

Case Conceptualization Presentation Janie Jackson

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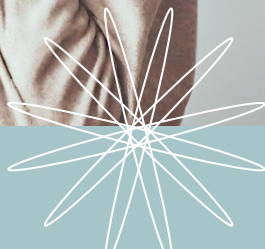
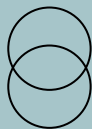
Identifying Information

Janie Jackson is a 36-year-old African-American female.

She has been married for twenty years and has three children.

They live in a three-bedroom apartment in Columbia, South

Carolina. Janie has a part-time evening job at Dollar General.



Chief Complaint

Janie’s primary care physician (PCP) referred her following complaints of fatigue, night terrors, dizziness, and irritability that she believed were “stroke symptoms”. Her PCP had her take the PHQ-9 in which she scored 13, which shows moderate depression. This caused the PCP to refer to counseling. Janie does not want to meet a “shrink”, due to her cultural background, but feels she is “running out of options.” Studies have shown that African American individuals are generally not open to acknowledging psychological problems and are concerned with the stigma associated with mental illness.¹

¹Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American Men and Women’s Attitude Toward Mental Illness, Perceptions of Stigma, and Preferred Coping Behaviors. *Nursing Research*, 62(3), 185–194. <https://doi.org/10.1097/nnr.0b013e31827bf533>



History of Present Illness



Fatigue

Janie reported that fatigue has been “continuous” and “worsened” over the past few years.



Sleep Issues

Janie sleeps between 4 to 12 hours a night, awakening early morning. She generally feels “down” upon awakening.



Nightmares

Janie’s sleep is often interrupted by “bad dreams about bad men.”



Dizziness

Janie is “used to” the dizziness. Janie also experiences a “hazy vision” and feelings that the “world is not real.”



Lack of Appetite

Janie eats very little and says she “does not feel hungry.”



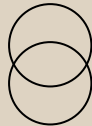
Irritability

Janie gets “upset very easily” over “stupid things.” Janie “yells at coworkers, customers, and [her] children.”



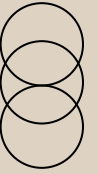
Past Psychiatric/Behavioral Health Treatment History

When Janie was 8 years old, her teacher recommended to her mother that she visit the school social worker following a behavioral outburst. Her mother declined. Janie shared that she did not have any routine medical appointments as a child due to her mother's distrust of doctors. Her mother would say that doctors would dismiss Black women's concerns and ignore what they had to say, so there was "no point in going."² The current evaluation for treatment is Janie's first experience with behavioral health treatment.



²Cuevas, A. G., O'Brien, K., & Saha, S. (2016). African American experiences in healthcare: "I always feel like I'm getting skipped over". *Health Psychology, 35*(9), 987-995. <https://doi.org/10.1037/hea0000368>

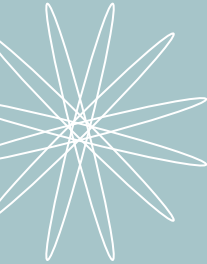
Personal & Social History



- Intergenerational physical abuse occurred when she was a child from her father and sometimes grandfather, but she didn't call it abuse. She said "That's what all Black families do when their kids are out of hand."³
- Around 8 years old, an uncle that sexually molested her twice
- Currently married with a 20-year-old son, an 8-year-old son, and a 16-year-old daughter
- Pregnant at 16, Baptist community and parents urged her to marry the father
- Dropped out of high school by grade 10, husband discouraged her from obtaining a GED
- History of physical abuse from her husband until about 8 years ago; he stopped after a neighbor witnessed the abuse and called the police and CPS
- Estranged from her father since first pregnancy and marriage
- Doesn't have many friends and experienced bullying as a child
- Doesn't have many interests besides playing Candy Crush and watching The Bachelor
- Currently smokes and is a "social drinker"

³Patton, S. (2017). Spare the kids : Why whupping children won't save Black America. Beacon Press.

Mental Health Status and Diagnosis



Medical conditions

Moderate traumatic brain injury

Mental Health Status

Janie appeared tired, in a low mood, and withdrawn throughout the evaluation. She had visible eyebags, mumbled responses, and kept her arms crossed. During discussions about her uncle, father, or husband, Janie responded slowly and appeared to have difficulty concentrating on the conversation. Janie often asked to “change the topic.”

