

Counselling Supervision

Lecture 9

Presentation of client cases in counselling supervision

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Lecture Seven Outline

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9.1 Introduction

In this lecture, we will discuss how cases are conceptualized, describe the seven eyed model in the context of counselling supervision and identify the various ways in which client case can be presented.

9.2 Expected Learning Outcomes

By the end of this lecture, you should be able to:

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

9.3 Case conceptualization

A case conceptualization is a process and cognitive map for understanding and explaining a client's presenting issues and for guiding the counseling process. Case conceptualizations provide counsellors with a coherent plan for focusing treatment interventions, including the therapeutic alliance, to increase the likelihood of achieving treatment goals.

Case conceptualization is a method and 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 (Sperry and Sperry, 2020).

The eight P's

The format 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 (including culture), 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 statement is influenced by the counselor's theoretical orientation. The theoretical model espouses a system for understanding the cause of suffering, the development of personality traits, and a process for how change and healing can occur in counseling. We will use a biopsychosocial model in this article because it is the most common model used by mental health providers. The model incorporates a holistic understanding of the client.

Biological: 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: Psychological factors might include dysfunctional beliefs involving inadequacy, perfectionism or overdependence, which further predispose the individual to a medical condition such as coronary artery disease. Psychological factors might also involve limited or exaggerated social skills such as a lack of friendship skills, unassertiveness or overaggressiveness.

Social: Social factors could include early childhood losses, inconsistent parenting style, an overly enmeshed or disengaged family environment, and family values such as competitiveness or criticalness. Financial stressors can further exacerbate a client's clinical presentations. The "social" element in the biopsychosocial model includes cultural factors. We separate these factors out, however.

Cultural: Of the many cultural factors, three are particularly important in developing effective case conceptualizations: level of acculturation, acculturative stress and acculturation-specific stress. Acculturation is the process of adapting to a culture different from one's initial culture. Adapting to another culture tends to be stressful, and this is called acculturative stress. Such adaptation is reflected in levels of acculturation that range from low to high.

Generally, 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. Acculturative stress differs from acculturation-specific stresses such as discrimination, second-language competence and microaggressions.

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. Common psychological stressors involve losses, rejections or disappointments that undermine a sense of personal competence. Social stressors may involve losses or rejections that undermine an individual's social support and status. Included are the illness, death or hospitalization of a significant other, job demotion, the loss of Social Security disability payments and so on.

Protective factors and strengths: Protective factors are factors that decrease the likelihood of developing a clinical condition. Examples include coping skills, a positive support system and a secure attachment style. It is useful to think of protective factors as being 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, and abusive relationships, self-harm and suicidal ideation.

Related to protective factors are strengths. These are psychological processes that consistently enable individuals to think and act in ways that benefit themselves and others. Examples of strengths include mindfulness, self-control, resilience and self-confidence. Because professional counseling emphasizes strengths and protective factors, counselors should feel supported in identifying and incorporating these elements in their case conceptualizations.

Pattern

Pattern 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). Pattern also includes the individual's functional strengths, which counterbalance dysfunction.

Perpetuants: Perpetuants refer 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. Sometimes precipitating factors continue and become perpetuants.

Plan (treatment): Plan 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 counselor's experience and expertise in effecting therapeutic change.

9.4 The Seven-Eyed Model of Supervision

The Seven-Eyed Supervision model was developed by Peter Hawkins and Robin Shoet in 1985, who integrated the relational and systemic aspects of supervision in a single theoretical model. The model is relational because it focuses on the relationships between client, therapist and supervisor and systemic because it focuses on the interplay between each relationship and their context within the wider system. The model is called "seven eyed" because it focuses on seven distinct aspects of the therapeutic process, as explained in the sections that follow. It is important for supervisees simply to be aware of each of the "eyes" of the model, rather than learning each by rote. What follows is a guide to each of the "eyes" of the model.

Eye 1: Focus on the Client: It is all too easy for us as therapists to see our clients in terms of their problems and how they might solve them. In so doing, we block ourselves from being able to empathize with the client, even though we may have their best interests at heart – we subtly objectify our clients. Focusing on the client may help you become more attuned to their motivation, needs and desires in the here-and-now of the therapeutic relationship. It can be an effective way of empathizing with the client – experiencing the therapeutic relationship from their perspective.

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: Each of us only can only ever experience ourselves from the inside. That means there will always be aspects of ourselves that we are unaware of, things that only others see. Conversely, 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 hitherto covert aspects of your therapeutic relationships. You might begin by asking yourself the following questions to discover the hidden aspects of your therapeutic relationships:

1. 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?

2. What do you hold back and why?

- Who are you protecting?
- Who or what are you protecting them from?

3. 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

When you and your client sit together in a session, you create something greater than the sum of its parts: a relationship. The therapeutic relationship is created in the here-and-now by both therapist and client and, in my experience, it is the vehicle of therapeutic change. 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 of the relationship creatively using metaphor, or by taking a perspective view of it. For example you might start by asking yourself questions such as:

1. 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've now been on the island together for a month.
- How are you each behaving now?

2. 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?

3. 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? (E.g. “The cat is chasing the mouse! ... I think my client wants to run away from me ... I think she’s scared ... I hadn’t thought of it like that.”)

