

*Anna in My Sister's Keeper*

Crisis Intervention Case Conceptualization Paper

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## **Case Summary**

Anna is thirteen years old with two older siblings. Her 15-year-old sister, Kate, was diagnosed with leukemia at a very young age. Anna's parents decided to conceive Anna to be a marrow donor for Kate. Anna has endured countless surgeries and procedures to help prolong her sister's life. When Kate goes into kidney failure, Anna realizes that her mother will expect Anna to donate a kidney. Anna hires a personal attorney to help her file for medical emancipation to avoid the kidney donation, creating much conflict within the family of five. The mother, an attorney herself, decides to fight the case against her daughter in court.

The audience learns later in the movie that previous to Anna hiring her attorney; she found her sister in the middle of a suicide attempt. Anna walks in and stops Kate from overdosing on her prescription medicine. During that moment, Kate requested that Anna hire the attorney and refuse the kidney donation since Kate expressed she was tired of fighting her medical odds. Kate felt this was the only way since their mother had invested her entire life and energy into saving Kate at all costs. Anna eventually tells her brother that it was Kate's idea. However, the brother ends up telling the mom, prompting her to stop fighting the emancipation request. The family then switches focus to spending quality time with Kate in her final days before losing her battle with leukemia.

## **Assessment**

### **Presenting Problems**

1. Anna has endured extensive physical pain through numerous surgeries and medical procedures.
2. Anna hired a personal attorney to help her receive medical emancipation from her parents. Anna expresses that she wants rights and privacy to her body, causing conflict

within the family dynamic. Her mother slapped her in the face after learning of the legal issue. There is apparent stress in her relationship with her mother, but the entire family had difficulty dealing with the emancipation and Kate's failing health.

3. Anna questions her existence since she was conceived to be a donor for her sister.
4. Anna agreed to follow Kate's request for filing emancipation and keeps the plan and Kate's suicide attempt secret. This causes stress on her relationships with the other family members.
5. Anna had a close relationship with her sister and is dealing with coming to terms with her death

### **Bio-Psycho-Social-History**

Anna is a thirteen-year-old Caucasian girl from Rhode Island presenting for an assessment. She is the youngest of her parents' three children. Her father is a firefighter, and her mother is a non-practicing lawyer (she stopped practicing to take care of Kate full-time). Anna has an older brother and sister. Anna's parents decided to conceive her to be a donor child for her older sister, Kate. Despite being healthy herself, Anna has received countless surgeries and medical procedures during her lifetime to help prolong her sister's life. Anna has never received a psychological assessment or mental health diagnosis. Due to Anna's experiences, she has a potential history of medical and emotional trauma.

### **Trauma-Focused Cognitive Behavioral Therapy**

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) can assist Anna in processing her past and current life stressors. Anna can work on stabilizing and creating her trauma narrative, including the complicated grief experienced after losing her older sister. TF-CBT will also include her parents. Her parents will receive psychoeducation and learn ways to properly

support their daughter. Final sessions will combine parents and Anna so that she can share her trauma narrative with them. Safety planning and future recommendations will also be established before treatment termination.

### **Treatment Plan**

While collaborating with the client and parent, therapeutic goals and objectives will be created for a designated treatment timeframe. The TF-CBT A-Practice checklist will be followed for the recommended 12-week course of treatment. Since the client has extensive trauma and stress in her life, the client may need additional treatment. If a more extended treatment period is necessary, the therapist will continue seeing the child for more than 12 weeks.

Hypothetically, after the initial assessment, Anna has shared some of her current symptoms and problems. These include questioning her existence despite knowing her family members love her, feeling detached from her family and regularly avoiding her mother, watching and thinking about her parents' anxiety, experiencing anxiety and confusion herself about upholding her sister's request for her not to donate her kidney and complicated grief due to losing her sister to leukemia.

**Symptom / Problem:** Client often questions her existence but does admit she knows that all of her family members love her.

**Contributing Factors:** Client's parents decided to conceive her as a "donor baby" after her older sister was diagnosed with leukemia. Since birth, the client has experienced many medical procedures and surgeries to help save or prolong her sister's life. Client states this is the only sort of life she has ever known but does admit that she is usually close to each of her family members and feels loved as a natural part of the family dynamic. She feels the family bond was only

recently disrupted after she agreed to her sister's request that she legally file for medical emancipation.

