

## CASE STUDY: ASSESSMENT AND FORMULATION FOR THE CLIENT 'ALEC'

### REFERRAL AND FIRST CONTACTS

Alec obtained my name from a therapist website and called to refer himself. He said that he had been feeling 'down' and had experienced 'some issues with various relationships' – he had just broken up with a girlfriend – and wanted to try CBT to sort them out. We had a longish and useful conversation. Alec seemed very keen to check me out but we made arrangements to meet without any real difficulty.

### MOST SALIENT FEATURES OF ASSESSMENT

**Current problem focus:** Alec was a 32-year-old single man who worked in a large-scale construction office. He was pleased that he had taken the initiative to finish the relationship with his girlfriend because he felt that it 'wasn't going anywhere' and he felt reasonably confident that he would find another partner in due course. His main relationship problem was with his brother, who he said had 'undermined my self-confidence ever since I was a young lad'. Alec felt that this had made him lack self-esteem and consequently he frequently got anxious and lacked assertiveness in many social situations. These situations cropped up at work sometimes where he was involved in a stressful project, but felt that things would get better when the project was completed – this proved to be a correct estimate. The difficulties cropped up much more with his brother who still tended to 'interfere' in his life, and with other people, mainly men, who reminded him of his brother.

Alec scored 7 (no depression) on the BDI and 9 (no anxiety) on the BAI. He estimated that these scores would have shot up into the 40s (severe) at the time of trigger events and for a period after. Low scoring probably indicated strong emotional and cognitive avoidance strategies that Alec used, including 'people-pleasing', but also, however, did indicate a genuinely situation-specific element to his problems. Thereafter we did keep weekly BDI/BAI scores but adapted them to measure his response to and after specific events. He tended to score quite highly – 30–40 –severe range – in both. He kept a record of the frequency of provocative trigger events and found that they happened about 6–8 times per month, mostly in highly specific and anticipatable events. His sleep tended to suffer at these times. He would not have met the criteria for any DSM anxiety disorder so we defined his diagnosis as 'situation-specific anxiety'.

**Assessment of problem development:** Alec's father had drinking problems and left the family when Alec was six years old. He reported not feeling abandoned and being glad when he went because the house became initially more peaceful. Alec had a brother who was ten years older than him and a sister who was six years older. He said his mother was 'nice but weak' and soon his 'bombastic' brother 'rose to power' and took on the role of bullying father towards Alec and Alec's mother was too weak to intervene. The 'bullying' was emotional rather than physical and consisted mainly of constant criticism and undermining Alec's confidence. To some extent this type of relationship had continued up to the present: his brother lived quite nearby and often arrived unannounced and subjected Alec to much unwanted advice and criticism. The situation had recently been complicated by the fact that Alec's house had serious problems. His brother was a builder and would do jobs for him cheaply. Unfortunately in order to have this work done Alec had to pay a 'high price' in terms of inner turmoil and upset.

**Interpersonal assessment:** Alec showed much self-consciousness during our early meetings. He was inclined to criticise himself and was very sensitive to any comment from the therapist that might be interpreted as critical.

(Ex-post facto note: These sensitivities probably led to a breakdown in communication during our third session. When I reflected on what had happened, however, I realised that I had been under the weather during that session and this caused me to be less careful in my interaction than usual. In the following session, we reviewed this incident. While noting his sensitivity I also acknowledged and made a reparatory gesture (i.e. retrospectively reducing the fee for the previous session). Both therapist and client felt that this 'repair' to the working relationship did much to set up an improved therapeutic relationship and the eventual success of the therapy).

## **PROBLEM LIST**

1. Inability to manage anxiety symptoms in certain quite specific 'red flag' situations – in which Alec was dependent on help/collaboration/service from people (mainly men) who might take advantage of his vulnerability – his brother, some work colleagues, people offering services where value/cost was hard for him to estimate – builders, mechanics, some shops and stores.

2. Inability to articulate his wants and needs by using appropriate assertiveness skills.
3. Inability to reformulate his relationship with his brother in adulthood so that he was no longer the 'hopeless young kid brother'.

### **SHORT NARRATIVE FORMULATION OF MAINTENANCE CYCLE AND UNDERLYING MECHANISM (SHORT NARRATIVE FORMAT)**

Alec's upbringing lacked good sources of positive reinforcement for the development of positive self-concept. Key figures, such as his father and brother, were actively undermining in their behaviour towards him. His way of coping was to be passive; arguments would only egg his brother on to greater heights of meanness. His mother was quite supportive but was only a weak source of reinforcement as she slowly lost control of various household resources to her older son. Alec was more able than his brother in school and this allowed him to build an area of self-confidence that he built on by getting good qualifications and a lower management job. His main tactic at work was to keep his 'anger buttoned down' and be very nice to people and because he had quite good interpersonal skills, this did allow some achievement and promotion at work. He did, however, continue to have regular ongoing problems with assertiveness and anxiety difficulties in some specific social situations – though these were not frequent enough to stimulate an ongoing anxiety disorder. The situation had changed during the last 6–12 months due to a collection of difficult precipitants – see below.