4. What do you imagine is the transference and counter-transference occurring in the relationship?

Eye 4: Focus on Therapist’s Process

You have the luxury of experiencing yourself from the inside. 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 (e.g. your body language) 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. For example, you can use awareness of your process to discover what within you may be hampering the therapy.

It is important to note that focusing on your own process does not mean interpreting what you know about the client, it is about attending to your own experiencing of yourself in the here-and-now.

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?
- What do you imagine the client is covertly telling you? (E.g. “Please fix me”).
- What are you covertly telling the client? (E.g. “I need you to like me”).

Eye 5: Focus on Therapist-Supervisor Relationship

What happens in the counselling room may be played out between therapist and supervisor subsequently. This is often called parallel process. For example, perhaps the therapist becomes angry, or tearful, or petulant, etc., when talking about his client and discovers that in fact his client is experiencing those same emotions. Parallel process may be more subtle though: recognizing when you feel bored, defensive, or other less obvious emotions can help you understand the client-therapist system better. Parallel process may also operate in reverse – the relationship between you and your client may mirror what happens outside of your awareness between you and your supervisor! The following questions exemplify the kind of enquiry that helps you recognize parallel process:

- 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 my tasks as a supervisor is to turn my attention to my own process similarly to how you as a supervisee turn your attention to your process. Focusing on my process helps me gain insight into parallel process, the quality of supervisory relationship and my “relationship-by-proxy” with your client, which is how I imagine your client to be, how I imagine the therapeutic relationship to be, and how I imagine I might interact with them, were I in your place. My focus on my process can help us identify how our relationship mirrors your relationship with your client in ways that would otherwise be unknown to you. For example, I sometimes find myself attributing feelings to the client that resonate well with my supervisee: “As you talk about your client, I notice I’m feeling very sad, I wonder how he might feeling?” “Yes, that’s it, he does seem sad. He seems very sad”. In this example, you can subsequently explore sadness with your client and allow him to let you know how he is feeling. Alternatively, we might discover that the sadness is mine, belongs to something in my past and has nothing to do with the therapeutic relationship, in which case I am able recognize that I am bringing something into my view of the relationship which does not fit.

Eye 7: Focus on Wider Context

The wider context is the current and historical background of the client-therapist-supervisor relationship and is comprised of two important types of influence, which can be called Stakeholders and Ghosts.

Stakeholders are those elements of the wider context which currently influence the relationship. For example:

- The organisation you work for.
- The regulating bodies we each belong to.
- Ethical frameworks to which we are bound.

- The wider system of people and organisations (influences) in the client's life (e.g. partner, children, parents, GP, psychiatrist, probation service, keyworker, etc).
- The wider influences in my life.
- The wider influences in your life.

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:

Schoolteachers, deceased family members, significant events or other people in our personal histories.

It could be said that the seventh eye is the most important, if you take the view that we are the sum of our experiences, past and present. An understanding of the external influences in the client-therapist-supervisor relationship can help you:

1. Work through impasse – when the therapy seems to be going nowhere, is it due to the unacknowledged influence of a ghost or stakeholder? (e.g. a therapist might be afraid of making certain interventions because they have a Core Belief which tells them it would be wrong).
2. Resolve ethical dilemmas (e.g. knowing whether or not a client is already in contact with their GP can help you decide when and how you might breach confidentiality).

Identify common themes across your client work (e.g. are there certain consistent aspects of the way you experience your clients, as the result of your upbringing?)

9.5 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; & first impression

Antecedents

Contact –how the client came to see you e.g. self referral

Context/location e.g. agency, private practice, hospital, clinic e.tc.

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 conflict or issues

Contract: frequency, Length & number of sessions, initial plans.

Question for supervision

Key questions or issues you want to discuss in supervision

Focus on content

Client's account of problem situation situation.

Work-significant activity, interests.

How client spends his/her time and energy.

Relationships –significant people, family and friends.

Additional related or explanatory elements may include: client's past/early experiences; strengths & resources beliefs and values; hopes, fears and fantasies. Possible implications of cultural, economic, sociopolitical and other systems.

Problem definition

a. construct a picture of the client's view of the present scenario

b. what is the client's preferred scenario?

What would the client like to happen? How would the client like things to happen?

Assessment and reformation – how do you account for and explain the presenting problem?

Patterns / strands / themes / connections which emerge

In what way are these things important to explore?

What hunches, new perspectives?

What else, which has not been mentioned, might be important to explore? What salient hypothesis, blind spots? What underlining issues or past problems?

Counselling plan

What directions or focus for future work?

What possibilities, agenda?

What 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 relationship, reframe 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”.

Others which need to be considered include:

- Evaluation
- Focus on parallel process
- Critical incident analysis
- Listening to aspects of covert communication
- Inter personal recall (IPR) aspects

Second Client Case Presentation 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)

GOALS ACHIEVED

GOALS NOT ACHIEVED

SELF EVALUATION

SUPERVISOR'S REMARKS

SUPERVISEE (SIGN)..... SUPERVISOR (SIGN)

9.6 Summary

In this lecture we discussed the case conceptualization in the context of counselling supervision, explored the seven eyed model and how it relates to client case presentation. We have described how a client case can be presented using format one or format two.

9.7 Further Reading

Corey, G., Schneider Corey, M., & Patrick, C. (2011). Issues and ethics in the helping professions (8th ed.). Belmont, CA: Cengage.

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