane to seek support through Hera's specialized treatment program. Jane's acceptance and interest in the program is essential since the Hera program only accepts students who wish to be there (Boys and Girls Club, 2015). In the following table I have outlined some of the intervention strategies that I will use to assist Jane in her process of change. Table 1 is adapted from a number of sources including: Parsons (2009), Hutchinson, Casper, Harris, Orcutt & Trejo (2008) and McCartney (2004).

Table 1: Interventions Based on the Stages of Change

Stage of Change	Possible Statements	Processes	Intervention Strategies
Precontemplation <i>Client shows no recognition of the problem and/or no intent to change</i>	<p>"All guys lash out at their girlfriends at some time or another... it's normal"</p> <p>"It's normal to be sexually active at my age... my behavior is fine"</p>	<ul style="list-style-type: none"> • Consciousness raising (observation, confrontation, interpretation) • Dramatic Relief 	<ul style="list-style-type: none"> • Build rapport and trust • Respond with positive regard • Express concern and keep the door open • Provide information regarding healthy relationships and sexual exploitation • Examine the discrepancies between the Jane's perception of the problem and the perception of others • Respect her decisions, work in collaboration and share power
Contemplation <i>Client recognizes that there is a problem; however, he/she is still ambivalent with regards to change</i>	<p>"I don't like that he hits me, but he's good most of the time"</p> <p>"I'm tired of getting punished for.... But sometimes I just can't stop it, its like something takes over"</p> <p>"I just don't know how</p>	<ul style="list-style-type: none"> • Self-reevaluation (of behavior of self and others) • Consciousness raising 	<ul style="list-style-type: none"> • Normalize ambivalence • Explore pros and cons of Jane's current relationship/sexual behaviors • Acknowledge and explore fears with reference to leaving the relationship • Examine Jane's personal values in relation to change • Discussed Jane's perceived self-efficacy and highlight Jane's

	to stay away from Billy... he's like a drug"		<p>strengths</p> <ul style="list-style-type: none"> • Emphasize Jane's free choice and responsibility for change
<p>Preparation</p> <p><i>Client is committed to change; however, he/she is still in the planning process</i></p>	<p>"I spoke to that women on the phone from that other school"</p> <p>"I decided I'm going to break up with Billy again... this time for good"</p> <p>"I thought about what we talked about... next time when I want to get a guys attention I might try... instead"</p> <p>"Next time I'm going to try and walk away..."</p>	<ul style="list-style-type: none"> • Self-liberation strategies (including goal setting, scaling and increasing self-efficacy) 	<ul style="list-style-type: none"> • Celebrate small steps • Provide information regarding community resources and supports • Provide options: this intervention has been framed around the Hera program; however, if Jane is not interested in the program than other school/therapy alternatives will need to be provided • Consider Jane's goals/strategies • With permission, offer advice • Have Jane state her plans for change aloud • Consider the barriers to change and devise a plan to reduce them • Increase Jane's social opportunities by introducing to organizations like Antyx Community Arts • Role-play scenarios with Jane to increase her problem-solving skills • Collaboratively devise a safety-plan
<p>Action</p> <p><i>Client begins to take active steps in order to achieve change</i></p>	<p>"Tomorrow is my first day at the Hera program"</p> <p>"She's such a ... I hate this school"</p> <p>"I only skipped twice this week"</p> <p>"I haven't talked to Billy in three weeks... although I'm thinking about calling him"</p>	<ul style="list-style-type: none"> • Therapy specific strategies (i.e. counter-conditioning, helping relationships, contingency management) 	<ul style="list-style-type: none"> • Validate any small steps taken • Provide referrals for schools and support programs • Maintain an open door policy (<i>Make sure Jane feels that she can return to the school counselor if she needs; that he/she genuinely cares for her and is not just "passing the buck"</i>) • Support Jane's progress in the Hera program by calling to check up on her • Be prepared for relapses • Acknowledges the difficulties in the early stages of change • Work on problem solving (i.e. What happens when you get upset at your new school?)

