

COUNSELLING SUPERVISION

LECTURE 9

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LECTURE 9: PRESENTATION OF CLIENT CASES IN COUNSELLING SUPERVISION

Topic contents:

- Case conceptualization
- Seven eyed model
- Client case presentation format

INTENDED LEARNING OUTCOMES

By the end of the lecture you will be able to;

- Discuss how cases are conceptualized.
- Discuss the seven eyed model in supervision.
- Identify ways in which client cases can be presented.

CASE CONCEPTUALIZATION

- It is a process and cognitive map for understanding and explaining a client's presenting issues and for guiding the counselling process.
- It provide counsellors with a coherent plan for focusing treatment interventions, including the therapeutic alliance, to increase the likelihood of achieving treatment goals.

CASE CONCEPTUALIZATION

- It is a clinical strategy for obtaining and organizing information about a client, understanding and explaining the client's situation and maladaptive patterns, guiding and focusing treatment, anticipating challenges and roadblocks and preparing for successful termination.
- Case conceptualization is the most important counselling competency besides developing a strong therapeutic alliance.

EIGHT ELEMENTS FOR CLIENT CASE PRESENTATION

- According to Sperry and Sperry (2020) the format for presenting client work is based on eight elements for articulating and explaining the nature and origins of the client's presentation and subsequent treatment.
- These elements are described in terms of eight P's: presentation, predisposition, precipitants, protective factors and strengths, pattern, perpetuants, treatment plan, and prognosis.

PRESENTATION

- Presentation refers to a description of the nature and severity of the client's clinical presentation. Typically, this includes symptoms, personal concerns and interpersonal conflicts.
- Four of the P's — predisposition, precipitants, pattern and perpetuants — provide a clinically useful explanation for the client's presenting concern.

PREDISPOSITION

- Predisposition refers to all factors that render an individual vulnerable to a clinical condition. Predisposing factors usually involve biological, psychological, social and cultural factors.
- This is influenced by the counsellor's theoretical orientation. The biopsychosocial model is the most commonly used by mental health providers. It incorporates a holistic understanding of the client.

BIOPSYCHOSOCIAL MODEL

- Biological factors include genetic, familial, temperament and medical factors, such as family history of a mental or substance disorder, or a cardiovascular condition such as hypertension.
- Psychological factors include dysfunctional beliefs involving inadequacy, perfectionism or overdependence. They also involve limited social skills such as a lack of friendship skills, unassertiveness or over aggressiveness.

SOCIAL

- Social factors include early childhood losses, inconsistent parenting style, an overly enmeshed or disengaged family environment. Financial stressors can further exacerbate a client's clinical presentations.
- Cultural: The following are important in developing effective case conceptualizations;
 - Acculturative stress; the process of adapting to a culture different from one's initial culture tends to be stressful.

CULTURAL

- Level of acculturation; adaptation is reflected in levels of acculturation that range from low to high.
- Clients with a lower level of acculturation experience more distress than those with a higher level of acculturation.
- Disparity in acculturation levels within a family is noted in conflicts over expectations for language usage, career plans, and adherence to the family's food choices and rituals.

PRECIPITANTS

- Precipitants refer to physical, psychological and social stressors that may be causative or coincide with the onset of symptoms or relational conflict.
- These may include physical stressors such as trauma, pain, medication side effects or withdrawal from an addictive substance.

PRECIPITANTS

- Common psychological stressors involve losses, rejections or disappointments that undermine a sense of personal competence.
- Social stressors involve losses that undermine an individual's social support and status. Such as illness or death of a significant other or the loss of social security.

PROTECTIVE FACTORS AND STRENGTHS

- These are factors that decrease the likelihood of developing a clinical condition. Examples include coping skills, a positive support system and a secure attachment style.
- Protective factors are the mirror opposite of risk factors (i.e., factors that increase the likelihood of developing a clinical condition). Some examples of risk factors are early trauma, self-defeating beliefs, abusive relationships, self-harm and suicidal ideation.

PATTERN

- It refers to the predictable and consistent style or manner in which an individual thinks, feels, acts, copes, and defends the self both in stressful and no stressful circumstances. It reflects the individual's baseline functioning.
- Pattern has physical (e.g., a sedentary and coronary-prone lifestyle), psychological (e.g., dependent personality style or disorder) and social features (e.g., collusion in a relative's marital problems).

PERPETUANTS

- It refers to processes through which an individual's pattern is reinforced and confirmed by both the individual and the individual's environment.
- These processes may be physical, such as impaired immunity or habituation to an addictive substance; psychological, such as losing hope or fearing the consequences of getting well; or social, such as colluding family members or agencies that foster constrained dysfunctional behavior rather than recovery and growth.

PLAN (TREATMENT)

- It refers to a planned treatment intervention, including treatment goals, strategy and methods.
- It includes clinical decision-making considerations and ethical considerations.

PROGNOSIS

- Prognosis refers to the individual's expected response to treatment.
- This forecast is based on the mix of risk factors and protective factors, client strengths and readiness for change, and the counsellor's experience and expertise in effecting therapeutic change.