**Goal:** Client will decrease feelings of questioning her existence and purpose for life while increasing communication skills with family.

**Intervention:** TF-CBT will assist client and parents in learning healthy cognitive coping, emotional expression, and strengthening positive communication skills.

**Objectives:** Client will begin to understand affect and expression regulation by first identifying and constructively expressing emotions. Client will learn the cognitive coping triangle and identify how thoughts, feelings, and behaviors are all connected. Client will also learn how to identify and challenge her automatic thoughts to understand better if they are true. Sessions 2-4 will be focused on these learning components, along with strengthening communication skills to share these thoughts with family members. Therapist will provide psychoeducational parenting skills for the parents so that they can identify these thought patterns and increase support for client. Psychoeducation of these skills will also occur through sessions 2-4 for parents. Client will include the contributing factors and experiences when creating her trauma narrative during sessions 5-8 and eventually share her trauma narrative with her parents during sessions 9-11. Therapist will facilitate emotional expression and communication during the conjoined sessions.

**Evaluation:** Goal and objectives will be evaluated by client and parent self-reports and demonstrated skills of the coping triangle, emotional identification/expression, and communication during sessions.

**Symptom / Problem:** Client is feeling detached from her family and exhibiting some avoidance behaviors in the home, particularly around her mother.

**Contributing Factors:** Client hired a personal attorney to legally file for medical emancipation from her parents. Client's actions directly resulted from her older sister's request since she did not want to endure another medical procedure to prolong her life. Client kept the sister's request secret, and her family believed this was solely the client's wish. Client's mother was enraged by the legal action and actively tried to fight emancipation in court. Client feels her entire family is angry and confused why the client did not want to help save her sister. Client's mother slapped client when she first learned of the legal issue.

**Goal:** Client will decrease feelings of detachment and avoidance behaviors in the home. Client and family will return to homeostasis and preserve a strong familial bond.

**Intervention:** TF-CBT will assist client and parents in learning more about trauma, common trauma responses, and healthy ways to express and communicate.

**Objectives:** Client and parents will learn facts about trauma and trauma responses (including avoidance behaviors) during session 1. Client and parents will focus on strengthening emotional regulation and communication skills during sessions 2-4 but will continue these skills throughout the duration of treatment. Client will learn how to identify trauma triggers and de-escalation skills during these sessions. Parents will learn how to acknowledge, validate, and attune to child's trauma responses during these sessions. Client will include the contributing factors and experiences when creating her trauma narrative during sessions 5-8 and eventually share her trauma narrative with her parents during sessions 9-11.

**Evaluation:** Goal and objectives will be evaluated by client and parent self-reports and demonstrated skills of emotional regulation and communication. Client will create a list identifying trauma triggers and demonstrate de-escalation techniques. Parents will demonstrate attunement skills during conjoined sessions.

**Symptom / Problem:** Client is experiencing anxiety and worry.

**Contributing Factors:** Client is anxious since she had to keep her sister's request for her to file for emancipation and her sister's suicide attempt secret from her parents. Client is also worried about how anxious and sad her parents are about losing her sister since the kidney transplant did not happen.

**Goal:** Client will decrease feelings of anxiety by increasing positive coping skills. Parents will learn how to process their personal emotions and communicate them to client.

**Intervention:** TF-CBT will assist both client and parents in learning relaxation techniques, positive coping, and communication skills.

**Objectives:** Client and parents will learn focused breathing, progressive muscle relaxation, visualization techniques, and mindfulness activities to help reduce anxiety starting in session 1. After learning and exploring various techniques, client and parents will identify relaxation techniques that prove effective for each person by session 4. Client and parents will continue using their list of practical strategies throughout treatment and integrate them into daily activities outside of treatment. Parents will also use their attunement skills to identify client's anxiety and provide support.

**Evaluation:** Goal and objectives will be evaluated by client and parent self-reports and demonstrated skills of relaxation techniques and attunement. The Pediatric Anxiety Rating Scale will also be utilized for assessment of anxiety symptoms for client. The Generalized Anxiety Scale for Adults will be utilized for assessment of anxiety symptoms for parents.