The table above provides an outline of some of the intervention strategies, which would be utilized in Jane's individual counselling sessions. The maintenance phase was not included in this analysis because it is assumed that once Jane leaves the public school, the school counselor would have less contact with Jane. However, I do note that it is important for Jane to feel like she can return to the counselor if needed. Similarly, I mentioned in the analysis the importance of empowering Jane to make her own decisions. If Jane does not wish to attend the Hera program, it is essential that the counselor provide her with other options since Jane's presence in the school is endangering the safety of other students.

Collaboration

The complexity of Jane's clinical symptoms demands collaboration between the counselor and other service providers. For instance, I included Antyx Community Arts in the above intervention strategies. Antyx provides youth in Calgary with the opportunity to explore their artistic abilities in a communal and safe environment. Antyx would be an excellent resource for Jane because it would provide her with a positive outlet for her feelings, an opportunity to build her support networks, and an experience that would improve her self-esteem. As mentioned previously the Hera program would also be a valuable resource with regards to Jane's recovery.

I suspect that Jane will require additional assistance in the future, possibly from the Ministry of Children and Family Services. This depends on what Jane reveals in her counselling sessions and the counselor's judgment with regards to how the Ministry will provide assistance and/or harm. With regards to Jane's family members, I feel that their involvement in treatment is an essential element to Jane's recovery. However, the report

(Litvack, 2015) notes that Jane's counselor had trouble contacting her parents, perhaps because they were not interested in being involved.

Treatment Objectives (adapted from Lever & Pitchford's (2008) article)

The following treatment objects are related to Jane's progression through the stages of change, namely precontemplation, contemplation, planning and action. The short-term objectives relate to the one-on-one counselling sessions with the school counselor. By contrast, the long-term objectives are based on the assumption that Jane decided to attend the Hera program and actively engaged in its interpersonal and intrapersonal learning opportunities.

Examples of Treatment Objectives		
	Short Term	Long Term
Poor Social Skills	<ul style="list-style-type: none"> Jane will be able to verbalize the connections between her feelings and behavior Jane will role play solutions to problem scenarios – for example, how she might better react in a conflict situation with a peers Jane will practice self-soothing techniques once a week. She will learn to acknowledge her feelings/fear in the moment and will attempt to regulate her emotions by using her self-soothing practices. 	<ul style="list-style-type: none"> Jane will establish a positive relationship with a peer Jane will respect others' boundaries and will act appropriately towards others
Relationships	<ul style="list-style-type: none"> Jane can identify one positive behavior that she expects in a partner (each week) Jane will be able to verbalize her thoughts or feelings with regards to her relationship once a week Jane will role play solutions to problem scenarios with her partner Jane will engage in safety planning and will identify supportive individuals who she could go to in the case of an emergency Jane will engage in safer sexual practices and will be able to verbalize once a month some of the strategies that she is employing Jane will be able to verbalize some of the risks associated in her relationship once a month 	<ul style="list-style-type: none"> Jane will be willing and able to end her unhealthy relationship with "Billy" Jane will gain insight into what may be underlying the problems in her relationships Jane is able differentiate between healthy and unhealthy relationships Jane's relationship problem-solving skills will be improved
Self Esteem	<ul style="list-style-type: none"> Jane will identify two strengths and/or positive statements about herself each week Jane will increase her self affirming statements from 1 to 5 times per session Jane will show improvement in her self- 	<ul style="list-style-type: none"> Jane will have improved self-confidence, which will allow Jane to exit and/or leaver her abusive relationship

	esteem, as measured by her positive verbalizations	
Sexual & Physical Abuse	<ul style="list-style-type: none"> Jane will be able to verbalize her thoughts or feelings with regards to sexual/physical abuse each week Jane will identify triggers connected to traumatic events once a month Jane will participate in developing a safety plan 	<ul style="list-style-type: none"> Jane will begin to trust others and be more willing to engage in healthy relationships She will exhibit appropriate boundaries towards others Jane will be able to better process and verbalize her thoughts/feelings related to her abuse Jane will be able to employ self-soothing practices when stressed

Summary/ Personal Reflections

Jane's case study is complex and it is challenging to prepare a treatment plan when she has numerous presenting concerns. With a limited counselling background, I am concerned that I have missed a number of important and/or key factors; however, with the guidance of the literature (Saftlas et al., 2013; Burke et al., 2004; Burk et al., 2001; Reisenhofer & Taft, 2013) I did my best to appropriately apply the Transtheoretical Model of Change and identify some supports in Calgary, which would assist Jane's recovery.

