

VIGNETTE ANALYSIS II
TRENT RHODES

Vignette Summary

You have been seeing Joe and Sally for a month now. The couple is in their late 60's and is dealing with multiple health issues and worrisome family problems. Joe has recently suffered a second heart attack. Sally has been struggling with chronic fatigue for the past 10 years. They originally came to see you to help them accept their health issues and to manage their stress. In a recent session, the couple reveals that their 40-year old son, Robert, has just come to live with them. Robert just got out of his 5th drug rehab program and has nowhere else to live. Joe is tired of "picking up the pieces" of his son's messes. Sally tells you that she couldn't live with herself if anything happened to Robert. She tells you that she would rather him drink and use drugs under their care, than to worry for his life. Joe tells you that Robert "will be the death of us," but gives in to his wife's decision.

Behavioral Therapist Perspective

Behavioral therapy developed from philosophies rooted in behavioral observation. Utilized as an objective philosophy, the practice removed unnecessary variables thought to prevent analysis of results; animal and human behavior was observed and accepted for data analysis. Thoughts and emotions were irrelevant in this psychology. Actions provided the results and it would be the action that determined an outcome or a subject's state of being. Using behavior as the tool for assessment and treatment, behavioral therapists offer treatments designed to modify the patient's behavior. Consequently, cognition is seen as an unreliable factor and is not considered for scientific study (Corsini, R.J., & Wedding, D. 2011).

Behavioral therapy focuses on several core concepts. The social-cognitive theory suggests behavior depends upon cognitive mediational processes, external reinforcement and external stimulus events (Corsini, R.J., & Wedding, D. 2011). Past theories on external stimuli emphasized the individual as a response-driven being; people behaved in certain ways by reaction only. Without external impetuses the individual would have no purpose for taking action. As psychological understanding advanced, perception became an important element due to its capacity for influencing behavioral response. The way a person perceived an experience swayed how cognitive processes were utilized, mental energy expended. Gaining perceptual awareness allowed the individual to take conscious control of how experiences were viewed. External reinforcement serves as the reward-penalty mechanism behind behavior and motivation (Corsini, R.J., & Wedding, D. 2011). One can be motivated to incorporate a behavioral pattern into daily life by receiving positive, life-advancing feedback; feedback takes form in material and social benefits. Children tend to be motivated by parents to do well in school. Societies valuing formal education provide financial perks such as scholarships for students who perform to highest expectations. Discipline, ability and studiousness become capacities to strive for in

this particular environment. Organizations reward high performers, thus making the habits and thought patterns leading to that type of success valuable behavior additions.

Classical conditioning is a process of linked stimulus and response (Corsini, R.J., & Wedding, D. 2011). Core emotions are triggered by specific external factors. As an example, a person with a phobia for heights may experience immediate panic in an elevator and the thought of this experience may trigger similar fearful responses. The individual undergoes this experience without conscious awareness; this was the past assumption.

Operant conditioning concentrates on the person's capacity to control behaviors beneficial and detrimental to well being. Negative reinforcement aims at analyzing mechanisms behind behavior increases; people in this conditioning allow their behaviors to continue or become more drastic by avoiding situations where the behavior could manifest. Aversion is the method of release for individuals in this case. Positive reinforcement emphasizes heightening the frequency of a response due to favorable events. An individual with a fear of public speaking may continue to speak and do so with greater confidence after receiving several congratulations and applause from the audience.

Despite the straightforward nature of behavioral psychology, there are instances when external stimuli, personal understanding and the connection between the two are not clear. Dubiousness results in confusion for the individual. This discriminated learning occurs when a person is rewarded or reprimanded inconsistently (Corsini, R.J., & Wedding, D. 2011). Consequences are not guaranteed and thus behavior also has unpredictability despite conditioning.

Extinction processes seek to halt or remove a response behavior. A baby may release bowels upon first sensation of having to. As the child grows there is greater control and awareness of this function; the adolescent can now wait until she reaches a restroom or appropriate place to relieve herself.

Social-cognitive learning demonstrates an evolution in the way behaviorists view responses, consciousness and the environment. Each of these elements provides an important

function in an individual's response. They blend and impact motivations for learning. The robotic human approach was replaced with a holistic, integrative perspective on how and why people acquire new information. The theory suggests there are incentives for learning, and this learning can be performed under the conscious awareness of the individual (Corsini, R.J., & Wedding, D. 2011). Cognition is the process of absorbing information from the environment and internal processes; the individual then applies meaning and value to this information that shapes how responses manifest.

The social aspect of this theory shows the importance of modeling. Eminent figures, criminal highlights and people in between provide models for behavior and thought values in a given society. People aspiring to achieve reputations may emulate these people and this occurs to high frequency in the family household. Householders set the family culture and values by those qualities deemed harmful and beneficial.