PHQ-9 Score

13: indicative of moderate depression

Medical History



Only goes to her PCP for “constant” or “annoying” symptoms



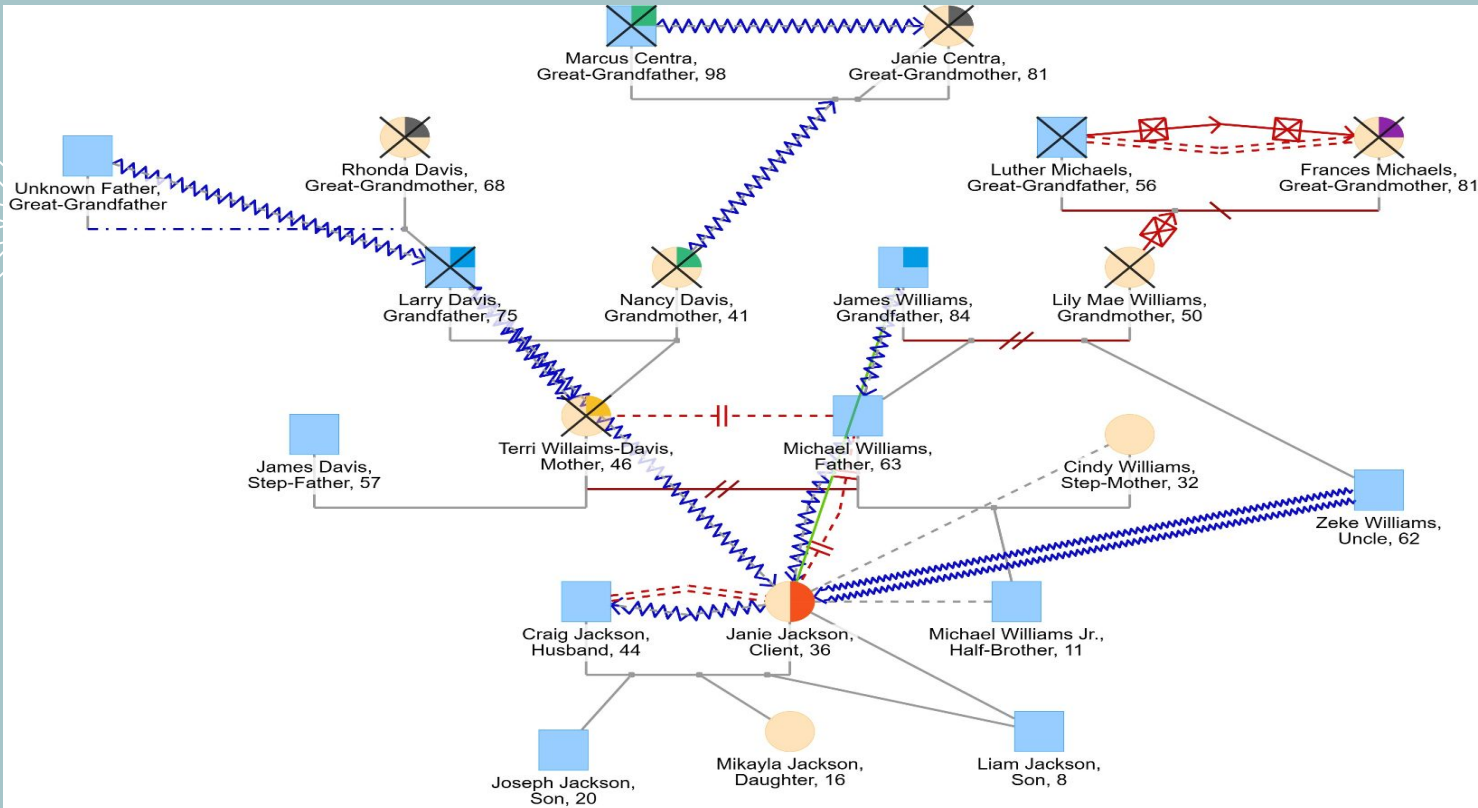
History of concussions and an MRI confirmed a moderate traumatic brain injury

Diagnosis

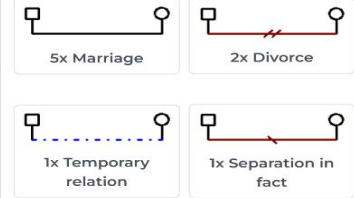
01. Posttraumatic Stress Disorder (F43.10), with Derealization
02. Major Depressive Disorder, Recurrent Episode, Moderate (F33.1), with Melancholic Features