References

- Boys & Girls Club of Calgary. (2015). Hera. Retrieved April 2015, from <http://www.boysandgirlsclubsofcalgary.ca/programs/education-employment/hera>
- Burk, J., Gielen, A., McDonnell, K., O'Campo, P., & Maman, S. (2001). The Process of Ending Abuse in Intimate Relationships. *Violence Against Women*, 7(10), 1144-1163.
- Burke, B., Chapman, C., Hohman, M., Manthey, T., Slack, K., Stout, D., . . . Yahne, C. (2010). Guiding as Practice: Motivational Interviewing and Trauma-Informed Work With Survivors of Intimate Partner Violence. *Partner Abuse*, 1(1), 92-104.
- Chase, C. (2015). ARC Model [Class Handout]. Place of Publication: University of Calgary
- Children of the Street Society. (2015). For Youth. Retrieved April 2015, from <http://www.childrenofthestreet.com/#!youth/c1f2z>
- Downey, L. (2007). Calmer classrooms A guide to working with traumatized children. 1-36. Retrieved April 2015, from http://www.cyp.vic.gov.au/childsafetycommissioner/downloads/calmer_classrooms.pdf
- Forshaw, V. University of Lethbridge, (1998). *Children with sexual behaviour problems: Curriculum for parents and educators*. Retrieved from website: https://www.uleth.ca/dspace/bitstream/handle/10133/1163/Forshaw_Valerie_Myrle.pdf?sequence=1
- Goulet, L. (2001). *Out from the shadows: Good practices in working with sexually-exploited youth in the Americas* (pp. 1-97). Victoria, B.C.: Institute for Child Rights and Development.
- Hutchinson, M., Casper, P., Harris, J., Orcutt, J., & Trejo, M. (2008). The Clinician's Guide to

- Writing Treatment Plans and Progress Notes. *DADS Adult System of Care*, 1-69.
- Lever, N., & Pitchford, J. (2008). Treatment Planning for Children and Adolescents Long and Short Term Treatment Goals. Retrieved April 2015, from [http://www.schoolmentalhealth.org/Resources/Clin/Treatment Planning Ideas Final.pdf](http://www.schoolmentalhealth.org/Resources/Clin/Treatment%20Planning%20Ideas%20Final.pdf)
- Litvack, W. (2015). Case Studies [Class Handout]. Place of Publication: University of Calgary
- McCartney, J. (2004). Campus Alberta Applied Psychology: Counselling Initiative, *Exiting: A practitioner's guide to healing sexual exploitation*. Retrieved from website: <http://dtp.lib.athabasca.ca/files/caaproject/joannmccartneyproject.pdf>
- Parsons, R.D. (2009). *Thinking and acting like an eclectic school counsellor*. Thousand Oaks, CA: Corwin.
- Reisenhofer, S., & Taft, A. (2013). Women's journey to safety – The Transtheoretical model in clinical practice when working with women experiencing Intimate Partner Violence: A scientific review and clinical guidance. *Patient Education and Counseling*, 93, 536-548.
- Saftlas, A., Harland, K., Wallis, A., Cavanaugh, J., Dickey, P., & Peek-Asa, C. (2013). Motivational interviewing and intimate partner violence: A randomized trial. *Annals of Epidemiology*, 24, 144-150.
- Schnur, E., Cutts, L., & Spiegel, M. Council on Accreditation, (2012). *Combating sexual exploitation*. Retrieved from Jewish Childcare Association of New York website: <http://coanet.org/about/innovative-practices-award/awardwinners/jewish-child-care-association-of-new-york/>