Classical Conditioning

Joe connects his stresses to his son's presence. Robert's condition appears to be less of a matter than his being home, living with the parents. He explained his exhaustion with "picking up the pieces" and this indicates he was in positions to care for Robert's welfare in the past. These instances were not of his volition; he alluded to being forced into these situations. Joe is conditioned to belief his son will be trouble again and consequently cause fatalities in the house. Joe can receive therapy for altering his view of his son, help him seek assistance rather than hold conditioned animosity towards him.

Sally demonstrates conditioned response in her care for Robert. Despite his age and detrimental habits, Sally refuses to perceive the potential dangers having him live at home. Her stress results from the possibility of him suffering outside of the home and would be content to have him suffer at home. She can benefit from assistance in awareness development. Sally then can perceive the situation objectively and without the emotional conditioning.

Operant Conditioning

Joe's negative thoughts toward his son Robert stems from repeated negative experiences with him. He foretold having to protect or enable Robert to escape damaging situations in the past. Robert's drug problem only reinforced his father's feelings for him.

Robert's issues with drugs are a severe case. Environmental pressures and weakness of self-discipline caused him to enter rehabilitation programs five times. This indicates strong influence of outside factors. It is possible Robert continues to visit locations and people with the drug habit even after entering rehabilitation programs. A major problem appears to be in how his relapses are handled. Rather than face his problem directly, Robert receives negative reinforcement by taking advantage of his mother's home welcome. Sally allows her son to return home with the problem and she is content with him continuing his habit at home. Robert's mother is an enabler.

Extinction

Applying the extinction principle is a challenge for this situation. Joe is in support of refusing Robert's entry and drug habit into the house. Sally functions as the enabler and poses as the resistance towards cessation or removal of Robert's drug behavior. A therapeutic technique for Sally is to refrain from acknowledging Robert's drug habit. Once she accepts his habit is not positive and her support enables him to continue with it, she can move on to assisting him in leaving the house.

Social-Cognitive Learning

Awareness precedes self-control. Robert's relapses indicate he lacks awareness of the dangerous consequences of his drug abuse. He also appears unaware of how his behavior

impacts his parents and their relationship. Rather than impose specific behavioral experiments, Robert can engage in social-cognitive learning and become conscious of his causes and effects.

Sally also can benefit from this learning style. Her emotions currently override her ability to perceive the situation objectively. As the therapist, I can engage her with awareness practice and assist her in becoming conscious of how her support facilitates Robert's errors.

Cognitive Therapy Perspective

Cognitive therapy concentrates on achieving greater positive manifestations in an individual's life by utilizing cognition (Corsini, R.J., & Wedding, D. 2011). Thoughts and ways of viewing the world are the tools this therapy applies to affect the cognitive processes. Thus, learning and meaning are vital elements providing motivations for change; alter the paradigm and all else follows. One's paradigm comprises of schemas, perception structures that include values, expectations, and views of others, the environment and the self. Schemas lead an individual to presuppose an experience's value and effect; the person with strong fear schemas may approach each new experience from a paranoid view and low performance expectation, a cognitive shift.

The cognitive-therapeutic relationship entails a connection and collaboration between patient and therapist. It eliminates the knower and receiver assumption and values the patient's contributions for healing. This therapist type works with the paradigms, schemas and attitudes the patient possesses. Rather than dictate and provide labels to these beliefs, the therapist assists the patient with self-identification. The therapist refrains from telling the patient what she experiences and utilizes several techniques to help the patient gain greater cognitive awareness. Authenticity and a warm approach cultivate trust with the patient. Often the schemas are

personal and create vulnerability when the patient shares. The skilled therapist respects and acknowledges these schemas without criticism.

Co-investigation is employed during collaborative empiricism (Corsini, R.J., & Wedding, D. 2011). The therapist and patient agree to pursue and develop treatment goals together. The empirical element relies upon the patient to acknowledge whether certain schemas are useful for growth after investigation. They treat the evidence as a scientific inquiry and do not attach to the personal experiences that may rise. As the patient increases awareness, he can make conscious choices to remove or change attitudes that no longer serve purpose.

Guided discovery is a technique the therapist uses to assist the patient in applying new behavioral selections. This may include role-playing or imagining scenarios where the patient takes on new beliefs and actions. Concentration on embodiment in behavior experiments enables the patient to “wear a new skin” and experience the benefits or uselessness of modified attitudes. In connection with scientific inquiry, the therapist and patient work together to determine a new cognitive organization.

A technique applied for centuries, the cognitive therapist utilizes Socratic dialogue to spark cognitive inquiry. There may be occasions where the patient simply never thought to question why specific attitudes and behaviors are present. The skilled therapist can use Socratic dialogue to “clarify or define problems, assist in the identification of thoughts, images and assumptions, examine the meanings of events for the patient, and assess the consequences of maintaining maladaptive thoughts and behaviors” (Corsini, R.J., & Wedding, D. 2011, p. 292). With patience and questioning accuracy, the therapist assists the patient in arriving at personal conclusions through rational investigation. Questions position the patient’s mental state and focus on the subject matter, prompting personal cognition to engage in thoughtful rigor for answers. Questions become more effective at reaching the patient’s awareness without defensive feelings than declaring or labeling them for the patient.

