Application of Learning Theory – Case Study Analysis

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Abstract

Each of the case studies presented in this paper represents a typical situation in a counselling practice. For each one, the problem is conceptualized, treatment objectives are identified, short and long-term treatments are developed, and the limitations of the interventions are discussed. Case study B deals with Shirley, a 45 year old who is struggling with anxiety and has a experienced a traumatic situation in her past. Case study C is about Michael, a 15 year old male who is being referred to counselling by his parents as the school he attends. The main concern is a drop in his grades, and their observation of changes in his behaviour.

Case Study B - Shirley

Conceptualizing the problem

Anxiety as a psychological condition may debilitate a person's life. In this case study, Shirley has come to therapy to receive treatment for her anxiety. Having struggled with it for many years, she recognizes that the time has come to receive some more help. It is recognized that there is a clear connection between anxiety symptoms and traumatic events (Mayou & Farmer, 2002). Shirley has been dealing with chronic anxiety for many years, however, it seems that she does not realize that there may be a connection between the trauma she experiences that the anxiety from which she now suffers.

Traumatic memories can potentially imprint themselves in the subcortical regions of the brain (Seigel, 2007, Bremner, 2006). Once this occurs, they are not accessible to the frontal lobes that provide us with the ability to understand, think, and reason. When Shirley experienced her trauma, the limbic system of her brain (hypothalamus, the hippocampus, the amygdala) became very active. The frontal cortex was unable to process the high volumes of activity in the limbic system (Karl, et al., 2006). Shirley never engaged in counselling after this experience, and consequently, her emotions have become locked in the limbic system and she has never been able to process them.

Etkin & Wager (2007) describe how fear and avoidance is very common to many anxiety disorders that are related to trauma: "Fear and avoidance of trigger cues are common to many anxiety disorders and resemble the arousal and avoidance responses shown by normal subjects to conditioned fear cues" (p. 1476). Since Shirley's assault, she has been experiencing greater fears, and as a result, is spending more time at home. Going out of the house triggers the memories that she had been unable to process, and she is now choosing to avoid the trigger cues.

Treatment objectives

Shirley has come into counselling to get help for her anxiety. She feels that her life is being controlled by it and she would like some help. She has identified that she would like to reduce or eliminate her increasing reliance on medications. Shirley has also mentioned the sexual assault that took place in the past. She has not held a job for 10 years, so it can be assumed that the assault occurred at least 10 years ago. Shirley has not indicated whether or not she feels that the trauma is the primary thing that needs to be dealt with. It is not known if she has made the connection between the unresolved trauma and her increased levels of anxiety.

Before any treatment objectives can be developed, a thorough formal assessment should take place. The two main things that need to be assessed for are anxiety and trauma/PTSD. Various screening tools are available to us for this: Trauma and Attachment Belief Scale (TABS), Modified PTSD Symptom Scale, Trauma Screening Questionnaire (TSQ), Beck Anxiety Inventory, etc. Shirley should also be screened for depression since this has been a chronic problem for her.

The following treatment objectives outlined are based on the assumption that the anxiety is in large part caused by the trauma she experienced:

1. Manage her anxiety.
2. Help her develop an understanding of how trauma is related to her anxiety.
3. Reduce her trigger responses related to the trauma.

Immediate and long-term treatment plan

Shirley's immediate needs relate to her high anxiety levels. Anxiety is a normal phenomena that people feel as they are confronted with unusual circumstances. In Shirley's case, her anxiety has taken control of her life, and because of it, she is no longer able to function in a way that others do. Thus, it is imperative that Shirley receive immediate treatment for her anxiety so that she can return to normal functioning. Cognitive Behavioural Therapy (CBT) is a commonly used treatment for Anxiety. Tolin (2010) proposed through his meta-analytic review

that CBT "should be considered a first-line psychosocial treatment of choice" (p. 710). Other studies have also shown that CBT is not only an effective short term treatment for anxiety, but is also successfully used to treat it long term (DiMauro, Domingues, Fernandez, & Tolin, 2013).