Genogram



Family Relationships



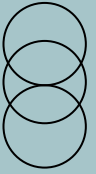
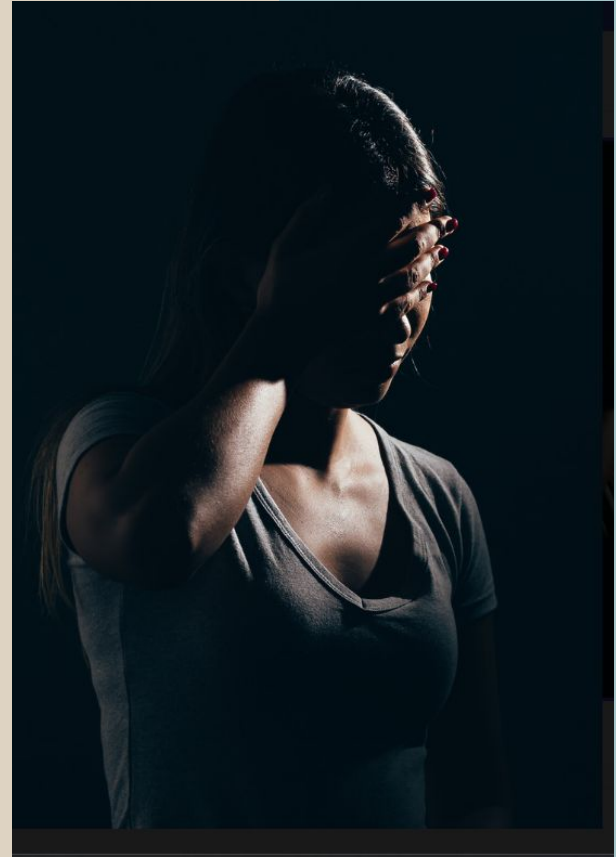
Emotional Relationships



Health Conditions

- 2x PTSD
- 2x Cancer
- 2x Bipolar Disorder
- 2x Depression
- 1x High Blood Pressure
- 1x Strokes

Case Conceptualization of Janie



Precipitants

- Janie has been experiencing **distressing dreams** about childhood abuse and abusive experiences with husband years prior.
- Janie either **sleeps very little or oversleeps**, typically **awakening early-morning**.
- Janie has been experiencing **persistent fatigue**, which appears to be intricately linked to her depressive symptoms. She has had a **significant decrease in energy** levels, making it **challenging** for her to **engage in daily activities**.
- During stressful conversations at work or at home, Janie has been experiencing symptoms of **unreality** of surroundings as if the world is **dreamlike or distorted**.
- Janie has **lost significant weight** in the past three months.
- Janie has been experiencing **irritability** at home and work, a symptom commonly associated with her diagnosed PTSD. This irritability manifests as an emotional reaction to various triggers, often leading to **abrupt mood shifts**.



Cross-sectional view of current cognitions and behaviors - Situation 1



Activating Situation

- Janie's boss threatened termination due to "behavioral outbursts" with customers and coworkers



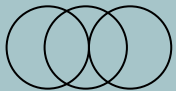
Emotions, behaviors, and relevant physiological reaction

- Janie became angry and blamed herself for "not working hard enough." She picked up extra shifts at work. When she arrived home after these shifts, she was restless and couldn't sleep, and spent the next day before her evening shift laying in bed.



Automatic Thought

- "I'm losing another job. I'm incapable of holding one down. I never do anything right."



Cross-sectional view of current cognitions and behaviors - Situation 2



Activating Situations

- Janie's first child, Joseph, stated he "cannot stand her verbal abuse" and is planning to move out.



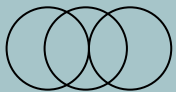
Emotions, behaviors, and relevant physiological reactions

- Janie was angry and sad initially, screaming and knocking things off the kitchen table. After the initial emotions settled, Janie became stoic. She avoided interacting with her children by working more hours or staying in her bedroom.



Automatic Thoughts

- "If Joseph is moving out, I bet my other children are plotting to move out too. I see the way they look at me. They think I'm a horrible mother and a failure."



Longitudinal view of cognitions and behaviors



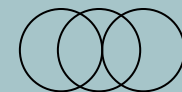
Key Schemas

- “I am a failure.”
- “If I trust anyone, they will hurt me somehow.”
- “If I control my work and home life, no one can betray me.”
- “If I prove myself to be a hard worker and a good mom, no one will leave me.”



