

ED Vignettes: Rebecca, Ursula, Paul

1. What stage of treatment?
2. How do you conceptualize the client (overview) / What are client issues? Diagnosis, rule outs, working diagnosis?
3. How did you arrive at those?
4. What is your CT? How does that help inform you about this client? What do you need to maintain perspective and stability when working with this client?
5. What do you want to explore, learn more about in this case?
6. What are realistic short and long range goals for this client? (Recognizing the complexity, what is competent and compassionate treatment for this client?)
7. What are possible choices for therapist at this time? Referrals. (collaboration and beyond scope) Consultation. Varied interventions.

Rebecca

Rebecca is a 41 year old female. She works as an accountant for a local business. She has never been married and is currently single, with her longest romantic relationship lasting about four months. At the onset of therapy, she stated that she had come to therapy to address her 'intimacy' issues, with her goal of finding a partner and having a healthy relationship. She also reports a history of panic attacks that have been occurring more frequently (about twice per week) over the past months. She reports that she was in therapy as a child when her parents got divorced, but that she doesn't really remember it. She says that she does a lot of reading about psychology – especially books about intimacy and relationships.

Rebecca appears to be extremely underweight and is pale with circles under her eyes. Her body language is very jittery and sometimes shaky, and her speech is rushed.

In the initial four sessions, Rebecca has talked about her history with romantic relationships and dating, often bringing her journal to session to read parts about this history. She talks continually, reporting on her life with little to no emotional expression. She often says things like 'I know I need to love myself before I can have a healthy relationship – and that is what I am trying to do, but it's not working.' She says that her relationships seem to go bad after the first stage of casual dating – the guys turn out to be jerks, and cheat on me, or just break up with me.

When the therapist has tried, in these sessions, to explore any of the issues that the client brings up, asking questions such as 'what attracts you to a particular man?' or asks questions about the client's childhood, or about other non-romantic relationships, the client either appears to not even hear the therapist, and continues talking about the details of her history.

When the therapist has asked the client questions about her eating or exercise habits, the client says that she had problems with food in college, but that she is fine now. She says that she only eats one meal a day, generally rice and vegetables, because she has a slow metabolism. Any further questions are ignored. A suggestion by the therapist to see a medical doctor was met with the client's response that she has an annual exam yearly and she is fine. She is not willing to sign a release to speak with her doctor.

The client seems to feel comforted to some extent by the therapist's open listening to the client's reporting, and the therapist feels some level of genuine and healthy connection with the client – eye contact, greetings at the beginning and end of sessions that feel sincere, the client's consistent and punctual attendance at sessions, the client's having her check written and given as she comes into the therapy room, and the client's standing up and leaving when the session minutes are over.

The therapist has been reflecting, on her own and through consultation, on how much to 'push' the client, especially given the client's appearance of serious malnutrition, and how much to continue to just stay present and allow the client to lead.

This is the fifth session.

1. Identification of stage of treatment. What am I working on in this particular session?
Client is in pre-contemplative stage.

2. Identification of working diagnosis / case formulation. What are your ideas and thoughts, based on this info, about the client? What are you holding in your mind as you treat her?

Anorexia
Basic attachment issues.
Anxiety.
Panic Disorder.

Dissociation from body.
Difficulty 'taking in' from therapist.
Control issues.
Trust issues.
Avoidance.
'Good girl' behaviors.
Able to form some level of connection, but more in realm of 'objects' than personal.

3. Identification of CT issues. What are my own internal experiences regarding this client (in session and out).
Powerless, helpless, shut out, used, invisible, frustration, anger, annoyance, fear.
Using CT as diagnostic info. This is client's experience.
Recognizing CT and still focusing on what is best for my client, compassion, understanding of denial – psychic survival.

Consult. Take good notes. Notice and work on own issues with control, letting go, feeling like an object, difficulties 'taking in' from others, trust, etc.