TIPS FOR WRITING EFFECTIVE CASE CONCEPTUALIZATIONS

- Seek consultation or supervision with a peer or supervisor for feedback on your case conceptualizations. Often, another perspective will help you understand the various elements (eight P's) that you are trying to conceptualize.
- Be flexible with your hypotheses and therapeutic guesses when piecing together case conceptualizations. Sometimes your clues will be accurate, and sometimes you will be way off the mark.

WRITING CASES

- Consider asking the client how they would explain their presenting problem.
 - “How might you explain the symptoms you are experiencing?”
 - The client’s perspective may reveal important predisposing factors and cultural influences as well as their expectations for treatment.
- Accept when your interpretation is imperfect or being completely wrong. This process takes practice, feedback and supervision.

WRITING CASES

- After each initial intake or assessment, write down the presenting dynamics and make some guesses of the cause or etiology.
- Have a solid understanding of at least one theoretical model. Read some of the textbooks or watch counselling theory videos to help you gain a comprehensive assessment of a specific theory.

SUMMARY OF CASE CONCEPTUALIZATION

- Eight Ps.
- Prepare
- Predisposition,

SEVEN EYED MODEL

- The Seven-Eyed Supervision model was developed by Peter Hawkins and Robin Shohet in 1985.
- The model focuses on the relationships between client, therapist, supervisor and systemic. It focuses on the interplay between each relationship and their context within the wider system.
- It focuses on seven distinct aspects of the therapeutic process. It is important for supervisees to be aware of each of the “eyes” of the model.

EYE I: FOCUS ON THE CLIENT

- It is easy for therapists to see clients in terms of their problems and how they might solve them. In so doing, they block from being able to empathize with the client.
- Focusing on the client may help one become more attuned to the client's motivation, needs and desires in the here-and-now of the therapeutic relationship.
- It can be an effective way of empathizing with the client and experiencing the therapeutic relationship from their perspective.

QUESTIONS

The following questions are examples of how to focus on the client's experience:

- How do they come into the room?
- How do they sit?
- How do they hold themselves?
- How do they talk?
- What might be their perception of you?

EYE 2: FOCUS ON INTERVENTIONS

- There will always be aspects of ourselves that we are unaware of and there are aspects of ourselves which we hide from others, and there are those which are hidden from ourselves and others.
- By focusing on the interventions you use with clients, you can discover covert aspects of your therapeutic relationships. To discover the hidden aspects of your therapeutic relationships ask;

QUESTIONS

- Do you use a certain kind of intervention more than others? For example, if you ask a lot of questions:
- For whose benefit are you asking?, What are you trying to discover? And why?
- What do you hold back and why? Who are you protecting? Who or what are you protecting them from?

QUESTIONS

- If you could switch off the part of your mind that filters what comes out of your mouth, what would you say to your client?
 - What does that tell you about yourself?
 - What does that tell you about your perception of your client?
 - What does that tell you about the therapeutic relationship with your client?

EYE 3: FOCUS ON CLIENT-THERAPIST RELATIONSHIP

- The therapeutic relationship is created in the here-and-now by both therapist and client. Although the quality of the relationship is often the deciding factor in the therapeutic outcome, it is nonetheless an intangible, ever-changing experience which can be difficult to describe.
- To help you get perspective on a therapeutic relationship, it can be useful to consider the relationship creatively using metaphor or by taking a perspective view of it.

QUESTIONS

- If you were shipwrecked on a desert island with your client, how would you each behave?
 - What would you do straight away to survive?
 - Imagine you have now been on the island together for a month. How are you behaving now?

QUESTION

- Think about your client's most recent session and imagine you are watching it as an observer. What do you notice about the client and counsellor?
 - If you were both animals, what would you be? (E.g. "I'm a cat and my client is a mouse.") How do you interact with each other?
- What do you imagine is the transference and counter-transference occurring in the relationship?

EYE 4: FOCUS ON THERAPIST'S PROCESS

- You know yourself better than anyone else, you are the expert on you.
- Your “process” is the sum of your moment-by-moment thoughts, emotions, sensations and behavior in response to your client.
- If you can gain awareness of your process, you may discover an invaluable stream of “data” that provides an opportunity to learn much about the client, yourself and the relationship between you that was previously unknown to you.

QUESTIONS TO CONSIDER FOR EYE 4 INCLUDE THE FOLLOWING:

- How do you feel emotionally in response to your client?
- What are your physical sensations in response to your client?
- What thoughts do you have about your client?
- Notice your body language in response to your client. What are you saying through your gestures?

EYE 5: FOCUS ON THERAPIST-SUPERVISOR RELATIONSHIP

- What happens in the counselling room may be played out between therapist and supervisor subsequently - parallel process.
- For example, the therapist becomes angry or tearful when talking about his client and discovers that in fact his client is experiencing those same emotions.
- Parallel process may also operate in reverse – the relationship between the counsellor and client may mirror what happens outside of supervisee awareness between him/her and the supervisor.

QUESTIONS

- How am I similar to my client?
- What am I holding back from my supervisor?
- How do I regard my supervisor when I talk about my client?
- How do I regard my client in the sessions immediately after supervision?