Compensatory Behavioral Strategies

- Hides smoking from family
- Works extra shifts whenever possible
- Isolates when experiencing strong emotions
- Avoids conflict with husband, children, coworkers, and boss until upset
- Limits younger children’s opportunities to leave the house to engage in after-school activities with friends to monitor when and where they are going



Strengths and Assets

01.

Despite having only a 10th grade education, Janie is quite intelligent.

02.

Janie cares very deeply about people, even if she does not effectively communicate it.

03.

Janie is very intuitive and can easily pick up on other's emotions.

04.

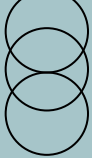
Despite her outbursts at work, Janie is known as being dependable and a hard worker.

05.

Janie has great adaptability, and is flexible in handling changes.

06.

Janie is an excellent writer despite of her education and often expresses her thoughts and feelings with words.



Summary of Conceptualization (Hypothesis)

Hypothesis

- The abuse that Janie suffered in childhood and as an adult has left her feeling insecure, worthless, and left to constantly question herself.
- The trauma that she experienced has caused her to automatically react to situations in anger as a natural survival technique.⁴

Potential Intervention

- Cognitive Behavioral Therapy has been scientifically proven to increase cognitive control and emotion in those living with depression.⁵
- Cognitive Behavioral Therapy for PTSD has been shown to be effective, particularly when it comes to changing schemas and change in coping mechanisms.⁶

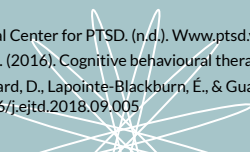
Results

Utilization of the CBT techniques of cognitive restructuring and journaling will serve to help Janice with her depression symptoms particularly of negative self-talk and controlling negative emotions. The CBT techniques of changing schemas and change in coping mechanisms can assist in addressing her PTSD trauma and symptoms.

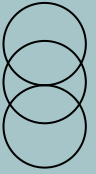
⁴Anger and Trauma - PTSD: National Center for PTSD. (n.d.). www.ptsd.va.gov. <https://www.ptsd.va.gov/understand/related/anger.asp>

⁵Franklin, G., Carson, A., & Welch, K. (2016). Cognitive behavioural therapy for depression: Systematic review of imaging studies. *Acta Neuropsychiatrica*, 28(2), 61-74. doi:10.1017/neu.2015.41


⁶Bourdon, D.-É., El-Baalbaki, G., Girard, D., Lapointe-Blackburn, É., & Guay, S. (2019). Schemas and coping strategies in cognitive-behavioral therapy for PTSD: A systematic review. *European Journal of Trauma & Dissociation*, 3(1), 33-47. <https://doi.org/10.1016/j.ejtd.2018.09.005>



Treatment Plan



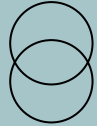
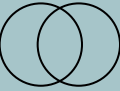
Problem List