From what we know, it seems that Shirley never felt she needed to receive treatment for the trauma that she experienced. However, it is clear that her anxiety escalated after the event, and thus it is highly probable that the anxiety is largely a result of the abuse she suffered. It is important that Shirley receive some psycho-education to help her understand how the trauma has impacted her, both in her brain and her body (Badenoch, 2008; Van der Kolk, 2014). Secondly, she should be taught how anxiety is related to traumatic events, and that if she received treatment for the trauma the anxiety will also diminish.

The third treatment goal is related to the trauma that Shirley experienced. Mindfulness exercises will be used to enable Shirley to reduce her trigger responses. Mindfulness has increasingly been shown to be an effective treatment for PTSD and other trauma related disorders (Siegel, 2007; Van der Kolk, 2014). Mindfulness is able to put traumatized people in charge of their feelings again, feelings that have often been suppressed for a long time. Van der Kolk (2014) states: "Apprehension about being hijacked by uncomfortable sensations keeps the body frozen and the mind shut" (p. 208). Shirley has evidently been "hijacked" by her fear to confront the emotions attached to her traumatic experience. Mindfulness based activities, like focusing on her physical sensations related to her anxiety, will set her up to safely revisit her past. With practice, she will be able to calm down the sympathetic nervous system, and be less likely to be thrown into flight or fight reactions.

Given the extent of Shirley's anxiety and the time that has past since the trauma occurred, Eye Movement Desensitization and Reprocessing (EMDR) should also be considered. EMDR has been demonstrated to be an effective therapy for PTSD and related Anxiety disorders. Levine, Lazrove, & Van der Kolk (1999, as cited in Solomon, Solomon, & Heide, 2009), found that in six PTSD subjects who each received three EMDR sessions, there was "an increase in

bilateral activity in a part of the brain that modulates the limbic system and helps individuals distinguish real from perceived threat" (p. 395).

Limitations of short and long term interventions

There are several challenges that the therapist faces in this case study. First, the anxiety has become very debilitating to Shirley, and needs to be aggressively treated so that she can return to some normal functioning. However, the underlying cause of the anxiety, which seems to be the trauma, also needs to be treated. Second, Shirley is currently taking high levels of medication to control her anxiety. Her goal is to reduce her dependence on them, but this will have to be carefully managed in consultation with her physician. Third, it is also important that Shirley be reintegrated into the work force, so as to give her a sense of purpose, as well as to provide stability and routine in her life.

Conclusion

This case is relatively complex, because of the various things that Shirley is struggling with as well as how extensively the anxiety is controlling her life and preventing her from normal functioning. Cooperation between other helper in her life should also be considered. With her permission, consultation should take place between her physicians and any other social supports that she may have. With the proper cooperation, and using the therapy methods outlined, Shirley will be able deal with her past trauma, and regain control of her life.

Case Study C - Michael

Conceptualizing the problem

Based on the information that is given in this scenario, there are several things that need to be considered. Michael is an Asian boy who was adopted by a Caucasian family. Despite all the good intentions of adoptive families, there are several challenges that these children face (Smit, 2002). There is a sense of loss and grief as they become aware of the fact that there is something that they do not know about. There is a sense of rejection from their birth families, as they struggle with the idea that they were not wanted. These children also often struggle with a conflicting sense of there own identity. This is even more prevalent if there is a racial difference between them and their adopted family.

The next thing that must be considered is that Michael is attending a school with little cultural diversity. If he is Asian, and most of the other students are Caucasian, the feelings that he is already struggling with related to his adoption into a Caucasian family will only be compounded. No information is provided about whether he was bullied in school, but this is certainly something that would be screened for.

The following is a list of the symptoms that Michael has come to counselling with: grades dropping, withdrawing from family and peers, preoccupation with Gothic ideas, and confrontation with adoptive parents. As his adopted parents provided these symptoms, it would be necessary to do some formal screening for anxiety, depression, etc. An assessment tool like the Beck Youth Inventory would be an appropriate starting point.