EYE 6: FOCUS ON SUPERVISOR'S PROCESS

- One of the tasks of a supervisor is to turn their attention to the supervision process.
- This helps the supervisor to gain insight into the parallel process, the quality of supervisory relationship and “relationship-by-proxy” with the client.
- It can help one identify how the relationship mirrors the relationship with the client.

EYE 6

- For example, “As you talk about your client, I notice I’m feeling very sad, I wonder how he might be feeling?” “Yes, that’s it, he does seem sad.
- In this example, the supervisor can subsequently explore sadness with the supervisee.
- Alternatively, the sadness might be the supervisors’ own issues and has nothing to do with the therapeutic relationship.

EYE 7: FOCUS ON WIDER CONTEXT

- The wider context is the current and historical background of the client-therapist-supervisor relationship.
- It is comprised of two important types of influence, these are; stakeholders and ghosts.
- Stakeholders are those elements of the wider context which currently influence the relationship.

STAKEHOLDERS

- The organization you work for.
- The regulating bodies one belong to.
- Ethical frameworks to which the supervisor and supervisee are bound.
- The wider system of people and organizations (influences) in the client's life (e.g. partner, children, parents, GP, psychiatrist etc).

EYE 7

- Ghosts are those elements of the wider context which are no longer present, but whose effects remain in the lives of you, me and the client. For example:
- Deceased family members.
- Significant events.
- Other people in our personal histories.

PRESENTATION OF CLIENTS IN SUPERVISION

In presenting a client for supervision the following need to be considered:

Identification

- Name –but take care of confidentiality.
- Gender, age / life stage.
- Physical appearance and the first impression.

ANTECEDENTS

- Contact –how the client came to see you e.g. self referral.
- Context/location e.g. agency, private practice, hospital, clinic etc.
- Pre-contact information –what you knew about the client and possible implications.

PRESENTING PROBLEM AND CONTRACT

- Summary of the client's presenting problem
- Your initial assessment. Duration of problem.
- Precipitating factors (why the client came at this point).
- Current issues.
- Contract; frequency, length and number of sessions, initial plans.

Key questions or issues you want to discuss in supervision

FOCUS ON CONTENT

- Client's account of problem situation.
- Work-significant activity and interests.
- How client spends his/her time and energy.
- Relationships –significant people, family and friends.
- Client's past experiences.
- Strengths and resources.

PROBLEM DEFINITION

- Construct a picture of the client's view of the present scenario.
- What is the client's preferred scenario?
- What would the client like to happen? How would the client like things to happen? Patterns / themes / connections which emerge
- In what way are these things important to explore?
- How do you account for and explain the presenting problem?

COUNSELLING PLAN

- What is the direction or focus for future work?
- What are the possibilities, agenda?
- What is the criteria for change?
- Theoretical frame work
- Review and / or formulate plan(s).

FOCUS ON PROGRESS

- What Strategies and interventions have you used?
- What were you trying to achieve?
- What was the effect on the client?
- Generate alternative options.

RELATIONSHIP

- What was happening between you and the client? Describe the relationship, try a metaphor. What was happening within you (counter-transference)?
- What changes within the developing relationship over the period being discussed?
- Evaluate the “working alliance”.

SECOND FORMAT

CLIENT CASE PRESENTATION

CLIENT CODE..... DATE.....SESSION NO.....

- Case overview/ brief history of the client
- Presenting issues/problems
- Assessment and diagnosis
- Treatment goals/plan
- Intervention (Theories, skills, techniques)

SECOND FORMAT

- Goals achieved
- Goals not achieved
- Self evaluation
- Supervisor's remarks
- SUPERVISEE (SIGN).....
- SUPERVISOR (SIGN).....



SUMMARY

- We have discussed case conceptualization in the context of counselling supervision
- We have explored the seven eyed model and how it relates to client case presentation.
- We have described how a client case can be presented.

REFERENCE

- Carroll, M. (2012) 4th edn. McGraw Hill. Maidenhead: Open University Press.
- Corey, G., Schneider Corey, M., & Patrick, C. (2011). Issues and ethics in the helping professions (8th ed.). Belmont, CA: Cengage.
- Corey, G., Haynes, R., Moulton, P. & Muratori, M. (2010). Clinical Supervision in the Helping Professions: A practical Guide. American Counselling Association. Wiley.

REFERENCES

- Ethical Framework for the Counselling Professions (2018), published by the British Association for Counselling & Psychotherapy (BACP), UK
- Geldard, D., & Geldard, K. (2001). Basic Personal Counselling: A Training Manual for Counsellors. (4th Ed). Sydney: Thompson Brooks/Cole
- Hawkins, P., & Shohet, R. (2000). Supervision in the Helping Professions. (2nd Ed). Philadelphia: Open University Press.

REFERENCE

- Sperry, J. and Sperry, L (2020). Case conceptualization: Key to highly effective counselling. American Counsellors Association.

<https://ct.counseling.org/2020/12/case-conceptualization-key-to-highly-effective-counseling/#:~:text=Case%20conceptualization%20is%20a%20method,and%20preparing%20for%20successful%20termination.>

NEXT LECTURE

Ethical issues in counselling supervision.