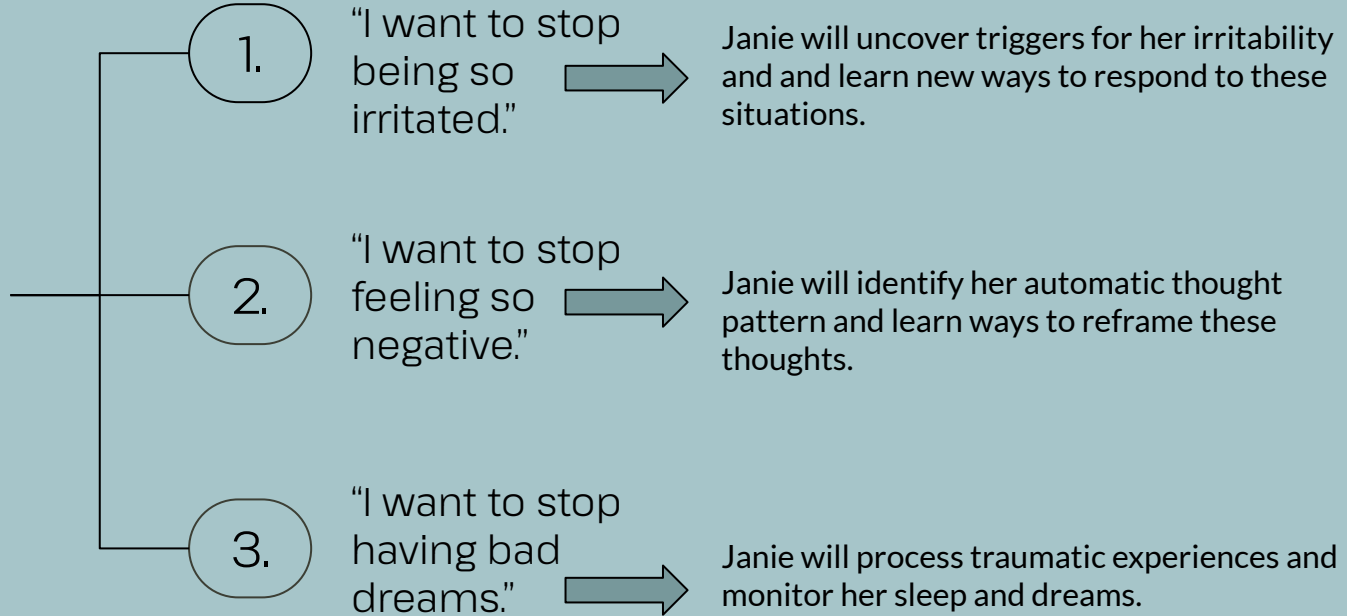
<u>Psychological/psychiatric symptoms</u>	Janie is experiencing difficulty sleeping, eating, and regulating her emotions. Janie is also experiencing symptoms of derealization and having nightmares.
<u>Interpersonal Relationships</u>	Janie is generally distrusting of people, and this has affected her relationships at home and at work.
<u>Self-Esteem</u>	Janie has low self-esteem and believes she is a “bad person.”

Treatment Goals

Plan For Treatment



Janie's Goals



Plan for Treatment

25 trauma-focused CBT sessions⁷

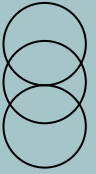
1. Through **Cognitive Restructuring** Janie will, when feeling irritated, begin recognizing the thoughts that precede this feeling. She will track situations that trigger irritation, the thoughts associated with them, and the effectiveness of new strategies in a journal.
2. **Cognitive Restructuring** will enable Janie to identify, challenge, and reframe negative thoughts. Janie will utilize a thought record worksheets and weekly journaling, due to her strength of her love for writing and expressing her emotions best in that way
3. **Cognitive Processing Therapy** techniques will enable Janie to identify her automatic thoughts and feelings surrounding traumatic memories.⁸ Janie will work with us to process underlying and unresolved thoughts/emotions surrounding these events while utilizing both a sleep and dream log to identify triggers and patterns associated with her dreams.
4. We will also provide her husband and children with age appropriate psychoeducational materials to education them on PTSD and depression as well as CBT and recommend family therapy to them as well so they can work on their family dynamics and traumas together.



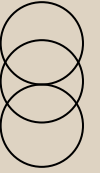
⁷Monson, C.M., Resick, P.A., & Rizvi, S. L. (2014). Posttraumatic stress disorder. In D.H. Barlow (Ed.) *Clinical handbook of psychological disorders* (5th ed., pp. 80-113). New York, NY: Guilford Press.

⁸CBT Psychology for Personal Development. (n.d.) *Trauma-focused cognitive behavioural therapy*. <https://cbtpsychology.com/trauma-focused-cognitive-behavioural-therapy/>

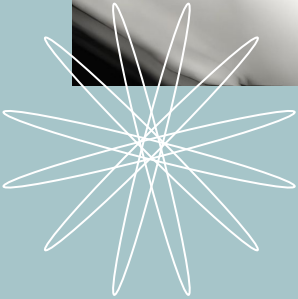
Course of Treatment



Therapeutic Relationship



- At the beginning of treatment, Janie clearly expressed disinterest in “meeting with a shrink” and explained that it was a “decision made out of desperation.”
- Janie initially withheld information about her family history particularly when it came to abuse.
- The goal was to create trust and a sense of safety for Janie. Through **socratic questioning**, Janie was encouraged to respond thoughtfully and thoroughly.
- With each session, Janie became comfortable sharing more information about her family history after determining she was safe and not judged.