Treatment objectives

Based on the conceptualization above, several treatment objectives need to be considered. First of all though, it must be remembered that Michael doesn't really see himself as having a problem. Yes, he admits he feels out of place and he wishes that his birth parents had kept him,

but other than that he views his behaviours are relatively normal. With that in mind, the treatment objectives should be:

1. Develop a therapeutic relationship and gain Michael's trust.
2. Identify what it is that Michael is willing to deal with through counselling.
3. Enable Michael to reconnect with his roots and discover his identity.
4. Help Michael to rebuild his self-confidence and interest in school, sports, etc.

Immediate and long-term treatment plan

The first objective when dealing with any new client should always be to develop a strong working alliance. In this case, however, it should be the primary, stated objective. Michael does not seem to be very interested in counselling. If any change is to occur, it will only occur if the counsellor is able to create a sense of trust and connection with him first. Kiracofe and Buller (2009) suggest motivational interviewing as a highly successful tool to be used with mandated clients. They propose it as a two-phased approach to be used to build motivation and then to assist clients to move towards action. Michael may be a good candidate for this, as he does not feel that he currently needs to change.

Michael should be allowed to openly discuss how he views the situation. In particular, his feelings should be validated, and ways should be explored to enable him to express his feelings. If he has a hard time verbalizing them, allow him to find a different medium, perhaps through music or art. Providing this opportunity will allow the counsellor to move on to the next objective.

"In general, how people feel depends on whether their needs are being met, and their goals are being accomplished" (Ormrod, 2014, p.423). This statement highlights why it is important that Michael be provided the opportunity to explore his feelings, and then to create a connection between how he feels and what he is experiencing in his life, also in relation to the frustrations of his parents and teachers. It may be that there are unmet needs in Michael's life. If

he is given the chance to explore them, he may come up with some goals that he would like to achieve through counselling.

It is possible that Michael will take things in this direction himself, but based on the information provided, the fact that he was adopted will need to be addressed. Van den Dries, Juffer, van IJzendoorn, and Bakermans-Kranenburg (2009) found that children who are adopted after their first birthdays are less capable of developing secure attachments. Since Michael was adopted when he was two years of age, this must be considered. Finding a way to connect him to his roots may provide some closure. There are several ways this could be accomplished. One way would be to creating a genogram. There may be some ethical considerations to consider, however, if he has not had any contact with his birth family before this time.

Another idea would be to connect him with his Asian heritage. Perhaps there are come cultural clubs or events that he could attend. Michael has admitted that he feels out of place among Caucasians. It is very likely that these feeling of loneliness, disconnect, and loss are causing him to attempt to create a new identity that he can choose himself, and not one that others have chosen for him. Allowing him to reconnect with his roots may fulfill the attachment needs that are currently not being met.

It may seem odd that the reason that Michael's parents referred him to counselling is the last objective to be dealt with. However, if the first three can be achieved, then it is very likely that he will automatically become more motivated to do his schoolwork, participate in sports, etc. Cognitive Behavioural Therapy (CBT) may have been an effective tool to bring about a change in Michael's behaviour, but may not adequately satisfy his affective needs. Adding emotional regulation to CBT has been demonstrated to increase therapeutic success in a variety of conditions (Berking, Ebert, Cuijpers, & Hofmann, 2013; Bryant, et al., 2013). Likewise, in Michael's situation, affect should accompany cognition. Cognition should not be overlooked, however, because his parents brought him to counselling to change his behaviours. The cognitive part of the therapy will address these goals.