Cognitive-therapeutic Relationship

Robert's cognitive state strongly emphasizes his drug addiction. Developing a cognitive-therapeutic relationship enables him to peer into the nature of his emotions and urges connected to his habit. My approach warm and strives to emit authenticity. These aspects are important for Robert to feel enough trust to share his deepest thoughts with me. My focus is on Robert's story and working with him to consciously access his thoughts mentally and vocally.

Cognitive-behavioral Techniques

Collaborative Empiricism: With Sally, we can investigate the history of her experiences with her son, his drug habit and subsequent relapses. Sally will be encouraged to vocalize her thoughts and describe her emotions from these past experiences. We can work together to connect behaviors, thoughts and their impact on the results. Like a scientist, we examine these experiences together and come to logical conclusions about behaviors deemed useful and no longer serving.

Socratic Dialogue: Engage Robert in a series of questions purposed with encouraging him to contemplate on his drug issues and resistance to change. Particularly, this technique can be effective in supporting Robert's sense of empowerment. He has the answers and strength of resolve to understanding his problem and objectively seeing the resolution. I must avoid questions that appear to attack or trap him. Utilizing the dialogue, I can acquire an accurate and holistic perspective on Robert's cognitive state.

Guided Discovery: For Sally, this technique can assist her in exhibiting new behaviors that do not support Robert's habits. As an example, should Robert be seen or anticipates experiencing drugs, Sally can employ new behaviors to challenge acceptance. This will require practice in the form of role-playing behavioral experiments. She temporarily changes her actions, tries new

actions and embodies the subsequent attitudes connected to them. With further practice, Sally can become more comfortable when the live opportunity manifests to demonstrate.

Existential Therapy Perspective

Existential therapy differs from other therapeutic approaches in its content type and capacity for blending with other therapies. Existentialism is a philosophy rooted in philosophical penetration into subjects regarding human existence. People engage in the activities of worldly life and daily socialism often unaware of the core aspects of existence. According to existentialism, these aspects exist whether people elect to contemplate upon them or not.

Freedom is an aspect of human existence that provides capacity to make choices. Choosing inevitably comes with the potential to choose correctly or inaccurately. Taking action produces consequences and the individual is responsible for the outcomes of those choices as a result. The individual can also choose not to take a particular action and this creates effects as well. The existential approach to therapy works to assist the patient with revisiting the power of volition and motivation to choose.

Isolation is another core aspect and involves anxiety in this realization: we were born into the world alone and will pass out of this world through death alone. The joys of living with positive company provide temporary experiences. We cannot avoid the isolation that death brings. Our experiences are also unique, subjective and so we can only share our views of experience; this is also a form of isolation. The therapist assists the patient with developing a sense of acceptance and responsibility about the isolated reality.

Guilt

The vignette reveals Sally demonstrates the most guilt or perceived guilt. She would feel guilty if she did not allow her son to return home despite the drug habit. The therapeutic antidote to Sally's guilt is cultivating acceptance. Discussion regarding her son's habit, freedom of choice and consequences can assist Sally in accepting her son makes his own choices. Responsibility comes with making choices and she can reduce stress and preserve her health by accepting his aspect of existence.

Being in the World

Sally and Joe's conflict sources from a number of what-ifs, past and future scenarios. The moment's immediacy is vital to encouraging the couple to capture the aliveness of emotions as they emerge. Rather than project past experiences upon the present, they can be assisted in realizing the potential to create change by treating this experience as novel with potential for new outcomes.

Family Therapist Perspective

Like the human body, family therapy approaches the family as an organic unit (Corsini, R.J., & Wedding, D. 2011, p. 292). Each family member constitutes a part of the whole nervous system. Decisions are made independently but influence the functioning of all other components. The family therapist gives attention to these dynamics and views the family as a complete, ever-changing system. Isolation in this approach strips the family dynamic of its integration. While therapists may meet with one member at a time or in different groups, the information shared is always retained and applied to the holistic family map.

Identified Patient

The main identified patient is Robert, who is shown to have a drug problem. Reentry into his parent's home created conflict between the couple. Their views differ on how Robert should be treated. His problem transferred to the couple upon living with them.

Triangulation

Enmeshment

Difficulty in quickly resolving this problem exists with how enmeshed the family members are. Sally's connection to Robert is one of care, concern and attachment. Robert is 40 years old and remains integrated in the life of his parents. His past relapses keep his decisions and lifestyle connected to his parents. His mother's attachment consequently impacts the daily life of the couple.

Miracle Question

The miracle question presupposes the problem was resolved in the most optimal way. Life becomes perfect and the figures in this scenario behave in the best modes. Each family member can experiment with this technique. Sally would be able to vocalize and internalize the ideal resolution and relationship with her husband and son. Joe can perceive his ideal communication with his son and help him realize his problem. Robert could project his greatest success in overcoming his drug habit and enjoying an ideal lifestyle.

References

Corsini, R.J., & Wedding, D. (2011). *Current psychotherapies*. (9th ed.). Belmont, CA
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