Interventions and Procedures



Intervention One: Cognitive Restructuring for Irritability

- Psychoeducation about client's diagnosis and common symptoms to increase self-image and decrease stigmatization of "negative" emotions
- Identify triggers for irritability and explore the automatic thoughts that precede
- Formulate alternative thought patterns and ways of responding to triggers



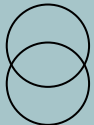
Intervention Two: Cognitive Processing Therapy for Memories and Dreams

- Process traumatic memories
- Identify negative thoughts about self, others, and the world as a result of these events
- Identify and track triggers for PTSD symptoms
- Education about sleep regulation, including effects of nicotine and alcohol and recommendations for sleep environment to decrease symptoms of depression and insomnia.⁹
- Tracking hours and quality of sleep in a journal throughout treatment
- Tracking frequency and intensity of dreams in a journal throughout treatment



Intervention Three: Family Education and Therapy

- Provide Janie's husband and children with age appropriate psychoeducational materials for education on PTSD, depression, and CBT so they can better understand the conditions and how they affect her
- Recommend family therapy so family can work on their dynamics and traumas together in a way that is culturally-informed, taking into consideration the mental health stigma that often exists in African American culture



⁹Cheng, P., Luiik, A.I., Fellman-Couture, C., Peterson, E., Joseph, C. L. M., Tallent, G., Tran, K. M., Ahmedani, B. K., Roehrs, T., Roth, T., & Drake, C. L. (2019). Efficacy of digital CBT for insomnia to reduce depression across demographic groups: a randomized trial. *Psychol Med*, 49(3), 491-500. doi: 10.1017/S0033291718001113.

Obstacles

One obstacle was the reluctance Janie had in speaking about childhood abuse and abuse as an adult due to memories of interactions with police and CPS.

To address this, clinicians were patient with Janie's progress and built trust with her through several sessions until she was comfortable enough to share this information.¹⁰

Due to Janie believing throughout her childhood that mental health was something that should not be discussed and was a sign of weakness, another obstacle was her hesitance to enter therapy.

Clinicians employed socratic questioning techniques to prompt the client to provide thoughtful and comprehensive responses. This method not only allowed Janie to feel genuinely listened to and acknowledged but also fostered the utilization of her strengths in exploring different viewpoints.¹⁰

A final obstacle was the lack of a support network for Janie, as the only people she is close to are her immediate family.

Clinicians created an ecomap with Janie to identify other possible supports in her life and encouraged her to expand her network particularly by attending support groups.¹¹

¹⁰Asnaani, A., & Hofmann, S. G. (2012). Collaboration in culturally responsive therapy: Establishing a strong therapeutic alliance across cultural lines. *J Clin Psychol*, 68(2), 187–197. doi:10.1002/jclp.21829.

¹¹Hundt, N. E., Robinson, A., Arney, J., Stanley, M. A., & Cully, J. A. (2015). Veterans' perspectives on benefits and drawbacks of peer support for posttraumatic stress disorder. *Military Medicine*, 180(8), 851–856, <https://doi.org/10.7205/MILMED-D-14-00536>

Outcomes

Irritability

Through **Cognitive Restructuring**, Janie identified triggers for irritability. Janie recognized that whenever a customer, coworker, her boss, her husband, or even her children used a “stern” or “raised” voice, she would become angry. Janie explained that she thinks she is being “threatened” when a person’s tone changes. When working on alternatives, Janie concluded that instead of thinking she was being threatened, she could listen for the person’s message beyond the tone to determine what they needed from her. She also practices deep breathing prior to responding.

Negative Feelings

Through **Cognitive Restructuring**, Janie identified, challenged, and reframed her negative automatic thoughts. Janie practiced with a thought record and considered what evidence she had that “everyone is bad” and she was a “failure.” She monitored these thoughts and assumptions in weekly journal entries and reported back with ways she attempted to reframe them. Alongside Cognitive Processing Therapy, Janie now understands that the abuse she experienced was not her fault and the poor decisions of a few bad men. She reports that her self-image has improved and she is less suspicious of others. Her PHQ-9 score decreased to a 10.

Dreams

Through **Cognitive Processing Therapy**, Janie identified her automatic thoughts and feelings surrounding traumatic memories. Janie understands the sleep cycle, effect of nicotine, and the importance of sleep environment. Although she still smokes, she has developed a nighttime routine. Janie logs her sleep satisfaction and dream frequency weekly. Since processing trauma, Janie finds that she sleeps at least 6-7 hours a night with minimal interruptions. She reports that nightmares only occur once every two weeks. Janie described the nightmares as “still intense” and will continue treatment with cognitive processing therapy to reframe emotional reaction.

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