Limitations of short and long term interventions

A major challenge in this case study is that Michael is a mandated client. According to the stages of change model (McConnaughy, DiClemente, Prochaska, & Velicer, 1989), he is clearly pre-contemplative, so any interventions used may or may not succeed, depending on the ability of the counsellor to engage him in the process. Another limitation is that there are various stakeholders in this case study: parents, school staff, and Michael himself. Whatever interventions are implemented, the complexity of multiple stakeholders may potentially limit the success of therapy (Sommers-Flanagan & Beguette, 2013). The initial session will be critically important, as it will determine whether or not Michael will engage in the process. Once he has shown a willingness to participate in the counselling process, and the therapeutic alliance has been established, then it will be possible to address the goals with Michael. Without the proper motivation, this could turn into a very frustrating experience for everyone involved. Careful communication between the various parties will also have to be considered. Obviously, through the consent process, Michael will know that counselling is a confidential process. He should be aware of what is being shared with others, and should not get the feeling that things are being discussed without his involvement. This will only isolate him more, and break down any trust that there may be.

Conclusion

As indicated, the main challenge in this case study is that Michael is a mandated client. Once he realizes that counselling is a helpful and supportive process, then the goals of counselling can be addressed, and he can find his identity, and reach his potential.

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Appendix A – Case Studies

Case Study B

Shirley is a 45-year-old single Caucasian female who is seeking help for her chronic anxiety. She has no children and no immediate family in the city. Shirley does not have a job and has not held a job for 10 years. She lives in a tiny basement suite in the central part of the city. Shirley says that she sits in her house with all of the doors and window locked and has to plan for several days to be able to manage an outing for groceries. She does not answer the phone or the door. Shirley also reports that she does not have delusions or hallucinations. Shirley is taking 10 mg daily of Alprazolam, a benzodiazapine, for anxiety. She has been taking this drug for approximately 10 years. She reports that she has taken a higher and higher dose of the drug over the years. She is concerned because she is on a very high dose of the drug and is very anxious. She would very much like to not be on drugs.

Shirley is very bright and her IQ is in the high average range. Her reading and writing skills are excellent. Shirley indicates that she would like to be able to go back to work. Shirley was a professional accountant in a small firm for many years before her difficulties began. One night, when Shirley was walking home late at night during tax season, she was attacked and sexually assaulted. Shirley refused to consider counselling after the assault and the perpetrator was never arrested. At first she was able to deal with her fears and continue working. She gradually became more and more frightened about going out, and began to spend more time in her home. She is on a very limited budget and would like to change how she lives. However, during the interview, Shirley insisted on having the door open because sitting in the small interview room with the door closed made her feel anxious.

Case Study C

The school counsellor referred Mr. and Mrs. Smith and their son Michael to a therapist. Michael is 15 years old and in Grade 11. Prior to this year, Michael consistently earned straight A's in all of his courses and was on the honour roll. The school counselor had contacted the

therapist and the parents when he felt that the seriousness of Michael's problems exceeded his mandate in the school.

Michael is a tall, slim boy of Asian heritage. The Smiths adopted him when he was 2 years old. Michael is aware that he was adopted and his adoptive parents have made him aware of his heritage. He has had no contact with his biological family. Michael attends school in an upper-middle-class community with little cultural diversity.

The Smiths are very concerned about Michael's school performance and have noticed dramatic changes in Michael's behaviour at home. Michael is spending more and more time in his room and wants little or nothing to do with his family. Michael used to play soccer and baseball, and now all he wants to do is be on the computer. Michael's mother has found several dark and violent stories in a file on the computer. The Smiths are also concerned that Michael does not seem to have any good friends. He had friends in elementary and junior high. Now, in a larger high school, he seems to be isolated. Michael has started dressing in black clothing and came home last week with several body piercings. Mr. Smith was very angry about the body piercing and grounded Michael to his room for a week.

Michael reports that his parents are overreacting. He acknowledges that his grades have dropped, but reports that he knows the material. Michael indicates that he is not sad, but that things are tough at school. Michael reports that he wishes his biological parents had kept him, as he frequently feels out of place among Caucasians. Michael says that the way he dresses is no big deal, and that many cool kids at school dress in a similar fashion.