4. Identification of therapy goals. What you, as therapist, can do.
Recognizing complexity.
Balancing sustaining therapy relationship with encouragement to address mental health issues.
Balancing allowing/respecting client to 'lead/ with clinical duties to take steps to protect client's safety.

Identification of client progress goals.

Ability to engage in 2 way conversation with therapist / 'Taking in' some of what therapist says.
Obtaining medical care.
Discussing food/body issues.
Recognizing links between internal and external issues.
Committing to recovery.
Restoration of weight, physical health.
Improved relationships.

Reality check – therapist can only work to meet therapy goals, cannot control client progress goals.
Addition by E: therapist CAN point out how not nourishing self affects intimacy, weaving safety/health issues in with client goals

6. Identification of possible interventions.
Motivational Interviewing - using client's stated goals as way to engage with her underlying issues.
Talking about intimacy, what that means. What is a healthy relationship? Idea of 'loving self' as base to explore different parts of self.

Psychoeducation/ Recommendations – I recommend you see your doctor and allow me to consult with her. I recommend seeing a nutritionist. Sometimes it is hard to look at certain parts of your life. We are told we

should love ourselves, but all people have parts of self they love and parts they hate. That is something we can work on in therapy. As you become more comfortable with me, maybe you will let me know more of what happened in childhood, college, and what's happening now with things like eating.

Boundaries/limits - if client continues to be unable to discuss food/body issues, or engage in a two way discussion with therapist, therapist considers and consults about possibility of setting limits with client. For example, first trying to 'this is your treatment plan – (including collateral conversations with client's MD, and client to write down and bring in journal of food intake), and I will only continue to work with you if you follow those requirements.'

Art therapy, sandtray, etc – means to bypass verbal realm.

Body focusing / breathing.

Basic mirroring. 'You are always on time. You have a lot to say about your romantic relationship history and not so much about childhood. I see that you are very still and don't move your body very much.'

Therapeutic relationship as base to discuss relational issues. Gently and openly reflecting client's behaviors within therapy. 'I notice that when I try to make a suggestion, you seem to maybe not hear me'. Exploring if this is her experience with others.

This case's learnings also apply to situations when we encounter denial, resistance, amidst attachment issues – situations which can come up continually with ed clients in all stages of recovery.

Ursula

Ursula is a 34 year old female. She is a teacher at a local elementary school. She is seeking therapy for personal growth, and for helping with occasional depressive symptoms, which seem to be worsening over the past year. She was a binge eater as a child, bulimic as a teenager, and struggled with food and body issues since then. She worked in therapy for 10 years to manage ed symptoms and lessen depression and says that she is now symptom free, but is now noticing that she is focusing more on her weight and feeling 'fat' at times when she is stressed with work or with her husband or five year old child. She takes Lexapro daily and is monitored through quarterly visits with her general practitioner MD. She says that overall she feels good about herself, and even happy, and is proud that she has worked through childhood trauma and family stuff. However, she often feels lost and disoriented and fears she is slipping back into an ed.

What is full recovery? Understanding depth and entanglement with food/body issues. When they come up, oppty for development. Deal with increasingly 'deep' stuff. Identity, freedom, self's path, organizing principles, issues with over – responsibility, issues with dependency, self concept, ways to connect with body, self-nurture, boundaries/limits...

Paul

Paul is a 22 year old single male. He works as a waitperson in a casino restaurant. He has been in therapy with you for 3 sessions, and plans to attend 9 more through insurance plan. He was injured while riding his bicycle and has been unable to 'work out' in three months. He says that exercise has been his way of not drinking and using cocaine, both of which he used continually throughout his teenage years. He attends AA on occasion. He says that now that he is injured, he is having trouble functioning and feels like he is sinking into a depression, and fears he will start using alcohol and coke again. He disclosed in his last session that he was a victim of incest by an older cousin when he was 11 and the cousin was 16. He has never told anyone this before. He left home at age 17 and has been on his own since then.

Working with men with ed.

Sexual abuse within limited time frame of therapy – trauma work and stabilizing / safety concerns.

Depression.

Low fee referrals (groups)

Sexual identity.