**Symptom / Problem:** Client is experiencing complicated grief over the death of her sister.

**Contributing Factors:** Client's sister recently passed away after a lengthy battle of leukemia. Since client was a constant donor for her sister throughout client's entire lifetime, client has

confusion and unresolved feelings after client refused to donate her kidney to prolong her sister's life.

**Goal:** Client will decrease symptoms of complicated grief by creating, processing, and sharing her trauma narrative with her parents.

**Intervention:** TF-CBT will assist client in creating her trauma narrative and provide a safe and supportive environment for her to share the narrative with parents. TF-CBT will also include positive coping skills targeted towards processing complicated grief.

**Objectives:** Client will learn how to identify emotional affect by playing age-appropriate games like emotional bingo in sessions 2-4. Client will use this information and her learned coping skills to process the loss of her sister while creating her trauma narrative in sessions 5-8. Client will share her trauma narrative with her parents starting in session 9. Parents will use the skills they learn with emotional affect identification and positive communication to support the client during the conjoined sessions.

**Evaluation:** Goal and objectives will be evaluated by client and parent self-reports and demonstrated skills of creating and sharing the trauma narrative during conjoined sessions. The Child and Adolescent Trauma Screen assessment will be utilized to assess for PTSD and trauma-related symptoms.

### **TF-CBT A-Practice Timeline**

The TF-CBT A-Practice checklist will be used to guide the therapist and client throughout treatment. This checklist will help to initially assess for a baseline and focus on gradual exposure. Typically, sessions one through four will include psychoeducation, parenting skills, relaxation techniques, affective expression and regulation, and cognitive coping. Sessions five through eight will focus on trauma narrative development, processing, and in-vivo gradual



exposure. If the client and parents identify avoidance components that require in-vivo exposure, it will be used during this time despite it not being listed in the client's original treatment plan. Sessions nine through twelve will provide conjoined parent-child sessions and create plans for future development and safety. The client will likely need TF-CBT treatment to extend past twelve weeks due to the client's extensive trauma. The therapist will continuously monitor and adjust objective and evaluation time frames as needed.

### **Social Factors**

Anna's case deserves advocacy concerning the ethical considerations of the parents purposely using selective breeding to provide their older daughter a donor sister. Anna's parents used in vitro fertilization to ensure that Anna was a genetic match for her sister. This motive raises questionable conversation on whether parents have a right to infringe upon one offspring to benefit the other.

Another focus as Anna grows older is her medical rights and consent over her body despite being a minor. Advocacy for legal policies could improve the lives of Anna and others in similar situations since they are vulnerable to psychological, physical, medical, and emotional trauma and distress. The topic of minor consent for medical procedures could also apply to those that are not donors for siblings. Thus, giving consideration to a certain amount of medical autonomy for any minor. This type of autonomy could have helped Kate in this case as well since she was not in complete agreement to continue treatment to prolong her life after years of grueling procedures and complications.

### **Conclusion and Recommendations**

TF-CBT is appropriate for the client's past and presenting issues and does not obviously contradict any gender, cultural, religious, or diversity issues. Cultural competency and sensitivity

are essential, so these factors will be addressed and assessed as needed to ensure appropriate treatment is provided. Other treatment models that could assist the client and family include Eye Movement Desensitization and Reprocessing (EMDR) (micro), Dialectical Behavior Therapy (DBT) (micro), Attachment, Regulation, and Competency (ARC) (mezzo), Structural Therapy (mezzo), Parent-Child Interaction Therapy (PCIT) (mezzo), Cognitive Behavioral Therapy (CBT) (micro), or Narrative Therapy (micro). After completing TF-CBT, the client and parents may need referrals for further individual or family therapy to help strengthen and preserve the family bond. This may be necessary due to the complicated nature and individualized trauma that different family members may have experienced. Client and family will need to adhere to the safety and future development plans created before termination of TF-CBT.

A mezzo level approach involves the school system in creating an integration safety and treatment plan for Anna as she returns to school after the traumatic loss of her sister. Involving the school staff could help increase support in the school environment while also educating the school staff on trauma triggers, trauma responses, and ways to achieve attunement with Anna to avoid escalation.

The needed macro-level intervention is advocacy for legal and medical policies to provide regulations concerning selective breeding, donor babies, and the general medical rights of minors. These are all ethical and moral dilemmas that deserve legal rights and protection for all minors.