### **PRECIPITATING FACTORS**

- Distal: Long term relationship difficulties with brother.
- Proximal: (a) Dependence on brother's help with major building problems in his house; (b) long-running, difficult project at work; (c) ending of relationship with girlfriend.

### **TREATMENT GOALS**

1. To respond more effectively to trigger situations where assertiveness was required.
2. To reduce current anxiety responses to trigger situations by at least 50%.
3. To reduce depression scores (BDI) by at least 50%.
4. To build a more confident self-image as shown by an at least 20% increase in the Rosenberg self-esteem measure.

## TREATMENT PLAN

1. To facilitate Alec in the use of behavioural rehearsal and the principles of assertiveness to practise responses to situations requiring assertiveness both in-session and in vivo homework assignments.
2. To facilitate Alec in the use of cognitive restructuring, acceptance and behavioural experiments to handle situations that induce anxiety and/or depression better.
3. To facilitate Alec in the use of continua, positive data log, historical test and imagery restructuring to modify unhelpful schemas, core beliefs and assumptions related to self-concept.

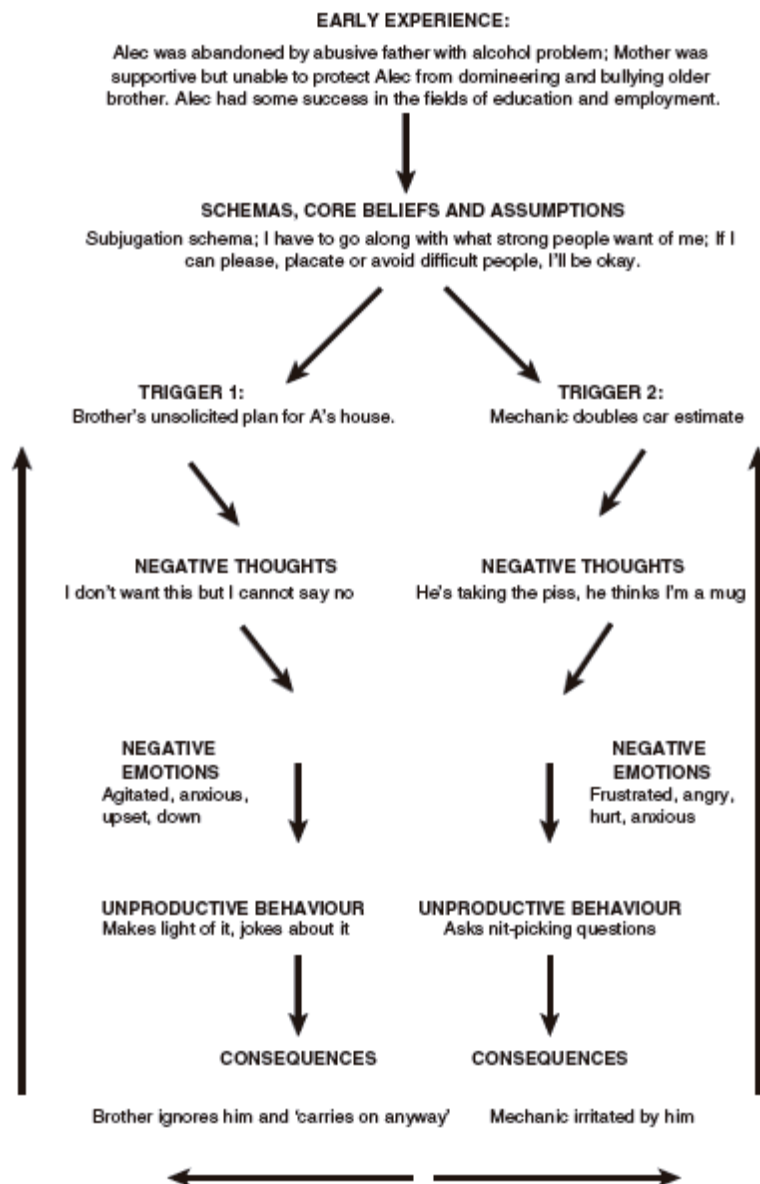


Figure Longitudinal diagram formulation: Alec